

## VALIDATION OF THE ITALIAN VERSION OF THE REASONS FOR LIVING INVENTORY

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The validation of the Italian version of Linehan, Goodstein, Nielsen, and Chiles (1983) Reasons For Living Inventory (RFL) is here presented. The sample in this study was made up of 532 participants (26-65 years old), from various Italian regions. Part of the sample also completed the Beck Depression Inventory (BDI) and the Beck Hopelessness Scale (BHS). The six-factor structure reported by Linehan et al. (1983) was reproduced using confirmatory factor analysis. The goodness-of-fit of the model was evaluated. In order to estimate convergent validity, correlations were calculated among the six factors of the RFL, and the BDI and BHS scales. The correlations with BDI and BHS support the convergent validity of the Italian version of the RFL Inventory.

**Key words:** Reasons for Living Inventory; Italian validation; Beck Depression Inventory; Beck Hopelessness Scale; Suicide Risk.

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### OVERVIEW OF THE STUDY

The 48-item Reasons for Living Inventory (RFL-48) is an instrument based on a cognitive-behavioral approach, developed by Linehan, Goodstein, Nielsen, and Chiles (1983) to explore motivations, expectations, and beliefs that are protective against the risk of suicide. It was also developed to indicate what factors to consider, when constructing prevention programs. This instrument stresses the importance of adaptive rather than maladaptive cognition, and assumes that the loss of will to live is the most reliable index of suicide risk (Pompili, Innamorati, et al., 2007). For this reason, it is also used to study the relationship among: suicidal behavior and protective factors (Malone et al., 2000; Oquendo et al., 2005), adaptive characteristics (Ellis & Lamis, 2007), self-efficacy (Pompili, Innamorati, et al., 2007), resilience (Gutierrez & Osman, 2008), cross-cultural surveys (Pompili, Girardi, Tatarelli, Lester, & Rogers, 2007), religious and moral differences (Richardson-Vejlgaard, Sher, Oquendo, Lizardi, & Stanley, 2009; Testoni, Bettoni, & Ronconi, 2004). The instrument seems to be particularly suitable to investigate categories of people who are at high risk of suicide: adolescents and young people (Osman, Bailey, & Kopper, 2007), elderly people (Kissane & McLaren, 2006), homosexuals (Hirsch & Ellis, 1998), drug addicts (Testoni & Zamperini, 1998), and psychiatric patients (Osman et al., 1999). While a total score can be easily calculated, it is far more useful to calculate scores for each of the subscales because it helps in identifying the protective factors that can be built on during intervention programs.

The first version, which we evaluated, is made up of 48 items measured on a 6-point Likert scale; factor analysis revealed six subscales (Linehan et al., 1983):

- *Survival and Coping Beliefs* (SCB), 24 items about how to deal with life's difficulties;
- *Responsibility to Family* (RF), seven items measuring the value of responsibility for one's family;
- *Child-Related Concerns* (CRC), three items which address worries relating to children;
- *Fear of Suicide* (FS), seven items related to fear of the act of suicide;
- *Moral Objection* (MO), four items measuring the degree to which the individual deems suicide to be morally objectionable;
- *Fear of Social Disapproval* (FSD), three items concerning the fear of social disapproval.

There are many validated versions of RFL, among which: the brief version (B-RFL), correlated with the Beck Depression Inventory (BDI) and the Beck Hopelessness Scale (BHS) (Ivanoff, Jang, Smyth, & Linehan, 1994); the adaptation for the adolescent population (BRFL-A; Osman et al., 1996), college students (RFL-CS; Rogers & Hanlon, 1996), and young people (RFL-YP; Gutierrez et al., 2002).

The RFL has already been validated with the Swedish (Dobrov & Thorell, 2004), Spanish (Oquendo et al., 2000), Canadian (Real, Lachance, & Morval, 1996), Turkish (Durak, Yasak-Gultekin, & Sahin, 1993), and Italian (Innamorati et al., 2006) populations, through research confirming the factor structure of RFL-48. These studies demonstrated the high reliability of RFL, for both its general structure (.91) and its individual subscales, having the following reliabilities: SCB = .90, RF = .83, CRC = .79, FS = .70., FSD = .79, MO = .71.

#### AIMS OF THE STUDY

The present study sought to provide further support for the validity of RFL. We aimed to examine:

- 1) the factor structure by means of confirmatory factor analysis (Jöreskog & Sörbom, 2004) considering a sample of adult participants;
- 2) the convergent validity of RFL, analyzed by investigating how RFL relates to depression and hopelessness. We aimed to verify the hypothesis of its negative correlation with BDI and BHS;
- 3) the RFL discriminating capacity to detect signs of suicidal intention, through the definition of the "past suicide contemplation" variable, which indicates if a subject contemplated suicide at least once in the past or never did. Comparing on RFL those who did and did not consider suicide, the former group gets lower scores;
- 4) the hypothesis that RFL may reveal gender and age differences (with women and older people having higher scores).

#### METHOD

##### Participants

Two different samples were considered in our study. The total sample ( $N = 532$ : 264 males, 268 females), aged between 26 and 65 years (mean age = 41.35,  $SD = 12.72$ ), was recruited in various regions of Italy. This group answered the 48-item RFL (Linehan et al., 1983).

The second sample ( $N = 391$ ) was a sub-group of the first (164 males, 227 females; mean age = 45,  $SD = 13.61$ ); it also provided measures for the BDI, the BHS, and the SBQ (Linehan, 1981).

### Instruments

*Reasons for Living Inventory (RFL-48)* (Linehan et al., 1983). The Italian version was prepared using the translation and back-translation procedure. Six-point disagree/agree response scales were used. As far as contemplation of suicide is concerned, Neyra, Range, and Goggin (2006) showed that individuals with “low contemplation of suicide” have higher RFL scores compared with individuals with “high contemplation of suicide.” Malone et al. (2000) confirmed that RFL scores are negatively correlated with: contemplation of suicide, learned helplessness, desperation, subjective depression (clinical markers for risk of suicide). The SCB resulted to be the subscale with the best construct and concurrent validity. In the literature, it is indicated as predictive of the risk of suicide (Osman, Gregg, Osman, & Jones, 1992). Rietdijk, Van den Bosch, Verheul, Koeter, and Van den Brink (2001) confirmed that it is predictive of parasuicidal and self-harming behavior and correlates with depressive personality traits. It is negatively correlated with the Depression and Social Introversion Scales of the Minnesota Multiphasic Personality Inventory (MMPI), while the RF subscale is negatively correlated with the MMPI Depression subscale (Linehan et al., 1983). Connel and Meyer (1991) found that individuals who contemplated suicide and displayed parasuicidal behaviors scored significantly differently on the SCB, FS, and MO subscales.

*Beck Depression Inventory (BDI)*. The original 21-item version (Beck, Rush, Shaw, & Emery, 1987; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) ; see the Italian adaptation by Ghisi, Flebus, Montano, Sanavio, & Sica, 2006) was used. Each item ranged in intensity from 0 to 3. Total score is used to determine depression severity: a higher total score indicates more severe depressive symptoms.

*Beck Hopelessness Inventory (BHS)*. The original 20-item version (Beck, Weissman, Lester, & Trexler, 1974; see the recent Italian adaptation by Pompili et al., 2009) was used. Each item had a true/false coding, scored as 0 or 1. Total score is used to determine the level of the individual’s negative attitudes about the future: a higher total score indicates more pessimistic attitudes.

*Suicide Behaviors Questionnaire (SBQ)*. The original five-item version (Cotton, Peters, & Range, 1995; Linehan, 1981) was used. The Italian version was prepared using the translation and back-translation procedure. The first item, *Suicidal behaviors history*, provides four responses: 1) Never suicidal; 2) History of brief suicidal behavior; 3) History of serious suicidal behavior; 4) History of parasuicide. All other items — *Suicidal ideation in past years*, *Suicidal threats history*, *Likelihood of suicide*, *Suicide solution to problems* — scored 1 (No) or 2 (Yes). We compared those who always answered “No” (Never contemplated suicide) with those who answered “Yes” at least once (Contemplated suicide).

The combined administration of these three instruments (RFL, BDI, BHS) was judged positively in several other studies, among which the recent studies on suicide ideation, conducted with depressed adults (Britton et al., 2008), and on the predictors of future suicide attempts (Lizardi et al., 2007). The correlation of RFL-48 with BDI and BHS is also supported by results con-

cerning: suicide intentions in hospitalized parasuicides (Lizardi et al., 2007; Strosahl, Chiles, & Linehan, 1992), protective factors against suicide (Malone et al., 2000), and individuals diagnosed with melancholia or depression (Grunebaum, Galfalvy, Oquendo, Burke, & Mann, 2004). On the subject of the function of the RFL subscales and their correlations with BDI and BHS, Strosahl et al. (1992) more specifically examined the validity of the SCB subscale with hospitalized parasuicidal patients. Results revealed that SCB is the only effective predictor of suicidal intent, controlling BDI and BHS effects. However, the RFL assessment (considered by many studies, the most important of which are: Gutierrez, Osman, Kopper, Barrios, & Bagge, 2000; Osman et al., 1992; Range & Knott, 1997) confirms its validity and reliability for predicting suicide risk.

In the Italian validation (Innamorati et al., 2006), in line with research by Connel and Meyer (1991), there is a convergence between RFL, BHS, and BDI. In particular, a negative correlation is present between the BDI and the SCB subscale, and also a positive correlation between the BDI and the FS and FSD subscales. The internal consistency of the instrument was satisfactory, with values for the six subscales varying from .73 to .93; moreover, results showed that RFL predicts the risk of suicide. This result confirms the results of a previous study by Connel and Meyer (1991), where a significant correlation between the first two subscales (SCB, RF) and suicidal behavior was found, and the potential of the same subscales and MO to discriminate between those who have considered suicide and those who haven't was shown.

### Analyses

Confirmatory factor analysis was applied (LISREL 8.71; Jöreskog & Sörbom, 2004). The model included six factors: SCB (four items), RF (seven items), CRC (three items), MO (four items), FS (seven items), and FSD (three items). In order to evaluate the goodness-of-fit of the model, various indices were applied. Given that indices based on chi-square are strongly dependent on the sample size, two other goodness-of-fit indices were used: the NNFI (Non-Normed Fit Index) and the CFI (Comparative Fit Index), that are appropriate for both large and small samples. Values greater than .90 are generally considered to be adequate. In addition, RMSEA (Root Mean Square Error of Approximation) was used. For this index, values equal or inferior to .08 indicate an acceptable fit to the data (Schermelleh-Engel, Moosbrugger, & Muller, 2003).

All the other analyses, correlations, and MANOVAs, were performed by using SPSS 17.

### Results

Reliability of each of the RFL dimensions was ascertained using Cronbach alpha. Results showed satisfactory levels of reliability:  $\alpha = .89$ , for SCB;  $\alpha = .79$ , for RF;  $\alpha = .77$ , for CRC;  $\alpha = .75$ , for MO;  $\alpha = .74$ , for FS;  $\alpha = .81$ , for FSD.

The model tested showed a good fit: while chi-square was significant,  $\chi^2(1065, N = 532) = 3705.30, p < .01$ , the other indices (NNFI = .91, CFI = .91, RMSEA = .07) turned out to be adequate. Tables 1 and 2 display the estimates of factor loadings, error variances, and correlations between factors.

All factor loadings were significant, with more than half greater than .60 and only three below .40 (.27, .32, .36, respectively).

TABLE 1  
 Factor loadings and error variances for the tested model

	SCB	RF	CRC	MO	FS	FSD	Error Var.
SCB1	.48						.77
SCB2	.44						.81
SCB3	.55						.70
SCB4	.36						.87
SCB5	.41						.83
SCB6	.43						.81
SCB7	.52						.73
SCB8	.47						.78
SCB9	.47						.78
SCB10	.60						.64
SCB11	.65						.57
SCB12	.50						.75
SCB13	.71						.50
SCB14	.45						.80
SCB15	.46						.79
SCB16	.64						.60
SCB17	.61						.62
SCB18	.67						.55
SCB19	.58						.66
SCB20	.32						.90
SCB21	.49						.76
SCB22	.58						.67
SCB23	.56						.69
SCB24	.39						.85
RF1		.49					.76
RF2		.48					.77
RF3		.55					.69
RF4		.55					.69
RF5		.71					.50
RF6		.71					.50
RF7		.64					.59
CRC1			.68				.54
CRC2			.71				.50
CRC3			.81				.35
MO1				.64			.59
MO2				.61			.62
MO3				.81			.35
MO4				.61			.63
FS1					.27		.93
FS2					.44		.81
FS3					.61		.62
FS4					.60		.64
FS5					.63		.60
FS6					.62		.61
FS7					.69		.52
FSD1						.62	.61
FSD2						.83	.31
FSD3						.86	.26

Note. All coefficients are significant,  $p < .05$ . SCB = Survival and Coping Beliefs, RF = Responsibility to Family, CRC = Child-Related Concerns, MO = Moral Objection, FS = Fear of Suicide, FSD = Fear of Social Disapproval.

TABLE 2  
 Correlations ( $\phi$  coefficients) between the components of RFL

	SCB	RF	CC	MO	FS	FSD
SCB	–					
RF	.26	–				
CC	.29	.73	–			
MO	.29	.29	.40	–		
FS	.10	.50	.31	.39	–	
FSD	.22	.50	.29	.45	.52	–

Note. All correlations are significant,  $p < .05$ . RFL = Reasons for Living Inventory, SCB = Survival and Coping Beliefs, RF = Responsibility to Family, CRC = Child-Related Concerns, MO = Moral Objection, FS = Fear of Suicide, FSD = Fear of Social Disapproval.

To evaluate the convergent validity of RFL, correlations of the six factors with BDI and BHS were calculated (Table 3). As can be noted, there is a fair convergence between RFL and BDI; as expected, the correlation of BDI with SCB was negative ( $r = -.27, p < .01$ ), and it was positive with the subscales FS ( $r = .30, p < .01$ ) and FSD ( $r = .14, p < .01$ ). The convergence between RFL and BHS seems to be fair; as expected, the correlation of BHS with the SCB factor was negative ( $r = -.40, p < .01$ ), while the correlation with the FS factor was positive ( $r = .22, p < .01$ ).

TABLE 3  
 Correlations between RFL factors and BDI and BHS

	SCB	RF	CRC	MO	FS	FSD
BDI	-.27*	.09	.01	.03	.30*	.14*
BHS	-.40*	.03	-.07	-.01	.22*	.03

Note. RFL = Reasons for Living Inventory, SCB = Survival and Coping Beliefs, RF = Responsibility to Family, CRC = Child-Related Concerns, MO = Moral Objection, FS = Fear of Suicide, FSD = Fear of Social Disapproval, BDI = Beck Depression Inventory, BHS = Beck Hopelessness Inventory.

\*  $p < .01$ .

In order to evaluate the discriminant validity of RFL, MANOVA was applied, including SCB, RF, CRC, MO, FS, and FSD as dependent variables, past suicide contemplation (never thought of suicide vs. contemplated suicide at least once) as independent variable, gender and age as covariates. The multivariate tests showed a significant effect for past suicide contemplation,  $F(6, 377) = 5.46, p < .05$ ; for gender,  $F(6, 377) = 2.40, p < .05$ ; and for age,  $F(6, 377) = 4.70, p < .05$ . The largest effect was for past suicide contemplation ( $\eta_p^2 = .08$ ), in second place for age ( $\eta_p^2 = .07$ ), and lastly for gender ( $\eta_p^2 = .04$ ). Consistent with our expectations, those who had contemplated suicide tended to have lower values on the RFL than those who had never done so (Table 4). Women had higher scores than men on all the subscales of RFL. Age was positively correlated with RFL (in particular:  $r = .10, p < .05$ , with RF;  $r = .11, p < .05$ , with CRC;  $r = .25, p < .05$ , with MO).

TABLE 4  
Means of RFL factors: past suicide contemplation, adjusted for gender and age

	Never contemplated suicide ( <i>N</i> = 391)		Contemplated suicide once ( <i>N</i> = 116)	
	<i>M</i>	<i>M</i>	<i>M</i>	<i>SD</i>
SCB	4.80	0.99	4.40	0.75
RF	4.15	1.38	4.01	1.18
CRC	4.55	1.78	4.33	1.51
MO	3.01	1.58	2.67	1.40
FS	2.44	1.19	2.64	0.97
FSD	2.07	1.38	1.95	1.18

Note. RFL = Reasons for Living Inventory, SCB = Survival and Coping Beliefs, RF = Responsibility to Family, CRC = Child-Related Concerns, MO = Moral Objection, FS = Fear of Suicide, FSD = Fear of Social Disapproval.

#### CONCLUSIONS

Our study confirms the validity of RFL and of the six subscales for the Italian population. Similar to findings obtained by Innamorati et al. (2006), which showed a good level of internal consistency for the RFL subscales ( $\alpha$  from .73 to .93), the same level of validity was found in our study. We also confirmed the negative correlation between RFL and BDI/BHS. According to the results of Connel and Meyer (1991) and Innamorati et al. (2006), because having contemplated suicide is the most important discriminating variable, especially for the SCB subscale, followed by age and gender, we interpret SCB as the hard core of RFL: RFL is an articulated but, at the same time, integrated tool with a gravitational centre (SCB), from which other dimensions (subscales) irradiate. In this perspective, we can consider the possibility, in an assessment composed of a battery of tests (and therefore too stressful), to use the SCB as a specific instrument, in order to indicate the presence of a “lower motivation and strength to live.”

The difference between Innamorati et al. (2006) and our validation is inherent to the group of participants. In fact, the Innamorati et al. (2006) sample was composed of 407 students (aged between 20 and 26 years) from the University of Rome, whereas our contribution is based on a sample of older individuals, aged 26 to 65 years. Because both the RFL literature and the different applications of various RFL versions emphasize the great importance of the age variable, in our opinion it cannot be overlooked; that is why it has considerable relevance in our study. In this perspective, our Italian adaptation highlights that the significance ascribed to the values of “family,” “responsibility,” and “moral reasoning” (RF, CRC, MO) increments over time. From this point of view, the above-mentioned hypothesis of using only the SCB may not be completely satisfactory.

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