

Evidence for a relationship between mentalising deficits and paranoia over the psychosis continuum

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Received 18 July 2007; received in revised form 13 September 2007; accepted 18 September 2007

Available online 23 October 2007

Abstract

Objective: Failing of mentalising has been suggested to underlie certain symptoms of psychosis. An as yet unresolved issue is whether mentalising deficits reflect a characteristic which can also be detected in people at risk for psychosis or people with evidence of subclinical expression of psychosis. This study wanted to assess an aspect of mentalising in four groups with different levels of psychosis vulnerability, and to examine associations between mentalising and symptoms of psychosis.

Method: The study included i) 40 patients with psychosis, ii) 49 non-psychotic first-degree relatives (familial risk), iii) 41 subjects from the general population with a high level of positive psychotic experiences (psychometric risk) and iv) 54 healthy controls. All subjects performed the 'Hinting Task'.

Results: There was a significant association between psychosis risk and impairment on the Hinting Task (β linear trend=0.37, $p<0.001$). Using the control group as the reference, the association with impairment on the Hinting Task was highest for the patient group ($\beta=0.46$, $p<0.001$), whereas the familial risk group ($\beta=0.16$, $p=0.06$) displayed an intermediate probability of failure. The psychometric risk group did not significantly differ from the control group ($\beta=0.04$, $p=0.653$). In the patient group, impairment on the Hinting Task was associated with current hallucinations and paranoid symptoms. In the familial risk group, there was an association between the Hinting Task and paranoid symptoms.

Discussion: These results suggest that vulnerability to psychosis is expressed as an impairment in mentalising, which may have a mediating role in the formation of certain positive symptoms of psychosis.

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Keywords: Mentalising; Psychosis-vulnerability; Psychosis-predisposition

1. Introduction

Ever since Frith (1992) suggested an impairment in decoupling an actual state from a mental representation, *i.e.* failing of mentalising, underlies certain symptoms of

psychosis, there has been debate whether mentalising deficits reflect an enduring trait which is part of the predisposition to psychosis or a state characteristic closely linked to the presence of psychotic symptoms. There is sufficient evidence for mentalising deficits occurring at the time of florid psychosis (Hardy-Bayle et al., 1994; Corcoran et al., 1995; Blackwood et al., 2001) suggestive of the state-related quality of mentalising deficits in

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psychosis. However, this does not exclude the possibility that deficits of mentalising are also part of the vulnerability to psychosis.

One way to further clarify this issue is to investigate whether psychological mechanisms of psychosis, such as mentalising, can also be shown to operate in individuals at risk but without current clinical need (Bentall, 1990; Van Dael et al., 2005). The aim of the current study was to extend previous mentalising research in high risk groups (Langdon and Coltheart, 1999, 2004; Janssen et al., 2003; Irani et al., 2006; Marjoram et al., 2006a; Marjoram et al., 2006b; Jahshan and Sergi, 2007) by including two high risk groups (Claridge, 1994; Cunningham Owens and Johnstone, 2006), namely a familial defined risk group of non-psychotic first-degree relatives of patients with a lifetime history of non-affective psychosis and, secondly, a psychometrically defined risk group of well subjects from the general population with a higher than average level of positive psychotic experiences. This design allows studying the hypothesis that there is an increase in impairment of mentalising parallel to the increased psychosis load, *i.e.*, the greatest impairment in the patient group, followed by the familial risk group, the psychometric risk group, and lastly the control group. A mentalising deficiency in individuals with a higher than average genetic or psychometric risk would imply that alterations in mentalising are not exclusively associated with the expression of the clinical psychosis phenotype, but also with transmission of risk at trait or state level.

Additionally, a comprehensive assessment of symptoms was used to investigate the association between mentalising deficits and the level of expression of psychotic symptoms, the existence of which would suggest a mediating role of mentalising deficits in symptom formation. Given the original hypothesis (Frith, 1992) that patients with paranoid symptoms, including persecutory delusions and third person auditory hallucinations, would show mentalising deficiencies, the current study focused on positive psychotic symptoms in particular.

2. Materials and methods

2.1. Subjects

Four groups differing in the degree of vulnerability to psychosis were sampled in the “Cognitive functioning in Psychosis” (CoP) study: i) patients with lifetime history of non-affective psychosis, ii) first-degree relatives of patients with non-affective psychosis, iii) well subjects

scoring high (>75th percentile) on the positive dimension of psychosis-proneness measured by the Community Assessment of Psychic Experiences (Stefanis et al., 2002; Hanssen et al., 2003; Hanssen et al., 2005) and iv) well controls, *i.e.* subjects scoring in the average range (40th–60th percentile) on the CAPE. All participants were between the ages of 18 and 55 years, sufficiently fluent in Dutch and without a history of central neurological disorders. Written informed consent, in accordance with the local ethics committee guidelines, was obtained from all participants.

Patients were recruited from the catchment area Community Mental Health Centre (source population: 350,000) and the catchment area Psychiatric Hospital. Initial inclusion criteria for patients were lifetime prevalence of a period of psychosis in clear consciousness, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994). Relatives were sampled through participating patients or through associations for relatives of patients with psychotic symptoms. Subjects with average and high levels of psychotic experiences were recruited from a general population sampling frame in the city of Sittard (Hanssen et al., 2003; Hanssen et al., 2006). The participants, 2287 females and 2302 males, had been randomly selected and sent a letter in which they were asked to participate. In addition to the participants themselves, family members were also invited to participate using a snowball-sampling procedure. A total of 765 subjects aged 17 to 77 years, pertaining to 374 families filled in the Community Assessment of Psychic Experiences (CAPE; see Instruments section). The subjects with a mean (*i.e.* between 40th and 60th percentile) and a high (*i.e.* above 75th percentile) score on the CAPE positive psychosis dimension were invited to participate in the CoP-study.

For all participating patients, the Operational Criteria Checklist for Psychotic Disorder [OCCPI (McGuffin et al., 1991)] was completed, based on case note material and PANSS interview (Kay et al., 1987). Where necessary, additional information was derived from ward staff or case-managers. Using the information in the OCCPI, the computerized program OPCRIT (McGuffin et al., 1991) yielded DSM-IV diagnoses.

2.2. Instruments

2.2.1. Hinting Task

The study used a Dutch translation of the Hinting Task originally developed by Corcoran and Frith (Corcoran et al., 1995), to assess one aspect of the mentalising capacity, requisite to comprehend real intentions behind

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