

# Recollections of Parental Rejection, Self-Criticism and Depression in Suicidality

Rui C. Campos, Avi Besser, and Sidney J. Blatt

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- Q4:** Au: Landry 2000 not in References.
- Q5:** Au: Sobel, 1982 not in References.
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## TABLE OF CONTENTS LISTING

The table of contents for the journal will list your paper exactly as it appears below:

Recollections of Parental Rejection, Self-Criticism and Depression in Suicidality

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# Recollections of Parental Rejection, Self-Criticism and Depression in Suicidality

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*The present study examines whether self-criticism and depressive symptoms mediate the relationship between recollections of parental rejection and suicidality. A community sample of 200 Portuguese adults completed, in counterbalanced order, a socio-demographic questionnaire, the short form of the Inventory for Assessing Memories of Parental Rearing Behaviour (EMBU), the Depressive Experiences Questionnaire (DEQ), the Center for Epidemiologic Studies Depression Scale (CES-D), and reports of any suicide intention and/or ideation and suicide attempts. Structural Equation Modeling (SEM) indicated that recollections of parental rejection are significantly associated with depressive symptoms and suicidality. Recollections of parental rejection are indirectly associated with depressive symptoms and suicidality through self-criticism. The association between self-criticism and suicidality is mediated by depressive symptoms. In addition to a significant direct association between recollections of parental rejection and suicidality, the final model indicated that recollections of parental rejection are significantly associated with self-criticism. That same self-criticism is significantly associated with depressive symptoms which, in turn, are significantly associated with suicidality. Individuals with recollections of parental rejection are at greater risk for suicide ideation and behavior, possibly because such experiences predispose them to intense self-criticism which is a risk factor for depression associated with suicidal ideation and behavior.*

25 **Keywords** depression, parental rejection, self-critical perfectionism, suicidality

## INTRODUCTION

30 Suicide is a major mental health problem across the life span, but especially in adolescents and older adults. In Portugal, in 2009, 1025 persons died by suicide (WHO, 2012). The national official rate of suicide is 10.3 deaths per 100.000 people and suicide is the leading cause of unnatural death (National Institute of Statistics,

2011). There are several theoretical models 35 **Q1**  
for suicide and suicide behavior that include sociocultural and psychological perspectives (e.g., Goldney & Schioldann, 2004), demonstrating the potential interaction among several risk factors (e.g., 40  
Beautrais, Collings, Ehrhardt et al., 2005). Early developmental vulnerabilities, like insecure attachment and malevolent object representations, as well as personality traits,

45 psychopathology—especially depression—  
life events, and contextual and social  
factors may interact as predisposing factors  
for suicide behavior (see review in Campos,  
Besser, & Blatt, 2012).

50 Substantial clinical (e.g., Blatt, 1974,  
1995) and empirical (e.g., Beck, 1983; Blatt,  
Quinlan, Chevron et al., 1982; Fazaa &  
Page, 2003) evidence indicates that a  
55 personality dimension, Self-Critical Perfectionism,  
has a major role in suicide ideation  
and behavior (e.g., Campos, Besser, &  
Blatt, 2012; Yamaguchi, Koboayashi,  
Tachikawa et al., 2000). Furthermore,  
60 several theoretical and empirical studies  
have linked early, disrupted parental practices,  
insecure attachment (e.g., Titelman,  
Nilson, Estari et al., 2004; Titelman,  
Nilson, Svenson et al., 2011), and  
65 depression (e.g., Youssef, Plancherel, Laget  
et al., 2004) with suicidality. Clinical  
symptoms and psychopathology may result  
from disrupted working models or  
cognitive-affective schema of self and  
70 significant others deriving from early disrupted  
parental relationships. In general,  
empirical studies assessing adults' perceptions  
of early caretaking relationships confirm  
the relevance of these disrupted  
75 early relationships for pathological functioning  
(Blatt & Homann, 1992; Parker,  
1983, 1994; Russek & Schwartz, 1997).

Q2 The present study examines the role of  
recollections of parental rejection in suicidality  
and the mediating role of self-criticism  
80 and depression in the relationship between  
those factors (i.e., reports of any suicide  
intention and/or ideation or suicide  
attempts). Understanding the risk factors  
for suicidal behaviors, including ideation,  
85 intention, and attempts, can provide the  
basis for early intervention. It is estimated  
that the rate of attempted suicide is at least  
20 times greater than that of completed  
suicides (see, e.g., Fotti, Katz, Afifi et al.,  
90 2006) and this figure may even be underestimated  
because many attempts remain  
unknown and undocumented.

Early disrupted parental practices and  
insecure attachment have been linked with  
risk of suicide both in adolescents and 95  
adults. Barksdale, Walrath, Compton et al.,  
(2009) studied the relationship between disrupted  
parental relationships and suicidal behavior  
and concluded that caregivers of suicidal  
100 individuals differ from parents of non-suicidal  
youth in their degree of subjective internalized  
strain (e.g., worry, guilt) and objective strain  
(e.g., constraints on activities). Titelman,  
Nilsson, Svenson et al. (2011) compared suicide  
105 attempters with a control group on the Percept-  
genetic Object-Relation Test and concluded that  
a lack of a constructive attachment relationship  
distinguished these groups. Heo (2008) found  
110 that individuals who experienced trauma are  
more likely to report disrupted object relations,  
which, in turn, lead to greater mental anguish  
and suicidal ideation. Goldney (1985), using  
the parental bonding instrument (PBI; Parker,  
115 Tupling, & Brown, 1979), compared 43  
women who had attempted suicide with 43  
age-matched controls and found that the  
women who attempted suicide reported  
120 significantly lower parental care and higher  
parental overprotection.

Depression has also been a powerful  
predictor of suicidal behavior (Lamis,  
Malone, Langhinrichsen-Rohling et al.,  
125 2010). Caregivers perceived as punitive,  
depriving, and negligent constitute a precursor  
for depression in adults (Blatt, 1974, 1995).  
Depressed individuals report more negative  
experiences with their parents (e.g., Blatt,  
130 Wein, Chevron et al., 1979; Burbach &  
Borduin, 1986; Dahn, 2000; Karoly &  
Ruehlman, 1983); they recall their mothers  
and fathers as uncaring, rejecting, and  
punitive (Blatt, 2004). Recently, Campos,  
135 Besser, and Blatt (2010) found that the  
relationship between perceptions of quality of  
maternal caring and depressive symptoms is  
mediated by a predisposition to self-critical  
perfectionism. Campos (2010), like Quinlan,  
140 Blatt,

Chevron et al. (1992), found that depression was associated with negative and punitive concepts of both the father and mother as measured by semantic differential.

Self-critical perfectionism (i.e., overly critical evaluation of one's own behavior, an inability to derive satisfaction from successful performance, and chronic concerns about others' criticism and performance; Dunkley, Blankstein, Masheb et al., 2006, see also Blatt, 1995) also predicts depression and suicide ideation and behavior (Campos, Besser, & Blatt, 2012). Blatt (2004, 2008) has located the personality dimension of self-critical perfectionism within a broad conceptualization of personality development and psychopathology (see also Luyten, Corveleyn, & Blatt, 2005).

Self-critical perfectionism has been associated with suicide (e.g., Blatt, 1995) in both clinical and empirical research (Beck, 1983; Blatt, Quinlan, Chevron et al., 1982; Fazaa & Page, 2003). Recent findings indicate that self-criticism factor, as measured with the DEQ, predicts suicidal risk (Campos, Besser, & Blatt, 2012; Morrison & O'Connor, 2007; O'Connor, 2007). Fazza and Page (2003) found that self-critical undergraduate students who attempted to kill themselves showed greater intent to die and greater lethality than did suicidal dependent undergraduates. O'Connor and Noyce (2008) found that brooding rumination in adults mediated the relationship between self-criticism and suicide ideation.

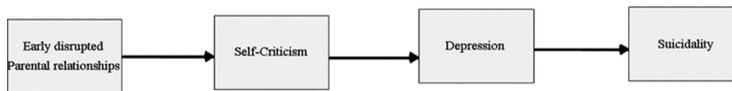
Considerable empirical and clinical research attests to the relevance of self-critical perfectionism to depression in both clinical and community samples (e.g., Besser, Luyten, & Blatt, 2011; Besser & Priel, 2003a, 2003b, 2005a, 2005b, 2010, 2011; Besser, Vliegen, Luyten et al., 2008; Blatt, 2008; Campos, Besser, & Blatt, 2010; Corveleyn, Luyten, & Blatt, 2005; Mongrain & Zuroff, 1995). Empirical evidence has also linked depression with suicidality (e. g. Lamis, Malone, Langhinrichsen-

Rohling et al., 2010; Overholser, Freheit, & DiFilippo, 1997; Youssef, Plancherel, Laget et al., 2004).

Blatt and Homann (1992), reviewing research on the characteristics of parents of self-critical individuals, found a link between this personality vulnerability and attachment insecurity, a fact which impaired concepts of self and significant others, thereby creating a vulnerability to depression. Insecurely attached individuals have difficulty with separation and constantly seek reassurance and support in anticipation of rejection, resulting in low self-esteem and increased need for interpersonal contact. Insecure attachment styles may also play a role in the self-punitive, distrustful style of relating that characterizes self-criticism (Besser & Priel, 2005b). Thus, a negative view of self characterizes both fearful and preoccupied insecure attachment. Avoidant insecure attachment is often linked to negative evaluation of self and setting unrealistic standards. Preoccupied insecure attachment also involves a negative sense of self in relation to others, including feeling unloved and unlovable (also see Blatt, 2004). Thus, a negative sense of self appears to result from disrupted early attachment relationships with primary caregivers (parents).

Blatt, Wein, Chevron et al. (1979) found that self-criticism on the DEQ correlated significantly with negative concepts of the father and mother on a semantic differential. Campos, Besser, and Blatt (2010) found that a lack of maternal care and overprotection related to self-criticism and McCraine and Bass (1984) reported that self-critical individuals tend to recall their parents as being cold. Thus, consistent evidence indicates that the quality of parental caring has a significant role in the development of a self-critical vulnerability to depression, which is consistent with the findings of an association of insecure attachment with self-critical vul-

# Parental Rejection, Self-Criticism, Depression, and Suicidality



**FIGURE 1.** *Conceptual model underlying the current study. Note. This model assumes that early parental rejection associates with suicidality by way of its association with the self-criticism personality vulnerability factor that associates with suicidality through its association with depression which constitutes a powerful predictor of suicidality.*

nerability to depression (Besser & Priel, 2005a). For example, Quinlan, Blatt, Chevron et al. (1992) found that descriptions of both parents as less benevolent and more punitive correlated with the self-criticism factor of the DEQ. Thus, research consistently suggests that perceived dysfunctional early relationships with caregivers is associated with self-criticism (Blatt, Wein, Chevron et al., 1979; Campos, Besser, & Blatt, 2010) as well as with depression (see review in Campos, Besser, & Blatt, 2010) and suicidal behavior. Previous research has also suggested that self-criticism and depression are powerful predictors of suicidality and that experiences of distress mediate the association between self-criticism and suicidality (see Campos, Besser, & Blatt, 2012). Thus, two assumptions underlie the hypotheses of the current study: (a) that dysfunctional early relationships with caregivers are associated with the development of a self-critical vulnerability to depression, and (b) that self-criticism and depression are associated with suicidality. Thus, we hypothesized that early rejecting relationships with parents would be associated with self-critical vulnerability underlying the predisposition to depression and suicidality. Figure 1 illustrates the conceptual model underlying the current study.

## METHOD

### Participants and Procedure

A convenience sample of 200 adults, 104 males and 96 females, ranging in age

from 19 to 63 years ( $M=35.83$ ,  $SD=11.62$ ) and living in several Portuguese districts, participated in this study. Their education ranged from 6 to 19 years of schooling ( $M=11.69$ ,  $SD=3.17$ ). A minority (10%) was unemployed and approximately 46% were married or were living with a romantic partner, while 54% were neither. Participants responded to a request for volunteers to take part in a study concerning personality and mood. Of the 237 individuals initially contacted, 25 declined to participate due to time constraints. Protocols of 12 of the 212 individuals initially interviewed were eliminated due to missing socio-demographic information or an elevated number of missing responses, thus yielding a final sample of 200 participants who were contacted by trained research assistants and volunteered to participate after signing an informed-consent form. All protocols were collected in individual sessions by trained research assistants and instructions were presented in writing. Participants were neither paid nor compensated. The questionnaires were presented in a counterbalanced format.

### Measures

*Sociodemographic Questionnaire.* Before completing the four questionnaires assessing parental rejection, depressive symptoms, self-criticism, and suicidality, participants contributed socio-demographic data. This questionnaire was designed to collect information about gender, age, education, marital status, employment, and district of

310 residence. Participants were also asked how  
 many times they had visited a doctor in the  
 past year, if they suffered from a chronic  
 illness, if they had ever visited a psychol-  
 ogist or psychiatrist, and if they had ever  
 been diagnosed with a psychiatric disorder.  
 315 Frequency data, means, and standard devia-  
 tions for the socio-demographic variables  
 appear in Table 1. Two of the 4 items  
 of the Suicidal Behavior Questionnaire  
 Revised (SBQ-R; Osman, Bagge,  
 320 Guitierrez et al., 2001) were used: “Have  
 you ever thought about or attempted to kill  
 yourself?” and “Have you ever told

someone that you were going to commit  
 suicide, or that you might do it?” to assess  
 ideation, attempts and intention.

*The Inventory for Assessing Memories of Parental*  
*Rearing Behavior.* The 23 items short form  
 (Arrindell & van der Ende, 1984) of the **Q3**  
 Inventory for Assessing Memories of  
 Parental Rearing Behaviour (EMBU; Perris,  
 Jacobson, Lindstorm et al., 1980) was used 330  
 to assess rejection by the father and  
 mother. The questionnaire yields six scales:  
 rejection, emotional support, and overpro-  
 tection for both parents. Rejection is  
 related to a variety of parental attitudes that 335  
 are trying to modify the child’s wishes and  
 are felt by the child as rejection. An  
 example item is: “My parents were harsh  
 with me without explaining why.” The  
 short form of the EMBU was adapted for 340  
 the Portuguese population by Canavarro  
 (1999). In the Portuguese adaptation, the  
 same three factors were obtained with  
 acceptable levels of internal consistency  
 and test-retest reliability. In the present 345  
 sample, the  $\alpha$  reliability coefficient for the  
 mother rejection scale was .84 and for the  
 father rejection scale was .76.

*The Depressive Experiences Questionnaire.*  
 This 66-item questionnaire (DEQ; Blatt, 350  
 D’Afflitti, & Quinlan, 1976) yields two per-  
 sonality factors (Blatt & Zuroff, 1992):  
 dependency and self-criticism as well as  
 efficacy.<sup>1</sup> These three factors were ident-  
 ified in the original standardization sample 355  
 of American college students (Blatt,  
 D’Afflitti, & Quinlan, 1976, 1979) and have  
 been replicated in numerous studies in a

**TABLE 1. Socio-Demographic Variables**

Variables	N	%	Mean (SD)
Age			35.83 (11.62)
Education			11.69 (3.17)
Gender			
<i>Male</i>	104	52%	
<i>Female</i>	96	48%	
Marital status			
<i>Married or living together</i>	92	46%	
<i>Not married</i>	108	54%	
District			
<i>Évora</i>	83	41.5%	
<i>Others</i>	117	58.5%	
Being employed			
<i>Yes</i>	180	90%	
<i>No</i>	20	10%	
Number of times went to the doctor last year			2.53 (2.44)
Having a chronic disease			
<i>Yes</i>	38	19%	
<i>No</i>	162	81%	
Ever gone to a psychologist or a psychiatrist			
<i>Yes</i>	56	28%	
<i>No</i>	144	72%	
Psychiatric disease			
<i>Yes</i>	4	2%	
<i>No</i>	195	98%	

<sup>1</sup>According to Blatt, D’Afflitti, and Quinlan (1976) each of the standardized scores of the 66 items should be multiplied by the factor weight coefficient obtained with the standardized sample for the loadings on Self-Criticism, Dependency, and Efficacy. In this unit-weight scoring system, all 66 items contribute to the final score of each factor, proportionally to their factor weight coefficients.

number of different cultures (see summary  
 360 in Blatt, 2004). The validity of the  
 self-criticism factor of the DEQ has been  
 demonstrated in a range of different  
 cultures (see summary in Blatt, 2008). The  
 365 Portuguese version of the DEQ has  
 adequate psychometric properties (Campos,  
 2000, 2009)—the internal consistency and  
 the factor structure were very similar to  
 those initially obtained by Blatt, D’Afflitti,  
 and Quinlan (1976). In the present study,  
 370 the Cronbach’s alpha for the self-criticism  
 factor was .80.

*Center for the Epidemiological Studies of  
 Depression Scale.* This 20-item inventory  
 (CES–D; Radloff, 1977) assesses the symp-  
 375 toms of depression. Scores range from 0 to  
 60, with higher scores indicating more  
 severe depression. The CES–D is well sui-  
 ted for adults from the general population  
 who are asked to indicate the frequency  
 380 with which they have experienced each of  
 20 symptoms of depression over the past  
 week on a 4-point scale (0 to 3). The  
 CES–D has acceptable levels of internal  
 consistency, reliability and validity (e.g.,  
 385 Eaton, Muntaner, Smith et al., 2004). The  
 CES–D was adapted for a Portuguese popu-  
 lation by Gonçalves and Fagulha (2003,  
 2004) and has good psychometric charac-  
 teristics. The Cronbach’s  $\alpha$  values varied  
 390 between .87 and .92 in different samples.  
 In the present sample, the  $\alpha$  reliability  
 coefficient for the CES–D was .90.

## RESULTS

### Data Analysis

395 We examined the normality of the  
 distributions of the variables using the  
 Kolmogorov-Smirnov test (K-S test),  
 the Lilliefors test, and the Shapiro-Wilk  
 400 test. The results indicated that the distribu-  
 tions of these measures were relatively nor-  
 mal ( $p$  values  $>.53$ ). We also examined

whether there was multicollinearity  
 between the recollections of parental rejec-  
 tion scales, the self-criticism factor, the  
 depressive symptoms scale, and the  
 405 suicidality variables. Eigenvalues of the  
 scaled and uncentered cross-products  
 matrix, condition indices, and variance  
 decomposition proportions, along with  
 variance inflation factors (VIF) and toler-  
 410 ances from multicollinearity analyses indi-  
 cated the absence of any multicollinearity.  
 Our analyses focused on the role of the  
 personality characteristic self-criticism and  
 depressive symptoms in mediating the  
 415 association between parental rejection and  
 suicidality.

Structural equation modeling (SEM;  
 Hoyle & Smith, 1994) was used in three  
 420 stages to assess measurement errors in the  
 dependent and independent variables. In  
 the first stage, we examined the direct asso-  
 ciations between parental rejection and sui-  
 cidality and between the former and  
 depressive symptoms. In the second stage,  
 425 we examined whether self-criticism  
 mediated the association between parental  
 rejection and suicidality, and in the third  
 step we examined whether depressive  
 symptoms mediated the associations  
 430 between parental rejection and/or  
 self-criticism and suicidality, following the  
 criteria for mediation proposed by Baron  
 and Kenny (1986). All analyses were con-  
 435 ducted with AMOS (version 18; Arbuckle,  
 2009) using the maximum-likelihood  
 method in which we specified two latent  
 factors: suicidality, which was defined by  
 two indicators (intention and ideation or  
 attempt), and parental rejection, which  
 440 was defined by two indicators (mother  
 rejection and father rejection).

Several fit indices were used. We first  
 used the  $\chi^2$  test to evaluate how the  
 445 proposed model fit the data as compared  
 to the saturated model (the baseline model  
 that represents perfect model fit). A non-  
 significant  $\chi^2$  has traditionally been used  
 as a criterion for not rejecting a SEM

450 model. A nonsignificant  $\chi^2$  indicates that  
 the matrix of the parameters estimated  
 based on the proposed model is not signifi-  
 cantly different from the matrix based on  
 the empirical data. However, this is a very  
 455 strict and sensitive criterion that is influenced  
 by the number of variables and the number  
 of participants (e.g., Landry, Smith, Swank  
**Q4** et al., 2000). For this reason, we also used  
 additional fit indices: the  $\chi^2/df$  ratio, the root  
 460 mean square error of approximation  
 (RMSEA and two-sided 90% confidence  
 intervals), the comparative fit index (*CFI*),  
 and the non-normed fit index (*NNFI*). A  
 model in which the  $\chi^2/df$  value was  $\leq 3$ , the  
 465 *CFI* and *NNFI* values were greater than  
 .90, and the RMSEA index was between  
 .00 and .06 with confidence intervals between  
 .00 and .08 (Hu & Bentler, 1999) was con-  
 sidered acceptable. These moderately strin-  
 470 gent acceptance criteria clearly reject  
 inadequate or poorly specified models while  
 accepting those that meet real-world criteria  
 for reasonable fit and representation of the  
 data (Kelloway, 1998). Descriptive statistics  
 475 for the demographic variables are presented  
 in Table 1. Zero-order correlations and the  
 means and their standard deviations for the  
 variables included in the final SEM models  
 appear in Table 2.

*Preliminary Analyses.* A preliminary analysis 480  
 explored any possible associations between  
 socio-demographic variables (gender, age,  
 education, employment status, marital sta-  
 tus, number of visits to a physician in the  
 past year, chronic illness, having ever vis- 485  
 ited a psychologist or psychiatrist, and hav-  
 ing received a psychiatric diagnosis) and the  
 study variables (depressive symptoms and  
 suicidality). A series of correlations indi-  
 cated significant associations between mar- 490  
 ital status and depressive symptoms ( $r =$   
 $-.19, p < .01$ ), and between number of vis-  
 its to a physician in the past year and  
 depressive symptoms ( $r = .17, p < .05$ ).  
 Moreover, gender was significantly associa- 495  
 ted with high levels of suicide ideation or  
 attempt ( $r = .14, p < .05$ ), and having ever  
 visited a psychologist or psychiatrist was  
 significantly associated with high levels of  
 suicide ideation or attempt ( $r = .19, 500$   
 $p < .01$ ) and with high levels of suicide  
 intention ( $r = .25, p < .0001$ ). No signifi-  
 cant associations were found between the  
 study variables and any of the following  
 socio-demographic variables: age, educa- 505  
 tion, employment status, chronic illness,  
 and having received a psychiatric diagnosis.  
 Accordingly, subsequent analyses con-  
 trolled for marital status, number of visits

**TABLE 2. Zero-Order Correlations Among the Study Variables**

Variables	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
<i>Personality Characteristic</i>								
1. Self-Criticism	—						-.55	1.05
<i>Depressive Symptoms</i>								
2. CES-D	.56***	—					12.36	8.28
<i>Parental Rejection</i>								
3. Mother Rejection	.26***	.32***	—				12.87	4.12
4. Father Rejection	.39***	.28***	.44***	—			10.53	3.12
<i>Suicidality</i>								
5. Ideation and attempt	.38***	.39***	.27***	.37***	—		1.44	.73
6. Intention	.21**	.27***	.29***	.29***	.44***	—	1.21	.47

Note.  $N = 200$ . \*\* $p < .01$ , two-tailed. \*\*\* $p < .001$ , two-tailed.

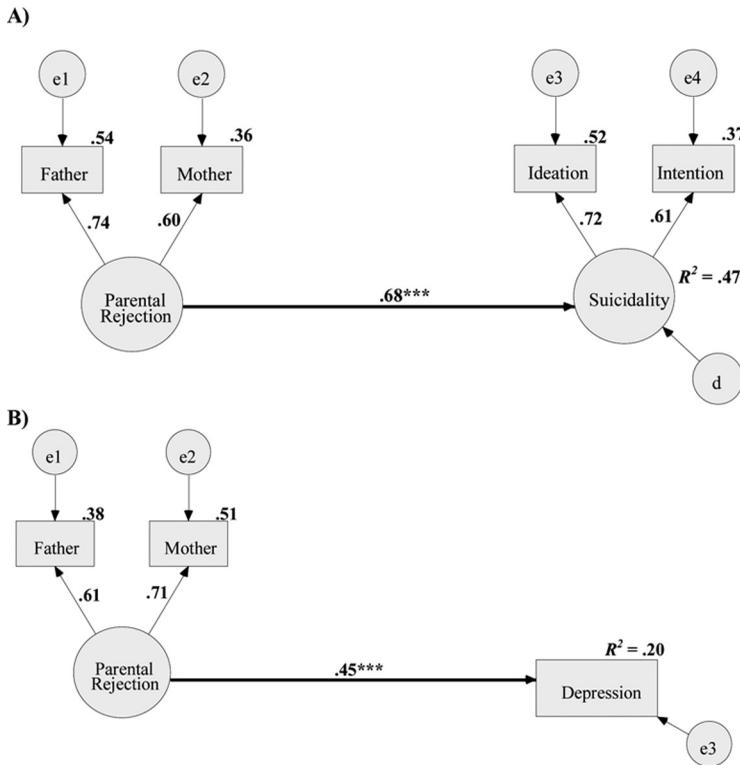
510 to a physician in the past year, gender, and  
 515 having ever visited a psychologist or psy-  
 520 chiatrist.

Parental Rejection and Suicidality was sig-  
 nificant ( $\beta = .68, t = 4.618, p < .0001$ ). This  
 model significantly explained 47% of the  
 variance in Suicidality.

Direct Association Models

*Parental Rejection and Suicidality.* The SEM  
 model used to test direct associations of  
 Parental Rejection and Suicidality fit the  
 observed data very well:  $\chi^2(1) = 1.066,$   
 $p > .302, \chi^2/df = 1.066, NNFI = .992,$   
 $CFI = .999, RMSEA = .018.$  As indicated  
 in Figure 2A, the association between

*Parental Rejection and Depressive Symptoms.* 525  
 The SEM model used to test direct associa-  
 tions of Parental Rejection and depressive  
 symptoms has zero degrees of freedom  
 thus fit indexes could not be estimated.  
 As indicated in Figure 2B, the association 530  
 between Parental Rejection and depressive  
 symptoms was significant ( $\beta = .45,$



**FIGURE 2.** Direct association model of the relationship between parental rejection and A) Suicidality B) Depressive symptoms. Note. Rectangles indicate measured variables and large circles represent latent constructs. Small circles reflect residuals (e) or disturbances (d); bold numbers above or near endogenous variables represent the amount of variance explained ( $R^2$ ). Unidirectional arrows depict hypothesized directional or “causal” links. Standardized maximum likelihood parameters are used. Bold estimates are statistically significant.  $N = 200.$  \*\*\* $p < .001$  (two tailed). When we controlled for the effects of marital status, number of visits to a physician in the past year, gender, having ever visited a psychologist or psychiatrist, the significant associations, as presented in this figure, were not altered. These effects were removed to simplify the figure.

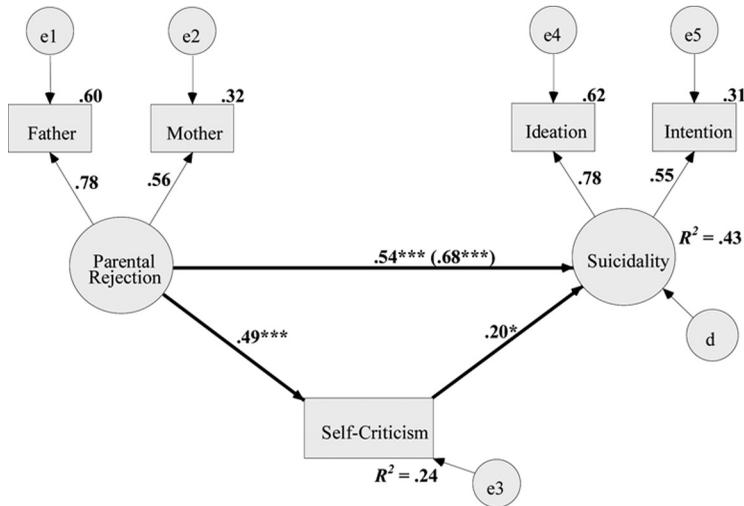
$t=3.919, p<.0001$ ). This model significantly explained 20% of the variance in depressive symptoms.

Mediational Models

*Parental Rejection and Suicidality: The Mediating Role of Self-Criticism.* A mediational SEM model, including parental rejection, self-criticism, and suicidality, fit the observed data very well:  $\chi^2(3)=3.906, p>.272, \chi^2/df=1.302, NNFI=.978, CFI=.995, RMSEA=.039$ . Figure 3 illustrates that parental rejection was in significant indirect association with suicidality through its association with self-criticism. High levels of parental rejection were significantly associated with high levels of self-criticism ( $\beta=.49, t=4.801, p<.0001$ ) that were significantly associated with high

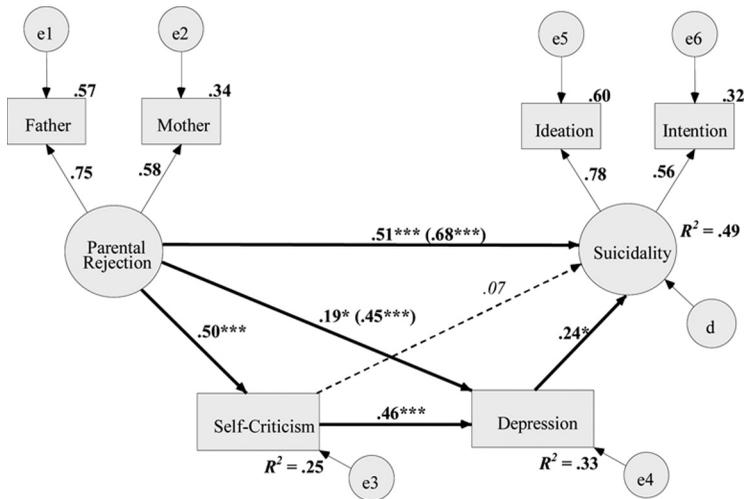
levels of suicidality ( $\beta=.20, t=2.80, p<.05$ ). The indirect associations between high levels of parental rejection and high levels of suicidality through high levels of self-criticism ( $\alpha=2.45, p<.05$ ) were significant when subjected to the  $\alpha$  test (Sobel, 1982), significantly explaining 24% of the variance in self-criticism and 43% of the variance in suicidality.

*Parental Rejection, Self-Criticism and Suicidality: The Mediating Role of Depressive Symptoms.* The mediational SEM model that included parental rejection, self-criticism, depressive symptoms, and suicidality fit the observed data very well:  $\chi^2(5)=9.519, p>.090, \chi^2/df=1.904, NNFI=.965, CFI=.982, RMSEA=.067$ . Figure 4 illustrates how parental rejection was in significant indirect association with suicidality through its



**FIGURE 3.** Indirect associations model of the relationships among parental rejection, self-criticism, and suicidality. Note. Rectangles indicate measured variables and large circles represent latent constructs. Small circles reflect residuals (e) or disturbances (d); bold numbers above or near endogenous variables represent the amount of variance explained ( $R^2$ ). Unidirectional arrows depict hypothesized directional or “causal” links. Standardized maximum likelihood parameters are used. Bold estimates are statistically significant. The number in parentheses is the beta value before Self-Criticism scores (assumed mediators) were entered into the model.  $N=200$ . \* $p<.05$ ; \*\*\* $p<.001$  (two tailed). When we controlled for the effects of marital status, number of visits to a physician in the past year, gender, having ever visited a psychologist or psychiatrist, the significant associations, as presented in this figure, were not altered. These effects were removed to simplify the figure.

## Parental Rejection, Self-Criticism, Depression, and Suicidality



**FIGURE 4.** Meditational and indirect associations model of the relationships among parental rejection, self-criticism, depressive symptoms and suicidality. Note. Rectangles indicate measured variables and large circles represent latent constructs. Small circles reflect residuals (e) or disturbances (d); bold numbers above or near endogenous variables represent the amount of variance explained ( $R^2$ ). Unidirectional arrows depict hypothesized directional or “causal” links. Standardized maximum likelihood parameters are used. Bold estimates are statistically significant. The dotted paths indicate non-significant, “causal” links/associations. The numbers in parentheses are the beta values before self-criticism and depression scores (assumed mediators) were entered into the model.  $N = 200$ . \* $p < .05$ ; \*\*\* $p < .001$  (two tailed). When we controlled for the effects of marital status, number of visits to a physician in the past year, gender, having ever visited a psychologist or psychiatrist, the significant and non-significant associations, as presented in this figure, were not altered. These effects were removed to simplify the figure.

570 association with depressive symptoms, and  
 and how self-criticism had a significant medi-  
 ating association with suicidality through its  
 association with depressive symptoms. High levels of parental rejection were sig-  
 575 nificantly associated with high levels of  
 depressive symptoms ( $\beta = .19$ ,  $t = 1.982$ ,  
 $p < .05$ ) and with high levels of  
 self-criticism ( $\beta = .50$ ,  $t = 4.745$ ,  
 580  $p < .0001$ ). High levels of self-criticism  
 were significantly associated with high  
 levels of depressive symptoms ( $\beta = .46$ ,  
 $t = 5.953$ ,  $p < .0001$ ). Depressive symptoms  
 were significantly associated with high  
 585 levels of suicidality ( $\beta = .24$ ,  $t = 2.437$ ,  
 $p < .05$ ). The indirect associations between  
 high levels of parental rejection and high  
 levels of suicidality through high levels of  
 depressive symptoms ( $\chi = 1.622$ ,  $p < 0.10$ )  
 were non-significant when subjected to

the  $\chi$  test (Sobel, 1982). However, the  
 590 indirect associations between high levels  
 of parental rejection and high levels of  
 depressive symptoms through high levels  
 of self-criticism ( $\chi = 3.74$ ,  $p < 0.001$ ) were  
 significant when subjected to the  $\chi$  test  
 595 (Sobel, 1982).

Moreover, the significant association  
 between self-criticism and suicidality  
 dropped and became non-significant  
 ( $\beta = .07$ ,  $t = .689$ ,  $ns$ ) when depressive  
 600 symptoms were included in the model.  
 The mediating association between high  
 levels of self-criticism and high levels of  
 suicidality ( $\chi = 2.28$ ,  $p < .05$ ) was significant  
 when subjected to the  $\chi$  test (Sobel, 1982),  
 605 significantly explaining 25% of the variance  
 in self-criticism, 33% of the variance in  
 depressive symptoms, and 49% of the vari-  
 ance in suicidality.

610 It is noteworthy that these results of  
the direct and mediating models were  
unaltered when examined while controlling  
the shared variance associated with marital  
status, number of visits to a physician in  
615 the past year, gender, having ever visited a  
psychologist or psychiatrist, and parental  
rejection, as well as the associations between  
these variables and self-criticism, depressive  
symptoms, and suicidality. It is also note-  
620 worthy that these results of the direct and  
mediating models were unaltered when  
examined while controlling for the effects  
of Dependency and Efficacy. Parental  
Rejection had no significant effect on  
625 Dependency or on Efficacy and Depen-  
dency, and Efficacy had no significant effect  
on depression or suicidality. Finally, no sig-  
nificant moderation effects were found for  
Efficacy in the associations between parental  
630 rejection and depression or suicidality. In the  
interest of parsimony and to simplify the  
presentation of the models, these variables  
were trimmed from the final model.

Summary of Results

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- 635 1. Parental rejection is significantly  
associated with suicidality and with  
depressive symptoms.  
2. Parental rejection is indirectly associated  
with suicidality and depression through  
640 self-criticism.  
3. The association between self-criticism  
and suicidality was mediated by depress-  
ive symptoms.

DISCUSSION

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645 The present study examined whether  
self-criticism and depressive symptoms  
mediate the relationship between recollec-  
tions of parental rejection and suicidality.  
Findings indicate that recollections of par-  
650 ental rejection are significantly associated  
with suicidality and with depressive symp-  
toms, and that recollections of parental

rejection are also indirectly associated with  
suicidality and depression through self-  
criticism. Moreover, the association between 655  
self-criticism and suicidality was mediated  
by depressive symptoms.

These findings build on those of Cam-  
pos, Besser, and Blatt (2012) that found  
that distress (including depression) medi- 660  
ates the relationship between self-criticism  
and suicidality. The findings of the present  
study suggest a more comprehensive  
theoretical model for suicide risk—that  
self-criticism is the result of parental rejec- 665  
tion and that self-critical individuals may be  
at risk for suicide through their vulner-  
ability to depression. These results support  
the view that disrupted parent-child  
interactions constitute a distal vulnerability 670  
factor for suicide risk.

Theoretically, self-critical individuals  
are concerned about losing parental  
approval as a result of failing to meet the  
expectations that controlling, demanding, 675  
and intrusive parents have set for them  
(e.g., Blatt, 1995; Blatt & Homann, 1992).  
Parental rejection may, in fact, be a  
response to the child's inability to fulfill  
imposed parental standards and wishes. 680  
The results of the present study  
confirm the association between rejecting  
parent-child interactions and the develop-  
ment of self-critical personality traits and  
their predisposition toward depression. 685  
Thus, vulnerability to depression and suicid-  
ality appears to be associated with rejecting  
care-giving and the subsequent develop-  
ment of self-critical (introjective) personality  
characteristics (Blatt, 1974, 1995). Early dis- 690  
rupted child caring practices of both parents  
have been linked to introjective (self-critical)  
personality organization.

The present findings are consistent  
with the assumptions of both attachment 695  
and object-relations theories which empha-  
size the unique role of the parent-child  
relationship in psychological development.  
The parent-child relationship has extensive  
and lasting effects on emotional, social, and 700

psychological development (Quinlan, Blatt, Chevron et al., 1992). Representations of self and significant others in self-critical (introjective) depression, are usually “fragmented, isolated, static, and ambivalent, and there is a [weak] resolution of the contradiction between separate images and properties” (Blatt, 1974, p. 149).

Moreover, results of the present study are congruent with theoretical assumptions relating to the role of internal working models in the etiology of suicidality. The recollection of disruptive parental behavior was probably part of the basis for the psychoanalytic speculation (e.g., Combra de Matos, 2001) that the etiology of suicide is an unconscious parental wish that the child not exist, and an unconscious attempt to rid oneself of an ambivalently loved or inaccessible object (Freud, 1917/1963; Kernberg, 2004; Leichsenring, 2004; Titelman, 2006).

The present results also support previous research indicating that self-criticism is a vulnerability factor in depression and suicidality. Highly self-critical, perfectionistic individuals are vulnerable to intense depression, often accompanied by suicidal impulses (e.g., Blatt, 1995, 2008; Campos, Besser, & Blatt, 2012). Highly self-critical individuals often experience depression when confronted with stressful life events, particularly events that disrupt self-definition and/or a sense of personal achievement (e.g., Blatt & Zuroff, 1992)—a time when depressed individuals may be at risk for suicide (e.g., Beck, 1983; Blatt, 1974, 1995; Blatt, Quinlan, Chevron et al., 1982; Overholser, Freiheit, & DiFilippo, 1997). Self-critical individuals are prone to experience anger, which they can direct toward others and/or themselves (Hewitt & Flett, 1991) and thus can be self-destructive and suicidal (e.g., Beck, 1983; Blatt, 1974, 1995; Blatt, Quinlan, Chevron et al., 1982; Fazaa & Page, 2003; Hewitt, Flett, & Weber, 1994; Hewitt, Newton, Flett et al., 1997). Fazaa and Page (2003) found that suicide

attempts among self-critical (introjective) college students were often in response to intra-psychic stressors. They also found that the suicide attempts of self-critical (introjective) college students showed great intent to die. Further studies should extend our model by including measures of general and specific life stressors as well as measures of the level of anger.

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#### Limitations of this Study

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There are several limitations to this study. It is important to note that the relationships between recollections of parental rejection, the personality dimension of self-criticism, depressive symptoms, and suicidality were assessed in a non-clinical sample with self-report measures in a cross-sectional design. The results should be compared with findings from high-risk samples in a longitudinal design before any causal inferences can be made. However, given the increasing evidence of the value of Blatt’s theory regarding the centrality of self-critical perfectionism as a vulnerability factor to depression and suicidality, as well as the value of early disrupted parental practices in vulnerability to suicide risk, the findings of the present study emphasize the importance of formulating a wide-ranging, theoretically based mechanism thorough which early parental-child interactions may constitute a vulnerability factor for increased suicide risk. The present study puts forward a possible mechanism by which early parental practices may create a vulnerability to depression and suicidality, and the mediational role of depressive symptoms in the self-critical perfectionism personality predisposition to depression and suicide risk.

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#### Conclusions and Clinical Implications

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To the best of our knowledge this is the first study to present empirical support for the association between recollections of

parental rejection and depression, suicidal-  
 795 ity, and self-criticism and to further demon-  
 strate that high levels of self-criticism are  
 associated with depression, which is, in  
 turn, associated with suicidality. Increased  
 suicide risk is associated with a particular  
 individual/personality factor, self-critical  
 800 perfectionism, which, in turn, relates to  
 depression. The present study also high-  
 lights the central role of recollections of  
 early parental malpractices. Our findings  
 demonstrate the need for public health  
 805 initiatives designed to reduce the risk of  
 suicidal behavior in young adults in the  
 community by possibly addressing inner  
 variables like personality and representa-  
 tions of parental practices, especially when  
 810 the clinician identifies a depressive individ-  
 ual. Self-critical individuals and those with a  
 history of early trauma and rejecting par-  
 ents should be the focus of interventions  
 by mental health professionals, especially  
 815 when depressed, since they may be at risk  
 for suicide. Psychotherapy should address  
 their core personality traits of perfection-  
 ism, self-punishment, and the inability to  
 profit from pleasurable life experiences.  
 820 Psychotherapy should also address  
 internalized malevolent object representa-  
 tions, which may actually be distal vulner-  
 ability factors for suicide.

Recent findings give some suggestion  
 825 about how psychotherapy may reduce  
 suicidal behavior. The mechanisms of the  
 therapeutic process are extensions of the  
 processes of normal psychological develop-  
 ment, involving experiences of engagement  
 830 and disengagement that contribute to the  
 revisions and extensions of mental repre-  
 sentations that enable patients to relinquish  
 and revise repetitive maladaptive internal-  
 izations (Blatt, 2008). Both the content  
 835 and the structural cognitive organization  
 of these maladaptive schemas are revised  
 in the treatment process. Research findings  
 suggest that in therapy, these schemas  
 become more differentiated, articulated,  
 840 and integrated and move toward more

mature and constructive representations  
 of self and of others. Changes in these  
 representations are expressed in changes  
 in personality structure. Changes in  
 self-criticism or introjective personality 845  
 organization reduces depressive symptoms  
 (Blatt, Zuroff, Hawley et al., 2010), conse-  
 quently leaving individuals in less distress  
 and thus less vulnerable to suicide. In  
 general self-criticism is associated with 850  
 the turning *against self* type of defense  
 mechanism that may be associated with  
 suicidality. Instead of expressing anger,  
 the individual turns the anger against them-  
 selves (Campos, Besser, & Blatt, 2011). 855  
 Thus reduction in negative representations  
 of self (e.g., self-criticism) appears to be an  
 important aspect of treatment for  
 depression and suicidality.

There are also cross cultural implica- 860  
 tions of our results. Campos (2009) found  
 that male and female Portuguese young  
 adults scored significantly lower than  
 American young adults on the DEQ  
 self-criticism scale and also on a self-report 865  
 measure of depression (Campos, in press),  
 which suggests that American young adults  
 are at greater risk for suicidality. **Q6**

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REFERENCES

895 Ar buckle, J. L. (1999). *AMOS: A structural equation modeling program*. Chicago, IL: Small Waters.

Arrindell, W. A., & van der Ende, J. (1984). Replicability and invariance of dimensions of parental rearing behavior: Further Dutch experiences with the EMBU. *Personality and Individual Differences*, 5, 671–682.

900 Barksdale, C. L., Walrath, C. M., Compton, J. S., & Goldston, D. B. (2009). Caregiver strain and youth suicide attempt: Are they related? *Suicide and Life Threatening Behaviour*, 39, 152–160.

905 Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173–1182.

910 Beautrais, A. L., Collings, S. C. D., Ehrhardt, P., & Henare, K. (2005). *Suicide prevention: A review of evidence of risk and protective factors and points of effective intervention*. Wellington, New Zealand: Ministry of Health.

915 Beck, A. T. (1983). Cognitive therapy of depression: New perspectives. In P. Clayton & J. E. Barret (Eds.), *Treatment of depression: Old controversies and new approaches* (pp. 265–290). New York, NY: Raven.

920 Besser, A., Luyten, P., & Blatt, S. J. (2011). Do humor styles mediate or moderate the relationship between self–criticism and neediness, and depressive symptoms? *Journal of Nervous and Mental Disease*, 10, 757–764.

925 Besser, A., & Priel, B. (2003a). Trait vulnerability and coping strategies in the transition to motherhood. *Current Psychology*, 22, 57–72.

Besser, A., & Priel, B. (2003b). A multisource approach to self-critical vulnerability to depression: The moderating role of attachment.

930 *Journal of Personality*, 71, 515–555.

Besser, A., & Priel, B. (2005a). The apple does not fall far from the tree: Attachment styles and personality vulnerabilities to depression in three generations of women. *Personality and Social Psychology Bulletin*, 31, 1052–1073. 935

Besser, A., & Priel, B. (2005b). Interpersonal relatedness and self-definition in late adulthood depression: Personality predispositions and protective factors. *Social Behavior and Personality*, 33, 351–382.

940 Besser, A., & Priel, B. (2010). Personality vulnerability, low social support, and maladaptive cognitive emotion regulation under ongoing exposure to terrorist attacks. *Journal of Social and Clinical Psychology*, 29, 166–201.

945 Besser, A., & Priel, B. (2011). Dependency, self-criticism and negative affective responses following imaginary rejection and failure threats: Meaning-making processes as moderators or mediators. *Psychiatry: Interpersonal and Biological Processes*, 74, 33–42. 950

Besser, A., Vliegen, N., Luyten, P., & Blatt, S. J. (2008). Vulnerability to postpartum depression from a psychodynamic perspective: Systematic empirical base commentary on issues raised by Blum (2007). *Psychoanalytic Psychology*, 25, 392–410. 955

Blatt, S. (1974). Levels of object representation in analytic and introjective depression. *Psychoanalytic Study of the Child*, 29, 107–157.

960 Blatt, S. J. (1990). Interpersonal relatedness and self-definition: Two primary configurations and their implications for psychopathology and psychotherapy. In J. L. Singer (Ed.), *Repression and dissociation: Implications for personality theory, psychopathology, and health* (pp. 299–335). Chicago, IL: University of Chicago Press. 965 Q8

Blatt, S. J. (1991). A cognitive morphology of psychopathology. *Journal of Nervous and Mental Disease*, 179, 449–458. Q9

970 Blatt, S. J. (1995). Representational structures in psychopathology. In D. Cicchetti & S. L. Toth (Eds.), *Emotion, cognition, and representation* (pp. 1–33). Rochester, NY: Rochester Symposium on Developmental Psychopathology.

975 Blatt, S. J. (2004). *Experiences of depression: Theoretical, research and clinical perspectives*. Washington, DC: American Psychological Association.

Blatt, S. J. (2008). *Polarities of experience: Relatedness and self-definition in personality development, psychopathology, and the therapeutic process*. Washington, DC: American Psychological Association. 980

985 Blatt, S., D’Afflitti, J., & Quinlan, D. (1976). Experiences of depression in normal young adults. *Journal of Abnormal Psychology*, 85, 383–389.

Blatt, S., D’Afflitti, J., & Quinlan, D. (1979). *Depressive Experiences Questionnaire*. Unpublished manual, 985

- Department of Psychology, Yale University, New Haven, CT.
- Blatt, S., & Homann, E. (1992). Parent-child interaction in the etiology of dependent and self-critical depression. *Clinical Psychology Review, 12*, 47–91.
- Blatt, S. J., Quinlan, D. M., Chevron, E. S., McDonald, C., & Zuroff, D. (1982). Dependency and self-criticism: Psychological dimensions of depression. *Journal of Consulting and Clinical Psychology, 50*, 113–124.
- Blatt, S. J., Wein, S. J., Chevron, E., & Quinlan, D. M. (1979). Parental representations and depression in normal young adults. *Journal of Abnormal Psychology, 88*, 388–397.
- Blatt, S. J., & Zuroff, D. C. (1992). Interpersonal relatedness and self-definition: Two prototypes for depression. *Clinical Psychology Review, 12*, 527–562.
- Blatt, S. J., Zuroff, D. C., Hawley, L. L., & Auerbach, J. S. (2010). Patient personality, the therapeutic relationship, and change in mental representation: Fundamental determinants of sustained therapeutic change. *Psychotherapy Research, 9*, 37–54.
- Burbach, D. J., & Borduin, C. M. (1986). Parent-child relations and the etiology of depression: A review of methods and findings. *Clinical Psychology Review, 6*, 133–153.
- Campos, R. C. (2000). Adaptação do questionário de experiências depressivas (de Sidney Blatt e colegas) para a população portuguesa. *Análise Psicológica, 18*, 285–309. [Adaptation of the Depressive Experiences Questionnaire (Sidney Blatt et al.) for the Portuguese population].
- Campos, R. C. (2009). *Questionário de experiências depressivas: Manual*. Évora, Portugal: Departamento de Psicologia da Universidade de Évora. [Depressive Experiences Questionnaire: Manual].
- Campos, R. C. (2010). Depressão, traços depressivos e representações parentais: Um estudo empírico. *Avaliação Psicológica, 9*, 371–382. [Depression, depressive traits and parental representations: An empirical study].
- Campos, R. C. (in press) Prevalência de sintomas depressivos em estudantes universitários portugueses. *Psychologica*. [Prevalence of depressive symptoms in Portuguese college students].
- Campos, R. C., Besser, A., & Blatt, S. J. (2010). The mediating role of self-criticism and dependency in the association between perceptions of maternal caring and depressive symptoms. *Depression and Anxiety, 27*, 1149–1157.
- Campos, R. C., Besser, A., & Blatt, S. J. (2011). The Relationships Between Defenses and Experiences of Depression: An Exploratory Study. *Psychoanalytic Psychology, 28*, 196–208.
- Campos, R. C., Besser, A., & Blatt, S. J. (2012). Distress mediates the association between personality predispositions and suicidality: A preliminary study in a Portuguese community sample. *Archives of Suicide Research, 16*, 1–16.
- Canavaro, M. C. (1999). A avaliação das práticas educativas através do EMBU: Estudos psicométricos. *Psychologica, 16*, 5–18. [Assessment of educational practices with the EMBU: Psychometric studies].
- Coimbra de Matos, A. (2001). *Depressão*. Lisboa: Climepsi. [Depression].
- Corveleyn, J., Luyten, P., & Blatt, S. J. (2005). (Eds.). *The theory and treatment of depression: Towards a dynamic interactionism model*. Leuven, Belgium: Universitaire Press.
- Dahn, J. R. (2000). *Predicting narcissistic and depressive vulnerability: The impact of conflicting parental representations on self and object relations*. Dissertations Abstracts International: Section B: The Sciences and Engineering, 60(9-B).
- Dunkley, D. M., Blankstein, K. R., Masheb, R. M., & Grilo, C. M. (2006). Personal standards and evaluative concerns dimensions of “clinical” perfectionism: A reply to Shafran et al. (2002, 2003) and Hewitt et al. (2003). *Behaviour Research and Therapy, 44*, 63–84.
- Eaton, W. W., Muntaner, Smith, C., Tien, A., & Ybarra, M. (2004). The Revised Center for Epidemiologic Studies Depression Scale (RCES-D). In M. E. Maruish (Ed.), *The use of psychological assessment for treatment planning and outcome assessment* (3rd Ed.).
- Fazaa, N., & Page, S. (2003). Dependency and self-criticism as predictors of suicidal behavior. *Suicide and Life-Threatening Behavior, 33*, 172–185.
- Fotti, S. A., Katz, L. Y., Afifi, T. O., & Cox, B. J. (2006). The associations between peer and parental relationships and suicidal behaviours in early adolescents. *Canadian Journal of Psychiatry, 51*, 698–703.
- Freud, S. (1963). Mourning and melancholia. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 237–260). London, England: Hogarth Press. (Original work published 1917).
- Goldney, R. B. (1985). Parental representation in young women who attempt suicide. *Acta Psychiatrica Scandinavica, 72*, 230–232.
- Goldney, R. D., & Schioldann, J. A. (2004). Evolution of the concept of altruistic suicide in Pre-Durkheim suicidology. *Archives of Suicide Research, 8*, 23–27.

## Parental Rejection, Self-Criticism, Depression, and Suicidality

- 1090 Gonçalves, B., & Fagulha, T. (2003). Escala de  
Depressão do Centro de Estudos Epidemiológicos  
(C.E.S.-D). In M. M. Gonçalves, M. R. Simões,  
L. S. Almeida, & C. Machado (Coords.), *Avaliação*  
1095 *psicológica: Instrumentos validados para a população*  
*portuguesa* (Vol. I). Coimbra, Portugal: Quarteto.  
[Center for Epidemiologic Studies Depression Scale  
(CES-D)].
- Gonçalves, B., & Fagulha, T. (2004). The Portuguese  
version of the Center for Epidemiologic Studies  
1100 Depression Scale (CES-D). *European Journal of*  
*Psychological Assessment, 20*, 339–348.
- Heo, J. (2008). *Mental pain and suicide: Exploring a causal*  
*path among trauma, object relations, mental pain and sui-*  
*cidal ideation*. Dissertation Abstracts International:  
1105 Section B: The Sciences and Engineering, 69(2-B).
- Hewitt, P. L., & Flett, G. L. (1991). Dimensions of  
perfectionism in unipolar depression. *Journal of*  
*Abnormal Psychology, 100*, 98–101.
- Hewitt, P. L., Flett, G. L., & Weber, C. (1994).  
1110 Perfectionism and suicide ideation. *Cognitive*  
*Therapy and Research, 18*, 439–460.
- Hewitt, P. L., Newton, J., Flett, G. L., & Callander,  
L. (1997). Perfectionism and suicide ideation in  
adolescent psychiatric patients. *Journal of Abnormal*  
1115 *Child Psychology, 25*, 95–107.
- Hoyle, R. H., & Smith, G. T. (1994). Formulating  
clinical research hypotheses as structural equation  
models: A conceptual overview. *Journal of Consul-*  
*ting and Clinical Psychology, 62*, 429–440.
- 1120 Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit  
indexes in covariance structure analysis: Conventional  
criteria versus new alternatives. *Structural*  
*Equation Modeling, 6*, 1–55.
- Karoly, P., & Ruehlman, L. (1983). Affective  
1125 meaning and depression: A semantic differential  
analysis. *Cognitive Therapy and Research, 7*, 41–49.
- Kelloway, E. K. (1998). *Using LISREL for structural*  
*equation modeling: A researcher's guide*. Newbury Park,  
CA: Sage.
- 1130 Kernberg, O. F. (2004). The risk of suicide in severe  
personality disorders: Differential diagnosis and  
treatment. In O. Kernberg (Ed.), *Aggressivity, nar-*  
*cissism, and self-destructiveness in the psychotherapeutic*  
*relationship* (pp. 192–204). New Haven, CT: Yale  
1135 University Press.
- Lamis, D. A., Malone, P. S., Langhinrichsen-Rohling,  
J., & Elis, T. E. (2010). Body investment,  
depression, and alcohol use as risk factors for  
suicide proneness in college students. *Crisis: The*  
1140 *Journal of Crisis Intervention and Suicide Prevention,*  
*31*, 118–127.
- Leichsenring, F. (2004). Quality of depressive experi-  
ences in borderline disorders: Differences between  
patients with borderline disorder and patients with  
higher levels of personality organization. *Bulletin of*  
1145 *the Menninger Clinic, 68*, 9–22.
- Luyten, P., Corveleyn, J., & Blatt, S. J. (2005). The  
convergence among psychodynamic and cognitive-  
behavioral theories of depression: A critical over-  
view of empirical research. In J. Corveleyn, P.  
1150 Luyten, & S. J. Blatt (Eds.), *The theory and treatment*  
*of depression: Towards a dynamic interactionism model*  
(pp. 107–147). Mahwah, NJ: Erlbaum.
- McCranie, E. W., & Bass, J. D. (1984). Childhood  
family antecedents of dependency and  
1155 self-criticism: Implications for depression. *Journal*  
*of Abnormal Psychology, 93*, 3–8.
- Mongrain, M., & Zuroff, D. C. (1995). Motivational and  
affective correlates of dependency and self-criticism.  
*Personality and Individual Differences, 18*, 347–354.  
1160
- Morrison, R., & O'Connor, R. C. (2007). *Suicidal*  
*thinking and psychological distress: The role of ruminative*  
*response style*. Presented at the XXIV World Con-  
gress of the International Association for Suicide  
1165 Prevention, Killarney, Ireland.
- O'Connor, R. C. (2007). The relations between per-  
fectionism and suicidality: A systematic review.  
*Suicide and Life-Threatening Behavior, 37*, 698–714.
- O'Connor, R. C., & Noyce, R. (2008). Personality  
and cognitive processes: Self-criticism and  
1170 different types of rumination as predictors of  
suicidal ideation. *Behaviour Research and Therapy,*  
*46*, 392–401.
- Osman, A., Bagge, C. L., Guitierrez, P. M., Konick,  
L. C., & Barrios, F. X. (2001). The Suicidal Beha-  
1175 viors Questionnaire-Revised (SBQ-R): Validation  
with clinical and nonclinical samples. *Assessment,*  
*5*, 443–454.
- Overholser, J. C., Freiheit, S. R., & DiFilippo, J. M.  
(1997). Emotional distress and substance abuse  
as risk factors for suicide attempts. *Canadian*  
1180 *Journal of Psychiatry, 42*, 402–408.
- Parker, G. (1983). Parental “affectionless control” as  
an antecedent to adult depression. *Archives of*  
*General Psychiatry, 48*, 956–960.  
1185
- Parker, G. (1994). Parental attachment and depress-  
ive disorders. In M. B. Sperling & D. L. Perlman  
(Eds.), *Attachment in adults: Theory, life-span develop-*  
*ment and treatment issues* (pp. 299–312). New York,  
NY: Guilford.  
1190
- Parker, G., Tupling, H., & Brown, L. B. (1979). A  
Parental Bonding Instrument. *British Journal of*  
*Medical Psychology, 52*, 1–10.

- 1195 Perris, C., Jacobson, L., Lindstorm, H., Von Knorring, L., & Perris, H. (1980). Development of a new inventory for assessing memories of parental rearing behaviour. *Acta Psychiatrica Scandinava*, *61*, 265–274.
- 1200 Quinlan, D. M., Blatt, S. J., Chevron, E. S., & Wein, S. J. (1992). The analysis of description of parents: Identification of a more differentiated factor structure. *Journal of Personality Assessment*, *59*, 340–351.
- 1205 Radloff, L. S. (1977). The CES–D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*, 385–401.
- Q10 1210 Russek, L. G., & Schwartz, G. E. (1997). Perceptions of parental caring predict health status in midlife: A 35-year follow-up of the Harvard Mastery of Stress Study. *Psychosomatic Medicine*, *59*, 144–149.
- Russek, L. G., & Schwartz, G. E. (1997). Feelings of parental caring predict health status in midlife: A 35-year follow-up of the Harvard Mastery of Stress Study. *Journal of Behaviour Medicine*, *20*, 1–13.
- 1215 Titelman, D. (2006). Primo Levi's loneliness: Psychoanalytic perspectives on suicide-nearness. *Psychoanalytic Quarterly*, *75*, 835–858.
- Titelman, D., Nilsson, A., Estari, J., & Wasserman, D. (2004). Depression, anxiety, and psychological defense in attempted suicide: A pilot study using PORT. *Archives of Suicide Research*, *8*, 239–249. 1220
- Titelman, D., Nilsson, A., Svensson, B., Karlsson, H., & Bruchfeld, S. (2011). Suicide-nearness assessed with PORT, the Percept-Genetic Object-Relation Test: A replication and a reliability study. *Bulletin of the Menninger Clinic*, *75*, 295–314. 1225
- World Health Organization. (2012). Suicide. Country reports and charts available: Portugal. Retrieved from [http://www.who.int/mental\\_health/media/port.pdf](http://www.who.int/mental_health/media/port.pdf) 1230
- Yamaguchi, N., Koboayashi, J., Tachikawa, H., Sato, S., Hori, M., Suzuke, T., & Shiraiishi, H. (2000). Parental representation in eating disorder patients with suicide. *Journal of Psychosomatic Research*, *49*, 131–136. 1235
- Youssef, G., Plancherel, B., Laget, J., Corcos, M., Flament, M. F., & Halfon, O. (2004). Personality trait risk factors for attempted suicide among young women with eating disorders. *European Psychiatry*, *19*, 131–139. 1240