



Review

A meta-analysis of perceptions of defeat and entrapment in depression, anxiety problems, posttraumatic stress disorder, and suicidality



Andy P. Siddaway^{a,*}, Peter J. Taylor^b, Alex M. Wood^a, Joerg Schulz^c

^a Behavioural Science Centre, Stirling Management School, University of Stirling, Stirling, United Kingdom

^b Institute of Psychology, Health & Society, University of Liverpool, Liverpool, United Kingdom

^c Department of Psychology, University of Hertfordshire, Hatfield, United Kingdom

ARTICLE INFO

Article history:

Received 22 March 2015

Received in revised form

22 May 2015

Accepted 22 May 2015

Available online 3 June 2015

Keywords:

Human defeat

Entrapment

Depression

Posttraumatic stress disorder

Suicide

Transdiagnostic

ABSTRACT

Background: There is a burgeoning literature examining perceptions of being defeated or trapped in different psychiatric disorders. The disorders most frequently examined to date are depression, anxiety problems, posttraumatic stress disorder (PTSD), and suicidality.

Aims: To quantify the size and consistency of perceptions of defeat and entrapment in depression, anxiety problems, PTSD and suicidality, test for differences across psychiatric disorders, and examine potential moderators and publication bias.

Method: Random-effects meta-analyses based on Pearson's correlation coefficient r .

Results: Forty studies were included in the meta-analysis ($n=10,072$). Perceptions of defeat and entrapment were strong (around $r=0.60$) and similar in size across all four psychiatric disorders. Perceptions of defeat were particularly strong in depression ($r=0.73$). There was no between-study heterogeneity; therefore moderator analyses were conducted in an exploratory fashion. There was no evidence of publication bias.

Limitations: Analyses were cross-sectional, which precludes establishing temporal precedence or causality. Some of the meta-analyses were based on relatively small numbers of effect sizes, which may limit their generalisability.

Conclusions: Perceptions of defeat and entrapment are clinically important in depression, anxiety problems, PTSD, and suicidality. Similar-sized, strong relationships across four different psychiatric disorders could suggest that perceptions of defeat and entrapment are transdiagnostic constructs. The results suggest that clinicians and researchers need to become more aware of perceptions of defeat and entrapment.

© 2015 Elsevier B.V. All rights reserved.

Contents

1. Introduction	150
2. The present study	150
3. Method	151
3.1. Selection of articles	151
3.2. Inclusion and exclusion criteria	151
3.3. Dependant effect sizes	151
3.4. Moderator variables	151
3.5. Publication bias	151
3.6. Statistical analyses	154
4. Results	154
4.1. Between study analyses	154

* Corresponding author.

E-mail address: andy.siddaway@stir.ac.uk (A.P. Siddaway).

4.2.	Within study analyses	154
4.3.	Moderator analyses	154
4.3.1.	Depression	154
4.3.2.	Anxiety problems	155
4.3.3.	PTSD and suicidality	155
4.3.4.	Entrapment measure	155
4.4.	Publication bias	155
5.	Discussion	156
5.1.	Moderator variables	157
5.2.	Limitations	157
5.3.	Conclusion	157
	Role of the funding source	158
	Conflict of interest	158
	Acknowledgements	158
	References	158

1. Introduction

There is a burgeoning literature examining perceptions of being defeated or trapped in different psychiatric disorders and problems. To date, this research has focused on examining perceptions of defeat and entrapment in relation to depression, anxiety problems, posttraumatic stress disorder (PTSD) and suicidality, but there is emerging evidence to suggest that perceptions of being defeated or trapped are also apparent in a range of other psychiatric disorders (Taylor et al., 2011a).

Perceived defeat involves a perception of failed struggle and powerlessness resulting from the loss or significant disruption of social status, identity, or hierarchical goals (Gilbert, 2000; Gilbert and Allan, 1998; Rohde, 2001; Sloman et al., 2003). Gilbert (2000) describes three main classes of events with the potential to induce perceptions of defeat: (1) A failure to attain, or loss of, valued social and material resources; (2) social put-downs or attacks from others; and (3) internal sources of attack, such as self-criticism, unfavourable social comparisons, or unachievable ambitions. Example defeat cognitions include: “I feel I have lost my standing in the world” and “I feel defeated by life” (Gilbert and Allan, 1998). The idea that an individual perceives that they have metaphorically struggled against or been beaten back by one or more triggering experiences, is conceptually important, and distinguishes defeat from loss or failure (Taylor et al., 2011a). Perceptions of defeat in the context of trauma and PTSD have been conceptualised slightly differently to the rest of the defeat literature, as a perceived loss of psychological autonomy, worthiness and competence, and a sense of not being human any more (Dunmore et al., 2001).

Perceived entrapment occurs when the usual psychobiological motivation to escape threat or stress is blocked because of no or low likelihood of individual agency, or rescue by others (Dixon, 1998; Dixon et al., 1989; Gilbert, 2001; Gilbert and Allan, 1998; Sloman et al., 2003). As with perceptions of defeat, individuals can experience perceptions of entrapment in relation to external (e.g., difficult job or relationship; unwanted role as a caregiver) or internal (e.g., health problems; unwanted negative thoughts or emotions) experiences. Example entrapment cognitions include: “I am in a situation I feel trapped in” and “I feel trapped inside myself” (Gilbert and Allan, 1998). Entrapment is differentiated from hopelessness, which does not involve a motivation to escape, or sense of diminished status (Gilbert and Allan, 1998; Ehlers et al., 1998).

Perceptions of defeat and entrapment have been theoretically linked to the development and maintenance of various psychiatric disorders via malfunction of the “Involuntary Defeat Strategy” (IDS) (Sloman, 2000; Sloman et al., 2003; Taylor et al., 2011a). The

IDS is thought to be a genetically hard-wired, evolutionarily adaptive response to perceptions of defeat, which is activated automatically as a short-term damage limitation strategy in the context of social competition or conflict for evolutionarily meaningful resources (Gilbert, 1992; Nettle, 2004; Sloman, 2000; Sloman et al., 2003). The IDS functions to signal a submissive no-threat status to others, facilitates withdrawal from unachievable ambitions, and inhibits further activity so as to avoid excessive costs (Price et al., 1994; Sloman et al., 2003). These functions are achieved via the affective, cognitive, and behavioural components of the human IDS, which are thought to include negative cognitions concerning personal adequacy and self-efficacy, toning-down of the positive reward-orientated affect system, behavioural inhibition, and hypervigilance (Taylor et al., 2011a). The IDS is suggested to contribute to perceptions of entrapment, contingent on an individual's judgment about their ability to escape a defeating experience. Under optimal circumstances, the IDS is assumed to be active for only a brief period of time, deactivating once the individual has managed to escape, obtain help, or accept a particular defeat and move on to new goals (Sloman, 2000). For example, an individual's IDS could deactivate when they escape an abusive relationship, elicit meaningful help from others, or accept a job loss. Various psychiatric disorders are suggested to emerge as a result of intense, chronic, inflexible or inappropriate IDS activation (Nettle, 2004; Sloman et al., 2003; Taylor et al., 2011a).

2. The present study

A recent narrative review reported convergent evidence across a range of designs, samples and measures, of perceptions of defeat and entrapment in depression, anxiety problems, PTSD, and suicidality (Taylor et al., 2011a). The present meta-analysis aims to quantify the size and consistency of these relationships for the first time. We also aim to explore a key but as yet untested question in the literature regarding whether perceptions of defeat and entrapment are stronger in particular psychiatric disorders. For example, do depressed individuals experience stronger perceptions of being defeated than individuals experiencing PTSD, or individuals who are suicidal? Meta-analysis additionally enables us to examine whether a number of potential moderator variables attenuate or accentuate the magnitude of these relationships, and whether the findings reported in the literature to date have been influenced by publication bias. Addressing these questions has the potential to guide the future expansion of the defeat and entrapment literature and highlight the potential importance of perceptions of defeat and entrapment for clinical practise.

Download English Version:

<https://daneshyari.com/en/article/6231269>

Download Persian Version:

<https://daneshyari.com/article/6231269>

[Daneshyari.com](https://daneshyari.com)