



The role of subclinical paranoia on social perception and behavior

Dennis R. Combs^{a,*}, David L. Penn^b

^a*Department of Psychology, University of Tulsa, Room 308, Lorton Hall, Tulsa, OK 74104, USA*

^b*University of North Carolina at Chapel Hill, Chapel Hill, NC, USA*

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Abstract

The purpose of this study was to investigate the effects of subclinical paranoia on social perception and behavior. Two groups of participants, those high and low in subclinical paranoia, were identified based on extreme scores on the Paranoia Scale (PS). As expected, persons high in subclinical paranoia had greater depression, social anxiety, self-consciousness, and lower self-esteem compared to persons low in subclinical paranoia. In addition, persons high in subclinical paranoia performed worse than persons low in subclinical paranoia on laboratory measures of emotion perception and on an in vivo social perception task. Finally, behavioral differences between these two groups were revealed: Persons high in subclinical paranoia sat further away from the examiner and took longer to read the consent form than low-paranoia persons. These behavioral differences were not due to the group differences in clinical functioning, indicating that level of paranoia generally accounted for these findings.

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In the study of schizophrenia, there has been growing interest in investigating specific symptoms or subtypes rather than broadly defined syndromes (e.g., Bentall et al., 1988; van Os et al., 2000). One area that has received much attention is paranoia, which can range from clinical symptoms such as delusions of persecution to paranoid thoughts/behaviors that occur in normal persons without psychopathology (American Psychiatric Association, 1994; Fenigstein and Venable, 1992). Research on paranoia and/or persecutory ideation has typically focused on

cognitive biases (Garety and Freeman, 1999; Penn et al., 1997). Specifically, persons with persecutory delusions show biases on both neutral and social probabilistic reasoning tasks. They require less information before making decisions (Garety et al., 1991; Huq et al., 1988), and they are more confident in their decisions, based on limited data, relative to persons without persecutory delusions (Bentall et al., 1991; Dudley et al., 1997; Huq et al., 1988). There is also evidence of an attributional bias in which persons with persecutory delusions tend to make external attributions for negative outcomes and internal attributions for positive outcomes (i.e., a self-serving bias; reviewed in Bentall, 2001; Bentall et al., 1994; Garety and Freeman, 1999). In addition, these cognitive biases appear to be content-specific for threatening

* Corresponding author. Tel.: +1-918-631-2248; fax: +1-918-631-2833.

E-mail address: dennis-combs@utulsa.edu (D.R. Combs).

stimuli (Bentall and Kaney, 1989; Miller and Karoni, 1996). Persons with persecutory delusions have been shown to form illusory correlations to threat-related words (Brennan and Hemsley, 1984), show an interference effect (i.e., slower read times) to threatening words on the Emotional Stroop task (Bentall and Kaney, 1989; Fear et al., 1996), and are able recall more threatening words on memory recall tasks (Bentall et al., 1995; Kaney et al., 1992). This pattern of improved recall for threatening stimuli is also evident in nonclinical college samples high in subclinical paranoia as well (Fenigstein, 1997). Therefore, persons with paranoid ideation show social processing biases that are not evident in other individuals (Fenigstein and Venable, 1992; Kramer, 1998).

Unlike the research cited above on social cognitive biases and paranoid delusions, which clearly show a bias for the processing of social information, there is mixed evidence of a performance deficit on emotion perception tests. Some studies show impaired performance, while others show enhanced performance for persons with paranoid relative to non-paranoid schizophrenia (Davis and Gibson, 2000; Kline et al., 1992; Lewis and Garver, 1995; reviewed in Edwards et al., 2002). These mixed findings may be due to using broad diagnostic criteria, such as “paranoid schizophrenia,” to form groups rather than focusing on specific symptoms. In other words, groups defined according to the paranoid schizophrenia subtype may be comprised of individuals without persecutory delusions or ideation, the symptom most commonly associated with the previously discussed social-cognitive biases. Therefore, the role of paranoid ideation (not the paranoid subtype) on emotion perception needs further examination.

A potential limitation of research in this general area is the almost exclusive emphasis on the social-cognitive consequences of paranoia/persecutory ideation (e.g., attributional style; Theory of Mind), with little attention given to the measurement of actual behavior. There are likely numerous reasons for excluding more direct behavioral indices of paranoid ideation, such as that they are difficult to develop, expensive to implement, require long-term assessment, and may elicit resistance from the participants (see Haynes, 1986 for a discussion). This may be an important omission as cognitive and social-cognitive processes may not only influence paranoid/persecu-

tory behavior, but also may be reinforced and maintained by them (Haynes, 1986). Therefore, a second unexamined area is the role of paranoia or persecutory ideation on actual social behavior.

The purpose of this study was to investigate the role of subclinical paranoia on social perception and behavior. In the study described in this report, we examined subclinical paranoia based on the view that psychopathology lies on a continuum (Clark et al., 1995; Fenigstein, 1997; see Peters et al., 1999 for a similar discussion on delusional beliefs). Therefore, the social-cognitive biases observed in persons with persecutory delusions should be present to some degree in persons with subclinical levels of paranoia as well. Fenigstein and Venable (1992) have defined subclinical paranoia as a mode of thought marked by exaggerated self-referential biases that occurs in normal everyday behavior. Such thinking is characterized by relatively stable tendencies toward suspiciousness, feelings of ill will or resentment, mistrust, and belief in external control or influence (Fenigstein, 1997; Fenigstein and Venable, 1992). This is in contrast to clinical paranoia, which includes persecutory delusions and extreme mistrust. Although a few studies have investigated social information processing in paranoia (Fenigstein, 1997), most have studied only a single cognitive skill (i.e., recall), and none have included multiple measures of social-cognitive processing. Furthermore, we argue that utilizing a subclinical population allows for a better test of the specific role of persecutory ideation on performance, unconfounded by the presence of clinical factors that are associated with clinical populations (e.g., other psychotic symptoms; neuroleptics).

The following study hypotheses were formulated. First, it has been shown that greater clinical paranoia is associated with greater depression (Zigler and Glick, 1988), lower self-esteem (Vinogradov et al., 1992), greater social anxiety (Trower and Chadwick, 1995), and greater self-consciousness (Fenigstein and Venable, 1992). Therefore, we expected persons with high subclinical paranoia to show a similar pattern of performance relative to persons low in subclinical paranoia, a pattern that would lend support for a dimensional, rather than categorical, view of paranoia. Second, we expected the group high in subclinical paranoia to show specific attentional and attributional biases for negative stimuli relative to persons low in

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