

Influence of Past Non-Suicidal Self-Injury on the Relationship between Pain Tolerance and Acquired Capability for Suicide

PRESENTER:

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- BACKGROUND:**
- Shift from suicidal ideation to action may be influenced by acquired capability (Joiner, 2005; Klonsky & May, 2015)
 - Increased pain tolerance may be developed through repeated painful and provocative experiences, including non-suicidal self-injury (NSSI; Joiner, 2005; Dhingra et al., 2015; O'Connor & Kirtley, 2018)

- AIMS**
1. Examine the relationship between different pain attitudes and acquired capability in an Asian sample
 2. Uncover whether NSSI history moderates the relationship between pain attitudes and acquired capability in an Asian sample

- METHODS**
- Community sample of Asians in North America, $n = 51$
 - Pain Attitudes Questionnaire-Revised (PAQ-R; Yong et al., 2003), Acquired Capability for Suicide (ACSS; Van Orden et al., 2008), past NSSI (SITBI-SF; Nock et al. 2007)
 - Moderated Multiple Regression
 - R Studio 1.4.244

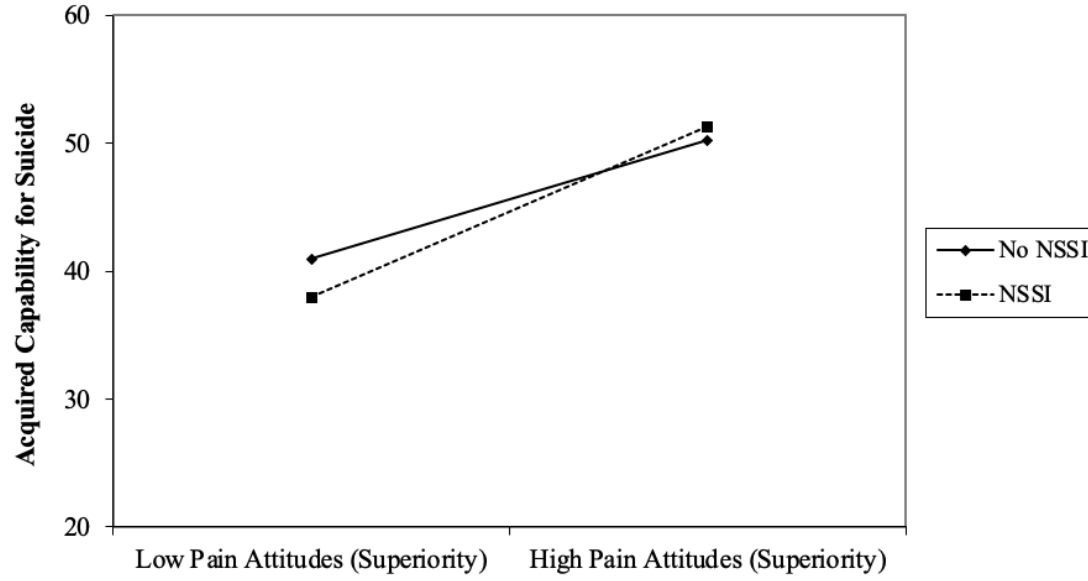
- PRELIMINARY RESULTS**
- 5 moderated regression analyses were run to explore the effects of different pain attitudes on acquired capability for suicide and whether a history of NSSI moderated this relationship
 - Only the main effect of stoic-superiority and cautious-reluctant pain attitudes significantly predicted greater levels of acquired capability for suicide

- DISCUSSION**
- Only the Stoic-Superiority and Cautious-Reluctance factors significantly predicted higher reports of acquired capability for suicide
 - Stoic-Superiority factor contains items related to relatively good control and high tolerance of pain
 - Cautious-Reluctance factor contains items related to reluctance to labeling pain
 - Due to the very small sample size, our study likely lacks power to find the hypothesized moderating effects

The Stoic-Superiority and Cautious-Reluctance factors of Pain Attitudes significantly predicted higher levels of Acquired Capability for Suicide in an Asian sample



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Main Effects and Interaction Effects of Pain Attitudes and NSSI on Acquired Capability for Suicide

Effects	Estimate	SE	95% CI		p
			LL	UL	
Step 1					
Intercept	45.509	1.641	42.202	48.815	<.001
Superiority	-.245	.528	.516	2.384	.003
Fortitude	1.450	.464	-1.309	.819	.645
Concealment	-.637	.507	-1.657	.384	.215
Self-Doubt	-.628	.415	-1.465	.208	.137
Reluctance	1.414	.602	.201	2.63	.023
NSSI	-0.994	3.957	-8.969	6.981	.803
	$R^2 = .284$				
Step 2					
Intercept	45.510	1.657	42.158	48.863	<.001
Superiority	1.252	.518	.205	2.299	.020
Fortitude	.073	.623	-1.188	1.333	.908
Concealment	-.735	.604	-1.956	.487	.231
Self-Doubt	-.748	.453	-1.664	.168	.107
Reluctance	1.589	.679	.216	2.963	.025
NSSI	-1.376	4.260	-9.993	7.241	.748
Superiority x NSSI	.065	1.425	-2.817	2.948	.239
Fortitude x NSSI	-1.665	1.392	-4.480	1.150	.964
Concealment x NSSI	-2.307	2.116	-6.588	1.974	.282
Self-Doubt x NSSI	3.069	2.291	-1.565	7.703	.188
Reluctance x NSSI	-1.768	1.842	-5.493	1.957	.343
	$R^2 = .353$				
	$\Delta R^2 = .069$				

Note. $N = 51$. NSSI = non-suicidal self-injury; CI = confidence interval; LL = lower limit; UL = upper limit.

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