

# PARANOIA DESERVEDNESS IN PATIENTS WITH PERSECUTORY DELUSIONS: COMPARISON OF THE TWO GROUPS ON ANGER, SELF - ESTEEM AND DEPRESSION

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## ABSTRACT

**Objective:** The current study investigated the prevalence of ‘poor me’ and ‘bad me’ paranoia inpatients with persecutory delusions by using Trower and Chadwick’s (1995) theory as a frame work. It also studied the difference of these two groups regarding anger, depression and self esteem. **Design:** Cross sectional research design. **Place and Duration of Study:** Psychiatric departments of five hospitals of Lahore city. Study completed within eight months. **Subject and Method:** A non-probability purposive sample of 100 patients with paranoid delusions was drawn from five hospitals of Lahore. Demographic Questionnaire, The Persecution and Deservedness Scale, State Trait Anger Expression Inventory-2, Beck Depression Inventory and Rosenberg Self Esteem Scale were administered. In order to rule out organicity Mini Mental State Examination was conducted. **Results:** Statistical Package for Social Sciences (SPSS) version 17 was used for all the analysis. Descriptive statistical analysis revealed that 73 out of 100 patients come under the category of ‘poor me’ and 27 in ‘bad me’ paranoia category. T test results showed that ‘poor me’ and ‘bad me’ paranoid patients were significantly different as far as self esteem and depression was concerned while both groups got higher scores on anger scale. Cronbach Alpha was found out for all Urdu translated scales and results shown acceptable internal consistency.

**Conclusion:** The entire stated hypotheses were accepted. Poor me paranoia was more prevalent among patients of paranoid delusions as compared to bad me paranoia. Both groups scored higher on anger. While different on self esteem and depression.

**Key words:** “poor me” and “bad me” paranoia, anger, depression, self esteem

## INTRODUCTION

Paranoid or persecutory ideas are the most common type of delusion. Garety, Everitt and Hemsley (1988) reported that it experienced by 35% of a sample of 55 British psychiatric patients while Jorgensen and Jensen (1994) reported that in Denmark 37% out of a sample of 88 deluded patients experienced paranoia. Cross-culturally psychiatric in-patients from Europe, the Caribbean, India, Pakistan, Africa, the Middle East and the Far East also report more paranoid ideas than any other type of abnormal belief (Ndeti & Vadher, 1984; Stompe, et. al. 1999).

Trower and Chadwick (1995) proposed a theory of two types of paranoia; ‘poor me’(PM), in which persecution is seen as undeserved, and ‘bad me’ (BM), in which it is perceived to be deserved. The majority of people with persecutory delusions are said to believe that they do not deserved to be persecuted. The ‘poor me’ subtype is characterized by seeing oneself as an

innocent victim while condemning others for the persecution. Trower and Chadwick proposed that paranoia is not a response to real threat, but a cognitive tendency to misperceive negative evaluation from others. They also proposed that people develop different ways of dealing with these ultimately feared sources of threat to the self by either agreeing (BM paranoia) or disagreeing (PM paranoia) with them. Trower and Chadwick (1995) reported that there were a proportion of people with persecutory delusions who behaved more like depressives: they tend to have low levels of self esteem, and do not blame others, but rather themselves, the individual states that he deserves punishment for previous bad acts. Feelings of worthlessness are associated with perceived disapproval. They put such kind of patients in ‘bad me’ paranoid category.

Bad me paranoia is characterized by low self esteem and low self to other negative evaluations like unipolar depression. ‘Bad me’ paranoia is completely

opposite of 'poor me' paranoia, that is characterized by high self to other negative evaluations (Freeman, Gatre, Kuipers & Bebbington, 2002). People with 'bad me' paranoia are also characterized by higher levels of depression, compliance safety behaviors and a depressive attribution style, which is not with the case of 'poor me' paranoia (Melo, Taylor & Bentall, 2006).

Overall, research on persecutory delusion with reference to poor me –bad me paranoia is scarce especially in Pakistan. Delusions are most difficult to shake because they are held with great conviction. Therefore it is important to understand the true nature and content of the persecutory delusion should be discovered. The nature of the delusions and its expression is also different in different cultures. So it is necessary to conduct such a research that will investigate that how persecutory beliefs have impact on the emotional dimensions like anger, depression, or self esteem. And the present study will also provide help in designing intervention plan which would be more indigenous and fulfill the local needs, aim to reduce the level of anger, depression and self esteem related issues, which would help in reducing persecutory delusions as ultimately. The results of the present study may turn the course of psychiatric treatment towards cognitive intervention of delusions in paranoid patients.

**Hypothesis:** H1: 'Poor me' paranoia is more prevalent among patients with persecutory delusions as compared to 'bad me' paranoia.

H2: Patients with 'poor me' paranoia, will report high level of anger, low level of depression and a high self esteem where as patients with 'bad me' paranoia, will report high level of depression, low level of anger and low level of self esteem.

## Method

### Research Design and Participants

The present study followed a cross sectional research design. A non-probability purposive sample of 100 patients with psychosis was drawn from five hospitals of Lahore including Mayo Hospital, Services Hospital, Lahore General Hospital, Jinnah Hospital and Punjab Institute of Mental Health.

### Measures of the study

#### Demographic Variable Questionnaire

The questionnaire recorded information regarding: age, gender, education, profession, marital status, duration of illness, family monthly income of the participant.

#### The Persecution and Deservedness Scale (PaDS; Melo, Corcoran, Shryane & Bentall, 2009)

The Persecution and Deservedness Scale (PaDS) is a 10 items scale designed to assess both the severity of

paranoid thinking and the perceived deservedness of persecution, which can be employed in clinical and non-clinical population. The PaDS is a reliable and valid measure of paranoid thinking and perceived deservedness of persecution, and is sensitive for use in clinical and non clinical populations. Cronbach's alpha for the PaDS-10 persecution subscale was 0.68 for the patient population. For present research the scale was translated into Urdu. The internal consistency of the Urdu translated scale was .87.

#### The State-Trait Anger Expression Inventory-2 (STAXI-2; Spielberger, 1999)

The State-Trait Anger Expression Inventory-2 (STAXI-2) is a 57-item inventory which measures the intensity of anger as an emotional state (State Anger) and the disposition to experience angry feelings as a personality trait (Trait Anger). The instrument consists of six scales measuring the intensity of anger and the disposition to experience angry feelings. Items consist of 4-point scales that assess intensity of anger at a particular moment and the frequency of anger experience, expression, and control. Internal consistency reliability has a value of  $\alpha$  ranging from .73 to .95 for the total scale and from .73 to .93 for the subscales. For present research scale was translated into Urdu. The internal consistency of three sub scales state- Anger, Trait – Anger and Anger Expression were .78, .70 and .37 respectively.

#### Rosenberg Self Esteem Scale (RSES; Rosenberg, 1965)

Rosenberg (1965)<sup>10</sup> developed the scale in order to assess global self esteem and it is one of the most widely used self esteem tests among psychologists and sociologists. The scale is a ten item four point likert type scale answered range from strongly agree to disagree. The original sample was 5,024 high schools. Junior and senior from 10 randomly selected schools in New York State. Extensive and acceptable reliability (internal consistency and test re test) and validity (convergent and discriminant) information exists for the Rosenberg self esteem scale. For present research scale was translated into Urdu. The internal consistency of Urdu translated scale was .73.

#### Urdu version of Beck Depression Inventory (BDI; Sitwat & Bashir, 1998)

It consists of 21 items and gives the severity level of the depression in mild, moderate and severe category. Reliability and validity was well established for English version (Beck, 1996). BDI was translated and standardized on 200 normal and 45 depressives. Test re test reliability is .54 and construct validity was also well

established. With the help of present data the internal consistency of the Urdu translated scale was also measured and that was .87.

### Procedure

First of all permission for translating and using the tools of data collection had taken from the related authors. For Urdu translation forward-backward translation procedures of MAPI (2011) guidelines were followed. Permission for data collection was taken from Heads of Psychiatric Departments of four teaching hospitals of Lahore. Then data collection was initiated. Written informed consent was taken from each patient. Brief description of nature and purpose of the present study was provided to the patients and they were also informed that the collected information would remain confidential and would be used only for academic and research purposes. All measures were administered individually to each patient in two sessions of 45 minutes each. Patients did not report any fatigue. Although some of the statements were difficult to comprehend as most of the patients were illiterate. So any item that was not comprehended was rephrased and sometimes alternate words were used to increase the comprehension.

### RESULTS

**Table 1:** Means, Standard Deviation and Reliability coefficient of Urdu Translated Scales

Scales	Mean	Standard Deviation	A
PaDS	24.50	10.80	.87
RSES	17.94	7.12	.73
State Anger	24.52	11.79	.78
Trait Anger	26.56	9.39	.70
Anger Expression	50.22	14.46	.37
BDI	21.27	10.44	.87

Note. PaDs = The Paranoid and Deservedness Scale; RSES=Rosenberg Self Esteem Scale; STAXI-2=State Anger Expression Inventory-2; BDI= Beck Depression Inventory

Results shown in Table 1 revealed that all Urdu translated scales achieved acceptable alpha level except anger expression subscale of STAXI-2. Most of the patients have poor me paranoia with adequate self esteem, moderate level of depression and high anger scores.

**Table 2:** Demographic Description of Participants (N=100), Men=66. Women=36

Range	Mean	Standard Deviation	
Age 18-55	34.42	8.59	
Educational years	0-16	7.77	5.00
Family Income	Rs.5,000-50,000	17, 190	11, 239
Duration of Illness in years	2-25	8.52	4.99

According to the findings persecutory delusions was more prevalent in the male population as 66 males and 36 females were suffering from persecutory delusions in the present sample. Most of the patients were illiterate, jobless and they belonged to lower socio economic status.

**Table 3:** Prevalence of 'poor me' and 'bad me' Paranoia in Patients of Paranoid Delusions. (N=100)

Paranoid Patients	f%	
'poor me' paranoia	73	73%
'bad me' paranoia	27	27%

Results revealed poor me paranoia is more prevalent as compared to bad me paranoia

**Table 3:** Difference of 'poor me' and 'bad me' paranoid patients across self esteem, state and trait anger, anger expression and depression measured by RSES, STAXI-2 and BDI respectively

Emotional measures	'poor me' n=73	'bad me' n=27	95% CI			
	M (SD)	t	p	LL	UL	
RSES	20.67(7.35)	15.22(6.90)	-3.34	.01**	-8.68	-2.21
STAXI (State)	22.35(10.94)	26.70(12.65)	1.69	.94	-.75	9.45
STAXI (Trait)	25.20(7.49)	27.92(11.29)	1.39	.16	-1.15	6.59
Anger expression	52.93(16.62)	47.51(12.31)	-1.55	.12	-12.44	1.50
BDI	18.10(11.87)	24.44(9.01)	2.51	.01**	1.33	11.33

Note .CI=confidence interval; LL=lower limit, UL= upper limit; RSES=Rosenberg Self Esteem Scale; STAXI-2=State Anger Expression Inventory-2; BDI= Beck Depression Inventory; \*\*p< .001.

## DISCUSSION

Results shows among the 100 patients 73 believed that paranoia is undeserved and they are innocent victims. They believed the persecution as unjustified and therefore condemn other people but not themselves (Chadwick, Birchwood, & Trower, 1996). While 27 patients believed that they were deserved to be paranoid due to their personal mistakes. The persecutory deluded group made more external-personal attributions for negative events i.e., be more likely to blame others rather than situational factors for negative outcomes (Kinderman & Bentall, 1997). Important demographic findings were that at all levels, paranoia was associated with youth, lower intellectual functioning, being single, poverty, poor physical health, poor social functioning, less perceived social support, job stress, less social cohesion, less calmness, less happiness, suicidal ideation, a great range of other psychiatric symptoms, cannabis use, problem drinking and increased use of treatment and services (Freeman et al. 2011).

Although patients with 'poor me' and 'bad me' paranoia performed differently upon emotional measures of self esteem, anger and depression, the difference was significant only for self esteem and depression variables. And two groups are not significantly different on the anger construct. Patients of 'poor me' paranoia have adequate self esteem with mild level of depression while patients with bad me paranoia have moderate level of depression but their self esteem was within normal range. Both groups scored high on state, trait and anger expression scale of STAXI-2 and found no significant difference.

Research on self-esteem in paranoid patients shows inconsistent results, some studies reporting a high self-esteem (Candido & Romney, 1990; Lyon, Kaney, & Bentall, 1994) or high consistency between self representations and ideals (Havner & Izard, 1962; Kinderman &

Bentall, 1996) in paranoid patients, and others reporting low self-esteem in deluded patients in general (Bowins & Shugar, 1998) and in paranoid patients in particular (Freeman et al., 1998). It

is possible that the external attributions made by paranoid patients often fail to compensate for their underlying feelings of low self-worth, in which case normal or high self-esteem would be

expected in some patients but not others as explained by Bentall, Corcoran, Howard, Blackwood, & Kinderman, (2001) and revealed through present study results.

According to the Freeman et al., (2001) seeing one as a vulnerable target and others as hostile or

threatening might be associated with the persecutory delusions. 20% of participants with persecutory delusions use aggression as a safety behavior for example shouting at people, physical aggression, violent acts by people while physical contact of staff members (Whittington & Whekes, 1996). Patients with 'bad me' paranoia were suffering from moderate depression while 'poor me' paranoid patients were in mild depression. Paranoid schizophrenia patients were more depressed and more at risk for suicide than the non paranoid schizophrenia patients, yet their depressive profiles and levels of anhedonia were similar (Candido & Romney, 2001).

## CONCLUSION

Poor me paranoia was more prevalent among patients of paranoid delusions as compared to bad me paranoia. Both groups scored higher on anger. While different on self esteem and depression. On the whole the present results therefore confirm the findings of a number of researches that suggested that higher level of depression, compliance safety behaviors, and a depressive attributional style have found in 'bad me' paranoia but not in 'poor me' Subgroup (Freeman et al., 2001; Peters & Gater, 2006; Melo et al., 2006).

## Research and Clinical Implications

The main aim of the present study was to assess the hypothesis regarding phenomenology of 'poor me' and 'bad me' paranoia among patients of persecutory delusions. It highlighted the importance of further investigating the true nature of this dichotomy, whether this phenomenon served a defense function or if they were a direct reflection of emotional distress. Further longitudinal research required that could assess the stability of the type of paranoia. And to assess that whether changes in belief about deservedness of the persecution are associated with changes in depression, self esteem or anger. The results of the present study will also be helpful in designing more indigenous therapeutic intervention plan. It would be more specific and will focus directly upon the problematic areas and cognitive therapy will also incorporate.

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