A collection of presentations by the following Special Lecturers:

**Special Lectures:**

Professor Ad Kerkhof

Professor Silvia Canetto
Treatment of obsessive suicidal thinking and imagery

A New Approach to an Old Phenomenon

IASP Trinidad Carribean Conference 2019
Ad Kerkhof
Suicidal intrusions

Suicidal Imagery / Flash Forwards

Suicidal Compulsive Thoughts
Intrusions:

- Repetitive, ruminative, frequent,
- Involuntary, unwelcome,
- Uncontrollable, inescapable
- Compulsive
- Vivid, reexperiencing, intense
- Distressing, burdensome, intolerable
Example of an Intrusion:

On random moments miss A actually sees herself hanging on a rope from the ceiling. About 50 times a day. Also she has vivid images of herself slashing her wrists. Also about 50 times a day. Also during the night. She cannot escape these images.
Example of an Intrusion:

Mr B. engages in vivid images of himself jumping in front of a train in the near future. He has clear images of him driving to the railway crossing, parking his car, jumping with his back to the train, being buried, etc. About 50 times a day, totalling several hours
Clinicians?

How familiar is this to you?
Reminiscenses

E.Ringel, 1953: Presuicidal Syndrome:

Tunnel vision
Let go of reality
Focus on a fantasy world
Which becomes obsessive
Ringel: Presuicidal Syndrome:

- Patient loses sens of reality
- Takes distance from others
- Fantasy suicidal thoughts and images
- Increasingly fixates on the endpoint
- The end of the tunnel: suicide
- Obsessive uncontrollable fixation
Ringel: Presuicidal Syndrome:

- Obsessive fantasies and imaginations are focused on the belief that suicide is the only way to prevent worse things from happening.

- Escape from increasing future adversity (Baumeister).
Interviewed 15 depressed formerly suicidal patients in remission

All patients reported experiencing detailed mental imagery in addition to verbal thoughts when at their most despairing
Echoing flashbacks in posttraumatic stress disorder, these images appeared like flashforwards to suicide.
Suicidal individuals report these images as if “they are watching a clear and vivid video of their own death by suicide”.

- Flash Forwards
Images of future suicidal action
Sensory image of dead self and funeral
Comforting image of location providing opportunity for suicide
Comforting as a last escape
Flash Forward images were possessing sensory qualities, of being real and compelling, future oriented, and rich in detail.
Interviewed 20 bipolar and 20 unipolar depressed patients

All patients reported imagining flash forwards to suicide
Researchers were...

... investigating mental processes at times of utmost crisis in people with experience of low mood, depression or bipolar disorder...

Past active suicidal ideation, BSSworst
Example: One male patient with bipolar I disorder reported persistent intrusive vivid imagery of himself jumping from a certain cliff. He had a history of escaping the inpatient ward to try to reach this cliff.
Example: ...Sitting up on a cliff in my car, then my car being in the water with a breakdown lorry pulling it out. The sea was glistening, welcoming...
Suicidal imagery was as comforting as it was distressing.

Engaging in suicidal fantasies can function as an escape from misery, or seek comfort.
Flash Forwards may also be the result of a more passive automatic process in which the image is unwanted and comes to mind unbidden.
The vast majority of participants spontaneously remarked that they had never discussed their suicidal images with their clinicians.
Interviewed 82 suicidal and 80 non-suicidal participants in Hong Kong

Suicidal ideation was predicted by an interaction between suicidal flash-forwards presence and perceptions of entrapment
At baseline 30/82 currently suicidal persons reported flash forwards.

Those with flash forwards had more severe suicidal ideation.

Possible that suicidal flash forwards may facilitate the transition from suicidal ideation to suicide attempts.
Central hypotheses

- Engagement with suicide-related future-oriented imagery may prompt suicidal behaviors
- Frequency and intrusiveness of suicidal imagery impacts suicide risk
Central hypotheses

- The more involuntary and uncontrollable these images appear, the more discomfort and distress will be experienced, leading to wishes to escape from this unbearable, intrusive ideation and imagery.
Central hypotheses

- Intrusive suicidal images may function as a repeated imaginal exposure to the actual behavior, making the transition from thoughts to behaviour potentially more readily available.
Central hypotheses

- Efforts to suppress unwanted thoughts lead to obsessions, which paradoxically lead to an increase in frequency

(Abramowitz, Salkovskis)
Acquired capability (IPT)

- Repetitive exposure to suicidal flash forwards results in habituation to painful or fearsome experiences and to higher tolerance of pain and fearlessness of death. This increases the individuals acquired capability of enacting suicidal behaviors.
Central hypothesis

- Ultimately, the suicidal intrusions become more aversive as well as more attractive to act upon.
- In order to stop the intrusive chaos, suicide seems to be the best (or only) possible solution.
Treatment of intrusive images

- Eye Movement Desensitisation
- Taxing tasks (arithmatic, Tetris)
- Exposure and CBT
- General psychological interventions
- Psychopharmacological interventions
Working mechanism

- Eye movements during recall of unpleasant autobiographical memories decrease vividness, untrustworthiness and associated emotions.
- Increased working memory load reduces the resources for processing
The working memory has a central executive function and two buffer subsystems to allocate information to be held online for later use.

- Phonological Loop: verbal + auditory
- Visuospatial Sketchpad: + emotions
Working Mechanism

- Images of unpleasant memories / flash forwards are held in the VSSP and become less vivid when eye movements simultaneously use up processing resources in the VSSP.
- Overload with arithmetic or tapping
Eye movements reduced vividness and emotionality of visual images about feared future events in a non clinical sample.
EMDT Effective in Psychosis

Van den Berg e.a, JAMA Psychiatry, 2015, 72, 259-267

EMDR for PTSD in comorbid Psychosis:
Effectively, easily and safely
Correspondence

- Correspondence between intrusive images of dreaded future outcomes (in OCD and anxiety disorders) and intrusive memories of past events (e.g. in PTSD).
EMDR Treatment of intrusive suicidal imagery

- Taxing the working memory while retrieving suicidal images and thoughts
- Six sessions, of 1 hour, over three weeks
EMDR suicidal flash forwards

- Introduction with the patient
- Selection of most prominent image
- Define Target Picture
- Start actual vivid imagination
- Subjective Units of Distress (0-10)
- Heavily emotionally charged state
EMDR suicidal flash forwards

- Imagery related to basic cognitions:
  - Responsibility, shame and guilt
  - Control vs powerlessness
  - Self-worth
  - Safety
  - Anger / revenge
Desensitization:

- Finger movements times 24
- Start with focus on the Target
- Mind is free to wander
- Any associative cognition that arises
- No conversation
- SUD’s repeated until 0
Positive closure

- Most positive or worthwhile experience or lesson?

- Body check
Promising

- Experienced EMDR therapists apply EMDR regularly to suicidal flash forwards
- Author has applied EMDR regularly
- RCT Study funded by ZONMW
- All mental health centres participate
Thank you for your attention
WOMEN, MEN, AND SUICIDE: WHY CULTURE MATTERS

Silvia Sara Canetto, Ph.D.
Colorado State University, USA

Special Lecture Address
IASP 3rd Caribbean Regional Symposium
Trinidad and Tobago, May 2019
MALE : FEMALE RATIO OF AGE STANDARDIZED SUICIDE RATES, 2016, WHO
COMPARISON, AGE STANDARDIZED SUICIDE RATES, FEMALES AND MALES, 2016, WHO
NONFATAL SUICIDAL BEHAVIOR

- In most countries there are no systematic estimates of nonfatal suicidal behavior
- In some countries nonfatal suicidal behavior and suicide are considered a single phenomenon
- In other countries they are viewed as overlapping but distinct phenomena
- Depending on whether one takes one or the other position, the burden of suicidality may be viewed as greater on men or on women
NONFATAL SUICIDAL BEHAVIOR

- In some countries, women and men have similar rates of nonfatal suicidal behavior.
- In other countries, women and men have different rates of nonfatal suicidal behavior.
SUICIDAL BEHAVIOR: A MANIFESTATION OF DEPRESSION?

- In some countries (the United States) suicide is viewed as a mental health problem, and is associated with depression.
- A paradox is that in these countries women have higher rates of depression and nonfatal suicidal behavior but lower rates of suicide mortality than men.
THE GENDER PARADOX OF SUICIDAL BEHAVIOR

The Gender Paradox in Suicide
Silvia Sara Camilleri, PhD, and Isaac Sacks, MD

In most Western countries, females have higher rates of suicidal ideation and behaviour than males, yet mortality from suicide is typically lower for females than for males. This article explores the gender paradox of suicidal behaviour, examines its validity, and critically examines some of the explanations offered. It suggests that the gender paradox of suicidal behaviour is a social phenomenon and not a mere artifact of data collection. At the same time, this study paradox in suicide in a more fundamental phenomenon that has been traditionally assumed. Cultural expectations about gender and suicidal behaviour strongly determine its occurrence. Findings from these recent studies and clinical anecdotes that the gender gap may be more prominent in circumstances where different suicidal behaviors are expected or tolerated. Males and females whose cultural expectations may affect the formation of mental and social protective factors may play a role in the interpretation of these behaviors. This gap is important in terms of public policy and needs to be addressed.

The conclusions of this research place an important role in the gender paradox of suicidal behavior and have important implications for research and public policy.

Nonfatal Suicidal Behavior

In most Western countries, females are underrepresented among those who report suicidal ideation (see Camilleri & Leidy, 1998; Camilleri, 1999a, for review). Males also tend to express suicide in a more visible and fatal manner, whereas females' suicide rates appear to be correlated with the WHO study of clinically treated suicidal acts (e.g., Cloninger & Hyman, 1984). Thus, findings emerge also in other clinical settings, e.g., among women in contact with mental health professionals.

Suggested Readings


Acknowledgements

This research was supported in part by a grant from the National Institute of Mental Health (MH-57011) to the first author.
SUICIDAL BEHAVIOR: A DESPERATE RESPONSE TO SOCIAL PROBLEMS?

- In other countries (China) suicidal behavior, nonfatal and fatal, is viewed as a response to social problems
  - Socioeconomic deprivation; oppression and violence in the family, in the case of women
  - Socioeconomic adversities, in the case of men.
In China, when a person dies of suicide, people ask “who?,” not “why?” This is because it is assumed that the individual who suicided “was driven to take this extreme action by the persecution of others” (Pearson, 1995, p. 1166).
Countries (e.g., the United States) that have invested in the theory that suicide is a mental-health problem have also invested in psychiatric solutions (medication, psychotherapies).

Countries (e.g., China) that endorse the social-problem theory of suicide have undergone transformations (e.g., urbanization) that improved the socioeconomic situation of women and men from areas with the highest rates of suicide (e.g., rural areas)—and with that, recorded a major decline in suicide.
A HAPPY DECLINE IN SUICIDES EVERYWHERE EXCEPT IN THE UNITED STATES
SUICIDE DECLINE POST URBANIZATION, IN CHINA

![Graph showing the change in rural suicide rate and percentage of rural labor force working in cities in China. The graph indicates a decline in suicide rates and an increase in the percentage of rural labor force working in cities post-urbanization. The data is sourced from Tsinghua University, based on official statistics.]
SOCIAL WELL BEING AND EQUALITY MATTER IN SUICIDE
Based on their findings using UN data the authors of the study recommended eliminating “culturally embedded gender discrimination . . . to prevent suicides.”

(Chang, Yip, & Chen, 2019, p. 297)
ARE SOCIAL AND ECONOMIC WELL-BEING THE ANSWER TO SUICIDE?

- They help
- They are not sufficient
- Need consider local scripts of suicide
- In some communities, suicide is an act of the relatively powerful, or at least an act of the previously powerful.
ARE SOCIAL AND ECONOMIC WELL-BEING THE ANSWER TO SUICIDE?

- They help
- They are not sufficient
- Need consider local scripts of suicide
- In some communities, suicide is an act of the relatively powerful, or at least an act of the previously powerful.
(שואל) SAUL’S SUICIDE CIRCA 1010 BCE
THOMPSON’S SUICIDE (2005)
THE DAREDEVIL CHOICE OF A DAREDEVIL MAN?

- “He was going to out out on his own terms in his own time”
- “He was going to go out with a bang”
- “He made this choice”
- “He died ... as he planned ... with a single, courageous ... gunshot”
UNTIL IT BECAME KNOWN THAT HE KILLED HIMSELF WHILE IN THE HOUSE AND ON THE PHONE

- “Not so honorable.”

- “You are supposed to go out behind the woodshed, face the existential solitude and let your survivors find you later.”

*Rolling Stone Magazine, 2005*
CULTURE MATTERS IN SUICIDE

To understand variability in patterns of suicide it is necessary to consider cultural factors.

It is necessary to consider the meanings and suicide,

It is necessary to be aware of the local scripts of suicide.
WHAT IS A CULTURAL SCRIPT OF SUICIDAL BEHAVIOR?

In each culture there are unique and specific conditions under which suicidal behavior is relatively permissible, and even expected.

A cultural script is a model of suicidal behavior. Cultural scripts define the scenarios of the suicidal act, including the actor, the method, the precipitants, and the themes.
THE CULTURAL SCRIPT THEORY
OF SUICIDAL BEHAVIOR

The likelihood that someone responds to a life event or an adversity with suicidal behavior is related, among other things, to cultural factors, including the social meaning and permissibility of suicidal behavior, in relation to that event.
Everywhere suicidal behavior is culturally scripted. Women and men adopt the self-destructive behaviors that are expected of them within their cultures.
CONCLUSIONS ABOUT WOMEN, MEN, CULTURE, AND SUICIDE

- In some cultures (e.g., China), killing oneself is viewed as permissible in women as well as in men, though often under different circumstances.

- In other cultures, suicide is considered a masculine act. In these culture attempting suicide is considered the feminine way to do suicide.
You say there ain't no use in livin'
It's all a waste of time
'N you wanna throw your life away, well
People that's just fine
Go ahead on 'n get it over with then
Find you a bridge 'n take a jump
Just make sure you do it right the first time
'Cause nothin's worse than a suicide chump
ARE SUICIDE, MEN AND MASCULINITY UNIVERSALLY AND INEVITABLY LINKED?

- Is it somehow “natural” for men to kill themselves?

- Is it natural, a psychological archetype, to associate suicide with men and masculinity? With dominant masculinity?
SUICIDE IS NOT UNIVERSALLY VIEWED AS MASCUILINE AND POWERFUL BEHAVIOR

Among the Maenge of New Britain, suicide is considered a “proper” death only for “rubbish men” [that is, male orphans or konone] and women (Panoff, 1977; cited in Counts, 1980, p. 338).
SUICIDE IS NOT UNIVERSALLY MALE BEHAVIOR

- In Asian countries the gender gap in suicide is smaller than in the United States.

- Until the 2000, in China, women had higher rates of suicide than men.

- In a diversity of Muslim-majority communities and countries, suicide is most common in women (Canetto, 2017).
CONCLUSIONS
SUICIDE IS A CULTURAL ACT

- It is a behavior with local cultural drivers, meanings and consequences (Canetto, 2008; Canetto & Rezaeian, in press).
Dominant theories of suicide are based on a narrow range of WEIRD* experiences.

If we want to understand and prevent suicide we need to examined suicidality in its diversity, across communities and countries.

*WEIRD: Western, educated and from industrialized rich and democratic countries (Henrich, Heine, & Norenzayan, 2010).
A CULTURAL SCRIPT MODEL
OF SUICIDE PREVENTION

Suicide script theory

• makes culture visible
• promotes awareness of the cultural specificity of the gender paradox of suicidality
• challenges the assumption of the inevitability of the gender paradox of suicidality
• stimulates attention to modifiable, cultural risk and protective factors
Cultural-script grounded suicide-prevention initiatives could include:

- Identifying enabling cultural scripts, including beliefs about the permissibility or the inevitability of suicidal behaviors

- Challenging suicide-enabling scripts, at the community and at the individual level
SELECTED REFERENCES

For information about this presentation you can contact:

Silvia Sara Canetto, Ph.D., Professor
Department of Psychology
Colorado State University
Fort Collins, CO 80523, USA
silvia.canetto@colostate.edu