

Suicide schema in schizophrenia: The effect of emotional reactivity, negative symptoms and schema elaboration

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Abstract

Suicide risk is thought to increase with a greater potential for activation of suicide-related schemas. Suicide schemas are less likely to be activated with reductions of emotional range associated with certain negative symptoms of schizophrenia. The study tested whether suicide risk would increase in patients with recent onset schizophrenia with increased potential for suicide schema activation as indicated by lower levels of specific negative symptoms that reflected emotional reactivity, namely emotional withdrawal and blunted affect. A logistic regression analysis of baseline data of 278 recent onset schizophrenic patients with a measure of suicide behaviour as the dependent variable and negative symptoms, delusions, hallucinations, depression, gender, episode, ethnicity, education, age, duration of untreated psychosis and substance use as independent variables was carried out. Emotional withdrawal, but not blunted affect was significant and negatively associated, and depression positively associated with suicide behaviour. There was evidence to indicate that restricted emotions are associated with reduced suicide risk as predicted.

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Introduction

Suicide risk in schizophrenia is high; between nearly 5% and 10% of sufferers will eventually kill themselves, often near to illness onset (Caldwell & Gottesman, 1990; Palmer, Pankratz, & Bostwick, 2005). Suicidal ideation and suicide attempts are common with as many as half of all patients with schizophrenia experiencing suicidal ideation at any point in time or having a history of attempts (Fenton, 2000; Fenton, McGlashan, Victor, & Blyler, 1997; Nieto, Vieta, Gasto, Vallejo, & Cirera, 1992; Tarrier, Barrowclough, Andrews, & Gregg, 2004). Suicidal ideation and planning are important steps that lead to an attempt of self-harm that may result in death (Kontaxakis et al., 2004) with previous unsuccessful suicide attempts increasing risk for later successful suicide (Hawton, Sutton, Haw, Sinclair, & Deeks, 2005). Such suicidal behaviour is

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distressing and dysfunctional in itself as well as increasing the risk of successful suicide (Tarrier et al., 2006). It is important to understand the mechanisms underlying suicide risk in schizophrenia so as to develop targeted intervention to reduce risk. Current generic cognitive-behavioural interventions have been shown to successfully reduce psychotic symptoms in schizophrenia (Tarrier & Wykes, 2004) but have been less successful in significantly reducing suicide behaviour (Tarrier et al., 2006).

Understanding suicide risk in schizophrenia may be helped by examination of psychological models developed in other areas and with other disorders such as depression (Bolton, Gooding, Kapur, Barrowclough, & Tarrier, 2007). Williams has attempted to understand suicide through developing the 'Cry of Pain' model based upon cognitive theories of depression (Williams, 1997; Williams, Barnhofer, Crane, & Beck, 2005). This model identifies a number of interacting factors that increase the probability of suicidal ideation and suicide attempts. These factors include perceived burdensome stress, negative information processing biases, perceived defeat and entrapment, feelings of hopelessness and perceived absence of rescue. To focus on negative information processing biases, Williams and co-workers have demonstrated that negative autobiographical memories and potentially associated poor social problem solving skills may be crucial to understanding suicidal thoughts and behaviours.

It is proposed that in vulnerable individuals, suicide risk will increase through the emergence of suicidal ideation, which is part of a feed-forward loop arising from increasingly elaborate 'suicide schema' together with poor access to successful problem solving. The differential activation theory elaborates the role of schema, and suggests that suicide behaviour is triggered by activation of patterns of learned associations of mood, thoughts and bodily sensations with which thoughts and intentions of suicide have become associated as an escape plan (Lau, Segal, & Williams, 2004; Teasdale, 1988; Williams et al., 2005). Repeated activation of suicidal ideation will result in further elaboration and the increasing potential for a wider range of mood states and contexts to activate suicidal schema (Williams et al., 2005). This theory was developed to explain suicidal behaviour in the context of depression and has yet to be systematically applied to other clinical populations in which risk of suicide is high, such as those suffering psychotic disorders.

The general implications are that the more extensive and elaborate the suicidal schema, and the more volatile the moods and cognitions with which it may become associated, then the greater is the risk of suicidal behaviour (Lau et al., 2004). Thus, increased emotional reactivity, range and experience would result in more elaborated suicide schema and increased probability of the schema being activated in vulnerable individuals. The converse also applies which is that the more limited and less elaborated the suicide schema then the less is the risk of suicide because the potential for activation is reduced. Applying this thinking to schizophrenia would predict that factors that limit schema elaboration and flexibility, such as certain types of negative symptoms that reflect restricted emotion, should be associated with lower suicide risk. Specifically, emotional withdrawal and blunted affect would be predicted to limit schema elaboration and be associated with less suicide behaviour. Indirect evidence to support this theory comes from the findings that substance misuse, which might be expected to be associated with a wider range of mood and emotional deregulation, and thus potential for the development of suicide schema, is consistently linked with increased suicide risk (Hawton et al., 2005; Tarrier et al., 2006) but associated with fewer negative symptoms (Potvin, Sepehry, & Stip, 2006). This current study tested the hypothesis that greater suicide risk would be significantly associated with lower levels of emotional withdrawal and blunted affect. This hypothesis was investigated through post hoc analysis of baseline data from people suffering recent onset schizophrenia collected during a clinical trial. For the purposes of this study, it was predicted that specific negative symptoms as measured by the Positive and Negative Syndrome Scale (PANSS; Kay, Opler, & Lindenmayer, 1987) that assessed emotional range and reactivity would be associated with the reduced potential to develop and elaborate suicide schema and thus, in turn, would be associated with less suicide behaviour. Of the seven categories of negative symptoms, blunted affect and emotional withdrawal were predicted to be indicative of a less elaborate and diverse suicide schema, and therefore, to be inversely related to suicidality. Emotional withdrawal is defined as a lack of interest in, involvement with and affective commitment to life events. Blunted affect is defined as diminished emotional responsiveness as characterised by a reduction in facial expression, modulation of feeling and communicative gesture.

The more likely the negative symptom was to reflect restricted emotional capacity then the less likely was the extension and elaboration of a suicide schema. It follows that the less extensive and elaborated is the suicide

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