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The role of maladaptive psychological strategies in the association between shame and psychological quality of life

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Shame experiences have been highly associated with the engagement in maladaptive strategies (such as experiential avoidance and cognitive fusion) to cope with unwanted thoughts and feelings. Furthermore, these maladaptive processes have been linked to different psychopathological conditions.

The current study aimed to test the mediational effect of two different emotional regulation processes, cognitive fusion (i.e., the entanglement with unwanted inner events) and experiential avoidance (i.e., the unwillingness to be in contact with these inner experiences and the tendency to avoid and control them), on the association between external shame and psychological quality of life.

Participants were 421 (131 males and 290 females), aged between 18 and 34 years old.

The tested path model explained 40% of the variance of psychological quality of life and showed excellent model fit indices. Results demonstrated that external shame presented a significant direct effect on psychological quality of life and, in turn, an indirect effect, through the mechanisms of cognitive fusion and experiential avoidance. In fact, these findings seem to suggest that higher levels of external shame are linked to a higher tendency to engage in cognitive fusion and to lower acceptance abilities, which appear to explain decreased levels of psychological quality of life.

The present findings seem to offer significant clinical implications, emphasizing the importance of targeting maladaptive emotion strategies through the development of acceptance and decentering abilities.

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Interaction between previous attempts and diagnosed psychiatric disorder as a risk marker of repeated suicide attempts among adolescents: Results from a prospective hospital-based study

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Suicide is the second most frequent cause of death among the youth and its rates among adolescents have recently risen. Up to 30% of adolescents who attempt suicide will try it again within a year. Our objective is to analyze how previous attempts and diagnosed psychiatric disorder behave as markers of risk of reattempts and their statistical interaction. We include every underage patient treated by an emergency room psychiatrist after a suicide attempt in a General Hospital between years 2010 and 2015. Patients free of relapse after 1000 days are censored. We obtain Kaplan–Meier estimates for the risk of a new attempt as a time-dependant variable, dividing them by the presence of previous suicide attempts, diagnosed psychiatric disorder or both at a time, checking the differences by

using log-rank tests. Then, we perform Cox proportional risk models including both variables and a factor of their interaction and adjust them by sex and age in a non-automatically driven multivariate analysis, thus obtaining HR estimates. We present 150 cases (118 female; mean[SD] age in years: 15.8 [1.6]). Overall, 22.6% of them relapse during follow-up time. Multivariate models show interaction of previous attempts and diagnosed psychiatric disorder is associated with relapse with an HR of 1.27×10^8 (95% CI: $5.51 \times 10^7 - 2.9 \times 10^8$). Interaction of both factors is an outstanding risk marker of relapse after an attempted suicide and should thus be given clinical importance in tertiary prevention.

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Personality and spirituality as predictors of suicidality in depressed patients

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Introduction Some studies show that more expressed spirituality and some dimensions of personality have protective role from suicidality.

Aim The aim of our study is to examine the influence of the spiritual quality of life (QoL) and dimensions of personality on course of suicidality in patients with depression.

Methods Ninety-nine patients were assessed with self-report measures of suicidality (BHS), personality (TCI), spirituality (WHOQOL-SRPB) during a yearlong follow-up.

Results Spirituality was inversely linked with suicidality at baseline and during follow-up and more expressed spirituality influenced faster recovery from suicidality. Dimensions of temperament harm avoidance and self-directedness show as significant predictors of recovery from suicidality.

Conclusion In our sample, spirituality, harm avoidance and self directedness are significant predictors of recovery from suicidality. This finding is stimulus for further researching of protective factors from suicidality.

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