

Module:
Psychological Foundations of Mental Health

Week 4:
Beyond basic cognition and emotion



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Topic 1:
Attitudes
Part 2 of 4

When attitudes 'go wrong'



Attitudes allow people to make decisions efficiently



Is this always a good thing?

When attitudes ‘go wrong’ (2)

Prejudice

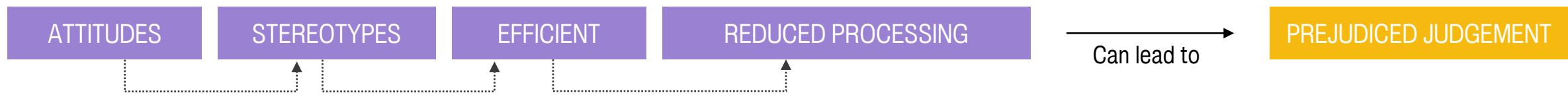
A negative affective prejudgement of a group and its individuals



When attitudes ‘go wrong’ (3)

Prejudice

A negative affective prejudgement of a group and its individuals



Mental Health

(Problematic Phenomenon related to prejudice)

Stigma by association.

Liked or disliked because this person is related to a stigmatised individual.

People treated according to a stereotype.

Negative consequences for the person being judged.

Devalue someone because of association.

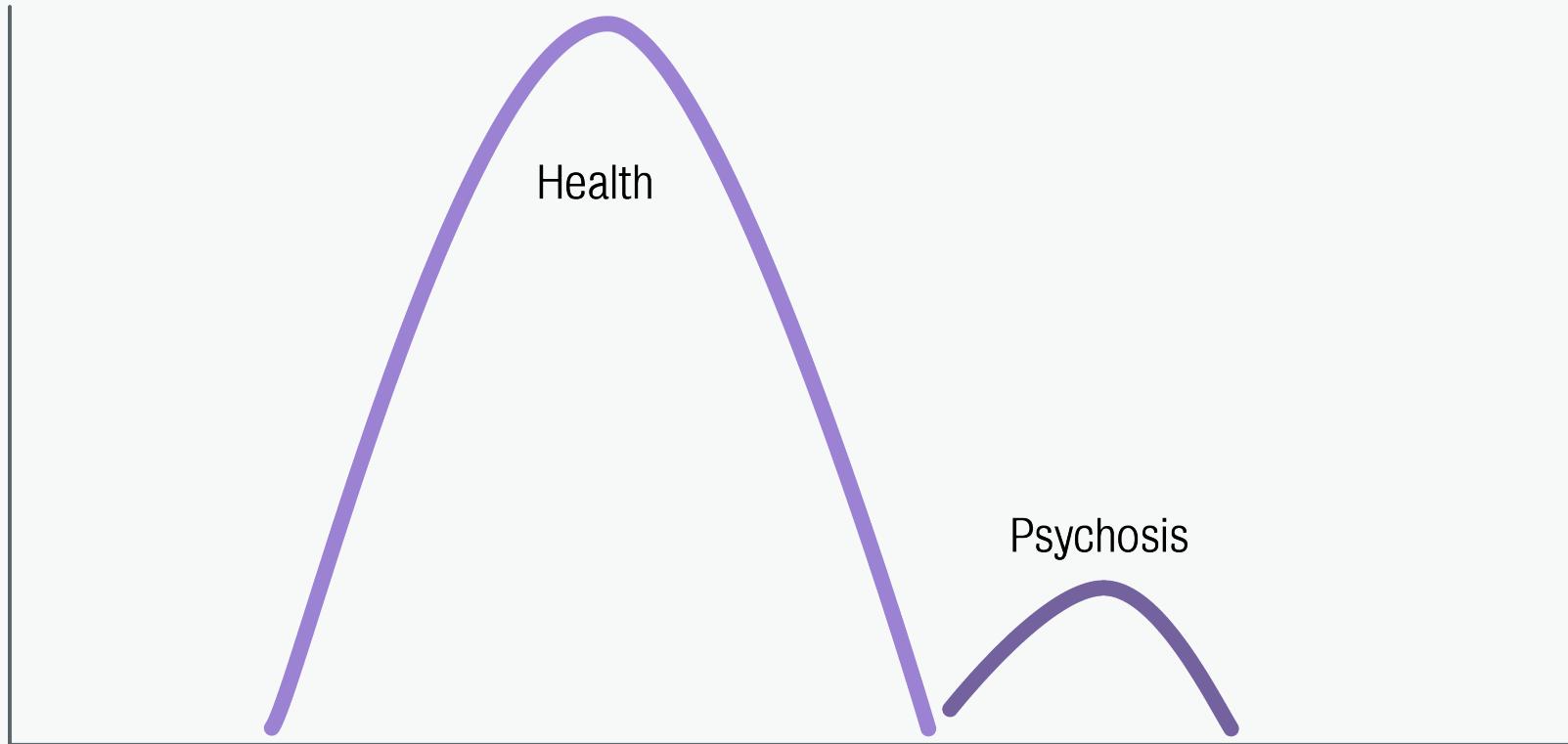


Attitudes, beliefs and mental health: The case of psychosis and anomalous experience



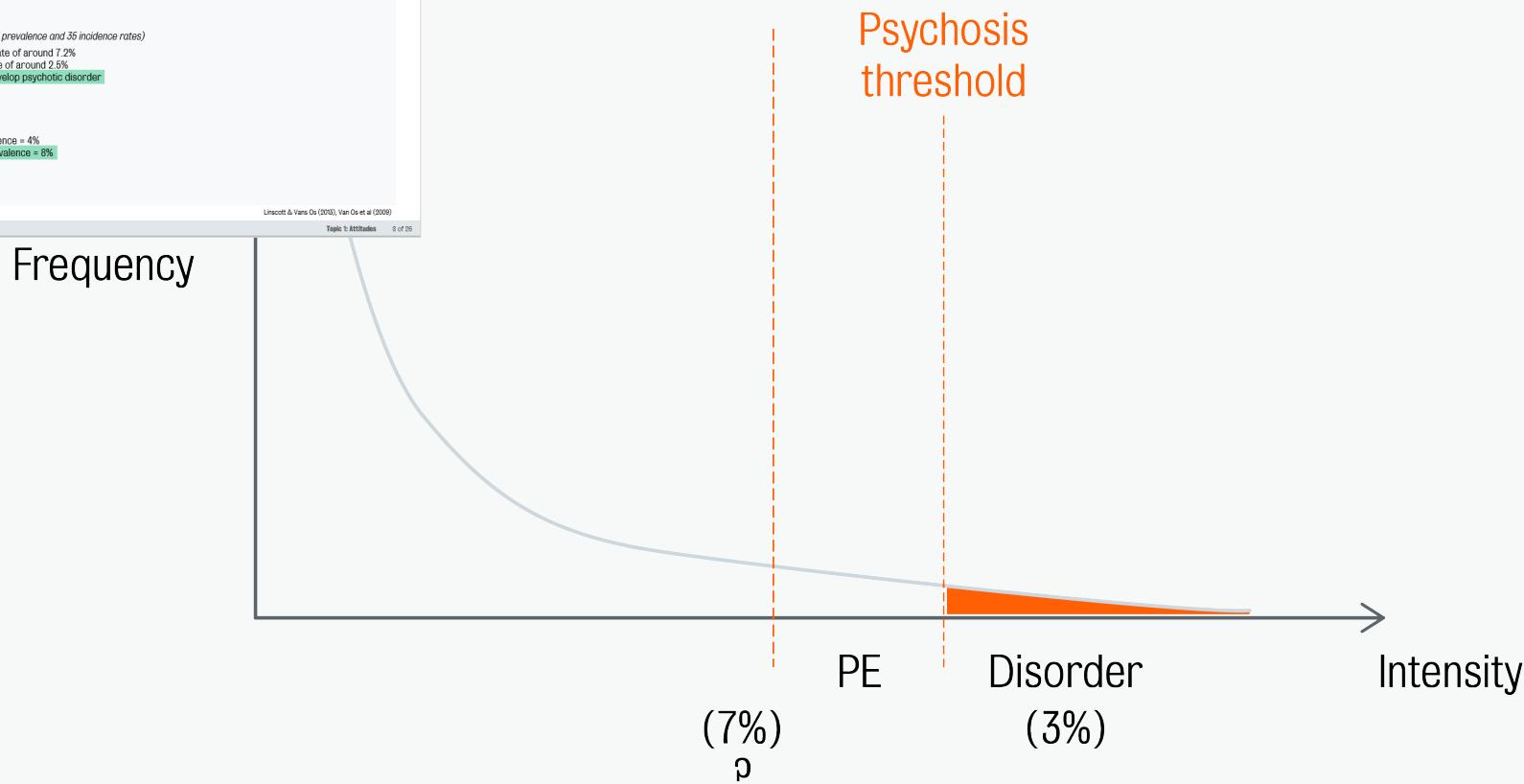
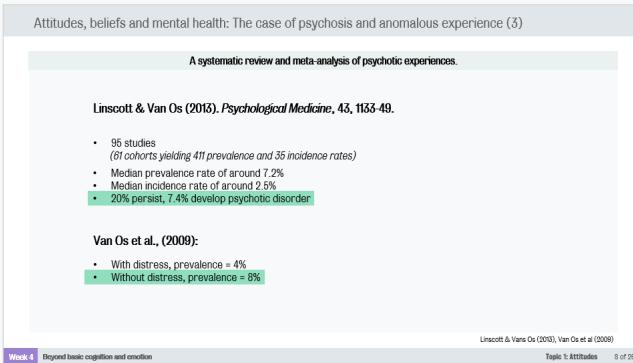
Dr. Emmanuelle Peters

Psychosis as a distinct category



Attitudes, beliefs and mental health: The case of psychosis and anomalous experience (2)

The Psychosis Continuum



A systematic review and meta-analysis of psychotic experiences.

Linscott & Van Os (2013). *Psychological Medicine*, 43, 1133-49.

- 95 studies
(61 cohorts yielding 411 prevalence and 35 incidence rates)
- Median prevalence rate of around 7.2%
- Median incidence rate of around 2.5%
- 20% persist, 7.4% develop psychotic disorder

Van Os et al., (2009):

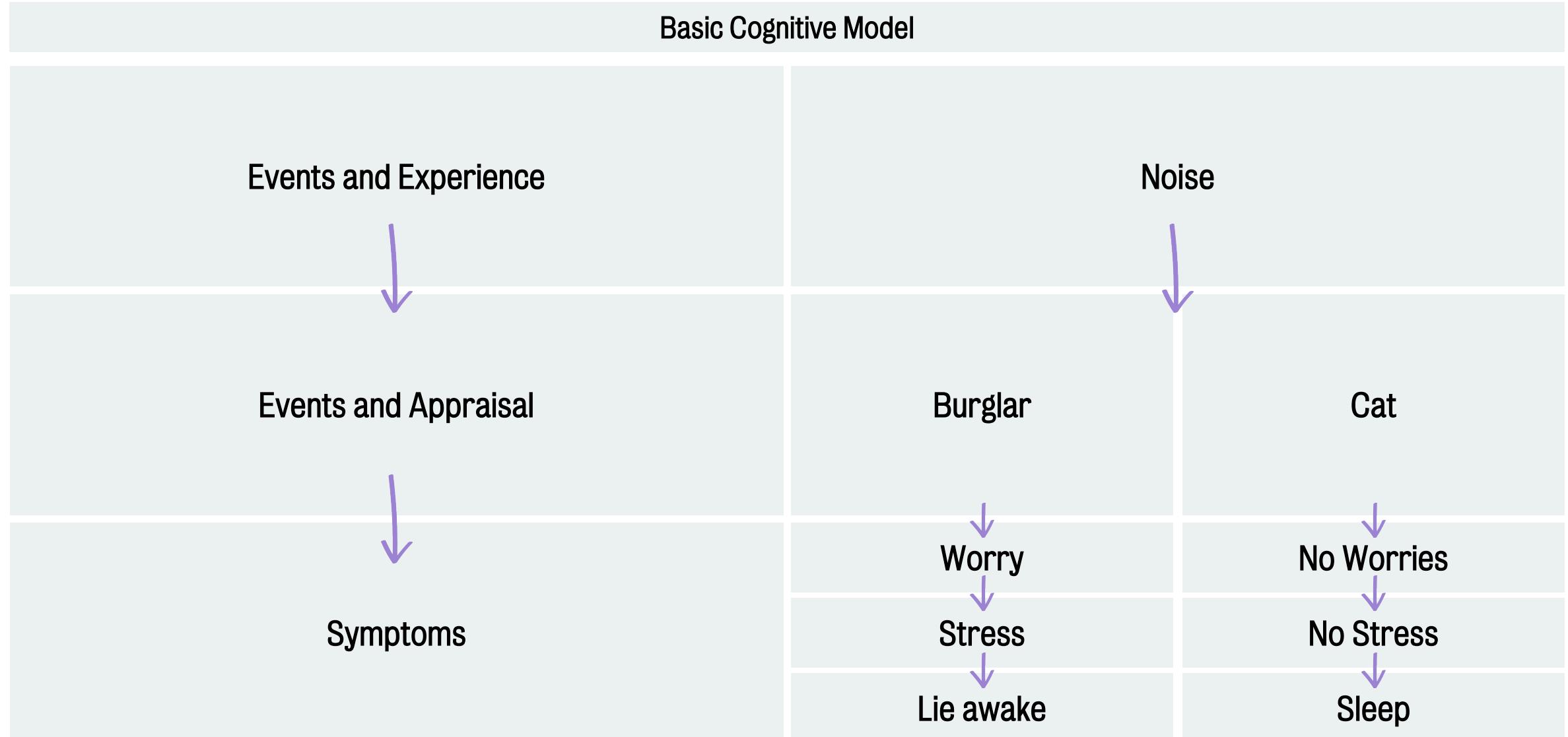
- With distress, prevalence = 4%
- Without distress, prevalence = 8%

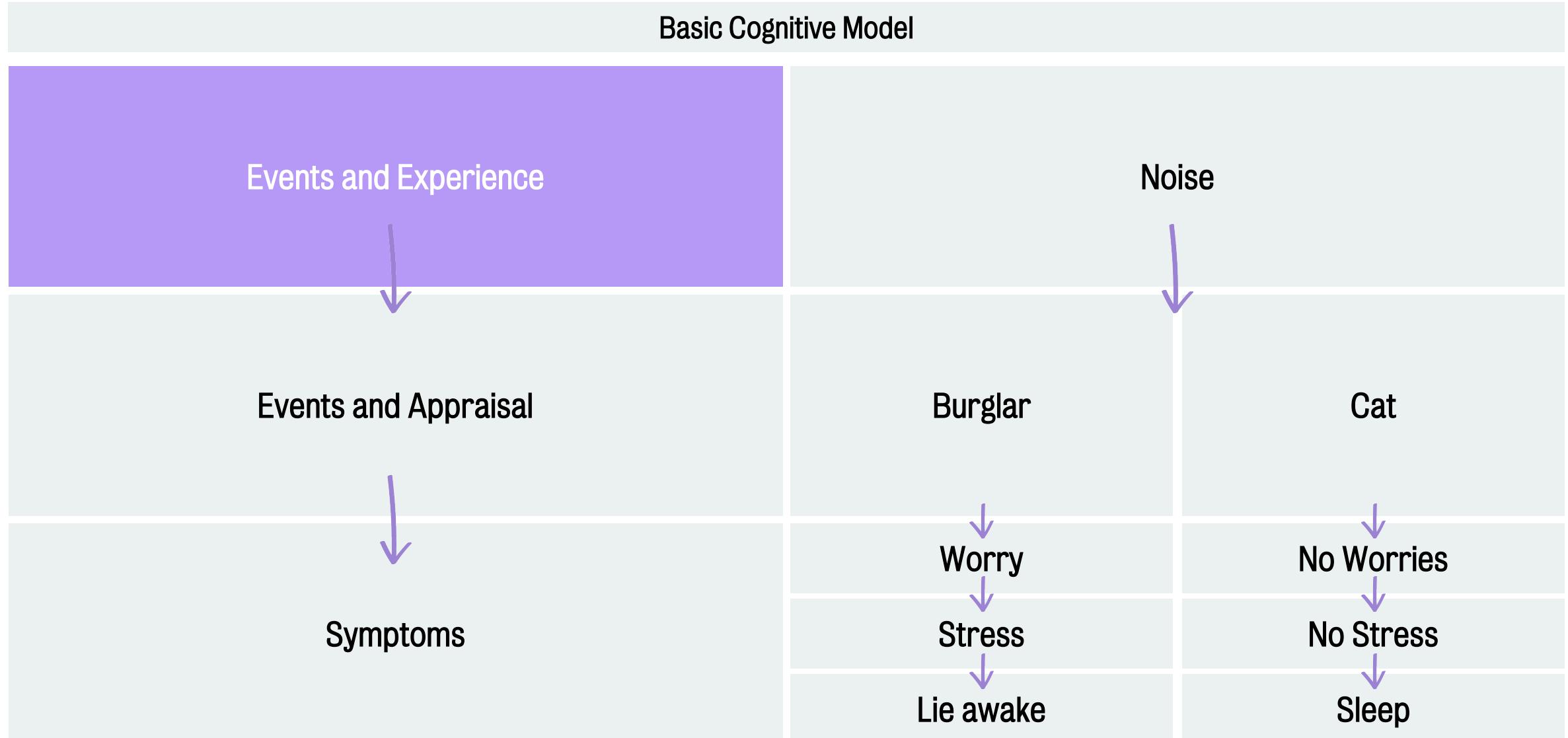
Linscott & Vans Os (2013), Van Os et al (2009)



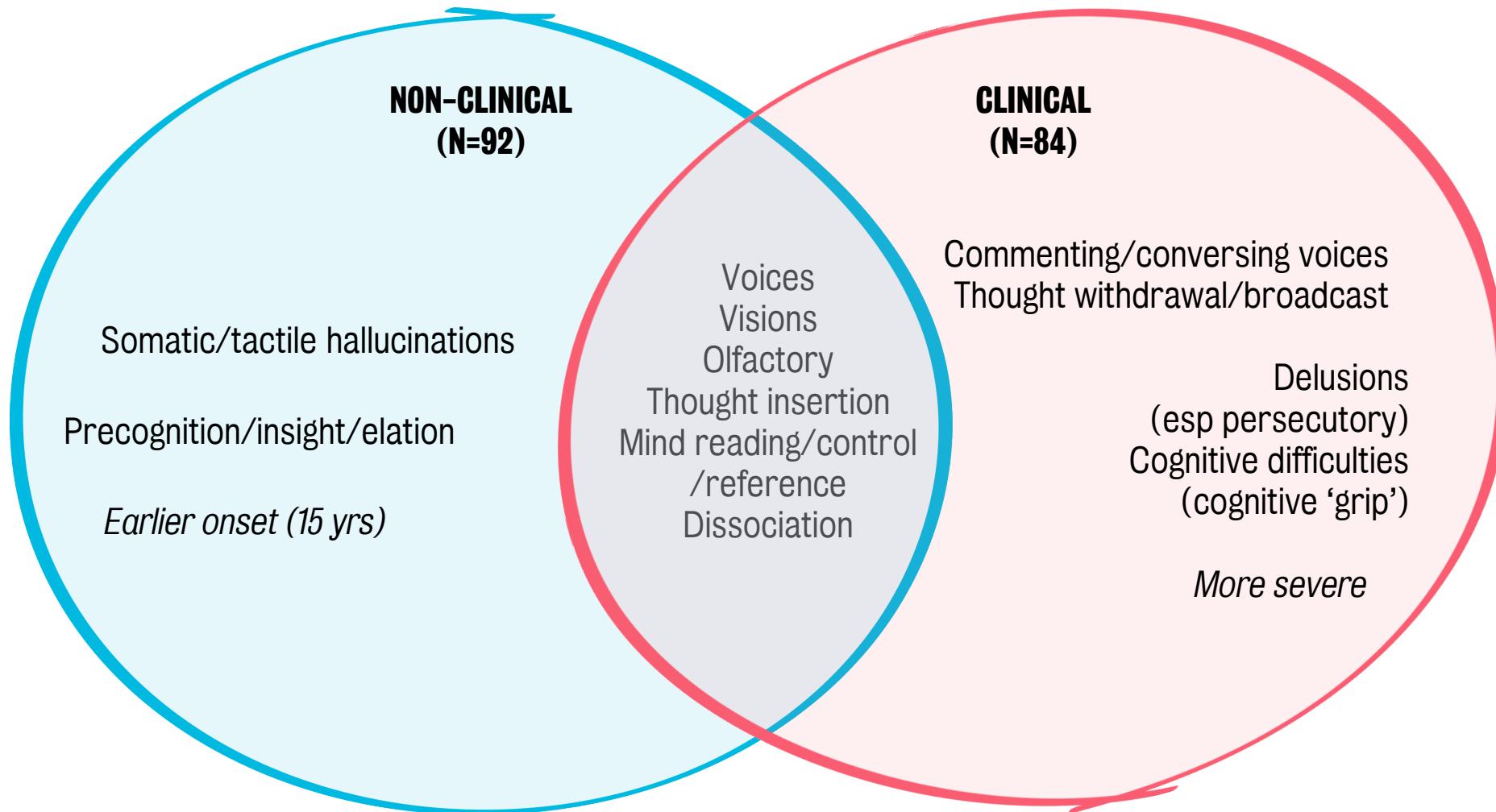
What are the differences?

Click **Next** to continue





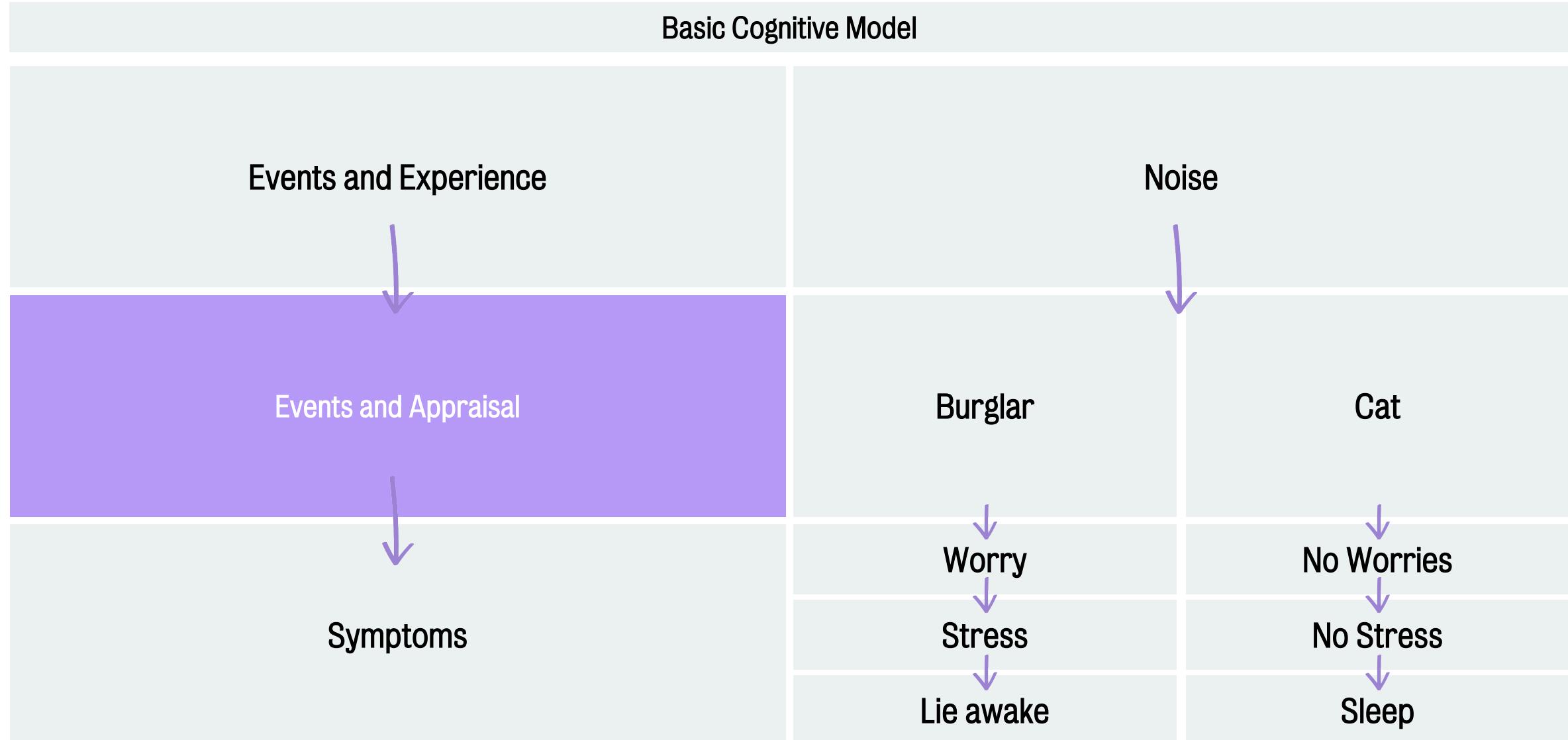
Persistent anomalous experiences in general population: Same or different to psychosis?

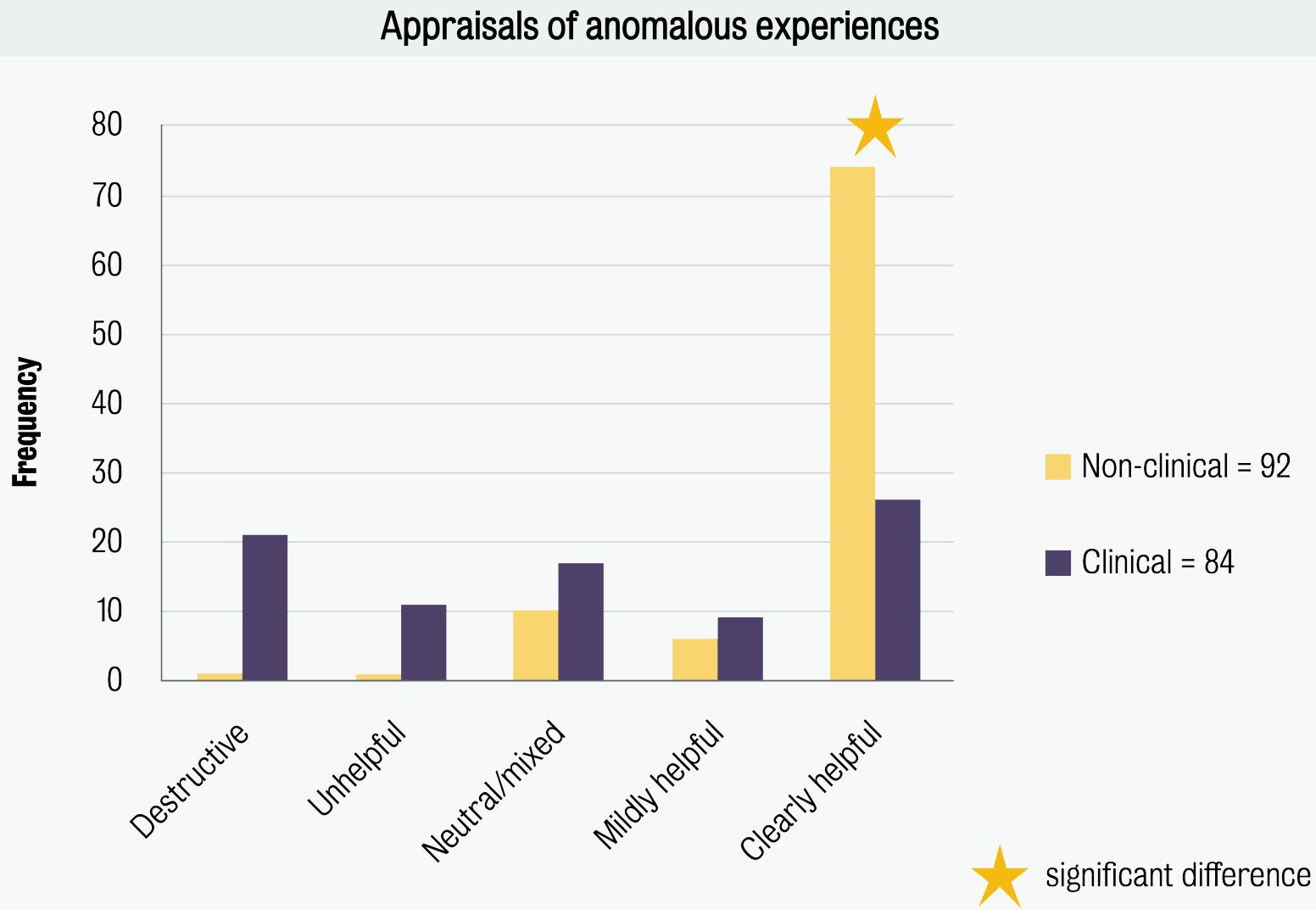


Peters et al (2016), Brett, Peters & McGuire (2015)

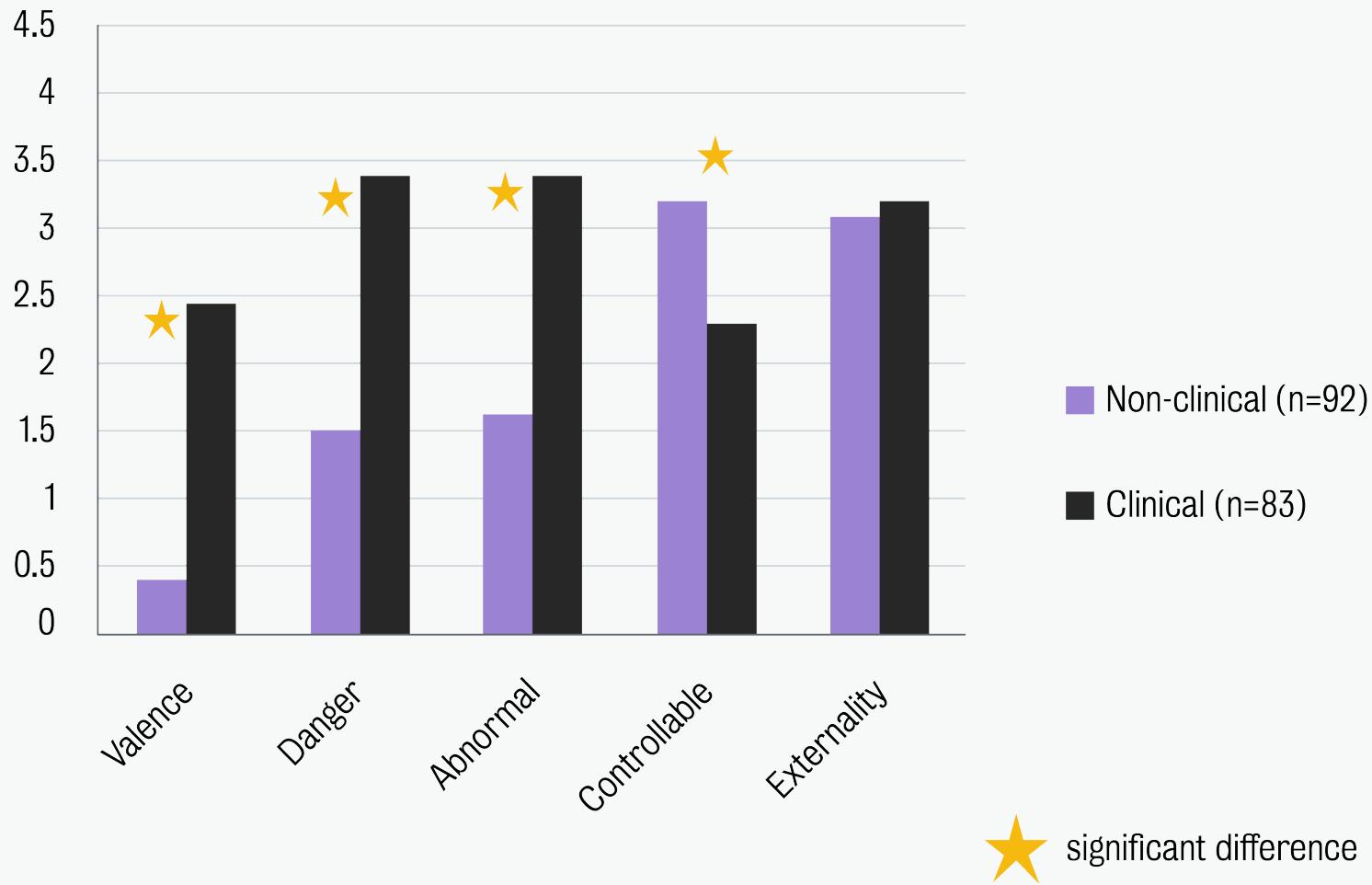
It's not what you experience

It's how much you experience it

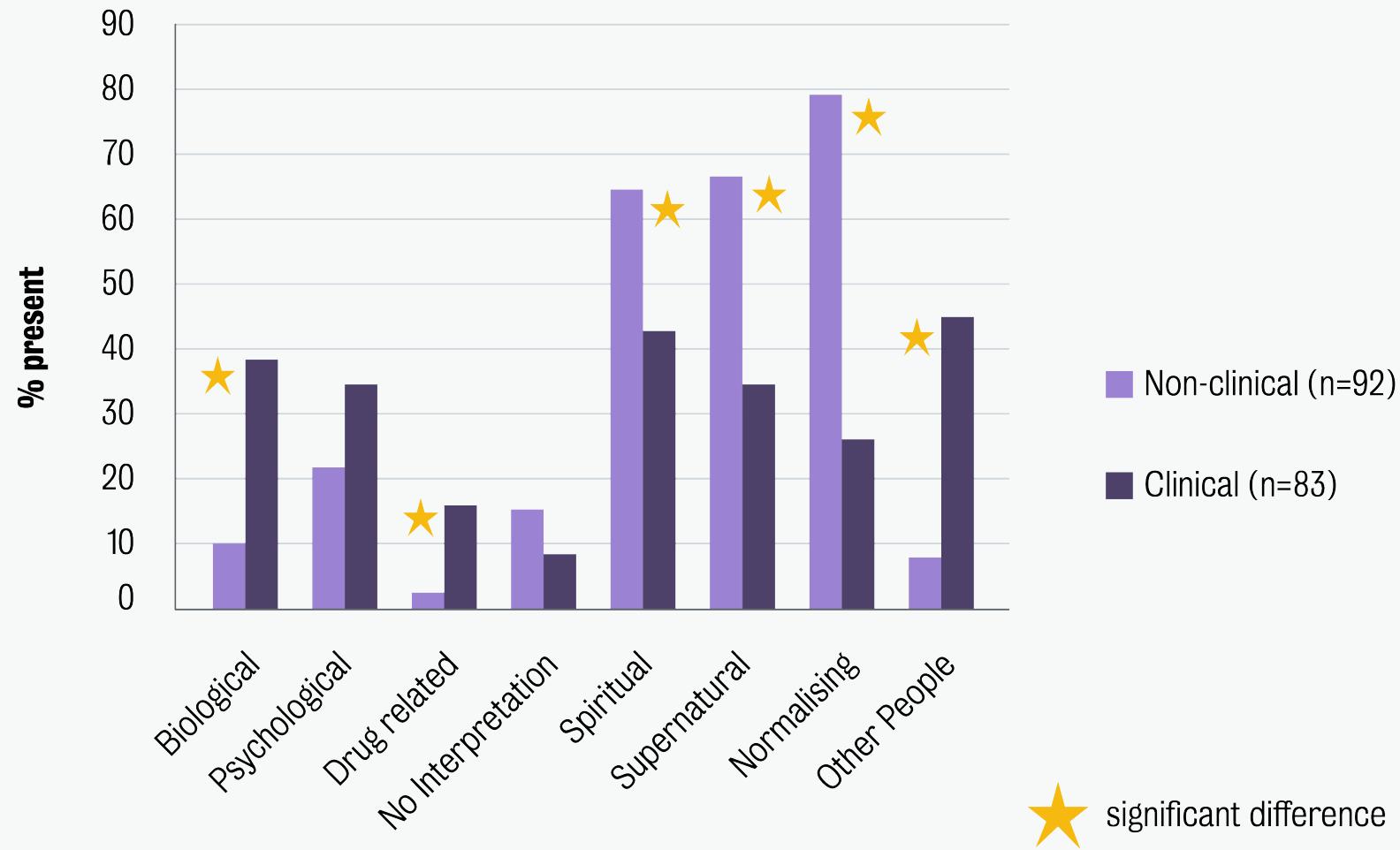




Dimensions of appraisals



Appraisals of anomalous experiences



Disentangling experiences and appraisals experimentally

Experiences and appraisals are intermingled.

when you're asking people retrospectively about their **experiences or symptoms**.

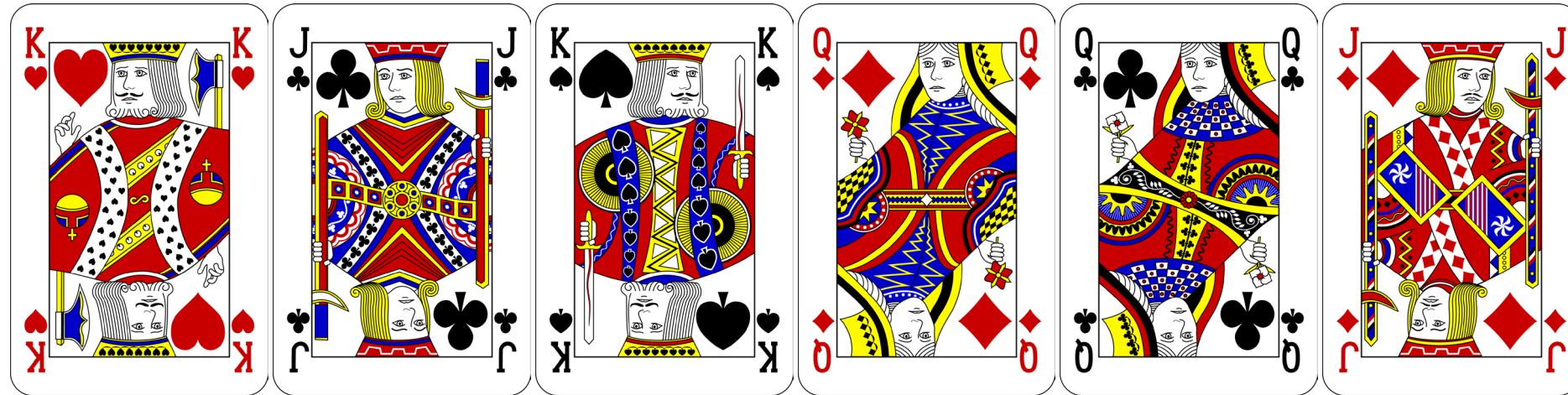
Can symptom analogue be used to investigate appraisals?

Create a mild anomalous experience.

- Computer or phone '*reading your mind*'
- Hearing voices experience
- Controlled and the same for everyone

You can see the **range of appraisals** people make.

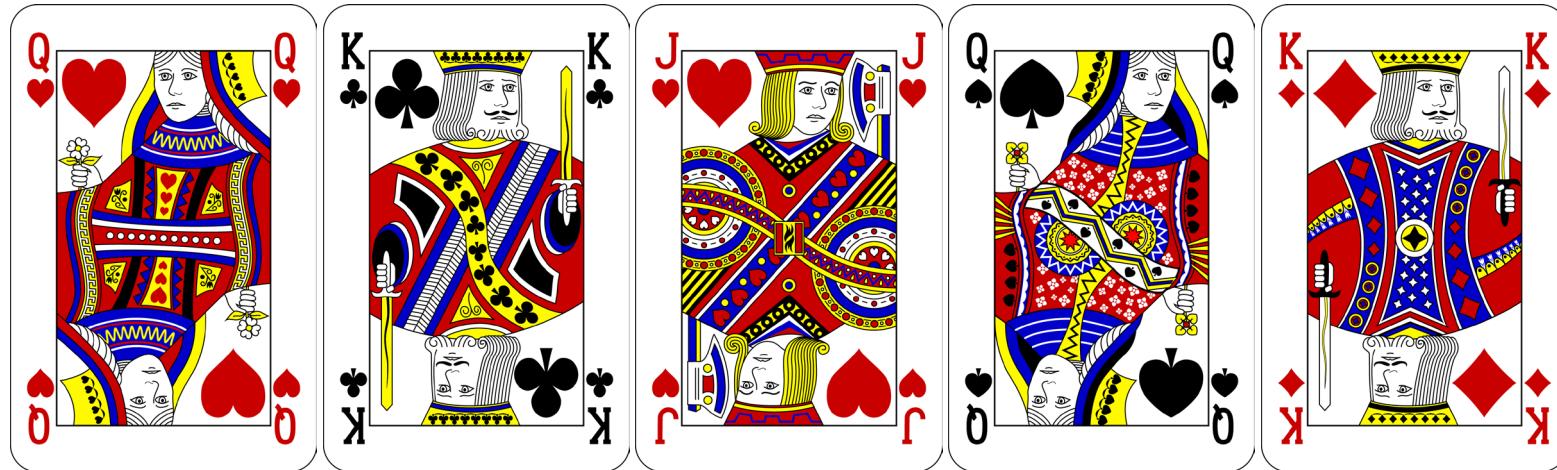
Card task



Card task

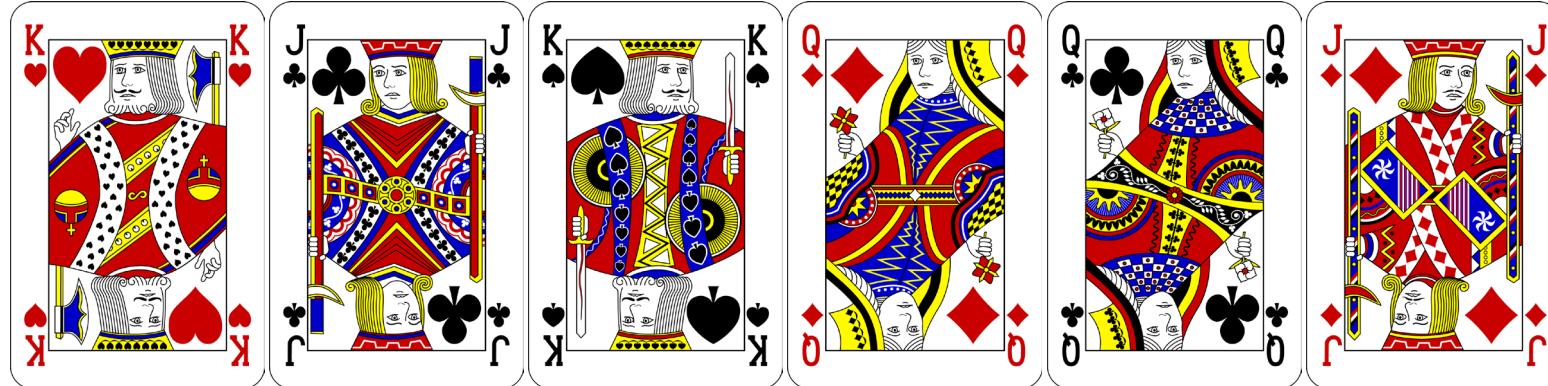
The card that you have chosen will be selected and removed from the pile.

Card task

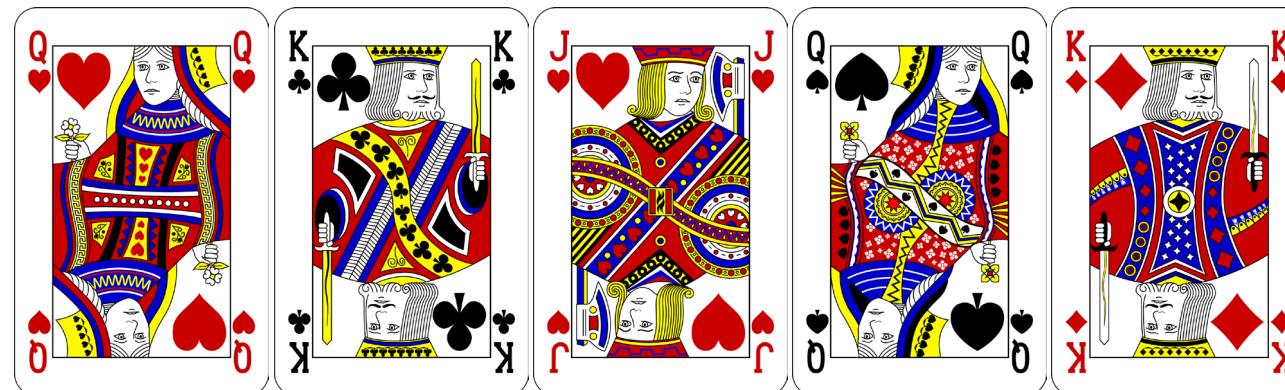


Card task

Cards show first



Cards show second



Card task

Clinical group consistently make more **maladaptive appraisals** than the non-clinical group.

Intentionalising	Personalising	Internalising	Conspiracy theories	They find the experience
Malicious intent make them look stupid	There's a person involved behind it all	There's something wrong with me	Part of a wider conspiracy	More striking Distressing Threatening Relate it to their own experiences

It's not **external** appraisals, but threatening, **paranoid** world-view

Cacciotti-Saija et al (2015), Carhart-Harris et al (2016)

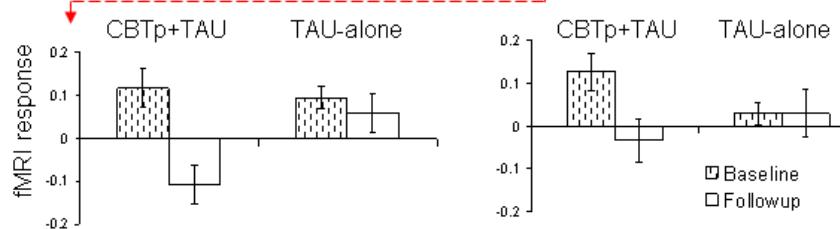
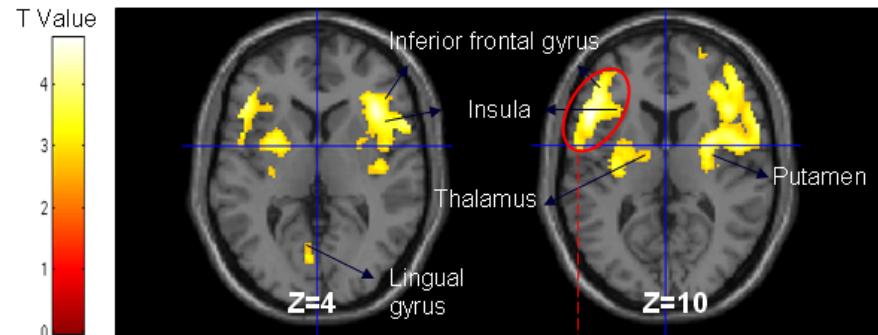
Implications for therapy

We may not be able to get rid of people's experiences (like voices)

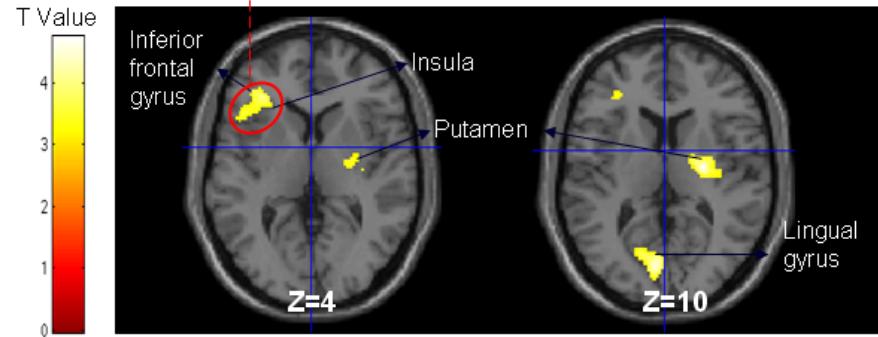
We can help people to think about them differently, so that they become less distressing

Implications for therapy

Fearful Expressions



Angry Expressions



Kumar et al (2011)

Implications for therapy

The mind **CAN** change the brain!