

Emotion dysregulation in schizophrenia: Reduced amplification of emotional expression is associated with emotional blunting

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Abstract

A prominent emotional disturbance in schizophrenia is clinically evident in blunted affect, often observed as reduced emotional expressivity alongside the individual's report of normal or heightened emotional experience. It has been suggested that this disjunction between the experience and expression of emotion may reflect problems with the regulation of emotional expression. The present study thus set out to examine the capacity to engage in particular emotion regulatory strategies, and specifically, the ability to amplify the emotional expression of an experienced emotion ('amplification') or suppress the emotional expression of an experienced emotion ('suppression') whilst watching film clips selected to elicit amusement. Twenty nine participants with schizophrenia and 30 demographically matched non-clinical controls were asked to watch three different amusing film clips, whilst engaging in different regulatory strategies. The results indicate that participants with schizophrenia have difficulties with the amplification (but not suppression) of emotion expressive behavior. These difficulties are significantly correlated with total negative symptoms experienced, particularly emotional blunting.

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1. Introduction

Abnormalities in the experience, expression, and recognition of affect are well documented in schizophrenia (Aleman and Kahn, 2005; Ellgring and Smith, 1998), and substantially reduce the potential for effective vocational and interpersonal functioning (Aghevli et al., 2003). The most prominent of these emotional abnormal-

ities is evident clinically as blunted affect, characterized by markedly reduced emotional expressivity, alongside apparently normal emotional experiences (Berenbaum and Oltmanns, 1992; Kirkpatrick and Fischer, 2006). Blunted affect is observed from the earliest stages of illness, and often continues in chronic stages following the amelioration of active psychotic symptoms with psychopharmacological treatment (Gur et al., 2006). Blunted affect in schizophrenia has been particularly linked to social behavioral abnormalities, and predicts poor outcome (Dworkin et al., 1998).

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It has recently been proposed that the disjunction between experience and expression of affect that characterizes blunted affect may be attributable to emotion dysregulation. In a prominent theoretical account of emotion regulation Gross (2001, 2007) argues that response-focused emotion regulatory strategies occur after the emotion response has been triggered, and require management of the ongoing emotional experience, expression and physiological responses. Typical examples include *suppression* (the conscious inhibition of ongoing emotion-expressive behavior) and *amplification*, (the behavioral augmentation of an already initiated emotion; see Denmaree et al., 2004; Gross, 2001). One hypothesis is that blunted affect may reflect abnormal suppression of emotional responses that otherwise cause excessive load upon an overly sensitive physiological system (Ellgring and Smith, 1998). However, Kring and Werner (2004) argue that suppression of expressive behavior is usually associated with increased autonomic nervous system activity. Although patients with schizophrenia have demonstrated greater skin conductance reactivity to emotional films, despite being less facially expressive and experiencing comparable levels of emotion relative to healthy controls, increased physiological activity is also observed in response to *neutral* films (Kring and Neale, 1996). This pattern of findings is therefore inconsistent with the argument that over-use of suppression may be responsible for the disjunction between affective experience and behavior. Kring and Werner (2004) have suggested instead that the discrepancy may be attributable to impaired up-regulation of emotional expression.

The present study will be the first to directly investigate whether individuals with schizophrenia are impaired in their capacity to suppress (down-regulate) or amplify (up-regulate) expressive emotional behavior. Whilst the modulation of both positive and negative emotion expression behavior is clearly of enormous adaptive significance (Gross and Levenson, 1997), given that anhedonia (the decreased capacity to experience pleasure, in both physical and social–interpersonal domains) is regarded as a core feature of schizophrenia, the present study focused on capacity to up- and down-regulate positive emotion expressive behavior, and specifically, amusement. It is predicted that whilst the ability to down-regulate (suppress) emotional reactions to positive emotional events will be spared in schizophrenia, the ability to up-regulate (amplify) emotional experience will be disrupted. It is further predicted that difficulties with amplification will be related to emotional blunting.

2. Method

All procedures were approved by the Human Research Ethics Committee of the South Eastern Sydney Area Health Service.

2.1. Participants

Twenty nine participants were recruited from outpatient and rehabilitation clinics in Sydney. Diagnoses of schizophrenia ($n=23$) or schizoaffective disorder ($n=6$) were made by treating psychiatrists according to the *Diagnostic and Statistical Manual of Mental Disorders IV* (American Psychiatric Association, 2004). Volunteers were self-referred via waiting room advertisements or by their health care providers. All participants were aged over 18, medicated, and in a stable phase of illness. Thirty age-, education-, gender-matched controls were recruited via advertisements placed in local newspapers. Exclusion criteria for all participants were neurological disorder, severe alcohol/drug abuse and inability to communicate adequately.

2.2. Baseline assessment

Wechsler's *Abbreviated Scale of Intelligence* (WASI; Wechsler, 1999) was used to provide a brief index of current intelligence and includes four subtests (Vocabulary, Block Design, Similarities, and Matrix Reasoning). The age-standardized scores based on performance on these sub-scales were calculated to provide an estimate of current intelligence. The *Scale for the Assessment of Negative Symptoms* (SANS; Andreasen, 1983) and the *Scale for the Assessment of Positive Symptoms* (SAPS; Andreasen, 1984) were used to assess current positive and negative symptoms in the clinical group.

2.3. Emotion regulation manipulation

Four amusement film clips were selected from pilot work involving 14 film clips selected from comedy shows and movies. This piloting involved asking 28 adults to watch each of the clips and self-rate each for level of disgust, anger, happiness, sadness, amusement, confusion, interest, fear, surprise, anxiety and overall pleasantness. The four film clips selected were found to elicit high, comparable levels of amusement (and the related emotions of happiness and pleasantness), but only minimal elicitation of each of the other emotions. The clips selected involved (i) a television presenter reporting the news, but being forced to say a series of silly things, (ii) a person singing an amusing love song,

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