

Early maladaptive schemas and suicidal risk in a group of colombian university students, 2023

Esquemas Maladaptativos Tempranos y Suicidio en un Grupo de Estudiantes Universitarios Colombianos, 2023

Esquemas mal adaptativos precoces e risco suicida num grupo de estudantes universitários colombianos, 2023

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Abstract

Introduction: The phenomenon of suicide among young populations has gained increasing relevance due to its rising incidence, particularly in university contexts where multiple risk factors converge. **Objective:** To analyze the relationship between Early Maladaptive Schemas (EMS) and suicide risk in a sample of students from various fields of knowledge at private universities in Colombia. **Methodology:** A quantitative study was conducted, with a correlational scope and a cross-sectional design. The YSQ-L2 and the Plutchik Suicide Risk Scale were administered to a non-probabilistic sample of $N = 318$ participants. **Results:** The findings revealed a significant correlation between several EMS and suicide risk, with the schemas of abandonment, insufficient self-control/self-discipline, and unrelenting standards I being the most prevalent. **Conclusions:** Early identification of these schemas may enable the design of preventive strategies within the university setting, contributing to the promotion of psychological well-being and the prevention of youth suicide.

Keywords: Early Maladaptive Schemas; Mental Health; Prevention; Suicide; University.

Resumen

Introducción: El fenómeno del suicidio en población juvenil ha cobrado relevancia por su creciente incidencia, especialmente en contextos universitarios donde convergen múltiples factores de riesgo. **Objetivo:** Analizar la relación entre los EMT y el riesgo suicida en una muestra de estudiantes de varias áreas del conocimiento de universidades privadas en Colombia. **Metodología:** Para ello, se realizó una investigación cuantitativa, de alcance correlacional y diseño transversal. Se aplicaron los instrumentos YSQ-L2 y la Escala Plutchik Suicida a una muestra no probabilística $N=318$. **Resultados:** Los resultados revelaron una correlación significativa entre varios EMT y el riesgo suicida, siendo los esquemas de abandono, Insuficiente Autocontrol / Autodisciplina y Estándares Inflexibles I, los más prevalentes. Se concluye que la identificación temprana de estos esquemas podría permitir el diseño de estrategias preventivas en el ámbito universitario, contribuyendo a la promoción del bienestar psicológico y la prevención del suicidio juvenil.

Palabras Claves: Esquemas maladaptativos tempranos; Salud mental; Prevención; Suicidio; Estudiantes universitarios.

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Resumo

Introdução: O fenômeno do suicídio na população jovem tem adquirido relevância devido ao seu crescente índice de incidência, especialmente em contextos universitários, nos quais convergem múltiplos fatores de risco. **Objetivo:** Analisar a relação entre os Esquemas Maladaptativos Precoces (EMP) e o risco suicida em uma amostra de estudantes de diferentes áreas do conhecimento de universidades privadas da Colômbia. **Metodologia:** Trata-se de uma pesquisa quantitativa, de alcance correlacional e delineamento transversal. Foram aplicados os instrumentos YSQ-L2 e a Escala de Risco Suicida de Plutchik a uma amostra não probabilística de $N = 318$ participantes. **Resultados:** Os resultados evidenciaram uma correlação significativa entre diversos EMP e o risco suicida, sendo os esquemas de abandono, autocontrole/autodisciplina insuficientes e padrões inflexíveis I os mais prevalentes. **Conclusões:** Conclui-se que a identificação precoce desses esquemas pode possibilitar o desenvolvimento de estratégias preventivas no âmbito universitário, contribuindo para a promoção do bem-estar psicológico e para a prevenção do suicídio juvenil.

Palavras-chave: Esquemas maladaptativos precoces; Risco suicida; Estudantes universitários; Saúde mental; Juventude.



1. INTRODUCTION

Suicidal behavior constitutes a complex public health challenge involving psychological, social, biological, and environmental factors. This phenomenon comprises a continuum of recurrent thoughts about death to the formulation of a suicide plan and previous attempts. These elements are closely linked and demand a comprehensive approach to prevention and treatment (OMS, 2025). Globally, suicide remains one of the leading causes of death in people between 15 and 35 years of age, surpassing traffic accidents and HIV (OMS, 2025). Each year, approximately 800,000 people die by suicide, with rates being particularly high among men (Organización Panamericana de la Salud & Organización Mundial de la Salud, 2014). In Latin America, the rate is 7.3 per 100,000 inhabitants, and in Colombia, 8.7, with a concerning increase in the young population (OPS, 2019; Ministerio de Salud y Protección Social de Colombia, 2021; National Institute of Health [NIH], 2022).

In the university context, factors such as academic stress and social pressure increase vulnerability to mental disorders such as depression and anxiety, which intensify suicidal risk in young people (Tabares & Peralta, 2021). Traditional psychosocial stressors play a role, and recent research also emphasizes the importance of early parenting experiences: studies such as those by Norhayati et al. (2015) and Carr & Francis (2010), suggest that Early Maladaptive Schemas (EMS), formed in childhood, meaningfully influence suicide risk, by affecting self-esteem and the way people accomplish stress and interpersonal relationships. Considering the aforementioned, examining the relationship between EMS and suicidal risk in university students is essential for designing early intervention strategies that foster healthy psychological development. This can improve the quality of life for future generations, fostering positive personal and emotional development from childhood to adulthood.

Taking these points into account, and despite the growing evidence linking Early Maladaptive Schemas (EMS) with suicide risk, research in this field, particularly within the university population endures limited. While significant progress has been made with the purpose of understanding immediate psychosocial risk factors, there remains a gap in knowledge regarding how childhood experiences shape vulnerability to suicide in university students. This lack of research is particularly concerning given that university students, typically between 16 and 30 years of age, are in a critical developmental stage characterized by profound transitions, multiple challenges and heightened vulnerability (Castillo-Díaz et al., 2022). By addressing the relationship between EMS and suicide risk in this specific group, it becomes possible to identify early risk factors and design more effective preventive interventions, thereby contributing to alleviating the global burden of suicide.

2. THEORETICAL FRAMEWORK

Early Maladaptive Schemas (EMS) proposed by Jeffrey Young refer to dysfunctional patterns of thinking and core beliefs that originate in childhood, often as a result of traumatic experiences or negative influences. Although Unger (1994) originally identified 16 EMS, the short version of the YSQ validated in Colombia by Castrillón et al. (2010) includes the following domains: Abandonment, involving fear of losing emotional support; Insufficient Self-Control/Self-Discipline, characterized by difficulties in setting limits and tolerating frustration; Emotional Deprivation, marked by a persistent unmet emotional needs; Distrust/Abuse, reflecting expectations of harm or exploitation; and Vulnerability to Harm and illness, defined by exaggerated fears of catastrophes or disease. Furthermore, Self-Sacrifice leads individuals to prioritize



the others' needs over their own; Unrelenting Standards I and II involve rigid perfectionistic demands either toward oneself or toward others; Emotional Inhibition involves suppressing emotions to avoid conflict; Entitlement/Grandiosity manifests as attitudes of superiority; and Enmeshment/Entrapment captures the sense of being trapped in unwanted or overly dependent relationships and situations.

These early-origin schemas influence behavioral patterns and relationships, ultimately affecting mental health in adulthood by shaping self-perception and interpersonal functioning. In the university context, where young people face academic and social pressures, such schemas can heighten vulnerability to mental health problems and, in severe cases, increase the risk of suicide (Young et al., 2006). The assessment of Early Maladaptive Schemas (EMS) is commonly conducted with instruments such as the Young Schema Questionnaire (YSQ) (Castrillón et al., 2010). Identifying these schemas is essential for designing interventions aimed at mitigating their negative effects. Within university populations, understanding these schemas is particularly relevant, since studies such as Zabolipour and Sabouripour (2019) have shown that EMS negatively impact mental health, highlighting their critical role in preventing phenomena such as suicide risk which makes their study indispensable.

Regarding suicide, diverse theoretical perspectives conceptualize it as an expression of deficiencies in the social fabric, associated with the individual's perception of the affection received and the value ascribed within their relational environment, which in turn interacts with personal response mechanisms and coping styles (Durkheim, 1897; Joiner, 2005). Moreover, suicide is recognized as a major public health concern, particularly among young people. WHO (2025) defines it as the intentional act of taking one's own life and addresses it through a comprehensive prevention framework, emphasizing the importance of identifying risk factors and implementing early interventions. Suicidal behavior encompasses four key dimensions: suicidal ideation, which refers to persistent thoughts about ending one's life; the desire for death, which reflects a motivation and interest in carrying it out; the suicidal plan, which indicates that the individual has already formulated a specific strategy; and the suicide attempt, which involves the unsuccessful execution of such a plan (Posner et al., 2011).

It is important to clarify that, for the purposes of this study, the history of suicide risk is assessed through the sociodemographic survey with targeted questions, while current suicide risk is evaluated using the Plutchik Suicide Risk Scale. It should also be noted that these conditions may occur independently: the presence of a history does not necessarily imply an active risk, nor vice versa (Posner et al., 2011; Suárez-Colorado et al., 2019).

The phenomenon of suicidal behavior has become increasingly relevant in the university context, as research has identified several risk factors associated with suicide, including mental disorders, family history, academic stress, and family dysfunction. Beyond these factors, it is essential to understand these phenomena as precipitating factors and to emphasize in Early Maladaptive Schemas' (EMS) role in underlying vulnerability (Contreras & Ortiz, 2020; Gómez-Tabares et al., 2019). International studies, such as that of Cáceres Ruiz & Ponce Delgado (2023) in Ecuador, have shown that structural aspects of personality, for instance emotional dependence, increase suicide risk in university students. Similarly, in Colombia, research by Gómez-Restrepo et al. (2021) and Velásquez Mazo (2023) has demonstrated that EMS are correlated with anxiety, depression, and handling strategies in students. Therefore, understanding the impact of EMS on the mental health of university students is essential for developing early interventions to prevent suicide, thereby improving quality of life and fostering healthy emotional development.

3. METHODOLOGY

- **Objective And Study Design:** The objective of this study was to determine the association between suicide risk and Early Maladaptive Schemas (EMS) in a group of Colombian university students under the age of 31 during 2023. A cross-sectional, non-experimental, retrospective, analytical, and correlational design was employed, which allowed for the assessment of the relationship among these variables at a specific point in time without experimental intervention (Hernández Sampieri, 2014).
- **Participants And Sampling:** A non-probabilistic convenience sample was used, consisting of Colombian university students who met the established inclusion criteria. Participants were young adults from various disciplines and regions of the country, aged between 18 and 30 years ($M = 21$), with the majority falling within the 18–25 age group. Women comprised most of the sample (73.6%, $n = 234$), compared to men (26.4%, $n = 84$). Most participants were recruited from Antioquia (84.0%), followed by Risaralda (8.2%), Tolima (4.1%), and Valle del Cauca (1.3%), with lower representation from other departments.
- **Instruments:** Various instruments were administered, accompanied by a sociodemographic survey with specific questions of interest. The quality of the instruments and their administration was ensured according to established standards. The instruments applied are presented below.
 - a. The Young Schema Questionnaire (YSQ-L2) is a validated instrument in Colombia for assessing Early Maladaptive Schemas (EMS) (Castrillón et al., 2010). Originally developed by Young and Brown (1990), the Colombian version was adapted by researchers from the Catholic University of Colombia, the University of Antioquia, and the University of San Buenaventura in Medellín. It is a self-administered questionnaire consisting of 40 Likert-scale items, organized into 11 subscales. The instrument has demonstrated high internal consistency and validity, making it a valuable tool for recognizing cognitive and behavioral patterns associated with EMS.
 - b. Plutchik Suicide Risk Scale: This instrument is employed to assess the probability that an individual may attempt suicide. It consists of 15 dichotomous items (“yes” or “no”). The scale has demonstrated to be reliable and accurate in identifying individuals at risk of suicide across different populations, including the Colombian context (Plutchik et al., 1989; Suárez-Colorado et al., 2019).
 - c. Sociodemographic Survey: A sociodemographic survey was administered, which included specific questions regarding suicidal ideation, desire for death, and the presence of a suicide plan. These variables were examined considering the timeframe of their occurrence: within the past month, within the past year, or two or more years ago.
- **Design:** This study was conducted under a quantitative approach, with a cross-sectional design and correlational scope (Hernández et al., 2014). A Google Forms questionnaire was administered, which included the Young Schema Questionnaire – Long Form 2 (YSQ-L2) (Castrillón et al., 2010) to assess Early Maladaptive Schemas (EMS), the Plutchik Scale (Plutchik et al., 1989) to measure suicide risk, and a sociodemographic survey with relevant variables.
- **Ethical Considerations:** The study complied with ethical principles, ensuring beneficence, non-maleficence, privacy, and voluntary participation of the students (American Psychological Association



[APA], 2017). The research was classified as low risk, which was explained to participants prior to the administration of the instruments, allowing them to decide freely whether to participate.

- **Data Analysis:** Along with frequency analysis and chi-square tests, non-parametric statistics were used, since the Kolmogorov-Smirnov normality tests showed a lack of normal distribution ($p < .05$). To examine the relationship between EMS and suicide risk, hypothesis testing and Spearman's correlation coefficients (Rho) were performed, with a significance level of $p < .05$. Data processing was carried out using SPSS (v.30) and Jamovi (v.2.6.13).

4. RESULTS

This section details the analyses undertaken to address the main objective of the study, which was to determine the association between suicide risk and Early Maladaptive Schemas (EMS) in a sample of Colombian university students under 31 years of age, during 2023. The analyses include: (a) description of participants by area of knowledge and sex; (b) the relationship between EMS and sex, assessed through comparisons of central tendency measures via t-tests; and (c) exploration of the association between suicide risk and EMS. These analyses provide a deeper understanding of the factors associated with suicide risk in this population.

Table 1.
Distribution of EMTs by sex.

EMT	Sex	OR	Mdn	<i>r</i> Biseriate
1. Abandonment	Women	7864*	12	.1999
	Man		10	
2. Insufficient Self-Control/Self-Discipline	Women	9367	15.5	.0469
	Man		15	
3. Distrust/Abuse	Women	9448	14	.0387
	Man		13	
4. Emotional deprivation	Women	9519	8	.0315
	Man		7.5	
5. Vulnerability to damage and disease	Women	9207	9	.0632
	Man		9	
6. Self-sacrifice	Women	9149	15	.0691
	Man		13.5	
7. Inflexible Standards I	Women	7991*	11.5	.187
	Man		9.5	
8. Inflexible Standards II	Women	8730	11	.1117
	Man		9	
9. Emotional inhibition	Women	9091	8	.075
	Man		7	
10 right/grandiosity	Women	9437	7	.0398
	Man		7.5	
11. Entrapment	Women	8897	4	.0947
	Man		4	

Note: Own construction; * $< .05$; U = Mann-Whitney U



The table above examines the relationship between Early Maladaptive Schemas (EMS) and participants' sex, using the Mann-Whitney U test to identify differences between men and women in the prevalence of each EMS. These results are complemented by effect size estimates through the biserial correlation coefficient (r biserial). Additionally, it's important to mention that coefficients of explained variability, such as R^2 and pseudo R^2 , are reported to estimate the proportion of variance in the dependent variable (EMS) that can be attributed to the independent variable (sex). These values range from 0 to 1, with higher values indicating a greater proportion of explained variance. Conventionally, effect sizes are interpreted as small (0.04–0.24), medium (0.25–0.63), and large effect (≥ 0.64) (Rendón-Macías et al., 2021).

The results revealed significant differences between men and women in the Early Maladaptive Schemas (EMS) of Abandonment (EMS 1) and Inflexible Standards I (EMS 7). Specifically, women obtained higher scores on both schemas, suggesting an increased propensity toward emotional dependence and self-demand compared to men. According to the benchmarks proposed by Cohen (1988) and Rendón-Macías et al. (2021), these differences correspond to a small but statistically significant effect size, indicating that, although the magnitude of the sex differences is modest, it is consistent and statistically meaningful. Moreover, the effect sizes for Abandonment (1999) and Inflexible Standards I (.187) were the highest in the analyzed sample, suggesting a stronger presence of these schemas in the studied population. In contrast, no significant differences were found for the other evaluated schemas.

Table 2.
Prevalence of history of suicidal behavior and suicide risk by sex.

Sex	N	Plutchick		RS History	
		No	Yes	No	Yes
Women	234	67.9%	32.1%	51.7%	48.3%
Man	84	78.6%	21.4%	65.5%	34.5%
Total	318	70.8%	29.2%	55.3%	44.7%
gI		1		1	
χ^2 value		3.37		4.74	
p		.066		.029	

Note: Own construction. RS = suicide risk

A differential analysis of suicide risk was conducted, distinguishing between current risk at the time of the survey (PLUTCHICK direct score >7) and personal history of suicidal behavior (sociodemographic survey), which includes suicidal thoughts, desire, and attempts at any point in life. The results revealed an association between sex and current suicide risk (Chi-square = 3.37, $p = .066$), although this did not reach conventional levels of statistical significance. In contrast, a statistically significant association was observed between sex and the history of suicide risk ($\chi^2 = 4.74$, $p < .029$), suggesting that women exhibit a higher prevalence of past suicidal behavior compared to men. These findings underscore the importance of a comprehensive suicide risk assessment that takes into account personal history and gender differences in the prevention and intervention of suicidal behavior.



Table 3.*Distribution of suicide risk by area of knowledge.*

AREA	N	Plutchick Risk >7	
		NO	YEAH
Agricultural	37	54.1%	45.9%
Education	14	64.3%	35.7%
Social Sciences	57	70.2%	29.8%
Health Sciences	160	72.5%	27.5%
Administrative	22	77.3%	22.7%
Sports and Recreation Sciences	15	80.0 %	20.0 %
Engineering and technology	10	80.0 %	20.0 %
Others	3	100.0 %	0.0 %
Total	318	70.8%	29.2%

Note: Own construction

The results indicate differences in suicide risk according to the area of study. Specifically, agricultural sciences showed the highest proportion of participants with elevated suicide risk at the time of the survey (45.9%), whereas engineering and technology, as well as sports and recreation sciences, showed the lowest proportions. This suggests that suicide risk may be related to the participants' field of study; yet larger samples are needed to determine the statistical significance of this association. Overall, 29.2% of the total sample reached a high risk according to the PLUTCHICKDIC Suicide Risk Scale ($r > 7$), indicating a considerable prevalence of suicidal risk in the population that merits further attention.

Taken together, these preliminary results on the differential prevalence of suicide risk across areas of study underscore the need to explore the psychological factors that may support this variability. In this context, the associations between Early Maladaptive Schemas and suicidal behavior were analyzed, with the purpose of identifying cognitive and emotional patterns that contribute to the observed risk.

Table 4.*Correlation between EMT and symptoms of suicidal behaviour (thought, desire, and attempt)*

EMT	Group	Suicidal behavior								
		Suicidal thoughts			Desire			Attempted suicide		
		(129)			(128)			(59)		
		Mdn	U	r	Mdn	U	r	Mdn	U	r
1. Abandonment	No	10			9			11		
	Yeah	16	6682	.0452	16	6824	.0439	17	5074	.0336
2. Insufficient Self-Control/Self-Discipline	No	12			12			14		
	Yeah	20	6612	.0458	20	6366	.0477	21	5058	.0338
3. Distrust/Abuse	No	11			11			13		
	Yeah	17	8178	.0329	17	8113	.0333	17	5722	.0251
4. Emotional deprivation	No	6			6			7		
	Yeah	11	7661	.0372	11	7045	.0421	11	5354	.0299



EMT	Group	Suicidal behavior								
		Suicidal thoughts			Desire			Attempted suicide		
		(129)			(128)			(59)		
		Mdn	U	r	Mdn	U	r	Mdn	U	r
5. Vulnerability to damage and disease	No	9	9917	.0187	8,5	9619	.0209	9	6164	.0193
	Yeah	12			12			14		
6. Self-sacrifice	No	13	8203	.0327	13	8283	.0319	14	5603	.0267
	Yeah	18			17			18		
7. Inflexible Standards I	No	9	8196	.0328	9	7916	.0349	10	4975	.0349
	Yeah	13			14			15		
8. Inflexible Standards II	No	9	9985	.0181	9	9514	.0218	10	6221	.0186
	Yeah	11			11			11		
9. Emotional inhibition	No	7	9372	.0231	7	8894	.0269	8	6478	.0152
	Yeah	9			10			9		
10 right/grandiosity	No	6	8528	.0300	6	8531	.0298	7	5694	.0255
	Yeah	9			8,5			9		
11. Entrapment	No	3	8862	.0273	3	8782	.0278	4	5395	.0294
	Yeah	5			50			6		

Note: All correlations were $<.05$; r = biserial correlations for effect size; Mdn= median, U = U de Mann-Whitney

The results provided evidence for rejecting H_0 in all correlations, in light of the significant associations ($p < .05$) between all Early Maladaptive Schemas (EMS) and suicidal behavior across its dimensions: ideation, desire, and attempt. A closer examination shows that the magnitude of these associations differed, with effect sizes ranging from low to high, all statistically significant according to the biserial correlation coefficient (r). Notably, a moderate correlation was observed between the Insufficient Self-Control/Self-Discipline schema and the Desire for Suicide ($r = 0.477$), implying that impulsive individuals are more likely to experience suicidal thoughts. Additionally, the Abandonment and Distrust/Abuse EMS were further associated with suicidal desire, albeit with lower magnitude. These findings indicate that suicidal behavior is more pronounced in individuals with fear of abandonment or those who perceive their environment as threatening, emphasizing the important role of addressing these schemas in suicide risk prevention.

Additionally, associations were also observed for the EMS Vulnerability to Harm and illness ($r = .0187$ for ideation, $r = .0209$ for desire, and $r = .0193$ for attempt) and Unrelenting Standards II ($r = .0181$ for ideation, $r = .0218$ for desire, and $r = .0186$ for attempt), both of which showed smaller yet clinically meaningful effect sizes. These findings suggest that these schemas may act as latent risk factors that, in combination with other schemas or stressors, increase vulnerability to suicide. Moreover, assessing the level of risk using the Plutchik scale for clarifying the strength and direction of these relationships.



Table 5.*Association between Suicide Risk (Plutchik Scale) and Early Maladaptive Schemas (EMS).*

Early Maladaptive Schemas	Rho*	Sig.	Statistical Decision	Association strength
1. Abandonment	.482	< .001	Reject H0	Weak
2. Insufficient Self-Control/Self-Discipline	.544	< .001	Reject H0	Moderate to strong
3. Distrust/Abuse	.451	< .001	Reject H0	Weak
4. Emotional deprivation	.480	< .001	Reject H0	Weak
5. Vulnerability to damage and disease	.303	< .001	Reject H0	Weak
6. Self-sacrifice	.365	< .001	Reject H0	Weak
7. Inflexible Standards I	.511	< .001	Reject H0	Moderate to strong
8. Inflexible Standards II	.305	< .001	Reject H0	Weak
9. Emotional inhibition	.361	< .001	Reject H0	Weak
10 right/grandiosity	.410	< .001	Reject H0	Weak
11. Entrapment	.308	< .001	Reject H0	Weak

Note: Self-constructed; * Spearman's Rho.

The previous analyses revealed a statistically meaningful correlation between Early Maladaptive Schemas (EMS) and suicide risk, leading to the rejection of the null hypothesis (H0) of no association and the acceptance of the alternative hypothesis (Ha). This finding substantiates the presence of significant associations between EMS and suicide risk in this population, reflecting varying strengths of association. Specifically, a moderate association was observed between suicide risk and the Insufficient Self-Control/Self-Discipline (EMS 2) and Inflexible Standards I (EMS 7) schemas, with correlation coefficients of .544 and .511, respectively. Although correlations with schemas such as Abandonment, Distrust/Abuse, and Emotional Deprivation were lower, they remained statistically significant and noteworthy. The study also underscores that the presence of multiple schemas in an individual substantially increases suicide risk, emphasizing the importance of assessing the prevalence of EMS to accurately appraise suicide risk.

Given the above findings, it is necessary to explore the literature to see what other findings have been found in similar contexts.

5. DISCUSSION

The findings of this research identified considerable associations between Early Maladaptive Schemas (EMS) and suicide risk among Colombian university students, thereby meeting the stated objective. Moreover, the study reinforces a noteworthy relationship between sex and EMS: women scored significantly higher on the Abandonment and Inflexible Standards I schemas, consistent with prior research in clinical populations, such as Irkörüçü (2016), which reported higher Abandonment scores among women. From a clinical perspective, this relationship between sex and EMS points out the need for tailored approaches in university mental health interventions. Elevated scores on Abandonment among women indicate heightened emotional vulnerability to experiences of loss, rejection, or relational instability, which may increase susceptibility to depressive symptoms and suicidal behaviors in times of crisis.



The results of this study are consistent with recent research that has employed quantitative methodologies to examine the relationship between Early Maladaptive Schemas (EMS) and suicide risk in university students. For instance, Sunde et al. (2022) conducted a systematic review that pinpoint academic factors associated with suicidal ideation and behavior among university students, emphasizing the role of adaptation to the academic environment and social relationships. These findings highlight the importance of EMS as predictors of suicide risk in university settings, aligning with the conclusions of the present study.

In the present study, all EMS showed notable correlations with suicide risk. Particularly, Insufficient Self-Control/Self-Discipline and Inflexible Standards I emerged as the most prominent suggesting that impaired emotional self-regulation and, conversely, excessive self-demand may heighten vulnerability to suicidal ideation and behavior. These findings align with those of Saarijärvi et al. (2023), who, in a study conducted at the Satakunta Hospital District and Turku University Hospital in Finland, reported that individuals with suicide attempts exhibited significantly higher scores across all EMS including Insufficient Self-Control and Inflexible Standards compared to those without suicidal ideation or presenting only passive thoughts.

Building on the previous paragraph, both the Insufficient Self-Control/Self-Discipline and Inflexible Standards I schemas despite reflecting opposite poles contribute to increased suicide risk by mediating maladaptive interactions with internalized norms and the surrounding environment. The former is associated with impulsivity and deficits in emotional regulation, which are prominent features of disorders in which self-destructive behaviors emerge (Sempértegui et al., 2013). The latter is characterized by excessive self-criticism and rigid perfectionism, attributes consistently linked to suicidal ideation and clinical hopelessness (O'Connor, 2007). Collectively, these schemas shape emotional and behavioral vulnerabilities in the face of crises (Arntz et al., 2005), emphasizing the relevance of incorporating therapeutic approaches targeting their modification within youth mental health programs.

Similarly, the study identified additional correlations between Early Maladaptive Schemas (EMS) and suicidal behavior, especially Abandonment, Emotional Deprivation, and Mistrust/Abuse. These schemas are rooted in insecure attachment bonds and emotional deficiencies with primary caregivers, which later contribute to emotional instability, perceptions of inadequate support, and distrust of others (Milesi et al., 2023). Consequently, the presence of these schemas intensifies psychological vulnerability to stressful situations. In this regard, Thimm and Chang (2022) conducted a systematic review of 28 studies, highlighting the relevance of these EMS in the onset of psychopathologies such as depression, bipolar affective disorder, anxiety disorders, and borderline personality disorder all of which are strongly associated with suicidal behavior. Hence, addressing EMS is crucial for reducing suicide risk, particularly among university students, a population considered to be at high risk according to both international and national public health authorities (WHO, 2025; Ministerio de Salud y Protección Social de Colombia, 2021).

Complementing these findings, the study by Barrientos Marín et al. (2023), conducted with psychology students at the Tecnológico de Antioquia, evidenced Self-Sacrifice, Insufficient Self-Discipline/Self-Control, and Emotional Inhibition as predominant schemas, which were associated with elevated levels of depression, a variable linked to suicidal risk. In this sense, the present research also confirmed the presence of the Insufficient Self-Control/Discipline schema; by contrast, unlike the findings of Barrientos Marín et al. (2023), a more direct relationship with Emotional Inhibition was observed here.



This link suggests that both schemas may mutually reinforce each other, undermining emotional regulation and increasing psychological vulnerability. From another perspective, Emotional Inhibition, according to Martin et al. (2023) and Colmenero-Navarrete et al. (2024), could represent a manifestation of Insufficient Self-Control/Discipline in individuals with difficulties managing their impulses and emotions, which would promote affective suppression, hopelessness, and ultimately, suicidal risk.

Martin et al. (2023) examined the relationship between impulsivity, self-control, and suicidal ideation in the adult population, identifying balanced self-control as a key protective factor against suicide risk, primarily due to its moderating effect on perceived stress in high-pressure contexts. Their findings underscore the dual role of self-control, both as a direct protective factor and as a buffer against the adverse effects of stress on mental health.

Rogante et al. (2024) identify emotional dysregulation as a central factor in suicide risk, as it is associated with impulsivity and low inhibitory control. This perspective is demonstrated in the findings of the present study, where the Insufficient Self-Control/Self-Discipline schema showed the strongest correlation with the dimensions of suicidal behavior, as well as a moderate to strong association with the total risk score ($p = .544, p < .001$). These results reinforce the importance of recognizing emotional dysregulation as a key factor in addressing suicide risk in university contexts.

The findings of this research are partially consistent with reports from the Colombian Ministry of Health, the Ministry of Education, and the World Health Organization (WHO). Specifically, the WHO (2025) underscores that suicide is one of the leading causes of death among young people and emphasizes the need to implement evidence-based interventions that incorporate both individual and contextual factors. These perspectives support the results of this study, which reveal a significant suicide risk among Colombian university students associated with high levels of academic and social stress.

Importantly, this study provides a distinctive perspective by directly linking Early Maladaptive Schemas (EMS) to suicide risk, an approach that has been scarcely addressed in government reports, which generally focus on broader mental health factors. Although the Ministry of Education promotes the development of healthy academic environments, there remains a gap in adequately addressing dysfunctional cognitive patterns acquired in childhood such as the schemas of Insufficient Self-Control/Self-Discipline, Inflexible Standards, Abandonment, and Emotional Deprivation that heighten students' psychological vulnerability. These findings emphasize the necessity to integrate preventive strategies that incorporate both the identification and modification of EMS. In this regard, incorporating Schema Therapy-based interventions could strengthen university mental health programs by complementing context-focused initiatives with an approach targeting the underlying cognitive factors that increase suicide risk.

6. CONCLUSIONS

The findings of this study confirm a significant association between all Early Maladaptive Schemas (EMS) and a history of suicidal behavior, including ideation, desire, and attempt. This relationship also remained evident for current suicidal risk as assessed at the time of the survey.

The analysis revealed a notable prevalence of a history of suicidal risk among women compared to



men, expressed in a greater frequency of lifetime suicidal thoughts, desires, and attempts. This finding underscores the need for comprehensive clinical assessments that consider not only current risk but also personal history of suicidal behavior. It also reinforces the importance of incorporating a gender perspective into the design of preventive mental health interventions, particularly in university settings where psychological vulnerability may be exacerbated by academic and social stressors.

Notably, substantially higher prevalence of suicide risk was identified among students of agricultural sciences (45.9%), whereas lower levels were observed in the areas of engineering, technology, and sports/recreation.

Finally, the schemas of Insufficient Self-Control/Self-Discipline, Inflexible Standards I, Abandonment, Emotional Deprivation, and Distrust/Abuse showed the strongest correlations with suicide risk. These schemas reflect dysfunctional patterns associated with impulsivity, excessive self-demand, and perceived emotional deprivation, factors that impair emotional regulation and increase sensitivity to both interpersonal and academic stress.

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Conflicts Of Interest

There are no conflicts of interest regarding this research.



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