



## Paranoia and instability of self-esteem in adolescents

Filip Raes\*, Dinska Van Gucht

Department of Psychology, University of Leuven, Tiensestraat 102, 3000 Leuven, Belgium

### ARTICLE INFO

#### Article history:

Received 7 April 2009

Received in revised form 10 July 2009

Accepted 17 July 2009

Available online 18 August 2009

#### Keywords:

Paranoia

Self-esteem

Instability of self-esteem

### ABSTRACT

This study examined whether paranoid beliefs are associated with instability of self-esteem (SE) as hypothesized by Bentall et al. [Bentall, R. P., Corcoran, R., Howard, R., Blackwood, N., & Kinderman, P. (2001). Persecutory delusions: A review and theoretical integration. *Clinical Psychology Review*, 21, 1143–1192] in a community-based sample. Measures assessing SE, SE instability, paranoid ideation, and depressive symptoms were completed by 131 adolescents. A significant association between paranoia and SE instability was observed, even when taking into account global SE and depressive symptomatology. The results replicate previous findings, providing further evidence for a relationship between paranoid ideation and SE instability. Further, this study utilises a new measure of SE instability and explores the relationship between paranoia and SE within a hitherto unstudied age group using a multi-dimensional model of paranoia.

© 2009 Elsevier Ltd. All rights reserved.

### 1. Introduction

Paranoid ideas in general, and specifically persecutory ideas, which refer to incorrect beliefs that one is under the threat of someone or something, are the most common type of delusions or abnormal beliefs (e.g., Garety & Hemsley, 1987). Research aimed at furthering our understanding of the (psychological) factors involved in the development and maintenance of paranoia is of pivotal importance (Bentall et al., 2001; Freeman, Garety, Kuipers, Fowler, & Bebbington, 2002). It has become increasingly clear that paranoid ideation is a common experience in the general population, favouring a continuum approach to (paranoid) delusions (e.g., van Os, Linscott, Myin-Germeys, Delespaul, & Krabbendam, 2009). Research on paranoid ideation in non-clinical samples may therefore advance our understanding of paranoia in general, and of the factors involved in the development and maintenance of paranoid/persecutory delusions more particularly (e.g., Combs & Penn, 2004; Freeman et al., 2005). The study of attenuated psychotic symptoms (in this case paranoid persecutory ideation) is also important in light of the international movement for an early detection of psychosis during adolescence, since an early intervention could delay or abort the conversion to schizophrenia spectrum disorders (e.g., Welham et al., 2009); but not necessarily (Dhossche, Ferdinand, Van der Ende, Hofstra, & Verhulst, 2002), as symptoms are common in adolescents but sometimes transient, and psychosis must always be viewed within a context in which multiple factors (e.g., genetic and social) operate in combination (van Os et al., 2009).

\* Corresponding author. Tel.: +32 (0)16 32 58 92; fax: +32 (0)16 32 60 99.  
E-mail address: [filip.raes@psy.kuleuven.be](mailto:filip.raes@psy.kuleuven.be) (F. Raes).

The idea that self-esteem (SE) is in some way implicated in the development of paranoid beliefs has been repeatedly advanced in the literature (e.g., Colby, 1977). Research on SE in paranoia, however, has yielded inconsistent findings. Some studies found that paranoia is associated with low SE, both in non-clinical groups (e.g., Combs & Penn, 2004; Ellett, Lopez, & Chadwick, 2003), and in patients with persecutory delusions (Drake et al., 2004). Yet other studies showed that SE levels in paranoid patients are relatively high or normal (e.g., Lyon, Kaney, & Bentall, 1994).

Bentall et al. (2001) suggested that a potential explanation for this inconsistency is that prior studies focused on global level of SE, without taking into account the temporal instability of SE. If one assumes that SE in paranoia is relatively unstable over time, then this can explain the mixed results of previous studies. It would also mean that SE instability might play a more important role in paranoia than global level of SE (Bentall et al., 2001). Interestingly, two recent studies provided just such evidence. Thewissen et al. (2006) found that SE instability was associated with the presence of paranoid symptoms in a general population sample (age range: 18–64). Similar findings were reported by Thewissen, Bentall, Lecomte, and van Os (2008) who showed that paranoia was associated with higher instability of SE in a group of individuals, ages 18–77, ranging across the continuum in level of paranoia.

The association between paranoia and unstable SE fits with one of the predictions of Bentall's model (2001; see also Thewissen et al., 2006, 2008), according to which paranoid ideas are the consequence of attempts to protect oneself from negative thoughts and feelings about the self. Consequently, the idea is that paranoia, or the conviction that disappointments and negative events in one's life are caused by intentional actions of others (i.e. attributing threatening events to the actions of other people), serves a

self-defensive function. Given that such defensive attempts can be expected to often be ineffective, it is predicted that SE will typically be highly unstable in individuals scoring high on paranoia (Thewissen et al., 2006, 2008), which was precisely the pattern observed in both studies.

The aim of the present study was to further investigate the relationship between paranoia and SE instability in a sample of (mainly mid-)adolescents. As mentioned, so far only two studies looked at this relationship. In the first study (Thewissen et al., 2006) paranoia was defined as the presence/absence of paranoid symptoms, using a diagnostic interview. In our study we used a dimensional measure of paranoia. One such scale is the Paranoia Scale (PS; Fenigstein & Venable, 1992), which is without any doubt the most widely used paranoia scale in clinical and non-clinical individuals. The PS was also used in the second study that examined instability of self-esteem in relation to paranoia (Thewissen et al., 2008). However, a good many of the items in the PS are not clearly persecutory (see Freeman et al., 2005). As such, the PS, rather than being a measure of persecutory ideation specifically, is an instrument assessing general paranoid ideation, including other components of paranoia (e.g., ideas of reference) in addition to persecutory ideas (McKay, Langdon, & Coltheart, 2005, p. 234). Also, the PS only provides an estimate of the degree to which respondents find these items applicable to them, but not of the degree of conviction and distress of paranoid thoughts. Therefore, Freeman and colleagues (2005) developed the Paranoia Checklist (PCL), which consists of items of a more clinical nature, all of them clearly persecutory. Moreover, the PCL not only assesses the frequency of persecutory paranoid thoughts, but also the degree of conviction and the level of associated distress. In the present study, we included both the PS (to compare our findings to those of Thewissen and colleagues) and the PCL (to extend prior findings to a multidimensional measure of paranoia consisting of items that are more clearly persecutory and closer to paranoid ideation of a clinical nature).

The golden standard to measure SE instability is the calculation of within-participant standard deviation scores of SE over repeated assessments (see e.g., Kernis, Cornell, Sun, Berry, & Harlow, 1993) as for example implemented in Thewissen et al. (2006). However, given that it is not always possible to assess participants' level of SE repeatedly, researchers have advanced scales to measure SE instability with a single assessment (e.g., Kernis, Grannemann, & Barclay, 1992; Rosenberg, 1965). In light of various limitations (e.g., complex wording of items and/or instructions) of those scales (see e.g., Chabrol, Rousseau, & Callahan, 2006), we developed a new self-report scale directly assessing instability of SE, keeping the wording of items as simple and unambiguous as possible: The SE Instability Scale (SEIS). Preliminary validation showed that the SEIS has promising psychometrics (see below).

In summarizing, the primary aim of the present study was to examine the relationship between paranoia and SE instability in a group of mid-adolescents. Our study attempts to extend prior research in the following ways. First, it is the first to study the relationship between paranoia and SE instability using the PCL. This will allow us to examine with which dimension of paranoid ideation SE instability is mostly associated. Second, the current study is the first to use a self-report measure to assess SE instability in relation to paranoia. Third, participants in our study were all mid-adolescents, an age group that has typically been excluded in prior work on the relation between SE (instability) and paranoia, but is highly relevant given the typical decline of global SE from childhood to adolescence (e.g., Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002) and the typical onset of schizophrenia from mid-adolescence to the mid-20s. Finally, because one and the same lab conducted the only two studies reporting evidence for the relationship between paranoia and SE instability, it would be useful to

see this pattern of results replicated by an independent group of researchers.

As a secondary aim, we examined to what extent global SE level is associated with paranoia, as this remains an issue of considerable debate. We were especially interested to see whether (global) level of SE would still be significantly associated with paranoia, once SE instability is taken into account. A third and final aim was the preliminary psychometric evaluation of the newly developed Dutch translation of the original English PCL.

## 2. Method

### 2.1. Participants

One hundred and thirty one students (92 women) from the last two years of secondary school participated voluntarily. Eighty-five (65%) were recruited from the 'Katholieke Centruumscholen Sint-Truiden'; forty-six (35%) were recruited from the 'Sancta-Maria Instituut Aarschot'. The mean age was 16.54 years (SD = 0.72; range: 15–19, with 90% aged 16–17).

## 3. Materials

The *Paranoia Scale* (PS; Fenigstein & Venable, 1992) is a 20-item self-report scale measuring paranoia. Items are rated on a 5-point scale, ranging from *not at all applicable* to *extremely applicable*. Good psychometric properties are reported (Fenigstein & Venable, 1992). Cronbach's alpha in the present sample was 0.89.

The *Paranoia Checklist* (PCL; Freeman et al., 2005) is an 18-item self-report scale to investigate paranoid thoughts. All items are rated on three 5-point scales for frequency, degree of conviction, and distress. Good convergent validity is reported (Freeman et al., 2005). An independent native speaker back translated the Dutch version. The original author approved the back translation. Given that the validation of the Dutch PCL was one of the aims of the present study, we report on its initial psychometric properties in Section 4.

The *Beck Depression Inventory* (BDI-II; Beck, Steer, & Brown, 1996; Van der Does, 2002) is a widely used self-rating measure for severity of depressive symptoms. Cronbach's alpha in the current sample was 0.89.

The *Rosenberg Self-Esteem Scale* (RSES; Franck, De Raedt, Barbez, & Rosseel, 2008; Rosenberg, 1965) is a 10-item self-report scale assessing global SE. Items are rated on a 4-point scale (*strongly disagree* to *strongly agree*). Cronbach's alpha in the current sample was 0.86.

The *Self-Esteem Instability Scale* (SEIS) is a 4-item self-report scale assessing instability of SE. Items are rated on a 5-point scale (*not at all applicable* to *extremely applicable*). A sample item is 'The extent to which I appreciate myself is liable to fluctuations'. Cronbach's alpha in the current sample was 0.87. In a sample of 84 respondents (57 women; mean age = 35.78; SD = 13.44; range = 17–60), we recently administered the SEIS together with the RSES, with the latter being filled out for seven consecutive days. Total SEIS scores were positively correlated with standard deviations of RSES scores,  $r(84) = 0.50$ ,  $p < 0.001$ , supporting the validity of the SEIS as a measure of SE instability.

### 3.1. Procedure

The study was approved by the Ethical Committee of the University of Leuven. Participants were tested in groups and, following informed consent, filled out the questionnaires.

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات