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# Using virtual reality to investigate psychological processes and mechanisms associated with the onset and maintenance of psychosis: a systematic review

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## Abstract

### Purpose

In the last decade researchers have embraced virtual reality to explore the psychological processes and mechanisms that are involved in the onset and maintenance of psychosis. A systematic review was conducted to synthesise the evidence of using virtual reality to investigate these mechanisms.

AQ1

### Methods

Web of Science, PsycINFO, Embase, and Medline were searched.. Reference lists of collected papers were also visually inspected to locate any relevant cited journal articles. A total of 6001 articles were potentially eligible for inclusion; of these, 16 studies were included in the review.

## Results

The review identified studies investigating the effect of interpersonal sensitivity, childhood bullying victimisation, physical assault, perceived ethnic discrimination, social defeat, population density and ethnic density on the real-time appraisal of VR social situations. Further studies demonstrated the potential of VR to investigate paranoid ideation, anomalous experiences, self-confidence, self-comparison, physiological activation and behavioural response.

## Conclusions

The reviewed studies suggest that VR can be used to investigate psychological processes and mechanisms associated with psychosis. Implications for further experimental research, as well as for assessment and clinical practise are discussed. The present review has been registered in the PROSPERO register: CRD42016038085.

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## Keywords

Virtual reality  
Adverse life events  
Daily stressors  
Stress sensitivity, psychosis

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## Introduction

Cognitive models of psychosis have investigated the psychological processes and mechanisms that play a role in psychosis and suggest that stressful life events can influence the way we perceive ourselves, others, and the world around us and can contribute to the onset and maintenance of psychosis [1–5]. These models have been supported by research which suggest that stress is a key feature in the onset and maintenance of mental health symptoms and disorders [6, 7]. Stress can be defined as a physiological reaction to a threat that involves the activation of the hypothalamic–pituitary–adrenal (HPA) axis [8–10]. This reaction is similar across all mammalian species. In humans the psychological conceptualisation of stress proposes that the emotional response and physiological activation that occur in a situation are dependent on the interpretation of a threat and on whether we think we will be able to cope with the event or not [11]. Stress is a dominant feature of many aetiological models of psychosis [9, 12, 13], however, stress is an elusive concept that is defined

differently in different contexts. Reported stressful events can range from mild feelings of everyday stress and minor hassles (for example, living in a densely populated city; travelling in crowded public transport), through significant adverse life events (for example, bully victimisation; ethnic discrimination), to traumatic events (for example, physical assault; sexual abuse).

A number of social factors that can be viewed as stressors have themselves been linked to an increased risk of psychosis. Urbanicity has been associated with higher levels of stress [14] and higher rates of psychosis [15, 16]. Higher psychosis rates have ~~also~~ been found among migrants [17, 18]. ~~Higher incidence rates of psychosis and~~ have been linked to the perception of ethnic density [19, 20]. ~~and~~ Furthermore, associations between perceived ethnic discrimination and psychosis in ethnic minority and immigrant groups have been reported in previous research [21–23]. Childhood bully victimisation has also been associated with an increase in psychosis and other mental health problems in adulthood [24, 25].

Also worth considering in this context is the evidence showing that individuals with schizophrenia have an increased sensitivity to daily hassles and report greater subjective stress [12, 26, 27]. These findings have stimulated interest in stress reactivity as an element of vulnerability [28] and an interest in how individuals with different levels of vulnerability for psychosis respond to daily stressors [29–31]. Interpersonal sensitivity is described as “an undue and excessive awareness of, and sensitivity to, the behaviour and feelings of others... particularly to perceived or actual situations of criticism or rejection...” (p. 342 [32]). Higher interpersonal sensitivity is linked to problems in interpersonal relationships, low self-esteem, as well as negative self-concepts, and it has been found to be higher in individuals at ultra high risk for psychosis [31, 33]. Previous studies have also found that a negative self-concept [34, 35] and low or unstable self-esteem [34] are linked to higher levels of paranoia in clinical and non-clinical samples.

## AQ2

When thinking about possible underlying mechanisms in the onset of psychosis is important to consider that prolonged exposure to social adversity and social exclusion have been linked to high prevalence rates of anomalous experiences (such as a propensity to hallucinations, high endorsement of psychic items or higher trait paranoia) in the general population and have been found to be associated with the same risk factors present in people with psychosis [36–40]. Stressful life events have also been linked to paranoid ideation [41]. Paranoid ideation has been defined as “the unfounded fear that others intend to cause you harm” [42, 43] and is the most common type of delusional belief recorded by

individuals with psychosis [44] and it is a common delusional belief in the general population [45].

### AQ3

While there is a long tradition of research in these processes and mechanisms they are usually assessed with retrospective self-report questionnaires or interviews. Limited evidence is available researching underlying psychological processes and mechanisms in real-life or in ecologically valid environments [46, 47]. In the last decade, researchers in the field of psychosis have embraced Immersive Virtual Reality (hereafter shortened to VR) as a method to explore the psychological mechanisms associated with the onset and maintenance of psychosis. VR environments are displayed in colour and in 3D using a head-mounted-display. The user is fully immersed in the environment and can interact with the environment either by head movements, full body turning or with a joystick. The sounds of the environment are heard through headphones [48] (please see <https://www.youtube.com/watch?v=svG6kXC2PQA> for an example). VR environments elicit sense of presence [49] and trigger real time cognitive, emotional, behavioural, and physiological responses to real time situations [50]. This sense of ‘being there’ as if it were a real life situation has lead researcher to describe VR environments as ecologically valid [50, 51]. Aside from allowing to simulate “real life” social situation and bring them into a laboratory setting, the added value of VR is that it allows the researcher to measure real time responses, and at the same time it enables to control and manipulate each aspect of an environment [52]. VR enables thus researchers to expose participants to exactly the same social environment and to measure the individual cognitive, emotional, behavioural and physiological response to the environment. It also enables to investigate the association between an individual prior exposure to social and environmental factors (e.g., history of migration, or bully victimisation) and their real-time response to a social environment. The VR environment itself can also be manipulated, for example, the number of virtual characters in an environment can be changed, as can be their ethnicity, their facial expression, their behaviour or what they say. Sounds, like for example indistinct background conversations, crowd murmuring or laughter or other noises like background music or sound of traffic can also be manipulated.

The aim of this manuscript was to review experimental studies that used VR to investigate the underlying psychological processes and mechanisms associated with the onset and maintenance of psychosis.

## Method

### Design

We conducted a systematic review of the literature and described the results in a qualitative synthesis. The review was registered on the PROSPERO register CRD42016038085.

## Selection procedure

The databases used to conduct the search were Web of Science, PsycINFO, Embase, and Medline. Reference lists of collected papers were also visually inspected to locate any relevant cited journal articles. Studies were included in the review if they were: written in English; contained original empirical findings, and published in a peer-reviewed journal. Studies were excluded from the review if they were treatment studies; case studies; reviews; not available in English; theses; or book chapters. Only studies of immersive VR were included.

## Search criteria

Studies for review were identified following a keyword search for the terms ‘virtual reality’ OR ‘VR’ in conjunction with ‘social stress’ OR ‘adverse life events’ OR ‘urban’, OR ‘migration’, OR ‘bullying’, OR ‘discrimination’, OR ‘social defeat’, OR ‘social entrapment’, OR ‘stress’, AND ‘psychological processes’, OR ‘mechanisms’, OR ‘mental health’, OR ‘paranoia’, OR ‘anxiety’, OR ‘depression’, OR ‘trauma’, OR ‘psychosis’ OR ‘schizophrenia’. Appropriate truncations and wild cards were used to identify permutation of the terms searched, e.g., stress\* to search for: stress, stressors, stressful; paranoi\* to search for: paranoia, paranoid.

## Quality assessment

Quality of the reviewed studies was assessed independently by LV and MRC using the Evaluation of Public Health Practise Project (EPHPP) Quality Assessment Tool for Quantitative Studies [53]. A global rating for the paper is described as follows: Strong = no weak ratings; Moderate = one weak rating; Weak = two or more weak ratings on the subscales (selection bias; study design; confounders; blinding; data collection methods; withdrawals and dropouts) The EPHPP is available online (<http://ephpp.ca/tools.html>). Rating disagreements were resolved by consensus.

## Results

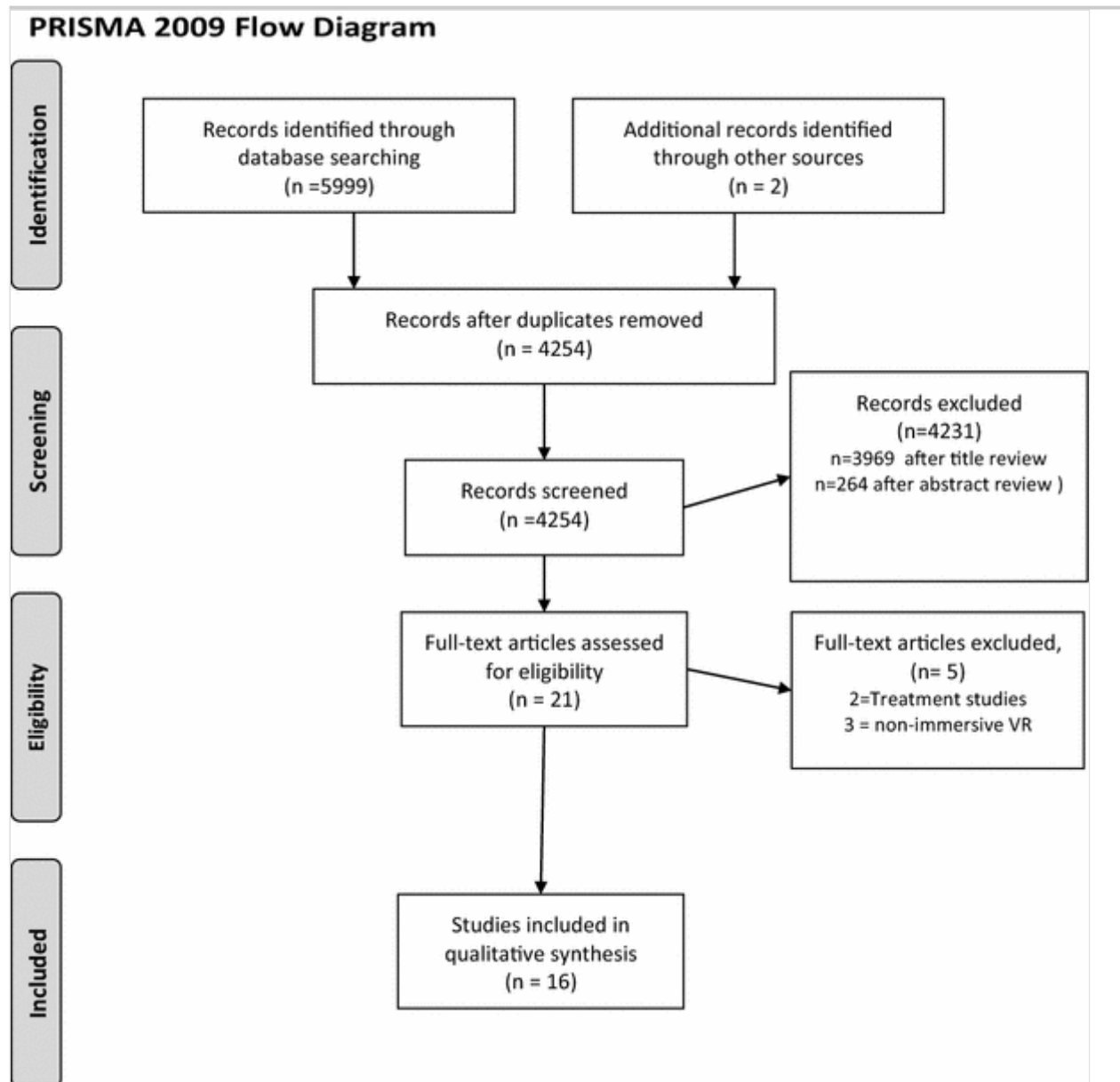
### Information extraction

The search resulted in 5999 articles (final search conducted 4 March, 2016); two more manuscripts were identified by publication alerts email from journals. From these 6001 studies we identified 16 experimental studies which used full

immersive VR to research adverse life events, daily stressors and psychological processes associated with psychosis (see Fig. 1).

**Fig. 1**

PRISMA 2009 flow diagram



## Qualitative synthesis

The reviewed studies were organised in two categories. The first category describes studies which used VR to investigate the association between baseline characteristics and the real-time response to a neutral social VR environment. The second category includes studies that manipulated one or more aspects of the environment to measure how the manipulation would influence the real-time response to VR environment. Finally, we reviewed overarching findings from both categories regarding whether VR can be used to investigate real-time response to social situations.

## Studies exploring the association between baseline characteristics and the real-time response to a neutral social VR environment

The ten studies summarised in Table 1 used VR to explore the association between existing characteristics of participants and their response to a VR social situation. In two studies the environment was a library, the remaining studies used an underground train environment. Both the library environment and the underground were designed to be perceived as neutral social environments. Virtual characters or avatars showed neutral behaviours typical of such social situations, but that could be interpreted as ambiguous like for example, looking at the participant, smiling, or avatars talking to each other. This was done on purpose as the main aim of the studies was to explore ‘unfounded’ real-time paranoid ideation in VR rather than a response to a genuinely hostile environment [54].

**Table 1**

Studies exploring the association between baseline characteristics of participants and the cog immersive VR social environment to ( $n = 10$ )

Study (country)	Area studied	Design	Participants	Mean age (SD)	VR equipment
Freeman et al. [61] (United Kingdom)	Persecutory ideation	Within subjects design	24 healthy participants (12 male and 12 females)	26 (6)	CAVE Immersive projection system and Crystal Eyes shutter-glasses
Freeman et al. [62] (United Kingdom)	Persecutory ideation	Within subjects design	30 healthy participants (15 males and 15 females; 70 % White ethnicity)	22 (5)	CAVE Immersive projection system and Crystal Eyes shutter-glasses



Freeman et al. [70] (United Kingdom)	Paranoid ideation and social anxiety	Within subjects design	200 participants from general population (100 males and 100 females; 63 % White ethnicity; 47 % graduate degree or higher; 17 % unemployed)	37.5 (13.3)	HMD: VR1280
Freeman et al. [64] (United Kingdom)	Persecutory ideation and associated factors	Within subjects design	Group 1 ( $n = 30$ ): low non-clinical paranoia (83 % White ethnicity) Group 2 ( $n = 30$ ): high non-clinical paranoia (77 % White ethnicity) Group 3 ( $n = 30$ ): Clinical Persecutory delusions (53 % White ethnicity) Each group had 18 males and 12 females	Group 1: 44.2 (11.2) Group 2: 36 (11.7) Group 3: 44.2 (11.7)	HMD: VR1280
Freeman et al. [57] (United Kingdom)	Paranoia and PTSD following an assault	Within subject comparison	106 participants recruited in an A&E department after having experienced a distressing physical assault (79 males and 27 females; 52 % White ethnicity; 31 % unemployed)	34.4 (11.6)	HMD: NVIS SX111

Freeman et al. [56] (United Kingdom)	Paranoia in VR as predictor of paranoia and PTSD 6 months after experiencing an assault	Within subject comparison	As above	As above	As above	
Shaikh et al. [58] (United Kingdom)	Perceived ethnic discrimination and paranoid ideation	Cross sectional between participants independent design	64 Ultra High Risk individuals (UHR) (38 males 26 females; 36 % White British; 56 % Unemployed; 13 % Higher education) 43 Healthy Controls (20 males, 23 females; 37 % White British; 7 % Unemployed; 33 % Higher education)	UHR 22.5 (4.0) HC 24 (4.0)	HMD: VR1280	
Valmaggia et al. [63] (United Kingdom)	Paranoid ideation	Within subject comparison	21 Ultra High Risk individuals (UHR) (13 males and 8 females; 57 % White ethnicity; 33 % unemployed)	25 (4.7)	CAVE Immersive projection system and Crystal Eyes shutter-glasses	

Valmaggia et al. [55] (United Kingdom)	Childhood bullying victimisation and paranoid ideation	Cross sectional between participants independent design	64 Ultra High Risk individuals (UHR) (38 males 26 females; 36 % White British; 56 % Unemployed; 13 % Higher education 43 Healthy Controls (20 males, 23 females; 37 % White British; 7 % Unemployed; 33 % Higher education)	UHR 22.5 (4.0) HC 24 (4.0)	HMD: VR1280
Valmaggia et al. [59] (United Kingdom)	Social defeat and paranoid ideation	Cross sectional between participants independent design	As above	As above	HMD: VR1280

*HMD* Head Mounted Display, *GPTS-B* Green Paranoia Thoughts Scale-B, *VAS* Visual An State Paranoia Scale, *GSR* Galvanic skin response, *HR* Heart rate, *STAI* Spielberg Trait A Scale, *BSI* Brief Symptom Inventory, *LSHS* Launay Slade Hallucination Scale, *DASS* Depression Measure, *PSCS* Private Self-Consciousness Scale, *SADS* Social Avoidance and distress scale, *PSWQ* Penn State Worry questionnaire, *BCSS* Brief core schema scale, *CAPS* Cardiff An SSQ Social support questionnaire, *SELSA* Social and emotional loneliness scale for adult Negative Symptom Scale, *CPQ* Cognitive processing questionnaire, *MDS* Mental defeat Qualities questionnaire, *RIQ* Response to intrusion questionnaire, *SBQ* Safety behaviour Crisis support scale, *PSRS* Psychotic Symptoms rating Scale, *PEDQ* Perceived Ethnic Discrimination Interaction Anxiety Scale, *DACOBS* Davos Assessment of Cognitive Biases Scale, *RSES*

## Childhood bullying victimisation, physical assault, perceived ethnic discrimination, and social defeat

Five studies investigated whether having experienced adverse life events was associated with higher levels of paranoid ideations in the neutral social VR environments. All five studies used the VR underground train environment. Childhood bullying victimisation [55]; being the victim of a physical assault [56, 57]; perceived ethnic discrimination [58] and social defeat [59] were found to be associated with real-time paranoid ideation in the VR social

environment.

## Interpersonal sensitivity

The correlation between interpersonal sensitivity and real-time paranoid ideation during VR was investigated in five studies [60–64]. All studies found that heightened interpersonal sensitivity was associated with higher levels of paranoia in the VR library or in the underground train.

## Studies investigating the effect of a manipulation on the response to a VR environment

The six studies listed in Table 2 have used a manipulation to investigate the real-time response to the VR environment. The studies have used different environments: a bar, a student flat, and the underground train described earlier.

**Table 2**

Studies exploring the cognitive, emotional, behavioural, and physiological response to a mar

Study (country)	Area studied	Design	Participants	Mean age (SD)	VR equipment
Atherton et al. [67] (United Kingdom)	Self-confidence and paranoid ideation	Within subjects design	26 males (from a general population sample who scored >17 on GPTS-Paranoia)	43.4 (16.3)	HMDs: NVIS SX111 or VR1280
Brinkman et al. [69] (The Netherlands)	Physiological response to changes in population density and ethnic density	Two by two within-subject design	2 Males (1 with schizoaffective disorder) 24 Healthy Controls (20 male and 4 female; all	29 (9.2)	HMD: Emagin Z800 3DVisor

			White Dutch)		
Freeman et al. [68] (United Kingdom)	Persecutory ideation and social comparison after height was altered	Two condition, two period crossover trail	60 females from the general population (with paranoid thinking in the last month; 78 % White ethnicity; 55 % graduate degree or higher)	31.5 (13)	HMD: NVIS SX111
Fornells-Ambrojo et al. [60] (United Kingdom)	Perception of trustworthiness and interpersonal distance	Between group comparison	61 healthy male (77 %: White ethnicity; 90 % students)	25.3 (7.3)	CAVE Immersive projection system and Crystal Eyes shutter-glasses
Veling et al. [65] (The Netherlands)	Paranoid thoughts and associated social anxiety, cognitive bias, self esteem	Cross sectional between participants independent design	17 patients with a first episode of psychosis (FEP) (14 males, 3 females; 35 % White Dutch ethnicity) 24 healthy controls (20 males, 4 females; 100 % White Dutch ethnicity)	FEP 27.3 (5.5) HC 29 (9.2)	Emagin Z800 3D Visor
			Group 1: 20 UHR (7 males, 13 females 75 % White		

Veling et al. [66] (The Netherlands)	Paranoid thoughts and stress sensitivity	Cross sectional between participants independent design	Dutch ethnicity) Group 2: 55 Individuals with psychosis (42 males, 13 females; 53 % White Dutch ethnicity) Group 3: 42 siblings of people with psychosis (23 males, 19 females; 75 % White Dutch ethnicity) Group 4: 53 controls with negative first degree family history of psychosis (25 males, 28 females; 70 % White Dutch ethnicity)	UHR 24 (4.5) Psychosis 26 (4.7) Siblings 26.4 (4.8) Controls 24.6 (4.4)	Sony HMZ-T1
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*HMD* Head Mounted Display, *GPTS-B* Green Paranoia Thoughts Scale-B, *VAS* Visual An State Paranoia Scale, *GSR* Galvanic skin response, *HR* Heart rate, *STAI* Spielberg Trait A Scale, *BSI* Brief Symptom Inventory, *LSHS* Launay Slade Hallucination Scale, *DASS* Depression Measure, *PSCS* Private Self-Consciousness Scale, *SADS* Social Avoidance and distress scale, *Penn State Worry questionnaire*, *BCSS* Brief core schema scale, *CAPS* Cardiff Anomalous Social support questionnaire, *SELSA* Social and emotional loneliness scale for adults, *SC* Symptom Scale, *CPQ* Cognitive processing questionnaire, *MDS* Mental defeat Scale, *TM* questionnaire, *RIQ* Response to intrusion questionnaire, *SBQ* Safety behaviour questionnaire, *PSRS* Psychotic Symptoms rating Scale, *PEDQ* Perceived Ethnic Discrimination Interaction Anxiety Scale, *DACOBS* Davos Assessment of Cognitive Biases Scale, *RSES*

## Population density and ethnic density

Two studies investigated how manipulating population density and ethnic density effected paranoid ideation in a VR bar environment [65, 66]. The findings suggested that increased population density, hostility of the avatars, and a different ethnicity were associated with higher levels of paranoia in the VR bar.

## Self-confidence and social comparison

Two experiments indicated that VR can be useful to measure self-confidence and social comparison. In the first study, participants underwent a manipulation aimed to induce low or high self-confidence. In the high self confidence induction they were instructed to think about a time in their life when they felt self-confident and they were provided with a list of confidence statements. In the low-confidence induction, participants underwent a similar procedure but regarding their least self-confident experience. Low self-confidence was

associated with higher paranoid ideation in VR underground train [67].

The second experiment manipulated the height of participants in the VR environment and found that a lowered height was associated with negative social-comparison [68].

### Physiological activation and behavioural response

Manipulation of the VR environment triggered not only the cognitive and emotional response to a social situation, but also the physiological changes and behavioural response. Galvanic skin response, heart rate and behavioural response (distance kept from the avatars) was found to be triggered by changes in population density and ethnic density in a VR bar environment [69]. The same environment was used to investigate galvanic skin response in a sample of individuals with psychosis [65]. Distance kept from the avatar was also measured in a study which manipulated the contingency behaviour of avatars while participants were exploring a VR student flat [60].

## VR to investigate real time responses to social situations

### Paranoid ideations

As summarised in Tables 1 and 2, the large majority of studies investigated paranoid ideation and the associated correlates. VR was found to be a valid research method, not only to elicit and measure paranoid ideation in participants, but also to generate participant's attributions about positive, neutral and negative mental states to virtual characters as if they were real people [55, 58, 59, 61–63, 65, 66]. Furthermore, as illustrated in Tables 1 and 2 VR was found to be effective in generating paranoid ideation in people from general population samples [56, 57, 60–62, 68, 70] as well as from individuals with an ultra high risk for psychosis [55, 58, 59, 63, 66, 71] and those already experiencing a psychotic disorder [65, 66].

### Anomalous experiences

Individuals experiencing anomalous experiences (such as a propensity to hallucinations, high endorsement of psychic items or higher trait paranoia) reported higher levels of paranoid ideation when exposed to a VR environment [60, 62–64, 66, 70]. These results confirm the validity of VR to assess real-time paranoia in response to a social situation, as it would be expected that an individual who reports trait paranoia would also experience paranoid ideation in an ecologically valid social VR environment.

## Quality assessment

Several studies reached a strong rating on the EPHPP global rating (see Tables 1, 2, last column). No studies were excluded based on their quality. However, it is worth mentioning that a strong global rating on the EPHPP allows a moderate score on one of more subscales. Table 3 illustrates the subscale scores for each study: the majority of studies ~~reach-moderate~~reached moderate scores on selection bias, indicating that the participants recruited for the study were not very likely to be representative of the target population. Indeed quite a few studies were conducted with healthy controls and student samples. The majority of studies had a within subject design, ~~they~~ did not always control~~led~~ for confounders, and ~~often~~ the outcome assessor was not ~~always~~ blind to the experimental condition. Most studies had a sound data collection method and few reported withdrawals or drop-outs.

**Table 3**

Immersive VR studies EPHPP quality assessment rating

Study	A	B	C	D	E	F
	Selection bias	Study design	Confounders	Blinding	Data collection method	Withdraw and drop out
Atherton et al. [67]	Moderate	Moderate	Strong	Moderate	Strong	Strong
Brinkman et al. [69]	Weak	Moderate	Weak	Weak	Strong	Strong
Fornells-Ambrojo et al. [60]	Weak	Strong	Moderate	Moderate	Strong	Strong
Freeman et al. [61]	Moderate	Moderate	Weak	Moderate	Moderate	Strong
Freeman et al. [62]	Strong	Moderate	Weak	Moderate	Strong	Strong
Freeman et al. [70]	Moderate	Moderate	Strong	Moderate	Strong	Strong
Freeman et al. [64]	Strong	Moderate	Strong	Moderate	Strong	Strong
Freeman et al. [68]	Strong	Moderate	Strong	Moderate	Strong	Strong
Freeman et al. [56]	Strong	Moderate	Strong	Moderate	Strong	Strong
Freeman et al. [57]	Moderate	Moderate	Strong	Moderate	Strong	Strong
Shaikh et al. [58]	Moderate	Moderate	Strong	Moderate	Strong	Moderate



Valmaggia et al. [63]	Moderate	Moderate	Moderate	Moderate	Strong	Moderate
Valmaggia et al. [55]	Moderate	Moderate	Moderate	Moderate	Strong	Moderate
Valmaggia et al. [59]	Moderate	Moderate	Strong	Moderate	Strong	Moderate
Veling et al. [65]	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
Veling et al. [66]	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate

AQ4

## Discussion

We sought to review experimental studies that used VR to investigate the underlying psychological processes and mechanisms associated with the onset and maintenance of psychosis. The term stress was considered to encompass a broad range of events and experiences encountered in the psychosocial domain that provoke feelings of distress, mental strain, or physiological symptoms of stress. These experiences included traumatic events, social adversity, stressful life events, and subjective feelings of stress and inability to cope.

Childhood bullying victimisation [55]; being the victim of a physical assault [56, 57]; perceived ethnic discrimination [58] and social defeat [59] were associated with paranoid ideation in a VR social environment. The ability to use VR to study the effect of adverse life events on real-time response to social situations in a controlled environment offers an exciting new way to research what contributes to stress sensitivity. Measuring the real-time physiological activation in social situations offers a number of possibilities not only for research purposes but also for assessment and treatment [10, 47]. Interestingly, VR has been shown to be an effective way to overcome excessive self-criticism in people with depression [72, 73], suggesting that VR can be not just a method to assess components of interpersonal sensitivity, but that it also has the potential to be used in the treatment of decrease interpersonal sensitivity.

It has generally been assumed that stress exposure leads to the development of psychosis and psychotic-like-experiences, however, reverse causality is also possible. Symptoms, personality traits and unusual behaviour may predispose individuals to stressful experiences [74]: for example, early symptoms may predispose an individual to bullying victimisation [25, 75, 76]. VR could be

embedded in longitudinal research to allow the repeated measurements of current stress response alongside repeated measure of life stressors and symptoms. This type of research could also help in defining resilience factors in people who experience adverse life events, but do not go on to develop psychosis [77, 78]. Previous studies have recognised the similarity between anomalous experiences and intrusive symptoms of post-traumatic stress disorder (PTSD) [79] as well as co-morbid PTSD in people with psychosis (e.g., [80]). While not the topic of the current review, is also worth mentioning that the search revealed a rich body of literature demonstrating the use of VR-assisted therapy for mental health problems (for recent reviews see [71, 81, 82]), and the use of VR in the research, assessment and treatment of psychosis [83, 84] and PTSD [48, 85–87] has previously been the topic of extensive reviews. Lessons can, therefore, be learned from those studies to inform future experimental studies into the psychological mechanisms of psychosis.

Further evidence for the fact that VR is an ecologically valid method to assess real-time responses to social environments was found by studies looking at the effect of manipulating population density and the ethnic density of avatars on the levels of paranoid ideation and physiological activation [65, 66, 69]. Of interest in the context of urbanicity is the finding that changes in the architectural characteristics of a room in VR can be used to change the physiological reaction to closed spaces: compared to participants in a VR room without windows, participants in the room with windows and a nice calming view had lower cortisol reactivity to stress and a quicker recovery after a stress induction test [88].

Using VR to investigate anomalous experiences opens up engaging avenues for further research in the association between paranoid ideation and the mechanisms which underlie the propensity to experience hallucinations, such as self-monitoring, attributional biases, and mental imagery (e.g., [89, 90]). VR studies can also contribute to research the differences between clinical and non-clinical samples of people who report anomalous experiences [91, 92].

## Limitations

There were limitations regarding the ~~research conducted to date~~ reviewed studies. The design of all studies was cross-sectional and life events were assessed retrospectively. A number of studies had small sample sizes and healthy control participants in some of the studies were exclusively from a student population, thus differences in social class, employment status, and level of education between people with psychosis and student samples may contribute to some of the differences found between groups. A final possible limitation is also

the fact that the reviewed studies were conducted by a relatively small group of researchers who collaborate with each other and who have a strong research interest in paranoid ideation. The focus of research on paranoid ideation reflects on one hand, the long tradition and large body of research of the role of psychological mechanisms in the aetiology of paranoid symptoms [93–96]. On the other hand, this strong focus on paranoid ideation also reflects the interest of the clinical academics who conducted the studies, with the large majority of reviewed studies conducted by Freeman and colleagues, or by researchers who collaborated with him. Future VR research should ensure that other areas of stress research are not neglected.

## Conclusion

The reviewed studies suggest that VR can be used to investigate psychological processes and mechanisms associated with psychosis. The ability to assess real-time, cognitive, emotional, behavioural and physiological responses in a controlled but ecologically valid environment has enormous potential for future research in the mechanisms involved in the onset and maintenance of psychosis.

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## References

1. Garety PA, Kuipers E, Fowler D, Freeman D, Bebbington PE (2001) A cognitive model of the positive symptoms of psychosis. *Psychol Med* 31(2):189–195
2. Garety PA, Bebbington P, Fowler D, Freeman D, Kuipers E (2007) Implications for neurobiological research of cognitive models of psychosis: a theoretical paper. *Psychol Med* 37(10):1377–1391. doi:10.1017/S003329170700013X
3. Freeman D, Garety PA, Kuipers E, Fowler D, Bebbington PE (2002) A cognitive model of persecutory delusions. *Br J Clin Psychol/Br Psychol Soc* 41(Pt 4):331–347
4. Bentall RP, Fernyhough C, Morrison AP, Lewis S, Corcoran R (2007) Prospects for a cognitive-developmental account of psychotic experiences. *Br*

J Clin Psychol/Br Psychol Soc 46(Pt 2):155–173.  
doi:10.1348/014466506X123011

5. Morrison AP, Wells A (2003) A comparison of metacognitions in patients with hallucinations, delusions, panic disorder, and non-patient controls. *Behav Res Ther* 41(2):251–256

6. Van Dam DS, Van Nierop M, Viechtbauer W, Velthorst E, Van Winkel R, Bruggeman R, Cahn W, De Haan L, Kahn RS, Meijer CJ, Myin-Germeys I, Van Os J, Wiersma D (2015) Childhood abuse and neglect in relation to the presence and persistence of psychotic and depressive symptomatology. *Psychol Med* 45(7):1363–1377. doi:10.1017/S0033291714001561

7. Pariante CM (2015) Psychoneuroimmunology or immunopsychiatry? *Lancet Psychiatry* 2(3):197–199. doi:10.1016/S2215-0366(15)00042-5

8. Aiello G, Horowitz M, Hepgul N, Pariante CM, Mondelli V (2012) Stress abnormalities in individuals at risk for psychosis: a review of studies in subjects with familial risk or with “at risk” mental state. *Psychoneuroendocrinology* 37(10):1600–1613.  
doi:10.1016/j.psyneuen.2012.05.003

9. Walker E, Mittal V, Tessner K (2008) Stress and the hypothalamic pituitary adrenal axis in the developmental course of schizophrenia. *Annu Rev Clin Psychol* 4:189–216. doi:10.1146/annurev.clinpsy.4.022007.141248

10. Day FL, Valmaggia LR, Mondelli V, Papadopoulos A, Papadopoulos I, Pariante CM, McGuire P (2014) Blunted cortisol awakening response in people at ultra high risk of developing psychosis. *Schizophr Res* 158(1–3):25–31. doi:10.1016/j.schres.2014.06.041

11. Lazarus RS (1991) Progress on a cognitive-motivational-relational theory of emotion. *Am Psychol* 46(8):819–834

12. Corcoran C, Walker E, Huot R, Mittal V, Tessner K, Kestler L, Malaspina D (2003) The stress cascade and schizophrenia: etiology and onset. *Schizophr Bull* 29(4):671–692

13. Zubin J, Spring B (1977) Vulnerability—a new view of schizophrenia. *J Abnorm Psychol* 86(2):103–126

14. Lederbogen F, Kirsch P, Haddad L, Streit F, Tost H, Schuch P, Wust S,

Pruessner JC, Rietschel M, Deuschle M, Meyer-Lindenberg A (2011) City living and urban upbringing affect neural social stress processing in humans. *Nature* 474(7352):498–501.

<http://nature.com/nature/journal/v474/n7352/abs/nature10190-f1.2.html>

**(supplementary-information)**

15. Allardyce J, Gilmour H, Atkinson J, Rapson T, Bishop J, McCreadie RG (2005) Social fragmentation, deprivation and urbanicity: relation to first-admission rates for psychoses. *Br J Psychiatry* 187:401–4016

16. Vassos E, Pedersen CB, Murray RM, Collier DA, Lewis CM (2012) Meta-analysis of the association of urbanicity with schizophrenia. *Schizophr Bull* 38(6):1118–1123. doi:10.1093/schbul/sbs096

17. Morgan C, Hutchinson G (2009) The social determinants of psychosis in migrant and ethnic minority populations: a public health tragedy. *Psychol Med* 1:1–5. doi:10.1017/S0033291709005546

AQ5

18. Seeman MV (2011) Canada: psychosis in the immigrant Caribbean population. *Int J Soc Psychiatry* 57(5):462–470. doi:10.1177/0020764010365979

19. Boydell J, van Os J, McKenzie K, Allardyce J, Goel R, McCreadie RG, Murray RM (2001) Incidence of schizophrenia in ethnic minorities in London: ecological study into interactions with environment. *BMJ* 323(7325):1336–1338

20. Das-Munshi J, Becares L, Boydell JE, Dewey ME, Morgan C, Stansfeld SA, Prince MJ (2012) Ethnic density as a buffer for psychotic experiences: findings from a national survey (EMPIRIC). *Br J Psychiatry* 201(4):282–290. doi:10.1192/bjp.bp.111.102376

21. Karlsen S, Nazroo JY, McKenzie K, Bhui K, Weich S (2005) Racism, psychosis and common mental disorder among ethnic minority groups in England. *Psychol Med* 35(12):1795–1803. doi:10.1017/S0033291705005830

22. Veling W, Selten JP, Susser E, Laan W, Mackenbach JP, Hoek HW (2007) Discrimination and the incidence of psychotic disorders among ethnic minorities in The Netherlands. *Int J Epidemiol* 36(4):761–768. doi:10.1093/ije/dym085

23. Stowkowy J, Liu L, Cadenhead KS, Cannon TD, Cornblatt BA, McGlashan TH, Perkins DO, Seidman LJ, Tsuang MT, Walker EF, Woods SW, Bearden CE, Mathalon DH, Addington J (2016) Early traumatic experiences, perceived discrimination and conversion to psychosis in those at clinical high risk for psychosis. *Soc Psychiatry Psychiatric Epidemiol* 51:1–7. doi:10.1007/s00127-016-1182-y

AQ6

24. Lereya ST, Copeland WE, Costello EJ, Wolke D (2015) Adult mental health consequences of peer bullying and maltreatment in childhood: two cohorts in two countries. *Lancet Psychiatry* 2(6):524–531. doi:10.1016/S2215-0366(15)00165-0

25. Arseneault L, Cannon M, Fisher HL, Polanczyk G, Moffitt TE, Caspi A (2011) Childhood trauma and children's emerging psychotic symptoms: a genetically sensitive longitudinal cohort study. *Am J Psychiatry* 168(1):65–72. doi:10.1176/appi.ajp.2010.10040567

26. Lukoff D, Snyder K, Ventura J, Nuechterlein KH (1984) Life events, familial stress, and coping in the developmental course of schizophrenia. *Schizophr Bull* 10(2):258–292

27. Norman RMG, Malla AK (1993) Stressful life events and schizophrenia. II: Conceptual and methodological issues. *Br J Psychiatry* 162 (FEB.):166–174

28. Myin-Germeys I, Krabbendam L, Delespaul PAEG, Van Os J (2003) Do life events have their effect on psychosis by influencing the emotional reactivity to daily life stress? *Psychol Med* 33(2):327–333

29. Lee SY, Kim KR, Park JY, Park JS, Kim B, Kang JI, Lee E, An SK, Kwon JS (2011) Coping strategies and their relationship to psychopathologies in people at ultra high-risk for psychosis and with schizophrenia. *J Nerv Ment Dis* 199(2):106–110. doi:10.1097/NMD.0b013e3182083b96

30. Jalbrzikowski M, Sugar CA, Zinberg J, Bachman P, Cannon TD, Bearden CE (2014) Coping styles of individuals at clinical high risk for developing psychosis. *Early intervention in psychiatry* 8(1):68–76. doi:10.1111/eip.12005

31. Masillo A, Day F, Laing J, Howes O, Fusar-Poli P, Byrne M, Bhattacharyya S, Fiori Nastro P, Girardi P, McGuire PK, Valmaggia LR (2012) Interpersonal sensitivity in the at-risk mental state for psychosis.

Psychol Med 42(9):1835–1845. doi:10.1017/S0033291711002996

32. Boyce P, Parker G (1989) Development of a scale to measure interpersonal sensitivity. *Australasian Psychiatry* 23(3):341–351
33. Masillo A, Valmaggia LR, Saba R, Brandizzi M, Lindau JF, Solfanelli A, Curto M, Narilli F, Telesforo L, Kotzalidis GD, Di Pietro D, D'Alema M, Girardi P, Fiori Nastro P (2016) Interpersonal sensitivity and functioning impairment in youth at ultra-high risk for psychosis. *Eur Child Adolesc Psychiatry* 25(1):7–16. doi:10.1007/s00787-015-0692-6
34. Tiernan B, Tracey R, Shannon C (2014) Paranoia and self-concepts in psychosis: a systematic review of the literature. *Psychiatry Res* 216(3):303–313. doi:10.1016/j.psychres.2014.02.003
35. Lincoln TM, Mehl S, Ziegler M, Kesting ML, Exner C, Rief W (2010) Is fear of others linked to an uncertain sense of self? The relevance of self-worth, interpersonal self-concepts, and dysfunctional beliefs to paranoia. *Behav Ther* 41(2):187–197. doi:10.1016/j.beth.2009.02.004
36. van Os J, Linscott RJ, Myin-Germeys I, Delespaul P, Krabbendam L (2009) A systematic review and meta-analysis of the psychosis continuum: evidence for a psychosis proneness-persistence-impairment model of psychotic disorder. *Psychol Med* 39(2):179–195. doi:10.1017/S0033291708003814
37. Kelleher I, Devlin N, Wigman JT, Kehoe A, Murtagh A, Fitzpatrick C, Cannon M (2014) Psychotic experiences in a mental health clinic sample: implications for suicidality, multimorbidity and functioning. *Psychol Med* 44(8):1615–1624. doi:10.1017/S0033291713002122
38. Kelleher I, Wigman JT, Harley M, O'Hanlon E, Coughlan H, Rawdon C, Murphy J, Power E, Higgins NM, Cannon M (2015) Psychotic experiences in the population: association with functioning and mental distress. *Schizophr Res* 165(1):9–14. doi:10.1016/j.schres.2015.03.020
39. Wigman JT, Devlin N, Kelleher I, Murtagh A, Harley M, Kehoe A, Fitzpatrick C, Cannon M (2014) Psychotic symptoms, functioning and coping in adolescents with mental illness. *BMC Psychiatry* 14:97. doi:10.1186/1471-244X-14-97
40. Fusar-Poli P, Borgwardt S, Bechdolf A, Addington J, Riecher-Rossler A,

Schultze-Lutter F, Keshavan M, Wood S, Ruhrmann S, Seidman LJ, Valmaggia L, Cannon T, Velthorst E, De Haan L, Cornblatt B, Bonoldi I, Birchwood M, McGlashan T, Carpenter W, McGorry P, Klosterkötter J, McGuire P, Yung A (2013) The psychosis high-risk state: a comprehensive state-of-the-art review. *JAMA Psychiatry* 70(1):107–120.

doi:10.1001/jamapsychiatry.2013.269

41. Bentall RP, de Sousa P, Varese F, Wickham S, Sitko K, Haarmans M, Read J (2014) From adversity to psychosis: pathways and mechanisms from specific adversities to specific symptoms. *Soc Psychiatry Psychiatr Epidemiol* 49(7):1011–1022. doi:10.1007/s00127-014-0914-0

42. Freeman D, Garety PA (2000) Comments on the content of persecutory delusions: does the definition need clarification? *Br J Clin Psychol/Br Psychol Soc* 39(Pt 4):407–414

43. Freeman D, Pugh K, Antley A, Slater M, Bebbington P, Gittins M, Dunn G, Kuipers E, Fowler D, Garety P (2008) Virtual reality study of paranoid thinking in the general population. *Br J Psychiatry: J Ment Sci* 192(4):258–263. doi:10.1192/bjp.bp.107.044677

44. Garety PA, Everitt BS, Hemsley DR (1988) The characteristics of delusions: a cluster analysis of deluded subjects. *Eur Arch Psychiatry Neurol Sci* 237(2):112–114

45. Freeman D (2007) Suspicious minds: the psychology of persecutory delusions. *Clin Psychol Rev* 27(4):425–457. doi:10.1016/j.cpr.2006.10.004

46. Myin-Germeys I, Oorschot M, Collip D, Lataster J, Delespaul P, van Os J (2009) Experience sampling research in psychopathology: opening the black box of daily life. *Psychol Med* 39(9):1533–1547. doi:10.1017/S0033291708004947

47. Reininghaus U, Depp CA, Myin-Germeys I (2016) Ecological interventionist causal models in psychosis: targeting psychological mechanisms in daily life. *Schizophr Bull* 42(2):264–269. doi:10.1093/schbul/sbv193

48. Rizzo A, Buckwalter G, Forbell E, Reist C, Difede J, Rothbaum BO, Lange B, Koenig S, Talbot S (2013) Virtual reality applications to address the wounds of war. *Psychiatric Annals* 43(3):123–138. doi:10.3928/00485713-20130306-08



49. Slater M (2004) Presence and emotions. *Cyberpsychol Behav* 7 (1):121. doi:10.1089/109493104322820200 (**author reply 123**)
50. Parsons TD, Courtney CG, Arizmendi B, Dawson M (2011) Virtual reality stroop task for neurocognitive assessment. *Stud Health Technol Inform* 163:433–439
51. Seidel RJ, Chatelier PR (2013) Virtual reality, training's future?: perspectives on virtual reality and related emerging technologies, vol 6. Springer Science & Business Media
52. Rizzo A, Kim GJ (2005) A SWOT analysis of the field of virtual reality rehabilitation and therapy. *Presence, Teleoperators Virtual Environ* 14:119–146
53. Thomas BH, Ciliska D, Dobbins M, Micucci SA (2004) A Process for Systematically Reviewing the Literature: providing the Research Evidence for Public Health Nursing Interventions. *Worldviews Evid Based Nurs* 1(3):176–184
54. Freeman D (2008) Studying and treating schizophrenia using virtual reality: a new paradigm. *Schizophr Bull* 34(4):605–610
55. Valmaggia LR, Day FL, Kroll J, Laing J, Byrne M, Fusar-Poli P, McGuire P (2015) Bullying victimisation and paranoid ideation in people at ultra high risk for psychosis. *Schizophr Res* 168(1–2):68–73
56. Freeman D, Antley A, Ehlers A, Dunn G, Thompson C, Vorontsova N, Garety P, Kuipers E, Glucksman E, Slater M (2014) The use of immersive Virtual Reality (VR) to predict the occurrence 6 months later of paranoid thinking and posttraumatic stress symptoms assessed by self-report and interviewer methods: a study of individuals who have been physically assaulted. *Psychol Assess* 26(3):841–847
57. Freeman D, Thompson C, Vorontsova N, Dunn G, Carter LA, Garety P, Kuipers E, Slater M, Antley A, Glucksman E, Ehlers A (2013) Paranoia and post-traumatic stress disorder in the months after a physical assault: a longitudinal study examining shared and differential predictors. *Psychol Med* 43(12):2673–2684
58. Shaikh M, Ellett L, Dutt A, Day F, Laing K, Kroll J, Pterella S, McGuire P, Valmaggia L (2016) Perceived ethnic discrimination and persecutory paranoia in individuals at ultra-high risk for psychosis. *Psychiatry Res*

241:309–314

AQ7

59. Valmaggia LR, Day F, Garety P, Freeman D, Antley A, Slater M, Swapp D, Myin-Germeys I, McGuire P (2015) Social defeat predicts paranoid appraisals in people at high risk for psychosis. *Schizophr Res* 168(1–2):16–22
60. Fornells-Ambrojo M, Elenbaas M, Barker C, Swapp D, Navarro X, Rovira A, Sanahuja JMT, Slater M (2016) Hypersensitivity to contingent behavior in paranoia: a new virtual reality paradigm. *J Nerv Ment Dis* 204(2):148–152
61. Freeman D, Slater M, Bebbington PE, Garety PA, Kuipers E, Fowler D, Met A, Read CM, Jordan J, Vinayagamoorthy V (2003) Can virtual reality be used to investigate persecutory ideation? *J Nerv Ment Dis* 191(8):509–514
62. Freeman D, Garety PA, Bebbington P, Slater M, Kuipers E, Fowler D, Green C, Jordan J, Ray K, Dunn G (2005) The psychology of persecutory ideation II: a virtual reality experimental study. *J Nerv Ment Dis* 193(5):309–315
63. Valmaggia LR, Freeman D, Green C, Garety P, Swapp D, Antley A, Prescott C, Fowler D, Kuipers E, Bebbington P, Slater M, Broome M, McGuire PK (2007) Virtual reality and paranoid ideations in people with an ‘at-risk mental state’ for psychosis. *Br J Psychiatry* 191(SUPPL. 51):s63–s68
64. Freeman D, Pugh K, Vorontsova N, Antley A, Slater M (2010) Testing the continuum of delusional beliefs: an experimental study using virtual reality. *J Abnorm Psychol* 119(1):83–92
65. Veling W, Brinkman WP, Dorrestijn E, van der Gaag M (2014) Virtual reality experiments linking social environment and psychosis: a pilot study. *Cyberpsychol Behav Soc Netw* 17(3):191–195
66. Veling W, Pot-Kolder R, Counotte J, van Os J, van der Gaag M (2016) Environmental Social Stress. A Virtual Reality Study. *Schizophr Bull, Paranoia and Psychosis Liability*. doi:10.1093/schbul/sbw031
67. Atherton S, Antley A, Evans N, Cernis E, Lister R, Dunn G, Slater M, Freeman D (2016) Self-confidence and paranoia: an experimental study using an immersive virtual reality social situation. *Behav Cogn Psychother* 44(1):56–64

68. Freeman D, Evans N, Lister R, Antley A, Dunn G, Slater M (2014) Height, social comparison, and paranoia: an immersive virtual reality experimental study. *Psychiatry Res* 218(3):348–352
69. Brinkman WP, Veling W, Dorrestijn E, Sandino G, Vakili V, van der Gaag M (2011) Virtual reality to study responses to social environmental stressors in individuals with and without psychosis. *Stud Health Technol Inf* 167:86–91
70. Freeman D, Gittins M, Pugh K, Antley A, Slater M, Dunn G (2008) What makes one person paranoid and another person anxious? The differential prediction of social anxiety and persecutory ideation in an experimental situation. *Psychol Med* 38(8):1121–1132
71. Goncalves R, Pedrozo AL, Coutinho ESF, Figueira I, Ventura P (2012) Efficacy of Virtual Reality Exposure Therapy in the Treatment of PTSD: A Systematic Review. *PLoS One* 7(12) **(no pagination)** [e48469](#).  
[doi:10.1371/journal.pone.0048469](https://doi.org/10.1371/journal.pone.0048469)
72. Falconer CJ, Slater M, Rovira A, King JA, Gilbert P, Antley A, Brewin CR (2014) Embodying compassion: A virtual reality paradigm for overcoming excessive self-criticism. *PLoS One* 9(11) **(no pagination)** [e111933](#). [doi:10.1371/journal.pone.0111933](https://doi.org/10.1371/journal.pone.0111933)
73. Falconer CJ, Rovira A, King JA, Gilbert P, Antley A, Fearon P, Ralph N, Slater M, Brewin CR (2016) Embodying self-compassion within virtual reality and its effects on patients with depression. *Br J Psychiatry Open* 2(1):74–80
74. Bebbington PE, Bhugra D, Brugha T, Singleton N, Farrell M, Jenkins R, Lewis G, Meltzer H (2004) Psychosis, victimisation and childhood disadvantage: evidence from the second British National Survey of Psychiatric Morbidity. *Br J Psychiatry* 185:220–226.  
[doi:10.1192/bjp.185.3.220](https://doi.org/10.1192/bjp.185.3.220)
75. Shakoor S, McGuire P, Cardno AG, Freeman D, Plomin R, Ronald A (2015) A shared genetic propensity underlies experiences of bullying victimization in late childhood and self-rated paranoid thinking in adolescence. *Schizophr Bull* 41(3):754–763. [doi:10.1093/schbul/sbu142](https://doi.org/10.1093/schbul/sbu142)
76. Goldman-Mellor S, Caspi A, Arseneault L, Ajala N, Ambler A, Danese A, Fisher H, Huckler A, Odgers C, Williams T, Wong C, Moffitt TE (2016) Committed to work but vulnerable: self-perceptions and mental health in

NEET 18-year olds from a contemporary British cohort. *J Child Psychol Psychiatry* 57(2):196–203. doi:10.1111/jcpp.12459

77. Brett CMC, Peters ER, McGuire PK (2015) Which psychotic experiences are associated with a need for clinical care? *Eur Psychiatry* 30(5):648–654. doi:10.1016/j.eurpsy.2014.12.005

78. Underwood R, Kumari V, Peters E (2016) Appraisals of psychotic experiences: an experimental investigation of symptomatic, remitted and non-need-for-care individuals. *Psychol Med* 46(6):1249–1263. doi:10.1017/S0033291715002780

79. Hardy A, Fowler D, Freeman D, Smith B, Steel C, Evans J, Garety P, Kuipers E, Bebbington P, Dunn G (2005) Trauma and hallucinatory experience in psychosis. *J Nerv Ment Dis* 193(8):501–507

80. Varese F, Smeets F, Drukker M, Lieveise R, Lataster T, Viechtbauer W, Read J, van Os J, Bentall RP (2012) Childhood adversities increase the risk of psychosis: a meta-analysis of patient-control, prospective- and cross-sectional cohort studies. *Schizophr Bull* 38(4):661–671. doi:10.1093/schbul/sbs050

81. Eichenberg C, Wolters C (2012) Virtual realities in the treatment of mental disorders: a review of the current state of research. In: *InTech*. doi:10.5772/50094

AQ8

82. Valmaggia LR, Latif L, Kempton MJ, Rus-Calafell M (2016) Virtual reality in the psychological treatment for mental health problems: a systematic review of recent evidence. *Psychiatry Res* 236:189–195

83. Veling W, Moritz S, van der Gaag M (2014) Brave new worlds-review and update on virtual reality assessment and treatment in psychosis. *Schizophr Bull* 40(6):1194–1197. doi:10.1093/schbul/sbu125

84. Macedo M, Marques A, Queiros C (2015) Virtual reality in assessment and treatment of schizophrenia: a systematic review. *Jornal Brasileiro de Psiquiatria* 64(1):70–81

85. Jiandani N, Nair SR, Shukla H (2014) Efficacy of virtual reality exposure therapy in the management of symptoms associated with post traumatic stress disorder. *Value in Health* 17(7):A572

86. Wiederhold BK, Wiederhold MD (2014) Virtual reality for posttraumatic stress disorder. *Advances in virtual reality and anxiety disorders* 211–233

AQ9

87. Rizzo A, Parsons TD, Lange B, Kenny P, Buckwalter JG, Rothbaum B, Difede J, Frazier J, Newman B, Williams J, Reger G (2011) Virtual reality goes to war: a brief review of the future of military behavioral healthcare. *J Clin Psychol Med Settings* 18(2):176–187

88. Fich LB, Jonsson P, Kirkegaard PH, Wallergard M, Garde AH, Hansen T (2014) Can architectural design alter the physiological reaction to psychosocial stress? A virtual TSST experiment. *Physiol Behav* 135:91–97

89. Johns LC, Kompus K, Connell M, Humpston C, Lincoln TM, Longden E, Preti A, Alderson-Day B, Badcock JC, Cella M, Fernyhough C, McCarthy-Jones S, Peters E, Raballo A, Scott J, Siddi S, Sommer IE, Laroï F (2014) Auditory verbal hallucinations in persons with and without a need for care. *Schizophr Bull* 40(SUPPL. 4):S255–S264. doi:10.1093/schbul/sbu005

90. Stinson K, Valmaggia LR, Antley A, Slater M, Freeman D (2010) Cognitive triggers of auditory hallucinations: an experimental investigation. *J Behav Ther Exp Psychiatry* 41(3):179–184. doi:10.1016/j.jbtep.2009.12.003

91. Brett C, Heriot-Maitland C, McGuire P, Peters E (2014) Predictors of distress associated with psychotic-like anomalous experiences in clinical and non-clinical populations. *Br J Clin Psychol* 53(2):213–227. doi:10.1111/bjc.12036

92. Ward TA, Gaynor KJ, Hunter MD, Woodruff PWR, Garety PA, Peters ER (2014) Appraisals and responses to experimental symptom analogues in clinical and nonclinical individuals with psychotic experiences. *Schizophr Bull* 40(4):845–855. doi:10.1093/schbul/sbt094

93. Freeman D, Garety P (2014) Advances in understanding and treating persecutory delusions: a review. *Soc Psychiatry Psychiatr Epidemiol* 49(8):1179–1189. doi:10.1007/s00127-014-0928-7

94. Howes OD, Murray RM (2014) Schizophrenia: an integrated sociodevelopmental-cognitive model. *Lancet* 383(9929):1677–1687. doi:10.1016/S0140-6736(13)62036-X

95. Myin-Germeys I, Delespaul P, van Os J (2005) Behavioural sensitization

to daily life stress in psychosis. *Psychol Med* 35(5):733–741

96. Reininghaus U, Kempton MJ, Valmaggia L, Craig TK, Garety P, Onyejiaka A, Gayer-Anderson C, So SH, Hubbard K, Beards S, Dazzan P, Pariante C, Mondelli V, Fisher HL, Mills JG, Viechtbauer W, McGuire P, van Os J, Murray RM, Wykes T, Myin-Germeys I, Morgan C (2016) Stress sensitivity, aberrant salience, and threat anticipation in early psychosis: an experience sampling study. *Schizophr Bull* 42(3):712–722.  
doi:10.1093/schbul/sbv190