



'Flash-forwards' and suicidal ideation: A prospective investigation of mental imagery, entrapment and defeat in a cohort from the Hong Kong Mental Morbidity Survey



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ABSTRACT

'Flash-forwards' - mental images of suicide - have been reported in selected Caucasian samples. Perceptions of defeat and entrapment are considered to be associated with suicidal ideation. We aimed to investigate (1) the presence of suicidal flash-forwards in people with recent suicidal ideation versus those without such ideation in an Asian sample, and (2) associations between suicidal flash-forwards, and perceptions of entrapment accounting for suicidal ideation.

Eighty two suicidal and 80 non-suicidal participants from the Hong Kong Mental Morbidity Survey completed questionnaires including suicidal ideation, presence of suicidal flash-forward images, defeat and entrapment, at baseline and seven weeks later.

Suicidal 'flash-forwards' were present only in suicidal cases. People with recent suicidal ideation and suicidal flash-forwards had more severe suicidal ideation than those without flash-forwards. Compared to those without suicidal ideation, people with recent suicidal ideation reported higher entrapment and defeat levels. Resolution of suicidal ideation over time was associated with fewer suicidal flash-forwards and reduced entrapment perceptions. At baseline and seven weeks, suicidal ideation was predicted by an interaction between suicidal flash-forwards presence and perceptions of entrapment.

Mental imagery of suicide appears to be associated with suicidal ideation, and may represent a novel target in suicidal risk assessment and prevention.

1. Introduction

Suicidal risk assessment focuses on suicidal ideation in verbal form and seldom explores the presence of cognitions in the form of mental images. Mental images are the subjective experience of a sensory percept in the absence of an external percept, i.e. 'seeing in the mind's eye' (Holmes and Mathews, 2010). Mental imagery elicits greater emotional responses than does our verbal thought (Holmes et al., 2009; Mathews et al., 2013; Carroll, 1978), and is underpinned by neural circuits involved in perception (Kosslyn et al., 2001). Maladaptive mental imagery occurs across psychiatric disorders (Holmes and Mathews, 2010). Compared to controls, individuals with previous suicidal ideation or attempts have more frequent negative prospective images (Crane et al., 2011). These individuals with past

suicidal ideation or attempts also report specific vivid imagery featuring suicide or the aftermath of death (suicidal 'flash-forwards'; Crane et al., 2011; Holmes et al., 2007; Hales et al., 2011). As mental imagery is thought to drive behaviour (Libby et al., 2007; Pictet et al., 2011), it is important to investigate suicidal flash-forwards as a possible marker of suicidal risk. The existing literature on suicidal flash-forwards is limited to cross-sectional retrospective studies in small clinical selected samples of Caucasian populations. Such studies report high frequencies of suicidal flash-forwards during past depressive episodes, and associations between flash-forward characteristics (e.g. compellingness) and severity of suicidal ideation at the worst points of times (Crane et al., 2011; Hales et al., 2011).

There are various theories about suicide (Wasserman and Wasserman, 2009). Among psychological theories relevant to suicidal

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flash-forwards is research on violent daydreaming (Joiner et al., 2005): fantasies around death by suicide pictured as clear, vivid videos (Rudd et al., 2001; Shneidman, 1996). Overlaps and differences exist between suicidal daydreaming and suicidal flash-forwards: both involve subjective perception of the events in the mind's eye; both can produce short-term positive affect (comfort or triumph feelings), and can increase suicidal ideation (Holmes et al., 2007; Selby et al., 2007). However, daydreaming involves voluntarily conjured movie-like sequences of action leading to suicide. Instead, suicidal flash-forwards are involuntary, intrusive 'snapshots' of the suicidal acts ('blood oozing out from the wrist') or the aftermath of suicide much like traumatic 'flashbacks' (Holmes et al., 2007; Hales et al., 2011). Therefore, these two overlapping but distinct phenomena might complement each other to amplify suicide risks.

Another recent theory on the development of suicidal risk is the integrated motivational-volitional model, a three-phase psychological model of suicidal behaviour (IMV; O'Connor, 2011). This model is based on Williams (1997) and Baumeister (1990) and conceptualizes suicide attempts as health behaviours with motivational factors (i.e. related to the development of suicidal thoughts) and volitional factors (i.e. translating suicidal thoughts into suicide attempts; O'Connor and Nock, 2014). Within this model, a defeat circumstance is characterized by a failed struggle against subjugation by a triggering event or circumstances (Price et al., 1994). The sense of entrapment on the other hand results when the attempt to escape from defeating circumstances is blocked ('arrested flight model'; Gilbert and Allan, 1998; Williams, 1997; Williams, 2001). Entrapment is postulated to serve as the central motivating force to escape from defeating circumstances and to drive the search for solutions to end the psychological pain. As entrapment increases and no solutions are identified, the idea of suicide as an escape strategy intensifies (O'Connor, 2011; Taylor et al., 2011). This model would predict that a sense of entrapment mediates the relationship between perception of defeat and the development of suicidal ideation.

Prospective mental imagery often represents goals (Conway et al., 2004) and is associated with increased level of conviction about the likelihood of imagined outcomes (Libby et al., 2007). Within an IMV framework, it is plausible that suicidal prospective images, e.g. jumping off a cliff, might encapsulate the desired goal of escape from the sense of entrapment in individuals with previous suicidal ideation or attempts. Suicidal flash-forwards may thus represent motivational moderators towards amplified suicidal ideation (Crane et al., 2011). Specifically, suicidal flash-forwards might serve as goals of escape encapsulated in the form of prospective imagery that facilitate the transition of entrapment to suicidal ideation/intent.

Our study aimed first to extend previous retrospective findings in selected clinical samples to people with and without current suicidal ideation from a representative sample from the general population in Hong Kong (the Hong Kong Mental Morbidity Survey, HKMMS; Lam et al., 2014). Notably, understanding the role of suicidal imagery is topical for the Hong Kong context, given the debate around local media coverage of suicide acts using graphic pictorial representations (Fu et al., 2011). Second, we aimed to examine the phenomenology of suicidal flash-forwards by exploring their relationship with perceptions of defeat and entrapment. Third, we used a prospective design to test whether a reduction in suicidal flash-forwards would be associated with a resolution of suicidal ideation over time.

We predicted that at both baseline and 7-weeks follow-up (1) people with current suicidal ideation would report suicidal flash-forwards whereas people without such ideation would not, and critically that compared to people with current suicidal ideation but without flash-forwards, those with flash-forwards would have more severe suicidal ideation; (2) people with current suicidal ideation would report greater levels of defeat and entrapment than those without; (3) resolution of suicidal ideation at follow-up would be associated with less frequent suicidal flash-forwards and lower levels of defeat and

entrapment; (4) we also explored how the interaction between suicidal flash-forwards, defeat and entrapment may contribute to suicidality.

2. Material and methods

2.1. Sample recruitment and procedures

Participants were recruited from a territory-wide epidemiological study sample ($N=5700$) (HKMMS; Lam et al., 2014). Inclusion criteria for the current study were: (1) being part of the HKMMS; (2) aged 18–75; (3) Chinese ethnicity; (4) a score of ≥ 1 on both questions 4 ('desire to kill myself') and 5 ('taking a chance on life or in a life-threatening situation') of the 19-item version of Beck Scale for Suicidal Ideation-Current (BSS; Beck et al., 1979) for people with current suicidal ideation (suicidal group); and 0 on both questions 4 and 5 of the SSI-C for those without current suicidal ideation (control group). Exclusion criteria included: (1) incapable of giving informed consent, and (2) symptoms demanding immediate psychiatric attention.

Eighty two participants were recruited as they were having current suicidal ideation (these participants were also called suicidal cases or the suicidal group in the current manuscript). For every ten participants recruited into the suicidal group, gender distribution and mean age were calculated and ten matching non-suicidal participants were then randomly contacted from the remaining pool ($N=5618$) until $N=82$ participants with current suicidal ideation and $N=80$ control participants without suicidal ideation were recruited. These age- and gender-matched individuals without current suicidal ideation as measured by BSS were also called as non-suicidal controls or the control group in the current manuscript). Demographic and clinical characteristics were collected at baseline; measures of cognition (see below) were collected at baseline and at 7-week follow-up, based on previous literature on duration of trait-like and state-like factors associated with suicidal risks after suicidal crisis (Pollock and Williams, 2004). The Research Ethics Committee of Kowloon Central and Kowloon East Clusters of Hospital Authority approved the study (KC/KE-11-0204/ER-3). All suicidal participants were advised to seek further psychiatric care; all those who were successfully contacted for follow-up had been in contact with mental health services.

2.2. Measures

2.2.1. Demographic and clinical characteristics

Gender, age, years of education, marital status, and past and current psychiatric illness were recorded at baseline via the HKMMS (Lam et al., 2014).

2.2.2. Cognition

2.2.2.1. Suicidal ideation. The 19-item version of Beck Scale for Suicidal Ideation-Current (BSS; Beck et al., 1979) is a well-validated scale measuring levels of suicidal ideation in the past seven days. BSS has high internal consistency (Cronbach's $\alpha=0.84$), and is moderately correlated to past suicidal attempts (Beck et al., 1997). In order to increase the sensitivity of BSS in identifying people with current suicidal ideation, the participants were invited to respond to all questions in the BSS. To identify participants with current suicidal ideation, we used the validated Chinese version, which has good internal consistency (Cronbach's $\alpha=0.88$) (Zhang et al., 2007), and cross-cultural reliability and validity (Zhang and Norvilitis, 2002). A person with current suicidal ideation was defined by scores =1 or above on both questions 4 and 5, while a potential non-suicidal control was defined by scores =0 on the same questions. As question 5 asks about passive wish for death due to fate and such fatalistic view is common among Chinese people without current suicidal ideation (Kwok and Sullivan, 2006; Liang et al., 2008), more than 20% of people were screened as positive for the presence of suicidal ideation in HKMMS if

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