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Characteristics of memories of delusion-like experiences within the psychosis continuum: Pilot studies providing new insight on the relationship between self and delusions



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ABSTRACT

Background and objectives: Delusions are usually anchored in past events associated with abnormal experiences or delusional interpretations of personal events. The characteristics of the memory of these experiences may contribute to maintain delusional beliefs by providing confirmatory evidence for the delusions. However, these aspects have not been investigated properly.

Method: Seventeen patients with schizophrenia were examined in study 1 during a face-to-face interview. The second study used a web-based design and included 83 participants without a psychotic disorder. Participants were asked to rate the vividness, emotional intensity and valence, and the centrality to the self of memories of delusion-like experiences (that were cued by means of the Peters et al. Delusional Inventory, PDI; Peters, Joseph, Day, & Garety, 2004) and positive and negative memories used as comparators.

Results: In both studies, the memories of delusion-like experiences were less vivid, less emotionally intense than positive (but not negative) memories and emotionally neutral. Their centrality to the self did not differ from that of positive and negative memories. Moreover, the severity of delusions in study 1 and delusion-proneness in study 2 were significantly correlated with vividness, emotional intensity, and centrality of memories of delusion-like experiences.

Limitations: The accuracy of memories of delusion-like experiences could not be checked making it difficult to distinguish them from delusional memories. The sample size was small in study 1.

Conclusions: Our results point to reciprocal relationships between delusions, self, and autobiographical memories of delusion-like experiences that are similar within the psychosis continuum and that may be involved in the maintenance of delusions.

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1. Introduction

Delusional beliefs are frequent clinical manifestations of psychosis. They are one of the key symptoms for the diagnosis of

schizophrenia, but are also found at various levels of intensity within the psychosis continuum ranging from nonclinical subjects to people diagnosed with a mental illness (Freeman, 2007; Van Os, Linscott, Myin-Germeys, Delespaul, & Krabbendam, 2009). According to cognitive models of delusions, delusions are considered as a breakdown of normal belief formation (Bell, Halligan, & Ellis, 2006; McKay, Langdon, & Coltheart, 2007; see also; Connors & Halligan, 2014) and their formation and persistence over time

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derive from cognitive, emotional, and perceptual abnormalities (Blackwood, Howard, Bentall, & Murray, 2001; Freeman, 2007; Garety & Freeman, 1999; Moritz et al., 2010).

1.1. Delusions, autobiographical memory and the self

In his review about memory and delusions, Kopelman underscored that “although delusions are not themselves a memory phenomenon, they become integrated into memory” (Kopelman, 2010 p.27). In fact, delusional beliefs of patients with schizophrenia are typically anchored in daily life situations (for instance, believing that the hospital food was poisoned after an indigestion). The memories of such situations may thus provide confirmatory evidence contributing to the maintenance of delusional beliefs (Freeman, 2007 p.449). Nonetheless, studies that examined memory bias in relation to delusions used episodic, non-ecological material (Kaney, Wolfenden, Dewey, & Bentall, 1992; Larøi, D’Argembeau, & Van der Linden, 2006; Taylor & John, 2004; for review; Lepage, Sergerie, Pelletier, & Harvey, 2007). In contrast very few studies examined memories of past personal events (also called autobiographical memories) (e.g., Baddeley, Thornton, Chua, & McKenna, 1995; Berna et al. 2014; David & Howard, 1994; Vorontsova, Garety, & Freeman, 2013). However, Connors and Halligan (2014, p.10) suggested in their review paper of cognitive models of belief that memory bias affecting particular categories of memories of past events may contribute to the construction and/or maintenance of beliefs.

In addition, we think that assessing autobiographical memory is relevant for a better understanding of delusions. Firstly, according to the model of the Self-Memory System put forward by Conway (2005), autobiographical memory is intimately connected with the self so that the self “grounds” on the memories of past events. Memories of particularly important events such as self-defining memories (Moffitt & Singer, 1994) or turning points (McAdams, 2001) exert stronger impact on the self than trivial personal events. In some case, psychotic experiences can be experienced by patients as “self-defining” leading them to reconsider themselves and their beliefs about other persons and the world in a completely different way (Berna et al., 2011; Chadwick, 2007; Lysaker, Tsai, Maulucci, & Stanghellini, 2008). Memories of psychotic episodes can thus provide material supporting a representation of self as “someone with mental illness” but also the view of self “someone very important” in the case of delusions of grandiosity.

1.2. Experimental studies investigating autobiographical memory in relation to delusions

A recent experimental study (Vorontsova et al., 2013) examining different factors involved in the maintenance of delusions in patients with schizophrenia included a measure of autobiographical memory specificity, which corresponds to the capacity to recall memories of unique past events. The authors found no significant contribution of autobiographical memory impairment to delusions’ maintenance, but the memories investigated in this study were cued by means of positive and negative cue words that did not trigger specifically memories relating to delusions. Another study (David & Howard, 1994) examined the characteristics of delusional memories in a small sample of four patients diagnosed with schizophrenia, who presented with this relatively rare symptom linked to persistent delusions. They showed that delusional memories had higher clarity and were more emotionally intense than both memories of real and imagined events used as comparative memories. It is worth mentioning that delusional memories correspond to the retrieval of improbable personal events in the form of memories. These memories have lost any contact with true

events but are highly consonant with the current delusional theme of the patients.

In a recent paper, we have proposed a cognitive model of persecutory delusions (Berna et al., 2014) based on Conway’s model of autobiographical memory (Conway, 2005). We suggest that persecutory delusions involve a biased memory of events associated with persecutory content and could be conceived as a particular form of abstract knowledge deriving from abstraction and semantization processes affecting memories of past events. More precisely, the repeated recording of memories associated with a feeling of persecutory would make them less and less distinctive with time and lead to the semantization of the delusional belief that is common to these experiences. The semantization process in memory may then lead memories to lose their uniqueness and to become summarized in the form of an abstract and conceptual representation. This representation evolves then gradually to a persistent delusional belief. At this stage, we hypothesize that patients may access vivid and emotional memories of delusional experiences, as they are consonant with their delusional beliefs (and contain confirmatory knowledge to these beliefs). In contrast, experiences with a content dissonant with the delusional self may be less easily retrieved (bias against non congruent knowledge).

We experimentally tested aspects of this model using a diary method (Berna et al., 2014). Basically, participants with schizophrenia and control participants were asked to record daily events associated or not with persecutory content in their diary during a period of two months. Our results showed that memories of daily life experiences associated with persecutory content were less distinctive and more schematized than other daily life experiences without persecutory content, providing some support to our hypothesis. Moreover, persecutory events that were altered on one element of their content and presented to the participants during a recognition test were more often falsely recognized as true events in comparison to non-persecutory events. This means participants had more difficulty accessing details stored in their autobiographical memory to disconfirm altered presentations of persecutory events. In contrast, the intensity of emotions associated with memory retrieval of persecutory events and the consonance between their persecutory content and the belief of the participants were pointed as two factors providing “confirmatory evidence” for the veracity of the altered description of the persecutory events.

Altogether, these studies have paved the way for further investigations of the role of autobiographical memories for a better understanding of delusions. They also revealed contradictory results by showing that memory of events with persecutory experience are less detailed and more schematized than other memories (Berna et al., 2014) and that delusional memories are more clear and vivid than other memories (David & Howard, 1994). The fact that patients included in the latter study had more severe delusions than those included in the former raises here the issue of the role of delusions severity in the characteristics of the memories of delusional experiences. Moreover, as both studies investigated limited aspects of the memories of delusional experiences, the exploration of a larger set of delusional or abnormal beliefs is needed to examine further the relationship between autobiographical memories and delusions.

1.3. Aim and prediction

The aim of the present study was to investigate autobiographical memories of delusion-like experiences (for instance the feeling to be a very special or unusual person, or that electronic devices can influence the way we think) that stand out from the usual experiences of daily life and that can be encountered with various frequency and intensity both by people with and without a diagnosis

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