



## Self-esteem and evaluative beliefs in paranoia



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### ABSTRACT

**Background and objectives:** Psychological models have implicated negative self-esteem as an important factor underlying paranoia. However, research investigating the role of self-esteem in paranoia suffers from poor conceptual and methodological understanding, resulting in conflicting findings. Central to this problem is the use of measures investigating global self-esteem and self-evaluative beliefs interchangeably. In the present study we aimed to analyze differences in self-esteem domains and self-evaluation.

**Methods:** The present study used interviews and questionnaires to compare a clinical sample of participants who were currently paranoid ( $n = 55$ ) with healthy controls ( $n = 57$ ) on global self-esteem domains and negative evaluative beliefs, in order to investigate the multi-faceted role of “the self”.

**Results:** There was no significant difference in self-esteem domains between groups, highlighting that self-esteem is preserved in currently paranoid individuals. However, the paranoid group had significantly more negative evaluative beliefs. Interestingly, our global measures of self-esteem and measures of negative evaluative beliefs were uncorrelated, highlighting the importance of understanding the differences underlying these concepts.

**Limitations:** This study does not address dynamic aspects of self-esteem and self-evaluation.

**Conclusions:** The present study provides undeniable evidence to investigate self-concept dimensions separately. These findings must be considered by researchers interested in the role of the self in the onset and maintenance of paranoia.

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## 1. Introduction

A dysfunctional sense of self has been incorporated into psychological models of psychosis (e.g., Bentall, Corcoran, Howard, Blackwood, & Kinderman, 2001; Freeman, 2006), focusing primarily on self-esteem and self-evaluation. The evidence suggests that low self-esteem acts as a maintaining factor and a consequence of psychosis (Freeman et al., 1998) as well as a predictive factor for first episode psychosis symptoms (Krabbendam et al., 2002). Psychological theories of persecutory delusions have pinpointed “the self” as a key factor, although there is disagreement on whether its

implications are motivational or emotional. Motivational theories suggest that delusions function as a defense mechanism to avoid negative affective experiences, preserving self-esteem (Bentall et al., 2001). Conversely, emotional theories have proposed that the combination of negative self-beliefs, anxiety and emotional concerns are key factors in bringing threatening memories into awareness resulting in delusional experiences (Garety & Freeman, 1999).

There are a considerable number of empirical studies that have examined self-esteem, self-schemas and paranoid beliefs (Kesting & Lincoln, 2013). Unfortunately, clinical research has yielded contradictory findings concerning levels of self-esteem in paranoia. Various studies have found low self-esteem in paranoid patients (e.g., Freeman et al., 1998; Kesting, Mehl, Rief, Lindenmeyer, & Lincoln, 2011; MacKinnon, Newman-Taylor, & Stopa, 2011), whereas others have found preserved self-esteem (e.g., Candido & Romney, 1990; Lyon, Kaney, & Bentall, 1994).

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The conflicting findings regarding self-esteem in paranoia may be a result of the complexity of the concept and also measurement difficulties. The majority of current theories conceptualize self-esteem as a global feeling about the self, such as self-liking, self-worth, self-respect and self-acceptance (Brown, 1993; Rosenberg, 1995). However, many authors have argued the importance of differentiating global self-esteem from specific self-evaluations that appraise *specific* abilities and attributions (Brown, Dutton, & Cook, 2001; Kernis, 2003). Both concepts are clearly related, for example, specific self-evaluations are predictive of global self-esteem, particularly when they are central to a person's self-definition (Kernis, Cornell, Sun, Berry, & Harlow, 1993). Moreover, Brown et al., (2001) found that people with high self-esteem use self-evaluations to promote and restore a positive global sense of self. However, it is important to discern that self-evaluations cannot substitute global self-esteem or measured as its alternative.

Unfortunately, paranoia research has used self-esteem and self-evaluation measures interchangeably, presenting a source of confusion in the literature. For example, Freeman et al., (1998) utilised the Robson Self Concept Questionnaire (RSCQ; Robson, 1989) to assess global self-esteem in paranoid patients and concluded that their sample scored lower when compared to normative values). Regrettably, the RSCQ contains items associated with self-evaluative beliefs (e.g., "Most people would take advantage of me if they could") alongside global self-esteem items. In fact, the most commonly used measures (e.g., Rosenberg Self-Esteem Questionnaire, RESQ; Rosenberg, 1979) have a similar broad conceptualization of self-esteem, mixing global self-esteem items with self-evaluative items. As a research strategy, this is inadequate as it takes self-evaluation as an indicator of global self-esteem, thus confounding self-esteem and specific self-evaluative aspects. Therefore, these traditional assessment methods are likely to generate unreliable and inconsistent results.

Moreover, we lack a comprehensive picture of the dysfunctional sense of self in paranoia by focusing solely on global self-esteem. Studies that have assessed patients with schizophrenia using both self-evaluation and self-esteem measures have found that although both are related to positive symptoms, even after controlling for depression stronger associations have been found between self-evaluations and positive symptoms (Barrowclough et al., 2003). Only a few studies have investigated the interaction between self-esteem and self-evaluative beliefs. Lincoln et al. (2010) found that the interaction between negative interpersonal self-evaluation and self-acceptance is of particular importance when explaining paranoia. Lincoln et al., further suggest that paranoia may be explained more simply, by a threat to self-worth rather than by global impairments to self-esteem per se.

Underlining the importance and value of self-related aspects, there is some evidence that positive and negative dimensions of the sense of self are independent of each other and have differential but associated outcomes (Andrews & Brown, 1993). Studies with paranoid samples have consistently shown that patients demonstrate a stronger negative self-view compared to healthy individuals but no differences in positive dimension when using different self-concept measures (Vazquez, Diez-Alegria, Hernandez-Lloreda, & Nieto, 2008), self-esteem measures (Bentall et al., 2008; Humphreys & Barrowclough, 2006), and evaluative beliefs about the self measures (Mackinnon et al., 2011). Indeed, studies have shown that paranoia in patients with psychosis is specifically associated with higher negative evaluative beliefs about the self (Barrowclough et al., 2003; Fowler et al., 2006; Smith et al., 2006), but not with positive evaluative beliefs about the self or with global self-esteem (Fowler et al., 2006). Kesting and Lincoln's (2013) recent review highlight that positive self-evaluations seem to be less impaired in patients with persecutory delusions. Thus, self-

esteem research may be compromised when positive and negative dimensions are not distinguishable.

Traditional global self-esteem measures, such as the Rosenberg (1979) scale, are dependent on the current mood of participants (Andrews & Brown, 1993; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). This inter-relationship clearly complicates the interpretation of the role self-esteem has in paranoid ideation given the high prevalence of depression in schizophrenia spectrum disorders (Birchwood & Iqbal, 1998). To date, most of the studies analyzing self-esteem levels in paranoid patients involved the use of the Rosenberg scale, and scores in this scale were found highly correlated with depression severity reported by patients. Moreover, some studies found that patients with current persecutory delusions had lower self-esteem compared to patients with remitted persecutory delusions (McKay, Langdon, & Coltheart, 2007) and healthy controls (MacKinnon et al., 2011), but these differences disappeared when their depression levels were controlled for. Furthermore, studies have shown that the association between negative evaluative beliefs and paranoia were *independent* of current mood levels, whereas global self-esteem associations with paranoia were *explained* by depression level (Barrowclough et al., 2003; Fowler et al., 2006). A recent study with a sample of patients with schizophrenia spectrum disorders (Lincoln et al., 2010) concluded that self-worth was related to depressive level but not to paranoid ideation or other psychotic symptoms.

Taken together, these results suggest that specific negative evaluative beliefs about the self and others are particularly linked to paranoia. However, most studies analyzing the role of self-esteem and specific evaluative beliefs in paranoia have employed general psychotic samples (Barrowclough et al., 2003; Fowler et al., 2006; Lincoln et al., 2010; Smith et al., 2006), rather than evaluating people with current persecutory delusions. Moreover, the literature lacks appropriate non-clinical control groups when investigating paranoia (Barrowclough et al., 2003; Lincoln et al., 2010; Smith et al., 2006), which would enable comparisons of the performance on different self-evaluative dimensions of paranoid group with the baseline performance of a non-disordered sample, thus, enhancing our understanding of the relationship.

In the present study we analyzed differences in self-esteem, focusing on several domains involved in global self-esteem such as self-acceptance (Brown, 1993), as well as other self-schemas associated with psychological well-being (i.e., environmental mastery, positive relation with others, autonomy, purpose of life and personal growth). We also analyzed differences in self-concept using specific measures of negative evaluative beliefs about self. Differences in these self-esteem domains and evaluative beliefs were analyzed between a currently paranoid clinical group and a non-clinical control group. Based on previous research (Valiente et al., 2011), it was expected that the clinical and control participants would show similar self-esteem levels after depression severity was controlled for. Furthermore, we hypothesized that participants with persecutory delusions would show higher negative self-evaluative beliefs and negative beliefs about judgment of self when compared to healthy controls, not accounted for by depression levels. Finally, we expected to find independence between measures of self-esteem and negative evaluative beliefs.

## 2. Method

### 2.1. Participants and procedure

Two groups of participants were formed:

**The paranoid group (PG)** included 55 participants (28 males and 27 females) from an 80-bed adult psychiatric unit in a university hospital. Patients were recruited based on hospital records, and

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