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Cognitive functioning in delusions: A longitudinal analysis

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Abstract

Background: this study explored the longitudinal course of the relationship between delusions and different aspects of cognitive functioning.

Methods: deluded patients were compared to psychiatric and non-clinical controls on three tasks: negative priming, a probabilistic judgement task (the ‘beads’ task), and the pragmatic inference task (PIT). All groups were tested at two time points, once when actively symptomatic, and once when in remission.

Results: deluded individuals exhibited a ‘jump-to-conclusions’ (JTC) reasoning bias: i.e., they made decisions on the basis of limited evidence and were more likely to revise their estimates when faced with disconfirmatory evidence. This JTC bias remained stable over time, although probability judgments seemed to normalise in remission. No deficits in cognitive inhibition were found on negative priming. The deluded group displayed an excessive self-focus on the PIT at both time points, but did not show a depressive attributional style. Only a small sub-sample, characterised by the “bad-me” type of paranoia [Trower & Chadwick, 1995 *Clinical Psychology: Science and Practice*, 2, 263–278.], demonstrated depressive schemas when symptomatic, but no longer did so when remitted. Few relationships were found between tasks, suggesting that different areas of functioning are relatively independent. The only measures associated with delusion symptom scores were from the ‘beads’ task.

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Conclusions: overall these findings suggest that the JTC bias is a stable factor associated with delusional thinking, while the depressive attributional style characteristic of a small sub-sample of paranoid patients fluctuates with delusional course.

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Keywords: Delusions; Reasoning; Attributional style; Cognitive inhibition; Paranoia

Introduction

The recent impetus to study symptoms rather than heterogeneous diagnostic categories such as schizophrenia (Bentall, Jackson, & Pilgrim, 1988) has resulted in a plethora of studies looking at delusions from a psychological perspective. Maher (1992) has proposed that delusions arise from the application of normal reasoning processes to abnormal experiences, i.e., delusions are perception-driven. In contrast, Garety and Hemsley (1994) have suggested that delusions are more than statements of experience, and involve an abnormal evaluative judgment arising from reasoning biases.

The “delusions as explanations of experience” theory is supported from a number of sources. First, there is a large body of evidence documenting the disruption of information processing in psychotic individuals, leading to a variety of perceptual disturbances (Hemsley, 1993). Studies using negative priming (Tipper, 1985), specifically, have provided fairly robust evidence for Frith (1979)’s suggestion of deficient ‘cognitive inhibition’ in schizophrenia. The ‘negative priming effect’ refers to the observation that normal individuals show an increase in reaction time (RT) when asked to name a target which has previously been ignored as a distractor (Tipper, 1985). The negative priming effect has been proposed to be a direct measure of cognitive inhibition¹ (Tipper, Weaver, & Milliken, 1995). Overall there are now 12 studies showing reduced negative priming in psychotic samples on a variety of tasks (Beech, Powell, McWilliam, & Claridge, 1989; McDowd, Filion, Harris, & Braff, 1993; Salo, Robertson, & Nordahl, 1996; Salo, Robertson, & Nordahl, & Kraft, 1997; Laplante, Everett, & Thomas, 1992; David, 1995; Park, Lenzenweger, Puschel, & Holzman, 1996; Moritz et al., 2001; Hoenig, Hochrein, Muller, & Wagner, 2002; McQueen, Galway, Goldberg, & Tipper, 2003), and in positive symptoms specifically (Williams, 1996; Peters et al., 2000). Although a few recent studies have failed to replicate such findings (Moritz, Jacobsen, Mersmann, Kloss, & Andresen, 2000; Baving, Wagner, Cohen, & Rockstroh, 2001; Hoenig et al., 2002; Roesch-Ely, Spitzer, & Weisbrod, 2003), it is likely that these results can all be explained by the critical factors of critical stimulus durations (CSDs) and inter-stimulus interval (ISIs).

Second, there is evidence that delusions occur in a large number of medical and psychological conditions (Maher & Ross, 1984), and that irrational beliefs can be induced in the general

¹There are alternative accounts of negative priming which do not invoke inhibition: the feature mismatching account (Park & Kanwisher, 1994); the episodic retrieval account (Neill, Valdes, Terry, & Gorfein, 1992); and the temporal discrimination framework account (Milliken, Joordens, Merikle, & Seiffert, 1998). However a discussion of the evidence for and against each model, and their relationships to the cognitive deficit in schizophrenia, is beyond the scope of this paper.

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