



Review article

Conceptualising paranoia in ASD: A systematic review and development of a theoretical framework

Debbie Spain^{a,b,*}, Jacqueline Sin^{a,c}, Daniel Freeman^d^a Institute of Psychiatry, Psychology & Neuroscience, King's College London, United Kingdom^b South London & Maudsley NHS Foundation Trust, United Kingdom^c St. George's, University of London, United Kingdom^d Department of Psychiatry, University of Oxford, United Kingdom

ARTICLE INFO

Article history:

Received 31 August 2015

Received in revised form 1 February 2016

Accepted 3 February 2016

Available online xxx

Keywords:

Autism spectrum disorder

Asperger syndrome

Paranoia

Systematic review

Theoretical framework

ABSTRACT

Paranoia, unfounded ideation that others deliberately intend harm, has predominately been studied in schizophrenia. Increasingly, it is recognised that there is a spectrum of severity of excessive mistrust across the general population. Relatively little is known about paranoia in individuals with autism spectrum disorders (ASD), but rates could be expected to be higher given both difficulties in understanding others' mental states and frequent experiences of negative social interactions. A systematic search of English-language peer-reviewed publications was undertaken to synthesise empirical research about paranoia in ASD. Seven studies, comprising a total of 180 ASD participants, met the inclusion criteria. All the studies were cross-sectional, thereby limiting causal interpretations. Individuals with ASD were consistently found to have higher levels of paranoia compared to non-clinical controls, and lower levels than individuals with current psychotic experiences manifesting in the context of schizophrenia. Furthermore, the initial evidence indicates that paranoia in ASD may be linked with theory of mind performance, negative affect, and jumping to conclusions, but not to attributional style. As in typically-developing populations, causal and maintaining mechanisms for paranoia in ASD, against a background of genetic and environmental risk, most likely include cognitive and affective processes interacting with social factors. We hypothesise, however, that core ASD characteristics and associated neurocognitive impairments also serve to precipitate and perpetuate paranoia. A framework to guide further investigation is outlined.

© 2016 Elsevier Ltd. All rights reserved.

Contents

1. Introduction	98
2. Method	99
2.1. Search strategy	99
2.2. Study inclusion and exclusion criteria	100
2.3. Analysis plan	100
3. Results	100
3.1. Search results and data extraction	100
3.2. Overview of studies	103

* Corresponding author at: Institute of Psychiatry, Psychology & Neuroscience, King's College London, United Kingdom.

E-mail address: debbie.spain@kcl.ac.uk (D. Spain).

3.3.	Participant characteristics	103
3.4.	Quality assessment of included studies	104
3.5.	Establishing rates of paranoia	104
3.6.	Associations between autistic traits and paranoia	104
3.7.	Psychological variables associated with paranoia	105
3.7.1.	Theory of mind	105
3.7.2.	Attributional style	105
3.7.3.	Self-representation and self-awareness	105
3.7.4.	Reasoning style	105
3.7.5.	Anxiety and depression	105
3.7.6.	Fear of negative evaluation	105
3.7.7.	Self-esteem	105
3.7.8.	Suggestibility, vulnerability and compliance	106
4.	Discussion	106
4.1.	Overview	106
4.2.	Conceptualising paranoia in ASD	107
4.3.	Limitations	107
4.4.	Research implications	107
4.5.	Clinical implications	108
4.6.	Conclusion	108
	Acknowledgements	108
	References	108

1. Introduction

Autism spectrum disorders (ASD) are childhood onset, behaviourally defined, neurodevelopmental conditions. Core ASD characteristics include socio-communication impairments, adherence to non-functional rituals and routines, and engagement in a narrow repertoire of interests and activities (APA, 2014; WHO, 1992). ASD prevalence rates are reported to just exceed 1% of the population (Brugha et al., 2011), however given significant clinical heterogeneity, and potential sex differences in symptom profiles (Van Wijngaarden-Cremers et al., 2014), it is conceivable that rates are underestimated (NICE, 2011, 2012).

Although diagnostic overshadowing may mar a full assessment of psychopathology, studies consistently indicate that individuals with ASD are highly likely to experience psychiatric co-morbidities (Joshi et al., 2013; Russell et al., 2015; Simonoff et al., 2008), including anxiety disorders (White, Oswald, Olendick & Scahill, 2009), obsessive compulsive disorder (OCD) (Cadman et al., 2015), low mood and depression (Ghaziuddin, Ghaziuddin & Greden, 2002), and psychosis (Chisholm, Lin, Abu-Akel & Wood, 2015). Similarly, transdiagnostic characteristics – i.e. symptoms which can manifest across a range of psychiatric disorders – occur commonly. Such characteristics can include problems with eating and ‘food selectivity’ (Marí-Bauset, Zazpe, Mari-Sanchis, Llopis-González & Morales-Suárez-Varela, 2014), sleep disturbance (Elrod and Hood, 2015), emotion dysregulation (Weiss, 2014), and paranoia (Blackshaw, Kinderman, Hare & Hatton, 2001).



Fig. 1. The paranoia hierarchy (Freeman et al., 2005).

Download English Version:

<https://daneshyari.com/en/article/6848023>

Download Persian Version:

<https://daneshyari.com/article/6848023>

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