INTRODUCTION

Outline

We start this chapter by summarizing the outcomes of our study. Subsequently, we discuss the two major research questions of this project: (1) the contribution of time perspective and future thinking to the understanding of suicide ideation and (2) the evaluation of our future oriented training for suicidal patients. We address the implications and limitations of the study. The last section discusses future research possibilities.

Summary of the major outcomes

In chapter one we introduced hopelessness and a decrease in positive future thinking as core elements of the suicidal process. We examined suicide ideation and its treatment. The research design, the instruments and the research plan for the randomized controlled trial (RCT) were introduced. Chapter two described how the study was implemented. Our aim was to develop a concise, short intervention, which would be easy to implement in actual practice of mental health care and would be suitable for many patients with suicide ideations. In chapter three we summarized the basic elements of the training and their theoretical background. Problem solving, or goal orientation as we labelled it, cognitive therapy and risk reduction were the major elements. Our intervention aimed to help participants to increase their positive future thinking, and by that, decreasing suicidal ideations. In chapter four suicidal thinking was further elaborated on in a broader context. The significance of time perspective, one’s cognitive tendency to focus on positive or negative elements from the past, the present, or the future, was investigated in chapter five. We compared suicidal to non-suicidal patients in terms of time perspective (ZTPI), personality (NEO-PI), severity of pathology (SIPP) and depression (BDI-II). We concluded that particularly a tendency to focus on negative memories is related to the severity of personality problems. Furthermore, we found a relationship between lower orientation towards the future and suicidality. In chapter six we confirmed the hypothesis that suicidal patients are less
able to produce positive future related thoughts. Furthermore, our data showed that suicidal patients are less capable to report positive thoughts about the present. The seventh chapter focused on time perspective profiles in the second and larger sample of patients. We distinguished a common pattern of ZTPI subscale scores (time perspective profile) in the group of depressed non-suicidal patients, illustrating a specific relationship with time among these patients compared to the suicidal sample: lower Past Negative, higher Past Positive and lower Present Fatalistic and slightly higher Future scores. Two suicidal clusters could be identified: one depressed subgroup (high Past Negative scores) and one more future oriented subgroup (higher Future, lower Past Negative and Present Fatalistic). We also found the ZTPI to be stable over time, indicating time perspective to be a trait-like characteristic. There were no differences between suicidal and non-suicidal patients regarding their focus on thoughts about life after death (Transcendental Future).

In chapter eight we focused on our second major research question, the effects of our future oriented group training (FOGT) for suicidal patients. We found that patients who were able to attend more than six sessions (adherers) showed an additional decrease in suicidal ideation (BDI-II question 9), and some additional effect on suicidal ideation was found on the SSI scores (Cohen’s $d = .2$ to $.3$). But this was not statistically significant. The adherers group reported additional effect on depression (.4) and FOGT proved to significantly decrease symptoms and distress, indicating a higher level of Quality of Life after the training than in the treatment-as-usual (TAU) group. We found no effect on self-destructive behaviour, but FOGT appeared to decrease the risk of deliberate self-poisoning.

In the next paragraph we more extensively discuss the outcomes of this study and relate them to existing literature and research.

RESEARCH QUESTIONS

*Research question 1*: “What do ‘time perspective’ and ‘future thinking’ contribute to the understanding of suicidal ideation?”