



Shorter communication

Intrusive mental imagery in patients with persecutory delusions

Katja Schulze^{a,*}, Daniel Freeman^b, Catherine Green^a, Elizabeth Kuipers^a^a Department of Psychology, Institute of Psychiatry, King's College, P.O. Box 77, London SE5 8AF, UK^b Department of Psychiatry, Oxford University, UK

ARTICLE INFO

Article history:

Received 12 September 2011

Received in revised form

26 September 2012

Accepted 1 October 2012

Keywords:

Persecutory delusions

Intrusive images

Anxiety

Psychosis schizophrenia

ABSTRACT

Recent theoretical and experimental work indicates a close connection between anxiety and paranoia. Cognitive processes that lead to the persistence of anxiety disorders may have a similar role in persecutory fears. One factor identified as important in anxiety disorders are intrusive mental images. These negative images are common in anxiety disorders, and associated with symptom persistence. The aim of the current study was to examine intrusive mental images in individuals with persecutory delusions. The prevalence and characteristics of self-reported paranoia-related intrusive images, and relationships between image ratings and clinical symptoms were examined in 40 patients with persecutory delusions. It was found that 73% ($n = 29$) of patients reported paranoia-related, recurrent intrusive images (e.g. being attacked with a knife). The degree to which the images provoked anxiety was associated both with greater general anxiety and with more distressing persecutory delusions. It is concluded that intrusive images may be relatively common in patients with persecutory delusions and may contribute to the distress of paranoid experiences. Re-scripting such images and their associated memories might be a way of developing cognitive behavioural therapy for psychosis.

© 2012 Elsevier Ltd. All rights reserved.

Introduction

Persecutory ideation contains two key elements: the idea that harm is occurring, or is going to occur, and that the persecutor has the intention to cause that harm (Freeman & Garety, 2000). Persecutory delusions involve threat beliefs and Freeman, Garety, Kuipers, Fowler, and Bebbington (2002) posit a central role for anxiety in paranoia. The role of anxiety in the development and persistence of persecutory delusions has support (see Freeman, 2007). However, an important process considered to be central to the maintenance of social anxiety and other anxiety disorders (e.g. Hirsch & Holmes, 2007) has not been directly investigated in individuals with persecutory delusions: the experience of negative intrusive images.

Negative intrusive images and anxiety

A mental image has been defined as a quasi-perceptual experience in any sensory modality, resembling a perceptual experience, but which occurs in the absence of external stimuli related to this perception (Thomas, 1999). Instances where such images are experienced involuntarily may be referred to as 'intrusive images'.

Recurrent, intrusive mental images are reported by patients across a range of disorders (Hirsch & Holmes, 2007). They frequently echo stressful and subjectively traumatic events or autobiographical memories, are recurrent and convey a current threat or distressing meaning for the individual. Examining the content and origin of intrusive images can be an effective means of accessing core beliefs and concerns, by eliciting what has been referred to as the "encapsulated meaning" of the image and any related memories (Wild, Hackmann, & Clark, 2007a, 2007b, 2007c; 2008). Experimental studies suggest that imagery may have a more powerful impact on emotional responses than verbal processing of the same material (Holmes & Mathews, 2005; Holmes, Mathews, Dalgleish, & Mackintosh, 2006). These characteristics make mental images a potentially important focus in psychological therapy. Imaginal rescripting of associated memories is a component of cognitive behavioural approaches in a number of disorders (e.g. Arntz & Weertman, 1999; Ehlers & Clark, 2000; Wild et al., 2007b, 2008) but research on this in psychosis is lacking so far (Arntz, 2012).

Intrusive images in psychosis

Little is known about the experience of intrusive images in people with psychosis. Morrison et al. (2002) examined the occurrence of imagery in 35 patients with psychosis. They found that a majority ($n = 26$) reported images, however, the findings

* Corresponding author. Tel.: +44 20 3228 2194; fax: +44 20 7848 5310.

E-mail addresses: k.schulze@iop.kcl.ac.uk, katja.schulze@slam.nhs.uk (K. Schulze).

were based on a small convenience sample of patients involved in cognitive therapy and data were collected by each patient's therapist. In their exploratory study, which indicated the potential importance of images in psychosis, only limited information on the clinical characteristics of the sample and subjective experiences of intrusions was reported, and there was no standardized assessment of affective or psychotic symptoms, nor any direct examination of relationships between experiencing intrusions and aspects of psychotic symptoms.

The current study

The present study focused on intrusive mental imagery in patients with persecutory delusions. The aim was to provide a detailed characterization of the experience of intrusive images and any related memories and to examine their relationship with delusional beliefs and affective symptoms.

The following hypotheses were tested:

1. Intrusive images will be identified by at least half of patients with persecutory delusions.
2. More distressing and anxiety provoking intrusions will be associated with higher levels of general anxiety.
3. More distressing and anxiety provoking intrusions will be related to greater delusional distress and conviction.
4. Higher levels of conviction in the underlying encapsulated meaning of images and/or memories will be associated with higher levels of delusional conviction and distress.

Method

Participants

The study was approved by an NHS research ethics committee. Participants who consented were recruited from inpatient and outpatient services in the South London and Maudsley NHS Foundation Trust. The inclusion criteria were: a current persecutory delusion meeting criteria provided by Freeman and Garety (2000); a case-note diagnosis of a schizophrenia spectrum disorder (schizophrenia, schizoaffective disorder, schizophreniform disorder, delusional disorder) or depression with psychotic symptoms; aged 18 years or above. The exclusion criteria were: a primary diagnosis of substance or alcohol dependence; a diagnosis of psychotic disorder due to a general medical condition; and insufficient command of English to complete the assessment.

Measures

Imagery interview and image ratings

Images were identified following the methodology employed in previous imagery research and described by Hackmann, Clark, and Mcmanus (2000), with an additional question about any "encapsulated meaning" (Wild et al., 2007a, 2007b, 2007c, 2008). A semi-structured interview was carried out with each participant individually by the first author to elicit any intrusive, recurrent images related to persecutory beliefs or experience of persecutory voices, any associated memories and to obtain a description of their content, context and their meanings. The interview lasted approximately 30–60 min.

Participants were first given an explanation of "mental images" for the purpose of the interview and imagery practice ("try to think of a lemon in the form of a picture that you can see in your mind's eye"). Participants were then asked a series of questions about any intrusive images in relation to aspects of persecutory beliefs and persecutory voices (where applicable) as identified in the clinical

interview (e.g. Some people have intrusive images relating to particular worries or concerns. Do you ever have any intrusive images or pictures that just pop into your mind when you have thoughts about [persecutory belief?]). If participants identified an intrusive, recurrent image, the following information was elicited:

- The content of the intrusive image and the context of the situation depicted in the image.
- Image distress, vividness, threat, uncontrollability and frequency: while keeping the intrusive image in mind, participants were asked to rate how distressing, vivid, threatening and uncontrollable they perceived it to be. Each dimension was rated on a scale from 0 (not at all) to 100 (extremely). Participants were also asked how frequently the image had occurred in the last week or month.
- The intensity of emotion associated with the image: participants were asked to rate to what extent the image made them feel sad, anxious, angry, helpless, guilty and ashamed on a scale from 0 (not at all) to 100 (extremely).
- The meaning of the image to the individual in relation to the self, others and the world.

Following this, participants were asked about any autobiographical memories related to the image (When in your life did you first experience the sort of sensations, emotions and thoughts like the ones in the image? Can you make out any particular memory or event that seems closely linked to the image?). If participants identified a related memory, the content and context of the remembered event and its meaning to the individual was explored.

Finally, the encapsulated meaning (i.e. a statement that aimed to capture the summarized meaning of the image and, where present, memory) was elicited. Participants rated how much they believed the statement to be true on a scale ranging from 0 (not at all) to 100 (extremely). Similar single item rating scales have been successfully employed in a number of studies of intrusive images and memories (Wild et al., 2007a, 2008).

Positive psychotic symptoms

Positive and Negative Syndrome Scale (PANSS). The 7 items of the PANSS positive symptom scale were used (Kay, Fiszbein, & Opler, 1987).

Psychotic Symptom Rating Scales (PSYRATS). The delusions and auditory hallucinations subscales of the PSYRATS (Haddock, Mccarron, Tarrier, & Faragher, 1999) were administered in a semi-structured interview. For the purpose of this study, the interview and ratings considered only persecutory beliefs as identified in the preceding clinical interview and did not include other delusional beliefs which may also have been present. Subjective ratings of conviction and distress associated with the delusional belief were also obtained using a 0–100 scale (i.e. the PSYRATS ordinal scale was not used for correlational analyses).

Green et al Paranoid Thoughts Scale (GPTS) Part B. The 16-item self-report persecution subscale of the GPTS (Green et al., 2008) was used to assess ideas of persecution.

Depression, anxiety and stress self-report

Depression Anxiety and Stress Scales (DASS). The DASS (Lovibond & Lovibond, 1995), a 42-item self report instrument, was used to assess the level of three related negative emotional states of depression, anxiety and tension/stress during the preceding week.

Procedure

Participants completed the demographic and clinical interview to obtain ratings for the PANSS and PSYRATS; they then filled in the

Download English Version:

<https://daneshyari.com/en/article/10444473>

Download Persian Version:

<https://daneshyari.com/article/10444473>

[Daneshyari.com](https://daneshyari.com)