Referential Delusions of Communication and Projection of Self-Perceived Negative Traits

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Doctor of Clinical Psychology

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Declaration

I hereby certify that the work embodied in this thesis is the result of original research and has not been submitted for a university degree or other similar qualification to any other University or Institution.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University library**, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

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Abstract

Single-symptom research has resulted in valuable contributions to our understanding of psychotic symptoms. Despite a high rate of occurrence, it remains that relatively little research has been undertaken in the area of delusions of reference. One kind of delusion of reference, known as delusions of communication (DoC), involves mistaken beliefs that others are communicating with the self in subtle and mysterious ways. Preliminary evidence suggests that these delusions are similar to auditory verbal hallucinations (AVH) in that what seems to be communicated concerns the self and originates from the self, although the origin is not recognised but attributed externally, though in the case of DoC the impairments in reality discrimination occur for nonverbal material. However, no direct evidence has been provided so far that it is the patients' unwanted thoughts about themselves that are externalised. It was anticipated that the current research would provide direct evidence that people with DoC perceive their own implicit and explicit self-evaluations as being communicated to them through gestures. It was hypothesised that people with DoC would be more likely to perceive a gesture as present when it was not, that they would make more negative interpretations of gestures, and that negative interpretations made by people with DoC would be more likely if they had endorsed negative traits as self-descriptive. It was also anticipated that negative interpretations would be more likely to be made by people with DoC if they had both endorsed and recalled negative self-descriptive traits. It was hypothesised that people with DoC would be most likely to make negative interpretations of gestures if they had recalled negative traits, however had not endorsed these traits as self-descriptive previously. Patients between the ages of 18 and 60 on the wards of psychiatric inpatient facilities were recruited for the study. The

Self Referential Incidental Recall Task (SRIRT) was used to identify traits that participants either perceived as applying to themselves, or feared could apply to them. Video clips were presented to test errors of gesture interpretation. Error rates were analysed with generalised linear models with a binomial distribution and a logit link function with severity ratings as predictors. Age, gender, age at onset, number of hospital admissions, acuity, and IQ were entered as covariates. Contrary to the hypotheses, severity of DoC was not an independent predictor, though it did enter into two highly significant interactions with AVH. When both hallucinations and delusions were severe, the rate of total errors and of errors in which non-gestures were seen as gestures or SRIRT words, was greatly increased. Covariates that were predictive of errors were anxiety, number of hospital admissions, lower levels of depression, and lower IQ scores. The strengths, limitations, and implications of the research results are discussed, along with future directions.