

## Correspondence

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### Letter to the Editor

#### How psychotic-like are unusual subjective experiences?

In a recent editorial, Kelleher & Cannon (2011) reviewed the state of research on psychotic experiences in the general population. The studies reviewed converged in showing that a large number of subjective experiences and beliefs with some degree of affinity with psychotic symptoms can be found in the general population (Kelleher & Cannon, 2011). These unusual subjective experiences are often referred to as psychotic-like experiences (PLEs). The majority of the research in the field assumes that PLEs constitute a soft, subthreshold phenotype on a continuum with overt psychotic symptoms. This assumption is based on epidemiological research findings showing that PLEs are relatively widespread in the general population and may contribute to enhance psychosis risk (van Os *et al.* 2009). However, their prevalence is largely estimated through self-report questionnaires that merely record the frequencies of occurrence of experiences similar in content to delusions and hallucinations. This may be quite problematic, since allegedly important features that qualify the psychopathological severity of a psychotic experience, such as its appraisal and the related distress, are not taken into account. In this way any kind of unusual subjective experience is considered contributing equally to the risk of developing clinical signs of psychosis regardless of content, personal meaning or attribution, associated emotions and social context. Nonetheless, some evidence suggests that PLEs are not necessarily psychotic. The first evidence comes from the research conducted on the multidimensionality of the unusual subjective experiences, which found that the associated distress, preoccupation and conviction are better predictors of psychosis risk (Lincoln, 2007). The second evidence comes from the investigation of the so-called 'happy schizotypy', those individuals with accentuated levels of unusual subjective experiences yet not displaying any sign of overt psychopathology (McCreery & Claridge, 2002).

In consideration of the multidimensional characteristics of unusual subjective experiences and their limited predictive value for psychopathology it may be worthwhile for clinicians and researchers to

reconsider some of the underpinnings of this research field. Indeed, the commonly used term PLE may suggest that the experience has a truly 'psychotic-like' implication in itself, whereas this is true only for a minority of these experiences. Thus, the expression PLE might be more appropriately circumscribed to those unusual subjective experiences that – although still subclinical – have a self-perceived symptomatic nature because of increased distress, impairment or disability. As a matter of fact, the mainstream emphasis on currently broadly defined PLEs as a measure of psychosis-proneness is overstated if the subjective appraisal of the experience is not considered. Moreover, the role of emotions has been suggested to be important in moderating the severity of the distress associated with unusual subjective experiences (Freeman & Garety, 2003). Hence, future attempts to define the clinical value of unusual subjective experiences should take into account not only their frequency but also consider associated relevant dimensions. As advocated by David (2010), this may prove useful not only to stimulate the debate on psychotic symptoms but also to contribute to our understanding of the pathological mechanisms of psychosis.

#### Declaration of Interest

None.

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#### Letter to the Editor

#### Comments on 'Bullying victimization in youths and mental health problems: much ado about nothing?'

Arseneault *et al.*'s paper (2010) examines whether bullying victimization is an essential risk factor for mental health problems, and hence should be targeted by treatment and prevention programmes. This is a highly relevant topic, and the authors provide an excellent overview of up-to-date research. Their conclusion that (a) bullying victimization is associated with severe mental health consequences, and (b) efforts should be focused on reducing bullying victimization, is highly convincing.

An important issue in bullying research is the assessment of bullying victimization. The authors critically discuss methods based on self-reports *versus* peer nominations. We feel that it is important to take this discussion forward by focusing more on the complementary nature of each method, rather than on the supposed superiority of either method. Thus, both approaches are valid, and both are also susceptible to certain biases (Pellegrini, 2001; Olweus, 2010). Self-reports provide a unique, individual source of information, tapping behaviours that could easily go unnoticed by others. At the same time, this subjective view is susceptible to social desirability, and consequently might result in over- or under-reporting. Peer nominations, on the other hand, are less susceptible to this subjectivity, as multiple observers are

used. However, peer nominations are flawed in that relevant behaviours or gestures can be missed in some cases, and nominations may be based on wrong or insufficient information.

Because self-reports and peer nominations measure different constructs (i.e. individual *versus* group perceptions), they present complementary information. Comparing the data collected with both methods will lead to either converging or diverging results. Whatever the outcomes, we can then potentially employ three research strategies for identifying bullies and victims. In the case of converging results, we get victims (or bullies) identified as such by both methods (minimum strategy, leading to some false negatives). However, we can also employ a maximum strategy by accepting victims (or bullies) as such because they were identified by at least one method (leading to some false positives). Finally, we could use a differential strategy, distinguishing between exclusively self-reported victims (bullies), exclusively peer-reported victims (bullies) and converging victims (bullies). Alternatively, one could use peer reports to identify bullies, but self-reports to identify victims. However, it would still be necessary to employ both measurement methods.

Peer-reported victimization has been associated with more rejection and less acceptance in the group, whereas self-reported victimization has been associated with self-reported adjustment outcomes (i.e. depressed mood, anxiety, loneliness and negative self-views) (Juvonen *et al.* 2001). Overall, self-report methods are more strongly linked to internalising problems, whereas peer nominations are better at predicting the status of the victims and the bullies in interpersonal relationships. Using both methods (peer- and self-reports) with the possibility of employing different strategies will advance our knowledge of bullying and victimization more than simply employing either one or the other method.

#### Declaration of Interest

None.

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