

Additional support for the cognitive model of schizophrenia: evidence of elevated defeatist beliefs in schizotypy

Lauren Luther*, Michelle P. Salyers, Ruth L. Firmin, Matthew P. Marggraf,
Beshaun Davis, Kyle S. Minor

Indiana University-Purdue University Indianapolis, Department of Psychology, 402 N. Blackford St., LD 124, Indianapolis, IN, 46202, USA

Abstract

Objectives: The cognitive model of poor functioning in schizophrenia posits that defeatist performance beliefs—overgeneralized negative beliefs about one's ability to perform tasks—develop prior to the onset of psychosis and contribute to the development and maintenance of negative symptoms and poor functioning. Although several studies with schizophrenia samples have provided support for the model, there is a paucity of research investigating these beliefs in individuals with schizotypy—those exhibiting traits reflecting a putative genetic liability for schizophrenia. This study had two aims: to examine whether defeatist performance beliefs (1) are elevated in schizotypy compared to controls and (2) are associated with decreased quality of life and working memory and increased negative but not positive schizotypy traits in the schizotypy group.

Methods: Schizotypy ($n = 48$) and control ($n = 53$) groups completed measures of schizotypy traits, defeatist performance beliefs, quality of life, and working memory.

Results: Analyses revealed that the schizotypy group reported significantly more defeatist performance beliefs than the control group. Within the schizotypy group, increased defeatist performance beliefs were significantly associated with greater negative schizotypy traits and lower quality of life. No significant associations were observed between defeatist performance beliefs and positive schizotypy traits and working memory.

Conclusions: Results generally support the theoretical validity of the cognitive model of poor functioning in schizophrenia and suggest that elevated defeatist performance beliefs may contribute to the manifestation of subclinical negative symptom traits and reduced quality of life among those with a latent vulnerability for schizophrenia.

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1. Introduction

Functional difficulties have long been observed in individuals with schizophrenia-spectrum disorders [1,2] spanning social, occupational, and community living domains [3]. These impairments have been identified in individuals in various phases of their illness, including in individuals with schizotypy, the 10% of the population exhibiting traits reflecting a putative genetic liability for schizophrenia. Specifically, individuals with schizotypy have been found to

report impairments in social functioning [4,5] and notable declines in quality of life [6–8]. However, there is recent evidence to suggest that while individuals with schizotypy report subjective declines in quality of life similar to those with diagnoses of schizophrenia or bipolar disorder, they do not demonstrate commensurate objective deficits in quality of life [9]. These findings suggest that psychological factors play a role in attenuated self-reported functioning in schizotypy.

The cognitive model of poor functioning in schizophrenia points to a potential psychological mechanism for poor functioning: negative or defeatist beliefs [10]. Specifically, the model posits that individuals with a vulnerability to schizophrenia often experience cognitive impairments that can hinder normal adjustment in social and academic domains, which likely contribute to poor school or work performance or social problems. Consequently, these problems in social or occupational functioning can lead to the formation of defeatist beliefs about one's abilities. In turn, defeatist beliefs can

* Corresponding author at: IUPUI School of Science, Department of Psychology, 402 N. Blackford St., LD 124, Indianapolis, IN, 46202, USA. Tel.: +1 317 278 5694; fax: +1 317 274 6756.

E-mail addresses: lutherl@iupui.edu (L. Luther), mpsalyer@iupui.edu (M.P. Salyers), rfirmin@iupui.edu (R.L. Firmin), mpmarggr@umail.iu.edu (M.P. Marggraf), davisbes@iupui.edu (B. Davis), ksminor@iupui.edu (K.S. Minor).

reduce motivation or engagement in tasks or goal-directed activities in individuals with a vulnerability for schizophrenia. Further, decreased engagement and increased withdrawal from tasks can also serve as a maladaptive technique to avoid expected poor performance or failure, thereby strengthening defeatist beliefs by limiting experiences to counter negative beliefs about one's abilities [11,12]. Ultimately, as a result, negative symptoms may develop, and functioning can become further impaired.

Empirical studies have garnered support for the cognitive model of poor functioning by finding associations between defeatist beliefs, cognitive impairments, negative symptoms, and functional impairments in individuals with schizophrenia. To date, defeatist performance beliefs—a specific subtype of defeatist beliefs that focuses on overgeneralized negative beliefs about one's ability to successfully perform tasks—have received the most empirical support. Indeed, individuals with schizophrenia have been found to report increased defeatist performance beliefs compared to healthy controls [13–15]. Cross-sectional studies have also found that increased defeatist performance beliefs are associated with elevated overall and domain-specific cognitive impairments [13,16] including, for example, deficits in working memory and verbal learning [17]. Increased defeatist performance beliefs have also shown associations with increased negative symptoms, but not positive symptoms, as well as reduced functioning in individuals with schizophrenia [11,13,14,16]. Moreover, some [13,18] but not all [11] studies have found that increased defeatist performance beliefs are associated with greater depressive symptoms; however, importantly, the relationship between defeatist performance beliefs and negative symptoms remains significant even after controlling for depressive symptoms [13,18]. Taken together, these studies point to defeatist performance beliefs as an important psychological factor with implications specifically for negative symptoms and poor functioning in individuals with schizophrenia.

Defeatist performance beliefs have been assessed in inpatients and outpatients with schizophrenia [13,16], older adults with schizophrenia [19], individuals with deficit syndrome schizophrenia [20], those with recent on-set schizophrenia [15], and veterans with schizophrenia [14]. Despite considerable research in schizophrenia samples, there is a dearth of research investigating defeatist performance beliefs in individuals with schizotypy. To our knowledge, only one study has assessed defeatist performance beliefs in individuals on the lower end of the schizophrenia-continuum. Specifically, Perivoliotis et al. [12] conducted a pilot study in which they examined defeatist performance beliefs in 38 treatment-seeking individuals who were deemed to be at high risk of developing psychosis and found that compared to 51 controls, those at high risk reported significantly more defeatist performance beliefs. Although Perivoliotis et al. [12] provide important initial evidence in higher functioning individuals on the schizophrenia-continuum, several factors suggest the need

for additional research, including the use of an abbreviated defeatist performance beliefs measure, lack of a cognitive performance measure, and nature of the sample (i.e., treatment seeking, already experiencing prominent psychotic symptoms). Given that individuals with schizotypy are generally considered to fall at the “healthier” end of the schizophrenia-spectrum, assessing whether individuals with schizotypy also evidence elevated defeatist performance beliefs will provide an important test of the theoretical validity of the cognitive model of poor functioning in schizophrenia. Moreover, identification of psychological factors like defeatist beliefs that might play a role in functional declines in schizotypy may help to improve prevention and early intervention efforts.

Therefore, this study examined defeatist performance beliefs in individuals with schizotypy outside of a treatment setting. Specifically, because prior research and theoretical work suggest that schizotypy is a categorical construct [21,22], we used a well-established psychometric identification method [23,24] to identify and then compare a college sample with schizotypy (i.e., individuals with scores at the high end of the continuum) to a college sample control group (i.e., individuals with relatively normal scores). The use of college samples is theoretically beneficial because participants are assessed near the peak age of schizophrenia onset [25]. Moreover, schizotypy samples can be examined without confounding factors, such as medication effects, stigma, and prolonged institutionalization that are usually apparent in individuals with schizophrenia [26]. Psychometrically identified individuals may also be less symptomatic than other schizophrenia-spectrum groups, in part because college samples may have adequate cognitive, social, and fiscal resources to pursue and attend higher education [6]. Consequently, investigation of defeatist performance beliefs in a college sample provides an important test to determine whether defeatist performance beliefs are present at elevated levels in higher-functioning groups on the schizophrenia-spectrum. Specifically, this study had two sets of hypotheses:

1. Compared to the control group, the schizotypy group will report more defeatist performance beliefs, lower quality of life, and, based on findings from Chun et al. [6], greater impairment in working memory.
2. Based on previous research [12], within the schizotypy group, increased defeatist performance beliefs will be significantly correlated with increased negative schizotypy traits and reduced quality of life and working memory but will not be significantly correlated with positive schizotypy traits. Further, the relationship between defeatist performance beliefs and negative schizotypy traits will be independent of positive schizotypy traits and depressive symptoms. We also explored the relationship between defeatist performance beliefs and disorganized schizotypy traits and depressive symptoms in the schizotypy group, as well as the aforementioned correlations in the control group.

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