



Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep



The role of mental imagery in non-clinical paranoia



Gemma Bullock^a, Katherine Newman-Taylor^{a,b,*}, Luisa Stopa^a

^a Psychology Academic Unit, University of Southampton, Building 44, Highfield, Southampton, SO17 1BJ, UK

^b Southampton Psychological Therapies Service, Southern Health NHS Foundation Trust, College Keep, Terminus Terrace, Southampton, SO14 3DT, UK

ARTICLE INFO

Article history:

Received 6 May 2015

Received in revised form

1 October 2015

Accepted 2 October 2015

Available online 8 October 2015

Keywords:

Persecutory delusions

Paranoia

Mental imagery

ABSTRACT

Background & objectives: Cognitive models of paranoia incorporate many of the processes implicated in the maintenance of anxiety disorders. Despite this, the role of mental imagery in paranoia remains under-researched. The current study examined the impact of a self-imagery manipulation in people with high non-clinical paranoia.

Methods: We used a mixed design with one between-subjects variable (type of self-imagery) and one within-subjects variable (time – pre and post imagery manipulation). Thirty participants with high trait paranoia were allocated alternately to a positive or negative self-imagery condition. Scripts were used to elicit positive and negative self-imagery. All participants completed self-report state measures of paranoia, mood, self-esteem and self-compassion.

Results: Group by time interaction effects were found for each of the dependent variables. Positive imagery led to less state paranoia, anxiety and negative affect, and more positive affect, self-esteem and self-compassion, compared with the negative imagery group.

Limitations: This was a non-blind study, limited by allocation method and a brief time-frame which did not allow us to assess longevity of effects. We recruited a relatively small and predominantly female sample of people with high non-clinical paranoia. The study did not include a neutral control condition, a low paranoia comparison group, or a manipulation check following the imagery task.

Conclusions: Self-imagery manipulations may affect paranoia, mood and self-beliefs. If the findings are replicated with clinical groups, and maintained over a longer period, this would suggest that imagery-based interventions targeting persecutory delusions might be usefully examined.

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1. Introduction

Mental imagery is a key factor in the maintenance of anxiety disorders (Clark, 1999). Freeman (2007) argues that the cognitive and behavioural processes that maintain anxiety (e.g. emotional reasoning, imagery and safety behaviours) also maintain paranoia. While some of these processes have been examined, there is as yet very little research into the role of imagery in paranoia (Pearson, Deeptrose, Wallace-Hadrill, Heyes, & Holmes, 2013).

In a preliminary investigation, Morrison and colleagues interviewed people with schizophrenia-type diagnoses and found that 74% experienced images associated with their hallucinations or delusions. The images were typically recurrent, associated with a particular memory, and linked to specific emotions and paranoid

beliefs (Morrison et al., 2002). Using a similar design, Schultz and colleagues found that 73% of a group with persecutory delusions reported recurrent distressing images related to their paranoia (Schultz, Freeman, Green, & Kuipers, 2013).

Imagery-based interventions benefit people with a range of clinical presentations (see Arntz, 2012; Holmes & Mathews, 2010 for reviews). Initial case studies have shown that these approaches may also be effective for people with paranoia; CBT based imagery interventions targeting persecutory delusions led to reductions in distress and paranoia, with some evidence that gains were maintained at follow-up (Morrison, 2004; Serruya & Grant, 2009).

The limited research to date indicates that people with paranoia often experience intrusive images, and these may be a valuable target in therapy. However, there have been no experimental studies to help us understand exactly how imagery manipulations affect paranoia, mood and self-beliefs.

The present study employed an experimental design to

* Corresponding author. Psychology Academic Unit, University of Southampton, Building 44, Highfield, Southampton, SO17 1BJ, UK.

E-mail address: knt@soton.ac.uk (K. Newman-Taylor).

investigate the role of mental imagery in people with high levels of non-clinical paranoia. We hypothesised that positive self-imagery would lead to less state paranoia, anxiety and negative affect, and more positive affect, self-esteem and self-compassion, compared to negative self-imagery. University of Southampton ethical approval was sought and confirmed (ref: 5890).

2. Material and methods

2.1. Design

The study used a mixed design with one between-subjects variable (type of self-imagery) and one within-subjects variable (time – pre and post imagery manipulation). The dependent variables were state measures of paranoia, anxiety, general mood, self-esteem and self-compassion. Trait paranoia, anxiety and self-esteem were measured to ensure comparable groups.

2.2. Participants

Participants were students recruited from a British university. Ninety-six people met criteria (see [Procedure](#) section, below), and 30 agreed to participate. The final sample was made up of 21 women (70%) and 9 men (30%), with a mean age of 20.9 years ($SD = 5.93$).

2.3. Measures

2.3.1. Trait measures

2.3.1.1. Paranoia Scale (PS; Fenigstein & Venable, 1992). The PS is a 20-item measure designed to measure trait levels of sub-clinical paranoia. Participants rate the extent to which statements are applicable using a 1 (not at all applicable to me) to 5 (extremely applicable to me) scale. Fenigstein and Venable (1992) report acceptable test-retest (0.70) and internal reliability (0.72) in their original sample. Internal consistency in the current sample was good ($\alpha = 0.84$).

2.3.1.2. Rosenberg Self-esteem scale (RSE; Rosenberg, 1965). The RSE is a 10-item measure of global self-worth. Item scores range from 1 (strongly agree) to 4 (strongly disagree). The measure yields positive and negative self-esteem sub-scores which are combined to give a total, after negative items are reversed. The RSE has excellent internal reliability ($\alpha = 0.92$) and good two-week test-retest reliability (0.88) (Corcoran & Fischer, 1987). Internal consistency was also good in the current sample ($\alpha = 0.88$).

2.3.1.3. State and Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). The STAI is a 40-item inventory comprising two questionnaires of 20 items each. Respondents rate state items on a 4-point Likert scale (not at all to very much so) and trait items on a 4-point scale (almost never to almost always). Both have good to excellent internal consistency (state: 0.90–0.94; trait: 0.89–0.92). The trait measure has good test-retest reliability (0.86) and internal consistency was good in the current sample ($\alpha = 0.87$).

2.3.2. State measures

2.3.2.1. Paranoia Checklist (PC; Freeman et al., 2005). The PC is an 18-item scale of paranoid ideation. The adapted state version (Lincoln, Lange, Burau, Exner, & Moritz, 2010) was used for the present study. Participants rate the extent to which the items apply “at the moment” on a 5-point scale from 1 (not at all) to 5 (very strongly). The adapted version has good internal consistency ($\alpha = 0.86$). Internal consistency for the current sample was excellent ($\alpha = 0.91$).

2.3.2.2. State Self-esteem Scale (SSES; McFarland & Ross, 1982). The SSES is a 12-item self-report measure of explicit state self-esteem. Items are rated from 1 (not at all) to 11 (extremely). The scale contains seven positive and five negative items. The SSES can be reported as a total score, with the negative items reverse scored, or as two separate sub-scales measuring positive and negative self-esteem respectively. We report total scores. The SSES demonstrated excellent internal consistency in the current sample ($\alpha = 0.90$).

2.3.2.3. Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988). The PANAS is a 20-item measure of positive and negative affect. Participants rate 10 positive and 10 negative emotions on a scale from 1 (very slightly) to 5 (extremely) at the present moment. Both scales have good internal reliability (PA $\alpha = 0.89$, NA $\alpha = 0.85$; Crawford & Henry, 2004), and this was replicated in the current sample (PA $\alpha = 0.90$; NA $\alpha = 0.82$).

2.3.2.4. The Self-compassion Scale (SCS; Neff, 2003a, b). The SCS assesses six trait factors relating to three components of self-compassion: self-kindness/self-judgement, common humanity/perceived isolation, and mindfulness/over-identification. The state version includes 16 items rated “right now” on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). The state version has acceptable internal consistency ($\alpha = 0.76$; Breines & Chen, 2013), and this was good in the current sample ($\alpha = 0.80$).

2.3.3. Imagery manipulation scripts

Imagery scripts designed for people with social anxiety (Hirsch, Clark, Mathews & Williams, 2003) were adapted to manipulate paranoia and elicit linked positive and negative self-images. Participants were asked to recall a memory of a situation in which they had felt significantly secure and trusting (positive) or suspicious and mistrusting (negative). Once an image was identified, participants closed their eyes and described the image in detail. Questions focused on how the participant looked and felt, how they and others in the image acted, and various sensory details. Participants rated the vividness of the image on a scale of 0 (not at all vivid) to 100 (extremely vivid). Where vividness was rated below 60, we elicited additional details to strengthen the image generated. Participants held the image in mind while completing questionnaires.

2.4. Procedure¹

Participants were recruited via advertisements, and received research credits or a small payment. Informed consent was gained from everyone who took part. The Paranoia Scale (PS; Fenigstein & Venable, 1992) was used to screen participants. Normative percentile scores from the PS were used to determine a high paranoia group based on the mean score for non-clinical groups ($M = 42.7$, $SD = 10.2$) identifying participants in the 84th percentile or above ($+1SD$ of 53 or greater). There were no other inclusion or exclusion criteria. Those who were selected following screening were invited to attend the experimental session. Consecutive participants were allocated alternately to either the positive or the negative self-imagery condition. At the experimental session, participants repeated the PS to confirm that they still met criteria for high paranoia. Seventeen people were excluded at the second completion of the screen. All other participants then completed the trait and state measures. Participants were guided through the imagery exercise and asked to hold the image in mind while they repeated the state measures. Participants in the negative imagery

¹ Further details on the procedure, including sequence of questionnaires and duration of each activity, are available on request.

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