

Chapter 6

Cognitive Biases in Clinical Population

ABSTRACT

Cognitive behavioral models have postulated an important role for most cognitive biases such as attentional biases, memory biases, interpretation biases, or attributional biases in different disorders. However, some cognitive biases have been more strongly evidenced in some mental disorders (eating disorder, phobias, and depression) than other disorders such as in obsessive-compulsive disorder or bipolar disorder. This chapter describes the relationship between some cognitive biases and some psychological disorders. Specifically, it explains the relationship between them in anxiety, depression, and eating disorders which help to understand the influence of these biases in the onset, maintenance, relapse, and/ or recovery from these mental disorders.

INTRODUCTION

Throughout years it has been established a strong relationship between cognitive biases and different mental disorders (Spokas, Rodebaugh & Heimberg, 2007; Mathews & MacLeod, 2005; Laposa & Rector, 2009; Wittorf, Giel, Hautzinger, Rapp, Schönenberg, Wolkenstein, Zipfel, Mehl, Fallgatter, & Klingberg, 2012). Cognitive behavioral models have postulated an important role for most of all cognitive biases such as attentional biases, memory biases, interpretation biases, social biases or attributional biases in different disorders like schizophrenia (Rubio, Ruíz- Vega, Hernández, Barrigón,

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Salcedo... Ferrín, 2011; Juárez Ramos, Rubio, Delpero, Mioni, Stablum, & Gómez Milán, 2014), phobias (Spokas, Rodebaugh & Heimberg, 2007; Kindt & Brosschot, 1997), depression (Wells & Beevers, 2010; Holmes, Lang, & Shah, 2009; Raes, Williams, & Hermans, 2009), obsessive compulsive disorder (Lavy, van Oppen & Van den Hout, 1994), bipolar disorders (García Blanco, Salmerón, Perea, & Livianos, 2014; French, Richards, & Scholfield, 1996) and eating disorders (Cardi, Esposito, Bird, Rhind, Yiend, Schifano, Hirsch, & Treasure, 2015; Voon, 2015).

However, as discussed below more deeply, some cognitive biases have been more strongly evidenced in some mental disorders (schizophrenia, eating disorder, phobias, and depression) than other disorders such as in the obsessive compulsive disorder (Hezel & McNally, 2016) or bipolar disorder (Peckham, Johnson, & Gotlib, 2015; Kerr, Scott, & Phillips, 2005). Moreover, cognitive behavioral models often talk about involved bidirectional effects, that is, one bias or its results could influence another bias or the effects of that second bias, and vice versa (Hirsch, Clark, & Mathews, 2006; Everaert, Koster & Derakshan, 2012).

Having said that, it is easy to suppose that processing information biases among other biases may result in a combination that would influence the onset, maintenance, relapse and/ or recovery of these psychiatric disorders. For example, individuals with high anxiety have a great tendency to interpret ambiguity situations as significantly threatening (Salemink, van den Hout & Kindt, 2009). Therefore, the presence of anxiety in diverse psychiatric disorders would create a psychological marker of anxiety. So when an individual displays high anxiety and intolerance to ambiguous situations, it will carry a greater risk of developing different anxiety disorders or eating disorders.

Following this line, an interesting study, which tried to compare some psychiatric disorders and its relationship with the cognitive biases, was carried out by Wittorf et al., (2012). These authors did a cross-sectional study about jumping to conclusion (JTC) and attributional biases (AB) with 20 patients with paranoid schizophrenia, 20 patients with depression, 15 patients with anorexia nervosa and 55 non-clinical controls. Participants completed a modified version of the beads task, a revised German version of the Internal, Personal, and Situational Attributions Questionnaire (AB), and several symptom and neurocognitive measures. The findings showed that patients with schizophrenia evidenced that had more likely to exhibit a jumping to conclusions bias than the other groups (patients with depression or anorexia

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