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 obsessivecompulsive 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- Veguilla, Hernández, Barrigón,

DOI: 10.4018/978-1-5225-2978-1.ch006

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 easy to suppose that processing information biases among other biases may result in a combination that would influence the onset, maintenance, relapse and/ or recover of these psychiatric disorders. For example, individuals with high anxious have a great tendency to interpret ambiguity situations as significantly threaten (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 anxious disorders or eating disorders.

Following this line, an interesting studio, 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 22 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: <u>www.igi-</u> <u>global.com/chapter/cognitive-biases-in-clinical-</u> population/216768

Related Content

Concept of Symbiotic Computing and its Agent-based Application to a Ubiquitous Care-Support Service

Takuo Suganuma, Kenji Sugawara, Tetsuo Kinoshita, Fumio Hattoriand Norio Shiratori (2011). *Transdisciplinary Advancements in Cognitive Mechanisms and Human Information Processing (pp. 38-59).*

www.irma-international.org/chapter/concept-symbiotic-computing-its-agent/54214

Cognitive Imaging: Using Knowledge Representation for Segmentation of MRA Data

Vitaliy L. Rayz, David Saloner, Julia M. Rayzand Victor Raskin (2018). *International Journal of Cognitive Informatics and Natural Intelligence (pp. 1-16).* www.irma-international.org/article/cognitive-imaging/203615

Multitasking Bar: Prototype and Evaluation of Introducing the Task Concept into a Browser

Qing Wang, Huiyou Changand Huiyang Liu (2012). *Cognitively Informed Intelligent Interfaces: Systems Design and Development (pp. 1-20).* www.irma-international.org/chapter/multitasking-bar-prototype-evaluation-introducing/66264

Deductive Semantics of RTPA

Yingxu Wang (2010). *Discoveries and Breakthroughs in Cognitive Informatics and Natural Intelligence (pp. 254-291).* www.irma-international.org/chapter/deductive-semantics-rtpa/39269

Cognitive Capacity in the Management and Organization Research: A Review and Agenda for Future Research

Emmanuelle Reuter (2025). *Impacts of Innovation and Cognition in Management (pp. 1-36).*

www.irma-international.org/chapter/cognitive-capacity-in-the-management-and-organization-research/359950