



ORIGINAL ARTICLE

Early maladaptive schemas and suicidal ideation in depressed patients

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Received 16 January 2017; accepted 18 July 2017

KEYWORDS

Early maladaptive
schemas;
Depression;
Suicidal ideation

Abstract

Background and objectives: Suicidal ideation is a key risk factor for suicidal behaviour among depressed individuals. To explore underlying cognitive patterns associated with suicidal ideation, the present study compared early maladaptive schemas (EMSs) among psychiatric outpatients in treatment for major depressive disorder with and without current suicidal ideation. **Methods:** The sample consisted of 79 depressed patients who responded to the background questionnaire and completed the Young Schema Questionnaire short form-extended, 21-item Beck Depression Inventory and Beck Hopelessness Scale.

Results: Patients with suicidal ideation were more maladaptive in respect to the majority of EMSs compared to those without. After controlling for the concurrent depressive symptom severity and hopelessness 'Vulnerability to Harm or Illness' EMS, which concerns catastrophising beliefs, remained a predictor for suicidal ideation.

Conclusion: EMSs may contribute to suicidal ideation among depressed individuals regardless of their mood and future orientation. These results offer implications for the assessment and treatment of suicidality.

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<http://dx.doi.org/10.1016/j.ejpsy.2017.07.001>

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Introduction

The association between depression, suicidal behaviours and suicidal ideation has been documented extensively.^{1–3} Over half the patients with major depressive disorder (MDD) have suicidal ideation and suicidal thoughts tend to be persistent.^{3,4} Psychological factors related to suicidal ideation among depressed individuals have received less attention from researchers than nonfatal suicidal attempts or behaviours. Better knowledge of underlying factors in suicidal ideation could aid in suicide prevention, since suicidal ideation often precedes suicidal behaviour among depressed individuals.^{3,5} In particular, the severity of depressive symptoms and hopelessness has been linked with suicidal ideation.^{2,3,6} However, several other factors, such as a history of nonadherence, low levels of social and occupational functioning, low social support and reluctance to admit mental health problems also contribute to suicidal ideation.^{3,6,7}

Exploring underlying cognitive patterns could offer further insight into the relationship between suicidal ideation and depression. Recent studies have associated early maladaptive schemas (EMSs) with both depression^{8–10} and suicidal behaviours in clinical populations.^{11–13} In schema theory¹⁴ EMSs are defined as stable, trait-like self-perpetuating cognitive patterns that influence thinking and behaviour in a dysfunctional way. EMSs are theorised to emerge from unmet basic needs and traumatic experiences during childhood, combined with the individual's emotional temperament; when triggered, schemas dominate thoughts and feelings, leading to negative emotions and dysfunctional thoughts.¹⁴ A total of 18 EMSs have been defined, which are further categorised under five broader schema domains and can be measured using the Young Schema Questionnaire.¹⁴ Brief descriptions of EMS domains are presented in Table 1.

Schemas are thought to represent the deepest level of dysfunctional cognitions.¹⁴ In accordance with the schema theory, EMSs have demonstrated high stability over time in depressed patients also after controlling for severity of depression.^{8,9} The EMSs from the 'Disconnection and Rejection' and 'Impaired Autonomy and Performance' schema domains in particular have been associated with depression.^{8–10} Depression-related EMSs are consistent with the cognitive model of depression, and place beliefs of failure, loss, and worthlessness at the core of depressive symptoms.⁸ Even though studies on clinical populations indicate associations between EMSs and suicidality,^{11,12} research focusing on suicidal ideation and EMSs has been sparse. Previously EMSs have been shown to correlate with suicidal ideation in a sample of chronically traumatised patients.¹³ To the best of our knowledge no study has explored the associations between EMSs and suicidal ideation in depressed patients, or in respect to concurrent depressive symptom severity and hopelessness. Given that both EMSs and suicidal ideation are associated with the severity of depressive symptoms,^{2,6,8,10} we hypothesised that suicidal ideation would be closely connected to depression-related EMSs.

The aim of the present exploratory study was to assess 1) if EMSs among psychiatric outpatients in treatment for MDD differ by presence of current suicidal ideation, 2) if EMSs associated with suicidal ideation are similar to those previously associated with depression, and 3) whether specific

Table 1 Definitions of early maladaptive schema (EMS) domains by Young and colleagues.¹⁴

- 1) *Disconnection and Rejection domain*: Schemas involving expectations that one's needs for security, safety, and stability will not be met. Includes EMSs: Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame and Social Isolation/Alienation
- 2) *Impaired Autonomy and Performance*: Schemas involving expectations that one's ability and capacity to separate, survive, cope independently, or perform successfully will be impaired. Includes EMSs: Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Underdeveloped Self and Failure
- 3) *Impaired Limits*: Schemas involving difficulties in setting internal limits, feeling responsibility, or setting long-term goals. Includes EMSs: Entitlement/Grandiosity and Insufficient Self-control/Self-discipline
- 4) *Other-directedness*: Schemas where others' needs, desires, or responses are respected and taken into account at the expense of one's own needs. Includes EMSs: Subjugation, Self-sacrifice and Approval-seeking/Recognition-seeking
- 5) *Overvigilance and Inhibition*: Schemas where spontaneous feelings and impulses are suppressed and replaced by rigid, internalised rules about performance and behaviour. Includes EMSs: Negativity/Pessimism, Emotional Inhibition, Unrelenting Standards/Hypercriticalness and Punitiveness

EMSs predict suicidal ideation when the effects of severity of depression and hopelessness are taken into account.

Methods

Participants and procedures

The present study was based on data from a naturalistic follow-up study on psychiatric outpatients with MDD (aged 18–65 years) recruited from the Department of Psychiatry at Kuopio University Hospital. At baseline, the diagnosis of MDD was confirmed by trained mental health professionals using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I).¹⁵ Patients suffering from epilepsy, bipolar disorder, psychotic depression or other psychotic disorders and depression related directly to somatic conditions or substance abuse were excluded from the study. Of the initial 100 patients, 79 (58.2% women) participated to the present study phase, i.e., 5–13 months after the baseline assessment (mean 8.40 months, SD 2.30). We observed no differences in gender ($p=0.630$), marital status ($p=0.594$), severity of depression ($p=0.585$) or age at first depressive episode ($p=0.663$) between participants of the present study phase and non-participants. Participants were older than non-participants (mean age 40.53 years, SD 11.73 vs. 34.29 years, SD 12.20, $p=0.034$). At the time of the present study phase, SCID-I was repeated and participants completed the study questionnaire and measurements for EMSs, depression and hopelessness. Out of the 79 patients, 57.7%

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