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**THE ROLE OF UNUSUAL CONSCIOUS EXPERIENCES
IN MENTAL ILLNESS:**

**AN EXPLORATION GUIDED BY PROCESS MODELS OF SYMPTOM FORMATION
AND BY A HIERARCHICAL THEORY OF PERSONAL ILLNESS**

**A thesis presented in partial fulfilment
of the requirements for the degree of Master
of Arts in Psychology at Massey University**

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ABSTRACT

The relationship between non-clinical unusual conscious experiences and mental illness was explored cross-sectionally in 104 users of community mental health services. Morris (1997) organised unusual conscious experiences and psychiatric symptoms according to the cognitive process errors believed to underlie them, and highlighted the role in the formation of symptoms of difficulties in determining the intentions of the self and others. Foulds's (1976) hierarchical theory of personal illness predicted that progressively more serious layers of symptoms would be experienced, in addition to those already present, as the ability to discern intentionality diminished. Participants completed the Delusions-Symptoms-States Inventory and the Conscious Experiences Questionnaire, and their primary clinicians provided Global Assessment of Functioning ratings. Foulds's hierarchical theory was found to be valid, and the frequency of unusual conscious experiences and deficits in determining intentionality increased the higher participants were placed on his hierarchy. Global functioning, although unrelated to position on the hierarchy or symptom related distress (findings attributed to the failure to assess negative symptoms) was weakly associated with the frequency of unusual conscious experiences. Cognitive process errors were positively correlated with each other, consistent with the errors occurring in the course of a single underlying process. Predicted associations were found between: delusions of persecution and difficulties in determining the intentions of others; hallucinations and the attribution of imagined percepts to external sources; grandiose delusions and the attribution of the actions of others to the self; conversion symptoms and the attribution of actions of the self to external sources; dissociative symptoms and the attribution of percepts with an external origin to the imagination; and delusions (of grandiosity, persecution, contrition, and passivity) and the attribution of events to an unseen power or force. Predicted associations were not found for passivity delusions or delusions of contrition. The implications for dimensional conceptions of mental illness are discussed, and research recommended to isolate the trait component of unusual conscious experiences. The utility of the cognitive process and intentionality findings are discussed in terms of generating hypotheses for future research, and guiding cognitive behaviour therapy and clinical management.

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Table of Contents

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
TABLE OF CONTENTS.....	iv
LIST OF FIGURES AND TABLES.....	vii
CHAPTER 1: INTRODUCTION	
1.1 Overview.....	1
CHAPTER 2: UNUSUAL CONSCIOUS EXPERIENCES	
2.1 Schizotypy – What is it?.....	3
2.2 Clinical diagnostic criteria and blood relationship.....	4
2.3 Psychometric schizotypy.....	6
2.4 Categorical and dimensional perspectives.....	10
2.5 Predicting psychosis.....	12
2.6 Relationship to other clinical phenomena.....	13
2.7 Synopsis.....	14
CHAPTER 3: THE SYMPTOMS OF PSYCHIATRIC ILLNESS	
3.1 The positive symptoms of schizophrenia.....	16
3.2 The dimensions of schizophrenia.....	17
3.3 The dimensions of psychiatric symptoms generally.....	19
3.4 Why the focus on schizophrenia?.....	22
3.5 The benefits of a symptom approach.....	22
3.6 The benefits of a hierarchical approach.....	23
3.7 Foulds’s (1976) hierarchical model of psychiatric illness.....	24
3.8 The present study.....	31
CHAPTER 4: PROCESS MODELS OF SYMPTOM FORMATION	
4.1 Process models of symptom formation.....	32
4.2 A process based questionnaire	39
4.3 The present study.....	40
CHAPTER 5: FUNCTIONING AND UNUSUAL CONSCIOUS EXPERIENCES	
5.1 Functioning and unusual conscious experiences	42
5.2 The present study	44
CHAPTER 6: THE PRESENT RESEARCH	
6.1 The validity of Foulds’s (1976) hierarchical theory (Hypothesis 1).....	45

6.2	The relationship between the frequency of unusual conscious experiences and the severity of psychiatric symptoms (Hypotheses 2).....	45
6.3	The relationship between deficits in the ability to determine intentionality and the severity of psychiatric symptoms (Hypotheses 3).....	46
6.4	Relationships to functioning (Hypotheses 4 to 6).....	46
6.5	Interrelationships between unusual conscious experiences (Hypotheses 7 and 8).....	47
6.6	Relationship between cognitive processes and symptoms (Hypotheses 9 to 15).....	48
CHAPTER 7: METHOD		
7.1	Design.....	49
7.2	Participants.....	49
7.3	Measures.....	51
7.3.1	Unusual conscious experiences, cognitive processes, and awareness of intentionality: The Conscious Experiences Questionnaire (CEQ).....	51
7.3.2	Psychological symptoms, Foulds's hierarchical theory, and symptom related distress: The Delusions-Symptoms-States Inventory (DSSI).....	53
7.3.3	Global functioning: The Global Assessment of Functioning (GAF).....	56
7.4	Procedure.....	57
7.5	Missing data and data management.....	61
7.6	Data analysis.....	61
CHAPTER 8: RESULTS		
8.1	Descriptive statistics.....	63
8.2	The role of gender: preliminary analyses.....	64
8.3	Hypothesis 1.....	65
8.4	Hypotheses 2.....	65
8.5	Hypotheses 3.....	67

8.6	Hypotheses 4 to 6.....	69
8.7	Hypotheses 7 and 8.....	73
8.8	Hypotheses 9 to 15.....	74

CHAPTER 9: DISCUSSION

9.1	Brief summary of the main findings.....	81
9.2	Descriptive statistics.....	82
9.3	Hypothesis 1.....	83
9.4	Hypotheses 2.....	84
9.5	Hypotheses 3.....	84
9.6	Hypotheses 4 to 6.....	85
9.7	Hypotheses 7 and 8.....	89
9.8	Hypotheses 9 to 15.....	90
9.9	An integration of the findings.....	94
9.10	Implications of the research.....	97
9.11	Limitations of the study and suggestions for further research.....	98

REFERENCES.....	100
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APPENDICES

Appendix A: Information Sheet and Consent Form.....	113
Appendix B: Clinician's Information Sheet, Clinician's Report Form, and the GAF.....	116
Appendix C: The Cover Sheet, the CEQ (Questionnaire I), the DSSI (Questionnaire II).....	119
Appendix D: Means and standard deviations for males and females for the study variables; Levine's test p values for equality of variances; and the t values applicable to group differences (two-tailed, and without adjustment for multiple comparisons).....	135

List of Figures and Tables

Figure		Page
1	Patterns conforming with the Foulds hierarchical model (adapted from Bedford & Deary, 1999)	26
2	Combined mean scores of intentionality, intentions of others, intentions of self, and non-intentionality subscales, by the highest class of symptoms experienced in Foulds's (1976) hierarchy.	69
3	Mean global functioning score by gender and class on Foulds's (1976) hierarchy	70
4	Mean global functioning score by gender and broad DSM-IV diagnostic grouping	72
Table		
1	Scales loading onto the "Aberrant Perceptions And Beliefs" factor	9
2	The positive symptoms of schizophrenia	16
3	Factor analysis of schizotypy scales, compared with factor analyses of symptom scales (participants with schizophrenia)	18
4	Factor analyses of symptom scales (heterogeneous groups of Psychiatric patients)	21
5	DSSI studies reporting the percentages fitting the hierarchy of classes of personal illness model	29
6	Kinds of monitoring error, the applicable domain, and applicable CEQ subscale	34
7	Sample characteristics	50
8	Descriptive statistics, Cronbach alpha coefficients and test- retest statistics for the CEQ and its subscales.	52
9	Descriptive statistics for the study variables	64
10	Means and standard deviations of Foulds's (1976) classes by total unusual conscious experiences, together with the significance of group differences (Bonferroni adjusted)	66
11	Means and standard deviations for Foulds's (1976) classes of	68

	scores on subscales measuring and not measuring intentionality, together with the significance of p values (Bonferroni adjusted).	
12	Means and standard deviations global functioning scores for each gender in relation to the highest class satisfied on Foulds's hierarchy	70
13	Mean global functioning scores by DSM-IV diagnostic grouping and gender	71
14	Correlations between subscales of the Conscious Experiences Questionnaire.	74
