Role of Paranoid Ideation in Self-criticism

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Abstract

Paranoid ideation is to have false thoughts regarding the world and self, leading to self-criticism which can lead towards various facets of the self, it can be pointed to physical appearance, behavior, inner thoughts and emotions, personality or intellectual attributes. The purpose of this research is to analyze that relation between paranoid ideation and self-criticism. Participants from age range between 20-40 years were selected through convenient sampling. They were given self-report scales measuring Paranoid ideation(PDS) (20 items), Forms of Self-Criticism/Attacking and Self-Reassuring Scale (FSCRS) (22 items) and demographic information was asked. Pearson Correlation was used to find out relation between paranoid ideation and forms of self-criticism. The findings of this study concluded positive correlation between paranoid beliefs and self-criticism, inadequate self and hated self, and negative correlation was found between paranoid beliefs and reassure self. Independent sample t-test was utilized to analyze gender differences. No significant difference was found in males and females regarding paranoid ideation and self-criticism.

Keywords: Paranoid ideation, Self-criticism, Inadequate self, Hated self, Reassure self.

Introduction

The term paranoid ideation refers to someone who feels unreasonably suspicious without defense, and that others are plotting against them. They read considerably a lot in everything people say and rush to criticize, but they are not open to feedback about themselves. Paranoia is the unwarranted observation that considers that someone is going to hurt and an increased feeling of danger to the self from others. Generally, various definitions have been utilized to depict suspicion, extending from social stress to serious persecutory ideas. In order to provide clarity, the writing generally recognized a criteria-based concept of paranoia for characterizing distrustfulness in clinical (Freeman, Startup, et al.,2014) and non-clinical researches (Atherton et al., 2016). Paranoia, as suggested by this account, is perceiving both that damage is occurring or may occur and that this damage is expected. (Freeman & Garety, 2000).

It is being identified as an important process of thinking which is present in adolescents and in adults. If a person faces adverse situation in childhood like embarrassment and negative criticism from parents or significant others, all these factors contribute related to this, the expression of paranoid thought in youth is observed in adult populations.. According to evolutionary psychologist's paranoia is a defense which is interpersonal and used for survival in social group to the extent to protect self against the harm of outsider or hostile. (Gilbert 2001). It can also seem that excessive paranoid thinking can have impact on daily lives, social and cognitive functioning of individual. (Combs et.al 2006).

In sub-clinical population, paranoid ideation is a thinking pattern that consist of overstatement of self-reference and a tendency which is relatively stable to show distrust, anger and negative views about external control or influence on a regular basis (Fenigstein and Vanable 1992). But according to Freeman et.al (2005) have a view that in non-clinical population paranoid ideation can be a result of interaction with depression, anxiety, stress or fear of separation. Furthermore, it composed of strong belief that other person will harm the self, feeling of rejection and embarrassment. (Gilbert 2005).

Paranoia was correlated with assumptions about self (mostly involves negative assessments) and unfavorable life experiences in research involving non-clinical populations. (Campbell and Morrison 2007). Therefore, in spite of not touching a degree of clinical concern

more frequent ideation of paranoia may contribute to more dysfunction. Cognitive, emotional or behavioral patterns that substantially interfering with the achievement related to substantial biopsychosocial objectives reinforce the significance of identifying and controlling the factors that cause these defensive strategies.

It is important to understand paranoid beliefs on population which is not clinical because it will help to reduce conflicts related to social and interpersonal arising due to particular thinking process. With that it also diminishes the endangered of people getting psychopathology especially at adolescent and early developmental stages which has the highest risk of getting into psychosocial and interpersonal dysfunction. (Freeman et.al 2005). In recent researches it was found that shame, embarrassment, going through negative situation and criticism from parents or significant others in childhood is related to paranoid ideation in adolescents. (Sousa et.al 2015).

Paranoia was linked to increased self-criticism and difficulty in reassure oneself in response to danger in another study using a student sample, with self-hate predicting paranoid beliefs (Mills et al., 2007). Important empirical support has been given to the cognitive model of paranoia. Freeman et al. (2012) agreed that anxiety is associated with pessimistic feelings about self and a self-centered cognitive style. Decrease self-esteem is also found to increases in paranoid ideations. (Thewissen, Bentall, Lecomte, Germeys, 2008).

Self-criticism extends to the behavior of pointing out one's own visible imperfections. It can be directed to various parts of the self, whether it is physical appearance, actions, inner thoughts and feelings, attitude or intellectual qualities, it can be annoying to fall flat on something that is important to us, whether it is a relationship, school or job. A large number of experiences push us, alarming the very center of who we think we are and who we try to be. Although self-criticism may sound like fairly of an ambiguous concept, it is really an undeniable issue, which can severely affect life, confidence, objectives setting, and associations with others.

 Self-criticism is inclination to set unreasonably high self-measures, and to receive a corrective, undervalue the position toward the self once these are not met, as constantly they are not a direct result of their regularly raising nature. Self-criticizing is an attribute which prompt to different sort of psychopathologies like depression, anxiety, eating disorders, and bipolar disorder symptoms. Self-criticism is linked to a type of adverse perception and assessment of self which can be synchronized with various parts of oneself, such as one's physical appearance, conduct, internal ideas and feelings, cognitive characteristics and personality (Gilbert, 2007). Research prescribes that it is the energy of negative emotions particularly outrage, despise and disdain, this can affect the pathological aspects of self-criticism. (Whelton and Greenberg, 2005).

Individuals are regularly thought that essentially intrigued by self, worry more for themselves as compare to others, yet normal practice proposes that individuals frequently are substantially cruel and mean toward their selves in contrast with others they may thought of (Neff, 2003a). Moreover, self-criticism is being connected to various kinds of mental issues; the most critical is depression (Zuroff, Sadikaj, Kelly &Leybmann, 2016). Self-criticizing individual can have a sense of attack or control by their own criticism. It is found in research that it is the energy of negative feelings particularly shock, outrage and disregard this can affect the pathogenic properties of self-criticism. (Whelton and Greenberg, 2005). For 20 years at most, criticizing self is related to a scope of mental issues including: mood disorder (Gilbert and Irons 2005), social anxiety, self-harm, anger and aggression and stress disorder (Lee, 2005).

The relation of individual with significant others plays important role in ways by which person related to themselves. If a person is treated harshly by parents they are likely to treat their harshly in critical way because person internalized it and that how they learned to act in response to perceived threat. There is evidence that the creation of paranoid beliefs and depression may be caused by self-criticism and hate. (Gilbert et.al 2004). Irons et .al (2006) study on students in which was found link between criticizing and attacking self style which in turn create suspicion and mistrust. Further Mill et.al (2007) come to the conclusion that self-criticism and self-attacking style of individual trigger sense of threat which result in negatively attributing the action of other that in turn lead to paranoia in students. There are also researches which shows negative relation between paranoid beliefs and self-compassion. As self-attacking increase it reduces compassion towards self and increase paranoid ideation (Boyd and Gumley 2007).

Paranoia is a belief that risk is showing up or will show up, and that the persecutor has the expectation to hurt the individual. Paranoia happens over an extensive variety of psychopathologies, such as depression, social phobia, personality disorder and psychosis (American Psychiatric Association, 1994). Paranoid beliefs are found to be associated with self-criticism and problem to be re-assure and kind towards self (Mills 2007). The aim of the study is to find out the relation between paranoid ideation and self-criticism. One of its aim is to measure that how paranoid ideation increase self-criticism.

Literature Review:

Paranoid ideation is associated to pessimistic and hostile perspective for other people. They are inversely related to be kind with own self and capacity to be self-reassured. Beliefs that are paranoid, are more likely related to self-critical and self-hating experience. These inward encounters of self might be beneficial focuses for healing interventions. People are regularly thought to be basically serving their selves and worry more for their selves in contrast with others; yet basic experience proposes that individuals are frequently considerably crueler and mean regarding their selves as compare to others they care about (Neff, 2003a). Additionally, self-criticism is connected with many mental issues, like sadness being the most essential.

Bentall et. al (1991) proposed that paranoid beliefs are developed in a person due to thinking that other people are responsible for the negative events and because of this external attributional style make discrepancies between the real and ideal self of individual. In research, self-esteem is often suggested as a factor behind negative attitudes about themselves and others. (Fowler et.al 2011). Consequently, it was also found that self-esteem has a role to play in shaping paranoid beliefs. (Valiente et.al 2011).

Bentall et.al (2001) indicated that paranoid clients had a rise in self-serving prejudice and an inclination to assign adverse incidents to prominent others. Tower and Chadwick (1995), on the other hand, believe that there is a subgroup of patients with paranoid views who feel guilt and disrespect. Lincoln et.al (2010a) suggest that if a person face trauma which is interpersonal, abusive environment and neglection give rise to schemata that is negative about self and others. And tends to criticize and attack self which reduce self-compassion and reassure self in individual. this perceived threat about self and others leads to paranoid ideation. These finding were supported by Paul Hutton et.al (2012) that the people with paranoid beliefs were the ones who are more like to attack and criticize self and have reduce self-compassion and reassure self.

High self-esteem can be a reason for self-criticism because of high expectation to own self. Therefore, self-compassion is taken in account which provides sense of self-worth as compare to

the self-esteem. (Leary et.al 2007). It is a broad concept and it does not cover self-hatred and disgust which people sense for self. Self-criticism is more about individual interaction with self both criticism and compassion with helps to understand the relation of individual with other people. (Gilbert et.al 2010). Furthermore, in a study it was concluded that beliefs which are paranoid are linked to self-criticism, issue in reassurance self and self-kindness. Further, hating own self still is a huge indicator of belief that are paranoid. Increased feeling of threat from within self and other are also associated with paranoid beliefs.

Parenting plays an important role in how a child judges and perceives himself and relates to others. Shameful experiences (e.g., their caretakers' harsh criticism, abandonment, incompetence or rejection) may have a profound impact on the development of the self-schemes and schemes of others. In explaining paranoid ideation in both clinical and non-clinical studies, the results of harsher patterns of interaction with parents may have a long-lasting influence on perception and behavioural processes, exceeding the effects of current feelings of guilt in adulthood. (Carvalho et.al 2018). Pinto et.al (2014) explains that remembering guilt and self-criticism is closely related to psychopathology in youth and sometimes they harm self.

When a person regard self as unworthy or inferior and believe that other people have same thinking about them, it is necessary to evaluate beliefs at this time before they get rigid and give rise to interpersonal relation and further carry on to future relation with others. All this can lead to social threat among youth as they think other are superior, dominant and hostile (Castilho et.al 2015). Therefore, when criticism is internalized it can give rise internal hostility and try to correct self if made mistake and avoid future mistake. Although criticizing self is seen as a helpful technique for monitoring self to useful in avoiding errors, the dominance-subordinate relationship that underlies this form of internal relationship maintains the illusions of one's inferiority or worthlessness and shortcomings in important areas of life. (Gilbert 2005). According to Mills et.al (2007) self- criticism is related to paranoid beliefs and shameful experiences as these processes derive from and even extrapolate to, self-other relationships and further assist in crystallizing interpersonal dysfunctional styles. Female are found to more self-critical, shame, mistrust and paranoid ideation as compare to males. (Celia et.al 2019).

On the one hand, factors that have been identified as relevant to the development of delusion can be narrowly categorized as external stressors and, on the other hand, as delusional symptoms, translating factors that come into play on the path between the external stressors. The occurrence of persecutory delusions, including environmental factors such as urbanity, is related to a number of external stressors. (Ellett et al. 2008). But now there are some therapeutic intervention are used to prevent some factors like lack of sleep and interpersonal stressors. (Van der Gaag 2011).

Longitudinal studies support the relation between anxiety and persecutory delusions as at the time of stress there is difficulty in emotion regulations therefore, dealing with regularly with high levels of anxiety leads to delusions. (Collip et al. 2011). If abnormalities in the ability to downregulate harmful effects are critical elements of psychopathology susceptibility, it follows that another key to symptom treatment may be more efficient control of effects. Hepworth et al. (2011) conducted a pilot study offers an evidence of the importance of focusing on emotions by showing that improving emotional perception of paranoid perceptions decreased delusion. This research, however, focused on the anxiety arising from delusions rather than on negative emotions associated with stressors that precede delusions.

Self-esteem is also found to have linked with negative self-assessments and paranoid ideation in clinical and sub clinical population. (Kesting and Lincoln 2012). Moreover, negative schemas about self is associated with delusional thought with the time also if paranoid thinking increases it reduces self-esteem. (Oliver et al. 2012). Thewissen (2008) also supported the findings that instability can give rise to paranoia in later life. Regarding sexual orientation, there is a presumption that females score relatively higher on self-criticism and lower on self-compassion contrasted with male, in accordance with research. Moreover, self-criticism has tendency to become noticeably less over improvement, which implies a lessening throughout the years bringing about more self-compassion (Yarnellet, et.al., 2015).

Paranoid ideation is one of the psychological conditions which are prevailing among adults. By investigating the role of self-criticism in the development of paranoid ideation in a non-clinical sample, the current research aims to identify basic mechanisms underlying paranoid ideation and help better define more specific intervention objectives that help avoid potential interpersonal problems and psychopathology. Another reason is that the most studies have administered in western culture. A study was conducted by Kotera et.al (2018) on Japanese workers which concluded that shame is mediated by self-criticism. There has been a shortage of researches in Asian culture about this particular framework. Thus, it is needed to be studied and understand. The result provided from this study might be beneficial for concerned authorities understanding of paranoid belief and self-criticism. This analysis might aid to educate the society about distinct phenomenon within cultural context.

Objective

To study that paranoid ideation will lead to self-criticism.

Sub-objectives:

1. To find out paranoid ideation in non-clinical population.

2. To find out paranoid ideation is related to all forms of self-criticism which includes inadequate self, hated self and reassure self.

3. To find out gender differences regarding paranoid ideation and self-criticism.

Hypothesis

1. In the light of previous literature, it can be hypothesized that paranoid ideation will positively relate with self-criticism.
2. Paranoid ideation will associate positively with inadequate self and hated self.
3. Paranoid ideation will be negatively associated with reassure self.
4. Females will be more self-critical as compare to male.

Methodology

Sample:

In current study sample consist of 88 participants including 47 females and 41 males. The age range of participants is between 20-40 years and the mean of participant age 25.49 and standard deviation is 4.67. Data was collected using convenient sampling through google form due to pandemic. The unrequired forms were removed from the data.

Measures:

The measure consists of three parts informed consent, demographic information and questionnaires. Two self-report instruments were administered on participants to check paranoid ideation and self-criticism that are Paranoid Ideation Scale (PDS) (20 items) and Forms of Self-Criticism/Attacking and Self-Reassuring Scale (FSCRS) (22 items).

Demographics:

Name, Age and Gender was asked in the demographic information.

Paranoid ideation scale:

Fenigstein and Vanable (1992) developed Paranoid Ideation scale, it is a 20-item. This scale was intended to estimate characteristic levels of non-clinical paranoid thought that quantify paranoid perceptions (e.g.,' I feel like I'm being watched sometimes') and paranoid attitudes (e.g.,' no-one is safe to trust'). On a 5-point Likert scale, things are answered from 1= not at all to 5= highly. In order to generate a score ranging from 20 to100, responses are aggregated; higher scores on sub-level of paranoia. In a factor analysis of non-clinical groups, the scale of a single factor with Cronbach's alpha of 0.81 to 0.87 was discovered by Fenigstein and Vanable (1992). In a number of other tests, the scale was used due to the strong reliability of the test retest of 0.70.

Forms of self-criticism/attacking and self-reassuring self-scale:

Gilbert et al. (2004 developed this scale to measure self-criticism and the ability to self-reassure. It is a scale of 22 items that measures how people think and feel about themselves when things go wrong for them. The scale items consist of three parts reassured self, inadequate self and hated self. Inadequate self, that reflects on a sense of personal inadequacy ('I am easily disappointed with myself') and hated self test the ability to hurt or persecute oneself ('I have become so angry with myself that I want to hurt or injure myself'). The third aspect is the capability to reassure the self ('I am able to remind myself of positive things about myself. On a 5-point Likert scale, responses are given (0= not at all like me, to 4= extremely like me). Cronbach alpha of inadequate self is 0.90 and hated self and reassured self is 0.86. With alpha0.90, the internal consistency of the total FSCRS was outstanding.

Procedure:

Due to current pandemic situation, the current study is designed on the basis of online convenient sampling. For collecting the research data, participants between the age ranges of 20-40 years were approached and fill questionnaire through google form. Participants are requested to read the informed consent and sign it, carefully fill the demographics and all the items that are mentioned in the questionnaire. After collection of data it was analyzed by applying appropriate statistics.

Statistical analysis:

Statistical analyses were conducted using SPSS statistical software. For results descriptive statistics, mean and standard deviation was calculated for paranoid ideation, self-criticism, inadequate self, hated self and reassure self. Correlation was applied to analyze the relation between paranoid ideation and self-criticism also between inadequate self, reassure self and hated self. Independent sample t-test was used to analyze gender differences in paranoid ideation and self-criticism.

Ethical Consideration:

The permission of conducting research was taken by teacher. Participants were briefed about their rights through the consent form that their confidentiality will not be violated and they have a right to withdraw from the study at any time. If participants will have any query about the study, they can ask from the researcher.

Results

Table 6.1 *Mean and standard deviation of paranoid ideation and self-criticism*

Variables Mean	N	Mean	Standard deviation

Paranoid ideation	88	60	15.20
Self-criticism	88	45.72	11.31
Inadequate self	88	17.68	8.29
Hated self	88	6.02	5.31
Reassure self	88	22.01	5.98
Age	88	25.49	4.67

Descriptive statistics explaining the mean of paranoid ideation is 60 and standard deviation is 15.201, the mean of self-criticism is 45.72 and standard deviation is 11.31, the mean of Inadequate self is 17.68 and standard deviation is 8.29, the mean of Hated self is 6.02 and standard deviation is 5.31, the mean of Reassure self is 22.01 and standard deviation is 5.98 and the mean of age is 25.49 and standard deviation is 4.67.

Table 6.2 *Correlation between paranoid ideation and self-criticism*

Variables	paranoid beliefs	self-criticism
Paranoid ideation	-	0.544**

Note. ** Correlation is significant at the 0.01 level (two-tailed)

Pearson correlation showing that there is a positive relation between paranoid beliefs and self-criticism (r=0.54, p<0.001).

Table 6.3 *Correlation between paranoid ideation with inadequate self, reassure self and hated self.*

Variables	Paranoid Ideation	Inadequate self	Reassure self	Hated self
Paranoid Ideation	-	0.59**	-0.29**	0.57**
Inadequate self		-	-0.38**	0.69**
Reassure self			-	-0.43**
Hated self				-

Note. ** Correlation is significant at the 0.01 level (two-tailed)

Pearson correlation showing that there is a positive relation among Paranoid ideation, Inadequate self (r= 0.59, p<0.001) and Hated self (r= 0.57, p<0.001). There is negative relation between Paranoid ideation and Reassure self is (r= -0.29, p<0.001).

There is negative relation between Inadequate self and Reassure self (r= -0.38, p<0.001), positive relation between Inadequate self and Hated self (r=0.69, p<0.001) and negative relation between Reassure self and Hated self (r= -0.43, p<0.001).

Table 6.4 *Results of independent samples T-test*

Departments	N	Mean	Std. deviation	t value	df	*p value*
PDS						
Female	47	57.89	16.10			
				-1.39	86	0.165
Male	41	62.41	13.90			
FSCRS						
Female	47	44.77	11.19			

				-0.87	86	0.402
Male	41	46.80	11.49			

Leevene's Test not violated therefore taking equality of variance assumed.

Note: PDS= Paranoid Ideation scale, FCRS= Forms of Self-criticism and Self-attacking scale. This is additional information on the basis of demographic variables.

Independent sample t-test illustrating that there is insignificant difference found between male and female male regarding paranoid ideation and self-criticism (p>0.05).

Discussion

The purpose of the research was to explore the link between Paranoid ideation and all forms of Self-criticism. Based on the literature review hypothesis was formulated that there will be a positive relation between Paranoid ideation and Self-criticism. It also aims to evaluate Paranoid beliefs will associate positively with inadequate self and hated self and negatively with reassure self. Also, investigate gender differences regarding paranoid ideation and self-criticism.

The study found that paranoid ideation is positively associated with self-criticism and difficulty in being reassure self. Table no 6.2 explain that there is a positive correlation between Paranoid ideation and Self-criticism (r= 0.54, p<0.001). There is a positive relation between Paranoid ideation and Inadequate self (r= 0.59, p<0.001) and Hated self (r= 0.57, p<0.001). There is negative relation between paranoid ideation and reassure self is (r= -0.29, p<0.001) explain in table 6.3. In addition, it was found that there is significant negative relation between Inadequate self and Reassure self, positive relation between Inadequate self and Hated self and negative relation between Reassure self and Hated self. The data supported our hypothesis.

As various findings have been discovered that paranoid beliefs are correlated with both form and function of self-criticism which means how and why individual criticized themselves were the important findings of research. In a research it was found that paranoid thought was strongly correlated with self-hatred, persecution and with the negative components of the self-sympathy scale (self-evaluation). Beliefs that are paranoid, are more likely related to self-critical and self-hating experience. This creates an impression that outside and inside world observes opposition. (McKay et al., 2005)

A study conducted on students by A.Mills, P.Gillbert & et al., (2007) on paranoid belief and self-criticism in which they concluded that paranoid ideations were associated with a critical and even self-hating experience of self. Important empirical support has been given to the cognitive model of paranoia. Freeman et al. (2012) Freeman et al. (2012) agreed that paranoid ideation is associated with pessimistic feelings about self and a self-centered cognitive style. Low levels of self-esteem also can be a reason of increases in paranoia (Thewissen, Bentall, Lecomte, Germeys, 2008).

The Independents sample t-test applied to analyze gender difference between paranoid beliefs and self-criticism in table no 6.4. Levene's test of Equality of variance show no violation. Result indicate that there is no significant difference between male and in paranoid ideation, (t (86) = -1.39, p>0.05). It was also found out that there is no significant difference between male and female in self-criticism, (t (86) = -0.86, p>0.05).

Celia et.al (2019) In a sample, females score high on self-criticism and paranoid ideation relative to males, but the size of the effect was limited and the weakest predictor is gender. Shame and self-criticism act as self-regulatory mechanisms to minimize or avoid disputes with others that

are considered to be more dominant and threatening, or to correct errors or deficiencies. Similar to paranoia theories, the defense against perceived threats or assaults from others is caused by guilt and self-criticism, but in the latter case, violence is experienced internally (Coelho et.al 2010).

The relation of individual with significant others plays important role in ways by which person related to themselves. If a person is treated harshly by parents they are likely to treat their harshly in critical way because person internalized it and that how they learned to act in response to perceived threat. There is an evidence which suggest that self-criticism and hatred can be the reason of developing paranoid beliefs and depression (Gilbert et.al 2004). Irons et .al (2006) study on students in which was found that there is a relation between self-criticism and self-attacking style which in turn create suspicion and mistrust. Further Mill et.al (2007) come to the conclusion that self-criticism and self-attacking style of individual trigger sense of threat which result in negatively attributing the action of other that in turn lead to paranoia in students. There are also researches which shows negative relation between paranoid beliefs and self-compassion. As self-attacking increase it reduces compassion towards self and increase paranoid ideation (Boyd and Gumley 2007).

Some limitations found during research are response bias as the data was collected through google form as it is not possible to check how honestly participants are filling forms or understanding it. Secondly the age range is restricted which can be factor influencing variables. Lastly paranoid beliefs and self-criticism are internal self-regulatory mechanism which it differs from person to person that how they are evaluating self and others based on their experiences as they are also different for everyone. However, over all literature supported our hypothesis and findings of the study are that there is positive correlation between paranoid beliefs and self-criticism.

Conclusion

The relationship between paranoid ideation and self-criticism was brought into focus in this study. The data of 88 participants was collected through google form and subjected to descriptive statistics, correlation and t-test statistics. Paranoid ideation was measured through Paranoid Ideation Scale (PDS) (20 items) and Self-criticism was measured through Forms of Self-Criticism/Attacking and Self-Reassuring Scale (FSCRS) (22 items). From the analysis and the interpretation of the results it can be concluded that Paranoid Ideation and Self-criticism positively correlate with each other. It was also found that Paranoid ideation associate positively with inadequate self and hated self and negatively with reassure self. No significant gender differences were found regarding paranoid ideation and self-criticism. Thus, the findings are consistent with previous researches showing positive correlation between variables.

Limitation and Recommendation

The result supported the claim that paranoid beliefs will increase self-criticism but there are some limitations in study. The data was collected through google form due to pandemic therefore there are chances of response bias. Secondly the data was not able to ponder on the factors that could have influence on sample characteristics like on gender related findings that's why, the study cannot find gender differences regarding paranoid beliefs and self-criticism. The age of participants was restricted and to generalize findings larger sample is required.

Further research is needed to explore more detail about the variables in more specific way to get better understanding as paranoid ideation are prevailing among adults and can lead towards psychopathology. Therefore, there is need to focus on the factor that might have impact on

paranoid ideations and self-criticism like relation with significant others, shame memories and previous experiences. Concerned authorities should work on to educated people about particular phenomena to avoid future problems.

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Appendix A
Informed consent

I am M.Phil. student department of psychology, University of Karachi. I am conducting a research you are requested to fill this questionnaire. There is no risk associated with the study. You should feel free to decline. You may withdraw from the study at any time. You will not be penalized for not participating or for withdrawing. Your participation will be anonymous and all information will be kept confidential. If you are agreed please sign this consent form that would take 20 minutes.

I also understand that my participation is completely voluntary, and I may withdraw from the study any time.

Participant's signature   Researcher's signature

_____   _____

Demographic information:

Name	
Age	
Gender	

Appendix B
Forms of Self-Criticism/Attacking and Self-Reassuring Self-Scale
Below are a series of thoughts and feelings that people sometimes have. Read each statement carefully and circle the number that best describes how much each statement is true for you.

Please use the scale below.

Not at all like me	A little bit like me	Moderately like me	Quite a bit like me	Extremely like me
0	1	2	3	4

When things go wrong for me:

1.	I am easily disappointed with myself.	0	1	2	3	4
2.	There is a part of me that puts me down.	0	1	2	3	4
3.	I am able to remind myself of positive things About myself.	0	1	2	3	4
4.	I find it difficult to control my anger and Frustration at myself.	0	1	2	3	4
5.	I find it easy to forgive myself.	0	1	2	3	4
6.	There is a part of me that feels I am not good Enough.	0	1	2	3	4
7.	I feel beaten down by my own self-critical Thoughts.	0	1	2	3	4
8.	I still like being me.	0	1	2	3	4

9.	I have become so angry with myself that I want to Hurt or injure myself.		0 1	2	3	4	
10.	I have a sense of disgust with myself.	0		1	2	3	4
11.	I can still feel lovable and acceptable.	0		1	2	3	4
12.	I stop caring about myself.	0		1	2	3	4
13.	I find it easy to like myself.	0		1	2	3	4
14.	I remember and dwell on my failings.	0		1	2	3	4
15.	I call myself names.	0		1	2	3	4
16.	I am gentle and supportive with myself.	0		1	2	3	4
17.	I can't accept failures and setbacks without Feeling inadequate.	0		1	2	3	4
18.	I think I deserve my self-criticism.	0		1	2	3	4
19.	I am able to care and look after myself.	0	12	3	4		
20.	There is a part of me that wants to get rid of the	0	12	3	4		
21.	Bits I don't like. I encourage myself for the future.	0	12	3	4		
22.	I do not like being me.	0	12	3	4		

Appendix C
Paranoid Ideation Scale
Please rate how applicable each belief is to you by selecting a number between 1 (not at all applicable to me) and 5 (extremely applicable to me).

		Not at all applicable to me		Some times		Extremely applicable to me
1	Someone has it in for me	1	2	3	4	5
2	I sometimes feel as if I'm being followed	1	2	3	4	5
3	I believe that I have often been punished without cause	1	2	3	4	5
4	Some people have tried to steal my ideas and take credit for them	1	2	3	4	5

5	My parents and family find more fault with me than they should	1	2	3	4	5
6	No one really cares much what happens to you	1	2	3	4	5
7	I am sure I get a raw deal from life	1	2	3	4	5
8	Most people will use somewhat unfair means to gain profit or advantage, rather than lose it	1	2	3	4	5
9	I often wonder what hidden reason another person may have for doing something nice for you	1	2	3	4	5
10	It is safer to trust no one	1	2	3	4	5
11	I have often felt that strangers were looking at me critically	1	2	3	4	5
12	Most people make friends because friends are likely to be useful to them	1	2	3	4	5
13	Someone has been trying to influence my mind	1	2	3	4	5
14	I am sure I have been talked about behind my back	1	2	3	4	5
15	Most people inwardly dislike putting themselves out to help other people	1	2	3	4	5
16	I tend to be on my guard with people who are somewhat more friendly than expected	1	2	3	4	5
17	People have said insulting and unkind things about me	1	2	3	4	5
18	People often disappoint me	1	2	3	4	5
19	I am bothered by people outside, in cars, in stores, etc., watching me	1	2	3	4	5
20	I have often found people jealous of my good ideas just because they had not thought of them first	1	2	3	4	5