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Early relationships and paranoia: Qualitative investigation of childhood experiences associated with the development of persecutory delusions

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ABSTRACT

Research suggests a link between Persecutory Delusions (PDs) and early interpersonal difficulties. However, little research has explored the first-hand experience of navigating such adversities in those who later developed PDs. The current study reports on a qualitative investigation of the early interpersonal experiences and challenges faced by a sample of individuals who have recovered from PDs, using a semi-structured interview. A sample of seven individuals who have previously experienced PDs were recruited from two National Health Services (NHS) and an Early Intervention Psychosis service in England. Using an Interpretative Phenomenological Analytic (IPA) approach, the analysis identified three main themes (early experiences, impact of early experiences, coping with adversity). Early experiences captured early inconsistent and problematic relationships in childhood, and experiences of victimization. Exploring the impact of these early events revealed important roles for the participants' inconsistent sense of self, their negative perception of others, and their disturbed social functioning and substance use. Coping with adversity revealed distinct forms of avoidant and proactive coping. The findings are consistent with models of PDs that emphasise the impact of early interpersonal experiences, and offer support for attachment and cognitive factors.

1. Introduction

Persecutory Delusions (PDs) are delusional beliefs involving themes of others wishing or planning harm against oneself. PDs appear to exist at the end of a continuum of paranoid belief within the general population and can understandably be associated with considerable distress for the individual (Freeman and Garety, 2004; Freeman et al., 2010). Interpersonal adversity is associated with a greater risk of psychosis in general (Arsenault et al., 2011; Varese et al., 2012). A number of cross-sectional, retrospective studies further suggest relationships between PDs and early trauma, abuse, neglect and victimisation/bullying (Ashcroft et al., 2012; Freeman and Fowler, 2009; Lopes, 2013; Shevlin et al., 2015; Sitko et al., 2014). Trauma symptomatology is common in those reporting delusions, and some suggest both psychosis and Post-Traumatic Stress Disorder may emerge from common psychological processes (Alsawy et al., 2015; Freeman et al., 2013). Paranoia following experiences such as assault appears common (Freeman et al., 2013). Qualitative research has been helpful in understanding PDs (e.g., Startup et al., 2015; Stopa et al., 2013). Campbell and Morrsion (2007) undertook a broad qualitative investigation into the phenomenology of paranoia and PDs and reported a role of early adverse experiences. However, this study lacked a specific focus on how early interpersonal adversity contribute to the formation of PDs, and so provided limited detail in this area. Using an Interpretative Phenomenological Analysis (IPA), the current study aims to undertake an in depth qualitative investigation of the early interpersonal experiences of individuals who have held PDs.

A variety of mediators may account for this link between early interpersonal adversity and PDs. From an attachment theory perspective, Internal Working Models (IWMs) involving expectations about the self and others that have emerged through early caregiver relationships that are not appropriately attuned, sensitive or supportive (or which are disrupted by external adversities) may lead to PDs (Wickham et al., 2015). Attachment style mediated the relationship between early adversity and PD symptoms in a large community sample (Sitko et al., 2014). Similarly, others have found associations between PD symptoms and insecure attachment patterns (Gumley et al., 2014). Insecure IWMs may prime individuals' towards expecting threat and hostility from others, which could underlie the formation of PDs.

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Cognitive models suggest other potential mediators. Maladaptive beliefs or schema may emerge from trauma and lead to the development of PDs (Campbell and Morrison, 2007; Fowler et al., 2012; Freeman et al., 2013; Gracie et al., 2007). Fowler et al. (2012), for example, found that negative cognitions about the self and depressed mood, predicted PD symptoms over time in patients. Freeman et al. (2002) suggest that such beliefs may affect attempts to understand anomalous experiences, leading to delusional explanations. Defensive attributional processes, individuals may attribute negative ideas about the self to others, have also been suggested to lead to PDs (Bentall et al., 2001). It has been further suggested that different attributional styles may underlie two forms of paranoia, poor me (negative events externally attributed, persecution viewed as not deserved) and bad me (negative events internally attributed, persecution viewed as deserved; Melo et al., 2006). A tendency to Jump to conclusions is also a risk factor for psychosis though its specific link to delusions is weak (Dudley et al., in press).

The way in which individuals cope with interpersonal adversity may also be important, with more avoidant (e.g., suppressing thoughts or memories of events) coping being tied to a greater risk of PDs (Fisher et al., 2012; Freeman et al., 2013). Such avoidance may prevent the normal integration of trauma-related memories and so may maintain a sense of ongoing threat (Ehlers and Clark, 2000), which could drive PDs. Gumley et al. (2010) outline how coping strategies such as avoidance be part of underlying insecure attachment patterns. They suggest avoidant coping may lead to more negative reactions from others and enhance feelings of alienation from others (Gumley et al., 2010). Avoidance may also prevent the disconfirmation of maladaptive beliefs underlying PDs (Stopa et al., 2013). Defensive strategies such as submissiveness may also emerge from interpersonal threat. Memories of submission to others during childhood has been correlated with paranoia (Carvalho et al., in press), but others have found that bullying was related to less submissiveness (Lopes, 2013).

An exhaustive review of potential mediators of the link between interpersonal adversity and PDs is beyond the scope of this paper. It is likely several mechanisms interact in formation of PDs.

It is unclear if individuals' personal narratives of their early experiences, and the ways these impacted upon their psychosocial development, are consistent with the models outlined above. Such findings would be important in confirming or challenging these models. The current study therefore adopts a qualitative approach (IPA) using a homogeneous sample to examine, from a first-hand perspective, how early interpersonal adversity are seen to contribute to the development of PDs. A qualitative approach was adopted because it is unbounded by the choice of research tool and construct (unlike quantitative methods) and so allows the possibility of novel or unexpected findings. IPA was used as it provides an in-depth, idiographic understanding of processes and experiences and in particular enabled us to explore the meaning-making that occurred around participant's experiences of adversity, which was central to our aim of understanding how these experiences linked to PDs. These methods have the capacity to both confirm and challenge quantitative findings, and extend them by giving us greater detail concerning what these experiences are like at the phenomenological level. The current project builds on the results of Campbell and Morrsion (2007) by adopting greater focus on the link between interpersonal adversity and the formation of PDS.

IPA is influenced by phenomenological schools of thought, which stress the importance of understanding the lived experience of individuals and the individuals as active 'meaning-makers' (Smith and Osborn, 2008). This is particularly relevant to the current research which sought to explore how interpersonal events were interpreted by individuals, and then how these interpretations were meaningfully associated with the onset of their PDs.

2. Method

2.1. Participants

Participants were recruited from two National Health Service (NHS) community mental health teams and one early intervention psychosis service in Northern England. Potentially eligible individuals were initially approached by a member of their clinical team regarding the study, before being contacted by the researcher. Inclusion criteria were past experience of PDs (irrespective of diagnosis) and absence of PDs for the preceding 8 months, as reported by their clinical team and established via the persecution and deservedness scale (Melo et al., 2009). Participants were asked to complete the measure with reference to the time when they were most distressed with endorsement of at least seven out of 10 items as "possibly true" or "certainly true" needed for inclusion. Forty potential participants were initially identified by clinicians from these sites. Of these, twenty-four people were deemed too unwell, did not wish to be contacted by the researcher or were unable to be reached when their clinicians attempted to make first contact with them, six did not attend screening appointment, and three were still actively paranoid. One female and six male participants, ranging in age from 18 to 43 years ($M=34$ years), made up the final sample. Four participants had a chart diagnosis of Paranoid Schizophrenia and one of Delusional Disorder. Two participants had not received a formal diagnosis but were judged by their psychiatrist as experiencing a psychotic illness, with clear evidence of persecutory delusions.

2.2. Procedure

Each consenting participant attended one screening interview, to check eligibility via the PaDS. After the screening interview, a research interview was conducted individually with each participant. A semi-structured interview schedule was developed in collaboration with two consultant clinical psychologists with extensive experience of working with people with PDs and psychosis and a researcher with an expertise in IPA. The interviews were conducted by the second author (JB). The schedule provided a guide to the interviews and was used flexibly, so the researcher could follow each participant's account to explore in depth the particular phenomenon under investigation. Thus, the order of questions and use of prompts varied. The interview then focussed on four areas: relationships, coping (with stress, symptoms, others), impact and content of delusions, and both past and present day experiences. All interviews were recorded and transcribed verbatim, and participants allocated an alias name.

2.3. Analytic procedures

Analytic procedures followed IPA guidelines (Smith and Osborn, 2008). The second author systematically analysed each individual transcript. Analysis involved identifying increasing levels of abstraction from initial codes, emerging themes, clustering emerging themes through to identifying super-ordinate themes across all participants. In keeping with IPA, emergent super-ordinate themes represent commonalities and variations within the data (Reid et al., 2005). A theme captures more succinctly and with a higher level of abstraction participants' accounts. To ensure the validity and credibility of the analytic interpretations (Elliot et al., 1999; Yardley, 2008), several transcripts were reviewed with members of the research team. Further, a researcher with an expertise in IPA reviewed each transcript and each stage of the analytic procedure from initial coding through to the final written account.