

Abstract

Objectives: There is increasing evidence suggesting that non-clinical persecutory ideations fall on the same spectrum as a milder form of persecutory delusions in terms of both symptoms and etiology. Non-clinical individuals sharing more symptoms and risk factors with individuals with persecutory delusions are at a higher risk of developing clinical persecutory delusions. This study examines the association of three reasoning biases, namely “jumping to conclusions” (JTC), attributional bias, and theory of mind (ToM), with non-clinical persecutory ideations. This informs the theoretical understanding of persecutory thinking and facilitates the development of appropriate interventions to prevent persecutory ideations from developing into persecutory delusions. **Methods:** Nineteen studies analyzing the relationship between severities of persecutory symptoms and reasoning biases were systematically reviewed. **Results:** Symptoms of persecutory delusions are present in non-clinical population with a less severe manifestation. JTC, attributional bias and ToM were found in both groups of people with clinical and non-clinical persecutory thinking but in different levels of severity. JTC robustly associated with both clinical and non-clinical persecutory thinking. Results were mixed for attributional bias and ToM. **Conclusion:** Early interventions are suggested to focus on reducing individuals’ tendency to draw conclusions with limited information, given the strong link between JTC and non-clinical persecutory ideations.

Keywords: Persecutory ideations, jumping to conclusions, attributional bias, theory of mind