Author’s response to reviews

Title: Personal values in adolescence and suicidality: A cross-sectional study based on a retrospective recall

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Author’s response to reviews:

Dear Editor in chief

Thank you for inviting us to submit a revised manuscript entitled, “Personal values in adolescence and suicidality: A cross-sectional study based on a retrospective recall” to BMC Psychiatry. We also appreciate the time and effort you and each of the reviewers have dedicated to providing insightful feedback on ways to strengthen our paper. Thus, it is with great pleasure that we resubmit our article for further consideration.

We have incorporated changes that reflect the detailed suggestions you have graciously provided. We prepared point-by-point responses to the questions and comments on separate sheets. We hope that our edits and the responses we provide below satisfactorily address all the issues and concerns you and the reviewers have noted.

Again, thank you for giving us the opportunity to revise and strengthen our manuscript with your valuable comments and queries. We look forward to your positive decision on our submission.

Sincerely,
Norito Kawakami

Reply to reviewer: #1
Thank you very much for your valuable and helpful suggestions. We have revised the manuscript in accordance with your suggestions. Revisions are shown in highlighted text in the revised manuscript. We would be pleased if you could have a look at the revised manuscript and check if we responded to your comments appropriately.

Comment 1

The retrospective assessment of values is a large limitation. Suicidality was measured at wave 1 (2010) when the participants seem to have been 20-50 years old (mean age 38.1). Personal values at age 15 were measured retrospectively in 2017 (i.e., seven years later, when the participants were probably at an average 45 years old). This means, if I have understood it correctly, that adolescent values were measured in retrospect at an average 25 years later. This raises the question what kind of hindsight biases that may possibly be at work here. This needs to be discussed.

Reply

Thank you very much for your comment. We agree that respondents may report their personal values retrospectively, attributing their suicidality to their lower personal values, while these two questions were asked in different surveys with several year intervals. We added a discussion of this type of information (hindsight) biases in the limitation. (p9, line30-34)

“In particular, there may be an information bias such as hindsight bias. Respondents who had experienced suicidality may have attributed their suicidality to their lack of value on cherishing family and friends or their commitment to values during adolescence, and reported accordingly.” (p9, line30-34)

Comment 2

The authors do not sufficiently discuss alternative explanations of their findings. As they point out, their findings are consistent with interpersonal theories of suicidality. But they go too far in their conclusions when they make statements like the following: "Therefore, cherishing family and friends worked protectively on thwarted belongingness and perceived burdensomeness, which weakened suicidal ideation" (p. 9); "Commitment to values worked protectively against suicidal ideation in the past time" (p. 9); and "the present study indicated that cherishing family and friends and commitment to values in adolescence may reduce the risk of suicidal ideation" (p. 11). These conclusions imply causality, but no such conclusions can be drawn on the basis of the present kind correlational data.

The authors need to discuss possible alternative explanations. For example, could it be that the presence of suicidal ideation has an impact on one's values, and could suicidality have an effects on one's commitment to these values? Or could suicidality involve memory biases that have an effect on which kind of values are reconstructed from memories of adolescence, 25 years earlier?
Or would it be possible that both suicidal ideation and lower cherishing of family and friends can be caused by negative experiences in the family (e.g., abuse)?

Reply

Thank you very much for your comment. We agree that we should be more careful to mention the causality from the present study. We revised this part of discussion: First, we made it clear that we mentioned the interpersonal theories as a possible explanation of the association (p7~p8). We also added a paragraph discussing alternative explanations such as a reverse causality and a shared factor hypothesis to make discussions well-balanced. (p8, line30- p9, line9)

“However, an alternative explanation should be considered: that suicidality may affect cognition or reporting of the personal values of respondents. A person who has considered suicide may also have negative cognitions of himself/herself, which may lead to a negative distortion of his/her recall of personal values during adolescence. In addition, a person who has had suicidal ideas may feel he/she did not place a high value on family and friends or did not have a high commitment to his/her values, simply because he/she wished to die. This feeling may lead him/her to perceive that he/she has placed a low value on cherishing family and friends or had less commitment to values since childhood. Moreover, the other explanation includes the possibility that suicidality and personal values in adolescence are influenced by a shared factor, such as past negative experiences. For instance, an experience of child abuse is known to increase the risk of suicidality (17) and may also decrease the value on cherishing family. Bullying at school may increase the risk of suicidality (40) and, at the same time, it may decrease the value on cherishing friends. Having a mental disorder in childhood can also raise the risk of suicidality in adulthood (41) and can also lower commitment to values. These alternative explanations/hypotheses need to be investigated in future research.” (p8, line30- p9, line9)

Comment 3

a. What does "the past time" mean?

b. The response rate at wave 1 was 31.3%; and at wave 3 there was a response rate of 74.7 among those who had responded at both wave 1 and wave 2. I can find no attrition analysis.

c. The participants' age are reported as 20-50 years, with a mean age of 38.1, but it is not stated explicitly at what time point (Wave 1 or Wave 3).

d. The English language needs careful checking.

Reply

Thank you very much for your comment.

a. The past time means the most recent year. I made the correction throughout the text and tables.
b. We conducted an analysis comparing baseline variables (i.e., sociodemographic, health-related behaviors, and suicidality) between respondents who completed the wave 1 and 3 surveys and those who completed the wave 1 survey but did not the wave 3 survey in the appendix table. We also described the comparison in the Results. (page 6, lines 14-18)

“The respondents who completed the wave 1 and 3 surveys (n=2,787) were significantly more likely to be older, women, married, educated less than university graduates, with greater household income, not smoking, and having less suicide attempt in a life time compared to those who completed the wave 1 survey but did not the wave 3 survey (n=1,570) (Appendix).” (page 6, lines 14-18)

Also, we added a discussion of possible limitations due to this (as well as the low baseline response rate). (page 9, lines 23-29)

“First, the baseline response rate was low and there were some socio-demographic differences between those who responded to the wave 3 survey and those who did not: For instance, participants who were younger, male, not married, working, and with a high household income dropped out at wave 3. The association between personal values and suicidality may be underestimated if those subjects who had specific personal values and high suicidality had less participation in the surveys.” (page 9, lines 23-29)

c. The participants age was measured in the wave 1. We added the information in the text. (p4, line 3-6)

“Suicidality and socio-demographics; age, gender, marital status, education, employment, household income, smoking, drinking alcohol and economic status at age 15 were measured in the wave 1 and personal values in adolescence were measured in the wave 3.” (p4, line 3-6)

d. I sent this revised manuscript to English proofreading again and got certificate.

Reply to reviewer: #2

Thank you very much for your valuable and helpful suggestions. We have revised the manuscript in accordance with your suggestions. Revisions are shown in highlighted text in the revised manuscript. We would be pleased if you could have a look at the revised manuscript and check if we understand your comments correctly.

Comment 1

GENERAL COMMENTS: This is an interesting study founded upon a strong theory. The introduction was clear, and the analysis was appropriate. The topic of suicide, particularly among adolescent populations, is vital for public health. The primary criticism is the retrospective nature of the study. Participants, in middle adulthood, are asked to estimate their personal values as a
15-16 year old adolescent. The authors acknowledge this as a weakness. However, this is more than a weakness as it clouds the entire study. At a minimum, the study, from the introduction forward, should highlight that this is retrospective, and the impact on public health is limited.

REQUESTED REVISIONS:

The entire study should be re-written and framed as a retrospective study of adults' perceptions of adolescent values on adult suicide.

Reply

Thank you very much for your comment. We totally agree that it is impossible to infer the causality from the present retrospective study. We carefully review the whole manuscript and made necessary changes, emphasizing that this study was a very preliminary retrospective study and the interpretation of the findings should be careful. (p3, line14-18; p7, line25-27; p10, line6-10)

“An important objective of this study was to establish whether there is any association between personal values in adolescence and adult suicidality (suicidal ideation, suicidal planning and suicide attempt). This assessment was conducted retrospectively by analyzing existing data collected from a large community sample in Japan.” (p3, line14-18)

“The findings suggest that there is an association between personal value types and commitment and suicidal ideation, although the causality or direction of the association, if any, is still unknown.” (p7, line25-27)

“This retrospective study indicated a possible association between the personal value on cherishing family and friends and commitment to values during adolescence, on the one hand, and lifetime and one-year suicidal ideation, on the other hand. Investigating the association between personal values and suicidality may be a promising new approach to understanding and preventing suicide.”

(p10, line6-10)