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Social anxiety disorder in early phase psychosis: the role of shame sensitivity and diagnosis concealment

Max Birchwood

www.youthspace.me

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Mental Health NHS Foundation Trust

Karl Jaspers (1883-1969)

‘Separate affective illness from madness proper’

Affect and psychosis: much more than a co-morbidity

Affective symptoms are ubiquitous in psychosis

One of the dimensions of non-affective psychosis

Dysregulation of affect drives psychosis onset ?

Affect dysregulation and the
ontogeny of psychosis

Israeli Transition Study (n=5200)

13 item False Beliefs and Perceptions scale of the PERI (25%)

No depression

Depressive symptoms

P=0.0026

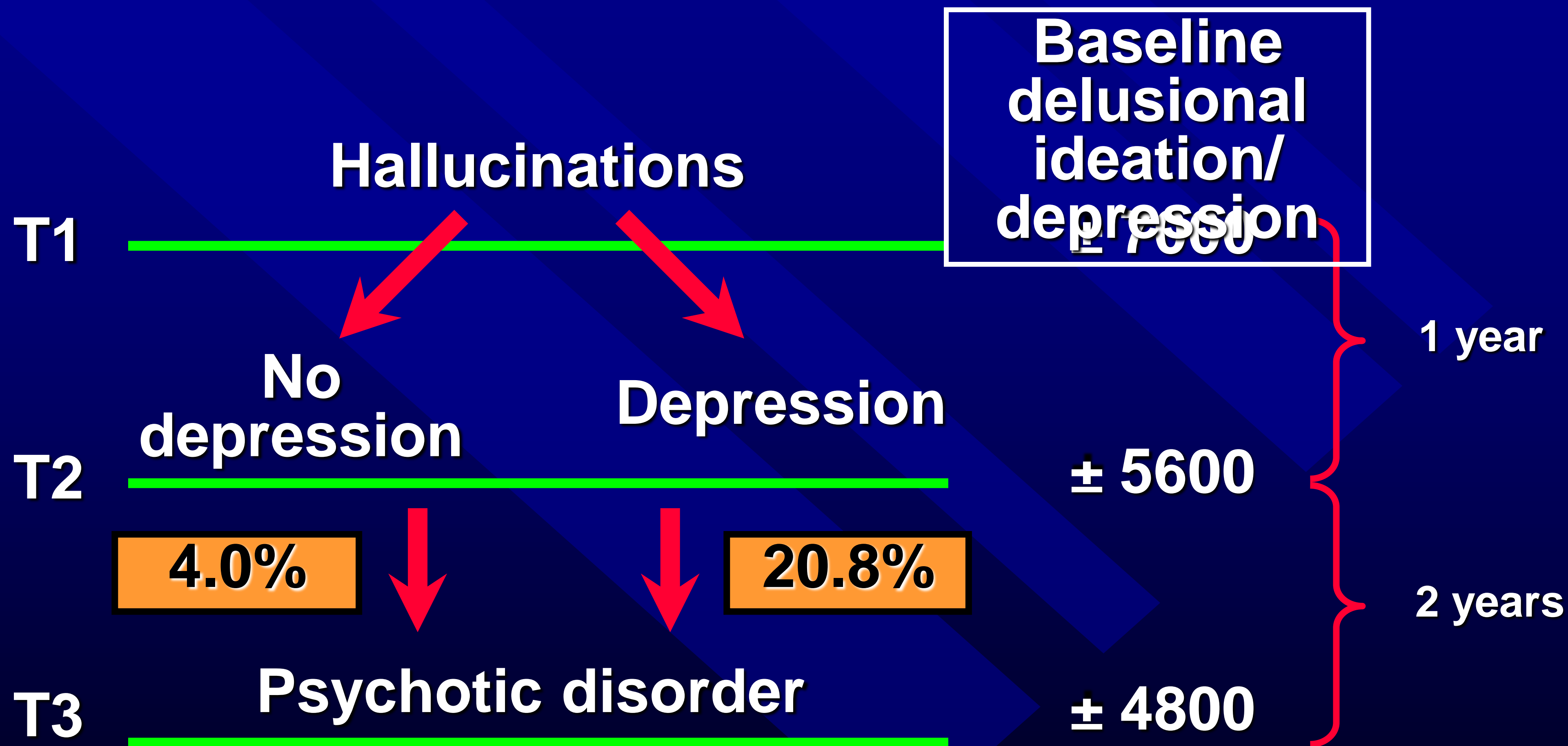
OR=1.4

OR=6.3*

Follow-up National Case Register

Werbeloff, Weiser, et al,

Social Cognition: Emotional Appraisal



NEMESIS : Krabbendam *et al*, *Br J Clin Psychology*, 2003

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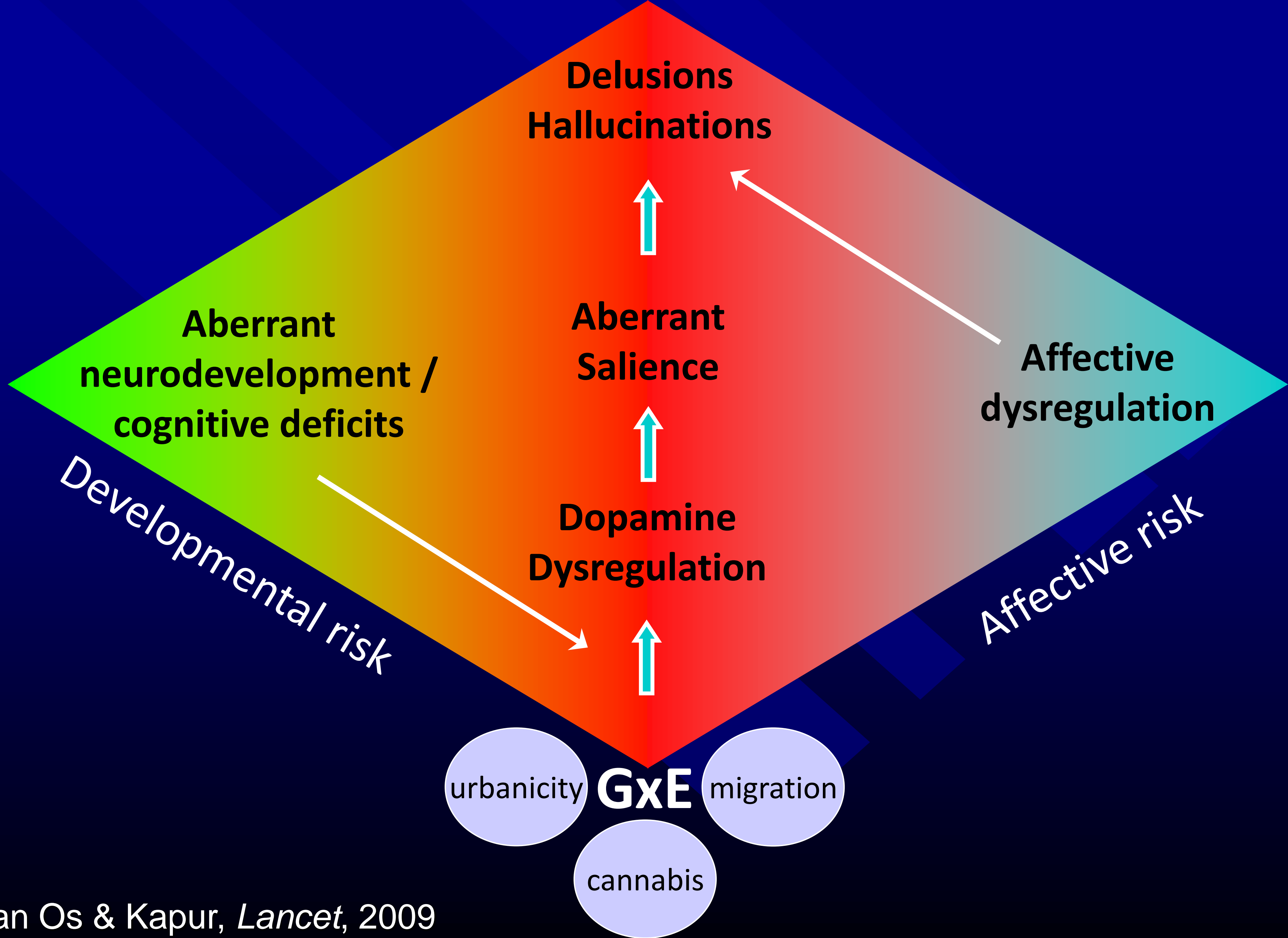
ORIGINAL ARTICLE

Evidence that genes for depression impact on the pathway from trauma to psychotic-like symptoms by occasioning emotional dysregulation

I. M. A. Kramer[1,2*], C. J. P. Simons[1,2], I. Myin-Germeys[2], N. Jacobs[2,3], C. Derom[4], E. Thiery[5], J. van Os[2,6] and M. Wichers[2]



Van Os & Kapur, *Lancet*, 2009

The evolution of depression and suicidality in first episode psychosis

Upthegrove R, Birchwood M, Ross K, Brunett K, McCollum R, Jones L. The evolution of depression and suicidality in first episode psychosis.

Objective: To have a clearer understanding of the ebb and flow of depression and suicidal thinking in the early phase of psychosis, whether these events are predictable and how they relate to the early course of psychotic symptoms.
Method: Ninety-two patients with first episode psychosis (FEP) completed measures of depression, including prodromal depression, self-harm and duration of untreated psychosis. Follow-up took place over 12 months.
Results: Depression occurred in 80% of patients at one or more phases of FEP; a combination of depression and suicidal thinking was present in 63%. Depression in the prodromal phase was the most significant predictor of future depression and acts of self-harm.
Conclusion: Depression early in the emergence of a psychosis is fundamental to the development of future depression and suicidal thinking. Efforts to predict and reduce depression and deliberate self-harm in psychosis may need to target this early phase to reduce later risk.

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Key words: psychosis; depression; suicide

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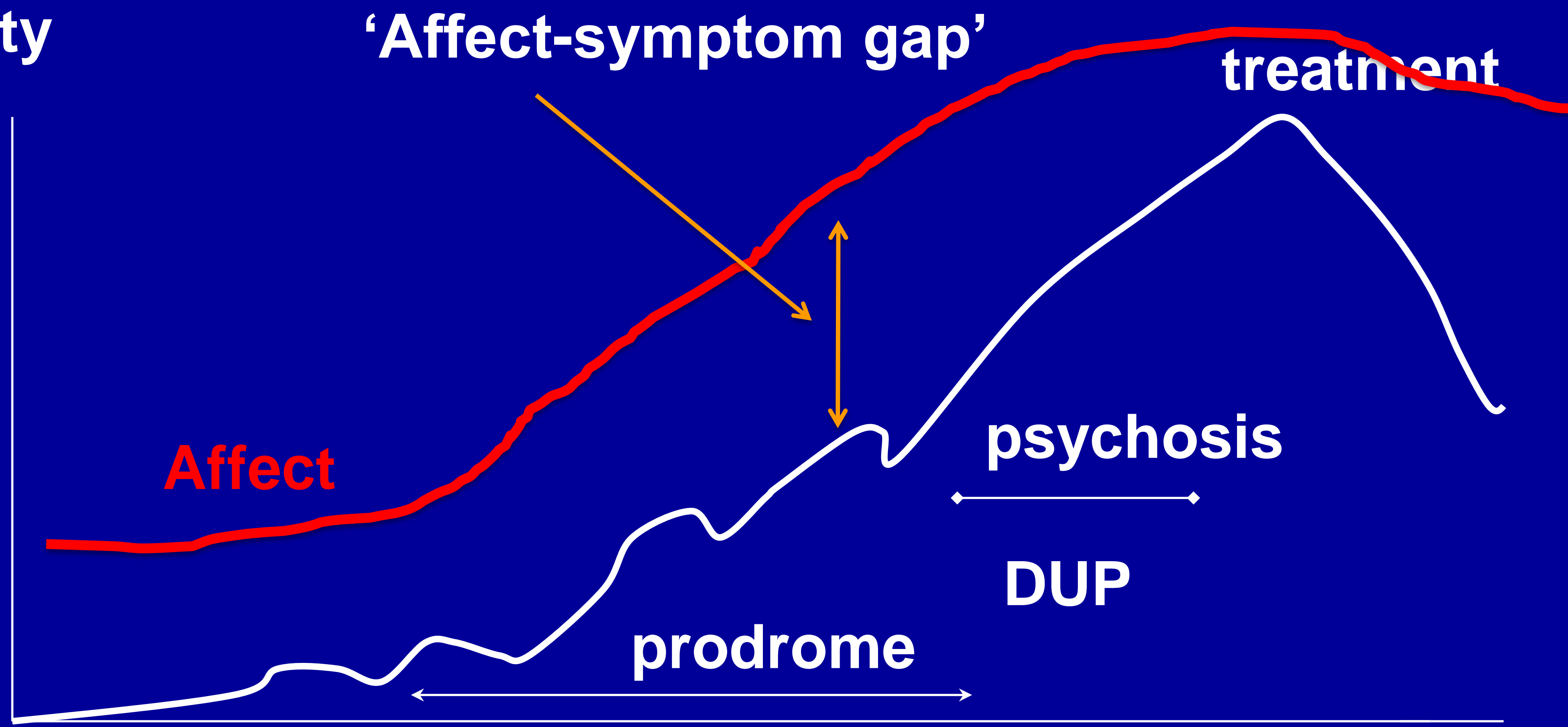
- **Depression in 80% at one or more phases**
- **'Prodromal' (adolescent) depression predicted acute and post psychotic depression**


symptom
severity
'Affect-symptom gap'
treatment
Affect
psychosis
DUP
prodrome
time

Social Anxiety Disorder (SaD)

'Persistent fear of being scrutinized and negatively evaluated during social interaction; linked to cognitions of how anxiety is revealed and interpreted by others' **(Clark & Wells, 1995)**

TONY

Evaluation/performance concerns

Social avoidance

Available online at www.sciencedirect.com
ScienceDirect
Behaviour Research and Therapy ∎ (∎∎∎∎) ∎∎∎–∎∎∎
BEHAVIOUR RESEARCH AND THERAPY
www.elsevier.com/locate/brat

Social anxiety and the shame of psychosis: A study in first episode psychosis

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Social anxiety disorder in first-episode psychosis: incidence, phenomenology and relationship with paranoia

Maria Michail and Max Birchwood

Background
Social anxiety disorder constitutes a significant problem for people with psychosis. It is unclear whether this is a by-product of persecutory thinking.

Aims
To compare the phenomenology of social anxiety disorder in first-episode psychosis with that in a group without psychosis. The relationship between social anxiety and psychosis symptoms was investigated.

Method
A sample of people with first-episode psychosis (FEP group) was compared with a sample with social anxiety disorder without psychosis (SaD group).

Results
Of the individuals in the FEP group ($n = 80$) 25% were diagnosed with an ICD–10 social anxiety disorder (FEP/SaD group); a further 11.6% reported severe difficulties in social encounters. The FEP/SaD and SaD groups reported comparable levels of social anxiety, autonomic symptoms, avoidance and depression. Social anxiety in psychosis was not related to the positive symptoms of the Positive and Negative Syndrome Scale (PANSS) including suspiciousness/persecution. However, a significantly greater percentage of socially anxious *v.* non-socially anxious individuals with psychosis expressed perceived threat from persecutors, although this did not affect the severity of social anxiety within the FEP/SaD group. The majority of those in the FEP/SaD group did not have concurrent persecutory delusions.

Conclusions
Social anxiety is a significant comorbidity in first-episode psychosis. It is not simply an epiphenomenon of psychotic symptoms and clinical paranoia, and it has more than one causal pathway. For a subgroup of socially anxious people with psychosis, anticipated harm is present and the processes that underlie its relationship with social anxiety warrant further investigation.

Declaration of interest
None.

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ORIG

Social anxiety disorder and shame cognitions in psychosis

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Prevalence of SaD in psychosis

	N	Inpatients %	Outpatients %
Cossof & Hafner (1998)	100	17%	
Cassano et al (1999)	77	16.1%	
Goodwin et al (2003)	184	8.2%	
Tibbo et al (2003)	30		23.3%
Pallanti et al (2004)	80		36.3%
Voges & Addington (2005)	60		32%
Birchwood et al (2007)	79		29%

- Accompanied by high level of depression
- Associated with significant social disability
- Lower quality of life
- Contributes to an early relapse

Why is SaD so prevalent in psychosis: phenocopy or the real deal?

Social anxiety as psychosis driven

- By-product of negative/cognitive symptoms e.g. flat affect?
- Origins in developing persecutory thinking?
- Safety behaviour as a coping strategy to deal with (persecutory) threat?

First episode Psychosis
N=80

Social phobia (non-psychotic)
N=31

Healthy controls
N=24

No social Phobia
N=60

Social Phobia
N=20

Michail & Birchwood: BJPsych 2009; Psych. Med 2013

Inclusion criteria

FEP

A. ICD-10 diagnosis of schizophrenia or related (F20-29)
B. no primary diagnosis of organic disorder
C. 16-35yrs

SaD

A. ICD-10 diagnosis of social anxiety disorder (F40.1)
B. No primary diagnosis of organic disorder

Table 1 Demographic characteristics of participants

	FEP ($n = 60$)	FEP/SaD ($n = 20$)	SaD ($n = 31$)	P
Gender, *n*				<0.01
Male	46	7	11	
Female	14	13	20	
Age, years: mean (s.d.)	24.6 (4.5)	24.4 (5.1)	27.6 (5)	<0.05
Ethnic origin, *n*				<0.01
African–Caribbean	9	2	0	
Asian	30	8	1	
British – White	11	7	29	
British – Black	10	2	1	
Other	0	1	0	
Education,[a] *n*				<0.05
Left school	27	5	2	
GSCE	9	5	8	
A levels	17	7	12	
Degree/HND	7	2	9	
Occupation, *n*				<0.05
Employed	10	4	15	
Unemployed	41	12	10	
Student	8	3	4	
Household	1	1	2	
Marital status, *n*				NS
Single	50	17	20	
Cohabiting	3	1	5	
Married	6	1	6	
Separated	1	1	0	

FEP, first-episode psychosis; SaD, social anxiety disorder; HND, higher national diploma; NS, not significant.
a. Total $n = 19$ as information regarding education for one participant was not available.

Measures

	FEP	SaD
PANSS	√	
SCAN (ICD-10 diagnosis F20-29/ F40.1)	√	√
Details of Threat Questionnaire (DoT)	√	
Social Interaction Scale (SIAS) & Social Phobia Scale (SPS)	√	√
Calgary Depression Scale (CDSS)	√	√

SaD in psychosis, the real deal?

	FEP/SaD (n=20)	**SaD** (n=31)	***p* value**
SIAS	47.9	54	ns
SPS	40.7	46.3	ns
FNE	41.1	50.7	< 0.01
CDSS	8.2	7.4	ns
SCAN autonomic symptoms	8.2	9.9	ns

Table 3 Anxiety disorder diagnoses in the first-episode psychosis (FEP) and the social anxiety disorder (SaD) groups

Anxiety disorder	First-episode psychosis group, *n*			Social anxiety disorder group, *n* ($n=31$)
	Without SaD ($n=60$)	With SaD ($n=20$)	Total ($n=80$)	
F.41 Panic disorder	4	4	8	3
F.40.00 Agoraphobia (no panic)	1	2	3	3
F.40.01 Agoraphobia (with panic)	1	–	1	5
F.40.2 Specific phobias	–	1	1	4
Total, *n* (%)	6 (10)	7 (35)	13 (16.2)	15 (48.3)

Are people with psychosis and SaD more psychotic?

	FEP (n=60)	FEP/SaD (n=20)	*p* value
PANSS			
Delusions (P1)	4.7	4.9	ns
Hallucinations (P3)	4.4	4.3	ns
Suspiciousness/ Persecution (P6)	3.7	4.5	ns

Details of Threat Questionnaire (DoT)

"Do you think that anyone is trying to harm you in any way?"

- Power of persecutor
- Delusional conviction
- Delusional distress
- Awfulness of threat
- Controllability

	FEP (n=7)	FEP/SaD (n=9)	*p* value
Power of persecutor	9.3	7.4	ns
Delusional conviction	97.1	90	ns
Delusional distress	9.4	8.1	ns
Awfulness of threat	9.3	9.1	ns
Controllability	2.4	3.4	ns

So, social anxiety disorder in FEP is the real deal and not a by product of paranoia

Social anxiety in psychosis shares similar developmental roots and risk factors as SaD?

Origins of social anxiety: shame proneness?

- Social anxiety can arise from any qualities perceived as socially unattractive e.g. HIV/AIDS (Gilbert & Trower, 2001), eating disorders (Gilbert & Meyer, 2003) and abortion

- Schizophrenia is a highly stigmatized condition (Haghighat, 2001) and perceived as a shameful quality posing a threat to individual's self-esteem and social status (Birchwood et al, 1993;2000)

- Shame arising from such a stigmatized illness, fear of discovery and efforts to conceal it contaminate social interaction leading to avoidance, withdrawal and isolation

Social anxiety and shame cognitions in FEP

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Social anxiety disorder and shame cognitions in psychosis

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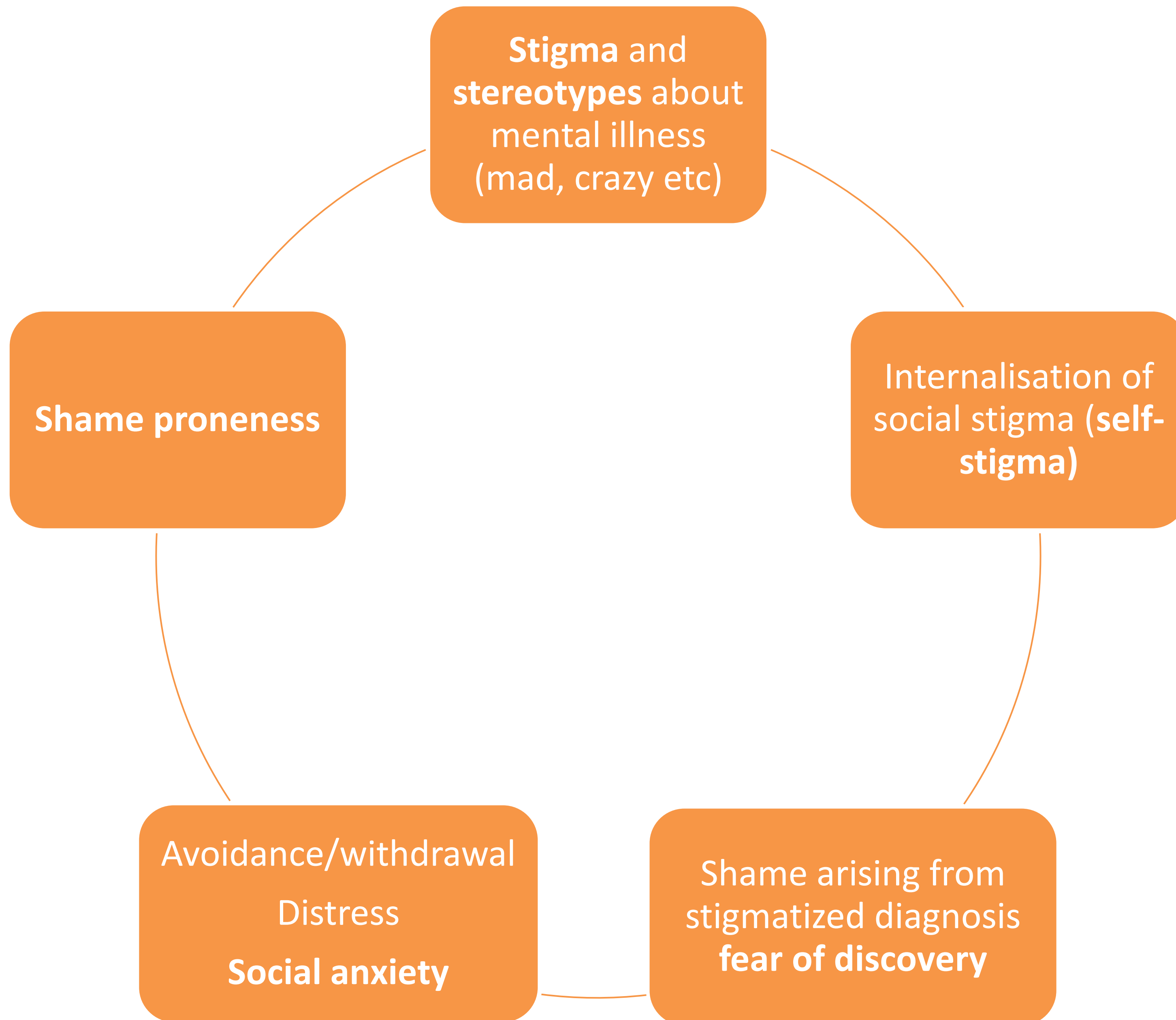
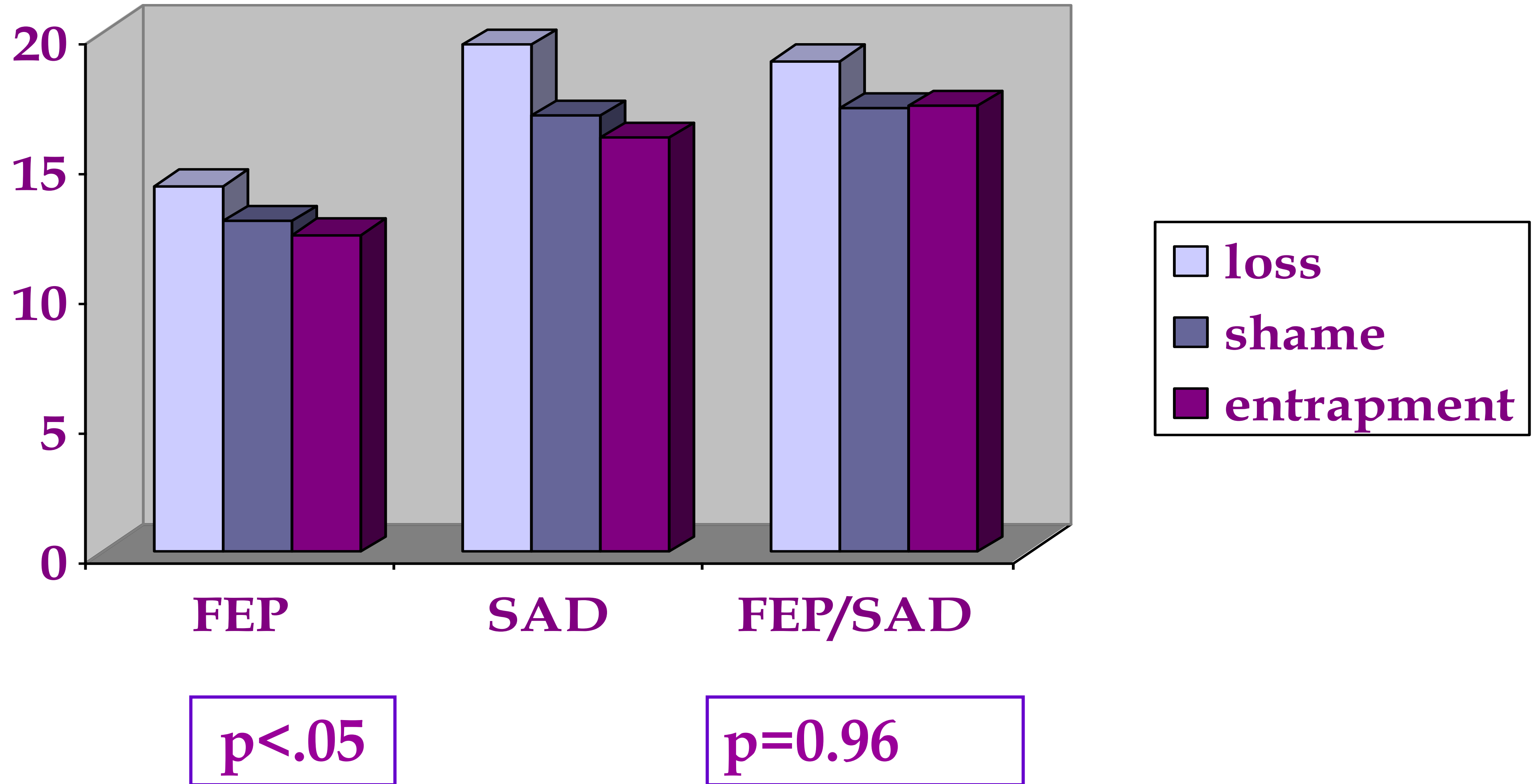
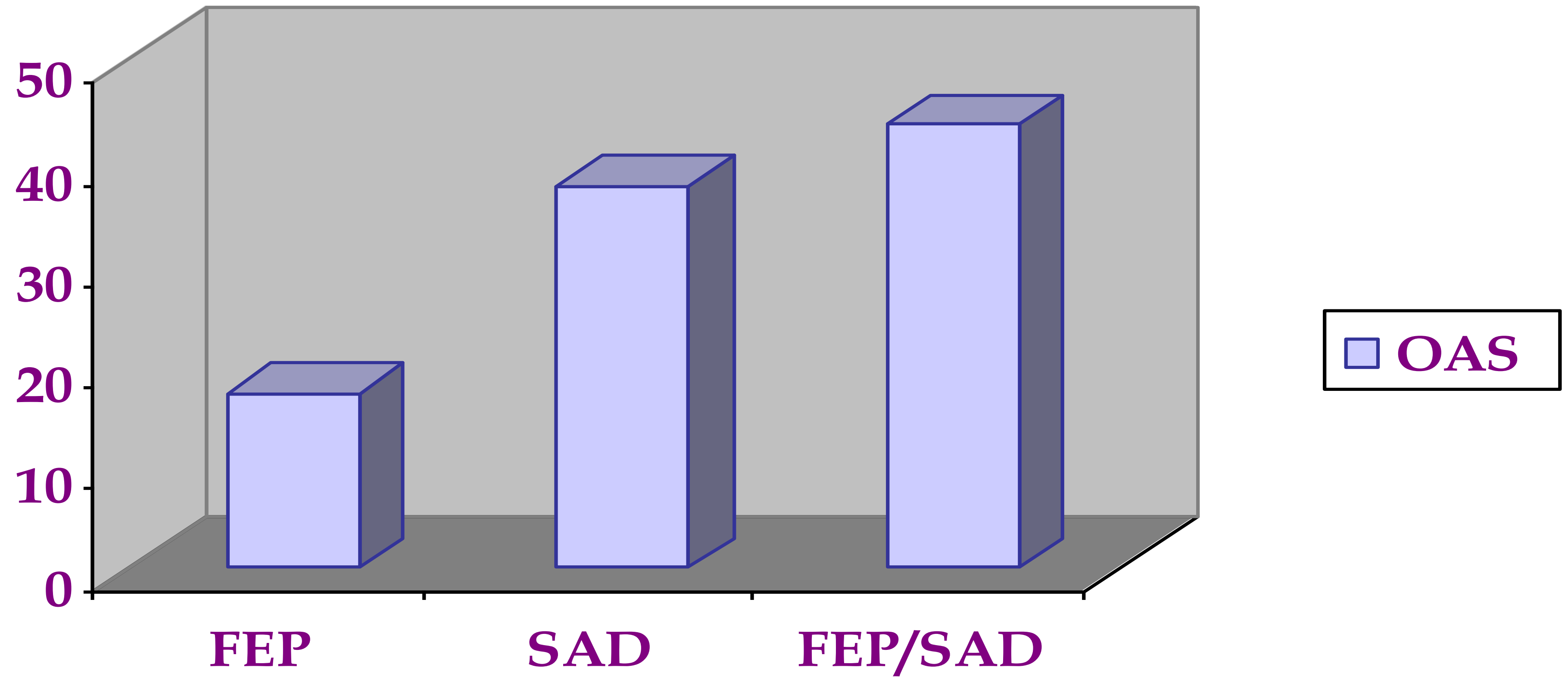


Stigma and **stereotypes** about mental illness (mad, crazy etc)
Internalisation of social stigma (**self-stigma)**
Shame arising from stigmatized diagnosis
fear of discovery
Avoidance/withdrawal
Distress
Social anxiety
Shame proneness


Shame of mental illness
20
15
10
5
0
FEP
SAD
FEP/SAD
loss
shame
entrapment
p<.05
p=0.96

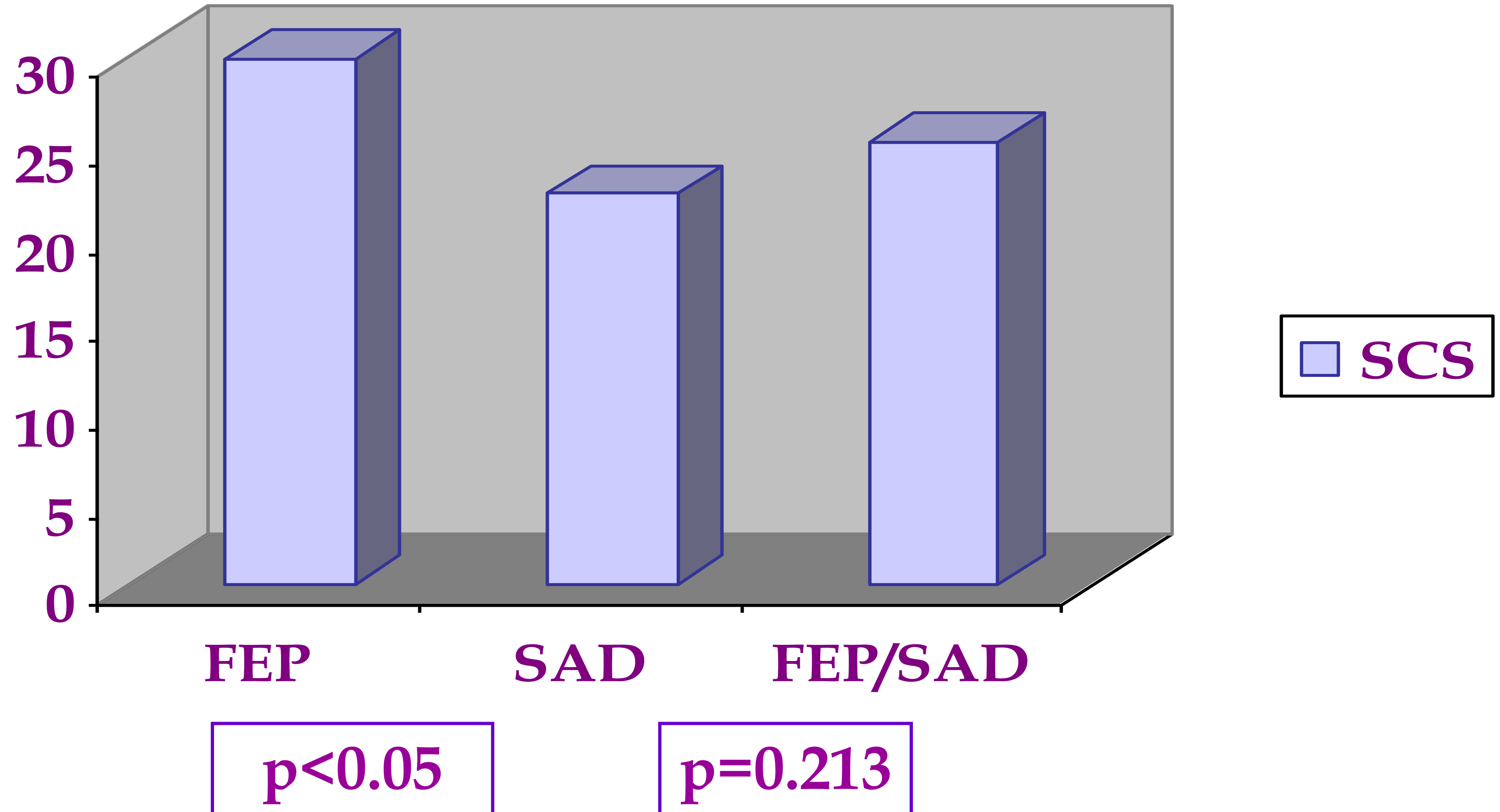
Shame proneness



p<0.001

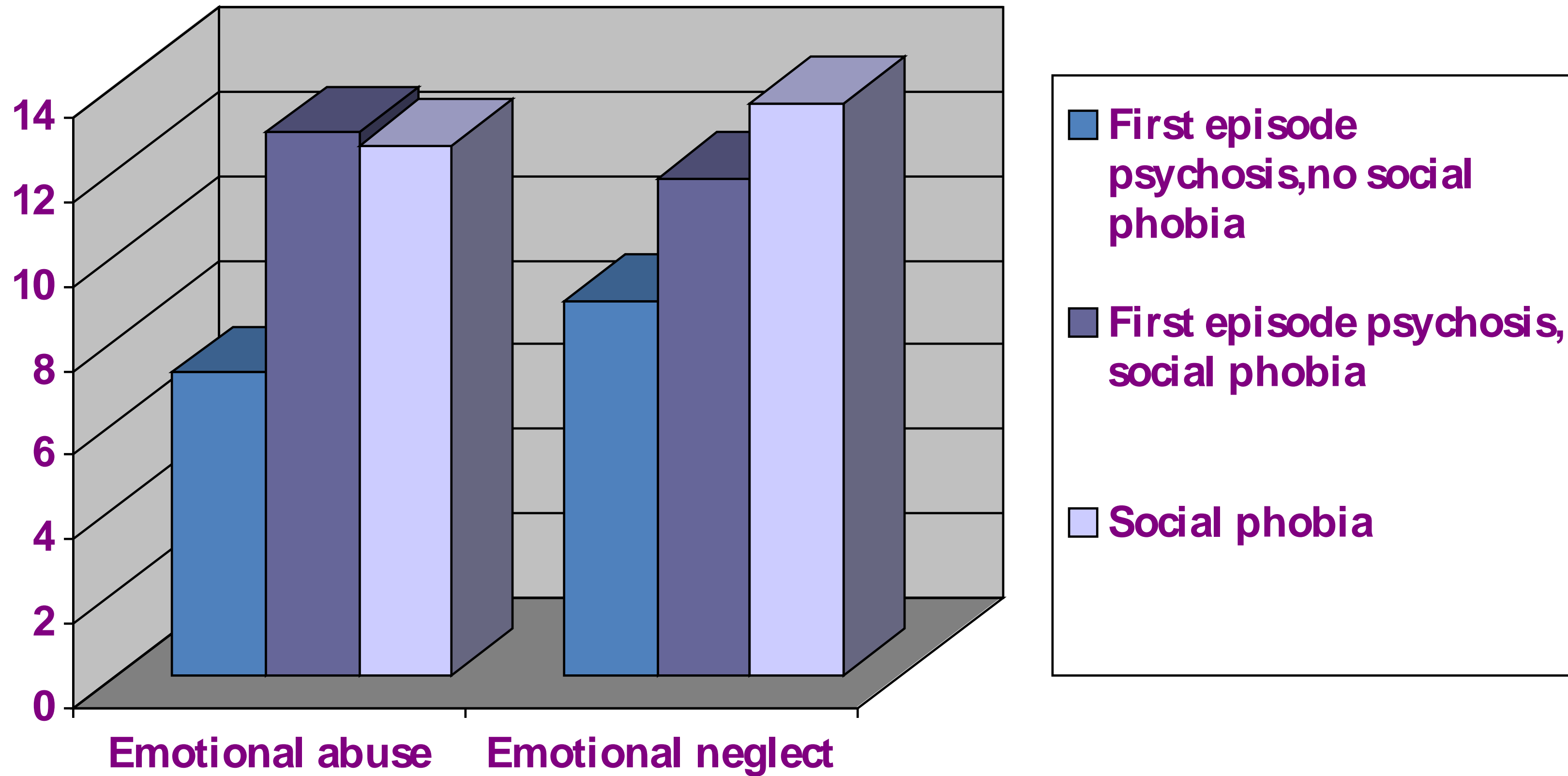
p=0.372

Perceived Social Status

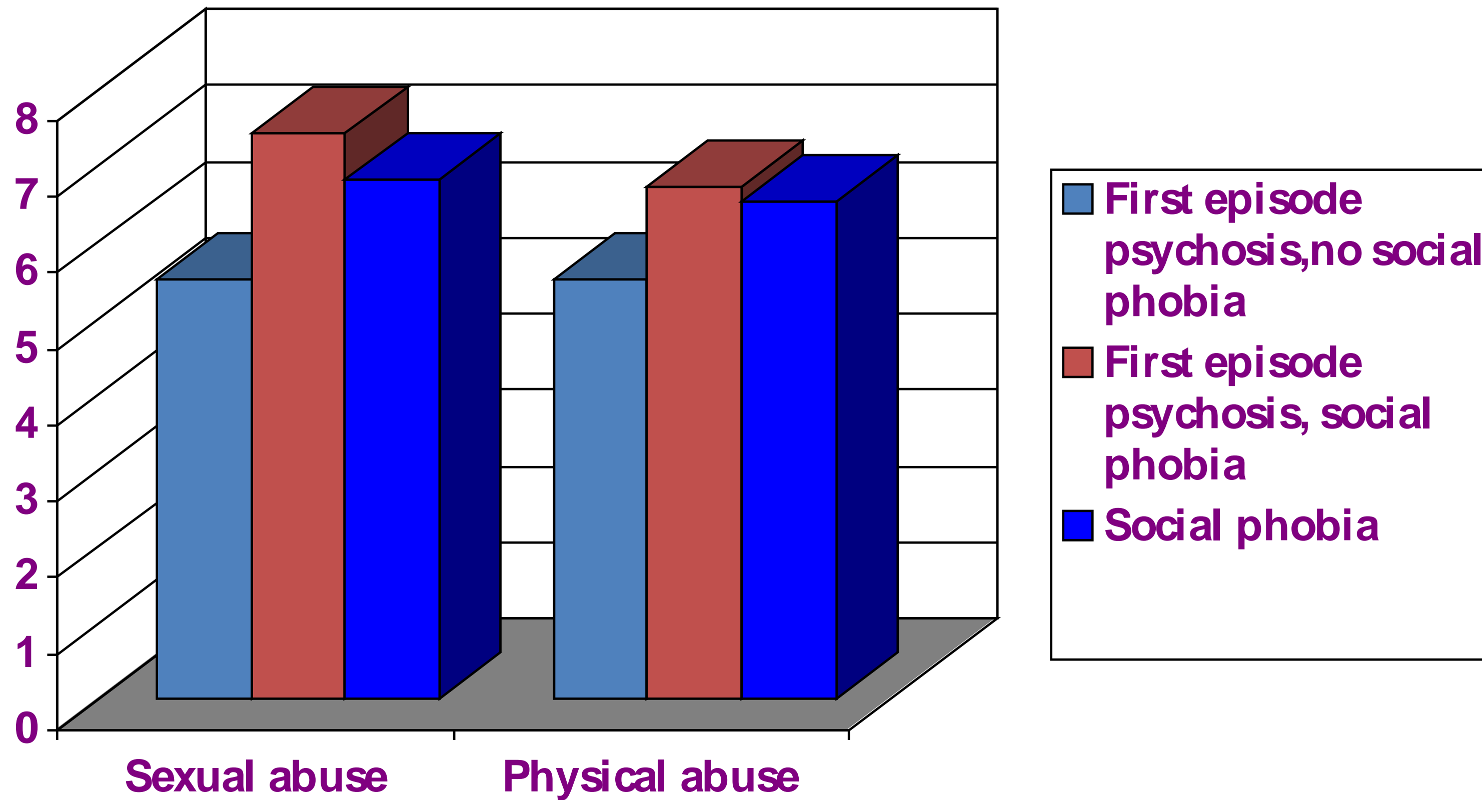


Shared Developmental Vulnerability

1. Childhood emotional abuse and neglect



2. Childhood sexual and physical abuse



Pathways to emotional dysfunction

1. ..essential to psychosis diathesis
2. ..arising from shared social risk factors
3. ..as a psychological reaction to psychosis/symptoms

Source: Birchwood,M (2003) Editorial. Pathways to emotional dysfunction in first episode psychosis *British Journal of Psychiatry 182,373-5*

Thank you

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A stigma based model of social anxiety in psychosis (Birchwood et al , 2007)