

## “A study to assess the level of self-concept in paranoia by using self concept clarity scale among adolescents with paranoia at SMVMCH, Puducherry”.

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### ABSTRACT

A mental condition characterized by delusions of persecution, unwarranted jealousy, or exaggerated self-importance typically worked into an organized system. It may be an aspect of chronic personality disorder of drug abuse or a serious condition such as schizoprehia in which the person loss touch with reality. Paranoia is an instinct or thought process that is believed to be heavily influenced by anxiety or fear, often to the point of delusion and irrationality. Paranoid thinking typically includes persecutory beliefs, or beliefs of conspiracy concerning a perceived threat towards oneself. Paranoia is distinct from phobias, which also involve irrational fear, but usually no blame. A dysfunctional sense of self has been incorporated into psychological models of psychosis, focusing primarily on self-esteem and self-evaluation. The evidence suggests that low self-esteem acts as a maintaining factor and a consequences of psychosis as well as a predictive factor for first episode psychosis symptoms. This study was conducted in SMVMCH for adolescence by using purposive sampling technique 30 samples. It revealed that Out of 30 samples Level of self concept in paranoia by using self concept clarity scale among adolescence shows that shows that 16(53.3%) had low level of self concept and 14(46.7%) had high level of self concept. The overall result shows that significant and non-significant relationship with the demographic variables the level of  $-p < 0.05$ .

**Keywords:** Level of self concept in paranoia using self concept clarity scale.

### I. INTRODUCTION

A mental condition characterized by delusions of persecution, unwarranted jealousy, or exaggerated self-importance typically worked into an organized system. It may be an aspect of chronic personality disorder of drug abuse or a serious condition such as schizoprehia in which the person loss touch with reality. Paranoia is an instinct or thought process that is believed to be heavily influenced by anxiety or fear, often to the point of delusion and irrationality. Paranoid thinking typically includes persecutory beliefs, or beliefs of conspiracy concerning a perceived threat towards oneself. Paranoia is distinct from phobias, which also involve irrational fear, but usually no blame. A dysfunctional sense of self has been incorporated into psychological models of psychosis, focusing primarily on self-esteem and self-evaluation. The evidence suggests that low self-esteem acts as a maintaining factor and a consequences of psychosis as well as a predictive factor for first episode psychosis symptoms

Paranoia involves two key components a person having unfounded ideas that harm will occur to them, and the idea that the harm is intended by others. Current accounts of the formation and maintenance of paranoia include a cognitive style involving worry, negative thoughts about the self, interpersonal sensitivity, anomalous experiences, insomnia and reasoning biases as key components. The threat anticipation model suggests that these converge and lead to an overinterpretation of potential harm to the self a state that self-maintains in people with high levels of paranoia primarily due to anxiety-driven avoidance of disconfirmatory evidence.

Understanding psychopathological phenomena as a dimensional continuum, which range from mental health to severe mental illness, have a long tradition. Psychosis is currently conceptualized as a dynamic continuum that ranges from individual differences in schizotypy traits and subtle psychoticlike experiences through at-risk mental states or prodromal states to schizophrenia-spectrum disorders.

### II. REVIEW OF LITERATURE

Filip Raes et al.,(2009) was conducted a study based on Paranoia and instability of selfesteem in adolescents: This study examined whether paranoid beliefs are associated with instability of selfesteem. Measures assessing SE, SE instability, paranoid ideation, and depressive symptoms were completed by 131 adolescents. A significant association between paranoia and SE instability was observed, even when taking into account global SE and depressive symptomatology. , this study utilises a new measure of SE instability and explores the

relationship between paranoia and SE within a hitherto unstudied age group using a multidimensional model of paranoia..

### **STATEMENT OF THE PROBLEM**

“A study to assess the level of self-concept in paranoia by using self concept clarity scale among adolescents with paranoia at SMVMCH,Puducherry.

### **OBJECTIVES**

- \* To assess the level of self concept by using self concept clarity scale among adolescents.
- \* To associate the level of self concept by using self concept clarity scale among adolescents with their selected demographic variables.

### **III. MATERIALS AND METHODS**

This chapter describes the research methodology followed to assess the level of self-concept in paranoia by using self concept clarity scale among adolescents with paranoia at SMVMCH, Puducherry. It deals with research approach, research design, setting of the study, population, sample, sample size, sampling technique, criteria for sample selection, plan for data collection and tools and instruments.

**Section – A:** This section consists of demographic data such as age, sex, residential area ,religion, educational status, types of school, type of family, family status, number of siblings, previous history of psychotic condition,family income,previous history of receiving any medications,family history of psychiatric illness,previous history of receiving any therapy.

**Section – B:**this consists of “assessment tool for level of self concept in paranoia through self concept clarity scale” interpretation of low self concept and high self concept

### **SCORING INTEPRETATION:**

KNOWLEDGE	SCORING INTEPRETATION
1 – 30	Low level of self-concept
30-60	High level of self-concept

### **RESEARCH APPROACH**

A quantitative research approach was adopted for this present study.

### **RESEARCH DESIGN**

Descriptive research design chosen for this present study.

### **SETTING OF STUDY**

This study will be conducted in SMVMCH Puducherry. This hospital is 100 meter away from SMVNC. The hospital is 1050 bedded multi - specialty hospital.

### **SAMPLE:**

The sample of the study comprises of adolescents with paranoia at Sri Manakula Vinayagar Medical College and hospital.

### **SAMPLING TECHNIQUE**

Convenient sample technique chosen for this present study.

### **SAMPLE SIZE:**

The sample size consist of 30 adolescents.

### **CRITERIA FOR SAMPLE SELECTION**

#### **Inclusion Criteria**

1. Adolescents with paranoia who are willing to participate in the study.
2. Both male and female.

#### **Exclusion Criteria**

1. Adolescents with paranoia absence at the time of data collection.
2. Adolescents with paranoia who are not cooperate for the study.

### **IV. RESULTS**

The major findings of the study were;

- 1.Self concept among adolescents shows that 16(53.3%) had low level of self concept and 14(46.7%) had high level of self concept.
- 2.Mean and standard deviation the level of self-concept in paranoia among adolescents with paranoia is (30.20+7.590).

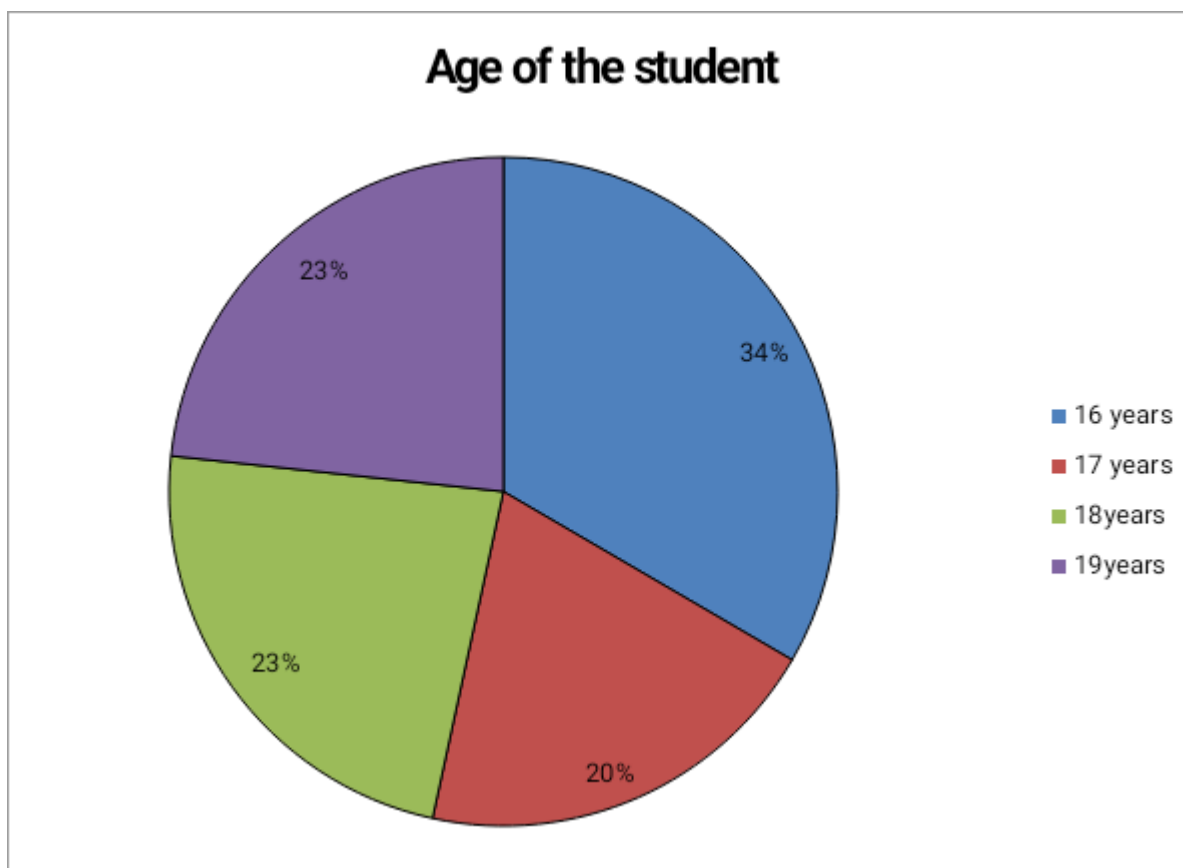
3.Association on assess the level of self-concept by using self-concept clarity scale among adolescents with this selected demographic variables . The chi square reveals that it is statistically association with age of the student,educational status and family status belongs to highly significant \*\*-p=0.016,p=0.002 ,p=0.049 respectively,name of the unit belongs to significant \*-p<0.05, others are belongs to non significance.

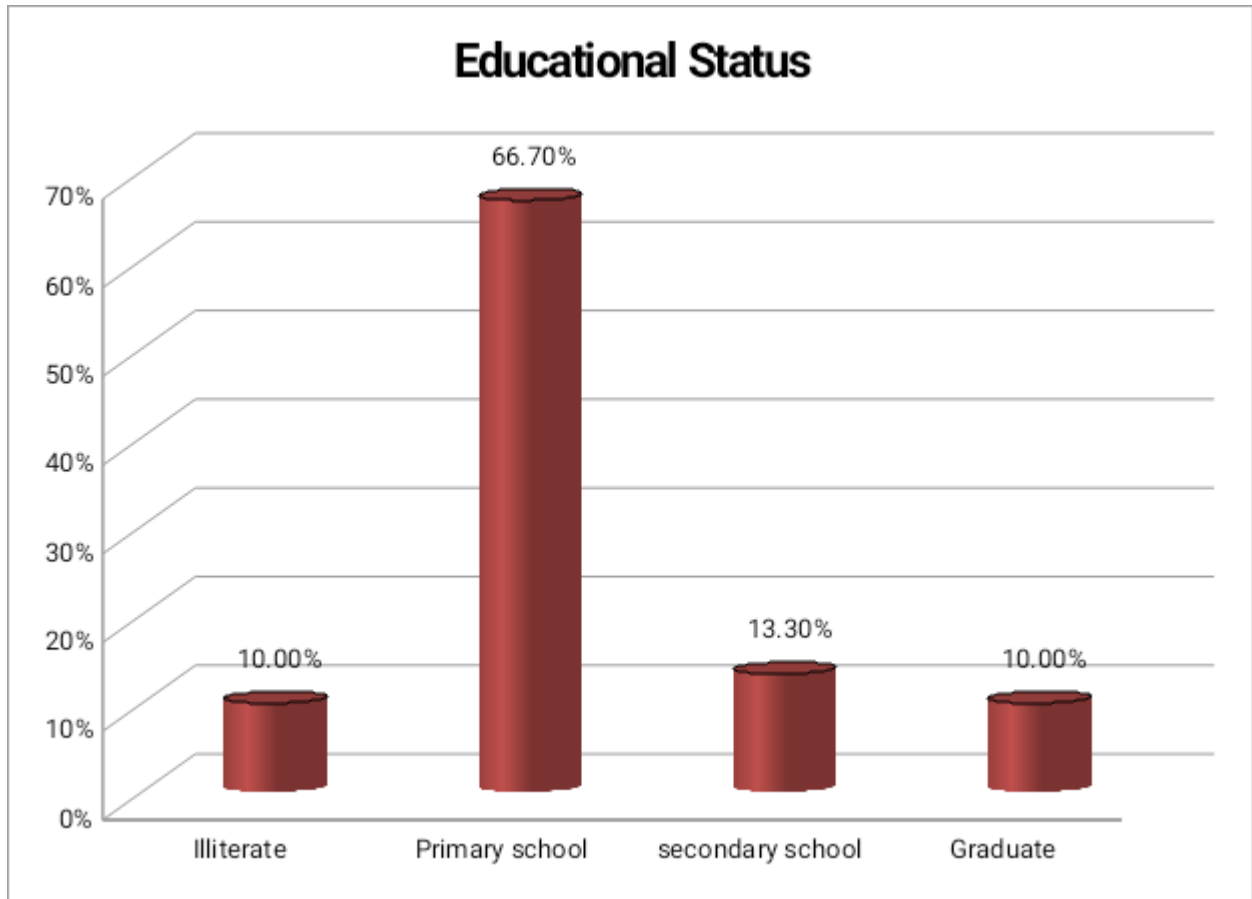
**Frequency and percentage wise distribution of demographic variables among adolescents.**

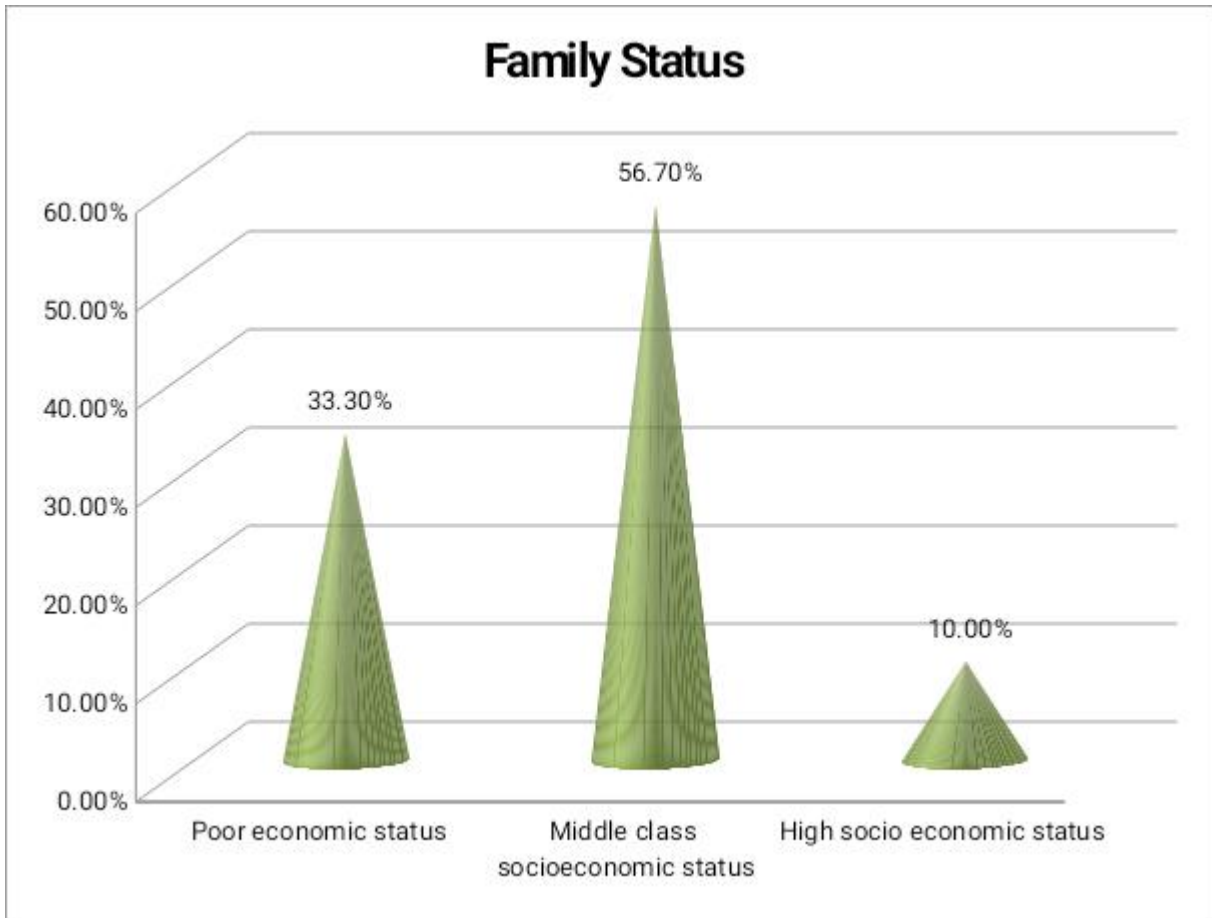
**(N=30)**

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
<b>1</b>	<b>Age of the student</b>		
	a) 16	10	33.4
	b) 17	6	20
	c) 18	7	23.3
	d)19	7	23.3
<b>2</b>	<b>Gender</b>		
	a) Male	17	56.7
	b) Female	12	40
	c) Others	1	3.3
<b>3</b>	<b>Religion</b>		
	a) Hindu	21	70
	b) Muslim	6	20
	c) Christian	3	10
	d) Others	0	0
<b>4</b>	<b>Educational Status</b>		
	a) Illiterate	3	10
	b) Primary school	20	66.7
	c) secondary school	4	13.3
	d) Graduate	3	10
<b>5</b>	<b>Residential Area</b>		
	a) Urban	9	30
	b) Rural	14	46.7
	c) Semi-rural	5	16.6
	d) Tribal	2	6.7
<b>6</b>	<b>Type of school</b>		
	a) Non-government	19	63.3
	b) Government	10	33.3
	c) Home schooling	1	3.4
<b>7</b>	<b>Type of family</b>		
	a) Nuclear family	12	40
	b) joint family	13	43.3
	c) single	5	16.7
<b>8</b>	<b>Family Status</b>		
	a) Poor economic status	10	33.3
	b) Middle class socioeconomic status	17	56.7
	c) High socio economic status	3	10
<b>9</b>	<b>Number of siblings</b>		
	a) 1	7	23.3
	b) 2	10	33.3

	c) Above 2	5	16.7
	d) no siblings	8	26.7
<b>10</b>	<b>Previous history of psychotic conditions</b>		
	a) Yes	11	36.7
	b) No	19	63.3
<b>11</b>	<b>Family income</b>		
	a) 5,000 - 10,000	11	36.7
	b) 10,000 - 15,000	11	36.7
	c) 15,000 - 25,000	7	23.3
	d) above 25,000	1	3.3
<b>12</b>	<b>Family history of psychiatric illness</b>		
	a) Yes	11	36.7
	b) No	19	63.3
<b>13</b>	<b>Previous history of receiving any medications</b>		
	a) Yes	9	30
	b) No	21	70
<b>14</b>	<b>Previous history of receiving any therapy</b>		
	a) Yes	6	20
	b) No	24	80



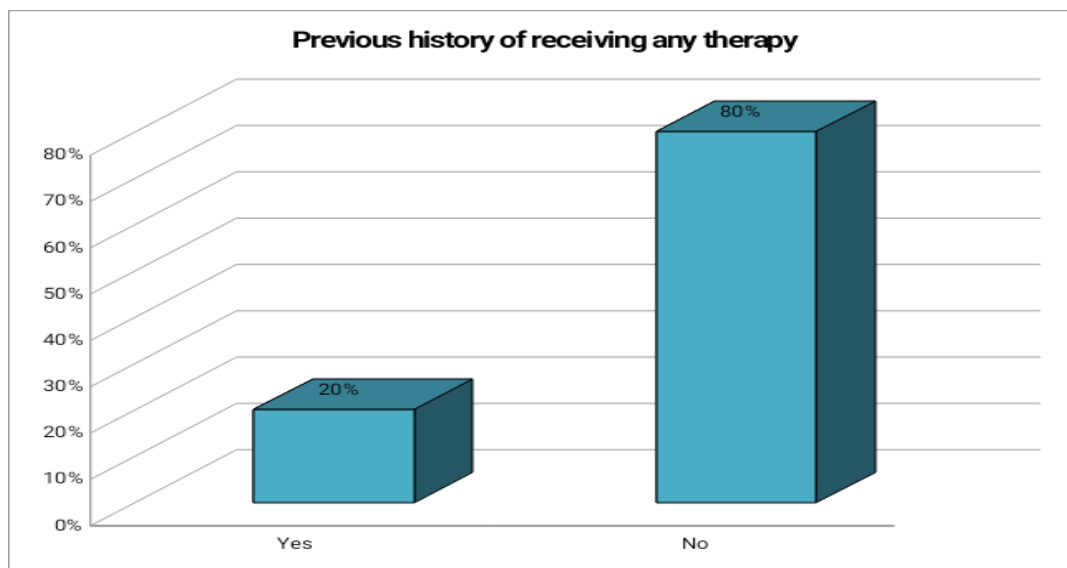


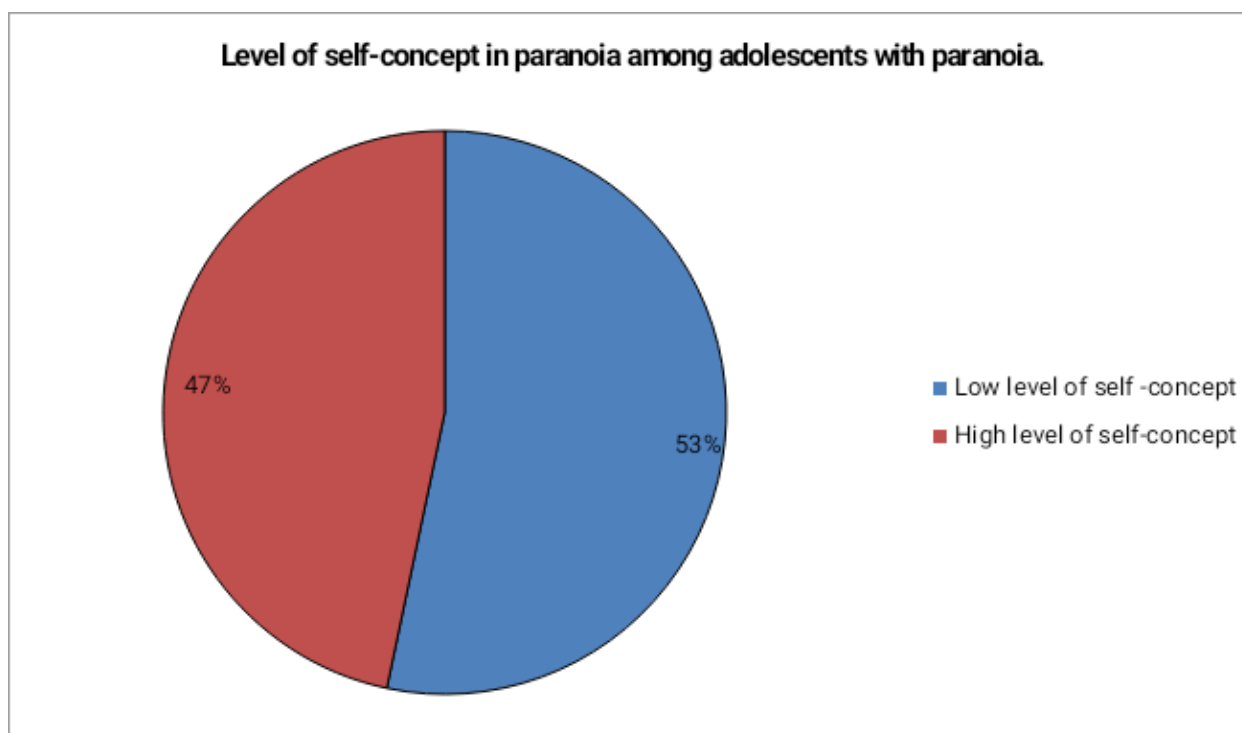


Frequency and percentage wise distribution of the level of self-concept in paranoia among adolescents with paranoia.

(N = 30)

LEVEL OF SELF-CONCEPT IN PARANOIA	FREQUENCY (n)	PERCENTAGE (%)
Low level of self -concept	16	53.3
High level of self-concept	14	46.7
<b>Total</b>	<b>30</b>	<b>100</b>
<b>Mean±Standard deviation</b>	30.20±7.590	





**Association between the level of self-concept in paranoia among adolescents with paranoia with selected demographic variables.**

(N=30)

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF SYPTOMS OF PARANOIA				Chi-square X <sup>2</sup> and P-Value
		LOW LEVEL OF SELF-CONCEPT		HIGH LEVEL OF SELF-CONCEPT		
		N	%	N	%	
<b>1</b>	<b>Age of the student</b>					X <sup>2</sup> =9.128 Df=3 p =0.016 *S
	a) 16	5	31.3	5	35.7	
	b) 17	1	6.1	5	35.7	
	c) 18	5	31.3	2	14.3	
	d)19	5	31.3	2	14.3	
<b>2</b>	<b>Gender</b>					X <sup>2</sup> =1.264 Df=2 p =0.531 NS
	a) Male	8	50	9	64.3	
	b) Female	7	43.8	5	35.7	
	c) Others	1	6.2	0	0	
<b>3</b>	<b>Religion</b>					X <sup>2</sup> =1.301 Df=2 p =0.522 NS
	a) Hindu	1	75	9	64.3	
	b) Muslim	2	12.5	4	28.6	
	c) Christian	2	12.5	1	7.1	
	d) Others	0	0	0	0	
<b>4</b>	<b>Educational Status</b>					X <sup>2</sup> =12.41 Df=3 p =0.002 *S
	a) Illiterate	3	18.8	0	0	
	b) Primary school	9	56.2	11	78.6	
	c) secondary school	2	12.5	2	14.3	
	d) Graduate	2	12.5	1	7.1	
<b>5</b>	<b>Residential Area</b>					X <sup>2</sup> =1.786 Df=3 p =0.618
	a) urban	4	25	5	35.8	

	b) rural	7	43.8	7	50	NS
	c) semi-rural	4	25	1	7.1	
	d) tribal	1	6.2	1	7.1	
<b>6</b>	<b>Type of school</b>					X <sup>2</sup> =1.32 Df=2 p =0.516 NS
	a) non-government	9	56.3	10	71.4	
	b) government	6	37.5	4	28.6	
	c) Home schooling	1	6.2	0	0	
<b>7</b>	<b>Type of family</b>					X <sup>2</sup> =0.479 Df=2 p =0.787 NS
	a) Nuclear family	7	43.8	5	35.7	
	b) joint family	7	43.8	6	42.9	
	c) single	2	12.4	3	21.4	
<b>8</b>	<b>Family Status</b>					X <sup>2</sup> =7.81 Df=2 p =0.049 *S
	a) poor economic status	6	37.4	4	28.6	
	b) middle class socioeconomic status	7	43.8	10	71.4	
	c) high socio economic status	3	18.8	0	0	
<b>9</b>	<b>Number of siblings</b>					X <sup>2</sup> =2.219 Df=3 p =0.528 NS
	a) 1	4	25	3	21.4	
	b) 2	4	25	6	42.9	
	c) above 2	4	25	1	7.1	
	d) no siblings	4	25	4	28.6	
<b>10</b>	<b>Previous history of psychotic conditions</b>					X <sup>2</sup> =2.62 Df=1 p =0.105 NS
	a) Yes	8	50	3	21.4	
	b) no	8	50	11	78.6	
<b>11</b>	<b>Family income</b>					X <sup>2</sup> =1.19 Df=3 p =0.754 NS
	a) 5,000 - 10,000	6	37.5	5	35.7	
	b) 10,000 - 15,000	6	37.5	5	35.7	
	c) 15,000 - 25,000	3	18.8	4	28.6	
	d) above 25,000	1	6.2	0	0	
<b>12</b>	<b>Family history of psychiatric illness</b>					X <sup>2</sup> =2.625 Df=1 p =0.105 NS
	a) yes	8	50	3	21.4	
	b) no	8	50	11	78.6	
<b>13</b>	<b>Previous history of receiving any medications</b>					X <sup>2</sup> =0.918 Df=1 p =0.338 NS
	a) yes	6	37.5	3	21.4	
	b) no	1	62.5	11	78.6	
<b>14</b>	<b>Previous history of receiving any therapy</b>					X <sup>2</sup> =2.712 Df=1 p =0.100 NS
	a) yes	5	31.2	1	7.1	
	b) no	1	68.8	13	92.9	

\*-p < 0.05 significant, NS-Non significant

the demographic variable, **Age of the student, Educational Status and Family Status** had shown statistically significant association between the level of self-concept in paranoia among adolescents with paranoia with selected demographic variable.



## V. CONCLUSION:

A descriptive study to assess the level of self-concept in paranoia by using selfconcept clarity scale among adolescents with Paranoia at SMVMCH, Puducherry. The findings of the study revealed that Out of 30 samples, 16(53.3%) had low self concept,14(46.7%) had high self concept.At present the study found that most of them have low level of self concept

### IMPLICATION OF THE STUDY

The study had implication for nursing practice, nursing education, nursing administration, and nursing research.

#### NURSING PRACTICE:

- This study emphasis in improving the self concept through educative measures.
- More knowledge regarding self concept will help for early identification of the children with Paranoia.
- Questionnaire will help the client to increase the knowledge regarding self concept among adolescents.
- Nurses' active participation in school health programmes by providing direct and indirect care helps to achieve the goals of health services.
- Adolescents deficit in self concept in paranoia indicate the needs for arranging health education session in related topics.

#### NURSING EDUCATION:

- Nurse educator should emphasize more on preparing students to impact health information to the public regarding self concept.
- The study has clearly proved that questionnaire was effective in improving the self concept in paranoia.
- To practice this, nursing personal needs to be equipped with adequate knowledge and practice regarding questionnaire.
- The curriculum of nursing education should enable student nurse to equip themselves within the knowledge of self concept in paranoia.

#### NURSING ADMINISTRATION:

- Nurse as an administrator should take limitation in formulating policies and protocols for health teaching.
- The nursing administration should motivate the subordinate for participating in various educational programmes and improve their knowledge and skills.
- The administrator serves as a reserve's person for young nursing students, parents and school teachers for proving guidance and counselling regarding self concept in paranoia.
- The nurse administrator has given through questionnaire for awareness of self concept in paranoia.

#### NURSING RESEARCH:

- There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the teachers and the parents
- The research study can be made by further implication of the study.
- Can be used for evidence based nursing practice as a rising trend.

## RECOMMENDATION

1. The study can be conducted to assess the attitudes and coping strategy of nurse towards adolescents with Paranoia.
2. Comparative study can be done between urban and rural areas.
3. A quasi experimental study can be conducted with control group for the effective comparison.
4. Similar study can be conducted in a large group to generalize the study findings.

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