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Suicidality and Agency: The Reasons for Living Inventory by M. Linehan

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Agency, or subjectivity is an important concept in personality psychology, but this phenomenon is less studied in suicidology. During the adaptation of the M. Linehan inventory Reasons for Living we proposed to look at the inventory through the lens of this construct. The study had two samples: students, N=490 (341 females, aged 17—28 (19.3±1.2)), and suicidal patients N=146 (105 females, aged 16—48 (23.1±5.9)). The structure of the Russian version of the inventory was studied with the IRT-model, which showed that all items of the inventory agree acceptably with the model. But three items were excluded, as they didn't satisfy the criterion of measured invariance. The indices of reliability ranged from .74 to .93 according to Cronbach's α, and from .73 to .92 according to IRT-reliability. The analysis of construct validity showed that the most benign factors are the scales Survival and Coping Beliefs and Child-Related Concerns, which meet the criteria of inner motivation and regulation to the greatest extent, while the factor Fear of Suicide didn't prove itself as a protective factor, as it correlated positively with the factors of suicidal risk. Factors Responsibility to Family and Moral Objections pertain to internal motivation, while Fear of Social Disapproval corresponds more to external regulation. Thus, the Reasons for Living inventory passed a successful adaptation and can be used for research purposes and in clinical practice it indirectly allows the researcher to assess the agency of a respondent.

Keywords: suicide, reasons for living, agency, subjectivity, self-determination.

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Суицидальность и чувство авторства собственной жизни: опросник М. Линехан «Причины для жизни»

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Авторами отмечается, что чувство авторства собственной жизни, или субъектность, — важное понятие в психологии личности, однако этот феномен мало исследуется в суицидологии. При адаптации опросника М. Линехан «Причины для жизни» предложено рассмотреть эту методику через призму данного конструкта. В исследовании участвовали 490 студентов (341 женщина, возраст — 17—28 лет (19.3±1.2)) и 146 суицидальных пациентов (105 женщин, возраст — 16—48 лет (23.1±5.9)). Структура русскоязычной версии опросника изучалась с помощью модели современной теории тестирования, которая показала, что все утверждения инструмента имеют приемлемое согласие с моделью. Однако были исключены три пункта опросника как не удовлетворяющие критерию измерительной инвариативности. Разброс показателей надежности составил от .74 до .93 по α Кронбаха и от .73 до .92 по IRT-надежности. Анализ конструктной валидности показал, что наиболее благоприятными факторами являются шкалы «убежденность в совладании и выживании» и «забота о детях», которые в наибольшей степени отвечают критериям внутренней мотивации и регуляции, а фактор «страх суицида» не проявил себя как защитный фактор, поскольку положительно коррелировал с факторами негативного самоотношения. Факторы

«ответственность перед семьей», «моральные запреты» можно отнести к внутренней мотивации, а «страх социального осуждения» — к внешней. Таким образом, опросник «Причины для жизни» прошел успешную адаптацию и может использоваться в исследовательских задачах и в клинической практике, косвенно позволяет оценить чувство авторства респондента.

Ключевые слова: суицид, причины для жизни, авторство, субъектность, самодетерминация.

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Introduction

There is a discrepancy in understanding agency, or subjectivity, of suicidal behavior in suicidology. From the one hand, scientists state that suicide is always a goal-directed action [53], but on the other hand, the reasons for a suicidal act are sought out in social and psychological predispositions, which influence the volition of a suicidal person and in that sense, deprive them of their agency. However, agency can be defined not only through goal-directedness, control, responsibility, ability to choose, it can also be described as a value and a feeling that one is able to act out of their own incentives, and not out of necessity, that with their actions one strengthens their own well-being and build relationships with others [6; 23].

A large qualitative study on experience of agency and feeling suicidal (124 narrative interviews) showed that suicidal people suffer a loss of consistency and coherence in their sense of self, a disruption in the reciprocal action between the self and the world, serious depletion of mental resources, and a disturbance of embodiment [25]. All these lead to a disruption in experience of self as an agent, and this note of estrangement with an overtone of derealization/depersonalization is discernible in all the cited interviews.

The concept of self-determination is also close to the phenomenon of agency and subjectivity [6]. According to Richard Ryan and Edward Deci's definition, self-determination is "an approval of one's actions at the highest level of reflection", and a self-determined person feels free to do what is interesting and important for them, what inspires them [33; 60]. A study of self-determination in young people showed that this variable works as a moderator, weakening the link between negative life events, hopelessness and suicidal ideation, and is a protective factor from suicidal tendencies [30]. Also a suggestion was made that self-harm can be viewed as an attempt for self-control, which compensates the frustrated basic psychological needs (defined in the framework of self-determination theory as needs for autonomy, relatedness and competence); it was shown that teenagers who practice self-harm also demonstrate lower levels of satisfaction of these needs [34]. Moreover, a study in the framework of self-determination theory and interpersonal theory of suicide [44; 45; 59] found out that a frustrated need for autonomy, when mediated by thwarted belonging-

ness (which corresponds to the frustrated need for relatedness) and perceived burdensomeness (which corresponds to the frustrated need for competence), is linked to suicidal ideation [39].

Contemporary therapeutic models of suicidal behavior [4; 42; 43; 53] strive to take into account the need for autonomy of a suicidal patient/client, as they consider it the fundamental factor for a positive outcome of psychotherapy. Besides, there is a recommendation to use the components of motivational interview in sessions with acute suicidal patients, in order to strengthen their experience of autonomy and control in treatment situation [28]. In particular, motivational interview is proposed to complement cognitive-behavioral therapy of suicidal patients [27]. The objective for narrative conversations is a step-by-step entering into the preferred life story, which creates in a person the feeling of authenticity and gives rise to their sense of agency [12].

An overview of therapeutic and theoretical approaches to suicidal behavior allowed seeing a suicidal state as a loss of control in a conflict between higher-order goals, which stem from the reasons for living and dying, and, as a result, a suicidal person loses awareness of these reasons [51]. The loss of awareness and control can become the factor which distinguishes people with suicidal ideation from those which suicidal behavior. The task of psychotherapy, according to these authors, is to give back to a suicidal person their life motives and understanding of an importance of their personal reasons for living.

Other authors, who studied people with suicidal behavior and focused on a question of what helps to survive the suicidal states and live a good life, hold a similar view [61]. The researchers, by means of narrative interviewing, found out two main themes: living with, and through the suicidal experience ("the dynamic relationship with suicidal behavior"), and "the toolbox", which helps respondents in this task. In general, the stories of the participants can be characterized as a description of a fight for life, meaning, values and hope. The authors define these stories in the framework of posttraumatic growth theory [65], comparing the process with the "grief work". But, according to our view, they also can be conceptualized in the framework of self-determination theory and gaining genuine intrinsic motivation for life.

Marsha Linehan's research on reasons for living and the eponymous inventory, composed of the reasons why people decide to live further despite the difficult conditions of life and/or death thoughts [50], also imply the experience of agency. The factor analysis yielded six scales, which pertain to beliefs regarding various spheres of life (personal and social beliefs, importance of family, children, of social environment), and potentially can be placed on a continuum of behavior regulation. The first and the leading scale was named Survival and Coping Beliefs, it included positive expectations from the future, a belief in one's ability to cope with any difficulties, and a belief that life has a specific value. It is this scale that differentiated suicidal and non-suicidal people. In another study [64], this scale predicted suicidal behavior in patients better that hopelessness, depression and negative life events. The authors describe the beliefs from this scale as "beliefs about self-efficacy, the intrinsic value of living, and the inevitability of change with the passage of time" [64, p. 371]. It partly corresponds to the experience of agency. In yet another study with ecological momentary assessment, during 21 days the respon-

dents routinely assessed 6 items from the Reasons for Living Inventory (factors Survival and Coping Beliefs and Responsibility to Family) [67]. The authors found a negative link between these estimations of reasons for living and next-day suicidal ideation, but the personality traits openness and extraversion flattened this link due to a higher dispersion. The researchers suggest that not all processes in the development of reasons for living are protective, but this result can be interpreted in a different way: openness allows finding new reasons for living, but it doesn't mean that all of them pass the full way of interiorization and become intrinsic, integrated into personality, that the person "acquires" them, that they stay topical for the next day, alleviating the acuteness of suicidal thoughts.

Later the inventory was modified for teenagers, and abridged [41; 55; 57], but the full version for adults appear more valuable for research in suicidal behavior due to the authenticity of items (they were given by respondents, and not invented by researchers) and the scope of various reasons for living. It is this version that we chose to adapt on a Russian sample.

The Study

Objective and Hypothesis

The objective of our study was the adaptation of the Reasons for Living Inventory [50] on a Russian sample. There is a demand for this inventory [9], there were several attempts of adaptation of various versions of this inventory [5; 7], however, they have so far proved unsatisfactory. The results of an adaptation of a short version of this inventory was published recently [3]. The preliminary adaptation of this full Russian version of the Reasons for Living Inventory utilized exploratory factor analysis [2; 13]; besides, there was a study in a clinical sample, in patients with non-psychotic psychic disorders, with and without suicidal thoughts and attempts [10], but it also utilized EFA and didn't check for criterion validity. We set a task to investigate in detail the psychometric properties of this inventory.

Also a *post hoc* hypothesis was proposed, that the scales of the inventory can be placed on a continuum of behavior regulation, starting from the external, to integrated, intrinsic motivation, with various degrees of self-determination and psychological effectiveness.

The self-determination theory describes four types of behavior regulation, which differentiate in levels of self-determination and represent a continuum, a gradual change from extrinsic to intrinsic motivation by virtue of internalization: external, introjected, identified and integrated regulation [8]. A person with integrated regulation acts in accordance with their basic values and motives; a person with external regulation acts for the sake of reward and avoiding punishment, as they feel compelled to do certain things. The introjected regulation corresponds to a moderately controlled nature of motivation, when a person acts more out of shame and guilt, or ideas of success, or maintaining self-esteem. The identified regulation corresponds to autonomous motivation, though the activity doesn't feel pleasant for a person: one acts predominantly out of sense of duty, which, albeit reflects their goals and values, does not bring them joy.

It was hypothesized that the subscales of the inventory Survival and Coping Beliefs, Child-Related Concerns, Responsibility to Family, will correspond to the motives of autonomy, competence and relatedness to a greater degree, which will manifest in higher and more stable corre-

lations with inventories that measure various aspects of psychological well-being; and the subscales Fear of Suicide, Fear of Social Disapproval, and Moral Objections will to a greater degree reflect external motivation for living, will carry the potential for coercion, which will be reflected in correlations with scales that measure psychological distress.

Participants

The sample consisted of students of Moscow technical (n=155), Cheboksary humanities and medical (n=221) and Kirov humanities universities (n=122). The general sample (N=498) included 342 females and 155 males (1 participant didn't specified their gender and age). Age of the participants ranged from 17 to 28 (M=19.3±1.2). The participation in the study was voluntary, respondents filled out the pen-and-paper version of the battery. They did it in their free time (Kirov) or were given the questionnaires optionally at a seminar lessons (Moscow and Cheboksary). However, we excluded from the processing the protocols of 8 people, who for some reasons didn't fill out the Reasons for Living Inventory. Thus, we ended up with 490 participants, 341 females and 148 males (1 participant undefined).

Additionally, 146 inpatients of Crisis Suicidology Unit took part in the study, who experienced suicidal thoughts or had suicide attempts. The participation also was voluntary. It was a part of a diagnostic process in the framework of psychological counseling during the treatment, but patients could decline it, and 6 people did so — they were not included in the final sample. The patients received feedback about the results of their diagnostics. There were 105 females (72%) and 41 males in the clinical sample, aged 16—48 (mean age — 23.1±5.9). Out of the sample, 59 patients didn't practice self-harm, but 87 did. Lifetime suicide attempts had 73 people (50%).

Materials and Procedure

The main questionnaire was the Reasons for Living Inventory [50]. The forward (into Russian) and back (into English, by a bilingual translator) translation of the inventory was conducted, then the original and the back translation was compared and the finishing corrections were introduced to the Russian version. The inventory is a self-report scale, which consists of reasons why a person prefers not to die by suicide, even if they think of it. The inventory consists of 48 items, which are rated on a 6-point Likert-type scale, and includes 6 subscales:

- Survival and Coping Beliefs (24items, for example "I have a love of life") — it is a reflection of a belief in participant's ability to cope with any difficulties, and in life's value as it is.
- Responsibility to Family (7 items, for example "I have a responsibility and commitment to my family") — it is a belief that the respondent's family needs them.
- Child-Related Concerns (3 items, for example "I want to watch my children as they grow") — this subscale reflects the wish of the participant to have children and care for them.
- Fear of Suicide (7 items, for example "I am afraid of death") — this subscale reflects the respondent's fear of suicidal actions and death.
- Fear of Social Disapproval (3 items, for example "Other people would think I am weak and selfish") — it is a fear of presenting in an unfavorable light in front of others.
- Moral Objections (4 items, for example "My religious beliefs forbid it") — the subscale reflects mostly religious

objections and fear of religious consequences.

The means of construct validity testing partly differed in different subsamples, as we varied the questionnaires during the ongoing research of suicidal behavior.

1. Self-Compassion Scale (adaptation [18]) [54; 66]. The scale consists of 26 items, which are rated on a Likert-type scale from 1 (almost never) to 5 (almost always), of 6 subscales: Self-Kindness, Self-Criticism, Common Humanity, Self-Isolation, Mindfulness, Over-Identification. It was given to all participants of the study.

2. Zimbardo Time-Perspective Inventory (adaptation [11]) [62; 69]. It has 5 subscales: Past Positive, Past Negative, Present Hedonistic, Present Fatalistic, Future. The items are rated on a Likert-type scale from 1 (absolutely untrue) to 5 (absolutely true). The inventory was filled out by all the participants of the normative sample, while the clinical sample was given only the subscales of Past Positive and Past Negative.

3. Multidimensional Scale of Perceived Social Support by G. Zimet (adaptation [17]) [47; 70]. The scale consists of 12 items, and assesses the perception of availability and effectiveness of social support according to 3 subscales: Family, Friends, and Significant Other. The items are rated on a Likert-type scale from 1 (completely disagree) to 7 (completely agree). The inventory was given to all participants.

4. Experience in Close Relationships-Revised, short form (adaptation [16; 19]) [37]. The questionnaire consists of 14 items, 2 subscales: Anxiety and Avoidance, assesses the predominance of these experiences in close relationships (with a loved one or with a friend), The inventory was not used in the Moscow normative sample.

5. The Almost Perfect Scale by R. Slaney (adaptation [22]) [63], short form. It consists of 36 items and 2 subscales: Adaptive and Maladaptive Perfectionism, the items are rated on a Likert-type scale from -3 (absolutely untrue) to 3 (absolutely true), and then recoded from 1 to 7. The questionnaire was not used in the Cheboksary sample.

6. The Future Self Scale (adaptation [15], modified inventory [35]). It consists of 4 items with 3 sub-items each (how I see myself in a week, a month, a year), rated on a Likert-type scale from 1 to 9, and the answers comprise 3 subscales: ability to see one's Short-Term Future (a week and a month), Long-Term Future (a year), and a propensity to think of one's future in general (Future Thoughts: what will be in a week, in a month and in a year). The Scale was given to all participants.

7. Beck Hopelessness Scale (adaptation [1]), [24] consists of 20 items, which reflect the respondent's attitude to their future that forms on the basis of their present and past experience. Answers "no", "rather no than yes", "rather yes than no", "yes" were recoded into the 4-point Likert-type scale. The inventory was not used in the Moscow normative sample.

8. The Psychache Scale (adaptation [13]) [40] is developed according to the concept of psychache by E. Shneidman [21; 46]. The inventory consists of 13 items, 9 of which assess the presence and the quality of psychache, and 4 of them assess its intensity. The rating has 5-point Likert-type scale: the more points correspond to more intense psychache. The inventory was not used in the Moscow normative sample.

Statistical Analysis

For studying the structure of the instrument, two methods were used: confirma-

tory factor analysis and one of the widely used IRT models — Partial Credit Model [52]. The model was originally developed for unidimensional instruments, but is now successfully used in the analysis of multidimensional psychodiagnostics tests. A feature of this model is the assumption that each item has its own rating scale, and the distance between the response categories is different. For our case, this is important because not all items with a 6-point response scale worked well; some response categories were chosen by less than 5% of respondents. In the Partial Credit Model, discrimination (a measure of the relationship between a scale item and a latent factor) is taken as 1 for all items and is not calculated. The Monte Carlo EM algorithm was used as the parameter estimation method, which is one of the optimal methods for modeling more than three factors [31].

The weighted (INFIT) and unweighted (OUTFIT) fit statistics were utilized as goodness-of-fit measures. Both statistics characterize the deviations of the observed item score from its mathematical expectation [68]. The mathematical expectation of the values equals 1. If the model does not fit the data well, the observed values of these indices will differ from 1. For psychological tools, observed values are acceptable if they fall within the interval [.60; 1.40], although the most problematic items are those that exceed the right-hand boundary of the interval [68].

To examine discriminative properties of the instrument (or, in other words, the criterion-related validity of the test results), we compared the mean values of the scales in the two groups, normative and clinical. However, before comparing the means, we analyzed measurement invariance in these groups. In IRT models, measurement invariance is usually examined through an analysis of differential item functioning (DIF). According to the criteria developed, in order to talk about the fair functioning of an item, the difference in item difficulty between groups should not exceed .64 logits and the Welch t-test should not be significant at $\alpha = .05$ [27]. The study of measurement invariance was conducted within a unidimensional Partial Credit model (i.e., for each questionnaire factor separately), because the clinical sample does not include so many observations to evaluate the invariance of a multidimensional model.

Reliability was investigated using Cronbach's α and IRT reliability, which shows the proportion of the true variance of the latent characteristic in variance of the observed scores. In turn, the true variance is defined as the difference between the observed variance of the scores and the mean value of the square of the standard errors of the observed scores [32].

Multidimensional statistical analysis was performed in the R environment [58] using mirt package [31]. Winsteps software [49] served for the unidimensional modeling.

Convergent validity was examined using intercorrelations of the Reasons for Living subscales and associations with other subscales of psychological well-being/distress using the Pearson's method. Gender and intergroup differences were calculated based on Student's t-test. These two types of analysis were performed in Jamovi 1.6.23.

Results

Factor Structure of the Inventory

Three models were tested in the normative sample using confirmatory factor analysis (table 1). The method of parameter estimation was weighted least squares

using the polychoric correlation matrix (WLSMV), because the manifest variables are ordinal [48]. There are no model comparison statistics for this estimator, so we relied on comparison of fit statistics.

In the previous study, exploratory factor analysis suggested that a three-factor solution was better in a Russian-speaking sample [13]; this is the first tested model. Secondly, some respondents expressed the opinion that it was too early for them to think about children, and we decided to try a five-factor model, without the Child-Related Concerns scale. We can see that the model with three factors fits the data worse than the five- and six-factor solution. The last two models have close values for fit statistics, but the model with six factors describes the data slightly better.

Next, we turned to the IRT model. Table 2 depicts item fit statistics before the exclusion of some items. All of them demonstrate acceptable fit.

Table 1

Confirmatory factor analysis of the Reasons for Living Inventory

Model	χ^2	RMSEA [90% CI]	CFI	TLI	WRMR
3-factor	5172.633**	.088 [.086; .090]	.815	.806	2.382
5-factor	4118.073**	.083 [.081; .086]	.843	.834	2.176
6-factor	4441.808**	.080 [.078; .083]	.847	.838	2.137

Note. RMSEA — root mean square error of approximation; 90% CI — 90% confidence interval for RMSEA; CFI — comparative fit index; TLI — Tucker-Lewis index; WRMR — weighted root mean square residual; ** p<.01.

Table 2

Item fit statistics for model 1 (full) and model 2 (after excluding items 8, 18, and 37)

Item, #	OUTFIT1	INFIT1	OUTFIT2	INFIT2
1	.79	1.00	.60	.65
2	.96	.99	.91	.89
3	.93	.93	.87	.84
4	.87	.93	.73	.75
5	.61	.66	.61	.70
6	.94	.94	.93	.97
7	.96	.96	1.30	1.17
8	1.03	.97	-	-
9	.84	.89	.72	.77
10	1.23	.97	1.64	1.11
11	.61	.97	.38	.52
12	1.09	.98	.78	.78
13	.93	1.00	.78	.79
14	1.04	.96	.99	.88

Item, #	OUTFIT1	INFIT1	OUTFIT2	INFIT2
15	.88	.89	.82	.85
16	.63	.82	.58	.63
17	1.14	1.00	1.61	1.26
18	.82	.89	-	-
19	1.08	1.02	.95	.89
20	.80	.98	.58	.65
21	.48	.76	.36	.44
22	.94	.04	.72	.73
23	.49	.57	.66	.77
24	.86	.94	.65	.70
25	1.05	.98	1.51	1.38
26	.69	.77	.65	.69
27	1.00	1.00	.39	.49
28	.61	.87	.41	.58
29	1.09	1.03	1.10	1.05
30	.86	.96	.66	.72
31	.70	.80	.54	.60
32	.99	.98	.80	.76
33	.92	.90	1.01	.87
34	.79	.83	.88	1.07
35	.96	.99	.69	.69
36	1.25	.99	1.58	1.24
37	.87	.96	-	-
38	.78	.82	.73	.75
39	1.09	.99	1.91	1.43
40	1.24	1.00	1.11	.89
41	.60	.67	.46	.52
42	1.04	.97	1.09	1.07
43	.56	.66	.43	.50
44	1.14	1.04	.91	.81
45	1.21	1.01	1.38	1.10
46	.75	.81	.69	.74
47	.97	1.01	.76	.83
48	.97	.97	.92	.98

Measurement Invariance

The DIF-analysis revealed that all items of such scales as Moral Objections, Responsibility to Family, Child-Related Concerns, and Fear of Social Disapproval exhibited invariance with respect to the two groups, normative and clinical. Item #18 (“I am afraid that my method of killing myself would fail”) of the scale Fear of Suicide demonstrated DIF, meaning that for respondents of the normative sample it was

more difficult to agree with this item compared to the clinical one. After excluding it, the remaining items showed the same functioning in the two groups. Items #8 ("I do not believe that things get miserable or hopeless enough that I would rather be dead") and #37 ("I am happy and content with my life") of the scale Survival and Coping Beliefs showed non-invariance: respondents in the clinical sample had much more difficulty agreeing with these items than the normative sample. After excluding them, the remaining items demonstrated similar functioning in these groups.

Based on the results of the DIF-analysis, items № 8, 18, and 37 were excluded and the multidimensional model was recalculated. Table 2 (last two columns) presents fit statistics after deleting the items. The remaining items have acceptable fit.

Criterion-Related Validity

Table 3 contains differences in the averages of the two groups. It is noticeable that the clinical sample has lower indicators of reasons for living (differences in the mean values are significant at α =.01) than the normative sample, except for the Fear of Suicide factor; its results do not differ significantly, unlike the results of the original study, in which the scores of this dimension is significantly higher in the clinical sample [50].

Reliability Analysis

The authors of the original study recorded reliability (Cronbach's α) ranging from .72 to .89 [50, p. 278]. Table 4 (on the diagonal) presents the reliability indices of our study. In our case, reliability varies from .74 to .93 for Cronbach's α and from .73 to .92 for IRT reliability (in parentheses). The scale with the highest reliability is Survival and Coping Beliefs one because it contains more items than the other scales. At the same time, all scales have acceptable reliability for research purposes.

Construct Validity

There was no intercorrelation analysis conducted in the original works on the inventory, but we performed it in order to study better the structure and the content of the subscales of the RFL inventory, and to test the hypothesis of the leveled regulation of motivation for life. It is seen from the Table 4 (intercorrelations of the subscales in the normative sample) that the subscales form two sides of the spectrum: there are moderately high correlations between the subscales Survival

Table 3

Mean differences in two samples (clinical and normative)

Subscale	Clinical sample (n=146) M_1 (SD_1)	Normative sample (n=490) M_2 (SD_2)	t(634)	Cohen's d
Survival and Coping Beliefs	3.23 (1.10)	4.89(.85)	-19.33	1.82
Responsibility to Family	4.04 (1.48)	4.61 (1.10)	-5.06	.48
Moral Objections	1.87 (1.34)	3.17 (1.54)	-9.18	.87
Fear of Suicide	3.10 (1.13)	2.96 (1.13)	1.37	.13
Fear of Social Disapproval	2.47 (1.56)	3.18 (1.52)	-4.89	.46
Child-Related Concerns	2.77 (1.87)	4.70 (1.50)	-12.99	1.23

Table 4

Intercorrelations of the subscales of the inventory in the normative and clinical samples and indices of reliability of the instrument's subscales

Subscale	1	2	3	4	5	6
1. Survival and Coping Beliefs	.93 (.91)					
2. Responsibility to Family	.50*** *(.31***)*	.82 (.80)				
3. Moral Objections	.39*** *(.44***)*	.42*** *(.27***)*	.83 (.87)			
4. Fear of Suicide	.13** *(.20*)*	.29*** *(.07)*	.51*** *(.27***)*	.73 (.77)		
5. Fear of Social Disapproval	.25*** *(.34***)*	.33*** *(.42***)*	.48*** *(.53***)*	.50*** *(.36***)*	.79 (.74)	
6. Child-Related Concerns	.55*** *(.46***)*	.60*** *(.35***)*	.51*** *(.42***)*	.28*** *(.13)*	.32*** *(.43***)*	.79 (.78)

Note. Pearson's correlation analysis was performed, correlations in brackets and italics refer to the clinical sample; * $p<.05$; ** $p<.01$; *** $p<.001$.

and Coping Beliefs, Responsibility to Family, Child-Related Concerns, and on the other side of the spectrum there are Fear of Suicide and Fear of Social Disapproval. There are much lesser correlations between these sides. The subscale Moral Objections occupies an intermediate position, becoming a sort of a connecting link on a continuum. At this stage already, the analogy with the self-regulation levels from the self-determination theory comes to mind: there is an intrinsic motivation, which corresponds to person's goals and values, and extrinsic, which is led by the fear of disapproval and physical pain (punishment).

In the clinical sample (Table 4, brackets, italics) there are no such explicit sides of the spectrum. Nevertheless, the subscale Fear of Suicide stands out: it doesn't correlate with the subscales Responsibility to Family and Child-Related Concerns, has low correlation with the subscale Survival and Coping Beliefs. As we've already mentioned, in the original study [50] this indicator was significantly higher in suicidals in comparison to the normative sample.

Gender Differences

In the original sample, gender differences were not tested, but we decided to study them in our Russian sample. Various reasons for living can have varying importance for men and women due to different social roles. This hypothesis was confirmed (Table 5): in all subscales except for the subscale Survival and Coping Beliefs significant differences were found, although with moderate to low effect (Cohen's d>.2 — .4). In general, women were inclined to attribute more importance to reasons for living, but the biggest differences were revealed on the subscales Child-Related Concerns and Moral Objections: for women, these reasons were much more important than for men.

Convergent Validity

In order to better understand the psychological content of the subscales of

Table 5

Analysis of gender differences on the subscales of the Reasons for Living Inventory in a normative sample

Subscale	Women (n=341) M_1 (SD_1)	Men (n=148) M_2 (SD_2)	t(487)	Cohen's d
Survival and Coping Beliefs	4.94 (.82)	4.78 (.92)	1.932	.18
Responsibility to Family	4.72 (1.10)	4.36 (1.05)	3.318	.34
Moral Objections	3.36 (1.56)	2.75 (1.42)	4.099	.41
Fear of Suicide	3.05 (1.11)	2.73 (1.14)	2.876	.28
Fear of Social Disapproval	3.27 (1.56)	2.96 (1.40)	2.195	.21
Child-Related Concerns	4.90 (1.37)	4.25 (1.63)	4.258	.43

Reasons for Living Inventory in the normative and clinical samples and test the *post hoc* hypothesis of the leveled regulation of motivation for life, the correlational analysis with other inventories was conducted, which measure psychological well-being/distress (Table 6).

In the normative sample, one side of the spectrum, as detected in the intercorrelations, correlated on a higher level with the constructs of psychological well-being (Past Positive, scales of Future orientations, Self-Compassion and its positive subscales, Adaptive Perfectionism, subscales of Social Support), and negatively — with the constructs of psychological distress (Hopelessness and Psychache, Past Negative, Present Fatalistic, negative self-regard, Maladaptive Perfectionsim, unsecure styles of attachment). The subscales from this side of the spectrum can be conditionally associated with intrinsic forms of regulation, identified and integrated (correspondence to goals and values, awareness of their importance, self-determination, relatedness, competence and autonomy). Another side of the spectrum (Fear of Suicide and Fear of Social Disapproval) in the normative sample shows unstable correlations, both positive and negative, with various indices of psychological well-being/distress. These scales can be attributed to external or introjected regulation (orientation to external conditions of reward and punishment, to self-esteem).

In the clinical sample (Table 6, brackets), there was a higher level of correlations of the subscale Fear of Suicide with the variables of psychological distress (Past Negative, Self-Isolation, Over-Identification), and this fact proves again that fear is not a protective factor, on the contrary, it becomes a marker of psychological distress, and an increase in this factor points to the severity of the a patient's state, to the uneffectiveness of their coping strategies [14; 38]. The subscales Moral Objections and Fear of Social Disapproval in the clinical sample had little correlations of a lower order with the scales of psychological well-being, i.e. had low protective value. In general, the subscales Survival and Coping Beliefs, Child-Related Concerns, and Responsibility to Family replicated the structure of correlations, which was found in the normative sample (for example, with the future orientations subscales, Hopelessness, Adaptive Perfectionism), however, it is important to keep in mind that these coefficients were partly achieved due to the reduced protective indicators and increased indicators of suicide risk, that is, though these correla-

tions suggested a protective potential, at the moment they rather indicated an acute psychological distress of the respondents and a lack of protective beliefs.

Table 6

Correlations of the subscales of the Reasons for Living Inventory with the questionnaires that measure psychological well-being/distress in the normative and clinical (brackets) samples

Scale	Survival and Coping Beliefs	Responsibility to Family	Moral Objections	Fear of Suicide	Fear of Social Disapproval	Child-Related Conserns	M_n (SD_n) M_c (SD_c)
Zimbardo Time-Perspective Inventory (n_{norm}=490)							
Past Negative	**-.35***** (-.07)	-.05 (-.01)	-.05 (.04)	**.15***** **(.25**)**	.08 (.02)	**-.11*** (-.06)	2.83(.76) *3.64(.65)*
Present Hedonistic	.06	.07	-.02	-.01	.04	.08	3.36(.53)
Future	**.35*****	**.25*****	**.19*****	.07	.08	**.26*****	3.66(.55)
Past Positive	**.32***** **(.41***)**	**.43***** **(.37***)**	**.38***** **(.30***)**	**.19***** (.08)	**.18***** **(.26**)**	**.44***** **(.35***)**	3.65(.69) *2.95(.83)*
Present Fatalistic	**-.24*****	.03	**.16*****	**.21*****	**.18*****	.05	2.55(.66)
Future Self Scale (n_{norm}=490)							
Short-Term Future	**.22***** **(.18*)**	**.11*** (-.03)	-.04 (>-.01)	.03 (.10)	>-.01 (-.15)	**.13**** (.02)	7.15(1.61) *5.70(1.89)*
Long-Term Future	**.26***** **(.44***)**	**.11*** (.12)	.05 **(.30***)**	.08 (.09)	.08 **(.19*)**	**.15***** **(.37***)**	6.02(1.85) *4.50(2.03)*
Future Thoughts	**.12**** **(.37***)**	**.11*** **(.26**)**	**.23***** **(.34***)**	**.15**** (.08)	**.17***** **(.33***)**	**.17***** **(.34***)**	5.60(2.22) *5.07(2.53)*
Neff's Self-Compassion Scale (n_{norm}=490)							
Self-Kindness	**.18***** **(.28***)**	.05 (.06)	.01 (-.01)	.01 (.02)	.01 (.01)	**.13**** **(.22**)**	2.70(.81) *2.05(.78)*
Self-Criticism	-.07 (-.10)	-.02 **(.31***)**	**-.12**** (.07)	-.06 (.14)	-.06 **(.19*)**	**-.09*** (-.01)	2.94(.83) *3.97(.73)*
Common Humanity	**.22***** **(.31***)**	.08 (.15)	.03 (.10)	-.03 (.05)	.01 (.10)	.07 **(.18*)**	2.80(.78) *2.25(.76)*
Self-Isolation	**-.25***** (-.15)	-.03 (.03)	**-.10*** (.04)	**.15**** **(.32***)**	.02 (.12)	**-.12*** (-.12)	2.74(1.01) *3.90(.80)*
Mindfulness	**.20***** (.16)	-.08 (.02)	**-.11*** (.04)	**-.17***** (-.08)	**-.16***** (.02)	-.02 **(.25**)**	3.17(.81) *2.62(.83)*
Over-Identification	**-.22***** (.08)	.04 **(.21*)**	**-.12**** (.11)	.06 **(.33***)**	-.01 **(.21*)**	**-.09*** (.11)	3.17(.96) *4.28(.69)*
Self-Compassion (general score)	**.31***** **(.26**)**	.02 (-.09)	.09 (-.02)	-.09 **(-.20*)**	-.02 (-.10)	**.14**** **(.18*)**	2.96(.52) *2.12(.48)*

Scale	Survival and Coping Beliefs	Responsibility to Family	Moral Objections	Fear of Suicide	Fear of Social Disapproval	Child-Related Conserns	M_n (SD_n) M_c (SD_c)
Slaney's Almost Perfect Scale (n_{norm}=269)							
Maladaptive Perfectionism	**-.34*** (-.29***)**	-.09 (.13)	-.10 (.03)	**.15*** (.16)	.08 (.10)	**-.13*** (-.16)	4.04(1.15) *5.42(.97)*
Adaptive Perfectionism	**.29*** (.13)	.11 **(.31***)**	**.15** (.32***)**	-.02 (.05)	.11 **(.29***)**	**.19** (.40***)**	5.15(.94) *4.79(1.20)*
Zimet's Multidimensional Scale of Perceived Social Support (n_{norm}=490)							
Family	**.40*** (.27**)**	**.53*** (.53***)**	**.32*** (.17*)**	**.14** (.07)**	**.14** (.19*)**	**.43*** (.28***)**	5.47(1.45) *4.08(1.73)*
Friends	**.30*** (.01)**	**.22*** (-.07)**	**.11** (-.14)**	>-.01 (-.14)	-.03 (-.08)	**.23*** (-.05)**	5.22(1.50) *4.20(2.11)*
Significant Other	**.37*** (.14)**	**.31*** (.17*)**	**.19** (-.14)**	.05 (.08)	.06 (.11)	**.33*** (.08)**	5.35(1.54) *4.79(1.79)*
Experience in Close Relationships-Revised (n_{norm}=343)							
Anxiety	**-.28*** (-.01)**	**-.18*** (.02)**	-.03 (.07)	**.11*** (.14)**	<.01 (.13)	**-.20*** (.13)**	3.22(1.29) *4.32(1.40)*
Avoidance	**-.29*** (-.21**)**	**-.25*** (.08)**	-.06 (.02)	.01 **(-.17*)**	.03 (-.01)	**-.22*** (-.08)**	3.25(1.02) *3.26(1.36)*
Factors of Suicide Risk (n_{norm}=343)							
Hopelessness	**-.59*** (-.66***)**	**-.28*** (-.29***)**	-.07 **(-.31***)**	**.14** (.08)**	.06 **(-.18*)**	**-.38*** (-.45***)**	1.81(.46) *2.52(.58)*
Psychache	**-.34*** (-.29***)**	**-.11*** (-.05)**	-.05 (-.08)	.09 (-.10)	.01 (-.03)	**-.22** (-.07)**	1.84(.71) *3.59(.79)*

Note. Pearson's correlation analysis was performed, correlations in brackets refer to the clinical sample; * p<.05; ** p<.01; ***p<.001.

Discussion

Structure analysis of the Reasons for Living Inventory showed satisfactory fit of the model to empirical data; 45 items out of 48 were left in the inventory. The questionnaire can be used in clinical settings for the purpose of better understanding patients' motivations, as well as for the research purposes. The inventory also has value for differential diagnostics, especially the subscale Survival and Coping Beliefs: it is particular good at distinguishing people with suicidal tendencies. Moreover, although we haven't received significant differencies between the normative and the clinical samples for the subscale Fear of Suicide, as was found in the original work [50], it was shown that the Fear of Suicide scores in the suicidal sample were linked stronger with the indices of psychological distress, than in the normative sample. Fear of death and suicide is

also one of the symptoms of the acute Suicide Crisis Syndrome in the framework of Narrative-Crisis Model of Suicide [20; 26; 38].

Significant gender differences were found in all the subscales of the inventory in a Russian student sample, except for the subscale Survival and Coping Beliefs. In general, higher scores in all subscales were characteristic for women. The highest differences (of a moderate level) were found for the subscales Child-Related Concerns and Moral Objections. It may be due to the varying social roles of men and women.

The hypothesis on the differing levels of regulation of motivation for life was confirmed in both samples, normative and clinical. In the normative sample, already at the stage of intercorrelations analysis, two sides of the spectrum were formed: one had the subscales Survival and Coping Beliefs, Child-Related Concerns, Responsibility to Family, and Moral Objections, the other one consisted of Fear of Suicide and Fear of Social Disapproval. In a wider testing of convergent validity, the subscales of the positive side of the spectrum were conditionally assigned to integrated and identified regulation, and the subscales of the negative side of the spectrum were attributed to external and introjected regulation. This again shows that the reasons for living are not equivalent to each other, they have varying levels of subjective significance and differ in their impact (motivation).

In the clinical sample, the subscale Fear of Suicide, due to its links to Past Negative (traumatic experience) and negative self-regard, can be identified not only as a manifestation of external regulation, but also as a marker of psychological ill-being of a patient, so this argument (fear of death, dying, and suicide) cannot be used by a clinician as a protective factor.

Both in the student and clinical samples, the subscale Child-Related Concerns showed high significance: it is potentially a strong buffer against suicidal tendencies, partially even more significant than the subscale Responsibility to Family. Taking into account the age of the participants, we assume that it is more of a value characteristic: people who plan children have stronger intrinsic motivation to life.

The hypothesis that the subscale Moral Objection would refer to the side of the spectrum that corresponds to external regulation, was not fully confirmed: apparently, it is also a value characteristic, which may reflect both intrinsic beliefs and not yet fully integrated motivation.

In general, the study shows the importance of the construct of self-determination and autonomy for suicidal patients, their lack of agency in the situation, which they define as hopeless and provoking psychache. This state requires psychological counseling, which can be performed by various means: through maintaining agency in clients and through the search for preferred stories of their lifes.

The limitations of the study refer primarily to the instruments used: to test the hypothesis about the connection of motivation for life with the self-determination theory, the questionnaires were utilized, which measure psychological well-being/distress, and not the scales developed in the framework of self-determination theory. Testing the correspondence of the Reasons for Living Inventory to these measures may become the objective for further study.

Another limitation pertains to the normative sample: male respondents were recruited primarily from one university,

one region. This could have affected the results of gender differences analysis.

Conclusion

The original Reasons for Living Inventory by M. Linehan was successfully adapted in a Russian sample and can be used in research, screenings and individual work with patients in clinical settings.

It was shown in the normative and clinical samples, that the subscales of the inventory reflect the levels of self-determination in motivation for life: the subscales Survival and Coping Beliefs, Child-Related Concerns, Responsibility to Family, Moral Objections correspond more to the intrinsic spectrum of motivation, while the subscales Fear of Suicide and Fear of Social Disapproval correspond to the extrinsic side of the spectrum.

Gender differences were found in the normative sample: women demonstrated higher scores in all subscales, except for Survival and Coping Beliefs (no significant differences). The strongest effect was found for the subscales Child-Related Concerns and Moral Objections. This may be due to the different social roles of men and women, but this result requires a more thorough study.

Further research can go in different ways: firstly, it worth studying correlations between the inventory with the instruments developed in the framework of self-determination theory, in order to clarify the conclusions of the present work; secondly, suicidology would benefit from various studies of agency, both with the help of the RFL inventory and in the framework of self-determination theory, and in the framework of narrative and phenomenological studies, which reveal the experiences of a suicidal person.

The results of the study also have practical relevance: they show the importance of maintaining agency of a suicidal person, of promoting interiorization and awareness of their personal reasons for living. Moreover, it was shown that the fear of suicide is not an effective buffer from suicidal feelings, and the strengthening of this emotion does not contribute to one's antisuicidal orientation, but worsens psychological distress. E.M. Forster wrote: "Death destroys a man, but the idea of death saves him" [36], and I. Yalom adapted this thought into his works and added: "It helps us to live more authentically" [56]. It is true that the idea of death can help us find the ultimate, personally significant, unique meanings and values, but we should not exploit its physicality and horror, which it generates.

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