



Individuals with current suicidal ideation demonstrate implicit “fearlessness of death”



I. Hussey^{a, *}, D. Barnes-Holmes^a, R. Booth^b

^a Ghent University, Belgium

^b St Patrick's University Hospital, Ireland

ARTICLE INFO

Article history:

Received 10 June 2015

Received in revised form

25 September 2015

Accepted 10 November 2015

Available online 17 November 2015

Keywords:

Suicide

Fearlessness of death

Implicit attitudes

Implicit Relational Assessment Procedure

ABSTRACT

Background and objectives: Suicidal behaviour has proved to be difficult to predict, due in part to the particular limitations of introspection within suicidality. In an effort to overcome this, recent research has demonstrated the utility of indirect measures of “implicit” attitudes within the study of suicidality. However, research to date has focused predominantly on implicit self-evaluations and self-death associations. No work has examined implicit evaluations of death, despite the theoretical importance of such evaluations; “fearlessness of death” is central to both the Interpersonal Theory of Suicide and the Integrated Motivational-Volitional model of suicide..

Methods: Twenty-three psychiatric patients with current suicidal ideation and twenty-five normative university students completed two versions of the Implicit Relational Assessment Procedure (IRAP) that targeted evaluations of death. One task specified personal death (i.e., was self-focused) and the other targeted death in the abstract.

Results: Self-focused evaluations of death reliably distinguished between the two groups, correctly classifying 74% of cases, but evaluations of death in the abstract did not. The suicidal group produced specific biases indicating a rejection of the negativity of death. Results are consistent with the definition of suicidality as involving a self-focused wish to die..

Limitations: For ethical reason, suicidal behaviours were not assessed in the normative group. Groups were therefore not mutually exclusive. This may have decreased the specificity of the IRAP.

Conclusions: Suicidal ideation is associated with an implicit “fearlessness of death”. The utility of implicit death-evaluations should therefore be considered alongside self-evaluations and self-death associations in the future..

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Suicide is recognized to be a leading cause of death worldwide, with roughly one million individuals taking their own life each year (WHO, 2014). Furthermore, for each individual who dies by suicide, roughly twenty more make an attempt, hundreds are admitted to hospital for self-inflicted wounds, and thousands engage in self-harm without making contact with health services (McMahon et al., 2014). Despite the scale of the issue, our ability to predict suicidal behaviours is relatively poor (Glenn & Nock, 2014b; Klonsky & May, 2014; Rudd et al., 2006; Silverman & Berman, 2014). Recent reviews have suggested that this limited ability is

due in part to the field's heavy reliance on self-reports (O'Connor & Nock, 2014; Randall, Colman, & Rowe, 2011). Due to the limits of introspection (Nisbett & Wilson, 1977), self reports of various format have been shown to be of particularly limited utility within suicidality. For example, individuals have been shown to be particularly poor forecasters of their future behaviour in the context of suicidality (Janis & Nock, 2008). Assessments by an observer have not fared much better; clinical judgment has repeatedly been shown to have low reliability and predictive validity (see Berman & Silverman, 2014). Finally, assessment using psychometrically sound self-report measures has also been shown to have limited predictive validity, especially within relatively short clinically meaningful time scales (Glenn & Nock, 2014b; Rudd et al., 2006; Silverman & Berman, 2014).

In light of this, several commentators have called for the investigation of “objective” behavioural measures (Glenn & Nock,

* Corresponding author. Ghent University, Department of Experimental-Clinical and Health Psychology, Henri Dunantlaan 2, Gent 9000, Belgium.

E-mail address: ian.hussey@ugent.be (I. Hussey).

2014a; Nock, 2012) and greater use of algorithmic decision making in the assessment and prediction of self-harmful behaviours (Claassen, Harvilchuck-Laurenson, & Fawcett, 2014). To this end, several variations of the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998) have been used to explore suicidal and self-harmful behaviours. The IAT is one of several computer-based measures of reaction time biases that are referred to as measures of implicit attitudes (see De Houwer, Teige-Mocigemba, Spruyt, & Moors, 2009; Nosek, Hawkins, & Frazier, 2011).

Research to date using the IAT to understand suicidal behaviours can be classified into two categories. First, research has examined the relationship between implicit evaluations of self (hereafter referred to as self-evaluation biases) and suicidal behaviours. Such research has demonstrated the concurrent predictive validity of the implicit self-evaluation biases (Creemers, Scholte, Engels, Prinstein, & Wiers, 2013; Franck, De Raedt, Dereu, & Van den Abbeele, 2007; although see Glashouwer et al., 2010), and their sensitivity to therapeutic change (Price et al., 2014; Price, Nock, Charney, & Mathew, 2009). Second, research elsewhere has examined the relationship between implicit associations between self and death (hereafter referred to as death-identity biases) and suicidal behaviours. Similarly, the concurrent predictive validity (Dickstein et al., 2015; Harrison, Stritzke, Fay, Ellison, & Hudaib, 2014) and sensitivity to therapeutic change has been explored (Ellis, Rufino, & Green, 2015). Critically, death-identity biases on the IAT have been shown to be prospectively predictive of future self-harm and suicide attempts (Nock et al., 2010; Randall, Rowe, Dong, Nock, & Colman, 2013). Furthermore, such biases were shown to outperform self-forecasts, clinical judgment, traditional self-reports (e.g., suicidal ideation, hopelessness and impulsivity), and known risk factors (e.g., history of previous attempts, diagnosis of depressive disorder). Specifically, both Nock et al. (2010) and Randall et al. (2013) showed that the IAT demonstrate good prospective predictive validity, with adequate sensitivity (.43–.50) and high specificity (.79–.81). Nock et al. (2010) further demonstrated that the IAT predicted additional variance ($R^2 = .38$) over and above traditional self-reported and clinical-assessed risk factors ($R^2 = .29$). Finally, Randall et al. (2013) demonstrated that a multivariate model combining the results of such traditional risk factors and the IAT could predict the presence or absence of future self-harm with either high (>95%) sensitivity or specificity in 59% of cases. Removal of the IAT from the model resulted in a significant decrease in its specificity. Such results are therefore encouraging, given that research in this area has typically struggled to obtain high specificity values, and suggests that implicit measures represent a potentially fruitful avenue of research for the prediction of self-harmful behaviours (Claassen et al., 2014; Glenn & Nock, 2014a; Nock, 2012).

It is worth noting at this point that while research to date has explored “self-evaluation” and “death-identity” biases, no research has examined the third possible combination of these categories: “death-evaluation” biases. This is somewhat surprising, given the central role that evaluations of death (and life) play in both of the leading contemporary theories of suicidal behaviour: the Interpersonal Theory of Suicide (IPT; Joiner, 2005; Van Orden et al., 2010) and the Integrated Motivational-Volitional model of suicide (IMV; O’Connor, 2011). Specifically, both theories posit that unbearable psychological pain associated with living provides a motivation for the development of suicidal ideation, although they postulate different mediators. Specifically, the IPT argues that the co-occurrence of feelings of “perceived burdensomeness” (i.e., that one is a burden on others) and “thwarted belongingness” (i.e., feeling that one is alienated from others), in addition to high levels of hopelessness regarding the potential for change of both these variables, results in suicidal ideation. In contrast, the IMV argues

that the co-occurrence of experience feelings of “defeat and humiliation” (i.e., perceptions of low social rank) and “entrapment” (i.e., feeling unable to escape said defeat or humiliation), along with the threat these circumstances pose to the sense of self (assessed via variables such as social problem solving and coping skills), leads to suicidal ideation. The two theories converge in the assertion that the transition from ideation to actual attempts is moderated by the learned ability to make such attempts. Specifically, both theories argue that individuals demonstrate an innate avoidance of bodily harm, and that such avoidance behaviours must be undermined for an individual to make a potentially lethal suicide attempt. This repertoire of learned behaviours is typically referred to as the “acquired capacity for suicide”, which includes a “fearlessness of death” (e.g., Van Orden et al., 2010). It should therefore be noted that, in the context of these theories of suicide, “fearlessness of death” refers to the broad set of cognitive and affective correlates of such avoidance behaviours, including evaluations of death.

Consistent with this assertion, research using self-report measures has consistently found differential evaluations of life and death across normative and suicidal individuals. For example, using the Multi-Attitude Suicide Tendency scale (e.g., Ferrara, Terrinoni, & Williams, 2012; Muehlenkamp & Gutierrez, 2004; Orbach et al., 1991; Osman et al., 2000); by examining the comfort some individuals derive from suicidal ideation (Crane et al., 2014); and by comparing the desirability of life versus death (Brown, Steer, Henriques, & Beck, 2005; Kovacs & Beck, 1977). The current study therefore seeks to fill this gap in the literature by examining the validity of implicit evaluations of death. This was done by comparing normative university students and psychiatric patients attending a treatment groups for self-harm who reported current suicidal ideation.

In contrast to previous research which predominantly employed the IAT, we elected to use the Implicit Relational Assessment Procedure in the current study (IRAP; Barnes-Holmes, Barnes-Holmes, Stewart, & Boles, 2010; see Nosek et al., 2011), on the basis that the IRAP can separate out four individual bias scores (e.g., life-positive, life-negative, death-positive, death-negative) whereas the IAT produces only one overall bias score (e.g., life-positive/death-negative). Specifically, we speculated that the IRAP’s ability to separate out such biases might increase our ability to link theories of suicide to the data produced by the implicit measures, for example, by differentiating between an aversion to life and an attraction to death. Two recent meta analyses have examined the IRAP’s psychometric properties (Golijani-Moghaddam, Hart, & Dawson, 2013) and demonstrated that it possesses good predictive validity in predicting a range of clinically relevant criterion effects (Vahey, Nicholson, & Barnes-Holmes, 2015).

It is worth noting that the IRAP was derived from Relational Frame Theory, a functional account of language and cognition (RFT; Hayes, Barnes-Holmes, & Roche, 2001; Hughes & Barnes-Holmes, in press; see also De Houwer, 2011). The core premise of RFT is that the fundamental components of cognition are relational rather than associative (Hughes, Barnes-Holmes, & De Houwer, 2011). In order to assess such relational responding, the IRAP was constructed in a way that assesses the relative strength of individual stimulus relations (or propositions) rather than patterns of stimulus pairings (or associations). Specifically, each trial on the IRAP presents a specific category pairing in isolation (e.g., a “death-negative” trial contains no stimuli related to either “life” or “positive”). In doing so, the IRAP produces four separate and “non-relative” bias scores (Hussey, Thompson, McEnteggart, Barnes-Holmes, & Barnes-Holmes, 2015; although see Hussey, Ní Mhaoileoin, et al., 2015). In the context of the current study, this allows for the separation of evaluations of life as positive, life as negative, death as positive and death as negative. We therefore

Download English Version:

<https://daneshyari.com/en/article/910260>

Download Persian Version:

<https://daneshyari.com/article/910260>

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