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Components of Hopelessness About the Future in Parasuicide

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Hopelessness about the future is an important component of depression in general and suicidal behavior in particular. Despite this, little research has examined the concept of hopelessness. A study is reported which adapted a verbal fluency paradigm to examine the ease with which hospitalized parasuicides, hospital controls, and nonhospital controls were able to think about future positive (things they were looking forward to) and future negative (things they were not looking forward to) events. The parasuicide subjects showed a deficit in being able to think of future positive events, both for the immediate future and for the longer-term future. but there were no differences between the groups on being able to think of future negative events. Several possible explanations of the results are discussed and some suggestions are made for future research.

KEY WORDS: hopelessness; depression; parasuicide; positive anticipation.

Feeling hopeless about the future is an important component of depression. Although it has been pointed out that depression can arise in the absence of hopelessness (Greene, 1989), a variety of theoretical approaches have

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emphasized its importance in depression (Abramson, Alloy, & Metalsky, 1989; Brown & Harris, 1988; Melges & Bowlby, 1969). As well as being important in depression generally, hopelessness seems to play a particularly central role in suicidal behavior. Hopelessness has been found to mediate the relationship between depression and suicidal intent within parasuicide populations (Salter & Platt, 1990; Wetzel, Margulies, Davis, & Karam, 1980) and to predict both repetition of parasuicide (Petrie, Chamberlain, & Clarke, 1988) and completed suicides (Beck, Brown, & Steer, 1989; Fawcett, Scheftner, Fogg, Clark, Young, Hedeker, & Gibbons, 1990).

Although it is clearly an important phenomenon, little work has actually looked at the concept of hopelessness. Those studies which have not used clinical ratings of hopelessness have relied on the Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, & Trexler, 1974) as a measure of hopelessness about the future. This is a 20-item true/false questionnaire which measures global attitudes toward the future such as "My future seems dark to me" and "I can look forward to more good times than bad" (reversed). Although valuable in mapping out the relationship of the broad concept of hopelessness to other variables, the BHS as certain limitations. As a global self-report measure, it is likely to be influenced by more general factors which influence self-report variables, such as social desirability (see, for example, Linehan & Nielson, 1981). The variance it shares with these other measures may be important (McCrae & Costa, 1983), but it is nevertheless a hindrance in trying to specifically examine hopelessness. Second, as a global measure, the Beck Hopelessness Scale measures people's generalized attitudes toward the future rather than more particular information which may go to make up those attitudes. For example, when people say they can look forward to more good times than bad times is it because they think of good times, think of bad times, and the former outnumber the latter?

Perhaps the need for conceptual clarity of the concept of hopelessness is most clearly highlighted by the way the term is used. Abramson et al. (1989), in formulating their hopelessness theory of depression, discussed hopelessness in terms of an expectancy that positive outcomes will not occur or that negative outcomes will occur. However, it is unclear whether decreased positive expectancies and increased negative expectancies are functionally equivalent in this way. Melges and Bowlby (1969) are more explicit in arguing that what is important in hopelessness is a reduced expectancy of success. People develop depressive hopelessness when their available plans of action are no longer deemed capable of achieving their long-term goals, but at the same time they are unable to detach from those goals. Although Abramson et al. at points in their discussion also seemed

to give precedence to reduced anticipation of pleasant events, neither they nor Melges and Bowlby actually addressed the issue or presented any data.

Rather than an imbalance of positive and negative thoughts about the future, early empirical studies pointed to a more general detachment from the future in suicidal subjects. Such individuals were reported as being less oriented to the future in that they provided less elaborate descriptions of future time periods (Yufit, Benzies, Font, & Fawcett, 1970), had a reduced temporal extension into the future (Melges & Weisz, 1971), and used fewer future-tense verbs (Greaves, 1971). More recently Baumeister (1990) has termed this disengagement from the future "cognitive deconstruction." Although there is more of an empirical base to this view, most studies have not made a clear distinction between reduced ability to think of a pleasant future and reduced ability to think of a future at all, making it possible that a generally reduced ability is actually a function of reduced ability to think of pleasant events in the future.

A second unaddressed issue concerns the time frame to which hopelessness about the future may refer. The predominant view seems to be that it is the perceived failure of long-term plans and goals which is important in hopelessness. Baumeister (1990) suggested that suicidal individuals focus on the immediate future in order to avoid thinking about more significant events in either the past or more distant future. Melges and Bowlby (1969), while agreeing with the importance of the longer-term future, suggest that hopelessness arises when the person remains preoccupied and unable to disengage from long-term goals which are not attainable. Although researcher's views may differ concerning a person's response to perceived long-term goal failure, they do tend to agree that long-term thinking is particularly important.

In summary, hopelessness about the future is an important variable in depression and seems to be particularly central to suicidal behavior. Despite this, little research has addressed the question of what hopelessness actually is and the term is used in different ways. Although the Beck Hopelessness Scale (Beck et al., 1974) has proved valuable as a global measure, other more specific, direct, nonself-report measures are required to examine the concept of hopelessness. A major question is whether hopelessness about the future consists of an increase in expectations that negative outcomes will occur, a reduced expectation that pleasant outcomes will occur, both increased negative expectancies and reduced positive expectancies, or a generally reduced ability to think about future outcomes, both positive and negative. Taken together, the empirical and theoretical work is most consistent with a view that hopelessness consists of a relative lack of anticipation of positive events. Following from this is the question of whether the particular pattern of future thinking which characterizes hopelessness

affects short-term or, as has more commonly been assumed, only longer-term thinking.

The main aim of the current study was to utilize a direct measure to examine the pattern of future thinking shown by suicidal individuals high in hopelessness. Suicidal individuals were chosen because of the particular relevance of hopelessness to suicidal behavior. A subsidiary aim was to examine whether the pattern of future thinking shown by this group would be true for short-term and/or long-term future thinking. Two hypotheses were tested. The main hypothesis was that suicidal patients would show a relative lack of anticipation of positive events but not necessarily a corresponding increased anticipation of negative events. The second was that this would be true for long—term thinking but not necessarily for short-term thinking. In order to test these hypotheses, an adaptation of a verbal fluency paradigm was used. Subjects were asked to generate things in the future they were looking forward to and not looking forward to, for a variety of future time periods. This procedure was adopted because of its high face validity and piloting a number of future cuing procedures showed that subjects found this the easiest way to think about positive and negative facets of the future. The ease with which subjects were able to do this was measured by a standard fluency measure of the number of events they were able to generate in a given time period.

METHOD

Subjects

Twenty-four patients admitted to general medical wards at Addenbrookes Hospital, Cambridge, England, following acute self-poisoning were interviewed. There were 16 women and 8 men. The age range was 18 to 66 with an average age of 34 years (SD = 12.0). Patients were interviewed in hospital following recovery from the overdose (range = 20 to 96 hours; median = 39 hours). Half of the group had no previous history of parasuicide, eight had one previous incident, and the remaining four had more than three previous incidents. Sixteen of the overdose subjects met criteria for major depressive disorder, four for minor depressive disorder, and the remaining four did not meet research diagnostic criteria (RDC) criteria for depression (Spitzer, Endicott, & Robins, 1978). An additional two subjects declined to take part in the study. There were two control groups. Twenty-four hospital patients (17 women and 7 men) were recruited from the same general medical wards as the overdose patients in order to control for any overall effects of hospitalization. These were all

patients who had been admitted with minor physical problems, usually for routine investigations, and who, like the overdose group, would be expected to be discharged within a few days. An additional group of subjects (16 women and 8 men) was recruited from the Applied Psychology Unit's subject panel. Both control groups were matched with the overdose group for age and educational level as well as ratio of females to males.

Materials

Control Task (FAS). A standard verbal fluency task (Lezak, 1976) was used to assess possible differences between the groups on general cognitive processing. Subjects were given a letter of the alphabet and allowed 30 sec to generate as many words as possible beginning with that letter. Thirty seconds was preferred to the more usual 60 sec in order to make the control compatible with the personal future task where 30 sec was found to be optimal. This was carried out for three letters of the alphabet consecutively (F, A, and S). The number of words generated was recorded.

Personal Future Task. The personal future fluency task consisted of five future time periods—the next 24 hours, the next week, the next month, the next year, and the next 10 years. Subjects were given the time periods verbally, one at a time, and in the order given above. They were given 30 sec to provide examples for each time period before moving on to the next. In one version of the task, subjects were instructed to think of things they were looking forward to in each time period; in the other version they were asked to think of things they were not looking forward to in each time period. Before completing these versions, as an orientation to the task, subjects were given a practice version of the task which was open-ended. They were just asked to think of examples of things they might be doing or that might happen to them in each time period. Thus, there were three versions of the task: an open-ended practice version, a looking-forward-to (LFT) version and a not-looking-forward-to (Not-LFT) version. The items generated for each time period were written down by the experimenter.

Procedure

After an initial introduction which included an explanation of the study, subjects signed a consent form and provided the experimenter with basic demographic data and information relevant to the RDC criteria. Subjects then completed the FAS task. They were then given the open-ended practice version of the personal future task. They were told to think of as many things as they could for each time period and that it did not matter whether the things were important or trivial. It was emphasized to subjects

that they should carry on trying to think of things until told to stop, even if they felt they could not think of anything. They were asked not to repeat items over time periods. If they did give the same item in a subsequent time period, it was discounted. Upon completing the practice version, subjects were given the LFT and Not-LFT versions. All subjects completed both LFT and Not-LFT versions, with the order of completion counterbalanced across subjects. Subjects then completed the BHS (Beck et al., 1974). After completing the data collection, time was taken, particularly with the overdose group, to talk about the study and any responses subjects may have had to it. The testing session lasted approximately 1 hour.

RESULTS

The means for each experimental group on the BHS and FAS are shown in Table I. A one-way between-group ANOVA showed the expected group difference on the BHS, $F(2, 69) = 34.5$, $p < 001$. Individual comparisons revealed that this was due to the overdose group scoring significantly more highly than both hospital controls and panel controls (Newman–Keuls, $p < .005$). The control groups did not differ significantly from each other. There was no significant group difference on the FAS, $F = 1.5$, n.s., suggesting that there were no differences between the groups on overall level of cognitive performance.

Personal Future Task

First of all, subjects scores on the LFT and Not-LFT components of the personal future task were analyzed collapsed across time periods. A Group (overdose, hospital controls, panel controls) × Type (LFT, Not-LFT) ANOVA revealed a significant main effect of group, $F(2, 69) = 4.15$, $p < .05$, as well as a highly significant main effect of type, $F(1, 69) = 82.7$, $p < .001$. Both main effects were qualified by a Group × Type interaction, $F(2, 69) = 6.17$, $p < .01$. The means are shown in Table II. In order to

Table I. Means and Standard Deviations for BHS and FAS Within Each Group[a]

Measure	Overdose	Hospital	Panel
BHS	11.2 (6.1)	2.7 (2.0)	3.6 (2.1)
FAS	8.1 (3.1)	7.5 (2.4)	8.9 (2.2)

[a]BHS= Beck Hopelessness Scale; FAS = letters of the alphabet F, A, and S.

Table II. Means and Standard Deviations for Looking-Forward-To and Not-Looking-Forward-To Events Within Each Group

Condition	Overdose	Hospital	Panel
Looking forward to	10.0 (4.8)	15.3 (3.9)	13.5 (4.3)
Not looking forward to	7.5 (3.4)	8.3 (5.4)	8.4 (3.9)

analyze the source of this interaction, tests of simple main effects were carried out holding type constant. For the LFT condition, there was a significant main effect of group, $F(2, 69) = 8.9$, $p < .001$. This was due to both hospital controls (Newman–Keuls, $p < .005$) and panel controls (Newman–Keuls, $p < .01$) generating significantly more items than the overdose group. For Not-LFT items, there were no significant differences between the groups, $F = 0.29$. Thus, relative to controls, overdose subjects showed a relative inability to think of things they were looking forward to but no corresponding increase in being able to think of things they were not looking forward to.

Correlating LFT and Not-LFT scores with scores on BHS revealed a similar pattern of results. As the overdose subjects were higher on both variables, the correlation was calculated for the overdose subjects alone in order to avoid any artifactual relationship. There was a significant negative relationship between scores on the BHS and the number of events looked forward to, $r(22) = -.48$, $p < .02$. The overdose subjects who were high in hopelessness were those who thought of fewer events they were looking forward to. In contrast, there was no relationship between BHS and number of events not looked forward to, $r(22) = .06$, n.s. The difference between these correlations was significant, $t(21) = 2.8$, $p < .02$. Partialing FAS scores out of each of the correlations did not affect them, $r(20) = -.50$, $p < .02$, and $r(20) = .06$, n.s., for BHS with LFT and Not-LFT, respectively.

There was no difference between the overdose subjects who had taken an overdose for the first time ($n = 12$) and those who had also previously taken an overdose ($n = 12$) on the number of things they were looking forward to, $t < 1$.

The importance of LFT events was reinforced by a *post hoc* analysis of the types of events mentioned in the open-ended, practice version. It was observed that some of the events subsequently mentioned in the LFT and Not-LFT versions had also been given in the practice version. This was particularly the case for the control groups and for LFT events. This is not surprising as the practice version was unconstrained in the type of event asked for and would therefore be likely to include positive or negative future events. In order to examine this more closely the groups were compared on the number of events given in the open-ended condition which were sub-

Table III. Means and Standard Deviations for Items Given in the Open-Ended Condition Subsequently Also Given in the Looking-Forward-To or Not-Looking-Forward-To Conditions

Condition	Overdose	Hospital	Panel
Looking forward to	3.0 (2.0)	5.8 (3.4)	6.9 (3.2)
Not looking forward to	0.9 (1.1)	1.4 (1.3)	1.8 (1.5)

sequently repeated in the LFT or Not-LFT conditions. A Group × Type analysis of variance revealed a significant main effect of group, $F(2, 69) = 11.6$, $p < .001$, and a highly significant effect of type, $F(2, 69) = 126.4$, $p < .001$. The main effects were qualified by a Group × Type interaction, $F(2,69) = 7.2$, $p < .01$. The means are shown in Table III Simple main effects were carried out holding type constant. For LFT events there was a significant difference between the groups, $F(2, 69) = 11.2$, $p < .001$, due to overdose subjects giving significantly fewer LFT events than either of the control groups (Newman–Keuls, both $p < .005$), who did not differ from each other. There were no significant group differences in the number of Not-LFT events given, $F(2, 69) = 2.9$, n.s.

Although this is not an exhaustive measure of the valenced items in the open-ended version, the pattern mirrors that for the means for items produced in the LFT and Not-LFT versions. Thus, not only when specifically instructed, but also when allowed to generate events in an open-ended task, overdose subjects provided fewer events they were looking forward to but showed no facilitation in thinking of events they were not looking forward to.

Individual Time Periods

In order to examine whether the overdose subjects reduced ability to think of pleasurable future events was true for the immediate future or, as others have suggested, only for the longer-term future, the number of LFT events was analyzed within a Group (overdose, hospital, panel) × Period (day, week, month, year, 10 years) mixed ANOVA. The means are shown in Fig. 1.

The overall difference between the groups already discussed was repeated in a group main effect, $F(2, 69) = 9.2$, $p < .001$. There was also a significant main effect of period, $F(4, 276) = 13.5$, $p < .001$, qualified by a Group × Period interaction, $F(8, 276) = 3.2$, $p < .001$. Multiple comparisons were performed within each level of period. For the next day, hospital controls but not panel controls generated more events they were looking forward to than overdose subjects ($p < .005$). Hospital controls

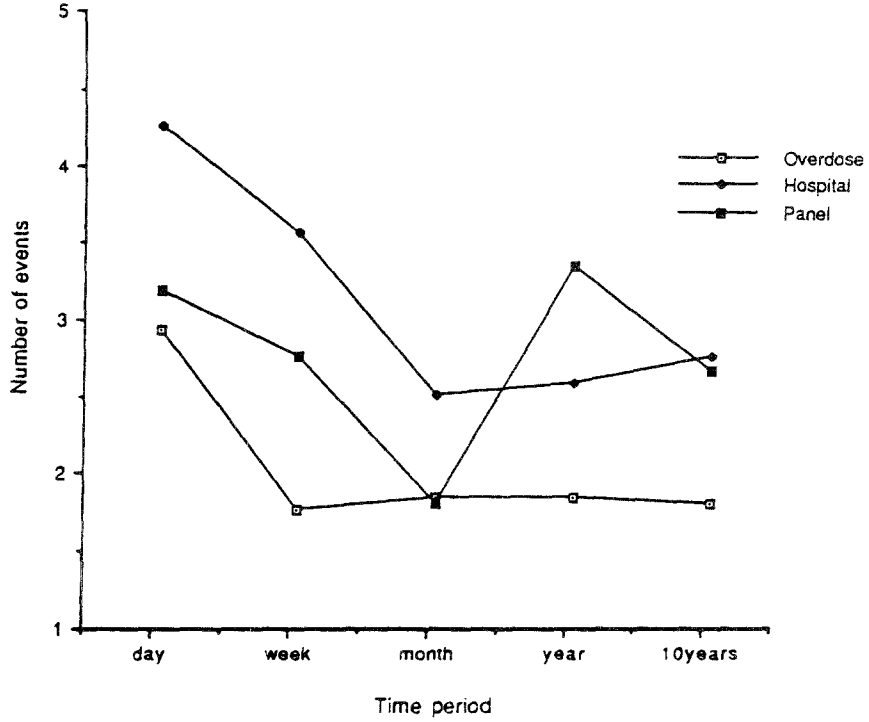

Fig. 1. Number of looking-forward-to items generated within each time period by each group.

also generated more events than panel controls ($p < .01$). Both hospital controls ($p < .005$) and panel controls ($p < .05$) generated more LFT events than overdose subjects for the next week. The two control groups did not differ significantly from each other. There were no differences on number of items generated for the next month. For year, the only significant difference was that panel controls were able to think of significantly more events than overdose subjects ($p < .005$). Finally, the only significant difference for 10 years was that panel controls generated more events than overdose subjects ($p < .05$).

Thus, despite a significant interaction term, there is no evidence that the deficit shown by overdose subjects in being able to think of pleasurable future events is restricted to the long-term future. They are relatively unable to think of events they are looking forward to over the next day or week, as well as over the next year or 10 years. However, this deficit is differentially related to the control groups, with a short-term deficit relative to the hospital controls and a long-term deficit relative to the panel controls.

Scores on the Not-LFT condition were also analyzed within a Group Period ANOVA. The lack of overall group differences already discussed meant a nonsignificant group effect, $F < 1$. There was a significant main effect of period, $F(4, 276) = 10.9$, $p < .001$, due to subjects generating more events they were not looking forward to over the next day than for any of the other four time periods (Newman–Keuls, all at $p < .005$). As might be expected from the lack of any overall group difference, there was no significant Group × Period interaction, $F(8, 276) = 1.3$, n.s.

DISCUSSION

This study set out to refine the concept of hopelessness. Two hypotheses were tested. The first hypothesis was supported: Parasuicidal subjects showed a lack of anticipation of future pleasurable events but no corresponding increased anticipation of unpleasant events. The second hypothesis was not supported: The difficulty in thinking about future pleasurable activities was no more marked for the long-term future than for the immediate future.

The association of parasuicide with an inability to think of things looked forward to illustrates the importance of having representations of the future which entail positive anticipation. Why do parasuicides have a deficit in such cognitions? The most obvious answer is that poorer circumstances and reduced life opportunities mean that some people actually have less to look forward to. There is certainly evidence to support this position. Parasuicide has a higher incidence in racial minorities (Pederson, Awad, & Kindler, 1973) and lower socioeconomic groups (Hawton & Catalan, 1987) and is strongly related to unemployment (Platt & Krietman, 1984). Parasuicide is also associated with an increased incidence of preceding negative events which may disrupt valued future plans and goals (Paykel, Prusoff, & Myers, 1975).

However, there is also reason to believe that there is an important cognitive component to a lack of positive anticipation. First, parasuicide subjects show less disadvantage in being able to think of positive future personal events when provided with more cues to help them. Williams, MacLeod, and Rose (1992) employed a paradigm where they cued subjects with statements such as "Picture an occasion in the future where you feel enthusiastic about something" or "Picture a situation in the future where you feel successful." Subjects were asked to provide a specific example of each situation. Relative to controls, parasuicides showed only a nonsignificant trend to provide fewer specific examples. This at least suggests that generating fewer things they were looking forward to is not simply the result

of the reduced circumstantial availability of such events for the parasuicide subjects. Future research is needed to address this question, possibly by the use of very specific future life inventories analogous to those used to assess past life events (Brown & Harris, 1988). Alternatively, the question could be addressed utilizing naturally occurring changes in hopelessness levels. Parasuicide subjects have been found to show significant reductions in hopelessness levels over fairly short time periods (Schotte, Cools, & Payvar, 1990). Changes in being able to think of positive future events, in the absence of major changes in life circumstances, would indicate that hopelessness was not simply a reflection of life.

A second reason for believing in the importance of a cognitive component is that what happens in the future is not only the result of circumstances, but can also be affected by how the person thinks about the future. That is, what happens to someone is partly the result of arranging, planning, and initiating. Someone's inability to think about a positive future may also inhibit him or her from making arrangements or plans which would bring a positive future about. The problem with initiating future-oriented cognitive activity will also lead to a problem in initiating future-oriented behavior.

Circumstances producing a reduced likelihood of a positive future and a cognitive deficit in thinking about a positive future are not incompatible. One possible route toward hopelessness and suicidal behavior is that a person's life situation becomes aversive, for example, through suffering interpersonal loss. The implications of an individual's current situation unravel into a future where he or she has little to look forward to. In order to avoid contemplating a future which is painful, the person may "switch off" or disengage from thinking about the future. This may reduce the distress but may also become maladaptive as, by shutting off from the future, the individual is less likely to become aware of any future possibilities for happiness or to initiate arrangements and plans which could bring positive events about. Needles and Abramson (1990) have shown that the occurrence of positive events is an important component in the recovery from hopelessness. By implication, the anticipation of positive events and the planning and organizing involved in bringing some of them about will also be an important component of recovery.

Despite there being no difference between the groups on thinking of things they were not looking forward to, negative events may nevertheless play an important role in hopelessness and parasuicide. Suicidal subjects may have generalized negative beliefs about the future although the results here suggest that the active anticipation of particular negative events is not a component of suicidal hopelessness. In fact, negative events may play a more important role as a precursor to hopelessness. As already pointed

out, parasuicides have experienced an increase in the occurrence of negative events prior to the episode (Paykel et al., 1975). In comparison, Rotheram-Borus, Trautman, Dopkins, and Shrout (1990) found no reduction in the frequency of positive events prior to the episode within a group of suicidal adolescents. Thus, whereas positive events are important in recovery from hopelessness, negative events appear to play a major role in its onset.

The results from the individual time periods suggest that the lack of rewarding short-term routines, as well as long-term plans and goals, may be an important component of hopelessness. This seems plausible given that much of our future thinking does seem to be directed toward more short-term arrangements, plans, and activities. For example, people consistently generated more items for short-term than long-term time periods. It would be surprising if feeling hopeless about the future left this aspect of future thinking unaffected.

This result, though, must be treated with more caution. As the main concern of the study was to examine the relative contributions of positive and negative anticipations, the study contained certain methodological limitations on answering the question of the time frame of hopelessness. Most importantly, the time periods were not counterbalanced but, rather, always presented in the same order. Although it is not obvious in which way this might have affected the results, it is nevertheless a limitation. The difference in quantity of events generated for the short term and the long term also raises the problem of comparability of scaling, making a direct comparison between time periods more difficult. Finally, the deficit shown by the parasuicide subjects was differentially related to the two control groups, with generally a short-term deficit relative to the hospital controls and a long-term deficit relative to the panel controls. The reasons for this are not clear. The result of removing a person from his or her normal environment may be a focus on the immediate future at the expense of longer-term goals which are not salient in the novel (hospital) situation. Whatever the reason, the different patterns of the control groups, along with the methodological reservations outlined, indicate that the results of the individual time periods should be treated more cautiously. Future research is needed which addresses this issue more systematically.

A possible alternative explanation of the main finding is that the parasuicide subjects provided fewer events they were looking forward to, not because of a problem generating those types of events per se, but because they had a reduced capacity for enjoyment (anhedonia). That is, because they were less able to enjoy things, there just simply were fewer things they were looking forward to. Set against this, Fawcett et al. (1990) report only moderately negative correlations between scores on a scale

measuring capacity for pleasure and scores on the Beck Hopelessness Scale within samples of depressed patients. In order to look at this issue within our sample, subjects who endorsed the anhedonia item on the RDC criteria were compared with subjects who scored on the same number of items overall but who had not scored on the anhedonia item. The difference between the groups on events looked forward to was small [M = 4.0 vs. 5.0 for anhedonic (n = 8) and nonanhedonic (n = 5) subjects, respectively]. This does not rule out anhedonia as a contributing factor to a person's inability to think of things he or she is looking forward to but it does indicate that the results reported here are not simply the result of anhedonia. Nevertheless, a more direct assessment of the relationship between inability to think of future pleasurable events and a reduced capacity for experiencing pleasure would be valuable.

A second possible alternative explanation is that the effects of having recently ingested excessive quantities of drugs could have made the overdose subjects generally less cognitively fluent. This objection would have to accommodate the fact that there were no differences between the groups on the FAS task or the generation of negative events. It could be argued that the lack of difference on the FAS could just be the result of this task being easier and therefore less sensitive to general effects on cognitive processes. However, the use of letters in a fluency task (rather than subjects having to generate category exemplars such as animals or presidents) is assumed to result in a more difficult fluency task, requiring considerable demands on effortful processing (Hart, Smith & Swash, 1988). The lack of difference on negative events requires a more complicated account where either anticipation of negative events was higher to start with and a general slowing effect of the overdose brought subjects down to control levels or there was a second, specific effect of facilitation of negative events which counteracted and neutralized the effects of general cognitive impairment. Although difficult to completely rule out, on grounds of both parsimony and theoretical consistency (it places all the emphasis on the role of future negative events), this explanation seems unlikely.

Clearly, the results reported are from a single study and need to be replicated. Future research would also need to look more carefully at the long-term vs. short-term future effects by counterbalancing the order of time periods, perhaps using fewer time periods to make this more feasible. In addition, because the parasuicide subjects were also depressed, it is possible that results could be due to depression generally rather than specifically to hopelessness. The possible contribution of depression in the absence of hopelessness could be assessed by including a depressed but nonsuicidal group which was low in hopelessness, if such a group could be found. Finally, some validation of the paradigm would be valuable. Although the paradigm

was chosen to have high face validity, it is possible that subjects understood the prompts in different ways. For example, someone may have interpreted the instructions to think of things they were not looking forward to in its strict, logical sense of literally everything that was not specifically being looked forward to, and therefore including neutral as well as negative events. Although the fact that subjects gave fewer responses to the Non-LFT prompt than the LFT prompt suggests that they were not interpreting the Non-LFT prompt in this wider way, this cannot be conclusively ruled out. Future research could address this issue by asking subjects to provide ratings of how positive or negative the items were which they generated in each category, thus providing data which could validate the procedure.

The main aim of this study was to refine the concept of hopelessness. Parasuicide subjects were studied because of the evidence pointing to the importance of hopelessness in suicidal behavior. However, parasuicide will arise from of a complex interaction of factors, many of which have not been touched upon here, and not necessarily always including hopelessness about the future. However, together with previous findings, the results suggest that a lack of anticipation of future enjoyable events, in the immediate as well as the long-term future, may be an important component of hopelessness and thus be influential in suicidal behavior.

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