**Supplementary Table S1.** *All path coefficients and their significance of the networks of the three groups.*

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| --- | --- | --- | --- | --- | --- |
| Controls | | | | | |
|  | Cheerful t-1 | Insecure t-1 | Content t-1 | Down t-1 | Suspicious t-1 |
| Cheerful t | 0.21\* | -0.01 | 0.06\* | -0.04\* | 0.02 |
| Insecure t | 0.01 | 0.11\* | -0.04\* | 0.02 | 0.03 |
| Content t | 0.11\* | -0.02 | 0.15\* | -0.03 | 0.04 |
| Down t | -0.04\* | -0.01 | -0.02\* | 0.15\* | 0 |
| Suspicious t | -0.01 | 0.02\* | -0.01 | -0.01 | 0.07\* |
| Psychosis | | | | | |
|  | Cheerful t-1 | Insecure t-1 | Content t-1 | Down t-1 | Suspicious t-1 |
| Cheerful t | 0.20\* | -0.01 | 0.06\* | -0.03 | -0.01 |
| Insecure t | -0.01 | 0.14\* | -0.01 | 0.10\* | 0.06\* |
| Content t | 0.09\* | -0.01 | 0.15\* | -0.03 | 0 |
| Down t | -0.02 | 0.06\* | -0.03\* | 0.17\* | 0.05\* |
| Suspicious t | 0.01 | 0.03\* | 0 | 0.05\* | 0.13\* |
| Depression | | | | | |
|  | Cheerful t-1 | Insecure t-1 | Content t-1 | Down t-1 | Suspicious t-1 |
| Cheerful t | 0.28\* | -0.04\* | 0.07\* | -0.05\* | -0.02 |
| Insecure t | -0.05\* | 0.25\* | -0.01 | 0.10\* | 0.05\* |
| Content t | 0.18\* | -0.04\* | 0.14\* | -0.04 | -0.02 |
| Down t | -0.11\* | 0.09\* | -0.02 | 0.21\* | 0.05\* |
| Suspicious t | 0 | 0.05\* | 0 | 0.05\* | 0.14\* |

*\* P<0.05*

**Supplementary Table S2.** *Additional information on the samples in the merged data set*

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| --- | --- | --- |
| **Study** | **Data** | **Additional description** |
| MAPS | Controls  Individuals with psychosis | This study consisted of subjects with psychotic illness (patients), first-degree relatives of individuals with a psychotic illness, and control subjects. For the current paper, only data from patients and controls were used. All patients were receiving treatment. Selection criteria, assessed by a research physician or research psychologist, were a lifetime occurrence of psychotic symptoms (according to Research Diagnostic Criteria) for at least 2 weeks in clear consciousness for the patient group and neither a family nor a personal history of psychosis, or current use of psychotropic medication for the control group. Inclusion criteria were between 18 and 55 years, sufficient command of the Dutch language, and normal physical examination results. Exclusion criteria were endocrine, cardiovascular, or brain disease; use of alcohol in excess of 5 standard units per day; weekly use of illicit drugs; and history of head injury with loss of consciousness. A fifth exclusion criterion for patients included being in need of inpatient care, intensive case management home care, or crisis intervention. Patients were recruited through the inpatient and outpatient mental health facilities in Maastricht, the Netherlands, and through patient associations in the southern part of the Netherlands. Control subjects were recruited from the general population in the local area through a random mailing procedure. Written informed consent, conforming to the local ethics committee guidelines, was obtained from all subjects. |
| DEUTSCH | Controls | This study consisted of patients who were diagnosed with at least one non-affective psychotic episode, subjects meeting UHR for psychosis criteria for psychosis, and healthy controls. For the current paper, only data from controls were used. Controls were included in the ages between 18 and 45 years. They were recruited by advertisements in university buildings. Participants were excluded in case of presence of any axis I disorder or in case of a family history of psychotic disorder. Exclusion criteria for all three groups were a history of brain disease or head injury with loss of consciousness. All participants gave written informed consent, confirming to local ethics committee guidelines. |
| GROUP | Controls  Individuals with psychosis | This study consisted of patients diagnosed with a non-affective psychotic disorder, their siblings and control subjects. For the current paper, only data from patients and controls were used. All patients were diagnosed with a non-affective psychotic disorder. In selected representative geographical areas in The Netherlands and Belgium, patients were identified through representative clinicians working in regional psychotic disorder services whose case-loads were screened for inclusion criteria. Subsequently, a group of patients presenting consecutively at these services as either out-patients or in-patients were recruited for the study. Inclusion criteria were: (1) lifetime occurrence of non-affective psychotic symptoms, according to DSM-IV criteria, (2) age 16–60 years and (3) sufficient command of the Dutch language. Exclusion criteria were: (1) brain disease, (2) history of head injury with loss of consciousness, (3) substance-related psychosis and (4) psychosis with a known organic cause.  Controls were selected through random mailings to addresses in the residential areas of patients and siblings. Inclusion criteria were: (i) age 16–55 years; (ii) sufficient command of the Dutch language. Exclusion criteria were: (i) use of steroid medication; (ii) current Axis 1 disorder; (iii) lifetime history of psychotic disorder; and (iv) family history of psychotic disorder. Written informed consent, conforming to local ethics committee guidelines, was obtained from all subjects. |
| STRIP | Controls  Individuals with psychosis | This study consisted of individuals with a psychotic disorder, healthy first-degree relatives of individuals with a psychotic disorder and healthy control subjects with no family history of psychotic illness. For the current paper, only data from individuals with psychosis and controls were used. Subjects were recruited through pamphlets, advertisements in (local) newspapers and random mailing procedures in the local area. Individuals with psychotic disorder were additionally recruited through psychiatric hospital and outpatient clinical services. Inclusion criteria were (i) age 18-65 years; (ii) sufficient command of the Dutch language to understand instructions and give informed consent; (iii) present or history of schizophrenia or other psychotic disorder according to the explicit diagnostic criteria of the DSM-IV-TR (patients only). Exclusion criteria were (i) known diagnosis of intellectual disability according to the explicit diagnostic criteria of the DSM-IV-TR; (ii) present or history of psychiatric illness according to the explicit diagnostic criteria of the DSM-IV-TR (controls only); (iii) positive family history of psychosis (controls only). For controls, these extra exclusion criteria were applied: (i) head trauma with loss of consciousness or central neurological disorder; (ii) endocrine disorder; (iii) cardiovascular disorder; (iv) current use of psychotropic medication; (v) current or previous use of illicit drugs; (vi) use of alcohol in excess of five standard units per day; (vii) presence of metal elements in the body; (viii) previous experience of claustrophobia; (ix) pregnancy or lactation (women only). |
| Mind  Maastricht | Individuals with depression | For this study (trial number: NTR1084, Netherlands Trial Register), adults with residual symptomatology after at least one episode of major depressive disorder were recruited from outpatient mental health care facilities in Maastricht (the Netherlands) and through posters in public spaces. Residual symptoms were defined as a score of seven or higher on the 17-item Hamilton Depression Rating Scale (HDRS; Hamilton, 1960) at the time of screening. Exclusion criteria included the following: fulfilling criteria for a current depressive episode, schizophrenia, or psychotic episodes in the past year, and recent (past 4 weeks) or upcoming changes in ongoing psychological or pharmacological treatment. Currently depressed individuals were excluded because, at trial preparation, there was no evidence that currently depressed individuals were able to participate in or benefit from MBCT. |
| Abilify | Individuals with psychosis | This study consisted of patients with a diagnosis of schizophrenia, displaying insufficient therapeutic response to antipsychotic treatment. Inclusion criteria were age 18-65 years; sufficient command of the Dutch language to understand instructions and informed consent; Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) diagnosis of schizophrenia; and current use of a traditional dopamine antagonist antipsychotic. Exclusion criteria were hospitalization within 2 months prior to study entry; endocrine, cardiovascular, or brain disease; history of neuroleptic malignant syndrome; and pregnancy or lactation (women only). The procedures followed in this study were in accordance with the ethical standards of the local institutional committee on human experimentation. After complete description of the study to the patients, signed informed consent was obtained. Stop criteria were formulated if patients requested to stop for any given reason, or the investigator or treating physician was concerned about the safety of the patient. |
| MACS | Individuals with psychosis | This study consisted of patients diagnosed with schizophrenia. Subjects were interviewed as part of the Experience Sampling Method – Maastricht Assessment of Coping Strategies (ESM-MACS) study. All subjects were born in the Netherlands and fluent in Dutch. The participants were diagnosed with a clinical Diagnostic and Statistical Manual of Mental Health-Fourth Edition (DSM-IV) diagnosis of schizophrenia. All subjects received standard psychiatric care in various settings. All subjects were in a stable phase, with no changes in medication, living situation or service provision during the last six months. |
| ZAPP | Individuals with psychosis | This study included a sample that ranged across the continuum of paranoia. For the current study, only data from patients diagnosed with a psychotic disorder who currently present paranoid psychotic symptoms, were used. Current paranoid psychotic symptoms were defined as having a score of 3 on Item P6 (suspiciousness) of the Positive and Negative Syndrome Scale (PANSS).The inclusion criteria for all participants were signed informed consent, age 18 – 65 years, and sufficient command of the Dutch language to understand and fill out the questionnaires. Patients were recruited from clinical and ambulatory mental health facilities in the cities of Heerlen and Maastricht, the Netherlands. |