

# Empathy and social relationships in suicidal adolescents

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**PARTICIPANTS** 

### INTRODUCTION

Empathy, suicidal process (firstly, suicidal ideation, then self-destructive behaviors, planning way to die, suicide attempts and lastly, suicide) and suicide among minor people are research topics currently very explored. Psychologists often speak about suicide because it represents the second cause of death among 15-24-year-old adolescents (Delvenne, 2005). Several studies (Guilé, 2007; Reicherts et al., 2007) have already analyzed the links between empathy skills and some psychopathology (behavioral disorders, hyperactivity and alcoholism) but no research before this one has developed empathic abilities in suicidal adolescents.

### **OBJECTIVE**

With their suicide attempt, suicidal adolescents cause a significant break of social and familial links and withdraw. Human interactions are disrupted. Yet, empathy develops and works through relationships with others. The aims of the present study were so respectively to examine suicidal adolescents' empathy skills, interpersonal capacities and to investigate the quality of their social relationships.

Total sample of 120 adolescents, aged 13 to 17:

		N	Ò \ Q.	CES-D Mean *
Gr 1	Suicidal	20	12/8	34,89
Gr 2	Depressed schooled	30	20/10	31,12
Gr 3	Schooled	70	42/28	9,78

METHODOLOGY

### **INSTRUMENTS**

**Social Intelligence Test** (O'Sullivan & Guilford, 1977): Four tasks are presented in the form of images and comics and allow to measure the level of understanding of emotional expressions, human attitudes and social situations.

**Survey of Social Relationships**: Self-administered questionnaire with 22 items, scored from 0 to 4. This scale has been created to evaluate perceived quality of relationships with friends, classmates and parents.

Empathy Index for Children and Adolescents (Bryant, 1982): Self-administered questionnaire with 22 dichotomous items. This scale measures principally affective dimension but also cognitive one of empathy.

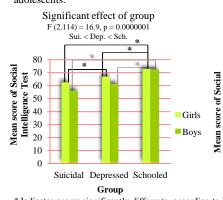
# RESULTS

Second hypothesis: Suicidal adolescents'

perceived quality of social relationships is

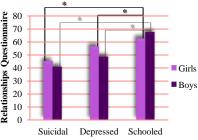
lower than depressed schooled adolescents'

First hypothesis: Adolescents who attempted to commit suicide have lower social intelligence than depressed schooled adolescents who reached themselves lower results than schooled adolescents.



one and even lower than non-depressed schooled adolescents' one.

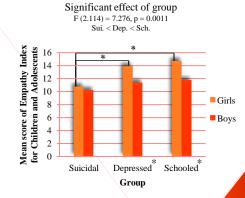
Significant effect of group
F (2.14) = 34.02, p = 0.0000001
Sui. < Dep. < Sch.



Group

\* Indicates scores significantly differents, according to Post Hoc test (LSD test) p < 0.05

**Third hypothesis**: Suicidal adolescents' empathy skills are lower than depressed schooled adolescents' ones and depressed schooled adolescents are less empathic than schooled adolescents.



## **DISCUSSION**

Results are congruent with our general hypotheses concerning suicidal adolescents' empathy and their social skills. Statistical analyses showed that social relationships and empathy skills are significantly different among the three groups (non-depressed adolescents, depressed adolescents and suicidal adolescents). Indeed, the clinical group obtained lowest scores in different tests, i.e. suicidal adolescents had a lower social intelligence, lower empathy skills than depressed schooled adolescents who reached themselves lower results than non-depressed schooled adolescents. If depression has an impact on social and empathy abilities, we pinpointed a specific effect of suicide attempt on empathy and perceived quality of relationships with peers and family. Finally, we observed that gender influenced the effect of suicidal behaviors on empathy capacities; there was no significant differences in the empathy score (Bryant's empathy test) for boys among the three groups whereas suicidal girls had significantly less empathic abilities than two control groups. In this regard, scientific literature showed that suicidal girls rather identify interpersonal problems as triggers of suicide while the problems mentioned by boys are more diversified (school failure, health problems,...).

<sup>\*</sup> Cut-off score of CES-D scale is 24 (superior score indicates moderate to severe depression).