

Clinical relevance of appraisals of persistent psychotic experiences in people with and without a need for care: an experimental study



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Summary

Background Cognitive models of psychosis propose that appraisals (ie, the interpretation and meaning attributed to experiences) are central to the transition from anomalous experiences to psychotic symptoms. In the Unusual Experiences Enquiry (UNIQUE) study, we investigated the role of appraisals by comparing individuals with persistent psychotic experiences without a need for care with patients and people without psychotic experiences.

Method Eligible participants were patients with diagnosed psychotic disorders (clinical group) and adults in the general population with persistent psychotic experiences (non-clinical group) and without psychotic experiences (controls). The appraisals of psychotic experiences among people in the non-clinical and clinical groups were assessed by an in-depth interview, and appraisals of anomalous experiences induced by three experimental tasks were compared between all groups.

Findings We recruited 259 participants, 84 in the clinical group, 92 in the non-clinical group, and 83 controls. The clinical group was more likely than the non-clinical group to display paranoid, personalising interpretations of their psychotic experiences ($p < 0.008$; p values are Sidak adjusted to account for multiple testing) and less likely to have normalising ($p < 0.008$) and supernatural ($p = 0.039$) explanations. The clinical group also appraised their psychotic experiences as being more negative, dangerous, and abnormal and less controllable than the non-clinical group (all $p < 0.005$), but groups did not differ for attributions of general externality ($p = 0.44$). For experimentally induced anomalous experiences, the clinical group endorsed more threatening appraisals on all tasks than the non-clinical group ($p < 0.003$), who did not differ from the control group ($p = 0.07-0.6$). The pattern was similar for ratings of salience, distress, personal relevance, global threat, and incorporation of the induced experiences into participants' own psychotic experiences.

Interpretation We provide robust evidence that the way psychotic experiences are appraised differs between individuals with and without a need for care, supporting cognitive models of psychosis. Specifically, the absence of paranoid and threatening appraisals might protect against persistent psychotic experiences becoming clinically relevant.

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Introduction

The continuity between health and psychosis is well recognised. Large-scale surveys have confirmed high prevalence of psychotic experiences in the general population,¹ and around 20% of individuals with psychotic experiences report persistent rather than transient experiences.² Although the presence of psychotic experiences is associated with an increased risk of developing psychotic disorders, for most people they do not become clinically relevant.¹ Individuals reporting persistent, non-distressing psychotic experiences for which they have not sought help and who have never been diagnosed with a psychotic disorder (ie, do not have a need for care³), form a unique group of particular importance in identifying potential risk and protective factors in the development of psychosis. The Unusual Experiences Enquiry (UNIQUE) study³ has shown that these individuals present with hallucinations in all sensory modalities, including first-rank symptoms.

Their experiences were enduring but less frequent than those in patients with psychosis, as has also been found in “healthy voice-hearers”.⁴ People without a need for care were differentiated from patients by an absence of paranoia, cognitive difficulties, and negative symptoms, which is in line with evidence that these issues are more predictive of transition to psychosis and poor functional outcomes than perceptual disturbances in ultra-high-risk individuals.^{5,6} These findings, along with sociodemographic differences between the groups,³ support the notion that psychotic disorders arise from a complex interplay between social, environmental, psychological, and biological determinants.^{7,8}

According to cognitive models of psychosis, appraisals (the interpretation and meaning attributed to experiences) are central to determining whether benign psychotic experiences develop into clinically relevant psychotic symptoms.^{8,9} With use of an in-depth interview

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Research in context

Evidence before this study

Cognitive models of psychosis propose that appraisals (ie, the interpretation and meaning attributed to experiences) are central to the transition from benign psychotic experiences to psychotic symptoms. We searched PsycInfo for articles investigating appraisals of psychotic experiences published from Jan 1, 2002, to May 5, 2017, without language restrictions. Using the search term “(‘appraisals’ AND ‘psychosis’ OR ‘schizo*’ AND ‘anomalous experiences’ OR ‘psychotic experiences’ OR ‘psychotic symptoms’)”, we identified 47 studies, of which 13 were from our group. The abstracts showed that 14 were relevant experimental studies and that the remaining 33 were review papers or book chapters, therapy outcome studies, or articles focusing on schemas, metacognitive beliefs, stigma, illness beliefs, or a combination of these features, rather than appraisals. Among the 14 relevant articles, seven compared adults with psychotic experiences with and without a need for care, and we excluded seven that involved only children or adolescents, people at high risk of developing psychosis, people with high versus low schizotypy, or those with psychosis. The seven selected studies highlighted differences in appraisals related to threat between individuals with and without a need for care, meaning that they centred on attributions of danger, emotional valence, and agency, and that people with clinical diagnoses typically viewed their experiences as being caused by other people who wished them harm. The

studies were, however, hampered by small sample sizes, and none provided convergent evidence on the role of appraisals obtained through both standard interviews and experimentally induced anomalous experiences.

Added value of this study

Our study, with a large sample size and the combined use of an in-depth interview with creative symptom-analogue tasks, showed clear and consistent differences in interpretations of individuals’ own and experimentally induced psychotic experiences between those with and without a need for care. The group with a psychotic disorder were more likely to display paranoid, personalising interpretations and less likely to have normalising and supernatural explanations than the non-clinical group, and appraised their psychotic experiences as more negative, dangerous, abnormal, and less controllable.

Implications of all the available evidence

Our findings and those from previous pilot studies support cognitive models of psychosis that emphasise the central role of appraisals of anomalous experiences in determining the route to psychosis and need for care. The evidence suggests that not making paranoid and threatening appraisals is protective against developing problematic outcomes of persistent anomalous experiences. These findings contribute to the identification of protective factors and determinants of wellbeing in the context of psychotic experiences.

approach,¹⁰ we have previously shown that non-clinical groups (ie, without a need for care) typically endorse normalising and spiritual or supernatural explanations of their psychotic experiences, whereas clinical groups (ie, with a need for care) are more likely to appraise their experiences as being dangerous and having been caused by other people (ie, personalising appraisals),^{10–12} which is in turn associated with distress.¹³ Importantly, the threat-based nature of the appraisals, rather than whether they were internal or external attributions, was the key differentiating factor between groups. A complementary approach to in-depth interviews is to induce anomalous experiences through experimental tasks, ensuring everyone is exposed to the same experience, and assess differences in the resultant appraisals. In pilot studies that used analogues of hearing voices and thought interference, patients scored higher on maladaptive appraisals than did non-clinical groups with persistent psychotic experiences,¹⁴ even when their symptoms had remitted.¹⁵ Therefore, the way in which psychotic experiences are interpreted, rather than merely their presence, is important to clinical status.

So far, studies have been hampered by small sample sizes, and none has provided convergent evidence on the role of appraisals through both standard interviews and experimentally induced anomalous experiences. The combination of these two approaches confers the

advantages of providing detailed contextual information specific to the individual and the ability to assess appraisal processes in real-time under experimental conditions. We report an assessment of appraisals in a large sample of individuals with persistent psychotic experiences with and without a need for care and a control group without psychotic experiences. We tested two hypotheses: first, that those in the clinical group would be more likely than those in the non-clinical group to display paranoid and threatening appraisals and less likely to display normalising and spiritual or supernatural appraisals, but would not differ on general externality of attributions (source of experience attributed as external to the self); and, second, that clinical participants would endorse more threatening explanations of experimentally induced anomalous experiences than non-clinical participants, who in turn would not differ from the control group.

Methods

Study design and participants

Three groups were recruited in the UK, from urban (London) and rural (Gwynedd, north Wales) areas. The first included patients diagnosed with a psychotic disorder (the clinical group), the second individuals from the general population with persistent psychotic experiences but without a need for care (the non-clinical

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