Module:
Psychological Foundations of Mental Health

Week 3
Introduction to emotion and emotional processing

Topic in Action
Maladaptive styles of emotion processing and regulation, and mental health – Part 2 of 4

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Lecture transcript

Slide 2
In this lecture, we are going to think about the processing styles in psychosis. Let's begin with a case study.

Slide 3
John is a 19-year-old undergraduate student studying politics in London. He's finding his work really difficult. He keeps missing his deadlines and he is becoming increasingly worried about being able to pass his exams.

Slide 4
John has begun staying up late at night in order to complete his assignments. He then has to get up early for lectures in the day, and is not getting much sleep at all.

Slide 5
John has begun to notice that people are looking at him when he's on his way to the library. He has also noticed that some of his textbooks seem to contain coded messages about the prime minister. Recently, when he was walking down the street, a stranger called his name, "John," and so he ran away.

Slide 6
He's becoming increasingly concerned that MI5 have found out about him and want to interrogate him.

Slide 7
Psychosis is a feature of mental illness characterised by distorted or nonexistent sense of objective reality, as well as changes in personality and impaired functioning. It is not itself a mental health diagnosis, but it is associated with specific mental health conditions, such as schizophrenia, which is a condition that causes a range of psychological symptoms, including hallucinations and delusions, bipolar disorder, which is a condition that affects mood. A person with bipolar disorder has both episodes of depression as well as mania. Severe depression. Some people with depression also have symptoms of psychosis when they are very low.

Psychosis can also be triggered by traumatic experiences, stress, or physical conditions, such as Parkinson's disease, a brain tumour, or as a result of drug or alcohol misuse.

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Slide 8
Two key symptoms in psychosis or hallucinations and delusions. Hallucinations are where a person hears, sees, and in some cases feels, smells, or tastes things that aren't there. A common hallucination is hearing voices.

Delusions are where a person believes things that, when examined rationally, are untrue or unfounded. For example, thinking that your next door neighbour is planning to kill you without any evidence for this.

Slide 9
Have we described a hallucination or a delusion for John?

Slide 10
No, it is a delusion.

Slide 11
Correct, we have described a delusion

Slide 12
So, why think about psychosis and not schizophrenia? Some researches argue that conceptualising schizophrenia as a single category, qualitatively different from normality, is unhelpful. Evidence from genetic research as well as social psychology and epidemiology suggests that it may be more appropriate to think about schizophrenia as on a spectrum of disorders, where traits span across the general population.

For example, psychotic like experiences and traits have been documented in the general population, and share the same risk factors. It has been suggested that it might be more valuable to focus on specific symptoms. Cognitive psychologists in particular have embraced this idea, and studied delusions a single symptom since the 1980s.

Slide 13
One well established cognitive bias implicated in delusions is measured using the beads task. This is how it works. Participants are sharing a job with 60 black beads and 40 yellow beads-- the mainly black jar-- And a jar with 40 black beads and 60 yellow beads-- the mainly yellow jar. The jars are then hidden from view, and the participant is told that one of the jars has been selected by the experimenter.

The participant is asked to request as many coloured beads as they would like before deciding from which of the two hidden jars the beads are drawn. The key variable is the number of beads requested before the person makes their decision.

Slide 14
How many beads would you need to see before making a decision about which jar it was?

Slide 15
Researchers found that people with psychosis require fewer beads to be drawn before they made their decision about which jar they come from, compared to controls. This is known as the jumping to conclusions bias. With the needing to see only two items or fewer before making a decision being classified as jumping to conclusions. About half of people with delusions will show this bias, compared to 10% to 20% of individuals without delusions.

This response style is thought to reflect a bias in data gathering. It follows that limited data gathering could enable the strong acceptance of one explanation for experiences.

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This bias has also been identified in individuals at high risk of psychosis and in relatives of people with psychosis.

It also seems to be intensified in an acute state. For example, Lincoln et al compared three groups, those with acute delusions, those with a history of delusions who are in remission, and a non-clinical control group. They found that people with delusions needed fewer beads to make a decision than those in the non-clinical control group or those in remission.

Slide 17
How does the jumping to conclusions bias relate to John? John is taking evidence he has gathered, people look at him in the street, messages in textbooks, someone calling his name, John, to conclude that MI5 are wanting to find and harm him. People were perhaps more likely to look at John in the street. He is a large man who looked tired, stressed, and erratic.

When John showed me the textbooks with coded messages, they were words scattered throughout the page, which he had highlighted. The first name of the author of the book was called John. Somebody probably did shout John in the street, but they may not have been referring to him. John is a common name. John has taken this evidence to conclude that MI5 want to harm him.

Other cognitive biases are also likely to be playing a role here. For example, attention to threat is likely to be important to consider. Once John found that people are trying to harm him, he's likely to be much more aware of other people and see more threat.

Slide 18
Importantly, the jumping to conclusions bias has been documented in the general population. Around 20% of the sample show this bias. It was strongly associated with higher levels of conviction and paranoid thoughts, and the occurrence of perceptual anomalies, but not with the presence of effective symptoms.

Slide 19
There is also an important distinction to make between psychosis and in believing things that we cannot prove or have limited evidence for, such as the paranormal. And important difference is the distress and impacting functioning caused by the beliefs.

For example, Peters et al explored the incidence of delusional ideation in new religious movements. They compared four groups, members of the new religious movements, a non-religious control group, a Christian control group, and a deluded psychotic inpatient group. It found that participants from the new religious movements scored higher than the control groups on all delusional measures apart from levels of distress. Compared to the inpatient group, the new religious movements group did not show as much florid symptomatology, but were not significantly different on a number of delusional items endorsed, or on the levels of conviction. They were significantly less distressed and preoccupied by their experiences.

So these findings highlight the continuum between normality and psychosis. This helps us to consider why some people develop a mental health disorder, whilst others with similar beliefs and levels of conviction are not distressed and function in society. This result is contributed to the development of cognitive models for delusions, as well as psychological techniques to reduce the person's distress.

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