Self-disgust and psychosis: an exploration of healthcare professionals’ views on the role of self-disgust in psychotic experience

Service-related research project
Objectives

- Demonstrate the service-related and theoretical rationale for the research.
- Outline the research question & aim.
- Describe the methods adopted to answer the research question.
- Present the study’s findings and provide an overview of the clinical and research implications.
There is strong evidence for the role of trauma and adversity in the onset of psychosis (e.g. Shevlin et al. 2008; Varese et al. 2012).

However, not everyone who experiences a traumatic life event goes on to develop this condition: what are the individual variables that increase or reduce vulnerability to psychosis following trauma?

Negative schemas have been suggested as a psychological mechanism implicated in the development and maintenance of psychosis (Smith et al. 2006).

Self-disgust has been defined as a negative schema (Powell, Simpson & Overton, 2015) and has been found to play a role in a range of mental health difficulties (Powell, Overton & Simpson, 2014).

Therefore, the supposition that self-disgust may play a role in the development and maintenance of psychosis becomes a reasonable hypothesis.
Rationale for this research

- **Service-related issues**
  - National Institute for Health and Care Excellence (NICE) guidelines for the prevention and management of psychosis in adults recommends cognitive behavioural therapy (CBT) and family based interventions (NICE, 2014).
  - Clinical psychologists have the competencies to offer these interventions to people with psychosis (BPS, 2014).
  - Therefore, awareness of self-disgust as a potential complicating factor when delivering psychological therapy to this client group is important.
Research question

Research question:
• *Is self-disgust a recognisable concept to healthcare professionals working clinically with individuals experiencing psychosis?*

Research aim:
• *To explore the supposition that self-disgust is a recognisable concept for healthcare professionals working clinically with individuals experiencing psychosis.*
Methods

- **Sampling and participants:**
  - Purposive sampling strategy.
  - 7 female healthcare professionals.
  - Range of different occupational backgrounds: clinical psychology, occupational therapy & mental health nursing.

- **Design:**
  - Qualitative study design.
  - Semi-structured interviews were used to collect the data.

- **Analysis:**
  - Framework Method as described by Ritchie and Spencer (1994) and adapted for health research by Gale, Heath, Cameron, Rashid and Redwood (2013).
  - This particular analytic procedure was chosen due to the *a priori* assumptions of the research question and interview schedule.
Results

➤ 3 core concepts identified:
I. Self-disgust as a psychological construct.
II. Self-disgust and psychotic experience: resonance of self-disgust to healthcare professionals working with psychotic individuals.
III. The transdiagnostic role of self-disgust.
I. Self-disgust as a psychological construct

- Participants equated self-disgust with a strong, negative self-image that was pervasive across all aspects of the self.
  - “I would say...a very negative and low opinion of yourself or your self-image or your ability to cope and function. Yeah, feeling all aspects...feeling disappointed with yourself in all aspects of your life” (Participant C).

- Participants also described how self-disgust is likely to have a visceral quality and can be felt physiologically in the body. This was seen as a defining characteristic that distinguished self-disgust from other self-conscious emotions.
  - “When it gets to the point of self-disgust I think that they are just intolerable and kind of physiological feelings” (Participant G).
I. Self-disgust as a psychological construct

Furthermore, participants felt that self-disgust was on a continuum with other related emotions and that it occupied the extreme end.

- “I think I would probably put it (self-disgust) on a continuum and have it at the far end of the continuum...when I think self-disgust perhaps people, when we are talking that strongly, might be stuck more rigidly than other people who might shift along that continuum a bit more” (Participant A).
II. Self-disgust and psychotic experience

- The role of self-disgust in psychosis was described as a novel concept by participants. However, the concept appeared to have intuitive appeal.
  - “I don’t think it is something that has really been on my radar as something that I particularly think about or work with really...but it feels like maybe it puts words or a concept to something that has been there but I’ve not picked out as a theme. It certainly doesn’t feel like it is trying to squeeze in unnecessarily” (Participant A).

- In fact, the participants were able to hypothesise links between self-disgust and specific psychotic symptoms.
  - “Yeah, that could...feed the monster if you like. If you already have...feelings of self-disgust and then you go on to develop psychosis then that is quite likely to manifest itself in your symptoms...auditory hallucinations can be expressing those inner beliefs” (Participant B).
  - “I would definitely say there is a link there and a lot of the withdrawal is not wanting to be around people and not wanting other people to be contaminated by them” (Participant F).
II. Self-disgust and psychotic experience

- Participants also felt that self-disgust in psychosis would add complexity to their work. In particular, it was felt that the combination of physiological and cognitive aspects of self-disgust would require a longer term intervention that would have to account for both aspects.

- “It took a long time for them to disclose the childhood sexual abuse to me...so perhaps a sense of it being so taboo and disgusting and repulsive...that they didn’t want to behold it...It kind of changed the focus a little bit or my idea about what the long-term treatment pattern would look like” (Participant D).

- “I feel like your standard cognitive mechanisms for managing or dealing with it probably aren’t going to be enough...I guess it is partly about tolerating your emotions and if you’re doing that and someone is able to kind of work with that, then you are working on tolerating emotions as well at the same time” (Participant G).
II. Self-disgust and psychotic experience

- However, a positive therapeutic relationship was still seen as an important element of the work.
  - “I think it (self-disgust) does impact. But I think through the intervention you’re still in a room with somebody...who feels that about themselves and I think that always comes into the relationship” (Participant A).
- Participants also discussed the importance of the therapist being comfortable with their own feelings of self-disgust.
  - “There is something about being able to sit with your own disgust and how willing you are to engage in that kind of arena with somebody and I think you have to be very comfortable with it before you start doing that with a client that might be struggling anyway” (Participant E).
III. The transdiagnostic role of self-disgust

- A recurring theme throughout the interviews was the participants’ views about the role of self-disgust beyond psychotic experience.

- For example, a number of participants talked about a potential role for self-disgust within ‘personality disorders’.
  
  - “A lot of people with borderline presentations are also full of self-hatred and self-disgust and in some ways the main difference between people with borderline and people with psychosis is that the belief about self-loathing or self-disgust is often conveyed to them through voices rather than thoughts” (Participant F).
  
  - “I guess what I am thinking about is people with a primary diagnosis of personality disorder” (Participant D).
Discussion

- **Service-related/clinical implications:**
  - The findings of this study suggest that self-disgust is a recognisable concept for healthcare professionals working with psychotic individuals.
  - Moreover, self-disgust may add an extra layer of complexity to therapy with people experiencing psychosis.
  - Therefore, it may be helpful to ask self-disgust specific questions during assessment and to consider self-disgust when formulating and planning an intervention.

- **Research implications:**
  - There is scope for further exploration of the role that self-disgust plays in psychotic experience:
    - Qualitative/quantitative research to explore the notion that psychotic individuals recognise self-disgust in their experiences.
    - For my thesis I will be investigating the mediating effect of self-disgust upon the relationship between adverse childhood events and the subsequent development of psychosis.
  - Also...
    - Qualitative/quantitative research to explore the potential role of self-disgust in the development and maintenance of ‘personality disorder’.
References


Thank you
Any questions?