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PARANOID IDEATION AND THOUGHT CONTROL STRATEGIES AMONG CLINICAL POPULATION

Sana Ashraf, Shazia Yusuf, Amira Amjad, and Noshi Iram Zaman
Professional Psychology Department, Bahria University Islamabad.

ABSTRACT

Objectives: *The present study aimed to explore the type of thought control strategies that are associated with the paranoid ideation among psychiatric patients (Major Depressive Disorder (MDD), Obsessive compulsive disorder (OCD) and Generalized Anxiety Disorder (GAD) patients).*
Design: *Correlational study*
Place and Duration of the study: *Jan –Dec 2017, Rawalpindi, Pakistan*
Subjects and Method: *132 participants between18-60 years (Mean age 30.34 years; SD= 8.73) were taken from the Benazir Bhutto Hospital Rawalpindi through purposive sampling. Paranoid Thought Scale and Thought Control Questionnaire were translated into Urdu language with standardized back translation procedure. Both the scales along with demographic sheet were administered on the participants after taking their informed consent. Pearson correlation was computed to check the relationship between the thought control strategies and paranoid ideation among psychiatric patients.*
Results and Conclusion: *Results indicated that there is a significant positive relationship of paranoid ideation (reference) with thought control strategies (punishment, reappraisal and worry). Furthermore it indicates that there is a significant positive relationship of paranoid ideation (persecution) with the thought control strategies (punishment and worry) among patients of depression. There is a significant positive relationship of reference with reappraisal and worry, there is a significant positive relationship of persecution with distraction, reappraisal, punishment and control among GAD patients. There is a significant positive relationship of reference with distraction, punishment, reappraisal and worry, whereas there is a positive relationship of persecution with punishment among OCD patients. Results can help in planning effective therapeutic program for clinical patients.*

Keywords*: Paranoid Thoughts; Thought Control Strategies; Psychiatric patients; GAD; OCD; Depression*

INTRODUCTION

Psychiatric disorders are always alarming and adds burden to the society. For proper understanding and development of proper psychotherapies one needs to understand the pathologies linked with the disorders. Over all, worldwide the picture is very horrible, people with major depressive disorder, obsessive compulsive disorder and anxiety disorders are very frequent and are occurring in significant amount. In major psychological disorders like major depressive disorder (MDD), generalized anxiety disorder (GAD) and obsessive compulsive disorder (OCD) patients experience paranoid ideation and then they also use thought control strategies to deal with them (APA,2013).

Paranoid ideation is operationally defined as, "Unfounded (erroneous) cognitions of being targeted for harm, with ideation that comprises two main elements: the individual believes that the persecutor has the intention to cause the harm, the individual think that harm is occurring or going to occur to him or her".(Green et al., 2008). Thought control strategies are operationally defined as "Thought control strategies are defined as the covert attempts made by the individuals to manage the undesirable and unpleasant thoughts. Five thought control strategies were proposed which include punishment, worry, reappraisal, distraction, and social control (Wells & Davies, 1994)".

The paranoid ideation is very commonly observed in the psychiatric patients. In mental illness, paranoid cognitions are defined as everyday psychological experiences rather than only a diagnostic symptom (Ellett, Lopes & Chadwick, 2003). In the General population paranoid thinking is common but in the domain of mental health the emphasis is on diagnostic approaches and further the interest is shifted to dimensional views of experience (Compton, Esterberg & Broussard, 2008). Paranoid ideation has been described as thoughts categorized by a tendency to mistrust, hold the feelings of hostility or hate towards others, as well as believe in the outer control which can happen in ordinary every day behavior (Freeman, 2007). The paranoid ideas exist in a range between mild form of suspiciousness and mistrust, to severe form as "persecutory delusions" (Freeman, Pugh, Vorontsova, Antley, & Slater, 2010). According to Trower and Chadwick (1995) Paranoia has two types which include "poor me", as a defensive type that preserve the self-esteem and refuse the perceived persecutory beliefs, secondly, "bad me" as a low self-esteem that is a type in which mistreatment is perceived as deserved.

Depression, anxiety and OCD have different symptoms but contribute to the persecutory delusion further associated with the factors related to the psychological processes (Kendler, Gardner, Gatz & Pedersen, 2007). Major psychiatric problems are certainly including persecutory delusions. Patients greater than 70 % presented with the first episode of psychosis also possess a persecutory delusions (Coid et al., 2013). Nearly 50% of patients having one of these delusions showed less possibilities of psychological wellbeing. That's why hospital admission is a common consequence (Freeman, Startup & Dunn, 2014).Hence delusions cause social withdrawal, increase in emotional distress, as well as considerable lower standards of living. For patients successful treatment may produce many important benefits but the treatment with full recovery is quite rare (Castle, Phelan, Wessely & Murray, 1994).

The consciousness, rumination and care in the general public have been hypothetically engaged with the development and support of paranoid cognitions (Chadwick, 2006). To hold persecutory beliefs means an individual believes that the persecutors have the intention to cause them harm or harm is going to occur to them. A range of mild, moderate and severe threat of paranoia exist which include social evaluative concerns of mild form to reference thoughts, persecutory ideas. To manage the undesirable and unpleasant thoughts the individuals make covert attempts (Wells & Davies, 1994). A covert attempt means the individuals make hidden or not openly efforts to avoid\manage the unwanted thoughts (Luciano, Algarabel, Tomas & Martinez, 2005). Five main thought control strategies were obtained through the factor analysis of various strategies which were initially elicit from the anxiety disorder patient's semi structured interviews (Wells & Davies, 1994). The strategies included in the thought control scale were "distraction" which means diversion of attention from the unwanted cognition; "punishment" as behaving negatively towards self, either thinking negative about one self, as a reaction to the unwanted thoughts. In an effort to assess the validity of thought concentrated on the unwanted thoughts is called reappraisal, worry is replacement of the thought with some more or other anxiety related thoughts, seeking advice from other people and seeking advice is the social control technique (Wells & Davies, 1994).

Meta-cognitive model suggests that individuals' convictions and the meanings related to the cognitive structures have vital impact on thought control strategies in a few mental disorders including OCD (Wells, 2000). The model explains that obsessive thoughts were described as debilitating when thinking about the thought and its negative outcome. With regard to this, undesirable thoughts cause the negative interpretation related to the meaning, results and

significance of thoughts. Fear, anxiety, guilt and stress caused by the misinterpretation of unpleasant thoughts. To deal with the perceived threat and danger specific behavioral reactions and treatment methods were developed (Purdon & Clark, 1999).

Taylor, Graves and Stopa (2009) conducted a study in which they assessed the dimensions of paranoia as well as the meta-cognitive strategies people used to control the unwanted or unpleasant thoughts. Findings of the study revealed that there is an association between trait paranoia and the usage of "reappraisal" "punishment" and "worry" specifically in the individuals with anxiety. These results revealed the intensive need to study further in this area as aimed in the current study. Yamauchi, Sudo and Tanno's (2009) study findings disclose that paranoid ideation was positively associated with the worry base thought control strategies; social control and distraction were negatively associated with the paranoid thoughts. Additionally, in the non-clinical population social control and distraction thought control strategies were considered adaptive to ideation, whereas worry strategies were considered maladaptive. For the given study following hypotheses were formulated.1) Worry and punishment strategies will be positively associated with the paranoid ideation among psychiatric patients (MDD, OCD and GAD patients). 2) Distraction, reappraisal and social based strategies will be positively associated with paranoid ideation among psychiatric patents (MDD, OCD and GAD patients).

METHOD

Participants

Sample of the study comprised of 132 participants, which consist of 44 patients aged (between 18-60 (Mean age 30.34;SD is 8.73) diagnosed with Major depressive disorder (MDD), 44 patients diagnosed with obsessive compulsive disorder (OCD) and 44 patients diagnosed with generalized anxiety disorder (GAD) were taken from the hospital settings using purposive sampling technique. The entire data was collected from the Benazir Bhutto Hospital (BBH) Rawalpindi.

Demographic Data Sheet

Demographic data sheet include age, education, gender, marital status, no of siblings and birth-order etc.

Paranoid Thoughts Scale (Green et al., 2008)

The paranoid thought scale had two subscales 1- Reference and 2- Persecutory ideas, and total items of the scale consist of 32. The scores of GPTS range from 16 to 80. Greater level of persecution and referential ideas is indicated through higher scores in the scale. 5-point Likert scale were used for scoring, Likert- type scale ranging from 1 (Not at all) to 5 (Totally). For clinical and non-clinical population the scale had also been psychometrically evaluated. The alpha reliability of the scale is found to be very high a (cronbach's alpha=.90) (Green et al.,2008).

Thought control questionnaire (Wells & Davies, 1994)

The thought control scale was developed by Wells and Davies in 1994 which consist of 30- items. The techniques utilized to control the unpleasant thought are measured through TCQ. The TCQ has five subscales; distraction, punishment, reappraisal, worry and social control subscale. By summing the five subscales a cumulative score can be obtained. The reliability coefficients are 0.64 to 0.79 (Raynolds & Wells, 1994).

Translation of instruments

The instruments were translated into Urdu with back translation procedure. Steps involved were

1. Forward translation
2. Committee approach
3. Back translation
4. Committee approach

bilinguals and research experts with at least MS qualification were taken from different universities for first step. Four experts including principal supervisor along with faculty members of the Department of Professional Psychology, BUIC. The main goal of this step was to find out any discrepancy in the forward

translations and the original tool. The items finalized after the committee approach were translated back to English by four other bilinguals having command in both English and Urdu language. By following the same approach used in the step I. The independent translators translated from Urdu to English language. After back translation the panel of experts were approach, the panel consisted of three experts from the Department of Professional Psychology, BUIC. The panel after reviewing the translations finalized most relevant and appropriate items conveying the same meaning as the original tool.

Procedure

Permission was requested for the use of relevant scales in the research. Initially permission was taken from the original authors of both the scales Paranoid thought scale and Thought Control strategies questionnaire. The patients were approached from the outdoor department of Institute of Psychiatry Benazir Bhutto Hospital Rawalpindi. Informed consent was taken from the patients and if they want to quit the research they can do anytime or at any stage of research. After their approval, Information sheet, Urdu versions of Thought control strategies questionnaire and Paranoid thought scale were administered. Two of them were not formally educated, the researcher asked questions from them verbally and then noted down their responses on each item of the questionnaire.

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RESULTS

Table 1
Demographic characteristics of the sample (N=132)

Variable	Groups	*F*	%	*M*	*SD*
Age				30.34	8.73
Gender	Male	55	41.7		
	Female	77	58.3		
Marital Status	Single	57	43.2		
	Married	73	55.3		
	Divorced	1	.8		
	Widow	1	.8		
Qualification	Illiterate	2	1.51		

	Primary	17	12.87
	Middle	11	8.33
	Matric	27	20.45
	Intermediate	27	20.45
	Bachelors	27	20.45
	Masters	21	15.90
Family Structure	Joint	64	48.48
	Nuclear	68	51.51
Duration of treatment	None	9	6.88
	Less than 1 year	70	53.03
	1-3 years	45	34.09
	3-5 years	4	3.03
	Above 5 years	4	3.03
Duration of illness	Less than 1 year	64	48.48
	1-3 years	57	43.8
	3-5 years	4	3.03
	Above 5 years	6	4.54

Table 1 shows sample characteristics of participants, sample of the study consist of 132 patients

Table 2
Psychometric properties of study variables (N=132)

Variables					**Range**			
	k	***M***	***SD***	***α***	***Potential***	***Actual***	***Skew***	***Kurtosis***
Reference	16	44.95	13.73	0.88	16-80	16-77	0.31	-0.46
Persecution	16	39.20	13.94	0.91	16-80	16-80	0.59	0.40
Distraction	06	12.30	3.24	0.78	6-30	6-22	0.77	0.59
Punishment	06	12.14	3.37	0.69	6-30	6-22	0.57	0.01
Reappraisal	06	12.46	3.58	0.73	6-30	6-24	0.84	0.47
Worry	06	12.23	3.94	0.80	6-30	6-23	0.69	0.10
Social Control	06	14.14	2.99	0.63	6-30	6-23	-0.10	0.45

Table 2 shows descriptive statistics and alpha reliability coefficient for variables of the study. Reliability of paranoid thought scale range from 0.88 and 0.91, reliability of thought control scale range from 0.69 to 0.80. This shows that the scales have sound psychometric properties.

Table 3

Relationship between Paranoid Ideation and Thought Control Strategies among Psychiatric (depression, GAD and OCD) patients (N = 132)

Relationship between paranoid ideation and thought control strategies among depression patients (N = 44)					
	Distraction	***Punishment***	***Reappraisal***	***Worry***	***Control***
Reference	.19	.55**	.34*	.32*	.10
Persecution	.18	.48**	.23	.31*	.23
Relationship between paranoid ideation and thought control strategies among GAD patients (N = 44)					
Reference	.25	.17	.27*	.27*	.22
Persecution	.32*	.51**	.38**	.24	.27*
Relationship between paranoid ideation and thought control strategies among OCD patients (N = 44)					
Reference	.28*	.45**	.27*	.30*	.15
Persecution	.06	.31*	.02	.22	.13

Results in table 3 indicate that there is a significant positive relationship of reference with punishment, reappraisal and worry among depression patients. Furthermore it indicates that there is significant positive relationship of persecution with the punishment and worry among depression patients.

Results also indicate that there is a significant positive relationship of reference with reappraisal and worry among GAD patients. It also indicates that

there is a significant positive relationship of persecution with distraction, reappraisal, punishment and control among GAD patients.

Results indicate that there is a significant positive relationship of reference with distraction, punishment, reappraisal and worry among OCD patients whereas there is a positive relationship of persecution with punishment among OCD patients.

DISCUSSION

The present study was conducted to explore the relationship between paranoid ideation and thought control strategies among clinical population psychiatric patients (Major Depressive Disorder (MDD), Obsessive compulsive disorder (OCD) and Generalized Anxiety Disorder (GAD) patients).

Results indicated that there is a significant positive correlation among paranoid ideation and thought control strategies among psychiatric patients. As patients with paranoid ideation (reference & persecution) are more likely to use thought control strategies of distraction, punishment, reappraisal and worry. These findings can be linked to the previous research which showed that thought control strategy of worry was connected with the paranoid thoughts and social control, distraction strategies were negatively linked with the paranoid ideation (Yamauchi, Sudo & Tanno, 2009).

Different type of thought control strategies that were associated with the paranoid ideation in the clinical population. Findings of the current study showed that worry and punishment strategies are positively linked with the reference and persecution (paranoid thought subscale). The previous literature showed the similar findings and reported that punishment, reappraisal and worry strategies were linked with the paranoia because it was used as a way to manage the unpleasant thoughts (Taylor, Graves & Stopa, 2009).

In order to deal with the paranoid ideation different coping strategies are used. Some of the beliefs and coping strategies are used to reduce the distress linked with the paranoid delusions although certain strategies may be useless or harmful (Freeman, Garety, Kuipers, Fowler & Bebbington, 2002). The association of paranoia with the thought control strategies of “worry” and “punishment”. “Reappraisal” strategy was also connected with the paranoia; the

association of paranoia varied among depression and anxiety disorders (Amir, Cashman, & Foa, 1997).

Conclusion

The aim of study was to explore the type of thought control strategies that were associated with the paranoid ideation. It was found that thought control strategies of distraction, punishment, reappraisal and worry were used by the patients who had paranoid ideation. This can also help the future researchers to better understand the importance of highlighting these issues which are not take it seriously as a problem that needs clinical attention.

Limitations and Recommendations

There were certain limitations of the study, as the study was time bounded and the sample was not enough to determine the desired results. So this research can be enhanced with reference to increase in time so that desired results can be acquired. There was another issue regarding the limitations, the current study is a cross sectional research so this phenomena needs to be longitudinally studied to clearly explore the relationship between paranoid ideation and thought control strategies. In the present study the sample was having varied characteristics which may have effect on correlation values so in future the more homogeneous sample can be included for clearer picture. In the future studies the application of thought control strategies to paranoid ideation needs to be explicitly studied.

It is hope that the present work will further contribute to the treatment of people who have paranoid ideation in major depressive disorder, generalized anxiety disorder and obsessive compulsive disorder and use thought control strategies. This study can be of greater help for the professionals to have better understanding of their patient's conditions. This can also help the future researchers to better understand the importance of highlighting these issues which are not taken seriously as a problem that needs clinical attention. Moreover it can also help the professionals to tailor made the therapy according to the patient's symptoms.

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