PERSONALITY, SELF-PERCEPTION, PSYCHOLOGICAL PROBLEMS, DEFENSE MECHANISMS AND COPING STRATEGIES IN PATIENTS WITH PARANOID DISORDER; A QUALITATIVE RESEARCH

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Abstract
Purpose: *The purpose of this study was to analyze the personality, self-perception, psychological problems, defense mechanisms and coping strategies in patients with paranoid disorder in their life.*
Methods and materials: *The qualitative research method was used for narrative analysis based on the McAdams review form to analyze the life stories of patients with paranoid disorder. The research population consisted of paranoid patients admitted to Razi psychiatric hospital in Tehran and sampling method was purposive and the interviews eventually saturated with 8 people. The perception and understanding of the patients about identity and disease, values and beliefs, similarity in their narrative, the important individuals and events were studied. Data analysis was carried out using coding at three levels of open, axial, core using MAXQDA version 12.3.*
Results and conclusion: *Coping strategies including problem-solving strategies, emotional coping strategies, emotional dysregulation; defense mechanisms including pathological defense mechanisms; health and problems related to physical illness and psychological problems, which all of this express the experience and dimensions of patients' perception of their lives.*

Keywords: Narrative analysis, Paranoid disorder, Qualitative research

INTRODUCTION

Paranoid is a psychological and psychiatric term indicating a form of exaggerated self-referential thoughts and a persistent tendency to distrust, resent, or anger others, and to believe in being controlled or influenced by the outside world occurring in normal everyday behavior (1). Childhood injury as a psychological stress is one of the most undesirable experiences that are associated with the onset of symptoms of emotional psychosis associated with anxiety in both clinical and non-clinical populations (2). Active avoidance and repression is a coping strategy that is widely used by patients with psychosis. Paranoid patients also put a lot of effort into avoiding negative themes and maintaining a positive self-image. Conversely, suppressing unwanted thoughts and emotions actually exacerbates disturbing thoughts, emotional turmoil, spontaneous arousal, and auditory hallucinations (3, 4, 5). Paranoid people have negative schemas about themselves. To actively avoid perceived emotional threats, paranoid individuals explain undesirable experiences by external factors such as blaming others thus avoid self-blame and protect their self-esteem. Thus, these explanations lead to paranoid thoughts and ideas because they contain themes of the intentions of others. The environment determines individuals' coping strategies for coping with negative emotions (6). Also, amphetamine-induced psychotic disorder is one of the phenomena associated with acute, chronic or continuous use of this substance. This phenomenon is usually defined by the term paranoid schizophrenia. Overstimulation in the perception of social threat is the last path that leads to paranoid ideation. In addition, this arousal is thought to be influenced by a variety of cognitive biases, and ultimately negative beliefs about the "self" (low self-esteem) are thought to play an important role in stimulation of the paranoid ideation (7, 8, 9). In this study, the purpose was to analyze the personality, self-perception, psychological problems, defense

mechanisms and coping strategies in patients with paranoid disorder in their life. Awareness that patients with paranoid disorder how think and experience the world around them can go a long way in better understanding the disease and treatment planning. Narratives can also be analyzed as a product of interaction between the individual and society, that is, it is a creature of the individual and social conditions. The obtained data can lead to the discovery of effective internal and environmental factors that have been directly and indirectly influencing people to the disease. We know that narrative analysis is a type of qualitative research method that selects a set of stories as the source of data. These stories are narratives of people's life experiences that are told by them about themselves or others through others. We tried to analyze the narratives of life in patients with paranoid disorder.

METHODS AND MATERIALS

In this research, qualitative research method has been used as a purposeful fundamental method of narrative analysis based on McAdams interview form to analyze the life stories of patients with paranoid disorder. Patients with paranoid disorder referred to Razi psychiatric hospital were included. In this study, interviews with individuals were continued until saturation was reached, and finally saturation was obtained with eight subjects. In this study, purposive sampling method has been used in order to gain a deep understanding of the participants and obtain the information required for the research.

The method of interview is individual interview and the participants were explained about the objectives of this study and how to use their information and the researcher's motivation for their selection and the questions and ambiguities were answered while ensuring their anonymity. Subjects were given an informed consent form for written registration. With the consent of the participants, the interviews were recorded for written purposes only. The duration of the interview varied from 31 to 61 minutes, depending on the individual characteristics of the interviewees.

In this study, the form of McAdams semi-structured interview questionnaire was used. Data analysis in qualitative research was done after the preparation and organization of data (textual data, manuscripts or graphical data), by reducing the data in the form of several themes through the process of theming and summarizing codes, and finally presenting the data in the form of tables and graphics. MAXQDA software version 12.3 was used to facilitate the analysis of qualitative data and increase accuracy. In order to achieve the findings, three levels of open, axial and core coding were used. The five steps for analyzing qualitative data were as following:

• Arranging and preparing data for analysis: The information collected through interviews was organized in the form of manuscripts or computer folders.

• Separating or reducing data: coding or forming classes that were the focus of qualitative analysis. A classification system fills in a detailed description of the formation of themes or codes.

• Data reorganization or pattern search: The process of reorganization can play with data and represent a more abstract concept using objective data transactions.

• Interpretation: Interpretation is a meaningful part of data.

• Conclusions: A conclusion places a set of expressions derived from the findings of a study at a higher conceptual level or a broader set of ideas.

RESULTS

All patients were males ranging from 23-46 years old. The details of all codes extracted from interviews are presented in the table 1.

Table 1: The details of themes and subthemes with relevant quotes

Theme	Sub-theme	Code	Sub-code	Quotes
Personality and self-perception	Personality in childhood	Isolated		Isolation due to fear of humiliation and ridicule and being abused
		Arrogant		Feeling superior to other children
		Short sighted with inferiority belief		Feeling strange and withdrawn from other children
		Stubborn and evil		Spend your energy on sabotage
	Personality traits of adulthood	Pessimism towards others	Feeling deprived	Worrying about being in the crowd
		Low compatibility	Guilty and deserving of punishment	Lack of interest in communicating with others
		Narcissism		Thinking of your thoughts and behavior as heroic
		Idealism		Addiction to reading and collecting books, political campaigns and numerous arrests
	Self-concept	Feeling deprived		Understanding yourself as an abandoned human being
		Feeling isolated and alone		Allegory of the philosopher of seclusion
		Grandiose		Calling yourself a legend
		Humiliation feeling		He does not consider himself worthy of happiness and pleasure
		Fear of self		Guilty and deserving of punishment
Psychological problems	Anxiety	Feel guilty		1. In the early years of development, the individual is shaped by very rigid religious teachings. 2. In adulthood, it is formed by political authorities in the form of psychological torture. 3. It is formed following environmental stressors such as the death or killing

			of parents, which the person blames himself.
Mood symptoms	Isolation — cornering — depression	. . .	Following the loss of job and social position, and despair and helplessness in front of the authorities, the person has experienced isolation and seclusion
Behavioral disorders	Anger and aggression		After a period of isolation, the symptoms show themselves in the form of behavioral disorders, including anger and frenzy
Perceptual disturbances	illusions		After experiencing prolonged and beyond tolerance anxiety, the person has suffered perceptual disturbances, especially auditory hallucinations of the commanding and forbidding voices of authorities.
Disruption of thought content	Obsessive thoughts and compulsions		Avoiding sex due to the hatred of the bad smell, thinking that the penis is small, fear of contamination
	Paranoid disorder	Paranoid disorder and damage	The main focus of delusions has been related to the suspicion of the political and religious leaders of the society
		Disorders of control and attribution	Attributing oneself to mythological characters, including attributing one's family to the first ruling dynasty in the mythological and epic history of Iran
		Grandiose delusion	Considering yourself to have extraordinary mental powers and special dignity
		Delusions of betrayal and infidelity	Feeling embarrassed and ashamed of being in public because of believing in the betrayal and dishonor of the spouse
Violence	Intrapersona	Suicide	He considers anxiety to

		l violence		be the worst kind of torture and has committed suicide many times to escape from these tortures.
		Extrinsic violence	Murder	The feeling of anxiety caused by sexual relations outside the norm, which includes severe government punishments and dishonor of the person, has led to murder in two cases.
Defense mechanisms		Extreme retreat		Hiding from society to avoid harm
		Idealization		Exaggerated estimation of his father's traits and characteristics and his allegory to the character of Tous in Shahnameh
		The defense mechanism of conversion		Turning great anxiety into auditory hallucinations and anger into physical pain
		Isolation		When he talks about painful incidents and tortures, there is no trace of excitement in him
		Void		To get rid of his father's curse, he prepares a martyr and prays for his old prayers, but may the father forgive him in that world.
		Outflow		He considers aggressive behaviors to be a response to feelings of loneliness, fear and suppressed anger since childhood.
		Reverse reaction		Expressing the need for a companion is equated with weakness, and not expressing weakness shows one's insensitivity and lack of interest in establishing a relationship.
		Denial		Facing the anxiety caused by his father's murder, he denies the relationship of the parent of a child with him.

		Projection		He always seeks the factors of destruction of his psyche in another and all his documents are external.
		Distortion		He imagines himself as a robot without authority and does not accept the responsibility of his murders and immoral crimes, and he considers illegal actions far from his character.
		Dissociation		He has forgotten the memory of being raped as a child and narrates it from the words of those around him..
Coping strategies	Problem-oriented coping strategies	Seeking social support		After being brought to the streets, He has visited the judicial authorities and the hospital several times.
	Emotional coping strategies	Avoidance		Looking at bitter childhood events with a scornful look
		Self-blame		Constant guilt from the curses behind him in life
		Obeying		Unquestioning obedience to the controlling father and trying to please him in the early stages of life
		Confrontation		Trying to control others through violence
		Running away and avoidance	..	Avoiding and running away providing beneficial solutions to the disease and resorting to social isolation, drug use and not accepting the reality of feelings and the etiology of one's behavior

CONCLUSION

This study aimed to analyze the personality, self-perception, psychological problems, defense mechanisms and coping strategies in patients with paranoid disorder in their life. According to the narrations of the subjects, these people were exposed to a lot of violence in the childhood. There have been reports of intense fights between parents, mostly over suspicion and pessimism by father. These people generally perceived the mother as a person with contradictory behaviors. Other commonalities between these people were tension with the sister and a negative attitude towards the spouse and constant conflicts with them. The identity style in these people is confused and blocked by sources of power. Paranoid people said that there is a kind of anxiety and guilt.

Sometimes paranoid people use religious practices to reduce their anxiety and guilt, and this is a kind of coping strategy in these people. Children who are abused are more likely to be constantly worried about adult abuse and experience feelings of uncontrollability that lead to anxiety in these children (10). Childhood trauma affects the socio-emotional development of adolescence and adulthood, including the development of negative cognitions about oneself and others, conditional relationships between stimuli related to trauma and emotional disturbance, cognitions, and memories triggered by unpleasant environmental stimuli and underdeveloped emotional regulation. Children who have been neglected during their childhood often have to endure a lot of emotional pain, which prevents them from feeling safe. Thus, these children are less likely to develop coping skills with negative cognitions or emotions (11, 12). According to the narrations of the subjects, these people have been exposed to a lot of violence in childhood and have experienced terrible traumas, the perception of which is far beyond the perception of a child, so that the child suffers from a kind of distorted cognition and it has long been confused and confused among a multitude of unanswered questions. The content of the interviews showed that the experience of living in a violent environment in childhood or a suffocating political ideological context are among the factors involved in the formation of disorder and harm during life. If parents discipline their children or prevent them from expressing negative emotions, the basic message is that negative emotions are harmful and should be avoided. According to previous research findings, insecure attachment styles of adults, especially anxiety attachment styles, evoke unpleasant inner experiences such as negative emotions and unpleasant thoughts and memories. In the presence of such experiences, the person prone to psychosis tries to suppress or avoid or change his/her memories by using empirical avoidance strategies such as distraction and repression strategies. Conversely, these strategies in turn lead to the intensification or perpetuation of paranoid thoughts. Thus, this dysfunctional self-regulation strategy perpetuates a thought pattern based on suspicion and fear of being harmed or rejected by others, which can lead to the strengthening of strategies based on avoidance (social withdrawal), anxiety and guilt in response to stressful events which is characteristic of psychotic and paranoid individuals (13). Among the other fears and traumas that were seen in the lives of these people was the fear of the brother's violence, in Ih the children either used an escape strategy to deal with these fears, or remained humble and avoided social activities.

Excessive restraint and extreme fear of endangering personal safety and the rules that are applied by abusing children make children prone to arousal, negative cognitive and emotional responses, and feelings of anxiety and guilt (14-17). Fear is a common emotional component in both obsessive-compulsive disorder and suspicion (18). One of the most thought-provoking similarities in the lives of paranoid patients based on the analysis of interviews is the existence of a kind of anxiety and guilt in the lives of all these people who have childhood fears and this can be considered as the beginning of delirium. They knew that violence against themselves and others was a consequence. Paranoid people have reacted differently to that anxiety.

According to the results of this study, similarities are seen in the value system of people with paranoid disorder. Sometimes paranoid people use religious practices to reduce their anxiety and guilt, and this is a kind of coping strategy in these people, but the point is that these people are usually forced to do religious rituals or adherence to religious values in the early years of development. Overstimulation in the perception of social threat is the last path that leads to paranoid ideation. In addition, this overstimulation is thought to be influenced by various cognitive biases, and ultimately negative beliefs about "he ""elf" (low self-esteem) are thought to play an important role in stimulating paranoid ideation. The pivotal role of self-esteem and related processes in paranoid beliefs has been strongly demonstrated in past research. Research has shown that paranoid is associated with low self-esteem and unstable self-concept in patients, and that low self-esteem is a precursor to the immediate onset of paranoid ideation, and that low self-esteem predicts paranoid persistence. In addition, paranoid is associated with problems in social communication and the effects of these problems on—elf-concept (8). Also, in a descriptive study based on correlation, entit"ed "Identity styles and psychological dist"ess", it was shown that scores

of information and normative identity style and commitment have a negative correlation with distress scores, while confused identity style scores has a positive correlation with psychosis scores (19).

 In addition to personal characteristics such as suspicion and pessimism towards others, the tendency to be lonely and narcissistic, in some cases idealism and concern in the field of raising awareness and political and social reform are also part of the structure"of ""elf" in them. But their judgment"of "themse"ves" is often accompanied by some kind of conflict. Feelings of abandonment and loneliness, losers and bad luck, deprived of caress and love, being oppressed, and feelings of inferiority along with a sense of superiority over others can represent a paradoxical self-concept. Sometimes the appearance of self-concept appears to be positive to mask a latent negative self-concept. The presence of anxiety and conflict has affected the self in these people, and their judgment of "he ""elf" is usually accompanied by a kind of fear and doubt. In the interpretation of the results, it is better to pay attention to the current situation in the society and common diseases, as the current COVID-19 pandemic apart from the effects on other main organs of the body (20-25), with the remaining effects of the virus that leads to symptoms of long COVID (26-28), fatigue (29), depression (30) and even psychosis (31), distance from the community and gathering of friends and acquaintances can also help to aggravate the existing situation.

CONCLUSION

 Coping strategies including problem-solving strategies, emotional coping strategies, emotional dysregulation; defense mechanisms including pathological defense mechanisms can help them.

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