Our group has repeatedly replicated the “jumping-to-conclusions bias” in patients with schizophrenia (Moritz & Woodward, 2005; Moritz et al., 2007b) and demonstrated that not only acute but also remitted patients share a tendency to make hasty decisions, even for delusion-neutral events. In subsequent studies, we have substantiated these findings with alternative paradigms. For example, people with psychotic-like experiences sought less advice from others before making a decision (Scheunemann, 2018) and patients with psychosis rated multiple interpretations of a situation (even very unlikely options) as plausible (Moritz & Woodward, 2004). As a possible explanation for this cognitive bias, we hypothesize that people with schizophrenia have a lowered decision threshold due to liberal acceptance (Moritz et al., 2016; Moritz et al., 2006b; Moritz et al., 2008). In another study, in which patients were repeatedly surveyed over several days, we were also able to show that the tendency to jump to conclusions is variable and precedes fluctuations in paranoid symptoms over the course of the day (Lüdtke et al., 2017).

Incorrigibility, that is, the maintenance of an opinion or attitude despite counterevidence that most would find convincing, is a core feature of delusions. In a series of studies conducted in cooperation with Prof. Todd Woodward (Moritz & Woodward, 2006; Veckenstedt et al., 2011; Woodward et al., 2006a, 2006b; Woodward et al., 2008), we confirmed that people with schizophrenia, especially those with acute positive symptoms, show a decreased ability to integrate disconfirmatory information into their decisions (this is known as ‘bias against disconfirmatory evidence’, or BADE). This response style, along with the aforementioned jumping-to-conclusions bias, may represent a pivotal mechanism in the formation and maintenance of the positive symptoms of schizophrenia. Additionally, we have investigated a hypothesis put forward by Bentall, Kinderman & Kaney (1994) claiming that people with paranoia tend to externalize and, in particular, to personalize failure, which in turn reflects an underlying decreased implicit self-esteem and perhaps a stronger self-serving bias (i.e., success is believed to be due to one’s own efforts, whereas failure is due to others or circumstances). Although we indeed found evidence for decreased implicit self-esteem (Moritz et al., 2006a), the results do not support the idea that there is a stronger self-serving bias among individuals with psychosis. However, through this work, we found another interesting deviation, which is that people with acute psychosis expressed less personal control/involvement with regard to both positive and negative events (Moritz et al., 2007a). In comparison to healthy and psychiatric controls, they attributed the causes of positive and negative events significantly more often as being outside their control. We also found evidence of mono-causal attributions in individuals with psychosis (Randjbar et al., 2011).

Research Collaborations

In cooperation with Prof. Tania Lincoln from the University of Hamburg, we investigated whether the cognitive biases discussed above are aggravated under stress (e.g., Lincoln et al., 2010; Moritz et al., 2010), and in collaboration with PD Dr. Daniela Roesch-Ely from Heidelberg, we have assessed the role of cognitive biases for symptomatic and functional outcomes in schizophrenia (Andreou et al., 2013, 2014). Further studies have dealt with other cognitive biases in schizophrenia, such as attentional distortions (e.g., Moritz & Laudan, 2007) and illusion of control (Moritz et al., 2014).

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References


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