

Repetitive negative thinking and suicide: a burgeoning literature with need for further exploration

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Extant research has found a significant overlap between various repetitive negative thinking (RNT) patterns, such as rumination and worry, across different affective disorders implicating that the process of repetitive negative thinking is likely trans-diagnostic. Furthermore, RNT patterns at the core of psychiatric disorders associated with suicide (e.g., rumination and worry) have been found to be associated with suicide even after accounting for the disorder. A synthesis of existing literature on repetitive negative thoughts suggest that following negative emotional experiences, RNTs may lead to a sense of entrapment and hopelessness that may contribute to the onset of suicidal ideation and then facilitate the transition from thinking about suicide to making a suicide attempt by increasing an individual's capability for suicide through repetitive exposure to violent thoughts and imagery associated with suicide.

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Repetitive Negative Thinking (RNT) was introduced into the research literature in the late 2000s as investigations regarding the etiology and maintenance of affective disorders demonstrated the substantial impact of RNT patterns on various pathologies [1]. Rumination — the fixation on causes and consequences of a depressed mood — is a prospective predictor of Major Depressive Disorder symptom severity [2]. Additionally, worry is a RNT pattern at the core of Generalized Anxiety Disorder and theoretical models of the syndrome [3]. Although these RNT patterns have conceptual difference in content and time perspective (e.g., ruminating on past events vs. worrying about future events), research demonstrates a substantial overlap [4]. This research influenced some

scholars to conceptualize these RNT patterns and more (e.g., post-event processing in Social Anxiety Disorder and repetitive intrusive thoughts and images in Post-Traumatic Stress Disorder) as a trans-diagnostic risk factor that may partially explain the common comorbidity of affective disorders [5•]. The extant literature provides some evidence of this trans-diagnostic theory of RNT. For example, adults diagnosed with MDD, GAD, and SAD demonstrate similar levels of rumination and worry across disorders [4]. Factor analytic studies also indicate that a single factor solution of transdiagnostic RNT patterns outperforms models in which these patterns are considered disorder-specific and are constrained to be distinct but correlated factors [5•].

Inherently repetitive negative cognitions have been linked to thoughts of suicide and suicide attempts, including feelings of hopelessness, perceptions of burdensomeness, and self-loathsome cognitions [6,7,2,8]. Furthermore, repetitive thought patterns, such as worry and rumination, at the core of psychiatric disorders associated with suicide have also been independently associated to suicide [8]. As such, this article aims to provide a review of extant research on RNTs and its application to suicide risk.

Rumination

Rumination is a common correlate of suicidal ideation and suicidal behavior [9]. Much of this work has included investigations of two subtypes of rumination: brooding (dwelling on the consequences of a depressed mood) and reflection (reflecting upon reasons for a depressed mood as a means of problem solving). Specifically, ideation has been associated with rumination, brooding, reflection while suicide attempts are associated with rumination and brooding [10].

Theoretically, rumination has been posited to increase and maintain levels of suicidal ideation [11]. Brooding, specifically, has been found to intensify the detrimental effect perceived stress has on ideation [12] and mediate the relationship between ideation and negative life events [13], stress-related symptoms in women [14], and scars from past episodes of non-suicidal self-injury (NSSI; [15]). Krajnak and colleagues [16] also demonstrated that a greater number of past suicide attempts combined with elevated levels of rumination prospectively predicted future ideation. This body of literature suggests that rumination, especially in the context of increased stress and/or negative life events, may play

an important role in the development and maintenance of suicidal ideation.

In the context of a negative experience, rumination may be initiated and maintained by a perceived discrepancy between an individual's current state and their goals [17]. Specifically, a perceived inability to access emotion regulation strategies [18] and change strategies in response to environmental feedback (i.e. cognitive inflexibility; [19]) has been found to prospectively predict suicidal ideation over two to three years through rumination and brooding. As such, the inability to reach the goal state of emotion regulation may initiate or maintain a cycle of rumination, hopelessness, and thoughts of suicide. Indeed, the lack of hope and optimism [20] as well as perceptions of entrapment [21] have been found to intensify the association between rumination and increased ideation.

The relationship between rumination and suicide attempts may be less robust than that of rumination and suicidal ideation. While increased brooding has been associated with a history of attempts [22], Polanco-Roman *et al.* [23] found that brooding (vs. reflection) was more robustly related to past attempts. Similarly, Valderrama *et al.* [24] found that brooding was associated with increased self-reported risk for suicidal behavior independent of reflection and that a lack of premeditation and perseverance, which may render an individual more vulnerable to impulsive behaviors, mediated the aforementioned relationship. An extensive amount of literature, however, has found that the relationship between impulsivity and suicidal behaviors is indirect through increases in painful and provocative behaviors (e.g., NSSI) which heightens the capability for suicide [25]. As such, the effect of rumination on suicide attempts may be amplified by the impulsive use of painful and provocative behaviors to cope with the negative emotionality generated by the ruminative process. Indeed, the unstable, dynamic interaction between rumination and negative emotions, in addition to a baseline tendency to ruminate, has been found to be a significant predictor of painful and provocative behaviors (e.g., NSSI; [26]).

Worry

Compared to rumination, there has been less research examining the relationship between worry and suicide despite extant literature demonstrating that anxiety disorders, in which worry is a common feature, are associated with increased suicide risk [27]. In a longitudinal study of individuals from adolescence to midlife, elevated levels of worry in childhood was associated with more suicidal ideation and past suicide attempts (combined as a marker of adult 'suicidality') in adulthood [28]. When examining the relationship between OCD and suicide risk, Allen *et al.* [29] found individuals with OCD who are at high (vs. low risk) for suicide to employ worry as a thought control strategy more frequently. Similarly, Tucker *et al.* [30]

found that the use of worry to manage thoughts of suicide was associated with increased suicide risk in individuals who had a history of suicidal ideation.

In individuals with panic disorder, Schmidt *et al.* [31] found that higher levels of anticipatory anxiety, defined as worry about future panic attacks [32] were associated with a history of suicide attempts. Finally, Mitsui *et al.* [33], found that in individuals, particularly males, who have died by suicide in Japan were described as having higher levels of anticipatory worry. The extant literature regarding worry and suicide demonstrates that worry may confer long-term, distal risk for suicide as well as serve as a negative response style to stressors (such as the experience of ideation) that could influence more dynamic expressions of suicidal thinking.

Other disorder-specific RNTs

In addition to rumination and worry, several proposed disorder-specific thinking patterns also fit into the category of RNT. Post-event processing (PEP), the prolonged, disorder-specific rumination following social experiences, may account for suicide risk in Social Anxiety Disorder through similar mechanisms as rumination and worry. Indeed, PEP has been associated with elevated levels of anticipatory anxiety toward upcoming social experiences [34,35] and is highly correlated with rumination while providing incremental value [36].

Similarly, involuntary, repetitive and intrusive thoughts of traumatic experiences found in post-traumatic stress disorder (PTSD), may also be classified as a RNT process. Indeed, re-experiencing symptoms of PTSD have been found to mediate the relationship between the brooding and negative beliefs associated with the trauma [37]. In regards to suicidality, intrusive memories of the trauma appear to be a primary symptom predictor of suicidal ideation in females [38].

Additional RNTs worth future study

Outside of the affective disorder RNT literature, daydreaming is another potential repetitive thought, associated with rumination [39], that may contribute to suicide risk. Violent daydreams about death, suicide, and revenge, appear to be frequently reported by individuals with a history of suicidal ideation and suicidal behavior [40]. Furthermore, the presence of depressive symptoms and violent daydreaming, potentially used to regulate negative emotions, have been found to be associated with suicidal ideation and intent [41,42].

Researchers have further specified a class of rumination that is specific to suicidal ideation: suicide rumination, a preoccupied fixation on death and suicide that seems to be associated with the tendency to engage in suicidal ideation and behaviors [43]. Given that past measurement of suicide rumination has been limited to a subscale of

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