



## Shorter communication

## The influence of thought control on the experience of persecutory delusions and auditory hallucinations in daily life

Samantha Hartley<sup>a, b, \*</sup>, Gillian Haddock<sup>a, c</sup>, Débora Vasconcelos e Sa<sup>a</sup>, Richard Emsley<sup>d</sup>, Christine Barrowclough<sup>a, c</sup><sup>a</sup> School of Psychological Sciences, University of Manchester, UK<sup>b</sup> Greater Manchester West Mental Health NHS Foundation Trust, UK<sup>c</sup> Manchester Mental Health and Social Care Trust, UK<sup>d</sup> Centre for Biostatistics, University of Manchester and Manchester Academic Health Sciences Centre, UK

## ARTICLE INFO

## Article history:

Received 30 April 2014

Received in revised form

21 November 2014

Accepted 1 December 2014

Available online 6 December 2014

## Keywords:

Psychosis

Delusion

Hallucination

Experience sampling

Thought control

Suppression

## ABSTRACT

Attempts to control or suppress thoughts are often unsuccessful and may even lead to an increase in the unwanted content. Intrusive thoughts and thought control are influential in the experience of psychosis, although recent findings have arisen from non-clinical samples and data tend to be retrospective in nature. The current study utilised repeated momentary assessments (experience sampling methodology) delivered as part of participants' daily routine to examine the associations between thought control and the experience of persecutory delusions and auditory hallucinations. The findings revealed that thought control was related to the subsequent severity and distress in relation to psychotic symptoms. Moreover, most of these effects persisted over two subsequent monitoring timepoints, although their size was diminished. These findings add weight to models of psychosis that include a role for thought control, and also highlight opportunities for targeted momentary interventions. Future work might seek to elucidate which specific aspects of thought control are important, alongside the use of more multifaceted measures of psychotic experiences.

© 2014 Elsevier Ltd. All rights reserved.

## Introduction

When people experience distressing, intrusive or otherwise unwanted thoughts they may attempt to regain control of their thinking. Thought control can include attempts to distract oneself, engage in social interaction, worry, shift focus to other negative thoughts, punish oneself or re-appraise the thought (Wells & Davies, 1994). However, these strategies are not always effective. Suppressing one's thoughts can be particularly troublesome as it often results in a rebound effect whereby the frequency of the thought actually increases, and the thought content becomes even more accessible than before (Wegner, Schneider, Carter, & White, 1987; Wenzlaff & Wegner, 2000).

Intrusive thoughts have been identified as a feature of psychosis (Morrison, 2001); thus the exploration of thought control in this

context is a natural extension of this line of investigation. Studies have shown that people meeting criteria for a diagnosis of schizophrenia differ from those without a diagnosis in terms of the control strategies they employ (Morrison & Wells, 2000). Moreover, there is evidence that thought control strategies are similar for those diagnosed with Generalised Anxiety Disorder (GAD) and psychosis (Freeman & Garety, 1999), and that those predisposed to experience hallucinations have a propensity towards punishment strategies and the re-appraisal of thoughts (Morrison, Wells, & Nothard, 2000). Recently, work with sub-clinical samples has demonstrated that thought suppression and anxiety interact to predict persecutory beliefs (Jones & Fernyhough, 2008) and that suppression forms part of a model linking rumination, intrusive thoughts and hallucination proneness (Jones & Fernyhough, 2009).

This body of work seems to suggest that thought control, particularly suppression, punishment and reappraisal strategies might be influential in the experience of psychosis. What has not yet been explored is how this relationship plays out in the daily life of people experiencing clinical levels of delusional beliefs and/or auditory hallucinations. The current study utilised experience sampling methodology (ESM; Myin-Germeys et al., 2009; Palmier-

\* Corresponding author. School of Psychological Sciences, 2nd Floor, Zochonis Building, University of Manchester, Brunswick Street, M13 9PL, UK. Tel.: +44 0161 275 8497.

E-mail address: [samantha.hartley@manchester.ac.uk](mailto:samantha.hartley@manchester.ac.uk) (S. Hartley).

Claus et al., 2010), which involves repeated unpredictable assessments of experiences during the course of participants' daily life. We investigated the hypotheses that antecedent thought control would be related to current levels of persecutory delusions and auditory hallucinations, and the distress that these experiences elicit. The data were captured momentarily as part of participants' daily routine, thus providing a greater degree of ecological validity, reduced chance of retrospective recall bias and a rich dataset within which to examine these relationships.

## Method

### Design

The study combined within-subjects (momentary assessments) and between-subjects (semi-structured interview) measures; the latter to assess general levels of symptomatology.

### Participants

Following approval by the North West 12 NHS Research Ethics Committee and local research and development offices, participants were recruited from five mental health trusts between March 2011 and April 2012. Recruitment was implemented via community mental health teams and early intervention services, where key workers passed information onto potentially eligible participants, who were then contacted by the research team prior to written consent being obtained. The study was also advertised within independent sector service user and carer groups.

Participants met the following inclusion criteria:

1. Diagnosis of schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder or psychotic disorder (not otherwise specified).
2. Receiving mental health services in North West NHS trusts.
3. Able to provide informed consent.
4. Experiencing persecutory delusions and/or auditory hallucinations as evidenced by Positive and Negative Syndrome Scale (PANSS; Kay, Opler, & Fiszbein, 1987) [a score 3 or more on the delusions subscale (P1) with content of a persecutory nature; a score of 3 or more on hallucinations (P3) subscale, with auditory content].

As per the inclusion criteria of an adjoined study, participants also had at least 10 h per week contact with a key relative (such as a parent, sibling or partner), although did not necessarily share residence with them.

Potential participants were excluded if:

1. They had a primary organic disorder
2. Their comprehension or production of the English language was insufficient to support the questionnaire and ESM assessments

### Measures

#### 1. Experience sampling method (ESM)

*Item development.* ESM items used in the current study were produced following a rigorous process involving several stages of design, review, consultation and revision.

In order to capture both momentary experiences and more protracted processes, the final items were preceded by one of two phrases: 'Just before the beep' or 'Since the last beep'. The items analysed in the current study formed part of a larger set, some analyses from which are reported elsewhere (Hartley, Haddock,

Vasconcelos e Sá, Emsley, & Barrowclough, 2014). Each item followed the same response format, which used a Likert scale ranging 1–7 anchored at 1 (Not at all), 4 (Moderately) and 7 (Very much). Items explored auditory hallucinations ('Just before the beep went off I was hearing voices that other people cannot hear'), persecutory delusional ideation ('Just before the beep went off I was feeling that someone may try to cause me harm'), and thought control ('Since the last beep I have been trying to stop unwanted thoughts'). Where participants responded with '2' or above, items regarding auditory hallucinations and delusions were followed by an additional item, 'This was distressing'.

*ESM hardware, software and sampling scheme.* The ESM items were presented and data collected via a Palm computer (model Tungsten E2) with ESP software installed (Barrett & Feldman Barrett, 2000). Participants were prompted to fill out the diary questions on the Palm in response to an electronic beep of a programmed watch (Timex Iron Man).

The beeps were delivered within a pseudo-random stratified scheme, which was implemented between 0900 and 2400, 10 times per day over six days. The random scheme allowed a range of 90 min within which at least one beep would occur, and a maximum of 3 h and minimum of 15 min between each beep. Participants were informed only of the start and end points of the scheme and unpredictability of the prompts. ESM reports were considered valid if completed within a 15 min window of the beep, a criteria that was applied as part of data preparation.

#### II. Non-ESM measures

Demographic information was collected at baseline via a brief interview assessment including questions on ethnicity, marital and employment status, living arrangements and education.

The severity of positive, negative and general psychotic experiences was assessed using the Positive and Negative Syndrome Scale (Kay et al., 1987), with more detail regarding the experiences of interest (delusions and auditory hallucinations) provided by the Psychotic Symptoms Rating Scales (PSYRATS; Haddock, McCarron, Tarrrier, & Faragher, 1999). The PSYRATS consists of two scales designed to rate auditory hallucinations and delusions and demonstrates good inter-rater reliability and correlations with PANSS scores. Inter-rater reliability within the current study was assessed using a random sample of three of the 36 cases. Intra-class correlations showed that reliability was good for both the PANSS (ICC = .985) and the PSYRATS (ICC = .863).

#### Procedure

Screening using the PANSS and PSYRATS was completed and reviewed prior to the ESM phase. Participants identified as ineligible according to their current levels of symptomatology were debriefed and thanked for their time. Eligible participants were briefed prior to the commencement of the ESM phase; this involved explanation of the equipment and questions, practice data inputting and discussions around any concerns or ambiguities. Participants were then contacted on the first day of data collection to explore any concerns and check compliance. Following the ESM data collection phase, researchers met with participants again to complete debrief procedures and a feedback questionnaire.

#### Statistical analyses

ESM data were analysed using the XTMIXED command in Stata (Version 12). As the ESM measures have a 3 level hierarchical structure (beeps nested within days nested within participant) we used multilevel modelling to account for the clustering in outcomes

Download English Version:

<https://daneshyari.com/en/article/901814>

Download Persian Version:

<https://daneshyari.com/article/901814>

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