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Original article

Measurement of flow of thought in 68 patients monitored in post-emergency outpatient consultations: Role of ideational turmoil in the anxiety depressive symptomatology

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ABSTRACT

Introduction. – Rumination, cognitive control deficits, cognitive saturation, and loss of inhibition are the major hypotheses used to explain depressive disorders. A few studies have nevertheless looked at the form of thought. In this study, we will test a double measurement of the number of thoughts and a double measurement of the flow of thought together with their correlation with well-being, mental pain, and depression.

Material and methods. – Between May and September 2015, 68 subjects, initially admitted as emergencies for acute anxiety depressive disorders and/or suicide attempts and subsequently monitored as post-emergency outpatients in medico-psychological consultations agreed to complete a set of Visual Analogue Scales measuring their well-being, their mental pain, their estimated number of thoughts and the how agitated these thoughts are estimated to be. A double evaluation of the cognitive activity consisted of representation intrusive thoughts by filling a drawing of an aquarium to reflect the number of thoughts (by drawing fish) and cognitive turmoil (by drawing wavy lines). The depressive illness was evaluated using the Beck depression inventory and by rater-administered assessments using MADRS (Montgomery-Asberg Depression Scale).

Results. – These measurements are of good psychometric quality (sensitivity, accuracy, validity). The mental pain is related to mental turmoil. These results reveal positive correlations between the mental turmoil and the total score on the depression. The use of the aquarium makes it possible to distinguish the feeling of having “a lot of thoughts” from the feeling of having “agitated thoughts”. So, the total score of wavy lines shows positive correlation with the total score on the depression inventory (BDI) and the total MADRS score.

Discussion. – The results suggest that the phenomena of cognitive saturation and the sensation of mental restlessness play a major role in the etiopathogenesis of depression. The analyses show that the cognitive dysregulation is situated more precisely at the level of the flow of thought rather than the level of the number of thoughts. A deterioration in the flow of thought increases the mental pain and the depressive symptoms, and reduces well-being. The sample is nevertheless small, and some bias appears in the filling of the aquarium boxes.

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1. Introduction

The role of the dysregulation of thought in the genesis of depression is a major psychopathological hypothesis in the etiopathogenesis of the disorder [1]. Several studies have highlighted

the role of rumination in the development of depressive disorders, anxiety [2] and suicidal ideation [3]. This incessant and excessive wandering of thoughts is attributed, according to the studies, to a deficit in the capacity for inhibition and cognitive control [4], a deficit in attentional disengagement [1], and cognitive control [5]. It gives rise to difficulties ordering ideas, resolving problems, and shifting from one idea to another, as well as difficulties in emotional regulation [6]. Some scientific research work [7] has studied, in particular, the working memory, whereas other authors [8] have studied the form of thought (concrete/abstract).

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One phenomenological and descriptive study [9] assumed a link between depressive abulia and major dysregulation of cognitive flow:

- an incessant stream of thoughts characterized by ideas of a downward spiral;
- cognitive saturation characterized by a lack of inhibition of parasitic thoughts;
- a lack of cognitive coordination characterized by an incapacity to order, classify and regulate these thoughts.

As pointed out by Koster et al. [1], external events do not constitute a major factor in rumination, to the extent that some patients who experience only moderately stressfully or slightly stressful events nevertheless experience strong ruminations. Studies show that the wandering of thoughts may increase the accessibility of negative thoughts [10]. Research has centred on the contents of the thoughts, but the clinical details reported here seem to distinguish between cognitive “burden” on the one hand, the weight of any sort, and cognitive “agitation”, that is to say the flow of thought. Clinically, patients with depression report remarkable mental activity: “Thoughts are for sure, but movement creates the problem”, says Ms. B. “It’s chaos around me, too many stuff at the same time, it’s chaotic in my head, I have ideas that do not go together”. Says Mrs. G. Brigitte says “There was a lot of people, too many things, too much information, too much noise. . . the fact of seeing people, full of movements beside me. . .”. Stephanie astonished with dismay “I work with the TV on, I need the TV to stay focused. Silence would tend to distract me, because of my own thoughts”. Karim said “It’s a car engine that gets carried away, and you can not stop it. I looked at everything, the wind, the flowers, I understood everything as a mathematician would do for an equation, it was a way of thinking but multiplied a thousand times, it was exhausting. . . painful. . . I couldn’t anymore. . .”. Again, we notice among our patients: “I can’t do it, my mind stifles”, “A big scribble in my head”, “It’s chaos in my head”, “It’s a knot where everything mixes and I do not know which side to start to untie the knot”.

In this study, we asked ourselves whether this distinction is valid, what role the various cognitive activities play in well-being and depression, and if we could measure them scientifically. We are therefore going to study a double test to measure thought activity and distinguish:

- the sensation of the “number” of thoughts;
- the sensation of the “agitation” of thought and their respective roles in depressive disorder.

From a semantic and clinical viewpoint, “cognitive burden” manifests itself as a feeling of rumination, mental blockage, invasive ideas and mental overload. The “agitation” of thought manifests itself in an abundant flow of thoughts, and incessant flow, mental turmoil, the sensation that the mind will never stop producing thoughts. These phenomena seem to create painful and paralysing cognitive asphyxiation. Our hypothesis postulates that the dysregulation of cognitive activity is situated in the flow of thoughts and not the weight. Thus, the brain generates an abnormal flow of thoughts in depression.

2. Materials and method

2.1. Participants

Between May and September 2015, 74 patients who were initially admitted as emergencies for acute anxiety depressive disorders and/or suicide attempts and subsequently monitored in

normal outpatient consultations, were chosen at random to participate in the study. Of the 74 case report forms, 6 were not included, because the patient did not manage to complete the test. Of the 68 patients retained in the study, 53 (78%) were women and 15 (22%) were men. The mean age was 41 years (± 12.2) (minimum: 19, maximum: 69). Twenty-seven (39.7%) were single, 17 (25%) cohabiting, 1 (1.5%) in a relationship but not living with the partner; 6 (8.8%) in the course of separation and 17 (25%) were married. In relation to socioprofessional status, 7.4% were in managerial and senior professional occupations, 2.9% were in middle-ranking professions, 44.1% were non-manual workers, 7.4% were manual workers, 5.9% were retired, and 32.4% were unemployed¹. The study had been approved by the hospital ethics committee. Each participant signed a consent form.

2.2. Measurement

We used one measurement by a Visual Analogue Scale and one simple and original measurement in which the subjects are invited to draw, in an aquarium on paper, their thoughts and how agitated these thoughts are.

2.2.1. The S-VAS (set of Visual Analogue Scales)

The set of Visual Analogue Scales (Fig. 1) evaluating well-being, the number of thoughts (numerous/not numerous), the hyperactive nature of the thoughts (calm/hyperactive), the mental pain and a series designed to measure suicidal ideation. The use of Visual Analogue Scales displays good psychometric qualities [11].

2.2.2. The aquarium

The aquarium (Fig. 2) (presented here for the first time, unpublished) is a 3-dimensional rectangle measuring 11 cm (length) \times 5 cm (height) \times 2 cm (depth) drawn on a sheet of A4 paper. The subjects are invited to imagine that this rectangle is an aquarium reflecting their mental activity. The small fish represent the number of thoughts they have, whereas the small wavy lines represent the turmoil of these thoughts. A hypothetical example is produced by the investigator in front of the patient. The instructions are explained several times. The use of a coloured pen is not permitted.

2.2.3. The Beck Depression Inventory – short version (BDI-13)

This [12–14] is a validated self-administered depression inventory. The depression thresholds established by Beck and Beamesderfer in 1974 are divided into four levels: 0–4: no depression, 4–7: mild depression, 8–15: moderate depression, 16 and above: severe depression.

2.2.4. The MADRS

The MADRS [15] is an internationally validated rater-administered depression inventory. The defined thresholds are: 0–14: no depression, 15–20: depression, 22 and above: serious depression.

2.2.5. The aquarium booklet

It is a small booklet that the participants have to complete at home for 5 consecutive days during the study. Each day, at home, they complete an S-VAS (Fig. 1) and an aquarium (Fig. 2) to evaluate their mental state and cognitive activity from day to day.

¹ According to the categories of the French National Institute of Statistics and Economic Studies (Insee).

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