

The relation between emotional awareness and hallucinations and delusions in acute psychiatric inpatients

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Abstract

Background: Although negative affect has been frequently implicated in the formation of cognitive and perceptual disturbances ranging from odd perceptions and beliefs to delusions and hallucinations it represents only one of the many aspects of emotional disturbances that may contribute to psychopathology. Surprisingly, no past research has examined in a psychiatric sample whether levels of cognitive–perceptual symptoms are associated with levels of emotional awareness (i.e., attention to emotion and clarity of emotion). In the present study we examined, in an acute psychiatric inpatient sample, the relations between emotional awareness and the severity of delusions and hallucinations.

Method: Two groups were included: 34 schizophrenia and schizophrenia spectrum disordered inpatients and 30 mood and substance use disordered inpatients. Patients were assessed on emotional awareness (attention to emotion and emotional clarity) and severity of psychiatric symptomatology.

Results: We found that lower levels of emotional clarity were associated with more severe hallucination ratings in both groups of patients. Among schizophrenia spectrum patients, lower levels of attention to emotion were also associated with more severe hallucination ratings. Among mood/substance disorder participants, higher levels of attention to emotion were associated with more severe delusion ratings, whereas the opposite pattern was found among schizophrenia spectrum participants.

Conclusions: Consistent with the results of past research using college and community samples, we found that diminished emotional clarity is associated with elevated levels of hallucinations in both mood disorder/substance abuse and schizophrenia spectrum inpatients. We also found that greater attention to emotion was associated with more severe delusions, though only among the mood disorder/substance use group. The present research findings support the role of emotional awareness in hallucination formation and suggest that the factors that contribute to delusions in schizophrenia spectrum patients differ, in part, from the factors that contribute to delusion formation in other groups of individuals.

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1. Introduction

Dating back to Bleuler (1911/1950), psychopathologists have posited that schizophrenia symptoms are related to disturbed emotional processes. That emotional processes may play an important role in the

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development of cognitive–perceptual disturbances is consistent with the evidence that emotions play a significant role in influencing judgments, decision making, and behaviors (e.g., Clore et al., 2001; Lowenstein et al., 2001; Kahneman et al., 1999; Kahneman, 2003). Along these lines, a recent study found delusion-prone individuals demonstrated reasoning biases only during conditions when information presented was emotionally salient (Warman and Martin, 2006). While many past investigators have found individuals with schizophrenia make decisions more quickly and with less information than non-patient controls (e.g., Young and Bentall, 1997), it is not surprising that reasoning biases appear to be more prominent when information is emotionally salient (Dudley et al., 1998; McGuire et al., 2001).

A great deal of theorizing and research has linked elevated levels of unpleasant emotions with cognitive–perceptual disturbances, ranging from odd perceptions and beliefs to delusions and hallucinations (e.g., Bentall et al., 2001; Freeman et al., 2001). Unpleasant emotion, however, represents only one of many aspects of emotional disturbances than may contribute to psychopathology (Berenbaum et al., 2003). The present research examined facets of emotion other than unpleasant affect. Specifically, it focused on two facets of emotional awareness, *attention to emotions* and *clarity of emotions*. Individuals vary in the degree to which they value and pay attention to their own emotional state. Such individual differences, labeled attention to emotions, refers to the degree to which individuals notice, think about, and monitor their mood states. Clarity of emotions refers to an individual's ability to comprehend their emotions, discriminate among their feelings, and know what they feel. In other words, clarity of emotions can be described as an individual's ability to identify, explain and discern particular emotions. Attention to and clarity of emotion are distinct from other facets of emotional experience such as absorption, intensity and emotional expression (e.g., Berenbaum et al., 2003; Gohm and Clore, 2000; 2002).

The results of past research have supported the notion that cognitive–perceptual disturbances are associated with patterns of emotional awareness. Kerns (2005), for example, found that college students with unusually high levels of positive schizotypy symptoms reported paying more attention to their emotions than did control participants. Relatedly, Kerns and Berenbaum (2000) found, in the context of a word pronunciation task, that college students who had unusually high levels of odd beliefs and perceptions were more strongly influenced than were control participants by the emotional valence of prime words. Berenbaum et al. (2006) found that both college students and adults from the community who

had elevated levels of cognitive–perceptual symptoms of schizotypal personality disorder reported paying more attention to their emotions.

Diminished clarity of emotions has also been found to be associated with cognitive–perceptual disturbances. In a sample of women recruited from the community, Berenbaum et al. (2003) found that higher levels of cognitive–perceptual symptoms of schizotypal personality disorder tended to be associated with diminished clarity of emotions. Similarly, in a sample of women participating in a weight loss program, Bach et al. (1994) found that those women who had higher levels of schizotypal symptoms tended to report greater difficulty identifying their emotions. Kerns (2005) found that college students with unusually high levels of positive schizotypy symptoms reported lower levels of emotional clarity than did control participants. Finally, Berenbaum et al. (2006) found that elevated levels of cognitive–perceptual symptoms of schizotypal personality disorder were associated with diminished clarity of emotions among college students but not among adults recruited from the community.

There has been a remarkable dearth of research examining emotional awareness and psychotic symptoms in psychiatric patients. Cedro et al. (2001) found that compared with non-psychiatric controls, outpatients with schizophrenia reported greater difficulty identifying their emotions and a more externally oriented thinking style (which is the inverse of attention to emotion). In a small sample of outpatients with schizophrenia, Stanghellini and Ricca (1995) found that individuals with nonparanoid schizophrenia reported greater difficulty identifying their emotions and a more externally oriented thinking style (i.e., less attention to emotion) than did individuals with paranoid schizophrenia; unfortunately, the authors did not describe clearly how they assigned patients to these two groups, though it appeared to be based on the relative preponderance of negative vs. positive symptoms. Maggini et al. (2002) found that in a sample of outpatients with schizophrenia, those who had greater symptoms of depersonalization reported greater difficulty identifying their emotions and a more externally oriented thinking style (i.e., less attention to emotion).

Surprisingly, no past research has examined in a psychiatric sample whether levels of cognitive–perceptual symptoms are associated with levels of emotional awareness. Based on the results of past research with non-clinical samples, we hypothesized that greater attention to emotion and diminished clarity of emotion would be associated with higher levels of both hallucinations and delusions. We tested these hypotheses

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