

Delusions and decision-making style: Use of the Need for Closure Scale

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Abstract

Clinicians and researchers have suggested that rapidity in belief formation, due to having a high 'need for closure' (NFC), may contribute to the acceptance of delusional explanations. The aim of the study is to determine whether NFC has such a direct link with delusions. A secondary aim is to examine if NFC is related to the delusion-associated reasoning process of 'jumping to conclusions'.

One hundred and eighty-seven patients with psychosis, recruited for a treatment trial of psychological therapy (the PRP trial), completed the Need for Closure Scale (NFCS), symptom measures, and probabilistic reasoning tasks. The NFCS was considered in terms of its two dimensions: a desire for simple structure and a preference for quick, decisive answers.

The individuals with psychosis reported being poor at making quick, decisive answers but required a greater need for simple structure. NFC was associated with levels of anxiety and depression. There were weak links between NFC and both positive and negative symptoms of psychosis, but these were explained by differences in affect. NFCS scores were unrelated to jumping to conclusions.

Contrary to the argument that NFC is directly linked to delusions, individuals with delusions actually perceive themselves as indecisive. There was no evidence that NFC—at least as assessed by the NFCS—could be a proximal cause of delusions. Any potential effect on psychotic symptom presentation is indirect, mediated through affect. The use of the NFCS on its own in the study of psychotic symptoms cannot be recommended.

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The final delusional reconstruction of reality may fall into an integrated conceptual pattern that brings an experience of closure: "I suddenly realised what it was all about!" the patient may exclaim with obvious relief at sudden clarification. The intolerable suspense has ended; the strangeness of what has been "going on" seems to disappear, and confusion is replaced by "understanding," and wavering doubt by certainty.

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A known danger may be frightening; but at least it is tangible and one can do something about it.” Cameron (1959).

Introduction

The idea that individuals with delusions have a high ‘need for closure’ (NFC) is theoretically and clinically appealing. Delusions are often attempts to make sense of a range of confusing and puzzling experiences, and difficulties dealing with uncertainty would be likely to facilitate rapid acceptance of explanations even if they are implausible. In cognitive-behavioural interventions patients are encouraged to be less certain in their judgements and to slow their decision-making processes down in order to consider other evidence and explanations. This can be conceptualised as an attempt to reduce closure. NFC is therefore one of a number of reasoning biases that may be implicated in delusion formation and persistence.

Need for closure and its measurement

The NFC concept was operationalised by the social psychologist Arie Kruglanski in the development of his theory of lay epistemics. He views NFC as a motivated goal-driven process and defines it as ‘individuals’ desire for a firm answer to a question and an aversion toward ambiguity’ (Kruglanski & Webster, 1996). The Need for Closure Scale (NFCS) was developed for use in the general population (Webster & Kruglanski, 1994). This self-report measure contains five sub-scales: preference for order and structure (e.g. ‘I enjoy having a clear and structured mode of life.’); preference for predictability in future contexts (e.g. ‘I dislike unpredictable situations.’); decisiveness (e.g. ‘I usually make important decisions quickly and confidently.’); discomfort with ambiguity (e.g. ‘I dislike it when a person’s statement could mean many different things.’); and closed-mindedness (e.g. ‘I do not usually consult many different opinions before forming my own view.’). The scale does not provide a simple unidimensional assessment of NFC. Neuberg, Judice, and West (1997) found that ‘three of the facets seem highly related to each other (Preference for Order, Preference for Predictability, and Discomfort with Ambiguity), Close-Mindedness fits less well, and Decisiveness seems greatly out of place, even correlating *negatively* with the other facets at times.’ They argue that the NFCS assesses two separate dimensions: a desire for simple structure represented by the three closely related sub-scales and a preference for quick, decisive answers measured by the Decisiveness sub-scale. A cross-cultural study of the NFCS is consistent with this multi-dimensional view of the questionnaire (Mannetti, Pierro, Kruglanski, Taris, & Bezinovic, 2002).

Need for closure and delusions

There is an emerging empirical literature on delusions and NFC. Five studies have examined the NFCS in relation to delusional ideation in clinical and non-clinical groups. Colbert and Peters (2002) examined a non-clinical population. Seventeen people scoring high on delusional ideation were also found to have high NFCS total scores compared to 17 people with low delusional ideation. They also examined whether high NFC was associated with less data gathering (‘jumping to conclusions’) in a probabilistic reasoning task, but found no evidence for such a link in the non-clinical group. Bentall and Swarbrick (2003) used the NFCS with individuals with current delusions ($n = 33$), individuals with remitted delusions ($n = 24$) and individuals with no psychiatric history ($n = 57$). The clinical groups had higher NFCS scores than the non-clinical group, but did not differ from each other. A further clinical study has been carried out by Colbert, Peters, and Garety (in press). They examined a total score for the sub-scales representing the ‘desire for simple structure’ in individuals with current delusions ($n = 30$), individuals with generalised anxiety disorder ($n = 30$) and individuals without a psychiatric history ($n = 34$). The clinical groups again scored higher on the revised NFCS score than the non-clinical group, but did not differ from each other. NFC was associated with anxiety in the anxiety disorder group but not in the delusion group.

In a recent two-part non-clinical study, the association between NFC and paranoia was investigated by both questionnaire and experimental research designs. In the first part of the study, questionnaire measures of

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