

Differences in Object Relations between Patients of Schizophrenia with and without Paranoid Ideation

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Abstract. Object relation deficits are well studied in patients of schizophrenia. The differences however exist across various subtypes of schizophrenia. Patients having paranoid ideation (PI) are supposed to have low performance on object relation indices, and on measures of social perception and reasoning, however evidences also suggest their better performance as compared to their non paranoid counterparts. Present research is an endeavor to study the object relation abilities in patients of schizophrenia with and without PI. For the purpose 110 individuals, comprising 60 patients with schizophrenia (31 with high PI while 29 without prominent PI) and 50 controls, were assessed on the Picture arrangement subtest of WAIS R, which is considered as a measure of social intelligence and also gives clues to one's interpersonal relationships. The age of participants ranged for 20 to 50 years, and they belonged to middle socioeconomic status, having minimum education of 10 years. The participants of control group were matched with patients on variable of age and education. Results reflect significant deficits in performance of patients with schizophrenia without PI. Difference between patients having high paranoid ideation and control group was found not significant. Findings were discussed in context of characteristic patterns associated with paranoia.

Keywords: Paranoid, Schizophrenia, Object Relations

1. Introduction

The maladaptive patterns of schizophrenia are characterized by withdrawal from object relatedness. Theorists define schizophrenia in terms of disturbed social functioning. According to Weiner¹ *“Characteristically there is a progressive decline in relationships to, and contact with others. Social life becomes increasingly more restricted; the patient becomes more reticent and seclusive; withdrawn and into themselves, and evidence no overt love for others; their interest in outside world wanes”*.

According to Weiner², the disturbed object relation may take the form of either physical or emotional withdrawal. Some people may isolate or some may apparently mingle with others, however avoid emotional involvement to protect their sense of self. Bell, Lysaker and Milstein³ found object relations deficits in most of the sample when assessed patients diagnosed with schizophrenia including paranoid, schizoaffective, those having poor premorbid functioning, and having prominent negative symptoms.

Besides a significant identified generalized deficit present in people with schizophrenia a simple dichotomy between paranoid and non-paranoid forms of schizophrenia also exist; this dichotomy is the most meaningful classification for understanding the differences found in this group. The paranoids are characterized by delusion of grandeur, persecution and reference. They have certain cognitive dispositions due to their personality styles, including tendency to assign logical meanings to environmental events, relying on logic instead of common sense unlike non paranoids counterparts⁴; and instead of apparent, paying sharp attention to minor aspects or features that confirm to their original suspicious idea⁵. They are alert, overcautious, vigilant, sensitive to personal reference², rigid, inflexible and scan environment extensively while filter information into narrow conceptual categories contradictory to non-paranoids⁶.

A person with paranoia use defense of projection. Shapiro⁵, while discussing projection, states that this defense does not include perceptual distortion. It involves keen attention to the external world and occurs in the act of cognition unlike other defense mechanism which usually characterize by breakdown of cognition and withdrawal of attention. The cognitive and perceptual performance of patients with PI found better than their counterparts^{7,8}. The deterioration obvious and well illustrated in schizophrenic sample, reported to be

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much lesser in the paranoid counterparts. There are also indications of better social perception⁹ and theory of mind¹ in these patients. The better performance of those with PI was also identified in non clinical population, specifically for better memory recall for threatening stimuli¹¹ and emotion perception¹². However, Combs and Penn¹³ findings are contradictory, reflecting low performance of persons high in PI as compared to those with low PI. Fenigstein¹⁴ asserts that there is rigid, maladaptive and pervasive pattern of thinking, feeling and behavior, usually beginning by early adulthood that is built upon distrust, vigilance and hostility, in people with paranoid personality having insufficient severity to be delusional. Even in non-clinical population paranoid ideation appeared as a part of a pervasive style of responding to the environment, clouded with the suspiciousness, resentment and hypervigilance.

Among many psychometrics, Wechsler Adult Intelligence Scale is a widely used measure which provides many indices useful in illustrating the different deficits found in schizophrenia including deficits related to object relations. Rappaport et al.¹⁵ found that patients with schizophrenia have selective performance impairment on social material. Picture arrangement is one of the lowest Wechsler score between schizophrenic subject¹⁶, and Wechsler¹⁷, assumed that it is related to “social intelligence”. Further, Segal, Westen, Lohr and Silk¹⁸ use the narrative stories on Picture arrangement test as indicator of object relations, as they can give clues to several dimensions of object relations including representation of self, others, interactions, relationships, capacity for emotional investment in others etc. Similarly total score on this scale may also be a meaningful indicator of the object relation difficulties in people diagnosed as schizophrenia. Wechsler Adult Intelligence Scale is one of few psychodiagnostic tests which have been found to often differentiate paranoid from non-paranoid schizophrenia¹⁹. A wide range of studies reflects the utility of WAIS in determining different cognitive abilities. Current study utilizes this property of the test while evaluating the object relation skills in patients of schizophrenia.

The high prevalence rate of psychosis in Pakistan, especially of schizophrenia²⁰ keeps the strain on mental health professionals to meet the need for research in the causes, associated factors and effects of the disease in Pakistani population. The study would be an endeavor to highlight one of various neuropsychiatric drawbacks related to the schizophrenia and its subtypes on the basis of predominant features. It would also help to determine the role of PI in performance on various measures and thus help in developing the effective strategies for treatment planning, for the patients with different associated personality features.

2. Method

2.1. Participants

Participants of this study are 110 individuals, comprising 60 patients with schizophrenia (31 with high PI while 29 with out prominent PI) and 50 controls. The age of participants ranged for 20 to 50 years, and they all belonged to middle socioeconomic status, having minimum education of 10 years. Patients were selected from various hospitals and psychological clinics, while control group was recruited from community. The participants of control group were matched with the patients on variable of age and education, having no history of any psychological disorder.

2.2. Measures

Picture arrangement subtest of WAIS R, which is considered as a measure of social intelligence and cognition also gives clues to one’s interpersonal relationships and object relations, was used in this study to assess the variable of object relation. Besides the efficacy of content analysis of stories, only total scores were utilized as due to difficulty of few disorganized patients to narrate stories only limited amount of data was available in this context.

2.3. Procedure

The sample of patients was approached at various hospitals and psychological clinic, while control group was selected form community based on matching characteristics with research participants. Respective diagnosis and history was explored both by the respective psychiatrists, record, and through an interview with the patients. With the consensus meeting of all three, patients were classified as either with or without

PI. Screened individuals were assessed on picture arrangement subtest of WAIS R. One way analysis of variance and Tukey's HSD was applied to assess the difference among groups on the variable of interest.

3. Results

Analysis of variance reflects significant difference among means of schizophrenia patients with and without PI and normal participants on variable of object relations. It appears that for the variables of object relations both normal controls and patients of schizophrenia paranoid group outscore the non paranoid patients of schizophrenia, while the difference between the former two was not significant.

Table 1. Analysis of Variance for variable of Object Relations among Patients of Schizophrenia with and without Paranoid Ideation, and Normal Controls

Groups	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>	<i>df</i>
Schizophrenia with paranoid ideation	31	7.322	4.989			
Schizophrenia with out paranoid ideation	29	4.275	4.233	9.133	.000	2, 107
Normal	50	9.040	4.932			

Table 2. Post Hoc HSD Analysis for the mean difference between the groups on the variable of Object Relations

Groups		Mean Difference	S. Error	<i>P</i>
Schizophrenia (PI)	Schizophrenia (WPI)	3.046	1.233	.040
	Control group	-1.717	1.091	.262
Schizophrenia (WPI)	Schizophrenia (PI)	-3.046	1.233	.040
	Control group	-4.764	1.114	.000
Control group	Schizophrenia (PI)	1.717	1.091	.262
	Schizophrenia (WPI)	4.764	1.114	.000

(PI) = with paranoid ideation, (WPI) = without paranoid ideation

4. Discussion

The Object Relations theories emphasize the first years of life, 'the pre oedipal period' in which nature of early human relationships determine the healthy physical and psychological development of the person, which are supposed to be developed through experiences with significant persons and situations. The individuals with schizophrenia lack basic trust; have poor ego boundaries, and a vulnerability to psychosis, which may follow reality testing disturbances²¹. Consistent to various previous findings²², present research also find evidences of deficits in object relation abilities as reflected through patient's relative inability to see the cause and effect relationships in social situations, or to sequence the ideas related to social situations.

Referring to the 'Theory of Mind' as capacity to infer one's own and other persons' mental states¹¹, patients with schizophrenia appears to have inability to understand mental states in the self or others. Frith²³ proposes that schizophrenic symptoms develop from newly acquired deficits in theory of mind. The result is the 'anxiety', characteristic to the object relation deficits. Will²⁴ put it as, 'the person who fails to develop effective techniques for dealing with anxieties engendering by social situations starts experiencing undue amount of anxieties in his interactions with people and is likely to withdraw from human environment to protect him'. This withdrawal can lead a person's difficulty in or inability to understand the motivations, attitudes and intention of others, e characteristic of people with paranoia.

Person with persecutory delusions and with delusions of reference differs in the nature of their inability related to object relations. Freeman and Garety⁸ in "Paranoia: The Psychology of Persecutory Delusions" summarizes Frith as he argues that delusions of persecution and reference arise from the person with schizophrenia knowing that people have mental states that cannot be directly viewed, but making invalid attempts at inferring them. However, Frith²⁴ assert, persecutory delusions arise because the person notices that other people's actions are not clear enough and their must be some conspiracy; while delusions of reference occur because a person with schizophrenia mistakenly labels an action as having an intention behind it. According to Brune¹¹, patients with paranoid symptoms would be lower on theory of mind performance, relative to healthy control subjects, because of their difficulties in accurately monitoring other

people's intentions. However, they have an intact 'Theory of Mind' in the sense that they know that other people have mental states, though impaired in using contextual information, and making inferences about the nature of these mental states; unlike patients with prominent negative or disorganized (behavioral) symptoms who have incapacity to represent mental states at all. It appears that paranoia led a person's relative awareness to the others mental existence distinct from the self, however, falsely relates them to the negative intentions. Due to this relative awareness they are expected to relate to human environment, though with suspicious thinking and a sense of alertness against threats. That is why the individuals with PI found as more proficient than ordinary people at identifying negative emotional expressions on the faces of others²⁵. Present research is also consistent with the notion as PI found to be significantly related to task related to object relations, with high PI associated with better object relation abilities.

Researches reflect the importance of social perception in determining the relationship of social functioning and cognitive deficits²⁶. Nineow, Docherty, Cohen et al.²⁷, while discussing the tasks used in the studies related to social perception pointed out two types of tasks varying in their demands. One emphasizes the detection of cues while other present cues and require inference of context. They assert that deficit in various aspect of attention could compromise social perception by limiting the detection and discrimination of environmental cues. The impairment in attention thus may have placed a limitation on the patient's ability to perceive the social environment, which can be handled by the inclusion of additional cues in the environment. It can be inferred that paranoid as previously discussed being better at detecting cues, alert for the signs, and having hyper vigilant and scanning style have better opportunities to understand the social cues and thus be better at the task related to social functioning.

Results are in consistency with Ison et al.¹⁵ who report more paranoid to be in those patients of schizophrenia which were better in social perception, as well as to Bell et al.³, who concluded that schizophrenia includes profound object relations deficits often disabling aspects of the disorder and should be considered in treatment planning. Bell et al. discussed that object relations deficits make therapeutic alliance very difficult. In order to get maximum benefit from the therapeutic situations objects relations has to be sufficiently intact. The insignificant difference between normal and patients of schizophrenia with high PI, was also supported the view that besides persecutory ideation and resentment, paranoid still are better at social relations. We infer that paranoid unlike other patients of schizophrenia able to relate to the world, no matter with fears and anxiety. Perhaps they are still far away from the complete withdrawal and alienation, which might also reflect in their better chances of recovery from the disorder. The study however holds a limitation as there is a dearth of studies utilizing picture arrangement as an indicator of object relation deficits in other samples. The use of such studies with multiple sample and multiple tools holds its significance in the sense that neuropsychological tools are variably loaded with multiple factors; their multiple administration with various methodologies adds evidence in the existing knowledge .

5. References

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