Research article
Ερευνητική εργασία

Mental pain and suicide risk: Application of the greek version of the Mental Pain and the Tolerance of Mental Pain scale

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According to Shneidman's theory, mental pain or "psychache", which refers to an endopsychic painful experience consisted of excessively felt negative feelings, is a key component to the understanding of suicidal behaviour, as to its psychological features. Shneidman himself supported that 'suicide is caused by psychache', more precisely suicide occurs when a person can no longer tolerate this pain. Findings of previous studies have shown that mental pain is an independent predictive factor for suicidal behaviour. In the present study we evaluated the psychometric properties of the Greek version of the Mental Pain Scale (MPS) and the Tolerance for Mental Pain Scale (TMPS) in a non clinical sample consisted of 112 participants (73 female and 39 male). Moreover, we explore the relationships between mental pain, depression, and suicide risk and for the first time the effect of the tolerance for mental pain on depression and suicide risk. We hypothesized that both the level of mental pain and the degree of tolerance for mental pain would predict suicide risk, independently of the level of depression. Both MPS and TMPS appear to have satisfactory to high levels of internal consistency, test-retest reliability, and concurrent validity. Suicide risk was correlated to mental pain, tolerance for mental pain, and depression. Multiple regression analysis showed that mental pain and tolerance for mental pain have a significant contribution to suicide risk, independently of depression, confirming our hypothesis. Using an additional multivariate regression with the factors extracted from MPS and TMPS as independent variables, we found that especially 'loss of control' of mental pain and the ability to 'contain the pain' contribute uniquely to suicide risk. Our findings offer support to the hypothesis that mental pain is a clinical entity distinct from depression with a specific and important contribution to the suicide risk. Depression alone is not enough to cause suicide. The mental pain construct, although related to depression, could shed light on the comprehension of the human experience that leads to suicide. Relieving

mental pain may constitute a distinct and important treatment goal, along with the remission of depression and despair, so that the person can maintain control and contain all the distressing events that comprise the painful experience. Both MPS and TMPS appear to be valid and reliable tools for the assessment of mental pain and its tolerance, respectively. They could also be employed in further investigation on the role of specific aspects of the mental pain experience in suicidal behaviours.

Key words: Mental pain, psychache, suicide risk, tolerance of mental pain, depression

Introduction

There is a substantial body of evidence on the role of stress factors, risk factors, personal vulnerabilities and psychopathology in suicidal behaviour.[1] However, it has been suggested that suicide cannot be understood outside of the long-standing self-destructive processes that generate it.[2,3] According to this theoretical perspective, the focus of research might be the cognitions, emotions and tendencies that deteriorate one's sense of well-being, self-love and life meaning. The concept of mental pain is crucial for understanding how these self-destructive processes eventually lead to suicide.

Definition and evaluation of mental pain

"I can't take the pain anymore...",
"The pain is unbearable..."

The word "pain" is very commonly found in suicide notes; however it is referring to psychological or mental, rather than physical pain.[4] Mental pain has been considered to be an experience even worse than physical pain.[5] Bolger[6] defined emotional pain as a "brokenness of self", which is threatening for a man's identity at both interpersonal and intrapersonal level. Orbach[7] describes mental pain as "an irrevocable sense of hurt and as a perception of negative changes in the self and its functions, accompanied by negative feelings and cognitions".

Edwin Shneidman,[8] the well-renowned suicidologist, was the first to suggest that there is a crucial association between mental pain and suicide. He introduced the term "psychache" to describe an introspective experience with over flooding feelings of "guilt, shame, humiliation or loneliness or fear or angst or dread of growing old or dying badly". According to Shneidman, psychache (or mental pain) is necessary to commit suicide: more precisely, suicide occurs when a person can no longer tolerate this pain. Individuals have certain thresholds for mental pain as well as for physical pain. Thus, from a phenomenological point of view mental pain is the essential endopsychic feature of suicidal behaviour.

Shneidman[9] was also the first to point out the importance of quantification of mental pain for further study on its role in suicide. On the contrary, Leenars[10,11] suggested the idiographic method and specifically the study of suicide notes. Shneidman[9] developed the Psychological Pain Assessment Scale (PPAS), which evaluate mental pain using the projective techniques. The PPAS was found to be sensitive to current suicidal ideation, but not to be related to the history of suicidality.[12] Two other scales have been developed, following Shneidman's suggestions. Holden et al[13] created the 13-item self-rating Scale of Psychache, whereas Orbach et al[2] devised the more extensive Orbach & Mikulincer Mental Pain Scale (MPS), a 45-item self-report instrument measuring various aspects of the painful experience.

Mental pain and suicide

Previous studies on mental pain focused on its distinction from depression, on the one hand, and its relationship with suicide, on the other hand. The correlations of mental pain with suicidal ideation and history of suicidality are consistent findings, thus confirming Shneidman's theory as well as the formulation of the concept of mental pain. "Unbearable psychological pain" was found to be strongly correlated with suicide than other intrapsychic correlates.[10,11] Furthermore, the intensity of mental pain

measured on a numerical scale similar to the one used for physical pain, was found to correlate with the intensity of suicidal ideation in patients with an acute depressive episode.[14] Findings of the same study suggest that mental pain is more intense in both patients who had recently attempted suicide and those who had made a suicidal attempt in the past. Examining mental pain in recent suicide attempters, Levi et al[5] found that it is significantly related to suicidality but not to the seriousness of the attempts.

Studies using the MPS in non-clinical populations showed that, although related to depression and anxiety, mental pain is independently related to suicidality and constitutes a distinct clinical entity – one that cannot be adequately described by means of the existing concepts.[2] In another study using the same scale, "emptiness" as a specific component of mental pain was found to distinguish suicidal patients from non-suicidal ones, irrespectively of the levels of depression, anxiety and hopelessness.[3] Findings of more recent studies also support the hypothesis that mental pain is a predictor of suicidality, moreover an independent of and stronger than depression and hopelessness.[16,17]

There is as yet a lack of evidence on mental pain tolerability, although it is inherent to the notion of mental pain as a feature of suicidal behaviour, since "when the threshold for enduring mental pain is low, suicide risk appears".[7] Shneidman[8] maintained that the most crucial factor for suicide is intolerability, not the intensity of the pain. A preliminary study showed that low levels of tolerance of mental pain were associated with suicide behaviour.[18]

Aims of the study

In the present study we evaluated the psychometric properties (reliability and validity) of the Greek version of the MPS and the TMPS in a non-clinical sample. Moreover, we explore the relationships between mental pain, tolerance for mental pain, depression, and suicide risk. Based on the findings of previous studies, we hypothesized that both the level of mental pain and the degree of tolerance for mental pain would predict suicide risk, independently of the level of depression.

Material and method

Participants

One hundred-twelve participants, 73 female and 39 male, were recruited from the local community. Exclusion criteria for participation in the study were mental retardation, a history of psychosis, currently taking psychiatric medication, and age under 18 or above 65 years. Basic demographic data and information on personal and family psychiatric history were obtained on the day of testing. The male and female groups were matched for age, ethnicity (all Greek) and education level. All participants had been informed about the research procedures and given written informed consent.

Procedure

All participants were asked to complete the following set of questionnaires.

1. *The Orbach & Mikulincer Mental Pain Scale (MPS)[2]*

The MPS is a 45-item self-report questionnaire developed to quantify both the current and the worst ever mental pain. Each item is rated from 1 to 5, with higher scores indicating more painful experience. The scale consists of 9 subscales measuring aspects of the subjective experience of mental pain: (1) irreversibility (the experience of mental pain as irreversible and perpetual), (2) loss of control (experience of uncontrollability, helplessness, and ambiguity), (3) narcissistic wounds (hurt-related feelings, such as vulnerability and rejection), (4) emotional flooding (intense and overwhelming emotional states), (5) freezing (inability to react to the situation), (6) self-estrangement (inability to integrate changes in self-identity), (7) confusion (difficulties in cognitive function related to mental pain experience), (8) emptiness (loss of personal meaning produced by the mental pain), and (9) social distancing (approach-avoidance social orientation during the mental pain experience). MPS demonstrated high internal consistency and test-

retest reliability[2] and strong association with suicidality.[3]

2. The Tolerance for Mental Pain Scale (TMPS)[18]

The TMPS is a 20-item self-rating scale which assesses the ability to tolerate mental pain. This is a 5-point Likert scale (ranging from 1=not true to 5=very true), with higher scores indicating greater tolerance for mental pain. The scale demonstrated good psychometric properties and three subscales derived from the factorial analysis: (1) surfeit of the pain, (2) belief in the ability to cope with the pain, and (3) containing the pain. According to its authors, with the use of TMPS low levels of tolerance of mental pain were found to be a predictor of suicide behaviour.

3. The Beck Depression Inventory (BDI)[19]

The BDI was used to measure depression. This is a 21-item self-report that has been widely used to assess intensity of depression in both psychiatric and normal populations.[20] The Greek version of the scale[21] has been also widely used.

4. The Suicide Risk Scale (SRS)[22]

This is a 15-item self-report scale that measures the risk of suicidal behaviour. A Greek version of the SRS was used in a previous study to assess suicidality in psychiatric patients.[23]

The MPS and the TMPS were translated by the first and the last author from English to Greek. The Greek texts were given to a third bilingual psychologist who blindly translated them back to English. Another bilingual psychologist examined whether the back-translation version successfully conveyed the original English scales.

On the day of testing all participants also completed three visual analogical scales ranging from 0 (none) to 10 (maximum possible degree) which assessed current mental pain, worst ever mental pain, and tolerance for mental pain, and were used to examine the concurrent validity of the MPS –current and worst ever– and the TMPS, respectively. To evaluate the test-retest reliability, the MPS and the TMPS were readministered to one half of the participants (36 female and 20 male) one week after the first administration.

Statistical analysis

Intraclass correlations (ICCs) were used to evaluate test-retest reliability of the MPS and the TMPS as well as their subscales, and Pearson's product moment coefficient r was used to determine inter-item correlations and correlations between each item and the total score minus that item. Cronbach's alpha was estimated in order to examine the internal consistency of the scales and their subscales. The concurrent validity was examined through the Pearson's r values between the MPS and TMPS total scores and the score on the respective visual analogical scales.

Comparisons between male and female groups were made using the independent samples t-test. The correlations between the scales were assessed by the means of Pearson's r coefficient. A multiple regression analysis using step-up criteria was performed to examine the independent contribution of depression, mental pain and tolerance for mental pain to suicide risk. A second hierarchical multiple regression analysis was used to explore the effect of specific aspects of mental pain (MPS and TMPS subscales) on the suicide risk. Statistical analyses were performed using SPSS version 15.0.

Results

Sample Characteristics

The mean age of our study participants was 42.5 (± 12.1) years. The 37.8% of them were unmarried and 11.7% declare unemployed. Twelve subjects (10.8%) reported a personal and 19 (17.1%) a family history of mental disorder (almost exclusively affective or anxiety disorders). Demographic and clinical characteristics of female and male groups are presented in table 1. The groups were found to be well-matched with respect to age and education level. The female group showed significantly higher scores than the male group on the irreversibility and the worst ever subscales of the MPS.

MPS and TMPS reliability and validity

The Cronbach's alpha of the MPS was 0.96, indicating a high level of internal consistency. Correlations

Table 1. Demographic and clinical characteristics of the sample (N=112)

	Female (N=73) Mean (SD)	*Male (N=39) Mean (SD)*	*t*	*p*
Age (years)	42.0 (11.9)	43.4 (12.5)	–0.57	0.566
Education (years)	13.3 (2.7)	13.2 (2.9)	0.18	0.855
BDI	8.7 (6.8)	6.4 (5.4)	1.76	0.081
MPS-total	77.5 (25.2)	70.1 (20.6)	1.53	0.129
1. Irreversibility	16.7 (7.8)	13.6 (5.6)	2.20	0.030
2. Loss of control	16.9 (5.9)	14.8 (5.4)	1.83	0.070
3. Narcissistic wounds	6.4 (2.2)	6.2 (2.5)	0.44	0.661
4. Emotional flooding	9.4 (3.8)	8.6 (6.3)	0.91	0.365
5. Freezing	4.0 (1.8)	3.7 (1.1)	0.91	0.364
6. Self-estrangement	4.9 (1.8)	4.5 (1.6)	1.17	0.243
7. Confusion	5.5 (2.3)	4.7 (2.3)	1.64	0.105
8. Emptiness	4.2 (1.8)	3.8 (1.8)	0.97	0.333
MPS-worst ever	107.2 (44.8)	87.6 (33.6)	2.34	0.021
TMPS-total	68.0 (13.1)	70.4 (13.3)	–0.90	0.370
1. Surfeit of the pain	31.7 (8.7)	33.8 (9.5)	–1.16	0.248
2. Ability to cope with the pain	22.8 (4.5)	22.2 (5.1)	0.66	0.507
3. Containing the pain	13.6 (3.5)	14.5 (3.0)	–1.38	0.170
SRS	3.0 (2.5)	2.2 (1.8)	1.75	0.082

BDI, Beck Depression Inventory; MPS, Mental Pain Scale; TMPS, Tolerance for Mental Pain Scale; SRS, Suicide Risk Scale

coefficients r between the items ranged from 0.27 to 0.86 and between each item and the total score minus that item ranged from 0.19 to 0.74. The Cronbach's alpha of the MPS-worst ever scale was 0.98 and inter-item and item-total correlation coefficients ranged from 0.29 to 0.88 and from 0.19 to 0.82, respectively. Regarding the MPS subscales, the alpha coefficients for the first eight subscales ranged from 0.74 to 0.91, indicating acceptable or high levels of internal consistency. The alpha coefficient of the social distancing subscale was low (0.39) and therefore this subscale was omitted for further data analysis. Of note, previous analyses had also shown low levels of internal consistency for this subscale[15] (also Orbach, personal communication).

The internal reliability levels of the TMPS were found satisfactory. The alpha coefficients were 0.84 for the total scale and 0.87, 0.76, and 0.72 for its three previously mentioned subscales, respectively. Correlations coefficients r between the items ranged from 0.28 to 0.67 and between each item and the total score minus that item ranged from 0.18 to 0.73.

The MPS total score test-retest ICC was 0.92 and ICCs for the eight subscales ranged from 0.83 to 0.95, indicating good test-retest reliability of the scale.

Table 2. Correlations between SRS score and demographic or clinical variables in the total sample (n=112)

	SRS	
	r	*p*
Age (years)	–0.09	0.330
Education (years)	0.10	0.277
BDI	0.61	0.001
MPS-total	0.69	0.001
1. Irreversibility	0.60	0.001
2. Loss of control	0.71	0.001
3. Narcissistic wounds	0.54	0.001
4. Emotional flooding	0.43	0.001
5. Freezing	0.53	0.001
6. Self-estrangement	0.55	0.001
7. Confusion	0.52	0.001
8. Emptiness	0.43	0.001
MPS-worst ever	0.69	0.001
TMPS-total	–0.54	0.001
1. Surfeit of the pain	–0.43	0.001
2. Ability to cope with the pain	–0.31	0.001
3. Containing the pain	–0.52	0.001

BDI, Beck Depression Inventory; MPS, Mental Pain Scale; TMPS, Tolerance for Mental Pain Scale; SRS, Suicide Risk Scale

On the other hand, the social distancing subscale showed week test-retest reliability (ICC=0.41), further supporting its exclusion from the analysis. The MPS-worst ever score test-retest ICC was 0.96. The TMPS

also demonstrated high test-retest reliability. The ICC was 0.95 for the total score and 0.95, 0.92, and 0.92 for the three subscale scores, respectively.

With regards to concurrent validity, both MPS and TMPS showed significant correlations with their respective visual analogical scales. The correlation coefficients were 0.44 (p<0.001), 0.52 (p<0.001), and 0.43 (p<0.001), regarding the participants' MPS-total score, MPS-worst ever score, and TMPS-total score, respectively.

Associations between mental pain, depression and suicide risk

As shown in table 2, the SRS score was significantly correlated with BDI, MPS and TMPS total scores, as well as all the MPS and TMPS subscale scores. The BDI score was significantly correlated with the MPS (r=1, p<0.001) and TMPS (r=0.40, p<0.001) total scores. Correlation between the MPS and the TMPS total score was also significant (r=0.42, p<0.001). Age was positively correlated with the MPS-worst ever scale (r=0.29, p=0.003) and negatively with the emotional flooding subscale of the MPS (r=–0.22, p=0.021). No other clinical variable was significantly correlated either with age or the education level.

A multiple regression model was created using the step-up criteria, with the SRS score as a dependent variable and BDI, MPS, and TMPS total scores as predictors. In the final model obtained, which explained 57% of the variance, the variance level accounted for by all the potential predictors remained significant (see table 3).

Table 3. The effect of mental pain, tolerance for mental pain, and depression on suicide risk calculated using stepwise multiple regression analysis

	*Contribution of each variable at last step**				
Variable	*B*	*SE*	*β*	*t-value*	*p*
MPS-total	0.04	0.01	0.41	4.42	0.001
TMPS-total	0.05	0.01	–0.27	–3.67	0.001
BDI	0.08	0.03	0.23	2.48	0.015

*R^2=0.57, F=13.47, p=0.001
B=the regression coefficient; SE=standard error of B; β=standardized regression co-efficient
Dependent variable: SRS total score
BDI, Beck Depression Inventory; MPS, Mental Pain Scale; TMPS, Tolerance for Mental Pain Scale; SRS, Suicide Risk Scale

In order to explore the independent effect of specific aspects of mental pain on the suicide risk, we created another multiple regression model, in which the independent variables were entered hierarchically in order of the strength of their correlation with SRS score (see table 2). Thus, the MPS and TMPS subscales were entered at the first and the last step of the regression analysis, respectively. As shown in table 4, in the last step, which explained 60% of the variance, only the variance level accounted for by the "loss of control" subscale of MPS and the 'containing the pain' subscale of TMPS remained significant.

Discussion

In the present study we examined the psychometric properties of the Greek version of the Mental Pain and the Tolerance for Mental Pain scales. The MPS was found to have high levels of both internal consistency and test-retest reliability. However, internal consistency and test-retest reliability of the social distancing factor of the scale were unsatisfactory, similarly to the results of a previous study.[15] Thus, this factor appears to be not reliable and was therefore omitted from the further analyses. With the above exception, our findings are consistent with the evaluation of the original scale,[2] which found high levels of test-retest reliability (Pearson's r from 0.79 to 0.94) and internal consistency (Cronbach's alpha from 0.75 to 0.95) of

Table 4. Hierarchical multiple regression analysis to determine the role of mental pain dimensions, aspects of tolerance for mental pain, and depression in suicide risk

	*Contribution of each variable at last step**				
*Variable***	*B*	*SE*	*β*	*t-value*	*p*
Step 1: MPS-subscales					
Loss of control	0.19	0.03	0.49	5.77	0.001
Step 2: BDI	0.07	0.03	0.20	2.22	0.028
Step 3: TMPS-subscales					
Containing the pain	–0.18	0.05	–0.26	–3.61	0.001

*R^2=0.60, F=13.07, p=0.001
**Only variables included in the final model are displayed
B=the regression coefficient; SE=standard error of B; β=standardized regression co-efficient
Dependent variable: SRS total score
BDI, Beck Depression Inventory; MPS, Mental Pain Scale; TMPS, Tolerance for Mental Pain Scale; SRS, Suicide Risk Scale

the individual factors. In our study, TMPS also demonstrated high levels of test-retest reliability and satisfactory internal consistency. Furthermore, with regards to concurrent validity, both scales showed significant correlations with their respective visual analogue scales.

The negative correlation of the emotional flooding factor with the age of the subjects observed in the present study has been also found in the original research. There was no significant correlation between age and irreversibility or confusion factors, which found previously to negatively correlate with age.[2] On the other hand, we found a positive correlation between age and the total score of the worst-ever mental pain. There are as yet no data on the relationship of the worst-ever painful experience with demographic and clinical variables. However, it was to be expected that the possibility of more painful experiences increases with age. The women's higher score in the irreversibility factor and the worst-ever subscale of MPS has not been previously found, although a significant effect for gender on the set of all MPS factors has been reported.[2] This seems to be consistent with the higher levels of depression and the more frequent suicide attempts repeatedly reported in women compared to men.[20,24] Moreover, women had higher, though not significant, scores in both BDI and SRS than men in our sample.

According to available data, there is a strong association between mental pain and depression[2,14,16,17,25,26] while both of them have specific contribution to suicidality.[2,3,8,13–17,27] These complex relationships were replicated by our study using SRS as a measure of suicide risk. In addition, we explore for the first time the effect of the tolerance for mental pain on depression and suicide risk. While the tolerance for mental pain is associated with both the intensity of mental pain experience and the level of depression, it is also a predictive factor for suicide risk independently of these two correlates.

We further examine the contribution of the specific components of mental pain experience and tolerance for mental pain to suicide risk. Loss of control was the only aspect of mental pain experience which had a significant effect on suicide risk, while in a previous study comparing between clinical groups irreversibility and emptiness was also associated with suicidality.[3] The ability of containing the pain was the component of tolerance with a significant effect on the suicide risk. Thus, it appears that the experience of the unbearability and not the intensity or other qualities of pain experience is the key link between the mental pain and sucidality, as predicted by Sneidman[8] and found in previous studies of suicide notes.[10,11]

There are several limitations of this study. A major one is that we did not include a specific measure of hopelessness which has been also found to be a predictive factor for suicidality independently of depression.[3,16,17] Moreover, although our sample-size was sufficient for the evaluation of the psychometric properties of the MPS and the TMPS, was not large enough for a new factorial analysis. Therefore we evaluated the reliability and validity of the factors found by the authors of the scales. Finally, we used an estimation of suicide risk and not a more specific clinical variable, such as the history of suicidal attempts, since our sample was a non-clinical one.

In conclusion, our findings offer support to the hypothesis that mental pain is a clinical entity distinct from depression with a specific and important contribution to the suicide risk. Depression alone is not enough to cause suicide. The mental pain construct, although related to depression, could shed light on the comprehension of the human experience that leads to suicide. Relieving mental pain may constitute a distinct and important treatment goal, along with the remission of depression and despair, so that the person can maintain control and contain all the distressing events that comprise the painful experience. Both MPS and TMPS appear to be valid and reliable tools for the assessment of mental pain and its tolerance, respectively. They could also be employed in further investigation on the role of specific aspects of the mental pain experience in suicidal behaviours.

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Appendix A

Greek version of the Orbach & Mikulincer Mental Pain Scale (MPS)

Κλίμακα Ψυχικού Πόνου

Ο ψυχικός πόνος είναι μια εμπειρία οικεία στον καθένα. Περιγράφει πώς είναι το βίωμα του ανθρώπου όταν αγωνιά και υποφέρει. Θα θέλαμε να μας βοηθήσετε να κατανοήσουμε τι περνούν οι άνθρωποι όταν βιώνουν ψυχικό πόνο. Οι ακόλουθες προτάσεις περιγράφουν διαφορετικές όψεις του ψυχικού πόνου. Θα θέλαμε να μάθουμε ποιες από τις προτάσεις περιγράφουν τη δική σας εμπειρία για τον ψυχικό πόνο στην παρούσα φάση. Να θυμάστε ότι δεν υπάρχει σωστή ή λάθος απάντηση. Το σημαντικό για μας είναι να μάθουμε για την πραγματική προσωπική σας εμπειρία. Κάθε πρόταση πρέπει να βαθμολογηθεί σε μια κλίμακα από το 1 έως το 5.

Αν διαφωνείτε έντονα με την πρόταση, κυκλώστε το 1.

Αν διαφωνείτε με την πρόταση, κυκλώστε το 2.

Αν συμφωνείτε μέχρι ενός σημείου με την πρόταση, κυκλώστε το 3.

Αν συμφωνείτε με την πρόταση, κυκλώστε το 4.

Αν συμφωνείτε έντονα με την πρόταση, τότε κυκλώστε το 5.

	Στην παρούσα στιγμή	*Στη χειρότερη στιγμή*
1. Κανείς δεν ενδιαφέρεται για μένα	1 2 3 4 5	1 2 3 4 5
2. Είμαι εντελώς αβοήθητος	1 2 3 4 5	1 2 3 4 5
3. Νιώθω συναισθηματική αναταραχή μέσα μου	1 2 3 4 5	1 2 3 4 5
4. Δεν μπορώ να κάνω τίποτα απολύτως	1 2 3 4 5	1 2 3 4 5
5. Θα καταρρεύσω	1 2 3 4 5	1 2 3 4 5
6. Φοβάμαι το μέλλον	1 2 3 4 5	1 2 3 4 5
7. Όλοι με απορρίπτουν	1 2 3 4 5	1 2 3 4 5
8. Με πλημμυρίζουν πολλά συναισθήματα	1 2 3 4 5	1 2 3 4 5
9. Νιώθω εντελώς ηττημένος	1 2 3 4 5	1 2 3 4 5
10. Νιώθω ότι έχω χάσει κάτι σημαντικό που δεν θα το ξαναβρώ	1 2 3 4 5	1 2 3 4 5
11. Νιώθω μουδιασμένος και χωρίς ζωή	1 2 3 4 5	1 2 3 4 5
12. Νιώθω εγκαταλελειμμένος και μόνος	1 2 3 4 5	1 2 3 4 5
13. Δεν ασκώ κανέναν έλεγχο στη ζωή μου	1 2 3 4 5	1 2 3 4 5
14. Τα συναισθήματά μου αλλάζουν συνέχεια	1 2 3 4 5	1 2 3 4 5
15. Είμαι ένας ξένος για τον εαυτό μου	1 2 3 4 5	1 2 3 4 5
16. Οι άλλοι με μισούν	1 2 3 4 5	1 2 3 4 5
17. Νιώθω ότι δεν είμαι πια ο παλιός μου εαυτός	1 2 3 4 5	1 2 3 4 5
18. Είμαι ανάξιος	1 2 3 4 5	1 2 3 4 5
19. Νιώθω ότι έχω παραλύσει	1 2 3 4 5	1 2 3 4 5
20. Δεν μπορώ να συγκεντρωθώ	1 2 3 4 5	1 2 3 4 5
21. Δεν έχω εμπιστοσύνη στον εαυτό μου	1 2 3 4 5	1 2 3 4 5
22. Η δύσκολη κατάσταση δεν θ' αλλάξει ποτέ	1 2 3 4 5	1 2 3 4 5
23. Νιώθω σαν να μην είμαι πραγματικός	1 2 3 4 5	1 2 3 4 5
24. Δυσκολεύομαι να σκεφτώ	1 2 3 4 5	1 2 3 4 5
25. Χρειάζομαι την υποστήριξη των άλλων	1 2 3 4 5	1 2 3 4 5
26. Η ζωή μου έχει αλλάξει για πάντα	1 2 3 4 5	1 2 3 4 5
27. Νιώθω μπερδεμένος	1 2 3 4 5	1 2 3 4 5
28. Δεν ελέγχω τι συμβαίνει μέσα μου	1 2 3 4 5	1 2 3 4 5
29. Ο πόνος μου δεν θα φύγει ποτέ	1 2 3 4 5	1 2 3 4 5
30. Νιώθω σαν να έχει τελειώσει η ζωή μου	1 2 3 4 5	1 2 3 4 5

	Στην παρούσα στιγμή	*Στη χειρότερη στιγμή*
31. Δεν έχω ιδέα τι να περιμένω από το μέλλον	1 2 3 4 5	1 2 3 4 5
32. Κάτι στη ζωή μου έχει καταστραφεί για πάντα	1 2 3 4 5	1 2 3 4 5
33. Νιώθω αβεβαιότητα για τη ζωή μου	1 2 3 4 5	1 2 3 4 5
34. Δεν θα είμαι ποτέ ξανά ο ίδιος άνθρωπος	1 2 3 4 5	1 2 3 4 5
35. Έχω έντονα συναισθηματικά σκαμπανεβάσματα	1 2 3 4 5	1 2 3 4 5
36. Δεν ελέγχω καθόλου την κατάσταση	1 2 3 4 5	1 2 3 4 5
37. Θέλω να με αφήσουν μόνο	1 2 3 4 5	1 2 3 4 5
38. Δεν έχω μελλοντικούς στόχους	1 2 3 4 5	1 2 3 4 5
39. Δεν έχω επιθυμίες	1 2 3 4 5	1 2 3 4 5
40. Δεν έχω διάθεση να μιλάω σε άλλους	1 2 3 4 5	1 2 3 4 5
41. Δεν βρίσκω νόημα στη ζωή μου	1 2 3 4 5	1 2 3 4 5
42. Νιώθω ότι δεν μπορώ να είμαι μόνος	1 2 3 4 5	1 2 3 4 5
43. Δεν μπορώ ν' αλλάξω αυτό που μου συμβαίνει	1 2 3 4 5	1 2 3 4 5
44. Ο πόνος δεν θα φύγει ποτέ	1 2 3 4 5	1 2 3 4 5
45. Νιώθω κενός μέσα μου	1 2 3 4 5	1 2 3 4 5

Appendix B

Greek version of the Tolerance for Mental Pain Scale (TMPS)

Κλίμακα Ανοχής του Ψυχικού Πόνου

Οι παρακάτω προτάσεις σχετίζονται με τον βαθμό που μπορείτε να ανεχθείτε τον ψυχικό πόνο. Παρακαλούμε διαβάστε τες και απαντήστε σε ποιο βαθμό σας εκφράζουν κυκλώνοντας τον αντίστοιχο αριθμό, π.χ. από το *1=δεν είναι αλήθεια* μέχρι το *5=είναι πολύ αλήθεια*. Δεν υπάρχουν σωστές ή λάθος απαντήσεις.

Όταν νιώθω ψυχικό πόνο...

1. Πιστεύω ότι ο πόνος μου θα περάσει	1 2 3 4 5
2. Πιστεύω ότι δεν μπορώ να κάνω τίποτα για να μειώσω τον πόνο μου	1 2 3 4 5
3. Νιώθω ότι ο πόνος μου διακόπτει ό,τι κάνω	1 2 3 4 5
4. Δεν μπορώ να συγκεντρωθώ εξαιτίας του πόνου	1 2 3 4 5
5. Ο πόνος με κατακλύζει τελείως	1 2 3 4 5
6. Αντιμετωπίζω τον πόνο παρότι είναι δύσκολο να τον αντέξω	1 2 3 4 5
7. Υποφέρω πάρα πολύ	1 2 3 4 5
8. Πιστεύω ότι με τον χρόνο ο πόνος θα εξαφανιστεί	1 2 3 4 5
9. Δεν μπορώ να συγκρατήσω τον πόνο μέσα μου	1 2 3 4 5
10. Όταν νιώθω πόνο δυσκολεύομαι να κάνω πράγματα που συνήθως ευχαριστιέμαι	1 2 3 4 5
11. Πιστεύω πως αν κάνω το σωστό, ο πόνος θα εξαφανιστεί	1 2 3 4 5
12. Δεν μπορώ να βγάλω τον πόνο απ' το μυαλό μου	1 2 3 4 5
13. Νιώθω ότι πρέπει να ξεφορτωθώ τον πόνο αμέσως	1 2 3 4 5
14. Ο ψυχικός πόνος που αισθάνομαι μοιάζει καμιά φορά με τον έντονο σωματικό πόνο	1 2 3 4 5
15. Ο πόνος είναι πολύ έντονος	1 2 3 4 5
16. Παρότι είναι δύσκολο ν' αντέξω τον πόνο, ξέρω ότι θα μου περάσει	1 2 3 4 5
17. Πιστεύω ότι θα βρω έναν τρόπο να μειώσω τον πόνο	1 2 3 4 5
18. Ο χρόνος περνάει πολύ αργά όταν νιώθω πόνο	1 2 3 4 5
19. Ο πόνος είναι υπερβολικός για μένα	1 2 3 4 5
20. Σκέφτομαι τον πόνο όλη την ώρα	1 2 3 4 5

Ψυχικός πόνος και κίνδυνος αυτοκτονίας: Εφαρμογή της ελληνικής εκδοχής των κλιμάκων Ψυχικού Πόνου και Ανοχής στον Ψυχικό Πόνο

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Ο ψυχικός πόνος είναι μια εσωτερική επώδυνη ψυχολογική εμπειρία και αναφέρεται στη βίωση υπερβολικά έντονα αρνητικών συναισθημάτων που ματαιώνουν τις ζωτικές ανάγκες του ανθρώπου. Σύμφωνα με τη θεωρία του Shneidman για τη φαινομενολογία της αυτοκτονίας, ο ψυχικός πόνος αποτελεί όχι μόνο τον πιο σημαντικό από τους ψυχολογικούς παράγοντες που σχετίζονται με την αυτοκτονία, αλλά συνιστά την προϋπόθεση σε ψυχολογικό επίπεδο για να επιχειρηθεί η αυτοκτονία. Οι σχετικές μελέτες επιβεβαιώνουν τον ρόλο του ψυχικού πόνου ως ανεξάρτητου προβλεπτικού παράγοντα στην αυτοκτονία, και μάλιστα πιο ισχυρού από την κατάθλιψη. Στην παρούσα μελέτη εκτιμήσαμε τις ψυχομετρικές ιδιότητες της ελληνικής εκδοχής της Κλίμακας Ψυχικού Πόνου (ΚΨΠ) καθώς και της Κλίμακας Ανοχής στον Ψυχικό Πόνο (ΚΑΨΠ) χορηγώντας τις σε μη κλινικό δείγμα αποτελούμενο από 112 συμμετέχοντες (73 γυναίκες και 39 άνδρες). Επιπλέον εξετάσαμε τη συσχέτιση του ψυχικού πόνου, της ανοχής στον ψυχικό πόνο και της κατάθλιψης με τον κίνδυνο αυτοκτονίας. Υποθέσαμε ότι τόσο το επίπεδο του ψυχικού πόνου όσο και της ανοχής στον ψυχικό πόνο θα λειτουργούν προβλεπτικά για την αυτοκτονικότητα, ανεξάρτητα από την κατάθλιψη. Αμφότερες οι κλίμακες έδειξαν από ικανοποιητικά ως υψηλά επίπεδα αξιοπιστίας κι εγκυρότητας, σε συμφωνία και με την αρχική μελέτη για τις ψυχομετρικές ιδιότητές τους, με εξαίρεση ενός από τους παράγοντες της ΚΨΠ. Ο ψυχικός πόνος συσχετίστηκε σημαντικά με τον αυτοκτονικό κίνδυνο, αλλά και με την κατάθλιψη, επιβεβαιώνοντας ευρήματα προηγούμενων μελετών. Ο ψυχικός πόνος και η καταθλιπτική συμπτωματολογία βρέθηκε ότι έχουν ανεξάρτητη συμβολή στον αυτοκτονικό κίνδυνο. Επιπλέον, η ανοχή του ψυχικού πόνου βρέθηκε επίσης να συμβάλλει στον αυτοκτονικό κίνδυνο, ανεξάρτητα από την κατάθλιψη και τον ψυχικό πόνο, παρότι σχετίζεται με τις μεταβλητές αυτές. Εξετάσαμε ακόμη την ξεχωριστή συνεισφορά στον αυτοκτονικό κίνδυνο των επιμέρους παραγόντων του ψυχικού πόνου και της ανοχής σε αυτόν. Η απώλεια του ελέγχου κατά τη βίωση του ψυχικού πόνου καθώς και η δυνατότητα να εμπεριέχει κανείς τον πόνο ως παράγοντας ανοχής στον ψυχικό πόνο, βρέθηκε ότι έχουν τη μεγαλύτερη επίδραση στον αυτοκτονικό κίνδυνο. Προκύπτουν συνεπώς στοιχεία υπέρ της υπόθεσης του Shneidman ότι η έννοια της ανοχής στον ψυχικό πόνο αποτελεί κλειδί στην κατανόηση της εμπειρίας αυτής και στη σχέση της με τον αυτοκτονικό κίνδυνο. Τα ευρήματά μας επιβεβαιώνουν επίσης την αρχική μας υπόθεση σχετικά με τον σημαντικό ρόλο του ψυχικού πόνου στην αυτοκτονία, καθώς και το ότι αποτελεί ξεχωριστή κατασκευή από την κατάθλιψη. Κατά προέκταση αναδεικνύεται και η σημασία του ψυχικού πόνου ως θεραπευτικού στόχου, πέρα από την καταθλιπτική συμπτωματολογία, για την πρόληψη της αυτοκτονίας. Τόσο η ΚΨΠ, όσο και η ΚΑΨΠ αποτελούν έγκυρα κι αξιόπιστα εργαλεία εκτίμησης της εμπειρίας του ψυχικού πόνου και της ανοχής σε αυτόν, χρήσιμα στην κλινική πράξη.

Λέξεις ευρετηρίου: Ψυχικός πόνος, κίνδυνος αυτοκτονίας, ανοχή στον ψυχικό πόνο, κατάθλιψη

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