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Self-attacking and self-reassurance in persecutory delusions: A comparison of healthy, depressed and paranoid individuals

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ABSTRACT

Previous research has found that reduced self-reassurance and heightened verbal 'self-attacking' of a sadistic and persecutory nature are both associated with greater subclinical paranoia. Whether these processes are also linked to clinical paranoia remains unclear. To investigate this further, we asked 15 people with persecutory delusions, 15 people with depression and 19 non-psychiatric controls to complete several self-report questionnaires assessing their forms and functions of self-attacking. We found that people with persecutory delusions engaged in more self-attacking of a hateful nature and less self-reassurance than non-psychiatric controls, but not people with depression. Participants with persecutory delusions were also less likely than both healthy and depressed participants to report criticising themselves for self-corrective reasons. Hateful self-attacking, reduced self-reassurance and reduced self-corrective self-criticism may be involved in the development or maintenance of persecutory delusions. Limitations, clinical implications and directions for future research are discussed.

1. Introduction

A considerable number of studies have examined the role of self-esteem and attributional style in persecutory delusions, beginning with the seminal work of Richard Bentall and colleagues (Kaney and Bentall, 1989; Bentall et al., 1994). These authors, inspired in part by an earlier hypothesis that paranoia was a form of camouflaged depression (Zigler and Glick, 1988), proposed that paranoia could develop out of an increased tendency to hold others responsible for negative events (Bentall et al., 2001). This externalising attributional style was thought to help reduce discrepancies between one's 'ideal self' and one's 'actual self' (Bentall et al., 2001), thereby easing the sense of internal threat which might otherwise occur. This has been termed the Attribution-Self-Representation cycle (ASR) and has been conceptualised as a more extreme version of the self-serving bias frequently observed in the general population (Campbell and Sedikides, 1999).

Bentall's model has inspired much empirical work and debate, largely centred on whether people with paranoia actually do have an external attributional style, whether they have low or high 'explicit' self-esteem (i.e., what people say they think about themselves), and whether there is a discrepancy between this and their 'implicit' self-esteem (i.e., what people really think about themselves) (e.g., Moritz et al., 2006; Freeman, 2007; McKay et al., 2007; Bentall et al., 2008; Vazquez et al., 2008; Mehl et al., 2010; Kesting et al., 2011; MacKinnon et al., 2011; Valiente et al., 2011). The argument goes that having low implicit self-esteem but high explicit self-esteem might be good evidence for the presence of maladaptive defensive processes (Bentall et al., 2001).

However, several studies suggest people with clinical paranoia tend to hold quite negative beliefs about themselves (e.g., Fowler et al., 2006; Smith et al., 2006; Fowler et al., 2011) and relatively low levels of self-esteem, whether explicit (e.g., Bentall et al., 2009) or implicit (e.g., Vazquez et al., 2008). Such findings are in line with another influential account of persecutory delusions proposed by Freeman et al. (2002), who argue that self-esteem has a direct role in influencing the content of paranoid beliefs. Results are inconsistent, however, and a number of studies provide support for some of the predictions of the ASR model (e.g., Janssen et al., 2006; Jolley et al., 2006; Aakre et al., 2009; Valiente et al., 2011). This inconsistency might arise because studies have not distinguished between those who believe they deserve their persecution and those who do not (Trower and Chadwick, 1995). Consistent with the ASR model, the latter have been shown to have better self-esteem (Chadwick et al., 2005a), an externalising attributional style (Fornells-Ambrojo and Garety, 2009) and less shame (Morris et al., 2011).

Moreover, one particular strength of the ASR model is that it predicts a reciprocal link between self-esteem *instability* and extreme attributions (Kernis et al., 1993), of which persecutory delusions might be considered a paradigmatic example. The results of recent cross-sectional, longitudinal and experience-sampling

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research support this prediction, in that paranoia has been linked to both low self-esteem and fluctuations in self-esteem (Thewissen et al., 2007; Thewissen et al., 2008a; Raes and Van Gucht, 2009; Thewissen et al., 2011), although a recent analysis of an older dataset did not replicate this (Palmier-Claus et al., 2011). Other work has demonstrated that perceived deservedness of persecution is also highly variable in persecutory delusions, a finding that is again consistent with a dynamic conceptualisation of self-esteem in paranoia (Melo et al., 2006).

Cognitive behavioural therapy (CBT) for persecutory delusions, influenced by these and other cognitive models (e.g., Morrison, 2001), often involves improving self-esteem (Fowler et al., 1995; Morrison et al., 2003), on the assumption that doing so will reduce distress and increase well-being. However recent authors have criticised the self-esteem concept, highlighting the differences between it and *self-compassion* and discussing the implications of these differences for understanding and promoting well-being. Neff and Vonk (2009) in particular discuss the negative consequences of making efforts to maintain self-worth, which may include engaging in dysfunctional behaviour and avoiding personal responsibility (Neff and Vonk, 2009). They also highlight how judgements of self-worth are very often contingent on achievement in certain domains. They argue that understanding self-esteem may not help us understand concepts such as self-kindness and self-acceptance, which other studies suggest may be more important in accounting for well-being and resilience (Leary et al., 2007). They discuss how high self-esteem can involve high levels of self-criticism, alertness and preoccupation with social rank and competitiveness, whereas self-compassion involves caring, acceptance and kindness to self and others. The authors also present data suggesting self-compassion is associated with a more stable sense of self-worth than global judgements of self-esteem.

Another difficulty with the concept of low self-esteem is that it does not seem to adequately capture the sense of hatred and disgust that some people seem to hold for themselves (Gilbert et al., 2004). Furthermore, concepts of self-esteem (and negative self-schemata) do not help us fully understand *why* people feel they need to treat themselves in this way. Understanding these variables may have important clinical implications, as outlined elsewhere (Gilbert, 2010; Gumley et al., 2010). Although self-esteem and self-criticism are related constructs, self-criticism (and its antithesis self-compassion) is much less about self-evaluation and judgement and much more about an interaction one has with oneself (Gilbert et al., 2004). Conceptualising self-criticism and self-compassion in this way allows us to consider how these might be linked to the relationships we have with other people. If people are looked at this way, we might better understand their purpose, as well as gain insights into the function of the emotional responses they elicit.

1.1. The forms and functions of self-criticism and self-reassurance

Gilbert et al. (2004) argue that the ways in which individuals relate to themselves may reflect the *'form'* of treatment they have experienced in their lives from significant others (Gilbert et al., 2004). For example, if people are rebuked harshly by their fathers when they make mistakes, they are likely to rebuke themselves harshly in the future. The reason a person is treated in a particular way may also be internalised; children who have been criticised to prevent them from failing academically may then criticise themselves for the same reasons in the future. Gilbert and colleagues refer to this as the *function* of self-criticism. Gilbert and colleagues have suggested self-attacking can be conceived of as a form of counterproductive safety-seeking strategy, which people may have learned to use in response to perceived threats (Gilbert et al., 2004; Mayhew and Gilbert, 2008; Gumley et al., 2010). Considering the protective function of self-attacking and self-criticism complements existing cognitive models of paranoia, where beliefs about the self and low self-esteem already play a strong role (Freeman et al., 2002).

Gilbert and colleagues developed two self-report questionnaires to measure what they suggested are different forms and functions of self-criticism. The first, the Forms of Self-Criticism and Self-Reassurance scale (FSCSR), was found to contain three subscales measuring three distinct forms of self-relating: inadequate self-criticism, hateful self-attacking and self-reassurance. Inadequate self-criticism involves treating oneself as having failed in some way and is directed at behaviour change and self-improvement. Self-reassurance is the ability of people to soothe themselves when things go wrong. Hateful self-attacking is thought to be closely linked to psychopathology, involves the expression of hatred and disgust at the self, and is thought to be formed through internalisation of persecution and hatred from important others (e.g., physical or emotional abuse).

The second, the Functions of Self-Criticism scale (FSCS), was found to measure two distinct functions of self-criticism; self-correction and self-persecution. While self-criticism with a self-corrective function (i.e., criticising oneself to keep up one's standards) was thought to be reasonably common and adaptive, self-persecutory self-criticism – where people criticise themselves in order to destroy or take revenge on themselves – was thought to be more closely linked to emotional distress (Gilbert et al., 2004). This distinction was consistent with the hypothesis of Gilbert et al. that: "*self-blaming and self-criticism could arise from efforts to try to improve oneself and prevent errors, out of frustration* (*a lashing out at self*), *or from self-hatred*."

1.2. Self-attacking and self-reassurance in paranoia

Some evidence suggests that hateful self-attacking with a self-persecutory function is implicated in the development of both depression and paranoia. First, using the FSCRS and FSCS, Gilbert et al. (2004) found a strong link between hateful self-attacking with a self-persecutory function and levels of depression in students. They found the effect of the function of self-criticism on depression was mediated by the form of self-criticism. Second, Irons et al. (2006) replicated this finding in another student sample but also found a link between hateful self-attacking and a fearful attachment style, indicative of suspiciousness and distrust. Third, Mills et al. (2007) found hateful self-attacking with a self-persecutory function was linked to greater sub-clinical paranoia in students. They suggested that hateful self-attacking may trigger a deep sense of threat, which is then misattributed to the actions of others, leading to paranoia. A threat-focused 'mentality' or 'paranoid mind' (Gumley and Schwannauer, 2006) will be activated, leading to interpersonal distance and mistrust (MacBeth et al., 2008; Pickering et al., 2008). Fourth, Boyd and Gumley (2007) carried out a series of qualitative interviews with people experiencing persecutory delusions and found they related to themselves in a hostile, attacking way which reflected their relationships with other people (Boyd and Gumley, 2007).

There is also some evidence of a specific link between reduced self-compassion and paranoia. Like self-attacking, reduced self-reassurance (a component of self-compassion) has been associated with a fearful attachment style (Irons et al., 2006) and increased paranoid ideation (Boyd and Gumley, 2007; Mills et al., 2007), as well as increased submission and shame (Gilbert et al., 2010). Submission and shame have been strongly linked to paranoid ideation and social anxiety in other studies (Allan and Gilbert, 1997; Gilbert et al., 2005; Matos et al., 2012).

1.3. A possible pathway to paranoia

This research suggests a possible pathway to paranoid delusions (Gilbert, 1989; Mills et al., 2007). Early abuse, interpersonal trauma and neglect (Gracie et al., 2007; Varese et al., 2012) may lead