Lana Renny B.Sc. (Hons)

GRANDIOSE AND PERSECUTORY BELIEFS: EXPLORING PERCEPTIONS OF INTERPERSONAL RELATIONSHIPS

Section A: What is known about the role of interpersonal relationships in the formation and maintenance of persecutory and grandiose beliefs?

Word Count: 8205

Section B: An exploration of how men with "grandiose beliefs" understand their interpersonal relationships and self-esteem: An Interpretative Phenomenological Analysis.

Word Count: 8544

Word count: 16,749

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

May 2016

Acknowledgments

I would first like to say huge thank you to the participants in this study. I am so grateful to them for giving up their time and for sharing their experiences. I would also like to thank the various psychologists and team members who supported me in the recruitment process, which is especially touching in light of their many other demands.

I would like to extend a heartfelt thank you to my supervisors, to Tony Lavender for his generous support, encouragement and guidance and to Caroline Cupitt for originally suggesting what has been a fascinating project and for the on-going support. I have been so lucky to have had so many discussions with both which have challenged, inspired and helped to sustain my interest throughout this project.

Finally, I can never thank my friends and family enough for their love and support. You have kept me going on this long journey.

Summary of MRP Portfolio

Summary of the MRP portfolio

Section A is a review of the literature relating to interpersonal relationships and grandiose and persecutory beliefs. The literature is summarised across four areas; attachment, trauma, bullying and adult life stress. Methodological limitations are discussed and gaps in the research are outlined. Recommendations for further research are made including the use of qualitative research which could explore subjective meaning making and highlight processes which occur.

Section B describes a qualitative study which explores the experiences of eight men who have grandiose beliefs and their understanding of their relationships and self-esteem. Semi-structured interviews were conducted with and the results were analysed using Interpretative Phenomenological Analysis. Four subordinate themes and 11 subthemes were developed and these are discussed in light of existing research. Limitations of the study are outlined. Clinical implications and directions for future research are discussed.

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Major Research Project

Section A: Literature Review

What is known about the role of interpersonal relationships in the formation and maintenance of persecutory and grandiose beliefs?

Word count: 8000 (205)

April 2016

SALOMONS CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Introduction

A body of research has explored the relationship between social and interpersonal factors and psychosis. However, there is yet to be a review as to what is known about the relationship between specific symptoms including grandiose and persecutory delusions and interpersonal relationships.

Method

This systematic search and review aimed to critique recent literature published between 2000 and 2015 to establish what is known about the role of interpersonal relationships and grandiose and persecutory delusions. Electronic databases were used to conduct systematic searches of the published literature. Only research which focused on clinical populations was included in the review.

Results

The review provides a summary and critique of the literature. Nineteen papers were included in the review, which were explored by the themes of: Attachment, Trauma, Bullying and Adult Life Stress.

Discussion

Future research is recommended which includes the use of prospective research designs and research into the link between grandiosity and attachment. In addition, further exploration of mediating factors is suggested. The review also makes recommendations for qualitative research which explores the subjective understanding of people who experience grandiose and persecutory beliefs.

Introduction

Delusions in Psychosis

In the past two decades, psychological researchers have moved away from a diagnostically driven approach to psychosis, towards a focus on understanding individual symptoms or experiences, including hallucinations, delusions and thought disorder (Bentall, 2006). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defines delusions as being false beliefs which are "clearly implausible and not understandable to same-culture peers", and which are maintained despite strong evidence to the contrary (American Psychiatric Association, 2000). The content of such delusions can vary but those with persecutory content are most common in samples experiencing psychosis, with grandiose being the second most common (Knowles, McCarthy-Jones, & Rowse, 2011). Freeman and Garety (2001) define persecutory delusions as when an individual believes that "harm is occurring, or is going to occur, to him or her, and that the persecutor has the intention to cause harm" (p. 1296). By contrast, grandiose beliefs are defined by the DSM-IV as "delusions of inflated worth, power, knowledge, identity or special relationship to a deity or famous person" (American Psychiatric Association, 2000).

Delusional beliefs are no longer seen as "all or nothing" but are seen as being on a continuum (Verdoux & van Os, 2002). For example, persecutory delusions are seen as at the severe end of a paranoia continuum. Thus, it is not the belief itself which separates those seen in clinical settings, but the conviction, distress and preoccupation associated with the belief (Peters, Joseph & Garety, 1999). In line with this there has been a move towards studying the specific content of delusions. These advances are reflected in current research which focuses on paranoia

and grandiosity in clinical, general population and trans-diagnostic samples (e.g. Ben-Zeev, Morris, Swendsen, & Granholm, 2012; Garety et al., 2013; Knowles et al., 2011).

Theories of persecutory and grandiose delusions

Theorists have attempted to understand the formation and maintenance of persecutory and grandiose beliefs separately; however in both cases theorists have placed emphasis on self-esteem and emotion. Persecutory beliefs have been said to reflect the current emotional state of the individual, in particular feelings of anxiety and vulnerability (Garety et al., 2013). Freeman (2007) argued that paranoia does not have a defensive function and instead builds on interpersonal concerns conscious to the individual. However others, such as Bentall, Kinderman and Kaney (1994), argue that persecutory beliefs develop as a result of attributing negative events to the actions of others, a defensive strategy employed to stop low self-esteem entering their consciousness. In the case of grandiose delusions, there are two groups of existing theories. Firstly the "delusion as a defence" account suggests that they serve a function of protecting the person from low self-esteem and distressing feelings and cognitions, by reducing the discrepancy between the actual and ideal self (Freeman & Garety, 1998). Secondly the emotion consistent account suggests that they may build on preserved areas of positive self-esteem, which against the backdrop of positive mood then become exaggerated (Knowles et al., 2011).

Theorists argue that in the case of both grandiose and persecutory delusions, the belief may be uncritically accepted and maintained due to cognitive and reasoning biases, such as the jumping to conclusions bias (JTC) and deficits in theory of mind (Garety & Freeman, 2013;

Smith, Freeman, & Kuipers, 2005). The majority of empirical research has focussed on persecutory delusions and has found the strongest evidence for affective and cognitive biases, such as JTC and emotional reasoning (Garety & Freeman, 2013).With regards to grandiose delusions the field has yielded contradictory findings and a recent review concludes that there is limited evidence for both emotion consistent and defensive accounts (Knowles et al., 2011). Critics argue such individually focussed accounts do not acknowledge the social and interpersonal context in which they arise (Cromby & Harper, 2009).

Social and interpersonal adversities in psychosis

Increasing emphasis has been placed on the role of social and interpersonal experiences in the formation and maintenance of psychotic experiences. Research consistently demonstrates a higher incidence of childhood trauma and victimisation in samples of people with psychosis (Matheson, 2013; Read, Os, Morrison, & Ross, 2005; Varese et al., 2012a). More commonplace social adversities such as discrimination and stressful life events have also been shown to be positively associated with delusional ideation (Janssen et al., 2003; Johns et al., 2004). The importance of family dynamics has also been established, for example there has been consistent evidence that people with psychosis who have high expressed emotion families (defined as when carers display a high level of criticism, hostility or emotional-over involvement) are more likely to have a relapse (Bebbington & Kuipers, 2009). Additionally evidence implicates the important role of attachment quality in the formation and maintenance of psychosis (Mathews et al., 2014).

Researchers have begun to explore the link between social adversities and the content of specific symptoms, in particular paranoia. For example, a large community sample of 7535 individuals (Bentall, Wickham, Shevlin, & Varese, 2012) showed that both paranoia and

hallucinations were associated with physical abuse, sexual trauma, bullying, and being brought up in institutional or local authority care. Specifically the authors demonstrated that being brought up in care was associated with paranoia after controlling for hallucinations. In addition, studies have begun to explore the mediating factors between such interpersonal adversities and paranoia. For example, anxiety and negative beliefs have been found to partially account for the associations between abuse and paranoia (Borrar, Appiah-Kusi, & Grant, 2012).

The research exploring the link between interpersonal experiences and grandiosity has been more limited; however there are some interesting preliminary findings. In a study of students aged 14-16, ethnic minority adolescents were shown to have higher levels of grandiosity and delusions than their ethnic majority classmates (even when sex, educational level, age and family wealth controlled for). This may be connected to the fact that being an ethnic minority is associated with higher perceived levels of discrimination in social relationships (Janssen et al., 2003). A recent qualitative study also explored participants' understanding of the content of delusions, and participants generally connected their grandiose beliefs to their lack of relationships and their feelings of helplessness (Strand, Olin, & Tidefors, 2015)

Researchers have attempted to understand the role of interpersonal relationships in the formation of psychosis, however there is no systematic review that has investigated the relationship between interpersonal relationships and persecutory and grandiose delusions. The aim of this systematic search and review (Grant & Booth, 2009) is to ascertain the current evidence base and to identify current gaps in the literature in order to inform future research. Therefore this study aims to answer the following question:

- What is known about the role of interpersonal relationships in the formation and maintenance of grandiose and persecutory beliefs?

Method

Search Method

Searches were conducted of electronic databases (Psych Info, MEDLINE and the Web of Knowledge) in two searches on the second and 15th of October 2015. The reference lists of all relevant studies were also checked. The following terms were combined for searching: (social OR interpersonal or trauma or adversity or "life events" or attachment or abuse or famil* or parent* or peer* or expressed emotion) AND (persecutory OR paranoi* OR grandios* OR grandeur) AND (psychosis or delusion* or bipolar or schizophrenia). Searches were conducted from the year 2000, as prior to this the research primarily focused on cognitive factors (e.g. Freeman, Garety, & Kuipers, 2001). For search inclusion and exclusion criteria see Table 1.

Table 1.

Inclusions/exclusion criteria

Inclusion	Exclusion
Published in the English language and peer reviewed.	Only considered individual factors (i.e. interpersonal sensitivity, attributions, social cognition, self-esteem and self-schemas) unless those concepts were studied next to or in combination with relationship factors.
Papers published between the years 2000-2015	
Explored interpersonal relationships or perceptions of relationships in relation to persecutory or grandiose delusions/beliefs.	No specific measure of grandiose or persecutory beliefs.
Included an adolescent and/or adult populations	Sample included children below the age of 13 years old.
Utilised a clinical population	A community or student sample

The process of identification and inclusion of relevant studies in the review is shown in a flow diagram (see Figure 1).

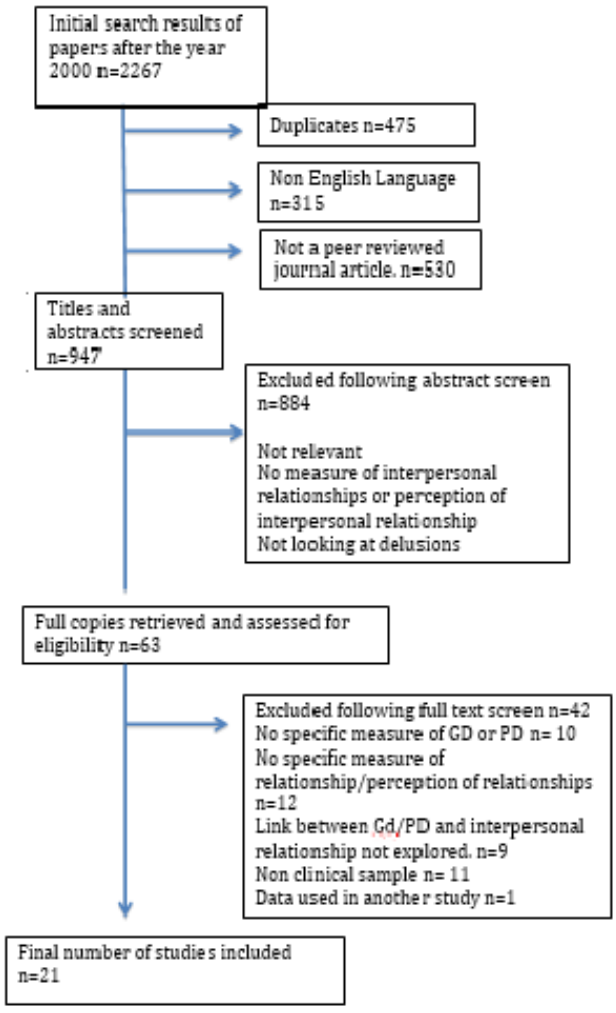

Figure 1. Flow diagram of the search process

Results

A total of 19 relevant papers were included in the review. The papers were identified as covering four main topics: "Attachment", "Trauma", "Bullying" and "Adult Life Stress". The studies were categorised for the review in this way because the existing research has focussed on

studying individual variables which fall into the categories listed. However, in practice there is considerable overlap between the concepts and a complex relationship between them. For example, bullying could be understood as a type of traumatic event (Campbell and Morrison, 2007) and early trauma is likely to influence attachment style (Roche, Runtz & Hunter, 1999).

All papers included in the review considered persecutory / paranoid beliefs (for the purposes of this review the terms persecutory beliefs/ delusions and paranoia will be used interchangeably) and eight papers explored grandiose beliefs/delusions and interpersonal relationships. No qualitative research specifically explored the link between interpersonal relationships and grandiose or persecutory delusions. The critique of each paper has been included in the body of the text and has been informed by the use of a quality assessment tool (Kmet, Lee and Cook, 2004). The checklist was used to help guide the critical appraisal of each study, however the scoring system was not employed. The list of criteria used in the checklist can be found in Appendix B.

Attachment

Attachment theory postulates that early experiences lead to the development of internal working models of the self, others and relationships. It also suggests that early relationships with significant others have an important impact on adult relationships (Bowlby, 1973). Supporting this theory, evidence shows that experiences as a child influence adult attachment style and that both interpersonal functioning and psychopathology are predicted by attachment style (e.g. Bartholomew & Horowitz, 1991; Berry, Wearden, Barrowclough, & Liversidge, 2006).

Five papers have considered the link between attachment and paranoia, there were no papers found assessing the link with grandiosity. All studies utilised self-report measures and focussed on adult attachment. Two studies utilised the Psychosis Attachment Measure (PAM), which utilises two categories of attachment (anxious and avoidant types) and four studies utilised the Relationship Questionnaire (RQ), which utilises a four factor model. Both measures have been shown to have good reliability and validity in clinical samples (Berry, Barrowclough, & Wearden, 2008; Berry et al., 2006). Most factors found in attachment measures can be organised along the dimensions of avoidance and anxiety (Brennan & Shaver, 1998), therefore for the purposes of this review the results have been organised into these two dimensions in Table 2.

Table 2. Attachment and paranoia research studies, measures and results.

Studies	Attachment Measure	Paranoia Measure	Avoidance	Anxiety
Berry, Barrowclough & Wearden (2008)	PAM	PANSS		
Korver-Nieberg et al (2013)	PAM	GPTS		
Strand, Goulding & Tidefors (2014)	RQ	SCL-90R		
Wickham, Sitko and Bentall (2014)	RQ	PANSS & PaDs		
Korver-Nieberg et al (2015)	RQ	PANSS		

Key

Colours - black indicates a positive relationship, dark grey indicates partial support and light grey indicates no significant relationship being found).

Measures – RQ (Relationship Questionnaire), PAM (Psychosis Attachment Measure), PANSS Positive and Negative Syndrome Scale, GPTS (Green Paranoid Thoughts Scale), SCL-90R (Symptom Checklist Revised), PaDs (Paranoia and Deservedness scale).

A study conducted in the UK (Berry et al., 2008) was first to explore the relationship between attachment and psychotic symptoms, which included paranoia. The authors utilised a longitudinal, repeated measures design and the sample comprised of 96 mental health service users with a schizophrenia diagnosis (mean age of 44 years). The PAM was administered along with the The Positive and Negative Syndrome Scale (PANSS), used to assess psychotic symptoms (including persecutory beliefs). This is a widely used assessment tool shown to have good reliability and validity (Bell, Milstein, Beam-Goulet, Lysaker, & Cicchetti, 1987). The self-report measures were administered at a six month follow-up. Attachment avoidance was found to be positively associated with paranoia, whilst attachment anxiety did not reach significance. A hierarchical regression was conducted which revealed that attachment avoidance added predictive power after controlling for severity of symptoms. The percentage of variance accounted for by paranoia was low (4%), therefore the clinical significance is not clear. Nevertheless the fact that relationships between paranoia and avoidant attachment were maintained when controlling for changes in total symptoms, proposes that severity of illness was unrelated to attachment avoidance in paranoid patients. One limitation of the research is that they utilised a convenience sample of older people, recorded as having long histories of psychosis. It could be argued that this could have had a negative impact on attachment style.

Korver-Nieberg et al. (2013) also conducted a study which explored the association between insecure attachment and paranoia using a cross sectional design. Their sample comprised of 38 adolescents aged 13-18 years old, diagnosed with early psychosis. Seventy eight Healthy Controls (HC's) were included. The PAM and the Green Paranoid Thoughts scale (Green et al., 2008) were administered. The authors found a significant positive relationship

between attachment anxiety and paranoia in both the psychosis and the control group. Avoidant attachment was related to paranoia only in the psychosis group. The results seem to suggest that there may be a stronger relationship with attachment anxiety as this relationship was found even in the HC group with lower levels of paranoia. Similar findings with a younger sample suggest the results are in fact not related to chronicity of symptoms or age. It must be noted that the clinical group sample size was small and the PAM was designed for use with adults, thus it is unclear whether the measure was valid for this population.

Strand, Goulding and Tidefors (2014) conducted a study which explored the link between all four attachment styles and symptoms in psychosis, including paranoia. Participants were recruited from an outpatient mental health clinic which specialised in psychotic disorders in Sweden. The authors intended to recruit 90 participants but in fact 47 individuals took part (30 males and 17 females) with a mean age of 43.02 years. Participants completed the RQ. In addition the Symptom Checklist (SCL-90R, Derogatis & Cleary, 1977) was utilised to assess psychotic symptoms. The SCL90-R has shown good internal consistency and test–retest reliability (Schmitz, Hartkamp, & Franke, 2000). The authors found no significant relationships between secure attachment and symptoms, or between dismissing (avoidant) attachment and symptoms. Paranoid ideation was positively associated with preoccupied (anxious) attachment. The results suggest that paranoia is associated with an anxious, preoccupied attachment style. One of the limitations of the study is the sampling method, as participants were identified by care providers. This may have led to a bias in those chosen for the study, most likely excluding those with more severe symptoms.

In order to more fully understand the link between attachment and paranoia, Wickham, Sitko and Bentall (2014) explored the mediating role of self-esteem. The authors utilised a cross sectional, between and within groups design. The sample included 176 users of different types of mental health services in the UK (123 male, 53 Female, aged 17 - 77 years), all of whom had a diagnosis of schizophrenia or psychosis (plus 133 HC's). The authors utilised the PANSS and the Persecution and Deservedness Scale (PaDS) a trait measure of paranoia, shown to be reliable and valid (Melo, Corcoran, Shryane, & Bentall, 2009). The Self Esteem Rating scale (SERS, Lecomte, Corbière, & Laisné, 2006) and the RQ were also administered. In the clinical group anxious and avoidant attachment both positively correlated with paranoia (PaDS: $r = 0.44$ and $r = 0.21$, $p < 0.01$; PANSS-suspiciousness: $r = 0.34$ and $r = 0.24$, $p < 0.01$). The non-clinical sample showed similar results. A mediation analysis showed that negative self-esteem mediated the relationship between insecure attachment and paranoia. Self-esteem partially mediated the relationship between paranoia and attachment anxiety and fully mediated paranoia and attachment avoidance. In the relationships with paranoia, this finding places importance not only on the beliefs about others but also on negative beliefs about the self. Limitations of this study were the cross sectional design, limiting the ability to interpret the results in terms of causality whilst one of the strengths of this study is use of two different measures of paranoia (self-report and PANNS) and the relatively large sample size.

With the exception of the study by Wickham, Sitko, and Bentall (2014), the main problems in the existing literature are the small sample sizes and different ways of conceptualising and assessing attachment. A recent study (Korver-Nieberg, Berry, Meijer, Haan, & Ponizovsky, 2015) attempted to overcome these challenges by pooling data from three sites in

the Netherlands, the UK and Israel. The cross sectional study aimed to examine if insecure attachment was associated with paranoia and other psychotic symptoms. The sample included 402 male and 98 female (with an average age of 37.5 years), drawn from both outpatient and inpatient mental health services. The study utilised the PANSS and the RQ (utilising both a categorical and dimensional approach). The authors found that using the categorical approach, paranoia was higher in all three insecure attachment types (preoccupied, fearful and dismissing). Using the dimensional approach, both anxiety and avoidance was positively associated with suspicion/persecution both to the P=<0.001 level. The findings suggest that having either an anxious or an avoidant attachment is linked to higher levels of paranoia. However, the authors did not analyse by gender and so it is unclear if the findings are based primarily on a larger male sample. In addition the samples were originally gathered for separate studies which could mean that there were differences across sites in the administration, sampling and collection of data.

This review has found preliminary evidence of a relationship between paranoia and both anxious and avoidant attachment types. The discrepancies in findings across studies may be attributable to the use of different attachment and paranoia measures. In addition, the role of self-esteem as a mediating factor appears promising, although is limited to exploration in only one of the studies. The current evidence base does not provide any information about the link between grandiose beliefs and attachment..

Parental care and bonding are attachment related concepts and have been shown to be strongly predictive of attachment style (Mathews et al., 2014). Two papers were found to consider the link between parental care and paranoia (Table 3). The cross sectional study by Rankin, Bentall, Hill and Kinderman (2005) explored the relationship between paranoia and parental relationships across early life, adolescence and adulthood. The participants consisted of 14 patients with active persecutory delusions (10 male), 9 remitted paranoid schizophrenia patients (6 male) and 15 HC's. (aged 24-39 years). The study utilised the Parental bonding Instrument (PBI) (Parker, Tupling, & Brown, 1979), which measures perceptions of parental care and overprotection during childhood. The PANSS and the Relationship with Family of Origin Scale was also administered (REFAMOS; Hill, Mackie, Banner, Kondryn, & Blair, 1999) This measures parental influence, encouragement, criticism, and discord (persisting disagreements). Both measures have been shown to have high reliability and validity (Hill et al., 1999; Wilheim, Niven, Pareker, & Hadzi-Pavlovic, 2005).

Table 3. Parental care and paranoia studies

Study	**Symptom measures**	**Parental care measures**
Rankin, Bentall, Hill and Kinderman (2005)	PANSS	PBI, REFAMOS
Carvhalo (2015)	GPS and Paranoia checklist	Childhood life events questionnaire (CLEQ)

A series of MANOVA's were conducted. The PBI scores revealed both delusional and remitted patients reported significantly lower parental care and overprotectiveness during childhood. Both currently delusional and remitted reported significantly higher scores than HC's for influence, criticism and discord and lower for encouragement at age 16-20. A similar pattern of results were also found at the time of assessment. The study provides interesting results showing a pattern of negative relationships with parents in childhood, adolescence and young adulthood as compared to those who have not experienced paranoid delusions. However due to the limited sample size, replication would be required to confirm such findings. Additionally as no clinical control groups were used it is unclear if the observed profile of perceived family relationships is specific to paranoia.

Carvalho et al. (2015) explored the extent to which memories of negative parenting may be related to paranoia. The cross sectional study included a sample of 187 participants from the Portuguese islands of Azores and Madeira. The sample included those with active paranoid schizophrenia (n=61), those in remission (n=30), relatives of someone with paranoid schizophrenia (n=32) and HC's from the general population (n=64). The authors utilised self-report measures which included the Paranoia Checklist (PC) and the General Paranoia Scale (GPS) both of which have been shown to have good internal consistency and good convergent validity (Fenigsten & Vanable, 1992; l Freeman et al., 2005; Portuguese version by Lopes; 2013). To assess parental care the Childhood Experience of Care and Abuse Questionnaire (CECA.Q; Bifulco, Bernazzani, Moran & Jacobs, 2005) was utilised. The CECA.Q explores levels of parental neglect and antipathy (i.e. criticism and hostility), physical abuse and sexual

abuse. The scales have been shown to positively correlate with the PBI (Smith, Lam, Bifulco, & Checkley, 2002). The authors did not include the abuse items in the analysis.

All correlations between paranoia measures (GPS/PC) and CECA-Q scores were significant and positive. The mean scores of CECA-Q factors (neglect and antipathy) did not differ significantly between the four groups; therefore a multiple regression analysis was conducted on the sample as a whole. The results showed that antipathy, but not neglect, from mother and father positively predicted paranoia scores on both measures. The results indicate that those with parents whom they remember being hostile and critical were more likely to experience paranoia. However the study has limitations, for example it is surprising that there were no difference in scores across the groups on the CECA-Q (low across all groups.) This is surprising as childhood adversity has been found to be consistently higher in those who has experienced psychosis (Varese et al., 2012b). This may be explained, in part, by the author's use of convenience sampling. It is likely that those chosen for the study would be easier to recruit with less severe symptoms and therefore may not have been representative of the population as a whole.

The review provide some further support for the role of parental relationships and care in the formation of paranoia/persecutory beliefs, although this is tentative due to lack of studies and methodological flaws. Overall the role of attachment and relationships with early caregivers appears to be important in understanding paranoia. Self-esteem as a mediating variable appears to add explanatory value, however there may be many other mediating factors which remain unknown. Nothing is known about the relationship with grandiosity.

Trauma

The term trauma has been used to describe a range of severe adverse experiences. These include physical, sexual and emotional abuse, in addition to neglect and loss (Morrison, Frame, & Larkin, 2003). The results of the search revealed seven papers which have explored the relationship between trauma and grandiose and persecutory delusional beliefs. All studies were found to consider childhood trauma with one also including the exploration of adult trauma (Read, Agar, Argyle, & Aderhold, 2003). The studies have been divided in terms of the methodology used to collect data about trauma. Firstly, studies which extracted data from medical case records will be considered (Table 4), followed by studies which utilised self-report or interview methods (Table 5).

Table 4. Studies utilising Medical Records to information about trauma

Study	Symptom measures	Trauma or abuse measures
Read, Agar, Argyle & Adenhold et al (2003)	Medical records	Medical records
Velthorst (2013)	CAARMS	Medical records
Longden, Sampson & Read (2015)	Medical Records	Medical Records

Case notes methodology

Chart reviews of medical records have been utilised to extract retrospective information about trauma (Read et al., 2005). The strength of this methodology is that it allows large amounts of participants' information to be analysed without direct contact. The downside of such data is that it was not originally intended for such use and relies on clinicians recording relevant

information. A recent study of a group of mental health outpatients revealed 77% reported trauma using a self-report questionnaire, but only 38% had a record of trauma in case records (Rossiter et al., 2015). Therefore patients may have experienced higher adversity rates than are reported in medical notes and thus the following data should be interpreted with caution.

The first study by Read, Agar, Argyle and Adenhold et al. (2003) was undertaken in New Zealand. The aim of the cross sectional study was to explore the relationship between abuse and psychotic symptoms, which included grandiose and persecutory delusions. Four types of abuse where explored: adult sexual abuse, childhood sexual abuse, adult physical abuse and childhood physical abuse. The mean age of participants was 36.6 years old (57% female). Data was extracted from 200 consecutive medical case files at a community mental health service. Medical records were read by the author to obtain diagnosis, symptom information and abuse information. A second investigator checked the record if the information was unclear. A logistical regression model was then used to analyse the data.

Fifty eight patients were documented as having delusions (29%), of which 25 had persecutory and 10 had grandiose content. The remaining content reflected themes of thought insertion, mind reading, ideas of reference and sexual themes. The authors found that childhood abuse (including physical and sexual) was not related to persecutory or grandiose delusions. They did however find that persecutory delusions were significantly more common in those that were sexually abused as an adult (23% of non-abused group vs 53% adult sexual abuse group). In addition 71% of those who had experienced both childhood and adult sexual abuse had

persecutory delusions, ($X2(1) = 7.95$, $p < .01$). Grandiose delusions were not related to childhood abuse or adult abuse alone, however those who experienced childhood and adult abuse significantly predicted grandiose delusions (Beta = 0.19, $t = 2.67$, $p < .01$). The results suggest that a history of both childhood and adulthood abuse predict a higher likelihood of having both grandiose and persecutory delusions, whilst adult sexual abuse alone also predicted persecutory delusions. Limitations of the study include the low numbers of people reported as having grandiose and persecutory delusions, which may have resulted in a lack of power. In addition a large number of analyses were made (increasing likelihood Type 1 error) and the authors did not control for possible confounding variables, such as age, gender and socioeconomic status.

Velthorst et al. (2013) explored the relationship between trauma and psychotic symptoms, including grandiosity and paranoia, in a group of individuals at Ultra High Risk (UHR) of psychosis. The cross sectional study employed a sample of 127 users of a UHR psychosis service in Australia, aged 14-26 years old. The authors utilised the Comprehensive Assessment of At-Risk Mental States (CAARMS), a semi-structured interview which is designed to determine UHR symptoms and has proven good-excellent validity and reliability (Yung et al., 2009). Using an Operational Criteria checklist, a trained research assistant identified trauma in the notes occurring before the age of 18, there were no reliability checks. Childhood trauma was divided into four categories: physical abuse, sexual abuse, emotional abuse and 'other'.

The authors found that 56% of the cohort reported trauma, which appears to be a realistic percentage according to previous research (Varese et al., 2012b). A logistical regression was

performed to assess whether particular content of psychotic symptoms were more likely to be reported by individuals with a history of trauma compared to those without a history of trauma. There were no relationships found between childhood sexual abuse, emotional abuse, "other" traumas and either persecutory (n=81) or grandiose beliefs (n=10). However, childhood physical abuse was positively associated with both persecutory and grandiose beliefs. Conclusions should be drawn with caution as there were only 10 participants who endorsed grandiose content and therefore it would be difficult to generalise. In addition, the assessment of trauma was crude "yes/no" (there was no check of severity or subjective experience) and there were no inter-rate reliability checks. The number of traumas was also much higher in the physical abuse category, and this could be explained by methodology, with physical abuse being more likely to be reported and recorded.

The most recent study of this type sought to further explore the relationship between specific traumas and specific symptoms, which included persecutory and grandiose delusions (Longden, Sampson, & Read, 2015). The authors conducted a cross sectional study in New Zealand, which involved extracting data from the medical records of mental health service users (122 female and 129 males). Inter-rater reliability checks were made and childhood adversity was divided into different types including: abuse, (emotional, physical, sexual and neglect), poverty, adoption and fostering, death of parent/caregiver, domestic violence and parental mental illness. Delusions were noted in 43.8% of cases, of which 94.5% had paranoid and 36.4% had grandiose delusions. Overall adversity exposure was significantly higher in those experiencing paranoid delusions, than those that were not. Persecutory delusions were also positively associated with fostering/adoption and poverty. Childhood physical, sexual, emotional abuse

and death of caregiver/divorce were not associated with any symptoms. Fostering and adoption was the only adversity positively associated with grandiose beliefs p=0.028 (but not below significance level set for study, p<0.01). Thus it appears that there is a stronger relationship between some childhood trauma and persecutory delusions than grandiose delusions, although this may be in part due to the lower numbers experiencing grandiosity and therefore a lack of power in the sample. In addition, "fostering/adoption" may have meant that other traumas had occurred, indicating a dose-responsive effect.

Self-report and interview

Self- report and interview methods consistently obtain higher levels of reported trauma as opposed to studies which draw data from medical records (Read et al., 2005). It has been argued that individual's retrospective accounts of childhood adversities and traumas may be biased. However, Fisher et al. (2011) found reports to be reliable when compared with an account at a seven year follow up.

Table 5. Studies utilising self-report/ interview methods to obtain information about trauma

Study	Symptom measures	Trauma or abuse measures
Mason et al. (2008)	SCAN	Childhood trauma Questionnaire
Thompson (2008)	SOPS	Early Life Inventory
Upthegrove et al (2015)	Clinical Assessment Neuropsychiatry Interview	Childhood life events questionnaire (CLEQ)
Falukozi and Addington (2013)	The Abuse/Trauma Questionnaire (Janssen et al., 2004)	The Scale of Prodromal symptoms (SOPS), the Content of Attenuated Positive symptoms (COPS)

One cross sectional study (Mason, Brett, Collinge, Curr, & Rhodes, 2009) aimed to identify relationships between types of abuse and delusional themes. Participants included 39 UK participants (aged 19 -60); (23 were male) with a schizophrenia or psychosis diagnosis. The authors administered the Childhood Trauma Questionnaire (CTQ, Bernstein et al., 1994), a retrospective self-report instrument. It provides sub-scores for physical, sexual, and emotional abuse and for physical and emotional neglect and has been shown to be reliable and valid (Bernstein, 2007). The relevant sections of the Schedules for Clinical Assessment in Neuropsychiatry (SCAN–2.1, Wing, 1990) were also administered, a tool developed by the WHO to diagnose mental illness in adults. The interview data was then coded using thematic analysis. Eight themes could be reliably identified by a second blind coder. These were: threat of harm from others; defective self; defective body; others seen as defective; spirituality/spiritual entities; loss of control; special abilities and surveillance/conspiracy

Twenty-three participants were categorised as having experienced emotional abuse (59%) 17 for physical abuse (44%), and 9 for sexual abuse (23%). A logistical regression explored associations between delusional themes and types of abuse. No association was found between abuse and paranoid delusions as none of the relevant themes brought significant results. Special Abilities (frequency n=11) was predicted by greater abuse ($2 = 8.6$, $df = 3$, $p = .04$), however no single type of abuse reached significance. A similar pattern was seen for Grandiose Abilities (frequency n=11) at trend levels ($2 = 6.5$, $df = 3$, $p = .08$). The results suggest that people with a history of childhood abuse would be more likely to express delusional content that was grandiose. The limitation of the study is the small sample size, which may have resulted in a

lack of power. In addition, authors were also clinicians within the service, which may have resulted in a bias in the selection of participants (i.e. more engaged, less severe symptoms).

In New York, Thompson et al. (2009) investigated trauma and psychotic symptoms, including paranoid and grandiose beliefs with a younger sample whose symptoms were prodromal to psychosis (or UHR). The cross sectional study included 30 individuals aged 13 - 25 years. The sample was mainly male (n=25; 83%) and 17 participants were categorised as ethnic minority (57%). Participants were assessed using the Structured Interview for Prodromal Syndromes/Scale of Prodromal Symptoms (SIPS/SOPS; Miller et al., 2003). Childhood trauma was measured with the Early Trauma Inventory (ETI; Bremner, 2000), a semi-structured interview probing childhood traumatic experiences, also enquiring about emotional impact. Experiences are grouped into four domains: general trauma; physical abuse; emotional abuse, sexual abuse, parental loss and/or separation.

Ethnic minority participants reported more trauma experiences (in particular physical abuse). They were more likely to have experienced parental separation than Caucasian participants. Suspiciousness items were found to be associated with physical abuse (whole group and ethnic minority). Childhood trauma was associated with severity of positive symptoms in the overall sample. Specifically, sexual and physical abuse (and emotional abuse at the trend level; p=.07) were related to positive symptoms, most strongly to grandiosity. The ethnic minority participants largely accounted for this finding. The lack of relationship with Caucasian participants may be understood in terms of the lower levels of trauma reported. It is unreported

as to how participants were selected for the study and is likely to be convenience; therefore it is unclear how this small sample will relate to other populations.

Falkozi and Addington (2012) also examined the relationship between childhood trauma and attenuated symptoms for those at CHR of psychosis using a cross sectional design. The participants included 25 males and 20 females (aged 14–35 years). The SOPS and the retrospective Abuse/Trauma questionnaire (Janssen et al., 2004) were administered. A vignette was developed for each person, with details of symptoms. The Content of Attenuated Positive Symptoms (CAPS) Codebook was then used, which was specifically developed by the authors to assess the content of attenuated positive symptoms

Almost all participants endorsed one form of trauma (91%); most common was emotional neglect (68%) and second was psychological abuse (68%). Trauma was positively correlated with feeling "watched/followed" (n =13) (no correlation with being harmed), which may be understood as an element of paranoia. Spearman rank correlations revealed that increased trauma was related to grandiose thoughts of status and power. However since only four people were identified as having these thoughts (although a strong relationship is indicated), it is difficult to draw any conclusions. In addition there were low levels of sexual trauma reported as compared to the others studies in this review, thus the study would have benefitted from a control group. Finally the themes, although similar to grandiose and persecutory/paranoid beliefs, do not directly map onto other measures which further hampers the ability to make comparisons.

The Upthegrove et al. (2015) study was novel in that it aimed to establish if childhood events were associated with symptoms of psychosis in people with Bipolar Disorder, which included grandiose and persecutory beliefs. The study was included as although participants were not diagnosed with schizophrenia or psychosis, it examined symptoms of psychosis in a clinical sample. The sample included 2019 participants with a type I Bipolar diagnosis (Type II diagnosis excluded as unlikely to have experienced psychosis). The UK sample was drawn from a wider study by The Bipolar Disorder Research Network. All participants were over 18 with a mean age of 47 years (70% female). Symptoms were assessed using the Clinical Assessment Neuropsychiatry Interview (SCAN; Wing, 1990) and by reading case notes. Adversity was measured by the Childhood Life Events Questionnaire (CLEQ) (which was devised by the authors for the study) and was utilised as an interview. The questions asked if they had experienced any events from a list of 13 adverse childhood events (prior to age 16), which included the death of a parent (or sibling or friend), admission to hospital and separation/remarriage of parents. In the CLEQ childhood abuse is not directly asked about, although participants were asked if they wanted to disclose any other events not asked about.

Upthegrove et al. (2015) grouped childhood adversities into five areas: death of a significant other, child abuse, victimising events and family disruption. Unlike previous studies there was no association with any childhood life events and ever having persecutory beliefs. They also found that there was a negative relationship between grandiose beliefs and sexual/ physical abuse and no relationship with other childhood life events. These results are surprising in light of previous findings. One explanation is that because child abuse was not specifically asked about, it led to an underreporting. Supporting this is the fact that only 20% of the sample

reported any form of child abuse which is lower than the 51-54.4% found in other samples of people with bipolar disorder (Etain, Henry, Bellivier, Mathieu, & Leboyer, 2008).

Grandiose and persecutory beliefs and trauma

It is difficult to synthesise and compare the results of the studies of trauma and persecutory and grandiose type beliefs because of the differences in population and lack of consistency in measures used for both delusional beliefs and trauma. There are also methodological limitations such as small sample sizes and lack of control groups. However, the results seem to suggest that there may be a link with trauma, most strongly for childhood abuse (of different forms) and both persecutory and grandiose delusional beliefs. In addition there is preliminary evidence for the effects of compounded childhood and adult trauma, revealing a potentially complex picture.

Bullying

The research on peer relationships is limited to the exploration of paranoia and bullying, of which there are three papers. The earliest study was conducted in Portugal (Lopes, 2013) and aimed to explore if victims of bullying had higher levels of paranoia in a mixed clinical sample. The sample included 30 individuals with a diagnosis of paranoid schizophrenia and 31 participants with social anxiety (18 years old and over, 65% were male), all of whom were users

of a mental health service. All individuals in the paranoid schizophrenia sample were currently experiencing persecutory ideation and levels of paranoia were assessed using the translated Paranoia Checklist (PC). Bullying was measured using the translated Bully/Victim Questionnaire (Olweus, 1997).

Lopes et al. (2013) found that 68% of all participants recalled being bullied. Of those who had been bullied, 59% had a diagnosis of paranoid schizophrenia and 40% had a diagnosis of social phobia. It was found that the paranoid schizophrenia group reported significantly more experiences of bullying than the social anxiety group. The authors then analysed across the two different clinical groups, dividing them as victims of bullying vs non-victims of bullying. It was found that victims of bullying reported higher levels of paranoid ideation (PI). It is also interesting to note that the victims of bullying group scored significantly lower for social anxiety fears. The results suggest that a history of bullying increases the likelihood of experiencing paranoia. The strength of this study is the comparison with another clinical group, which seems to suggest specificity between bullying and paranoia/persecutory delusions. However, the adapted and translated version of the Bully/Victim questionnaire was not validated. This calls into question the validity and generalisability of the findings.

The second paper by Carvalho, da Motta, Pinto-Gouveia and Peixoto (2015) (discussed earlier), also utilised the Bully/Victim Questionnaire and the Paranoia Checklist, (again this was translated to Portuguese). The 187 Participants consisted of an active paranoid schizophrenia group, those in remission, relatives of patients and a convenience sample of HC's. There were no statistically significant differences in levels of bullying reported across the different groups with

only 23% of the total sample reporting having been bullied in the past. In a regression analysis it was found that bullying positively predicted paranoia scores. However, as there were low levels of bullying and they utilised a convenience the sample, there could be bias in the sample and the results may lack generalisability.

In the most recent study carried out in the UK by Valmaggia et al. (2015) examined whether a history of bullying was associated with higher levels of paranoid ideation in an Ultra High Risk for psychosis (UHR) group in London. In the cross sectional, between participants design 64 users of an outpatient's service for UHR psychosis was compared with 43 HC's matched from the local community. Participants were aged 18 years and over with a mean age of 22.5 years. The study utilised a cross sectional, between participants independent design. The authors administered the Retrospective Bullying Questionnaire (RBQ) (Schäfer et al., 2004) and measured paranoia using a Virtual Reality environment (of a London underground train), shown to elicit paranoid experiences (Freeman et al., 2005). Following exposure to this environment participants completed the State Social Paranoia Scale (Freeman et al., 2007).

The authors found that 66.7% of UHR had been bullied as opposed to 25.6% of controls. It was also found that the UHR group were statistically more likely to experience paranoid ideation during the virtual reality exposure. The authors compared victims of bullying (VB) versus non-victims of bullying (NVB). They found that out of the VB group 43% scored >16 which indicated "some Paranoid ideation" versus 21% of NVB. The strength of this study was the use of a more standardised measure of paranoia as opposed to the use of a retrospective measure.

Although it is difficult to reach any conclusions due to the small number of studies, the three papers do provide some initial evidence of a link between higher levels of bullying and paranoia in clinical groups.

Adult Life Stress

The final three studies focus on life and relationship events which occur in the recent period before the psychotic episode or after diagnosis. The aim of such research is to explore the link between these events and the onset or maintenance of psychotic symptoms, which include grandiosity and persecutory beliefs.

Stressful Life events

Raune, Bebbington, Dunn and Kuipers (2006) attempted to explore whether the attributes of stressful events prior to the onset of psychosis were related to themes of delusions. All new patients diagnosed with a psychotic disorder in a UK mental health service were assessed for inclusion. Forty one participants took part (24 males). The SCAN was used to establish grandiose or persecutory content. The Life Events and Difficulties Schedule (Brown & O'Harris, 1989), a structured interview with a demonstrated record in psychosis research was used to gather a history of events in the 12 months prior to referral. Events are identified and rated from their probable meaning of the events to participants on a number of dimensions including: Danger, Humiliation, Loss, Intrusiveness, and self-esteem.

A principal component analysis found intrusive events (which included: being threatened, attending crown court, being burgled, assault and police arrest of a close relative) was associated with the development of persecutory delusions. Grandiose delusions were negatively related to loss events (i.e. relationship ending, family member dying). Therefore, grandiosity was associated with an absence of loss events in the 12 months prior to the psychotic episode whereas someone with persecutory delusions were more likely to have experienced an intrusive event. The limitations of the study include the small sample size and that the data was collected by a single researcher. In addition the author relied on an approach in which the researcher rated the event whereas it may have proved more revealing to have explored people's subjective interpretations.

Johnson et al. (2014) describes a cross sectional study which attempted to explore shame as a moderator between stressful life events and paranoia. Sixty participants (42 female and 18 men) aged 16-25 were recruited at assessment to a secondary Mental Health service. The study utilised the Experience of Shame Scale (Andrews, Qian, & Valentine, 2002), the State Social Paranoia Scale (SSPS) and The List of Threatening Experiences (Brugha, Bebbington, Tennant, & Hurry, 1985). It must be noted, that three items on this measure did not directly relate to relationships (e.g. unemployment) although they are likely to have had an impact on relationships. They found that stressful life events were associated positively with paranoia ($r=.46$ $p<0.005$). A logistical regression model also found that shame moderated the relationship between paranoia and stress ($\beta=0.005$). Therefore for participants reporting high levels of shame, shame appeared to amplify the relationship between paranoia and stressful events.

Family atmosphere

In Germany, Hesse et al. (2015) attempted to explore the longitudinal relationship between paranoia, family atmosphere and interpersonal concepts (the estimation of how others perceive us). The participants consisted of 160 mental health service users diagnosed with schizophrenia who took part in a trial of CBT vs. Cognitive Remediation therapy for negative symptoms. (mean age 36.9 years, 41% women). The mean time since diagnosis was 9.2 years (SD = 8.3); a small minority of patients (n = 11, 7%) had a first episode of psychosis. Participants were assessed twice in twelve months. The PANSS interview was administered was to assess for paranoia. Self-report surveys were administered which included the German Family Dynamics Questionnaire which assesses perceived negative family atmosphere (including blame, criticism and neglect by a significant relative). The measure has shown moderate associations to the Expressed Emotions status (Bachmann, Bottmer, Jacob, & Schröder, 2006). Interpersonal self-concepts questionnaire was measured using 2 subscales of the Frankfurt Self-Concept Scales (FSKN): "valued by others" and "emotions and relations to others". The internal validity of the scales has shown to be high (Deusinger, 1986). Paranoia predicted negative family atmosphere and negative family atmosphere predicted negative interpersonal concepts. They found that interpersonal self-concepts act as the mediator between family dynamics and paranoia. The results suggest that a vicious cycle might exist in that negative family atmosphere, then may lead tonegative interpersonal self-concepts which then might the lead to paranoia. The strengths of the study are the large sample and longitudinal design, which makes it possible to make exploratory hypotheses about how paranoia may be maintained in psychosis. However the study included an unrepresentative sample, consisting of those with chronic difficulties, low levels of paranoia and

predominantly negative symptoms. This is a more unusual symptom profile and is unclear if this would generalise to other groups of people with psychosis.

Although exploratory, these studies highlight the role of proximal and ongoing stressful relationships or events in paranoia. Negative family relationships and how people feel they are viewed by others and intrusive events may contribute to the understanding of the formation and maintenance of paranoia. It also appears that grandiosity would not be likely to occur after a loss event, which is surprising although if grandiosity acts as a defence against loss, it is likely that this would be underreported.

Discussion

Limitations of the current research base

The limitations of current evidence hamper the ability to make firm conclusions. Most of the research considered in this review is cross-sectional, with no control group, limiting the ability to draw conclusions about specificity and causality. In addition, grandiose and persecutory delusions have been conceptualised in a variety of different ways and using many different measures. It is therefore difficult to make comparisons and may explain some of the inconsistencies in the findings.

Directions for future research

This review shows that there are many questions that remain unanswered. However, despite methodological limitations, there does seem to be some promising avenues for further research. The results suggest a link between trauma and both persecutory and grandiose delusions. This is seen most strongly for childhood abuse (of different forms). This warrants further exploration using more robust methodology, larger samples and the used of prospective studies.

Overall, the results suggest a relationship between paranoia and both anxious and avoidant attachment types, in addition to highlighting the importance of parental relationships. The role of self-esteem as a mediating factor appears promising, although this is limited to exploration in only one of the studies. This and other mediating factors could be explored in further research, in addition to the use of control groups. The current evidence base does not provide any information about the link between grandiose beliefs and attachment, thus preliminary research exploring this link is needed.

Although exploratory, the review highlights the role of bullying and stressful relationships or events in paranoia. Negative family atmosphere and how people feel they are viewed by others may contribute to the understanding of the maintenance of paranoia. Again findings could be replicated and explored through the use of larger samples and prospective, longitudinal designs. It also appears that grandiosity would not be likely to occur after a loss event, although it is

unclear if underreporting may play a role in this finding. This could be further explored through triangulation using an informant measure.

This review highlighted negative self-esteem and interpersonal self-concepts as two mediating factors of interest. Although some mediating relationships have been revealed, there are likely to be different pathways to the development of persecutory (and grandiose) delusions, with numerous mediating variables that have not been discovered to date. The results also revealed that there was no qualitative research specifically focused on interpersonal relationships and grandiose or persecutory beliefs. Phenomenological research can capture the complexities of how people construct meanings about their experiences, which could be used to further our understanding of processes that occur, revealing possible mediating factors. This may help to understand the role of interpersonal experiences in the formation and maintenance of persecutory and grandiose delusions.

Clinical Implications

There are some practice implications that can be tentatively suggested in light of the findings of the review. Firstly, the findings endorse the view that clinicians should routinely assess for interpersonal adversity including trauma and bullying with people who experience persecutory (and grandiose) beliefs. Research has found that despite recommendations, clinicians often fail to explore such experiences with clients experiencing psychosis (Fisher et al., 2011). The findings of the review also support the view that clinicians should be provided with training and support for evaluating the possibility of interpersonal adversities with their client.

Secondly, the finding that people with persecutory beliefs are more likely to have an insecure attachment style is important. This may suggest that clinicians need to provide a secure base in order for individuals to then be able to reflect on their experiences in clinical work or psychological therapy (Berry et al., 2008). In order to provide this secure base the clinician and services should provide consistency, sensitivity and appropriate responses to distress (Goodwin, 2003).

Finally the results of the review suggest that mediating factors such as self-esteem and interpersonal concepts are important in persecutory beliefs and suggest that psychological therapy could also intervene at the level of self-esteem/interpersonal self-concepts. This could be particularly helpful for clients who do not wish to directly discuss their beliefs. Further research would need to be conducted with grandiose beliefs to make any further suggestions regarding clinical practice.

Conclusions

The review has summarised and critiqued research exploring the link between interpersonal experiences and grandiose and persecutory delusions. It has revealed limited but growing literature which highlights relationships with trauma, attachment, bullying and adult relationships. However, the relationship between grandiosity and attachment and bullying is yet to be explored. Longitudinal and prospective designs are recommended to further explore current findings in addition to further exploration of mediating factors. Finally, qualitative research may shed light on the subjective meaning making which could help understand the link between

interpersonal experiences and grandiose and persecutory delusions, revealing the processes which occur.

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Major Research Project

Section B: Research Project

An exploration of how men with "grandiose beliefs" understand their interpersonal relationships and self-esteem: An Interpretative Phenomenological Analysis.

Word count: 8544

April 2016

SALOMONS CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Background and aims: Research suggests that interpersonal difficulties are reported by those who experience grandiose beliefs, however the processes and the relationship with the belief have seen limited exploration and are poorly understood. The present study aimed to explore the experiences of interpersonal relationships and self-esteem of people who have grandiose beliefs and to explore if these accounts are consistent with existing theory.

Design and method: A qualitative design was employed using interpretative phenomenological analysis (IPA) to explore participants' subjective understanding of experiences. Semi-structured interviews were carried out with eight individuals who were purposively sampled. Transcripts were analysed using Interpretative Phenomenological Analysis.

Results: Four superordinate themes emerged: 'Others as disregarding'; 'Fragile sense of self'; 'Lost in a frightening world' and 'Surviving'.

Conclusions: Participants' accounts were characterised by difficult interpersonal relationships in both early and adult life. The participants' sense of self was complex and lacking in coherence, thus previously used measures of "self-esteem" may not adequately capture the subtleties of the experiences. The sense of self was set in a social context characterised by feelings of powerlessness, isolation and lack of trust. In the context of limited resources, the results suggest the beliefs function to make sense of experiences and to help the participants survive. These findings confirm that the belief may, in part, serve to protect participants from poor "social self-esteem". These findings provide avenues to further exploration of processes and provide recommendations for clinicians and services.

Keywords: Grandiose beliefs, grandiose delusions, psychosis, interpersonal relationships, self-esteem.

Introduction

Grandiose Delusions

Grandiose delusions are defined by the DSM-IV as "delusions of inflated worth, power, knowledge, identity or special relationship to a deity or famous person" and which are "clearly implausible and not understandable to same-culture peers"(American Psychiatric Association, 2000, p. 299). Grandiose delusions are a common symptom in psychosis, for example in samples of people with psychosis 25% to 50% are said to have had grandiose delusions (Knowles, McCarthy-Jones, & Rowse, 2011). In addition, grandiose delusions are the most common symptom in bipolar mania (Dunayevich & Keck, 2000). Interestingly grandiose delusions are also found to be held with greater conviction than other delusions (Appelbaum, Robbins, & Roth, 1999).

Traditionally delusional beliefs have been seen as "all or nothing" beliefs but they are now seen as being on a continuum (Verdoux & van Os, 2002). Thus, it is not the belief itself which separates those seen in clinical settings from those in non-clinical settings, but the distress, conviction and preoccupation associated with the belief (Peters, Joseph, & Garety, 1999). These advances are reflected in current research of persecutory beliefs in clinical, general population and trans-diagnostic samples (Ben-Zeev, Morris, Swendsen, & Granholm, 2012; Garety et al., 2013; Knowles et al., 2011). However, research into grandiose beliefs lags behind that of persecutory delusions and there is limited theoretical understanding. Additionally there are limited psychological interventions and poorer clinical outcomes for people with grandiose beliefs (Knowles, McCarthy-Jones and Rowse, 2011).

Theories of Grandiose Delusions or Beliefs

There are two existing groups of theories of grandiose beliefs which focus on self-esteem and emotion. The "Delusion as Defence" account suggests that grandiose beliefs serve the function of protecting the individual from low self-esteem and distressing feelings and thoughts (Freeman & Garety, 1998). For example, Beck and Rector (2002) argue that grandiose beliefs form as a reaction to an underlying degraded sense of self and that the belief initially begins as a day dream which functions to improve self-image. Secondly, the "emotion-consistent" account suggests that grandiose beliefs build on remaining areas of high or normal self-esteem that become exaggerated in the context of positive mood (Smith, Freeman, & Kuipers, 2005). The belief then may be uncritically accepted due to cognitive and reasoning biases; this includes the jumping to conclusions bias and poor belief flexibility (Garety et al., 2013).

A recent review argues that the delusion as a defence and emotion consistent accounts complement each other, but conclude that there is limited evidence for both (Knowles et al., 2011). The authors of the review argue that this lack of evidence may be due to the emphasis on testing non-relational self-esteem. The authors suggest that instead it may be "social self-esteem" or social rank which is being defended. Social rank refers to the degree to which someone feels inferior or looked down on by others and how much they feel they "fit in" (Allan & Gilbert, 1995). Birchwood, Trower, Brunet, Gilbert, Iqbal and Jackson (2006) argue that people who have low social power activate internal defensive emotions and strategies to cope, one example of which is grandiose delusions. This theory predicts that grandiose beliefs may be associated with an outsider status and social anxiety (Knowles, McCarthy-Jones & Rowse, 2011).

Therefore, we may expect to see considerable interpersonal difficulties and feelings of loneliness and powerlessness before the emergence of grandiose beliefs. The belief may result in an alternative explanation for difficulties and an increase in perceived social rank and self-esteem.

Interpersonal relationships and grandiose beliefs

There has been some limited exploration of interpersonal relationships of those who experience grandiose beliefs. The existing studies predominantly explore the link between trauma and grandiosity. A study of medical records (Read, Agar, Argyle, & Aderhold, 2003) found a history of both child and adult abuse significantly predicted grandiosity. In addition, two studies have found a significant relationship with childhood physical abuse in those at risk of psychosis (Thompson et al., 2009; Velthorst et al., 2013). Finally, a study of themes of delusions and abuse found that people with a history of childhood abuse (Mason, Brett, Collinge, Curr, & Rhodes, 2009) were more likely to have delusions with grandiose content. These findings suggest that a history of abuse is associated with grandiose beliefs. However, all the studies were quantitative, cross sectional designs and therefore it is difficult to determine causality or to understand the mediating processes which occur in the formation of such beliefs.

In a retrospective study of experiences in the year preceding the onset of psychotic symptoms, Raune, Bebbington, Dunn and Kuipers (2006) found that grandiose delusions were negatively related to loss events (i.e. associated with an absence of loss). They also did not find a relationship between the onset of grandiosity and recent humiliating or intrusive events. This seemed to provide contradictory evidence for the belief's function as being defensive, however in this paper the author relied on an approach in which the researcher rated the meaning of the

event. The participants' subjective meaning may have differed from the participants themselves and therefore may offer limited information as to the underlying processes.

There have been some limited studies which have included the qualitative exploration of grandiose beliefs. In one study by Rhodes and Jakes (2005) it was found that most of the narratives featured significant interpersonal difficulties in the onset of grandiose and persecutory delusions. The authors highlighted that their research explored only the content and was purely descriptive. Thus, the study did not explore function or causality.

There may be concern that participants may be unable to reflect on experiences due to a lack of insight (Freeman et al., 2004). However in a Norwegian study of people with psychosis, which aimed to explore how people made sense of the content of their psychotic symptoms, participants generally connected their grandiose delusions to their lack of relationships and their feelings of helplessness even when they continued to hold conviction in the belief (Strand, Olin, & Tidefors, 2015).

Although research suggests that interpersonal difficulties are reported, the processes and the relationship with the grandiose belief have seen limited exploration and are poorly understood. The current study aims to explore first person accounts of these experiences, focussing on the subjective meaning making, in order to understand the psychological processes which occur in the formation and maintenance of grandiose beliefs, in addition to exploring the possible function of the belief. Phenomenological research can capture the complexities of how

people construct meanings about their experiences, which could be used to further our understanding of these processes and shed light on existing theory of grandiose beliefs. This could help inform both clinical practice and deepen our understanding of the experience.

Study Aims

The present study aims to explore the experience of interpersonal relationships and self-esteem of people who have Grandiose Delusions/Beliefs and to explore if these accounts are consistent `1 with existing theory regarding social self-esteem. Specifically, the study addressed the following questions:

a. How do people with grandiose beliefs experience their relationships prior to, during and post the emergence of the belief?

b. How do people with grandiose beliefs understand their self-esteem and to what extent can the accounts be explained by the theory that GD's serve as a defence against poor "social self-esteem"?

Methodology

Design and Measures

A qualitative design with semi-structured interviews was employed using Interpretative Phenomenological Analysis (IPA). This method was used to gain an in-depth understanding of participants' experiences of their beliefs and relationships by focusing on meaning-making (Smith, Flowers, & Larkin, 2009). Semi-structured interviews were used as they are considered the desired method to elicit participant experiences using IPA (Smith et al., 2009).

An interview schedule was developed (Appendix C) which was based on the literature in the area and from discussions with supervisors (both of whom had extensive experiences working with people with psychosis). The interview schedule was then reviewed by two members of the Salomon's Advisory Groups of Experts (SAGE) one of whom identified as having experienced such a belief. Questions were also added and prompts changed following a pilot interview with a person who identified as having experienced grandiose beliefs in the past.

Participants

A purposive sampling method was used to recruit participants with experience of grandiose beliefs. IPA requires a homogenous sample in order to gain an in depth understanding of a particular phenomenon, from a particular perspective (Smith et al., 2009).

Participants were drawn from community mental health teams in three UK NHS Trusts (within South East London and Kent). Inclusion criteria were specified as current or recent experiences (past six months) of grandiose beliefs as recognised by clinical teams. The term "grandiose delusion/belief" was utilised in the information about the project however there was no requirement for the participant themselves to identify the beliefs as such. The participants in the study identified as having "positive self-beliefs" i.e. "a special talent/power, ability or are unique in some way that is not believed by others". The terminology "positive self-beliefs" was chosen in order to include participants who would not understand or may reject the term "grandiose". Participants were identified by care coordinators as having a willingness and psychological stability to be able to discuss experiences without experiencing excessive distress.

The Peter's Delusions Inventory (Peters et al., 1999) is a self-report questionnaire of delusional ideation and was administered as an exclusion tool. If the person scored a "no" on both items 6 & 7 (items measuring grandiosity) it would be assumed they had not experienced grandiose beliefs and would not be included in the study. No participants were excluded.

Eight participants were recruited, participant information is provided in Table 1. The first seven participants referred to the study were male. Men and women's delusions are said to differ due to differing life experiences and concerns (Suhail, 2003). Therefore in keeping with IPA's need for a homogenous sample the final participant was limited to a male. In order to protect anonymity the names of people and places have been changed throughout and age ranges were utilised.

Table 1. Participant demographic information

Participant	Age Range	Ethnicity (self-identified)	Diagnosis	Status
John	41-45	White British	Bipolar disorder	Single unemployed
Peter	41-45	White British	Paranoid Schizophrenia	Single unemployed
Derek	51-55	Black	Paranoid Schizophrenia	Single unemployed
Simon	46-50	Mixed Black Caribbean & White British	Bipolar Disorder	Single unemployed
Rifat	51-55	British Bangladeshi	Paranoid Schizophrenia	Single unemployed
Immanuel	36-40	Black African	Schizoaffective disorder	Single unemployed
Joshua	26-30	Mixed Black African and White British	First Episode Psychosis	Single employed
Steven	21-25	White British	Paranoid Schizophrenia	Single unemployed

Ethical Considerations

Ethical approval was obtained from a NHS Research and Ethics Committee and the Research and Development department of the host Trusts (Appendices C-G). Written informed consent from participants was obtained. They were informed of limits to confidentiality and also of their right to withdraw at any time. Participants' capacity was discussed and confirmed with the care coordinator and considered on meeting. Those who agreed to take part were informed that they could choose what they wished to disclose. Care coordinators were informed of the participation and a person was identified in their team whom they could approach if any distress arose.

Procedure

Potential participants were identified and approached by care coordinators / psychologists in the team and they were given the participant information sheet (Appendix I). Interested clients gave consent to be contacted. On contact, brief information was given and questions about the study were answered and a meeting arranged. On meeting, the study information was given again and if the participant still wanted to take part the consent form (Appendix J) and the Peters

Delusion Inventory questionnaire was completed. (Draft information and consent sheet was reviewed by two SAGE members; and Research Net and changed accordingly).

Interviews were then conducted, lasting 39 minutes to 1hr 07 minutes, and were audio recorded. The same interview schedule was utilised for each interview, although was used flexibly in order to be led by the participants understanding.

Data analysis

Interviews transcripts were analysed using IPA, which promotes a detailed understanding of the person's experience through a series of steps (Smith et al., 2009). This includes two-stages in the process of interpretation, known as double hermeneutic. Thus participants try to make sense of experiences and the researcher attempts to make sense of the participants attempts to make sense of their world. This analysis is useful in this study as it allows the researcher insight into the personal experience and may shed light on the processes which occur.

Guidelines set out by Smith, Flowers and Larkin (2009) were utilised. Transcripts were first read and then re-read intensively. Then descriptive and interpretative comments or observations were annotated in the margins of transcripts. This ensures themes are grounded in the data (see Appendix K for an example transcript). Emerging themes were then developed for each participant and then these were then grouped into a smaller number of themes. This was repeated for each individual participant's individual. When all transcripts had been analysed, the

themes for all interviews were printed and cut out and then grouped together using abstraction (putting like with like) and contextualisation (looking at particular time periods). The themes were then categorised into superordinate and subordinate themes across participants. Themes and the associated quotes were reread and refined, allowing for further immersion in the data.

Quality assurance

Quality assurance guidelines outlined by Yardley (2000) were used to guide the process throughout. The criteria for ensuring quality was addressed in the following ways: Sensitivity to context was achieved by grounding the study in relevant literature and sustained engagement with clinical teams during recruitment. The choice of analysis and methodology privileges participant perspectives and ethical issues were considered during ethical approval processes. Commitment and Rigour was considered in the careful selection of the participants and in the care taken with the analysis, conducted according to the guidance (Smith at al., 2009). Reliability and Validity were checked through the use of an audit of codes by a trainee clinical psychologist (also utilising IPA) and with the academic supervisor with experience in IPA. This aimed to ensure grounding in the data (Yardley, 2008). Transparency and Coherence is evidenced by an interview transcript (coded), an abridged research diary (Appendix L) and a bracketing interview (Appendix M). Bracketing interviews are utilised to investigate the researcher's underlying assumptions concerning the project (Ahern, 2015). Finally, 'impact and importance' was evident in the need for more research into understanding what is known as grandiose beliefs in order to improve services for such people.

Epistemological Considerations and Reflexivity

It is important that a researcher's chosen methodology must be consistent with the researcher's epistemological position (Willig, 2008). The author's position of critical realism is based on the assumption that phenomenon are perceived and experienced in subjective ways depending on people's individual personal beliefs and expectations and that "reality" can only be accessed indirectly via subjective experience (Bhaskar, 1978). It is argued that IPA's focus on phenomenology and hermeneutics mean that it is grounded in critical realism (Reid et al., 2005).

Reflexivity encourages those undertaking research to become aware of and make explicit the ways in which their own experiences, beliefs, values, feelings and interests influence the research (Willig 2008). Firstly, it was important for the researcher to consider gender and the possibility interviews may have been influenced by the researcher being female. The researcher was mindful that men, for example, may have been more likely to promote a more stereotypically masculine narrative (e.g. of not appearing weak) when speaking with a female researcher. In addition, the researcher was also aware that they had no experience of being a man but was aware of their own assumptions, that for example, men would find it hard to talk about their experiences. The researcher engaged in conversations with a male supervisor in the process of carrying out the project (in addition the male supervisor also coded two transcripts). This allowed for discussion about any inherent biases or assumptions.

Lastly the researcher's previous experiences of "grandiose beliefs" have been through professional experience and through reading the relevant literature. The bracketing interview revealed assumptions around issues of prejudice and stigma that they believed would be prominent in the narratives of the individuals. It is important for the researcher to be aware of such biases in order that they do not overly identify with such issues in the interview and analysis. (For further reflexive thinking please see bracketing interview, Appendix M).

Results

Four superordinate themes emerged which consisted of 11 sub themes. Themes were included if they were found in over half the participants' accounts. The themes are presented in Table 2. For group sizes over six, Smith, Flowers and Larkin (2009) recommend an emphasis on identifying themes for the whole group, whilst still maintaining a focus on individual participants. Thus, it is beyond the scope of this work to discuss all participants for each sub theme however themes will be illustrated with quotes from different participants. See table 3 for the presence of themes across participants and Appendix O for an extended list of quotes. The superordinate themes and sub-themes are described in turn below:

Others as Disregarding

This theme reflected narratives of relationships in early life and adulthood in which participants have felt disregarded by others and which have led to distress. In some cases people referred to ongoing experiences of feeling abandoned, rejected and hurt by others throughout their lives whilst others spoke about specific events in relationships prior to the emergence of the belief.

Table 2. Table of themes

Superordinate themes	Subthemes
Others as disregarding	Absence of care in early relationships Destructive adult relationships
Fragile sense of self	Incoherent sense of self Lack or loss of meaning
Lost in a frightening world	Powerlessness Sense of isolation / disconnect World as untrustworthy
Surviving	Making sense of experiences Beliefs helping to cope Beliefs giving purpose Finding people who understand

Absence of care in early relationships

Seven of the participants spoke of relationships as a child in which they felt an absence of care, felt overlooked, or a specific parental figure was inconsistent in some way (although in several cases participants described exceptions). This sub-theme was expressed by Peter who spoke about ongoing experiences of distress (anxiety) minimised and ignored by his parents:

"*There was an element of fear…I had to live with that for 14 months. My parents were saying ah there's nothing wrong with him…. But this butterfly thing was the worst feeling I've had in my whole existence."*

In the following quote Derek describes the rejection of God ("Jesus") as taking place in the year 1962. This reference to rejection is not only significant because it was the year Derek was born, but he also believed himself to be God:

"[19]62 had an impact on the world. It was when the world rejected Jesus. And the world accepted the tree of the knowledge of good and evil. So what happened in the manifestation of that is that what you can call the era of the 60s when there was love, because God is love... And *from that point onwards, the love has… because it was rejecting of God, has become deteriorated and has deteriorated."*

One way to interpret Dereks descriptions of the rejection of God, is that he himself felt rejected from birth by his parental figures. This hypothesis is further supported by the fact that Derek reported having no family.

Joshua expressed a sense of having less value than his brothers, he was not as important to his parents and that his feelings weren't taken into account:

"My mum said to me, that she only stayed together because of the kids. And my brother went to university, and my other brother went to university, and when did they get the divorce? When I

*was 16. And they don't talk to each other. And I hate divorce...*sniffs* sorry I'm not going to cry. I don't cry anymore."*

Destructive adult relationships

This theme represented participants' narratives of relationships as adults which were destructive in some way. There was variation in the nature of these relationship difficulties and when they occurred in relation to the positive self-beliefs, however the seven participants all described relationship events which resulted in suffering. Some participants were very clear in describing a relationship breakdown/s prior to the emergence of the belief, for example John said:

"I knew when I was 16 and we got together when I was 30. And we got divorced when I was 33. And that was when I drove across (a park) because we split up and the divorce was going *through and I was just in bits. My mind was all over the place… it was around that time that I went high"*

Joshua also described his experiences with his ex-partner and daughter in the lead up to his hospital admission. The following quote illustrates the distress at having the paternity of his child questioned and his feelings of loss and resentment in the relationship breakdown:

"There is no more horrible thing to have it questioned who your kid is…I never got a chance to actually grieve the fact that the only reason I got back with her is cos I thoug*ht…she didn't go anywhere else, she's obviously the woman for me. …and now I've got what? I've got to start from base bottom, she's got everythi*ng. She even hit me round the face and then social services *got involved because it was in front of my daughter and I said I can't deal with this anymore"*

In some participants' accounts relationship difficulties with work colleagues or peers were discussed, for example Steven spoke of his experiences of work colleagues taking advantage of him during the emergence of the positive self-belief:

"*like every time I had a weekend off, they were always trying to get my weekend like saying "ah can we swap shifts"…and they'd get me to do the dodgy shops…so I felt like they were taking the mick…they were taking the piss out of me… I started to believe that people were just out for* themselves, totally out for themselves. Taking the mick with me, abusing me and stuff.... Like *mental abuse"*

In the case of Rifat, who did not speak in detail about close relationships with others (which may reflect his isolation), he instead spoke about several experiences of racism as a young man from acquaintances and peers which appeared to cause distress and confusion:

"They want their own cards and things in the Orient. The told me to not to have sex with white *women, to have sex with black women in 1988 in **** Poly. I find that they err, they didn't say* black. They said pardon the *expression "niggers"*

Fragile Sense of Self

This theme encompasses the participants' difficulties in understanding a core sense of themselves and the sense that they do not feel they match up with who they desire to be.

Incoherent sense of self

This theme reflected the sense that participants either had a struggle with a part of themselves which was not integrated or that felt conflicted. Peter explained that there was a part of himself which did not feel like a part of him:

"three quarters I was happy, one quarter I was sad…I couldn't do everything. my happiness was…just not feeling myself. Three quarters happy, one quarter not feeling myself."

For Rifat, he spoke about his struggle with his ethnic identity:

"South America said that if I talk to white people I am not to go to them for assistance in the year 2008. I feel that I have white and Celtic blood in me as well, dark with drugs and Arab and South American and a bit Indian as well."

It appeared that Rifat was reflecting his feeling of lack of belonging or discomfort in relation to his own ethnic identity. Steven, however, expressed a struggle to acknowledge and see parts of himself. For example, Steven had described feeling and expressing anger towards those around him when "unwell", and in the following quote he describes his ambivalence about accepting this sides of himself which he understood as "dark".

"maybe I need to find a balance of like… sort of like yin and yang, but then I don't really believe in yin and yang because I don't believe you should embrace the dark side, I don't believe you should do that."

Table 3 – Presence of themes across participants.

Sub-theme	John	Peter	Derek	Simon	Immanuel	Rifat	Joshua	Steven
Absent of care in early relationships		✓	✓	✓	✓	✓	✓	✓
Destructive adult relationships	✓	✓	✓	✓		✓	✓	✓
Incoherent sense of self	✓	✓		✓	✓	✓	✓	✓
Lack or loss of meaning	✓		✓	✓	✓	✓	✓	✓
Powerlessness	✓	✓	✓	✓	✓	✓	✓	✓
Sense of isolation / disconnect	✓	✓	✓	✓	✓	✓	✓	✓

World as untrustworthy	✓		✓	✓	✓	✓	✓	✓
Making sense of experiences	✓	✓	✓	✓	✓		✓	✓
Beliefs helping to cope	✓	✓	✓	✓		✓	✓	✓
Beliefs giving purpose	✓		✓	✓	✓			✓
Finding people who understand			✓	✓	✓		✓	✓

Lack of meaning

This sub-theme reflected the fact that participants talked about a lack of meaning in their life. For most participants this was coupled with a sense of regret at unfulfilled ambitions and hopes for their lives, with over half citing unfulfilled academic and career ambitions. Immanuel spoke about the reality of his life being at odds of what he had hoped for:

"I didn't do A-levels anyway because I was suffering at school. I left without doing it anyway… I had some odd jobs.. In a shop, I did some jobs…some in a factory"

*"it's not too late to become a test pilot. I could have done some of earlier. T*o start with I could *have planned my course…and I've got to go and meet them at the flying school"*

The quotes seem to suggest a desire for a greater purpose. Rifats plans also went unfulfilled:

"I had all sorts of plans in the 70s, after graduating from University, to go to Russia for a few *years…then go to South America, then perhaps China for a year as a student. And that didn't…..I thought I would be given titles as well".*

Simon's beliefs first emerged after the realisation that his life was not living up to his boyhood expectations:

"as a kid, I used to say I'm going to be very rich.. and someone's going to give me it. But then, then… I was at… then I come out of school, got a job, just a normal person. Got married at about 24-25, and then the stories *started"*

Lastly, Joshua spoke about his relationship being the only thing in his life which gave meaning:

"I had so many lies built in to my system that I forgot who I was. And I still don't know who I am, and without [girlfriend] I don't see the point."

Lost in a frightening world

This superordinate theme captures the sense from all the participants the sense that the world was overbearing and frightening and one in which they have little control.

Powerlessness

A sense of powerlessness was found in nearly all accounts. Simon spoke about his desire for autonomy in his life:

"all that I want…. It's like… all that I want is enough respect to do what I want".

Some participants spoke about the feelings of powerlessness which precipitated episodes of being unwell, for example John explained said:

"*I had run out of money. I tried to take him to court but I couldn't cos I didn't have the money to do it. I went bankrupt and tried to go through the receivership to get the money and I couldn't do* that. *So every angle I was turning to for help…I really hated him*".

A theme in many of the participants' accounts was a sense of powerlessness within the mental health system. Derek and Simon spoke about the experience of feeling judged by doctors:

"the hig*hest authority of belief is not the Archbishop of Canterbury, it's the doctor. He's the one who said if you believe this, you are sane, and if you believe that you are mad"* (Derek)

Simon was questioning of this power:

"I don't think that any doctor's got the right to think that they're God…when you get up so high in the mental health, you do start below your sub-conscious think that you are God because you *are the judge of all people, and who are you to judge whether others are mad or not" (*Simon)

In Joshua's case he talked about the choice regarding his own symptoms was taken away from him:

"I used to fly. I used to fly and they clipped my wings. Because yeah I was heading to a brick wall, but it was my brick wall, it was my life".

Sense of Isolation

There was a sense of being alone or disconnected from others in all the accounts. Simon describes his relationships with others feeling like they are not real or that they are just for "show". In his descriptions of women that he had relationships with he also demonstrates his disconnect from their inner worlds:

"just part of the big brother show. Part of the big brother show. So the Chinese girl and me split up, so there's another girl in there, she says oh I like you blah blah blah"

This quote appears to reflect the emotional separateness he felt from others in his life. However, towards the end of the interview a moment of emotion was felt in which he appeared to connect with feelings of loneliness:

*"it's hard to talk to her. She's mad man. It's ha*rd to talk to her. I feel very alone. I feel very *alone you know. Very alone. But when I'm with my daughter I don't feel so alone. But she's the only one. I feel alone"*

The repetition of "alone" felt like a realisation of these feelings to himself. John, spoke about withdrawing from others as their beliefs developed:

"I was reclusing a little bit. Because I thought I was the centre of things. I was reclusing from my duties as a son, as a brother, as a friend. I was reclusing a little bit."

In other accounts such as Immanuel and Rifat, their life since childhood appears to be characterised by isolation. For example Rifat describes his time as a child:

"I didn't know more than half the names of trees, or flowers or names of footballers I was very much r*eclusive, I didn't like to socialise with other children. I liked to watch television in junior school."*

Immanuel describes his current feelings of loneliness and his attempts to connect by saying: *"I* think I have no girlfriend, no relationship anyway, always in the house, sometimes go out and *see my friends, maybe I think I will be writing letters, and I got into trouble so I've stopped doing it".* It appeared that the letter writing to professionals is an attempt to form relationship where he has been unable to by other means and which appears to leave him further isolated.

World as untrustworthy

This theme represented the majority of participants view that the world is untrustworthy and that people are either not what they seem or are volatile and unpredictable. For Steven it was the overwhelming feeling that others would take advantage of him:

"I don't know, like sometimes I don't trust people because I feel like they're trying to use me for my power, do you know what I mean, so sometimes I don't trust people."

This distrust even extended to those he had previously trusted:

"I didn't even trust my mum. And my mum right now, I realised that my mum I trust more than I've ever trusted anyone, is my mum."

Whereas for others, there was an underlying assumption that others' intentions weren't always clear or virtuous, often linked to the person not believing their story:

"Well [care coordinator] says that he's a Christian but he doesn't depend on the scriptures, he's more concerned with his wage packet." (Derek)

*"I think it's f****** hilarious when I'm watching the news, and some guy's creasing up, tearing up cos of what's happening in Syria, and you can see the news reporter smiling because she knows that she's got a good story"* (Joshua)

In other participants' accounts there was a sense that the world as volatile and confusing:

"They told me if I go to university they'll kick my head in, in 1984. Got my head kicked in, to say they were dismissful…its its volatile" (Rifat)

Surviving

This superordinate theme captures the participants' attempts to survive and live in the world despite their difficulties.

Making sense of experiences

Although the individual participant's explanations for their experiences differed, the participants spoke about sense making for themselves and others. Some participants talked about the positive experience of choosing an explanation:

"There was 2000 years from Jesus until this day. So now is the time when man should be expecting to know God, and the judgement. And so knowing that I understood what I was doing. *Which gives me peace… because I understand everything around me"* (Derek)

Whereas participants such as Joshua, who had the beliefs for less time, appeared to be engaged in the process of trying to make sense of what was happening and this process was apparent in the interview:

"whether it's powers or whether it's spiritual or medical, or whatever it is, I pray every single day for her forgiveness so we can just crack on with our lives again…people say it's powers or it's anxiety ticks…but it's nothing like that it's just me trying to get through and found out what the fuck is going on"

In other cases participants made links with their beliefs and their life experiences. For example Immanuel linked it to his upbringing:

"I said… I said because I was privileged in background, maybe I wasn't let enough to think it was inappropriate in a way. Maybe that sent my mind off track."

Positive beliefs as a way of coping

This sub-theme represents the idea that the beliefs help the participant cope with difficult circumstance. Peter spoke about the positive beliefs occurring at a time when he felt frightened:

"Before all this started we were on a school trip to London dungeon and I didn't like it in there, but I got a blessing fr*om it as well. Never want to go back to that place…… the box ghost is good..he said "I feel ya, I feel ya". Cos of what he's been through….I got a blessing from it."*

It may be understood that the blessings which Peter discusses gives him some comfort in a difficult situation. In the case of John, the feelings appear to provide a way to disconnect from difficult situations:

"I felt elated. I felt high, I felt that I was invincible, I felt that I was on an acute ward, and they were fighting. It was actually *fighting on there. I felt I was above them all."*

Several participants also spoke about the belief as increasing their power which helped them to cope with difficult experiences. Joshua talked about his belief making him feel like he could he could take all the power from those that had harmed him and that he could choose to use this against them, thus helping him to feel more in control and powerful:

"*I felt like I took everybody's power on the earth, took everybody's power because I didn't trust* nobody *to have power. And I took everybody's power and I was going to wield it. So that was the point in which I felt like I might have had some power, when I took everybody's power because I* felt so wrongly treated." (Joshua)

Derek felt that having the ultimate power of God, he would be able to pass final judgement on those that he feels have wronged him, which gave him the ability to cope with his feelings of injustice:

"I cope with it as much as I cope with this world. Remember I destroyed this world once when I *didn't … when I disliked it, and I dislike a lot now. And I am really looking forward to the day when I destroy it with fire… I won't be so civil as I am now to them. I will be a king and a judge."* (Derek)

Positive beliefs as giving a purpose

The majority of participants spoke about their beliefs as providing a focus or sense of purpose or belonging. John uses the metaphor of a superhero to describe the power and urgency of the role he felt he had:

"I was in this place where I was the centre of the universe…everything revolved around me. And you see like the old batman and superman films, people close to them are the ones who bad *people want to harm"*

In other accounts the participants described the belief as being an occupation. The following quote demonstrates Simon's understanding of the search for the "number" as his life's work:

"Just part of work for me, it's just work for me. Living is work, and that's why people say "you don't know what work is". I do! I know what work is. It's like my number"

For several of the participants who had the belief that they were God, the spreading of the message gave a strong sense of purpose to their life:

"I'm God. That means that I am not this body. I am God. And that means I'm everywhere at the same time, and in everybody. And it means that I have purposed a plan, called the plan of *salvation."* (Derek)

Similarly Immanuel found that his positive future aims of being famous helped him have a direction in his life, in a way that it seemed like he lost in the past:

"I have a positive view of the future because I'm much more focussed on what I'm doing anyway. Cos my dad was a director, I'm much more focussed. I know what I'm doing."

Finding people who understand

This sub theme reflects the desire to find people who understand their beliefs and the challenges of this. Derek chooses to speak to those who also have mental health problems as they are more likely to believe him:

*"Well I have certain people that I had to meet and talk to and bring them to the under*standing of *who they are. Because that is where you will find likeminded people, you see. You don't find* somebody who believes the scriptures to the extent to which you have to in these last days, in *parliament. ..you don't find them in doctors, you find* them in the hospital where people have *said "you're mad"."*

He also speaks about the joy and positive feelings he experiences when someone believes him:

"I rejoiced! It's a good one! I found somebody in the millions and millions that are going to die, they*'re not going to die but will be with me in heaven"*

Several participants spoke about feeling unable to speak to professionals, who they felt did not understand or listen him. Joshua said:

"*I feel like I go see these psychiatrists and they don't know what* the f*** is wrong with me, and *then I have to sit there and try and diagnose myself, because they're too busy giving me the next fucking tablet, and I don't want tablets, I don't want anything anymore, I just want my girlfriend* back"

In contrast Steven found it easier to talk to professionals because of a non-judgemental attitude, for most of the participants they did not feel able to talk to friends or family for fear of judgement and not being believed:

"*normally all my friends and my family, I don't talk about it at all.. Because I feel like they're just going to deny me, *laughs* they're going to say come on Steven, you think you're Jesus, you think you're all that?... it's just easier to talk to a professional because you feel like you're not* going t*o get judged, and no one knows your professionals as well"*

This seems to reveal a sense that the disbelief may have a shaming effect. Steven appears to be saying that not being challenged makes it easier for him to talk about them.

Discussion

This study explored the perceptions of interpersonal relationships and self-esteem of men who have grandiose beliefs. It also explored if these accounts were consistent with existing theory regarding social self-esteem. The findings suggest that "grandiose beliefs" are a complex phenomenon best understood in the context of life experiences and relationships.

How do men with "grandiose beliefs" experience their interpersonal relationships?

Most participants reported some relationships as absent or neglectful in some way in early life, although there were some exceptions. The limited existing research exploring early relationships has focussed on childhood trauma and grandiosity, finding an increased incidence of abuse in people with grandiose beliefs (Read et al., 2003; Thompson et al., 2009). Some of the participants' accounts of their upbringing appear to describe emotional neglect (such as Peter and Immanuel). A study (Falukozi & Addington, 2012) which utilised a self-report questionnaire to explore childhood trauma in a sample of those at risk of psychosis found that the most common endorsed form of trauma was emotional neglect (68%). Of that group the increased trauma was related to grandiose thoughts of status and power and thus may suggest a link between emotional neglect and grandiosity. The present study did not directly ask about childhood abuse which

could explain the lack of abuse reported, with participants being unlikely to discuss this with a researcher without prompting.

Some of the participants' accounts suggest a sense of parental absence or low levels of care/rejection. Although there are no current studies exploring the relationship between parental care or attachment and grandiosity, the results are in agreement with previous research that found individuals with psychosis and bipolar disorder report lower levels of parental care and an insecure attachment (Alloy et al., 2005; Berry, Wearden, & Barrowclough, 2007).

Participants spoke about their relationships as an adult, some of whom clearly described the breakdown, loss and/or betrayal prior to and during the period that their beliefs emerged and that this formed a part of their sense making. Others spoke more generally about negative relationship events but did not specifically link these in time to the emergence of the belief. This appears to be in support of the "delusion as defence" hypothesis (Freeman & Garety, 1998), as the emergence of the belief in times of relationship difficulty suggests that the beliefs may have a function to reduce distress. The results seem to contradict Raune et al.'s (2006) finding that grandiosity was associated with an absence of loss events in the 12 months prior to the onset of psychosis. This may be because the open questions utilised in the present study revealed elements of subjective meaning making that the fixed questions may not have been able to access. The findings regarding interpersonal difficulties are consistent with previous studies utilising an open interview method (Rhodes & Jakes, 2010; Strand et al., 2015).

The results reveal a sense of isolation or disconnect from others. Some report this feeling during the emergence/post emergence of the beliefs and some, such as Rifat, describe isolation throughout their lives. According to cognitive theory, unusual sense-making may be maintained through social isolation as people are unable access more normalising explanations (Garety & Kuipers, 2001). It may also be understood that the beliefs and behaviours may further isolate them from others, in turn maintaining the belief. Some participants spoke about actively avoiding those who may challenge or provide alternative explanations. This suggests cognitive explanations, emphasising cognitive biases (Garety et al., 2013), may not adequately explain the underlying motivational aspects or complexities that are involved in the failure to consider alternative explanations. One possible motivating factor could be to avoid feelings of shame (Birchwood et al., 2007).

Lastly, participants spoke about the desire to talk to people who understood and whom did not judge them. These appear similar to principles found to be important in "hearing voices groups" (some of whom may experience unusual beliefs), which have been shown to facilitate individuals to explore and make sense of experiences in a safe context (Corstens, Longden, McCarthy-Jones, Waddingham, & Thomas, 2014).

How do men with "grandiose beliefs" experience their self-esteem?

The participant's accounts in this study are complex and characterised by: isolation, powerlessness and in some cases some negative views of themselves. This seems to support Beck and Rector's (2002) prediction that the individuals' typical view of themselves tends to be

highly negative. However, contradictorily, for many of the participants these negative views also existed alongside more positive views of themselves and it is notable that these conflicting views did not appear to be coherently integrated into their sense of self. It has been suggested that grandiose beliefs begin as day dreams which improve self-image (Beck & Rector, 2002). The majority of participants' accounts appear consistent with this theory as they indicate that the beliefs may improve self-concepts by giving purpose / power and an explanation for isolation / marginalisation in society.

The findings reveal the participants' perceptions of themselves are complex and tied in with the grandiose ideas and social context. Previous studies have shown higher levels of self-esteem or positive self and other schemas (Garety et al., 2013; Smith et al., 2005). However, the findings of this study suggest that the use of self-report measures may not adequately capture the full complexity or subtleties of the experience. In fact, what appears to be discussed by participants is a multi-faceted "sense of self". Qualitative research has found the development of a functional and coherent sense of self is key in the recovery from psychosis (Davidson & Strauss, 1992).

The accounts appear to support the theory that grandiose beliefs may form to protect the person from poor social rank or social self-esteem (Knowles et al., 2011). The participants' accounts are mostly characterised by low social power and in some cases an outsider status. Additionally, in support of this, several participants' accounts indicated that the belief increased feelings of power and control over their lives and others. This may suggest the participants have

activated internal defence mechanisms where they do not have access to other forms of coping methods (Birchwood et al., 2007). Importantly, the participants' accounts take place against a backdrop of environmental influences such as low socio demographic status, stigma and racism. Such factors may be associated with reduced social power in society (Masterson & Owen, 2009).

Finally, some participants discussed experiencing the belief when in a positive mood, which in turn increased their positive feelings about themselves. This may offer some support for the "emotion-consistent" account in the maintenance of grandiose beliefs. This account suggests that grandiose beliefs build on preserved areas of self-esteem in the context of positive mood (Smith et al., 2005). In one example the person's belief was focussed around his love of making music, another possessed excellent knowledge of the bible. This may provide some support for Knowle's (2011) hypothesis that the defence and emotion consistent accounts may both help to explain grandiosity.

Study Critique

A strength of the study was the use of IPA which allowed for an in depth analysis of the participants' experiences, however the richness of the data obtained is limited by the scope of the write up. The interpretative nature of IPA may have added variability; therefore another researcher may have found different themes. However, the use of inter-rater reliability checks provides evidence of the findings being grounded in the data.

Further efforts could have been made to situate the sample by collecting information about length of time in the service, number of admissions etc. Additionally, in order to ensure a homogenous sample, only men were recruited for the study, therefore the findings do not shed light on the understanding of women. Finally, a qualitative study with a small sample size has limited generalisability. Nevertheless, it has offered the opportunity to explore the subtleties and complexities of subjective experiences in a way that could not be offered with a quantitative measures.

Practice implications

The findings suggest that psychological approaches should focus on interventions which raise an individual's sense of control over their lives, foster a coherent sense of self and reduce isolation. The study suggests that men with grandiose beliefs may also have had difficult experiences with relationships and may experience the world as untrustworthy. Therefore building a trusting therapeutic relationship will be essential, facilitated through an empathic, non-judgemental and curious stance, therapeutic factors found important in CBT for psychosis (Evans-Jones, Peters, & Barker, 2009). It will also be important for the clinician to make the assumption that the belief makes sense in the context of the person's life and that a key focus should be on a shared meaning making. The findings suggest that interventions which aim to directly challenge the belief would not be recommended as it is likely to rupture the therapeutic relationship. This is consistent with modern CBT for psychosis approaches that places emphasis on collaborative goal setting and meaning making (Morrison et al., 2004).

The recovery model may be well placed to support those with such experiences, by placing emphasis on helping people to move towards personal values, goals, and maintaining hope (despite symptoms) (Thornicroft, Ruggeri, & Goldberg, 2013). This approach may foster a sense of purpose and the taking up of social roles for service users, thus providing meaning in people's lives. Services should also provide opportunities to move into different roles, e.g. experts by experiences and service user forums where they may experience positive interpersonal experiences of increased power.

The participants' accounts are notable as being characterised by problem saturated narratives, this is despite of the fact that they have very often managed to survive adverse life experiences. A narrative approach may help to develop a more coherent and positive narrative of themselves and their experiences which draws out and thickens stories of resilience, coping and personal resources (Rhodes & Jakes, 2009).

Lastly interventions which provide opportunities to maintain relationships in the emergence of beliefs, such as family therapy and psychoeducation should also be provided in order to reduce relationship breakdown.

Research Implications

This study provides a complex and rich understanding of the experiences of men with grandiose beliefs and highlights the importance of interpersonal relationships and the sense of

self. It would be interesting to repeat the research with women to see if similar themes emerge. Future qualitative research could also further elucidate the processes and explore the mechanisms by which an individual with a lack of a coherent sense of self and difficult relationships may develop grandiose beliefs. Interviewing participants for whom the belief is currently emerging (in early intervention services) would be helpful in order to access the processes as they initially occur. A grounded theory approach could be utilised in order to generate theory regarding these factors.

Quantitative research could explore the role of social self-esteem or social rank in grandiose beliefs by using a prospective repeated measures design with those at risk of psychosis. A study of this kind could ascertain if perceived social rank/esteem improves after the emergence of grandiose beliefs and provide further evidence for this theory. Lastly, it may be helpful to develop a quantitative measure of multi-faceted aspects of the self, as opposed to single-concepts measures such as self-esteem.

Conclusion

This preliminary study aimed to explore people with 'grandiose beliefs' and their understanding of their interpersonal relationships and self-esteem. Participants reported both difficult relationships in early life and adult life. The findings contradict previous literature which suggests that people with grandiose beliefs have high self-esteem. Instead the findings suggest that participant sense of self is complex and lacks coherence. The findings also reveal that the sense of self was set in a social context in which the participants felt powerless, isolated and that

others were untrustworthy. In the context of limited resources the results suggest the beliefs function to help the participants survive, functioning as a coping mechanism and / or providing meaning and increasing power. Thus it appears to confirm that the belief may in part, serve to protect participants from poor "social self-esteem". These findings provide avenues for further exploration and provide recommendations for clinicians and services.

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Section C:

Appendices of supporting material

Appendix A: Table of studies

Author and country	Relevant aim	Sample	Design	Method and measures	What?	Key results - Paranoia	Key results Grandiosity	Critique
Berry, Barrowclough & Wearden (2008) UK	Explore the association between avoidant/axious attachment and psychotic symptoms	96 with diagnosis of schz mean age 44 - MH outpatients	Repeated measures design 6 month fu. Anova and Hierarchical regression anaylsis	. Attachment -PAM (informant and self report), PANSS.	Adult Attachment (PAM)	Attachment avoidance assoicated with paranoia, attachment anxiety did not reach significance. Attachment avoidance added predictive power after hierarchical regression controlled for severity of symptoms overall. No significant differences stable /non stable group for changes in attachment scores (so unrelated to symptoms?)	n/a	strength - self report and informant measure of attachment. Longitudinal design.Convienience sample - older with longer histories of psyhosis - could affect attachment style? Likely bi-directional?
Carvalho et al (2016	To explore memories of bullying and parenting with parnaoia	188 participants (active P schz, remisision scz, relative and HC)	cross sectional - regression on total sample.	Paranoia checklist, BDI. ELE, Bully/victim questionnaire and CECA	childhood adveristy - ELE (, Bully/victim questionnaire and CECA (antipathy ann	Antipathy from both parental figures, percieved threat/subordination and bullying all positively predict paranoia scores	n/s	Not clear how particpants were selcted no eligibilty crietria given - convienence smaple

Falkozi and Addington (2013)	To examine the relatiosnhip between trauma and attenuated symptoms	46 participants with prodromal symptoms (25 m and 20 f) aged 14-35. 80% students.	cross sectional	By interview/reviewing case notes - The SOPS.and COPS and the abuse/trauma questionnaire (they added phys and psych bullyiing)	childhood trauma	Trauma was positively correlated with feeling "watched/followed" (n =13) (but no correlation with being harmed)	correlations revealed that increased trauma was related to grandiose thoughts of status and power (n=4)	Small sample, low numbers rated as having GD.Inter-rater reliability checks conducted. Cross sectional - don't know who will be the people that go on to develop psychosis. Low levels of sexual trauma reported (n=14) - underreprted? No cntrol group to compare levels of trauma to.
Hesse et al (2015) Germany	To explore the longitudinal relationship between paranoia, famil atmosphere and paranoid delusions	160 adult outpatients who took part in CBT vs CRT trial for negative symptoms	Repeated measures (12months).	PANSS used for paranoia. Self report surveys for other concepts - German FEF	family dynamics (ipc)	Paranoia predicted negative family atmosphere. Negative family atmosphere predicted negative interpersonal concepts. IPSC act as the mediator between family dynamic s and family atmosphere.	n/a	Strengths were large sample and longitudinal design. No self report of paranoia. Low levels of paranoia in sample (predom -ve symptoms) not generalizable to other samples?

Johnson et al (2014)	to explore iif shame acts as as mediator between stressful life events and paranoia	60 participants aged 16-25 (42 f)recruited at assessment to secondary MH service.	cross sectional - linear multiple regression analysis	Experience of Shame Scale (ESS; The State Social Paranoia Scale (SSPS; and The List of Threatening Experiences (LTE).	Stressful life events	Stressful life events were associated positively with paranoia. Shame moderated the association between stress and paranoia. for individuals reporting high levels of shame, shame amplified the association between stressful events and paranoia.	n/a	3 of items not directly related to relationships
Korver-Nieberg et al (2013) UK	To explored if insecure (adult) attachment is related to paranoia	Aged 13-18 years old. 38 participants with early psychois and 78 HC's.	Cross sectional design	Psychosis attachment measure (Berry, 2006), Green Paranoid Thoughts scale	Adult Attachment (PAM)	Sig relationship between attachment anxiety (in both groups) and paranoia. Avoidant attachment related to paranoia in patient group.	n/a	small number of "patients" as compared to controls. PAM measure designed for adults. Does not say if investigators were blinded.
Korver-Nieberg et al (2015) Netherlands, Uk and Israel	To examine if insecure attachment is associated with psychotic symptoms	Drawn from three separate studies. 402 m and 98 f, outpatient and inpatient	Cross sectional - between groups.	PANSS, RQ (likert scaled added to add dimensional approach).	Attachment (RQ) Adult attachment	Using categorical approach - suspicions/persec rated higher in 3 insecure attachment types. Using dimensional approach, both anxiety and avoidance positively associated with sus/persec both to P=<0.001 level.	n/a	large pooled sample from different countries. Mostly men, not easily generalisable to women. Crposs sectional unclear which came first.

Longden, Sampson & Read (2015) New Zealand	To explore child adversities and psychosis.	242 mh outpatients. 122 f and 129 m	Observational, between groups ad linear regression.,	from medical records. Inter-rater reliability checks. Regression analysis.	Childhood adversity - (CEA, CSA, CPA and CN, bullying, poverty, adoption and fostering, death of parent/cg and DV, parental mental illness)	Delusions noted in 43.8% - 94.5% oh which were paranoid. Adversity exposure sig higher in those experiencing paranoid delusions, than those that were not. PD also +very associated with fostering/adoption and poverty. CPA, CSA, CENdeath of caregiver/divorce not associated with any symptoms	36.4% of delusions,. No sig difference for overall adversity exposure. CPA, CSA, CEN death of caregiver/divorce not associated with any symptoms. Fostering and adoption +vely associated with grandiose beliefs p=0.028 (but not below number set for study)	. Underreporting of adversities in the medical notes?

Lopes (2011)	To examine if victims of bullying have higher levels of paranoia in mixed clinical sample	30 diag of Paranoid Scz and 31 social anxiety both form outpatient MH services (18+ 65%m and 34%f)	Cross sectional between groups design.	Paranoia checklist (PC), Bully/victim questionnaire (BVQ), social anxiety questionnaires FoNE CEQA, Early life experiences scale.	Bullying (throughout lifetime)	68% recalled being bullied, 59% had diag of paranoid scz, they reported statistically significantly more experiences of bullying than the social anx group. Victims of bullying group (VB) reported higher levels of Paranoid ideation (PI). VB recall significantly higher levels of neglectful, hostile, physically abusive parenting. Lower social anxiety fears.	n/a	All questionnaires translated, not all check for reliability/validity. Retrospective study. Small sample. Strength in using a mixed clinical sample.
Mason et al (2009)	To explore if types of abuse predicted delusional content	39 participants (19-60 years) 23 were male	cross sectional, logistic regression analysis	The CTQ, The SCAN. 21	childhood abuse	No association found	Special abilities (n=11) predicted greater abuse. Grandiose abilities (n=11) at trend levels	sample chosen by clinicians (potential bias), cant infer causation,

Rankin, Bentall et al (2003) UK	To explore relationship between paranoia and relationships with parents throughout life.	14 patients with active persecutory delusions (10 m), 9 remitted (6 m) and 15 HC's. All aged 24-39 years old.	Cross sectional between and within groups design - MANOVA analysis., separated as "active persecutory delusions" (A) "remitted" ® and Health controls (HC's).	Measures administered as an interview. PANSS to rate if persecutory delusions present, Relationship with family of origin scale, BDI, PBI.	Relationships with parents (early and, late adolescence and "current")	PBI - Both patient groups scores sig lower then HC (tp p=<.005 level, but did not differ from each other. REFAMOS for aged 16-20.Both groups had scores higher than HC for influence, criticism and discord and lower for encouragement. t. Similar pattern found for "current" time.	n/a	V small N in group. No blinding of investigator (first author).Did Control for potential confounders including depression.
Raune et al (2006)	to explore if attributes of events prior to onset of psychosis linked to content of delusions	41 part pants uk MH service	cross sectional. Principle component analysis	The SCAN. The Life Events and Difficulties Schedule	Stressful life events	intrusive events +vely associated with persecutory beliefs	Loss events - vely associated with grandiosity	Small sample size, did not explore subjective meaning, fixed questions. No consideration of earlier events
Read, Agar, Argyle & Adenhold etal (2003) New Zealand	To analyse the relationship between 4 types of abuse (ASA, CSA, APA and ASA) and psychotic symptoms	200 case file read consecutively at CMHC (114 women and 86 men +18)	cross sectional. Logistical regression model	Medical records read and rated by investigators using a chart analysis	abuse (adult and child)	PD's not related to any CA. Sig relationship between ASA (53% of those who experienced ASA vs 23% of non abused). CA+AA combined predicted PD	GD not related to CA or AA. CA + AA combined sig predicted GD p.01	No controls for confounding variable. Many analyses made (increasing likelihood type 1 error), data may be underreported in the medical records
Strand, Goulding & Tidefors (2015) Norway	To explore four attachment styles and symptoms in psychosis	47 completed MH outpatient m n=30	cross sectional .	Self report - RQ and symptom checklist (SCL-90R)	adult attachment (RQ)	Paranoid ideation associated with preoccupied (not secure, dismissing or fearful).	n/a	convenience sample. Smalll sample size. Correlational

Thompson et al (2008) USA New york		30 individuals between the ages of 13 and 25 , mean age of 18.8 (SD 3.7) and were primarily male (n=25; 83%). Seventeen participants(57%) were of ethnic minority status.	Cross sectional	SOPS and early life inventory (ELE) A dichotomous (yes/no) score for parental loss and/orseparation	early childhood trauma (general trauma, physical, emotional and sexual abuse)	Specifically, ethnic minority participants(n=17) endorsed more trauma experiences (in particularphysical abuse) and were more likely to have experiencedseparation from a parent than Caucasian participants (n=13). Suspiciousness was only found to be associated with physical abuse (whole group and ethnic minority)	childhood trauma significantly associatedwit positive symptom. physical and sexual abuse (and emotional abuse at the trend level; related to positive symps, &grandiosity. accounted for by ethnic minority participants (across all)	small groups - low number of Caucasian group reporting trauma
Upthegrove et al (2015) UK	To establish if childhood events are associated with symptoms of psychosis with people diagnosed with Bipolar disorder.	2019 participants (drawn from wider study by BDRN) 18 years + mean age 47 and 70% f. Type II bipolar excluded.		Administered by interview. Childhood life events questionnaire (devised by authors), Clinical Assessment Neuropsychiatry Interview - supplemted by reading case notes.	Childhood adversity - grouped into 5 areas child abuse, death of a loved one, victimising events and family disruption	No association with childhood life events and having persecutory beliefs.	Negative relationship between grandiose beliefs and CSA and CPA (not CEA). No relationship with other CLE's.	CLEQ - Did not ask about childhood abuse or bullying specifically. If not asked are many unlikely to mention? Large number of analyses made and no correction

Valmaggia et al (2015)UK	To examine if history of bullying would be associated with higher levels of paranoid ideation in UHR group	64 UHR group from NHS outpatients and 43 HC's matched from local community aged 18+ mean age 22,5 (SD4.01) and 24.02 (SD4.01) respectively.	cross sectional, between participants independent design.	Retrospective Bullying Questionnaire (RBQ). State social paranoia scale and Virtual reality (VR) environment (modelled on tube train). Questionnaires filled our after exposure to VR environment.	Bullying (primary and secondary school)	66.7% of UHR had been bullied as opposed to 25.6% of controls. UHR statically more likely to experience PI during VR exposure. Comparing VB vs NVB 43% scored >16 "some PI" vs 21% of NVB.	n/a	Strength in using more standardised measure of paranoia by using VR as opposed to retrospective. However bullying measure retrospectively.
Velthorst (2013) Australia	Relationship between trauma and UHR for psychosis	127 UHR patients (first 60 who devel psychosis and 67 who didn't) Aged 14-26	cross sectional baseline - comparing trauma vs non trauma and. Multiple regression analysis.	Medical records analysed. CAARMS and GAF scale. Operational Criteria checklist. Trauma identified by researcher in notes and happened before age of 18.	Childhood trauma (CPA, CSA, CEA and 'other'). 56% of cohort reported trauma	CPA positively associated with persecutory beliefs (not with other types of trauma or abuse)	CPA positively associated with grandiose beliefs. (not with other types of trauma or abuse)	assessment of trauma crude yes/no (not severity) and no inter-rate reliability checks. Relied on medical reports, may be underestimation. Baseline data did not allow to make inferences between trauma and

Wickham, Sitko and Bentall (2014) UK	To explore the relationship between insecure attachment styles and psychotic symptoms, and to explore the mediating role of self esteem	176 clinical MH service users with Schz diagnosis and 113 Healthy controls Aged 17 - 77 years	cross sectional design. Regression and mediation analysis.	Paranoia - PANSS and PaDs and Self Esteem rating scale used	attachment (RQ) Adult attachment	1)In clinical group anxious / avoidant attachment both +vely correlated with paranoia (both measures) r=.21-r=r.44 p<0.01. 2)Attachment anxiety predicted paranoia (not avoidance).3) Self esteem mediated t between insecure attachment and paranoia - partially for anx and fully for avoidance	n/a	Cannot infer causation (model could be backwards). Strength is use of two different measures of paranoia (self report and PaNs)

Appendix B – Quality Assessment Criterita for Quantative Studies (Kmet, Lee and Cook, 2004)

1. Question / objective sufficiently described?
2. Study design evident and appropriate?
3. Method of subject/comparison group selection or source of information/input variables described and appropriate?
4. Subject (and comparison group, if applicable) characteristics sufficiently described?
5. If interventional and random allocation was possible, was it described?
6. If interventional and blinding of investigators was possible, was it reported?
7. If interventional and blinding of subjects was possible, was it reported?
8. Outcome and (if applicable) exposure measure(s) well defined and robust to measurement / misclassification bias? means of assessment reported?
9. Sample size appropriate?
10. Analytic methods described/justified and appropriate?
11. Some estimate of variance is reported for the main results?
12. Controlled for confounding?
13. Results reported in sufficient detail?
14. Conclusions supported by the results?

Appendix C - Interview Schedule V3

Rough Guide-Not verbatim/Follow the lead of the individual participant

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"Before we start I would like to thank you for agreeing to meet with me. As you are aware my name is Lana Renny and I am a Trainee Clinical Psychologist at Canterbury Christ Church University. Today I would like to spend some time talking to you about your positive self-beliefs (that other people tend not to believe), your experiences and your relationships. There are no right or wrong answers and if you would rather not answer a question please just let me know. You can also choose what you decide to tell me and how much you answer

“The interview will last up to an hour, you can stop the interview at any time, you don’t have to give a reason if you don’t want to and please let me know if you would like a break. I would also like to speak with you when I have finished the research in order to tell you about my findings and check them out with you, although you can choose if you would like this”

"During our interview it is important that I listen to you very carefully so I am planning on recording the interview (show the equipment and give the participant the opportunity to examine the digital recorder). They will be kept on an encrypted and password protected memory stick. Are you happy for me to record our interview? (If participant consents I will start recording). Any questions? "

"Now that you know a little bit more about me and what I am interested in I would like to begin by finding out some basic information about yourself, is that okay?” e.g. age, who they lived with, hobbies, occupation etc.

Interview questions

Current Relationships

-Can you tell me about your current relationships?
Prompt – who are the people you see / talk to / are important in your life?

-Please tell me about the last time you experienced feeling that you were special, unusual or important? (Please could you tell me about your special talent/ability/power/wealth that is not believed by others)

-How do you feel about talking about your talent/ability/power/wealth/belief?
-Who do you talk to about your special talent/ability/power/wealth/belief?
-When you talk about your talent/ability/wealth etc how do others react? What is that like? How does that make you feel? How do you react?
-How do you think your special talent/ability/wealth/belief etc affects your relationships with others?

Emergence of the belief

-When did you first notice you had this talent/ability/power/belief? What happened?
(Prompt: What was happening in your life at this time?)
-Can you tell me a bit about your relationships before you noticed had this special talent/ability/power?

-How did your relationships change when you noticed you had this power/talent/ability?

-What other change? (prompt: were there any changes to you life? Did it affect your relationships?)

Early relationships
-Can you tell me a bit about your early relationships growing up?
(who were the important people, such as family and friends? How would you describe those relationships? How did you find school? Did you get on with your peers?)
-Do you think you special talent/ability/wealth is related to your early experiences? In what way?

Self esteem
-How do you think people saw you before you had this talent/ability/power?
(Prompts: What kind of person were you growing up? How did you feel about yourself or how would you describe yourself?
-How do you feel about yourself?
(Prompt: what kind of person do you think you are?)

End of interview
-Is there anything else I haven't asked about that you think is important for me to know?
- How have you found this interview?

At the end of the interview I would close by checking out the participant's distress, I will explain where they can receive support if they need to. I would also offer the opportunity to speak with a member of their team if they feel distressed and would like to speak with someone.

Appendix D – REC Provisional opinion letter

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Appendix E – REC approval letter

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Appendix F - Ethics approval from Research and Development, Oxleas

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Appendix G- Ethics approval from Research and Development Office, SLAM

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Appendix H: Ethics approval from Research and Development, KMPT

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Appendix I: Participant information sheet

Information about the research

Experiences of people with Positive Self Beliefs*
You are being invited to take part in a research study by Lana Renny, Trainee Clinical Psychologist at Canterbury Christ Church University. Before you decide whether or not to take part, it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Please talk to others about the study if you wish and I will be available to answer any questions that you may have about the study. Please ask if anything is not clear.

Part 1 will tell you about the purpose of the study and what will happen if you take part.
Part 2 gives you more detailed information about the conduct of the study

What is the purpose of the study?
This study aims to explore and understand the experiences of people who have positive beliefs about themselves, which are not generally held by others around. A person who has these beliefs may feel that they have a special talent, ability or that they are unique in some way. The purpose of the research is to better understand these experiences, from the person's own point of view. It does not aim to judge or question those beliefs, it is focused on exploring the person's own understanding of these experiences and how it may have impacted on their relationships.

Previous research has found that there can be benefits to having this type of experience, for example, it has been found that people tend to have high self-esteem. However, there may also be some drawbacks, such as not feeling believed by others. In some cases, mental health professionals may have even labelled these experiences "grandiose" beliefs or "delusions". There is however, little research asking people themselves about what it is like to hold these beliefs. I hope that this research may contribute to a better understanding and therefore improve services for people who have these types of experiences.

Why have I been invited?
You have been invited as it has been suggested that you may have had the experiences described above.

Do I have to take part?
It is up to you to decide if you would like to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw from the study at any time whilst it is being conducted, without giving a reason. This will not affect the care you receive.

What will happen to me if I take part?
If you agree to take part in the study, we would then arrange a convenient time for us to meet for an initial meeting of around 20-25 minutes where I can answer any questions you may have about the study. You will then be asked to sign a consent form before we begin. You will be given a copy to keep and you are also encouraged to keep the information sheet safe for future reference. In this initial meeting you will be asked to complete a questionnaire which will ask you about your beliefs and will take around 5-10 minutes to complete. The questionnaire is used to

help to check that you have had the experiences we are interested in i.e. positive self-beliefs. If you are invited to interview, we will arrange a time and NHS Trust location which is convenient for you. The meeting will last about an hour to an hour and a half, however the interview itself will only last up to an hour of that time.

* these are sometimes labelled as Grandiose beliefs
In total if you participate in the study you will attend two appointments over a maximum of a three weeks.

Expenses and payments
You will be reimbursed up to ten pounds for your travel costs.

What will I have to do?
It will involve talking for up to an hour about your experiences. The researcher will have some general ideas of what they would like to cover but you can answer questions however you would like to. There are no “right” or “wrong” answers; I am interested in finding out about your personal experiences and how you understand them.

What are the possible disadvantages and risks of taking part?
Sometimes talking about experiences can bring up upsetting feelings or memories. If this occurs during the session, you can let me know and we can stop the interview at any point. If you become upset or distressed after the session, you would be put you in touch with a psychologist or care coordinator within your team who can support you. You can also withdraw from the study at any point.

What are the possible benefits of taking part?
There will be no benefits to you for taking part in the research.

What if there is a problem?
Any complaint or problem you have will be listened to and addressed by me, the researcher, who can help directly or put you in touch with someone who can help. If you do not wish to speak to me, the researcher, or if you would like to make a complaint, then further details are provided in Part 2.

Will my taking part in the study be kept confidential?
All information that you discuss in our meeting will be kept confidentially and stored in a safe place. The university department requires that data is anonymous and stored on a password protected CD in the office in a locked cabinet for 10 years after the study is completed.

Everything you say will be confidential and you can withdraw your information at any time. If however you say something that suggests you may harm yourself or someone else, I will need to pass this information onto other professionals working with you.

This completes part 1.
If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?

At any point throughout the study, you are able to and welcome to withdraw from it. This may be after signing the consent form, during completing of the interview or following completion at any point.

You will be given an identifying code so that you are able to withdraw your data at any time during the studies completion. Please contact Lana Renny (contact details at the end of this information sheet) or Prof Tony Lavender if you decide you want to leave the study. This will not have any impact on the care that you receive.

What if there is a problem?
If there is a problem you can discuss this with me if you feel this is possible, and I will try and solve the problem in the first instance. However, if you would like to make a complaint about me, or would like to make a more formal complaint then the details are listed below.

Complaints

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to answer your questions. If this is not possible or if you remain unhappy and wish to complain formally, you can do this by contacting the Patient Experience Team by email:

Trust Complaints

Will my taking part in this study be kept confidential?
Your confidentiality will be safeguarded during the study in a number of ways:

- The interviews will be conducted in a private room with only myself (the researcher) present.
- The audio recordings made will be password protected and encrypted and stored securely, by the researcher and by Canterbury Christ Church University. Written and audio data will have the name and address removed so that you cannot be recognised.
- Only registered persons will have access to identifiable data (e.g. name and address). These are the researcher (me), and my supervisors.
- The data will be stored for 10 years securely by the university before being destroyed.
- There are limitations to confidentiality, where there is risk to self or others. If this is the case this may need to be shared with other relevant professionals.

Involvement of Care Coordinator
You're care coordinator will be informed of your participation of the study, however what you discuss in the interview will remain confidential and will not be discussed with your care coordinator. The only exception to this would be if there is any risk of harm to yourself or others, where I would be obliged to share this information. If this was a concern, I would try and talk about this with you first.

What will happen to the results of the research study?

The results of the study are intended to be published in a Scientific Journal and used to further our understanding of the experiences outlined above. I would also hope to feedback the results to all participants if they would like this, either by meeting or I can post them. You will not be identified in the research; however there may be anonymised quotes from the interview in the published report and so you will not be able to be identified.

Who is organising and funding the research?
The research is being funded and organised by Canterbury Christ Church University, by Lana Renny as part of the Doctorate in Clinical Psychology.

Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by NRES committee London- City and East Research Ethics Committee.

Further information and contact details
If you would like to speak to me and find out more about the study of have questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at x. Please say that the message is for Lana Renny and leave a contact number so that I can get back to you. Alternatively you can email me x . I can provide information about any of the following:

1. General information about the research.

2. Specific information about this research project.

3. Advice as to whether you should participate.

4. Who you should approach if unhappy with the study.
    - If you do not feel able to speak with me regarding this please contact 24-hour voicemail phone line above and ask to speak with Professor Tony Lavender who could give you further details of where to complain.

Thanks for taking the time to read this and considering taking part in the research – it is hugely appreciated.

Lana Renny
Trainee Clinical Psychologist

Appendix J – Consent Form

Title of Project: Experiences of people who hold positive self-beliefs

Name of Researcher: Lana Renny

Please initial box

1. I confirm that I have read and understand the information sheet dated 4th February 2015(version 4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐

3. I understand that your supervisors, Prof Tony Lavender, may look at relevant sections of data collected during the study. I give permission for this individual to have access to my data. ☐

5. I agree to my care coordinator being informed of my participation in the study ☐

6. I agree to the interview being audio recorded and that anonymous quotes from my interview may be used in published reports of the study findings ☐

7. I would like to receive individual feedback regarding the findings of the study ☐

8. I agree to take part in the above study. ☐

Name of Participant_____

Date_____

Signature _____

Name of Person taking consent _____

Date_____

Signature _____

Appendix K – Interview transcript

This has been removed from the electronic copy

Appendix L - Research diary (Abridged)

This has been removed from the electronic copy

Appendix M: Bracketing interview

Key concepts and themes arising from the interview:

- My own thoughts about the area (from reading and experience) were that the beliefs made sense of experiences and are on a continuum with normal beliefs. Although this is in agreement with modern approaches, tradition psychiatric approaches would dismiss them as meaningless. It will be important to be aware of the potential conflict that this may cause in the recruitment with staff, ongoing engagement and discussion will be helpful.
- The participants are drawn from areas which are mostly socio-economically deprived and are users of secondary mental health services for psychosis. Although from working class family in a multi-cultural part of London, I have generally had a fairly privileged upbringing and a high level of opportunities. I have never used mental health services myself, having only used them as a professional. The interview revealed assumptions around that issues of prejudice and stigma that may come up and which I may be overly sensitive to. Its is important that I don't over identify with such issues.
- It is important to be aware of my own values which have guided my interest in this area. I have an interest in social justice and critical approaches to psychology/psychiatry. I also have quite a lot of experiences of working with marginalised people in the mental health system and so have a strong desire that those voices be heard. These together may mean I may be biased to look for evidence which will confirm negative experience of MH services and social deprivation. It is important that I remain open minded in interviews and stay open to other stories and be alert if I am finding myself drawn to stories which fit with what I want to find.
- It emerged that there was an anxiety about interviewing participants about potentially distressing content and being in the role of a researcher, when used to being a clinician. As a clinician my tendency is to be supportive, tentative and to avoid to take things slowly in asking someone to open up. In the role of researcher it will be a challenge to ask participants questions about personal areas and maybe push questioning farther than I would as a clinician and to remember the purpose is not to help. it will be important to keep a diary of this ongoing challenge and be reflexive in interviews.
- The interview revealed an anxiety about participants not being able to answer the questions in the way I hoped. It will be important to notice any avoidance of clients who may struggle to express themselves of have a very different understanding in the wish get data which is neater and answer my research questions in the way I want – contacting participant on a first come/first serve basis should mean that this doesn't happen.

Appendix N – Data analysis examples and the process

On the following pages I have included the initial emerging themes for an individual (Simon) which were taken from the transcript. These were then grouped into a smaller number of themes on the computer by cut and pasting the initial emerging things into groupings using abstraction (like with like) and contextualisation (Contextualising within time periods) which illustrate how the initial emerging themes on the transcript were then organised into themes. This was completed for each person and the initial themes for the group are the following page. At this point the themes were cut out and organised and I returned to the transcripts (and back to the themes) until they had been organised into superordinate and sub themes. On the following pages I have illustrated the process by showing the development of themes at each of the stages.

Stage One – Emergent Themes from Transcript

Baby daughter born yesterday
New sexual partner - casual
Baby from casual relationship
Partner "totally mad" – deeply disturbed
Emotional disconnect
Madness started over a number
Madness disconnected from events
Madness
Partner is the ultimate
Idealised partner
Women as superior
The Number is the reason
Number means he is god
Looking back (making sense)
Deserves to be rich
Money is success
Normal person
First experienced when stoned
Been in a war
Scars
Suffering
Others say coincidence
Questioning coincidences
What else?
No point trying to persuade
Black and White but Yellow
Feels neither black nor white
Mixed heritage
Struggle with ethnic identity
Married and working –humdrum
A conman
Compulsive gambler
Making money
Gambling from a young age
Obsessed with gambling
Father gambled
Sport of Kings
Hopes others will realise
Life was good – married, money, and daughter
Protecting a woman
Played mentally ill - pretending
Father made redundant
In custody
Money gets you out of trouble
Having an affair
Went on the run
Avoiding problems
Assaults girlfriend
Separate from others
Disconnect from emotions
Have nothing
Has no trade – no value?
Friends with prostitute, vulnerable women
Avoids charge
Avoidance of difficulties
Avoidance of reality
Flew back to be with prostitute friend
Female friend gave him money
I am the party
The energy
Examining coincidences
Relationships a transaction
Everyone else a professional
Different to everyone else
Big player on the street
Success and spirit
Sense of importance
Felt the Holy Spirit when feeling important
Money for women
Woman reduced to a number
Jail all over the world
Jail okay
Didn't know himself
Friend hanged himself
Only one who saw
Other people don't make sense
Difficulty talking about emotions
Got scars, was arrested
Got into Buddhism
Events speeded up
A woman gave him the number
Numbers important
A Lot of Jail time
Mental hospital big experiences – important?
Experiences part of a journey
Wife took him back
Difficult knowing how others feels
Wife irrelevant to his story?
Acknowledged he was king
In prison recognised he was king
Smoking cannabis
Bible personal meaning
Meaning of suffering
Makes sense of experiences
Looking back
Began searching
Feeling something not right
Mother part of story
Story more important than people
Looking for answers?
Escorted away by police
More people don't listen more he believes
Yellow people
Not black or white,
Number relates to mixed heritage
Wanting the spirit of china – praying for sense of belonging?
New girlfriend, linked to number
Beginning Understanding who he is
Has felt lost as to who he is
Left wife in Amsterdam
Relationships as events
Relationships a diversion
Number is the focus
Perhaps im the king"
Belief king at same time estranged from wife
Told mental health services
Service said "Mentally ill" (judgement)
Looking back, meaning changed
Ultimate voice hearer – God
Telling story makes him sure
Mental health will rise above
MH a higher meaning
MH will have more power than normal
Aware of stigma
Others said he was ill
Injected him
A battle – higher meaning
Understands in context of belief
Convincing himself
Life linked by numbers
Events tied by number
Searching for number
Number gives pleasure
Wants to prove to world
Proved to himself
Writers getting stories from his life
Story more comfortable to talk about
Just living life
Out in the world - normal
Normal human being
Sometimes just normal
Sometimes not different
Talk with right people
Talk to people with similar beliefs
Meeting similar people confirms his story
Story is concrete
Only talk about it when need to
Number gives him a retreat from the world
Obsessed
Big brother show
Life is a show?
Life not real
Little connection to people
Mental hospital part of life
Too much to explain
Searching for meaning
Daughter Jehovah
No contact with eldest daughter
Number makes him seek out daughter
Number provides connection to family
Number only way to connect
The think he's crazy

Threatened to keep away from grandchildren
No emotional response
Doesn't want to think about why/ or can't think about why
Finds way back to number when difficult
Others said he was very ill
Escaped from hospital
Memory terrible
Making sense of gaps?
Met partner in hospital
Daughter with mum
Feels spiritually Chinese
Searching for identity?
Could feel something
Usually doesn't feel anything?
Not noticing, events just happen
Father passed away
No connection with difficult feelings
Has friend who understands
Family won't listen
Doesn't matter how he feels
Feelings don't matter
Unusual as hasn't seen daughter
Difficult
Mixed feelings?
Daughter brilliant – understands
Father only black man
Felt different?
Must have been racist
Lived through it – become guarded?
Lower classes accepting
Everyone knew
Would have known he was god
Feels everyone has a part of him.
Doesn't feel people have a different mind to him
It's a part of himself which attacks him
Self-attacking?
Avoiding drink
Perfect upbringing
Never had to worry
Whatever he wanted
Possessions
Doesn't understand himself
Must be a reason
Deserves a comfortable life
Deserves more from life
Telling people is not enough to prove
A big brother show
God is found not chosen
Would have been in him as a child
Songs about mixed heritage
Others weren't impressed
Negative reaction not to bad
A part of me inside them
A part understands
Not used to thinking how he feels

Talks to people with grandiose ideas
Recognises grandiosity in others
Different to others
QUESTIONED DEEPPLY
Medical language
No more doubt
Care coordinator "knows"
Flood of Nigerian
Intrusive
Mental health is flooded
Nigerians represent power
Feeling taking over his care
Doctors think they are god
Doctors not god
Doctors have power
Feels powerless
No right to judge him as mad
Judged mad or not
They inject you
Threaten to chop the doctor's head
Powerless
Big brother show
Don't bother being angry
Couldn't expect others to believe
Waiting for it to change
This is his year
Things are difficult
Relationships hard
It's hard
Hard to talk to partner
"She's mad"
Feels very separate
Alone
Wants Respect and Choice
Not enough respect
Wants his daughter to make a difference
Wants to have an impact
Would help others with wealth
Basic needs
The world should be fairer
Basic needs should be met
The best year
Relationships separate from feeling easier
Waiting for the time
Feels people don't care
Hierarchy
Aware he of his place in hierarchy
There are higher powers than powerful in society
My time is coming
Recognised as powerful
Relationships, chaotic
Real relationship only possible with wealth
Only was to have wealth is through the story
No value?
Would have to pay for partner

Can't be together
Feels he owes partner
Money
Rather concentrate on job rather than relationships
Relationships too complicated to focus o

A lover with a hard man exterior
Vulnerable core
Aware of judgement
Im not mental
Terrible memory
Dad a gambler
Id gamble everything
Life is a gamble
Im a lucky man
My madness became my dream
Difficult to explain
Easier to talk about the number
Wants others to believe
Wants it to all be worth something

Stage two – Developing themes from emergent theme Simon

This stage was done on the computer by moving the initial emergent themes into boxes using abstraction (like for like).

Self as different Different to everyone else Everyone else a professional Felt different? Father only black man Different to others Normal person	**Making sense** Beginning Understanding who he is Numbers important number relates to mixed heritage	**Disconnect from relationships** Relationships a diversion Relationships a transaction Madness disconnected from events Little connection to people Separate from others Story more important than people Wife irrelevant to his story? Story more important than people Feels very separate	**Belief as a retreat from world** Number gives him a retreat from the worl Number provides connection to family **"my madness became my dream"** Rather concentrate on job rather than relatiosnhips Easier to talk about the number	**Beliefs as Madness** Madness Obsessed Madness started over a number	**Talking to people who wont challegnge** Talks to people with similar beliefs Daughter brilliant – understands Talks to people with grandiose ideas Hard to talk to partner Family won't listen No point trying to persuade	**Relationships complicated** Baby daughter born yesterday New sexual partner - casual Baby from casual relationship Relationships, chaotic Things are difficult Relationships hard No contact with eldest daughter	**Madness in others** Madness in others Partner "totally mad" – deeply disturbed "shes mad" Recognises grandiosity in others
Struggle with identity Feels neither black nor white Mixed heritage Struggle with ethnic identity Not black or white, Has felt lost as to who he is Doesn't understand himself A lover with a hard man exterior Vulnerable core Money is success	**People don't make sense** Other people don't make sense Doesn't feel people have a different mind to him	**Life not real** Life is a show? Life not real **Life is a gamble** New girlfriend, linked to number	**Disconnect emotions** Emotional disconnect Disconnect from emotions Difficulty talking about emotions No emotional response Not used to thinking how he feels Don't bother being angry	**Belief disconnected from others** More people don't listen more he believes Relationships separate from feeling easier The best year	**Idealised relationships** Partner is the ultimate Idealised partner Women as superior Couldn't expect others to believe	**Sense making – fr self and others (search for meaning)** Experiences part of a journey Meaning of suffering Makes sense of experinces Experiences part of a journey Meaning of suffering A battle – higher meaning Wants it to all be worth something It's a part of himself which attacks him Searching for meaning Looking for answers?	**Making sense** Examining coincidences Looking back Began searching Looking for answers? Looking back (making sense) Questioning coincidences QUESTIONED DEEPPLY

						Been in a war	
No Value Have nothing Has no trade – no value Real relationship only possible with wealth **Waiting for recognition** Hopes others will realise Recognised as powerful	**Others reactions** They think hes crazy EVeryone knew Negative reaction not to bad Negative reaction not to bad Others say coincidence Want others to believe Aware of stigma Others said he was ill						**Others as himself?** A part of me inside them Feels everyone has a part of him. Feeling something not right
Memories of childhood conflicted Must have been racist Lived through it – become guarded? Would have been in him as a child Perfect upbringing Dad a gambler Compulsive gambler	**Deserves more** Deserves a comfortable life Deserves more from life Wants Respect and Choice Not enough respect	**Violence in relationships** Threaten to chop the doctors head Assaulted girlfriend	**Feels powerless in MH system** Feels powerless They inject you Judged mad or not Intrusive Mental health is flooded Nigerians represent power Feeling taking over his care	**Hierarchy - power?** Aware he of his place in hierarchy There are higher powers than powerful in society Hierarchy The world should be more fair	Wants to have an impact Would help others with wealth Basic needs Basic needs shuld be met		

List of Themes for Simon

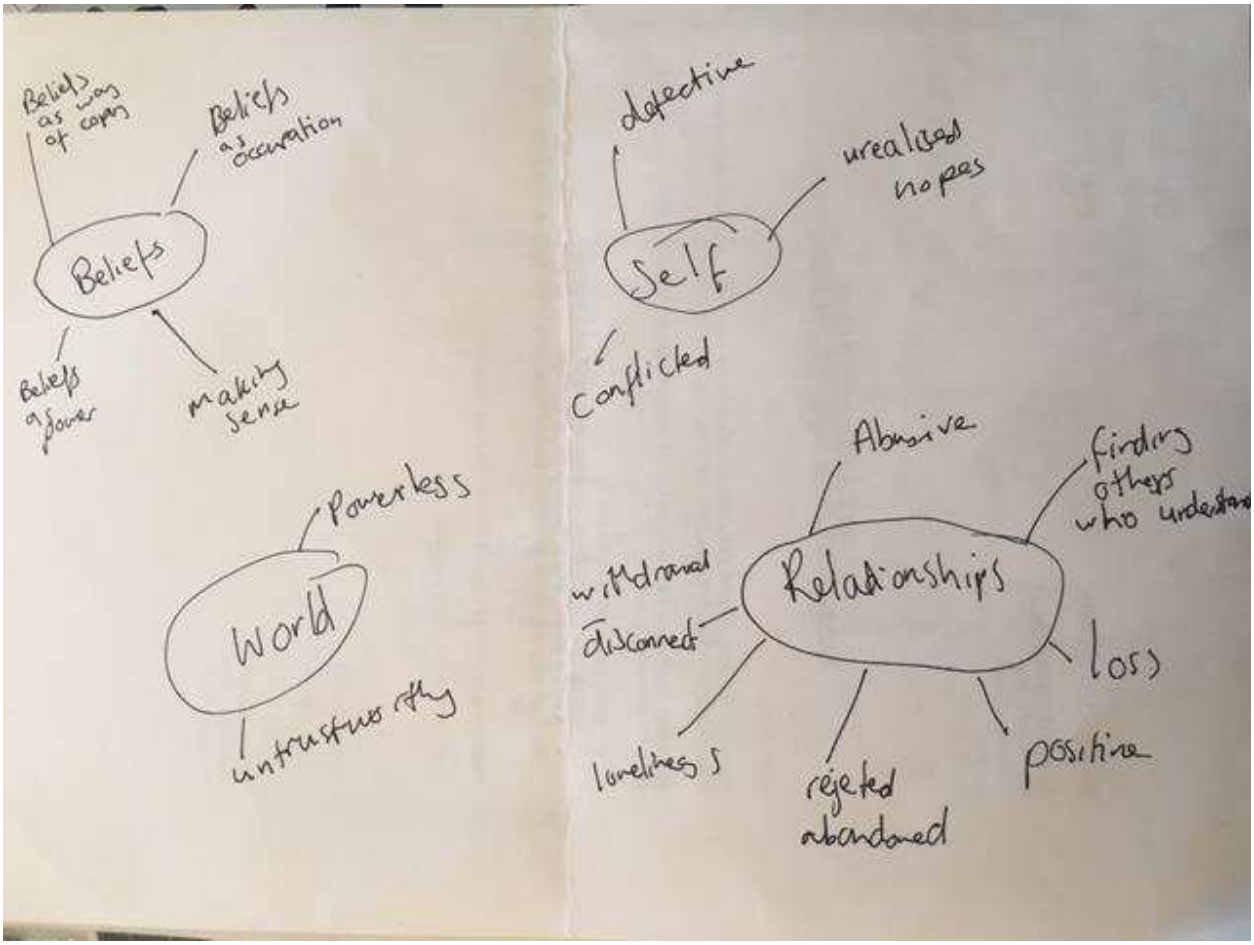
- Self as different
- Making sense
- Disconnect from relationships
- Belief as a retreat from world
- Beliefs as Madness
- Talking to people who wont challenge
- Relationships complicated
- Madness in others
- Sense making – explaining beliefs to self and others
- Idealised relationships
- Belief unrelated to relationships
- Disconnected from emotions
- Life is not real
- People don’t make sense
- Struggle with identity
- No value
- Aware of negative reactions
- Waiting for recognition
- Conflicting memories of childhood
- Deserves more
- Violence in relationships
- Powerless in MH system
- Powerless in society
- Wants to have an impact
- Sees others as himself

Stage Three and Four – Development of themes at a group level
Once themes were developed at a participant level, the themes were then printed out and cut up and then in a similar way grouped into emerging themes (using abstraction), these were then grouped into subordinate and sub-themes. This was then revisited and refined, with a particular focus on an interpretative approach (moving from more descriptive).

Finally the themes were checked back to the quotes and refined further, the tmes were then checked by placing quotes in a table (see appendix N)

<u>Initial themes group level</u>
Loneliness / disconnection
Withdrawal
Abusive relationships
Difficult relationships
Rejected/abandoned
Loss of relationships
Positive
Making sense
Beliefs as power
Beliefs as coping
Beliefs as occupation
Unrealised or Lost hopes
Powerlessness
World as dangerous and confusing
Defective self
Conflicted self
Violence
Finding people who understand

Initial Group Themes (Map)



Appendix O - Extended list of quotes by superordinate theme/subtheme

Other people as disregarding	
Absent early relationships	Peter: before. I found the cure. It's called Mentos sweets. It helps. Also there was an element of fear in there as well. I had to live with that for 14 months My parents were saying ah there's nothing wrong with him….when I was really young like age of 9 until I think I was about 11. But this butterfly thing was the worst feeling I've had in my whole existence. Peter: it started when I was about 12, 11 and a half. Tolkeins book, when he died, but he died just before he got to fill in the rest of the book, and I filled in the rest of the book, I even did the writing, on the top, I filled it in properly. My hand, by the time I was finished started to ache - I had aching in the back of my hand and finger. It took me about 2, 2.5, 3 hours of writing and studying. All my friends started moving away and stuff like that. I was put in…my dad... My mum left me and my brothers did as well. They left me with a magician's hat and it was also written in the bible about who I was. Peter: I went to my mums and she got a placement somewhere else, I can't remember where. Sxxxxx road I think it was. After that she locked me up and I had to sit on the stairs and stuff like that Derek: 62 had an impact on the world. It was when the world rejected Jesus. And the world accepted the tree of the knowledge of good and evil. So what happened in the manifestation of that is that what you can call the era of the 60s when there was love, and everyone was going out to smoke pot and make sex and all that lot, and because God is love. That manifested. And from that point onwards, the love has… because it was rejecting of god, has become deteriorated and has deteriorated so much that now the place is full of homosexuals and perverts Simon: black father and white mother, in (area). So I don't know if you know this area but st Mary grey is a gypsy area, and 45 years ago there was only one black man in the whole of the place and that was my dad. Interviewer: what was that like growing up? Simon: um… well it must have been racist, it must have been. But I just lived through it. Simon: I'd go down sit in the laundrette with the gypsy ladies, pick out the horses and get them to put it on, or stand outside the betting shops saying can you put this on for my dad but say it's for you but they put it on. I was sneaking in betting shops at 10 years of age Immanuel: So um… when I was born in London I went back to Africa and I stayed about 15 years. 14 years, 15 years, and I went back to the UK again when I was 15. And I stayed with my step dad, but um… he didn't like for me

	to stay so I had to move, from there. My step-dad didn't allow me to stay with my mum and him. And then I moved to London, when I was 15. …. it affected me quite a bit. I was very young anyway. Immanuel: when I lived in the hostel, I lived in a very small room. my ___ didn't give me a computer, I don't think it was going to fit in the room because it was small and there was a lot of chaos there anyway. No one from my school lived in a hostel, they lived with their parents. Maybe I should have stayed with my adopted mother. Rifat: I were 13 year old, 15 year old. I was told I could go to uni in 1979, a lecturer was a neighbour and helped me with my maths homework and something inside says, I cant remember exactly what. I think it was the vision of Moses, I was told I was adopted as well. I was told I was adopted aswell, I had cultural conflicts with Indian culture. I was told I adopted by the General practitioner. Rifat: I found ermm….err…. I met Lady Mount Batten in hospital and Sir Oswald MAudsley, I asked him to be my godfather which he said yes he would and Lady Mount Batten. I retaliated to a nurse. If I was told by Lady Mount Batten that I was her grandson she would give me a good hiding, I said if I was her grandson I wouldn't be there in the hospital. Rifat: My mum….my mum… she used to keep herself very busy, she was Bangledeshi and her dad was Saudi Arabian from direct descent. There are millions of arab descent, Bangladeshis. That's where problems of needing dual nationality. I had to renounce benagladeshi nationality, east Pakistani. Whatever that was called in 1972. Joshua My mum said to me, that she only stayed together because of the kids. And my brother went to university, and my other brother went to university, and when did they get the divorce? When I was 16. And they don't talk to each other. And I hate divorce. Because when you get married you solemnly vow...*sniffs* sorry I'm not going to cry. I don't cry anymore. Steven: Yeah my dad, cos my dad's not been in my life that consistently, he's barely been in my life, but I don't mind, it doesn't bother me because I've never known any different, so it's not like he was in my life for a good while and then he wasn't, it's just he's never really been in my life that much. But he's alright, I don't even have no anger towards him or nothing. Steven: erm no there wasn't. Didn't have a father figure. But my brother was kind of a father, cos he was my oldest brother, he was kind of like a father

Destructive adult relationships	John: I knew when I was 16 and we got together when I was 30. And we got divorced when I was 33. And that was when I drove across black heath because we split up and the divorce was going through and I was just in bits. My mind was all over the place. I've found a couple of girls I've been seeing over the last 10 years, but I haven't had a boyfriend-girlfriend relationships since I split up with my wife. I haven't had a proper girlfriend. There's a couple of girls that have come and gone, but not girlfriend material John: it was around that time that I went high. When I was driving across black heath I was high, as high as a kite... I was just high. I was elated. My world had fallen apart, but my mind had gone high. I did really feel like my whole world was falling apart. John: with my ex business partner I had to go to court. He knocked me for a lot of money. Quarter of a million quid. It's life changing money. And this was 2009. And around that time, I was being unwell on and off. And that was really the whole catalyst of me being unwell and then that lead up to now. I've accepted it now – it's just money. My health's more important. But it was a big thing to get round. It stuck in my throat. And then I went round to his house and caused criminal damage. And I went to court, I had to plead insanity. I got off for that reason. John: mortified. I thought he was my friend. I was really gutted. It hurt. It really really grated me that someone could spend so much time working on projects with someone, we had 10 properties going at different times we were buying and selling shops, and it just knocked me like that. I had run out of money. I tried to take him to court but I couldn't cos I didn't have the money to do it. I went bankrupt and tried to go through the receivership to get the money and I couldn't do that. So every angle I was turning to for help. I hated him. I really hated him Peter: no a bloke called N. He ended up getting pull away for a dog tag I had, he was trying to find out everything about me. He ended up going to jail and he still came after me. After that he… I think he's probably died in prison. After that I went to…. Centre point and that. It was a long story because my mum kicked me out and I had to find somewhere to live. Moved in there.

	Things started to happen. Strange things, all sorts of stuff. I just wanted to go back home. In the end, just stayed in contact with my family and that, then I moved to Thamesmead, stayed with my mum and she said somethings got to be done about this. My dad was beating me up and I ended up staying at my mums, and from my mums I stayed at Thamesmead. After that I was running all over the place and I didn't know what to do with myself. Peter: before that my dad put me in a B&B. Small place full of other people like this, I didn't like it at all, I went down the road and bought myself a packet of cigarettes and went straight down to mental health and I said look, you've got to get me out of this place, I'm going to be all alone and everything. They brought me back to Thamesmead and from there I went to hospital. My mum found me and my dad was beating the living daylights out of me. My mate Andy, he kicked my kneecaps out of place. I ended up going to a ward and I was lucky to get off there as well. Derek: well those that believe the bible truths will be rejected of this world. They're not supposed to enjoy this world, this world is not for us, it is for the up and ups, the rich people, the people that have chosen to take the tree of the knowledge of good and evil, and have rejected the word of god. That's what this world is for, it's to capture them. And the bible says "hell was not created for man, it was created for the devil and his angels, but plenty men will be there because they have followed the way of the angels… the deceiving angels" Derek: as I said to you, I found out that he wasn't interested in how the scriptures declare what the last days are like, which is where we are, we're in the last days! It's never been as wicked as it is out there now. Simon: my relationships ain't better, no. I don't know what's going on with the relationships now. But I think… I don't know. Because the only way that I can have the real relationship is by having wealth. And the only way that I'm going to get wealth is by someone listening to my story, seeing all of my writings. Looking to what I'm talking about, and then putting it in a book. Simon: So I'm out on bail for this charge. Now, what happens then is my brother gets out and I assault a pub landlord because he had a go at my brother. Then I said to my father, "I can't face this, I've got to go". Because I know that the only way around this case is by my co-defendant going in the box, and then me going in the box separate. Because he's mixed race, I'm mixed race and there's only one mixed race who actually does the damage. And I've got red hair, but they don't mention me with red hair in the thing. So anyway, I got an electrician mate younger than me, and I've got a girlfriend at the moment. I've started to have an affair, and I decide to go to Thailand. So I

	fly in to Thailand, me the girl and my mate, we're there for a month, we get a bit ripped off with the, but her sister is in Hong Kong, so then we go to Hong Kong. And her sister won't have her, so I have a row with her and assault her, and she goes her way and I go my way. Simon: Before that time, my first contact I got to these people was, I used to have a job, and I used to live in South London when I was 19, and I had someone kicking at my door. You know, they said they were going to stab me. Rifat: People aren't liable about being attentive to each other. It wasn't our folly to some extent. I find that's the case with everyone. It's a volatile and controversial world. Rifat: They want their own cards and things in the Orient. The told me to not to have sex with white women, to have sex with black women in 1988 in **** Poly. I find that they errrrrr, they didn't say black. They said pardon the expression "niggers". I find im not really with the lingo, what all these words like coon or nigger. I was never taught the swear words, I understand it a bit somewhat. Rifat: The blacks and west Indians said "whats a paki living round in ******** its only for niggers and white trash", year 2009. Theres all these thoughts that go through my head,I talk to myself. Josh: I used to be an alcoholic *laughs*. This was when I was about 18. Cos I've always had the beard, so I've always managed to get alcohol in my system. And then I split up with my girlfriend. And… I slept with someone else. And she slept with someone else. And then three months later we conceived my beautiful daughter over there. Who is amazing. But when I was in hospital, she split up with me again. So this is why it's very difficult to talk about… it's very weird to be in this situation with another person that's not my girlfriend...A her name is, she's my little slice of cake *laughs*. And she… I found out because women have arguments, so it came out in conversation does __ even know that he might not even be the dad. Which is ridiculous, because she's mine, and I know she's mine. But to then get challenged about that? Joshua: there is no more horrible thing to have it questioned who your kid is. There is no more horrible thing and I never got a chance to actually grieve the fact that the only reason I got back with her is cos I thought, well she went 2 weeks she didn't go anywhere else, she's obviously the woman for me. And I've got a stupid tattoo on my hand, and she's got the same one cos I'm a

	king, and she was my queen, and we didn't get married, and now I've got what? I've got to start from base bottom, she's got everything – she's got the house, she got the family, she got all the pets, she got the tv, she got everything. She even hit me round the face and then social services got involved because it was in front of my daughter and I said I can't deal with this anymore. Steven: yeah like people were trying… like every time I had a weekend off, they were always trying to get my weekend like saying "ah can we swap shifts" and things like that. And I would do it as well, like ah I need to go out on the weekend, can we swap the shift, and they'd get me to clean the toilet, do the hoovering and the stairs, do the dodgy shops and stuff. Not the dodgy jobs but the hard jobs, the annoying jobs, so I felt like they were taking the mick, I felt like they were taking the piss out of me Steven: And what happened… and then er… I er… I started to believe that people were just out for themselves, totally out for themselves. Taking the mick with me, abusing me and stuff. Not abusing me like anything other than just mentally. Like mental abuse. Steven: normally I'm all bubbly and talking and laughing and joking and stuff with him, and this time round I was so tired I couldn't hardly talk. And I think he got annoyed that I wasn't really talking that much and stuff – I wasn't ignoring him or nothing but I wasn't really the bubbly self that I normally am. And er… he told me, he stopped at the traffic light and he told me get out, just like get out like… not even like… in the middle of the road as well, it was kind of dangerous, you shouldn't do that, like you should park somewhere and then let them get out. And he did that and I felt like that was the last straw that started to make me get broken because I kind of took it, I didn't say nothing, so yeah, so I felt like if he broke my spirit I could have turned to a homosexual, and yeah. Steven: And I took everybody's power and I was going to wield it. So that was the point in which I felt like I might have had some power, when I took everybody's power because I felt so wrongly treated. Because basically before I was ill, I was like a really nice guy and stuff, and I felt like people took advantage of it, so maybe I took it too far in that I went too far the other way, in terms of I went completely opposite to the nice guy, and didn't like… I got too angry, like do you know what I mean.
Fragile Sense of Self	

Incoherent sense of self	John: because I've been very positive over my time, it's kept me well. It's kept me going. Keeping positive is about keeping going. I've never had these negative thoughts that everyone else gets about themselves. I just get the highs…, I was looking after his house for the weekend, and I went in my car and drove to my ex businessman's house and smashed all the windows Peter: three quarters I was happy, one quarter I was sad…I couldn't do everything. my happiness was…just not feeling myself. Three quarters happy, one quarter not feeling myself. Simon: lover. And I give off the phobia of a hard man, but that's all just part of the body language and the act to get through life. Below the sub-consciousness I do it. yeah people would say "oh he's mental, don't go near him" and all that. I'm not at all Simon: Eventually I move in with the models, because I've got the drugs that they all want, I've got the ecstasy, I've got the guesthouse, so I'm a big player on the street. Move in with them, go for emergency audition, everyone's a professional except me, end up doing the biggest fashion show in Tokyo wearing the kimono, they film me being put in the kimono and put me on the news in japan in the kimono! That was the day I felt japan come over me, when I put that on. I felt the spirit you know, because it's all about the holy spirit. Immanuel: well they haven't seen the real me, in a positive way. R: so you feel like it's hidden? P: yeah I think so. I think I'm a gentle person. Harmless anyway, harmless and gentle. Generous anyway….Maybe the thing where… I've been erratic, writing letters to women in the past, was a bit erratic anyway. R: how do you make sense of that? It sounds like you're saying that's a part of you, but why do you think that you've done that in the past? P: I think that's my mistake, not being alert and careful, not being careful alert. Rifat: There are millions of Arab descent, Bangladeshis. That's where problems of needing dual nationality. I had to renounce Bangladeshi nationality, east Pakistani. Whatever that was called in 1972. Rifat: I went to Crete last april. I went to the lake district last October. South America said that if I talk to white people I am not to go to them for assistance in the year 2008. I feel that I have white and Celtic blood in me as well, dark with drugs and arab and south American and a bit Indian as well.

	Joshua: I know no one likes doing it but I enjoy… theology is just an argument, and theology is the word they use to whatever. But I never read the bible, all I have is stuff that sunk into my fucking wildly different brain. My dad says the damage has probably already been done, but I don't want to lose it, whatever it is that I've got, I don't want to lose it because when they make me take these tablets and they make me drowsy and they make me do… it just dampens it down. I don't know what it's like to be sober, because I went from drinking to smoking to hospital to tablets, now I'm on tablets and I love smoking because it reminds you how to breathe Joshua: P: *laughs* they used to er…as I said, my girlfriend used to call me Roberts, everyone calls me Roberts, and I used to say to people it's like Jesus, it's just one name, and that was how I painted myself, it was Roberts, I'm the cool guy, the one who makes jokes, and I don't make jokes anymore, I used to be the funny one and I'm not funny anymore, I used to have so many fucking walls put in place, that no one ever knew who the real me was, and still people don't. Like we can meet again and I will be like right, who do you want to see today? So when you say shall I call you Joshua or shall I call you josh, nah. I'm Roberts. Je suis Roberts. I am Roberts and that's what I need to hold on to, is the fact that that is who I am Joshua: Like it is the scariest thing. Because my life was filled with so much noise. Because I would have to wake up, look after my girlfriend who had her own anxieties and she's not my girlfriend anymore. I had to go to work 50 hours a week to fund the lifestyle we were living and I was happy. Do you know that I mean, I was HAPPY. And I took her for granted *sniffs*. And everyone else just wants to support me now. And I can't deal with it, because I was always the rock, I was always the foundation, and everything else came from me. The work came from me, the looking after A [daughter] came from me, the looking after her came from me, everything came from me and I assumed that we were already married, in my head, and I still feel now that I've got powers. But all it is the power to breathe *inhales loudly*, because that's all they ever tell you to do, it's just breathe *exhales loudly* Steven: would have said I was a good person, and I was someone that wanted to achieve, I wanted to get recognition. But I would say now, even though I believe that I'm supposed to be some kind of Jesus, I'd be more hesitant to say whether I'm a good person or bad person cos I done good and bad, so I don't know how good I am, but I want to be good. The thing that I can say is I want to be good, but I don't know how good I am, it's hard to be good if you know what I mean. Steven: erm… that maybe I need to find a balance of like… sort of like ying and yang, but then I don't really believe in yin and yang because I don't

	believe you should embrace the dark side, I don't believe you should do that. But before, it's only just recently I've come to this conclusion that you shouldn't embrace the dark side. Steven: R: they would say I'm loud. Yeah I'm loud. I laugh a lot, like I laugh all the time. But I'm not the kind of person that makes jokes, I don't make jokes. Like I can bounce off of other people and make a little joke on top of their joke, but I can't initiate jokes. But I can… I laugh at a lot of jokes and I'm very happy. Like even when I was depressed I always seemed happy. But I was depressed for a long time, but only recently I've started to become happy again
Lack of meaning and regret	John: school was a breeze. I didn't come out with very many qualifications. But I was into sport. So I was into the sport, P.E side of things. I used to play squash for the county. So I was very fit at the time. I was naturally into all the P.E exercises. Academic side didn't do very well but that didn't really matter to be cos I was gonna own a nightclub John: my childhood was perfect. I couldn't ask. The only thing I regret is not getting any more qualifications at school. But I was so into my sport and I was so into this nightclub business, and I did it. The business I had I went full time, as an events organiser. Derek: well, being in this body, I have to maintain it. So I do shopping and things like that. But my thoughts are on seeing the manifestation of god. Simon: well, I am… as a kid, I used to say I'm going to be very rich. I'm going to be very rich and someone's going to give me it. But then, then… I was at… then I come out of school, got a job, just a normal person. Got married at about 24-25, and then the stories started. I went to Jamaica and that's the first time I see it, it was like a movie. Simon: My mate eventually got a job on the airport. I've got no trade, I got no trade. So I was sitting in a bar one day and a girl walked in with long black hair, a black girl from Nairobi, and she said "who wants to go for a drink with me?", I said I will! Immanuel: yes but I didn't do A-levels anyway because I was suffering at school. I left without doing it anyway… I had to some odd jobs, all sort of jobs. In a shop, I did some jobs at YMT, some at Sainsbury's, some at Tesco's, some in a factory. it's not too late to become a test pilot (15:06). I could have done some of earlier. To start with I could have planned my course, first I would have

	planned my course, and I've got to go and meet them at the flying school, to a flying lesson and the parachute, that's the first thing. Once I've done that I can actually go, because the companies, you know like the Russians, not just the Russians because I can speak German, French and also Chinese, they've got companies that export their arms to other countries. So if I were to become a test pilot maybe. It's not the only ambition to be a test pilot *laughs* I've got other ambitions as well. Immanuel: I was the best student, I was the best student R: and how did you feel about yourself growing up? P: um… well I thought I could have done better. When I came to England, things began to go down hill anyway R: what do you mean it could have gone better and it went downhill? Tell me more P: I think I could have focussed on my studies a bit more. Done some more work, gone back to work, settle down with a lady, have a relationship, have a child. But up to now I haven't had a child yet. But I think the more important thing right now is to be focussed on my work. Have a family in the future. Rifat: I was tipped off to be a errr a university, professor of the sciences and erm and I was sort of quite a favourite, popular with the school masters because I was quiet and good at maths. Rifat =: The teacher was saying that they don't have to be lorry drivers, if they study hard they can be teachers. They said that I was ignoring them too but I was just getting on with my studies, I had big ambitions at the time. In '74 I wanted to be a navigator, naval sort of…merchant naval war ship and errr ships engineer regiment officer, a safari park warden interviewer: Did you finish university? Rifat:No I didn't, I went to America in 1987 and the student exchange came back but my dad told me stay in America and I came back and apparently had problems, it all went quiet with the college. I didn't go back to University. He told me I hadn't passed satisfactorily. I hadn't passed with a first class honours, I thought he meant I had failed. Rifat: think its time for me to step down, let others take over as I am not longer parachute regiment or SIA side student. My minds all hazy and this and that. Rifat: I had all sorts of plans in the 70s, after graduating from Cardiff to go to Russia for a few years, three years and then go to south America after that at the age of 26, then perhaps china for a year as a student. And that didn't…..I thought I would be given titles aswell, rituals in wales.

	Josh: but I can't do anything about it because money is the root of all evil, that's what he tells me. Not money, the love of money is the root of all evil. (22:03). I sit there and I read my bible and I take my tablets and I go to sleep and I go to work, but it's so fucking boring. It's so boring. Joshua: because of everything. Because I had so many lies built in to my system that I forgot who I was. And I still don't know who I am, and without C I don't see the point. Like my dad says oh you'll move on, and everyone says oh you'll find someone new, but even now, I put my ring, when I've got ticks I put it on that finger, because if you have a wedding ring no one looks at you because no one wants to know. And I thought I was the strong one, but it wasn't, it was her, it was her, and without that because she… again I'll use that Justin Bieber, she gave me that sense of purpose. She made me realise. She was my world. And the only reason that any of this has happened is because she broke up with me whilst I was in hospital. If she had just said do you know what, it doesn't matter, we'll get you out and we'll get you home, I would have gone thank you, let's get me out of hospital, and I would have left hospital relatively early, I wouldn't have been section, I would have gone back to my home Joshua: what she doesn't realise is that she is the answer, and that if she just forgave me and we worked out our lives again, I wouldn't need the hospital, I wouldn't need anything because I'd have that sense of purpose, thank you Justin Bieber, but I'd have that purpose again. Chat chat chat away, that is what I do. Joshua: So the line that they used and I'll always remember this, it wasn't that they wanted me to leave, it was "mutually beneficial for both parties if I made the decision to go play drums". So I never got Alevels. Because I never wanted them, and then I met C who I love by the way, I met her and I don't think I'm ever going to move on from Steven: er yeah… I started… like I've been to university 3-4 times, I just… I don't stick at it, that's the problem. The only thing I've ever stuck with is the music. Maybe I should have done something like that instead. If I did music I would have probably stuck at it, but I've done… cos when I was at university for the first time, I was at university, I studied physics for a bit, dropped out, left, came home to my mum's, and I was alright I wasn't mentally… I was fine.
Lost in a frightening world	

Powerlessness	John: mortified. I had run out of money. I tried to take him to court but I couldn't cos I didn't have the money to do it. I went bankrupt and tried to go through the receivership to get the money and I couldn't do that. So every angle I was turning to for help. I hated him. I really hated him. John: she was being very awkward money wise. And I just said have it. Whatever we had, couple hundred thousand, stashed in the house. I just said take it. Take all the furniture, I don't want to be sitting on the same seats as you. And I got a bit nasty towards the end. Not nasty, but I didn't really care. She'd broken my heart and I just wanted to get her out of my life. I didn't want to have memories of her around me Peter: After that I went to my mums and she got a placement somewhere else, I can't remember where. Southport road I think it was. After that she locked me up and I had to sit on the stairs and stuff like that. Peter: they thought I was going to stealing car stereos (2:57). Keep breaking people's property. I wasn't. Interviewer: so you didn't tell them what you were.. Peter: no I didn't, basically I was being completely.. I felt there was nothing I could do about it. Peter: when I came back from Ireland, I was very young, I started… the police started making records up about me, stealing stereos and this. I said no I'm not doing that. They didn't know what to do with me so they put me in jail for a while. When I come back, the bloke upstairs, he dumped loads of rubbish down my front door, and we had to move on. I stayed in my sister in laws for a while. Derek: because they start… because they have to be rejected of this world like Jesus was. He was rejected of this world, he was considered to be mad. He went before the high… the Sanhedrin council, and they said to him… just tell us plainly, are you the son of god? He said, for this reason was I born. They said.. KILL HIM!! They crucified him. He never said anything wrong Derek: well firstly, of people that believe things, right, the highest authority of belief is not the archbishop of Canterbury, it's the doctor. He's the one who said if you believe this, you are sane, and if you believe that you are mad. Simon: because they've got the idea that they're… I don't think that any doctor's got the right to think that they're god. And I think when you get up so high in the mental health, you do start below your sub-conscious think

	that you are god because you are the judge of all people, and who are you to judge whether others are mad or not? Simon: I believe that there's a hierarchy. I believe that there's n hierarchy. I think that there's higher people than the president and the prime minister. I think there's higher people than them. it would be a mafia family, but it would be unknown to anyone. But I do believe that there's people higher than them. Simon: all that I want…. It's like… all that I want is enough respect to do what I want. It's like everyone's… I can't say that I can feed the world. But I think that my daughter will be able to do that, but that's the next generation. But I still think that I should be able to give everyone drinking water in the world Simon: all that I want…. it's like… all that I want is enough respect to do what I want. It's like everyone's… I can't say that I can feed the world. But I think that my daughter will be able to do that, but that's the next generation. But I still think that I should be able to give everyone drinking water in the world. So if it was me and I did have this wealth, then it would be spent on drinking water for the world. Everyone to have drinking water. Communism. Drinking water. You know. Then if you want to work harder and get lemonade or something, then you work hard and that's fair enough. But you should have communism and drinking water. That's my communism. Immanuel: well they give me medication injection, that's something I didn't like, that's something I need to discuss with my GP so they can stop it. Dropping the services after nearly 20 years anyway. That's my plan, and my focus, speak to my GP when I meet her about it. Immanuel: I left a note to go to bed, I was playing with her, and she told my GP about it, and my GP said oh you've been to the Maudsley, so he said I had to be sectioned, that's when I came in contact with your service. I was going to talk to my GP about it so they can discharge me from the services. But I've been told I need to see my GP for more than 3 years, I had an appointment last week because I've some side effects affecting my eyes Immanuel: I also want to move on from this, so I need to tell me GP to discharge me. So many years Rifat: I did, they forced me to do a couple of parachute jumps in 1985, Rifat: They said "he knows everything", I was banned from church. I was subject to ECT, I find I was put under the ECT by Hindus. Bangladesh does not have a good infrastructure and it reflects badly on west Pakistan. The voices

	are telling me they no longer need to keep me under electric compulsive treatment. In the past they made it I leaked to mi5 and mi6, because Russia has a vast amount of mineral resources. Rifat: I had racial problems trying to be a maths tutor with West Indians round here. Joshua: And I looked after her. I knew it, I loved her, I absolutely loved her, I still do. I still do every single day, I pray to this bullshit god I say bring her back to me. And I don't know what to do anymore. I don't know what to do with myself Joshua: when I went to hospital. So [ex-gf] took me into hospital on the 19th of November, and then we got home, and then I got sectioned on the 23rd of November, no I didn't - and then I went to a different hospital because I wasn't very well. Because I didn't want anything of what was happening to me to happen to me. I was sat there talking to doctors and nurses saying "no one is listening to me". And I was saying C isn't okay, SHE isn't okay. I thought that she was the problem, but it wasn't, it was me. And it was all me. And I have to live here in my dad's house at 24 years old, and I fucking hate it Joshua: And I told (care coordinator), I used to fly. I used to fly and they clipped my wings. Because yeah I was heading to a brick wall, but it was my brick wall, it was my life, I was happy, I saw my daughter whenever I wanted, and when I couldn't sleep *sniffs*…when I couldn't sleep I'd talk to her. And now she's not here, and there's your anxiety. Because I don't know where she is. Joshua: I need her forgiveness. And I'm not going to get it, because she hates me, but I still feel like… hang on Steven: P: they're good, they're good. But the reason that I moved out of my mum's house was partly because I didn't get on with my brother… I got on with him but we argued sometimes and he's quite controlling, so he's a good guy, he's got good intentions, but because he knows he's well intentioned, he controls you a bit do you know what I mean? Like I want to feel secure without feeling controlled, but he puts in that control because he's well intentioned. Steven: that was annoying because he was trying to help me, I could tell me he was trying to help me, and I couldn't see the help, all I could see was his control, so that was annoying because if I could see the help then I would have been a lot nicer to him, and it would have kept our bond more

	Steven: because basically I feel like science can be good if you've got good intent behind it, but when I was doing science, I didn't have no intent other than the science, pure science good or bad, good or bad outcomes, I wasn't bothered, I just wanted to know more and understand more about science. So now I realise that intent is important, so if I was to do science, I have to do it in a way where I have good intentions like wanting to make free energy or something like that, or something but… I'd say it's too hard for me to do that because I get too involved in the science, I want to do anything and it could be used in a bad way. So I think with music that can't really happen so much.
Isolation and disconnect	John: at this time, this is when I was reclusing a little bit. Because I thought I was the centre of things. I was reclusing from my duties as a son, as a brother, as a friend. I was reclusing a little bit. John: when I'm just high, and that is how I was at that period of time, I was high, my relationship with the people who were close to me was slightly disjointed. I think I was just trying to keep them safe. John: I wasn't allowed to, in my own mind, I wasn't allowed to tell anybody because that would have broken the code. I was keeping a lot of people safe by being anonymous. Peter: P: before that my dad put me in a B&B. Small place full of other people like this, I didn't like it at all, I went down the road and bought myself a packet of cigarettes and went straight down to mental health and I said look, you've got to get me out of this place, I'm going to be all alone and everything Peter: it affected me quite badly, but I didn't listen to the phone calls and stuff. I just ran away. Anywhere…went to the cinema. And I got a few ideas from there. Interviewer: what ideas do you mean? Peter: just to try and keep my mind occupied and stuff, and try and get things… a little bit more of a normal life, and every things not phoning me saying special calls and stuff like this Derek: they do not see me. If they saw me, they would come to me. And they would look for a place in heaven. They do not see me, I'm undercover…Look, I'm the top of the chain. I am the judge. Now I have the opportunity to see people and how wretched they are, undercover. So I may also be just in that I have been in this world that they were in and know exactly how the world runs. Interviewer. Is there anyone else that you have contact with?

	Derek: such as… Interviewer: friends, family, neighbours. People like that regularly Interviewer: well there are a few people. Only those that believe, I go and visit them every now and then. But most of the time I have, which has changed. But I had until Christmas time spent my time meeting evangelists but I've changed that now. Derek: well, I'm invisible to you. I've told you the truth but you don't understand it. That's because your mind or your heart is not willing to give you understanding. And that means that I'm invisible to you. Derek: they do not see me. If they saw me, they would come to me. And they would look for a place in heaven. They do not see me, I'm undercover Simon: it's hard to talk to her. She's mad man. It's hard to talk to her. I feel very alone. I feel very alone you know. Very alone. But when I'm with my daughter I don't feel so alone. But she's the only one. I feel alone Simon: just part of the big brother show. Part of the big brother show. So the Chinese girl and me split up, so there's another girl in there, she says oh I like you blah blah blah, and that's who I started registering with, me and her become an item. So we've had a baby. And the baby's born on the 16th of November. So, the 16th, I thought this is weird, so anyway few years later I get put in the mental hospital. So I'm in the mental hospital for one reason or the other Immanuel: I think most of the time I'm on my own, a bit lonely sometimes, I think I do things I shouldn't be doing Immanuel: But at times because I think I have no girlfriend, no relationship anyway, always in the house, sometimes go out and see my friends, maybe I think I will be writing letters, and I got into trouble so I've stopped doing it Interviewer: oh okay. So who do you talk to about these things? Immanuel: there's no one at all. Interviewer: how comes? Immanuel: no one has actually asked, my mum hasn't asked me, she just said she was going to let me find a career, she hasn't troubled me at all Rifat: I go to a day centre, yes I talk to people there. I need a balanced occupation. I had racial problems trying to be a maths tutor with West Indians round here…..I have got a nephew who comes and visits me once in a while but hes gone to Malaysia for a coupe of weeks with his family, hes a 24 year old. Hes doing a masters msc in oriental and afro carribean studies and I

	get the impression hes a leuitenant in the TA. He said he wouldn't fight for Britain if war breaks out, unless Britain is on the same side as Bangladesh or India. Rifat: He retired in Bangladesh, with my mum. I don't have no contact Rifat: I didn't know more than half the names of trees, or flowers or names of footballers I was very much reclusive, I didn't like to socialise with other children. I liked to watch television in junior school. Joshua: That's what creases me up more than anything, is the fact that I said to a doctor what's wrong with me, and all I do is sit with a psychiatrist and chat a load of shit to them, and if I want to go to sleep, I've got sleeping tablets now, so I just take a tablet and I go to sleep. But then they say you need naturally sleep, but sleeping feels like dying because when you put your head on your pillow, the last thing you can hear is that, is your old ticker Joshua: I used to say to every single friend, if you fucking want me, I will never talk to you again and I won't even think fucking twice about it. And now all of these friends that I had, don't want to be my friend anymore (52:23), because they're all of her friends, and because of how I acted with her, Joshua: no one gets it. (48:46) that's the only way I can put it, is that the more I chat about it, the more I chat shit about it, the more people don't want to know. Interviewer: so how do they react? How do you know they don't want to know Joshua: I don't tell them. Tt's the easiest way if I don't tell anyone. Steven: and I was working and I started not to trust no one. And I started to not really socialise, didn't really talk to none of my old friends or nothing like that.
World as untrustworthy	John: my father used to work for the ministry of defence. He's retired now. I believed that I was working for the ministry of defence, MI5 and MI6. I believed I was keeping the world safe *laughs. Derek: I've had enough of its sin, it's unbelief and its wretchedness. Because if they understood the day and hour they would know that there's only one scripture left to be fulfilled, and that is the rapture. And that should be important on their mind, but they're not. They're concerned with just getting more converts which will make their church larger. And therefore, they'll get more money

	Derek: Well L says that he's a Christian but he doesn't depend on the scriptures, he's more concerned with his wage packet. Derek: the tree of knowledge in good and evil. In the Garden of Eden there were two trees. The tree of knowledge in good and evil, which is the tree in which man has decided to follow. It's knowledge of good and evil because it's good, scientific advances like to help people, doctors and solicitors and schools and so forth, but it's bad because it does not talk about god. It does not in any way tell them that they are a supernatural being that will one day come before god and have the opportunity to be eternal. It does not say that. It just tells them how to earn money. Immanuel: : it was okay, there were things that were dodgy at work that's why I didn't like it Immanuel: Because my dad was against me coming to England you know, because he thought it was rough and I might mix with the wrong type of people. And I think that happened because I came in touch with the mental health services and maybe, my dad wouldn't have been happy about that. Rifat: They told me if I go to university they'll kick my head in, in 1984. Got my head kicked in, to say they were dissmiful…its its volatile. Joshua: But I can't decide whether I should be completely honest with my GP, we should do another one of these sessions by the way because there's loads of stuff that I haven't told you, fucking hate doctors by the way, FUCKING hate doctors Joshua: And I said to the psychiatrist your industry generates 90 fucking billion a year, and you're worried about me? Don't be worried about me. Don't worry about me I'm fine Joshua: I think it's fucking hilarious when I'm watching the news, and some guy's creasing up, tearing up cos of what's happening in Syria, and you can see the news reporter smiling because she knows that she's got a good story, so I don't watch the telly anymore, I just sit in silence Steven: I try to be nice to people like that, but I don't want to bring anyone close cos I've got friends that are close, that I trust, that won't take the mick with me, but then the ones that are at the hostel, I know I don't really trust them because they're in that position for a reason, even though I'm there at the same time and I can't judge, I don't really bring them in close, like most of them, yeah

	Steven: I don't know, like sometimes I don't trust people because I feel like they're trying to use me for my power, do you know what I mean, so sometimes I don't trust people Steven: . And there was a point at which I felt like I took everybody's power on the earth, took everybody's power because I didn't trust nobody to have power. Steven: just because I didn't even trust my mum. And my mum right now, I realised that my mum I trust more than I've ever trusted anyone, is my mum. Cos she has always got my best interest at heart, like she's got that unconditional love that your mum has do you know what I mean? She's got it in abundance. So I trust her hundred perc….not a hundred percent, I still don't trust anyone one hundred percent, but I trust her the most I've trusted anyone.
Surviving	
Making sense of experiences	Peter: My mum was painting my nails with this transparent stuff, because I used to bite my nails. And I said look mum I got problems with my nose. She said I got to go to the ear nose and throat clinic, but they didn't know the full story until I told them. Which was later on. After that I said mum I'm feeling butterflies in my stomach, you only get that with marijuana and it also means there's a war coming…. it was all like a magical hippy thing. It means there's a war coming, and I was actually right, that was in 2006 Derek: There was 2000 years from the antediluvian destruction when Noah built the arc till the days of Jesus. There was 2000 years from Jesus until this day. So now is the time when man should be expecting to know god, and the judgement. And so knowing that I understood what I was doing. Which gives me peace… because I understand everything around me. Simon: I must have been inside it to give me the number and it could only have been god that had actually corresponded with me so now I realise that it was me giving it to myself. Giving myself instructions for me to plan it all together. And then what happened was that all the children, my grandchildren and my children, are all born to this number. But I'll explain the number. Simon: So then, I experienced Thailand and when people damage me, and harmed me and all of that, but I was still understanding myself. So I read a little bit on in the bible, and I thought, this is weird.

	John: I just see them as spiritual things that went on. And it's no big deal. Now I don't see them, because I'm on this old school drug that seems to have taken them away. I'm not schizophrenic, I'm bipolar. And I've just seen some weird things. Having knights at the end of the bed in sort of ghost form. That's the only way you can kind of say you saw them. John: can't really explain it. Inside of the brain, pictures of that, then it'd go onto something religious. Then it'd be a secret handshake or a secret sign from the masons. It'd be amazing because I knew I was safe because the freemasons were involved, and it was religiously based, I knew I was safe. Although it was freaky – you got Jesus Christ kneeling at your bed and the bed's moving, and it was every night Immanuel: I didn't say when I was young. I said… I said because I was privileged in background, maybe I wasn't a let enough to think it was inappropriate in a way. Maybe that sent my mind off track. Immanuel: oh because my dad passed away, people tend to ... because we live in a big massive houseI certainly was privileged…. maybe cos of that maybe I'm…. it's sort of like switched my mind off track to misbehave a bit Joshua: this is why now *inhales*, with everything I have in me *exhales*, whether it's powers or whether it's spiritual or medical, or whatever it is, I pray every single day for her forgiveness so we can just crack on with our lives again. And that's it. And people say it's powers or it's anxiety ticks or whatever, but it's nothing like that it's just me trying to get through and found out what the fuck is going on. Interviewer: so what impact do you think that had on you then and how you are now? Because it sounds like maybe quite a big one. Joshua: one word. Sectioned. That's what it all Interviewer: what do you mean? Joshua: as in I got sectioned Interviewer: because of that? Joshua: because of everything. Because I had so many lies built in to my system that I forgot who I was. And I still don't know who I am. Steven: that was mad because at the time I wasn't thinking that I was Jesus Christ, but I was thinking… but thinking about it again, I was thinking maybe he was trying to get me to basically be like that as well, to say I'm Jesus Christ and be proud. But at the time I was thinking… I didn't believe he was Jesus Christ, but I was thinking, oh it's good the way everyone is accepting him,

	Steven: it's completely different. Back in the day I used to believe in physics, like science, and I used to be totally non-religious, like an atheist, I was pretty much an atheist. Like I used to say if you believe in Jesus why don't you believe in fairies and dragons and stuff, I didn't believe in it at all. And now since first being ill and stuff, I believe in Jesus, I believe that there's voodoo and there's mind games and stuff like that, but there's also a lot of good, but there's a lot of bad at the same time. But the only thing that hasn't changed is that back in the day, I would say that I always wanted things to be fair like in the whole world
Positive beliefs as a way of coping	John: it was around that time that I went high. When I was driving across the heath I was high, as high as a kite. I wasn't having any MI5 type feelings then, but I was just high. I was elated. My world had fallen apart, but my mind had gone high. Peter: makes me feel happy, like 95% happy. But I've got a problem with my mind as well. It's going away but it's still pretty bad. Peter: It just gave me a few blessings to go by, really important blessings. Felt like a nice feeling. That's where my halo started to kick in. Peter: really disheartening. People saying you gotta do this and you gotta do that (6:06). Before all this started we were on a school trip to London dungeon and I didn't like it in there, but I got a blessing from it as well. Never want to go back to that place…… the box ghost is good..he sai "I feel ya, I feel ya". Cos of what he's been through. And he never escaped, was in a box for 10 years. There was a lady called Mary, making sure the kids were okay….I got a blessing from it. Derek: Well…when it became clear to me, it made me have liberty because I knew that everything is about me. And that means that I've got nothing to be afraid of, I can do what I like Derek: I cope with it as much as I cope with this world. Remember I destroyed this world once when I didn't … when I disliked it, and I dislike a lot now. And really looking forward to the day when I destroy it with fire Simon: yeah, well. Life is a gamble. I'm a very lucky man. I'm a lucky man. Because my madness was 350, and my madness became my dream. Simon: So the baby's mother, my youngest who was born yesterday, her mum's very intelligent, and then my daughter's mother, the one who's just over the road here, she's mentally ill. But it all started… my madness all started over a number and then the partner who lives over the road, she delivered the number. She is the ultimate you know. Because, okay we all

	realise God but then I know I'm god, and I know she's as equal as me, she's a goddess. Rifat: I said if I was her grandson I wouldn't be there in the hospital. I have probably got royal blood in me. I have got other royal English blood in me aswell Joshua: So I know I haven't got powers, but if it's the only thing that's going to get me through the day, then why not? Do you know what I mean, why not pretend that I've got them? Steven: I felt like I took everybody's power in the whole world, and I was going to wield it just because I didn't trust no one
Beliefs as giving purpose John/Derek/ Simon / rifat	John: well just put in danger. I was in this place where I was the centre of the universe. I was the centre of the universe, everything revolved around me. And you see like the old batman and superman films, people close to them are the ones who bad people want to harm. If you get what I mean. So you get the hero superman, and Lois Lane, he's protecting her by not telling her who he is fully because of the repercussions. I'm giving you a metaphor. John: to keep people safe – not that I thought anything was going to happen to them, cos it wasn't going to. They were safe anyway. But I was keeping them extra safe. And the thing with the freemasons was very strong. Cos I kept going to the freemason meetings all the way through this, even though I was unwell I kept going to the meetings for the 2 years I was unwell before this episode. I kept going to the meetings. Derek: they're trying to get converts, they came over to me, then I'll ask them about scripture. Which is what I've told you, we go through scripture, build them up until we understand that we're both in the tree of life. Simon: Just part of work for me, it's just work for me. Living is work, and that's why people say "you don't know what work is". I do! I know what work is. It's like my number's 350. Simon: my relationships ain't better, no. I don't know what's going on with the relationships now. But I think… I don't know. Because the only way that I can have the real relationship is by having wealth. And the only way that I'm going to get wealth is by someone listening to my story, seeing all of my writings. Looking to what I'm talking about, and then putting it in a book.

	Immanuel: I have a positive view of the future because I'm much more focussed on what I'm doing anyway. Cos my dad was a director, I'm much more focussed. I know what I'm doing. Immanuel: I've met some music producers Peter Waterman, but if I wanted to I could contact him anyway, the other producers in America and England and I could contact them anyway. Singing, dancing on the stage seriously. That was in the future anyway, cos I'd like to be famous anyway. R: why do you want to be famous? P: to help other people that haven't had the chance (35:08). Haven't had the chance in life to make it Rifat: I have probably got royal blood in me. I have got other royal English blood in me as well. They made out I was the King of Isreal in 1984 when I went to university. They told me to marry british royalty, the british royalty are the richest and the british want the wars to lose out of all this. Happening about heirs, I say nothing – is a local white woman not good enough for you, for me. Steven: yeah it's a lot when I do my music like, init. Yesterday I started to listen to one of my tracks, and I thought like it's on point like in terms of the lyrics, it's like spreading a message, a good positive message in the community in… not in the community but like to the world init, that's what I mainly want to do, spread a positive good message. Yeah yeah yeah. And er, I feel like no matter what, I always do the music, no matter what's going on, so I feel like I'm destined to do it, like spread joy through music and like… and promote righteousness. Sometimes I even think like I might be Jesus, like there's no way to know if I am though init, you never know I might be, but like er yeah… like the next coming of Jesus init, that's what I sometimes think, because the music is on point like, mostly what I put out there into the world is on point, so I feel that it's like my destiny to do music like, yeah. But I believe in choice more than destiny, I prefer to have choice, that's what I believe in more than destiny.
Finding the people who understand	Steven: normally all my friends and my family, I don't talk about it at all. Hardly at all. Because I feel like they're just going to deny me, *laughs* they're going to say come on James, you think you're Jesus, you think you're all that, do you know what I mean? Especially my friends and family, I don't say it at all, because they'll be thinking that I'm holy and now I'm acting like I'm holy and that I don't do a thing wrong, when I know I've done things wrong in the past. So I don't mention it to my family. Steven: yeah it's just easier to talk to a professional because you feel like

	you're not going to get judged, and no one knows your professionals as well, none of your friends really know any of the professionals you're talking to. And like just in case I'm wrong as well, just in case I'm wrong about it, I don't want to look like a fool, like making out that I'm Jesus when I'm not. Joshua: all my friends are now my best friends again. They understand, they talk things through better than any psychiatrist, better than anyone else, and I'm still undiagnosed. Joshua: I feel like I know more than half the people that are talking to me anyway. I feel like I go see these psychiatrists and they don't know what the fuck is wrong with me, and then I have to sit there and try and diagnose myself, because they're too busy giving me the next fucking tablet, and I don't want tablets, I don't want anything anymore, I just want my girlfriend back Simon: It's good to talk to you about it because one day I'll talk to the right person Simon: . And the only way that I'm going to get wealth is by someone listening to my story, seeing all of my writings. Looking to what I'm talking about, and then putting it in a book Immanuel: he (care coordinator) said that I couldn't become a pilot because of my diagnosis. That's why I have to discuss with my GP, regarding my medical records. So it's still something I need to discuss with my GP. Derek: I rejoiced! It's a good one! I found somebody in the millions and millions that are going to die, they're not going to die but will be with me in heaven. Derek: well i… enquired of them. If they believed in god. And they said yes. And I said where does god live? And some people said up there! *laughs* in some dimension away from them. And I said are you a Christian? And they go …if they're not Christian they say no, but they might say yeah. And I say "didn't the bible say that god dwells in your heart if you're a Christian?" And they say ah yeah yeah yeah that's right, he's in my heart. And you go on like that. If they start to accept… you first build them up in the scriptures so they can see it's the eternal life that began in the beginning that is opening up to them. And if they see that, when you drop "god"... "I am god that is standing here before you", they'll believe. If they don't, it's because god in their heart has decided to reject them. Derek: Well I have certain people that I had to meet and talk to and bring

	them to the understanding of who they are. Because that is where you will find likeminded people, you see. You don't find somebody who believes the scriptures to the extent to which you have to in these last days, in parliament. You don't find them there, you don't find them in doctors, you find them in the hospital where people have said "you're mad". Simon: well I've got a man who is now 73, he's on my sofa, he was British army intelligence, he's done 1700 thousand miles, he's a pilot. A captain. He was telling me about Ireland and where he was in the mafia he was a very big player, but this is what I mean. This is why I know that I'm god. Because it ain't just my story, my story is very unique, but it's the people that come round me, their stories are so unique, it makes my story even more concrete

Appendix P: End of study notification for REC

DECLARATION OF THE END OF A STUDY

(For all studies except clinical trials of investigational medicinal products)

To be completed in typescript by the Chief Investigator and submitted to the Research Ethics Committee that gave a favourable opinion of the research ("the main REC") within 90 days of the conclusion of the study or within 15 days of early termination. For questions with Yes/No options please indicate answer in bold type.

1. Details of Chief Investigator

Name:	Lana Renny
Address:	Salomons, Canterbury Christ Church University, Broomhill Road, Tunbridge Wells, TN3 OTG
Telephone:	07810824091
Email:	lr263@canterbury.ac.uk
Fax:	

2. Details of study

Full title of study:	People who experience "Grandiose Beliefs"' understanding of their interpersonal relationships and self esteem.
Research sponsor:	Professor Paul Camic
Name of main REC:	Bloomsbury
Main REC reference number:	15/LO/0022

3. Study duration

Date study commenced:	24th February 2015
Date study ended:	15th April 2016
Did this study terminate prematurely?	No If yes please complete sections 4, 5 & 6, if no please go direct to section 7.

4. Circumstances of early termination

What is the justification for this early termination?	

5. Temporary halt

Is this a temporary halt to the study?	Yes / No
If yes, what is the justification for temporarily halting the study? When do you expect the study to re-start?	e.g. Safety, difficulties recruiting participants, trial has not commenced, other reasons.

6. Potential implications for research participants

Are there any potential implications for research participants as a result of terminating/halting the study prematurely? Please describe the steps taken to address them.	

7. Final report on the research

Is a summary of the final report on the research enclosed with this form?	Yes If no, please forward within 12 months of the end of the study.

8. Declaration

Signature of Chief Investigator:	L Renny
Print name:	Lana Renny
Date of submission:	27/04/16

Appendix Q: Project summary report sent to REC & Trust R&D

Dear ……..,

I am writing to update you on the progress of my research project entitled ‘People who experience "Grandiose Beliefs'" understanding of their interpersonal relationships and self esteem.’. With my letter I include a summary of the research and I also include an adapted summary to send to service users who requested information about the results.

I recruited 8 participants in total from three sites over a 15-month period (insert how many from each trust). I plan to disseminate the findings in a number of ways. The paper will be submitted to a peer-reviewed journal for publication. I also hope to publish the results in a service user newsletter.

If you wish to receive a copy of the paper following publication please let me know. Please feel free to contact me with any outstanding queries related to the project.

Kind Regards,

Lana Renny
Trainee Clinical Psychologist

Exploring the experiences of men with "grandiose beliefs" and their understanding of interpersonal relationships and self esteem

Background and aims: Research suggests that interpersonal difficulties are reported by those who experience grandiose beliefs, however the processes and the relationship with the belief have seen limited exploration and are poorly understood. The present study aimed to explore the perceptions of interpersonal relationships and self-esteem of people who have grandiose beliefs and to explore if these accounts are consistent with existing theory regarding social self-esteem.

Design and method: A qualitative design was employed using interpretative phenomenological analysis (IPA) to explore participant's subjective understanding of experiences. Semi-structured interviews were carried out with eight individuals who were purposively sampled. Transcripts were analysed using Interpretative Phenomenological Analysis.

Results: Four superordinate themes emerged: 'Others as disregarding'; 'Fragile sense of self'; 'Lost in a frightening world' and 'Surviving'.

Conclusions: Participants accounts were characterised by difficult interpersonal relationships in both early and adult life. The participants sense of self was complex and lacking in coherence, thus previously used measures of "self-esteem" may not adequately capture the subtleties of the experiences. The sense of self was set in a social context characterised by feelings of powerlessness isolation and lack of trust. In the context of limited resources the results suggest the beliefs function to make sense of experiences and to help the participants survive. These findings confirm that the belief may, in part, serve to protect participants from poor "social self-

esteem". These findings provide avenues to further exploration of processes and provide recommendations for clinicians and services.

Appendix R: Letter/summary of themes for participant

Department of Applied Psychology
Canterbury Christ Church University
Runcie Court
Broomhill Road
Tunbridge Wells
TN3 0TF

Telephone: 0333 0117070
Email: lr263”cantebury.ac.uk
Date:

Dear …….,
Back at the beginning of the year/end of last year you took part in my research project ‘**Experiences of people with Positive Self Beliefs**’ and were kind enough to have an interview with me where you talked about your experiences of your belief and your relationships with others.

I am writing to you to say a huge thank you to you because without your help the project would no have been possible. I am grateful to all the participants for their openness and willingness to share and have been touched byyou’re your experiences.

From looking at all the experiences of everyone that took part, I have been able to draw out four main themes which make up the overall results. The themes are meant to describe some parts of the discussion we had, representing experiences of attending the group and how this may have affected people's lives. However, because they represent the overall collection or mix of the conversations I had with everyone who took part, some of the themes may not represent your specific views. I would hope, though, that your views should be represented in at least some of the themes.

The themes are attached in this letter. There are four main themes and then eleven smaller 'subthemes' that make up the main ones. Under each one, there is an explanation of the main points.

If you have any questions or queries about these results please contact me on the details above, however there is no need to reply unless you want to.

Best Wishes

Lana Renny

Trainee Clinical Psychologist

Description of themes from study….

1. Others as disregarding

Absence of care in early relationships

Some participants spoke about not having enough care as a child, in certain relationships. Some participants felt overlooked by others and some participants described parental figure's who were inconsistent or absent in some way. It is important to note that there were exceptions to this, with some participants also reporting positive relationships growing up.

Destructive adult relationships

Participants described relationships as adults which were destructive (or hurtful) in some way. The type of relationship difficulty discussed was varied and at different times in their lives. Some participants were very clear in describing a relationship breakdown/s with a partner before they noticed the positive belief. Whilst other participants' talked about relationship difficulties with work colleagues or peers in which they felt unfairly treated.

2. Fragile sense of self

Disjointed sense of self

This theme reflected the sense that participants either had a struggle with a part of themselves which did not feel like a part of them. Or for other participants talked about parts of themselves that was not incorporated into a sense of who they are or that was a part of them they did not want to accept. It is important to note that many participants talked about both positive and negative parts of themselves.

Loss of meaning

This sub-theme reflected the fact that participants talked about a lack of meaning in their life. Some participants talked about having lost something from their For most participants this was coupled with a sense of regret at unfulfilled ambitions and hopes for their lives, with over half citing unfulfilled academic and career ambitions.

3. Lost in a frightening world

Powerlessness

Participants spoke about a sense of powerlessness. Some participants spoke about wanting to have more choice and control over their lives. Some spoke about feeling powerless within the mental health system and talked about feeling like they were not given any control. Finally, some participants spoke about feeling judged by people working in the mental health service.

Sense of isolation / disconnect

Participants spoke about feeling alone or separate from other people. Some described a feeling lonely or isolated throughout their lives and for others it was more recent. Other people described a feeling that others were not real.

World as untrustworthy

This theme represented the view that the world is untrustworthy and that people are either not what they seem or are unpredictable. Some participants talked about feeling that other peoples' intentions weren't always clear. With some participants this was linked to when a person did not believe them.

4. Surviving

Making sense of experiences

This theme reflected participant's experiences of trying to make sense of things that were happening or had happened to them. Some participants talked about the positive experience of choosing an explanation for their experiences. Other participants appeared to still be trying to make sense of what was happening and that this could also be noticed in the interview.

Positive beliefs helping to cope

This sub-theme represents the idea that the positive beliefs help the participant cope with difficult events and situations in their lives. For some they described that they gave them a sense of comfort or for others a way to disconnect from difficulties. Several participants also spoke about the belief as increasing their sense of power and control over things which helped them cope.

Positive beliefs giving a purpose

The majority of participants spoke about their beliefs as giving a focus for their life or a sense belonging. Some participants described the belief as being an occupation or a job.

Finding people who understand

This sub theme reflects the desire to find people who understand their beliefs and the challenges of this. Some chose to speak to those who also have mental health problems as they are more likely to understand. Others also spoke about the joy and positive feelings they experience when someone believes them. Several participants spoke about feeling unable to speak to professionals, who they felt did not understand or listen them. Whereas some actually found it easier to talk to professionals because they felt they were less judgemental than their friends and family. Most of the participants they did not feel able to talk to friends or family for fear of judgement and not being believed.

Appendix S: Author guidelines for Psychology and Psychotherapy: Theory, Research and Practice

Author Guidelines

Psychology and Psychotherapy: Theory Research and Practice (formerly The British Journal of Medical Psychology) is an international scientific journal with a focus on the psychological aspects of mental health difficulties and well-being; and psychological problems and their psychological treatments. We welcome submissions from mental health professionals and researchers from all relevant professional backgrounds. The Journal welcomes submissions of original high quality empirical research and rigorous theoretical papers of any theoretical provenance provided they have a bearing upon vulnerability to, adjustment to, assessment of, and recovery (assisted or otherwise) from psychological disorders. Submission of systematic reviews and other research reports which support evidence-based practice are also welcomed, as are relevant high quality analogue studies. The Journal thus aims to promote theoretical and research developments in the understanding of cognitive and emotional factors in psychological disorders, interpersonal attitudes, behaviour and relationships, and psychological therapies (including both process and outcome research) where mental health is concerned. Clinical or case studies will not normally be considered except where they illustrate particularly unusual forms of psychopathology or innovative forms of therapy and meet scientific criteria through appropriate use of single case experimental designs.

All papers published in Psychology and Psychotherapy: Theory, Research and Practice are eligible for Panel A: Psychology, Psychiatry and Neuroscience in the Research Excellence Framework (REF).

1. Circulation

The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

2. Length

All articles submitted to PAPT must adhere to the stated word limit for the particular article type. The journal operates a policy of returning any papers that are over this word limit to the authors. The word limit does not include the abstract, reference list, figures and tables. Appendices however are included in the word limit. The Editors retain discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length (e.g., a new theory or a new method). The authors should contact the Editors first in such a case.

Word limits for specific article types are as follows:

- Research articles: 5000 words
- Qualitative papers: 6000 words
- Review papers: 6000 words
- Special Issue papers: 5000 words

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These should be limited to 1000 words and may include research studies and theoretical, critical or review comments whose essential contribution can be made briefly. A summary of not more than 50 words should be provided.

4. Submission and reviewing

All manuscripts must be submitted via Editorial Manager. The Journal operates a policy of anonymous (double blind) peer review. We also operate a triage process in which submissions that are out of scope or otherwise inappropriate will be rejected by the editors without external peer review to avoid unnecessary delays. Before submitting, please read the terms and conditions of submission and the declaration of competing interests. You may also like to use the Submission Checklist to help you prepare your paper.

5. Manuscript requirements

• Contributions must be typed in double spacing with wide margins. All sheets must be numbered.

• Manuscripts should be preceded by a title page which includes a full list of authors and their affiliations, as well as the corresponding author's contact details. A template can be downloaded here.

• The main document must be anonymous. Please do not mention the authors' names or affiliations (including in the Method section) and refer to any previous work in the third person.

• Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript but they must be mentioned in the text.

• Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi. All figures must be mentioned in the text.

• For articles containing original scientific research, a structured abstract of up to 250 words should be included with the headings: Objectives, Design, Methods, Results, Conclusions. Review articles should use these headings: Purpose, Methods, Results, Conclusions.

• All Articles must include Practitioner Points – these are 2-4 bullet points, in addition to the abstract, with the heading 'Practitioner Points'. These should briefly and clearly outline the relevance of your research to professional practice.

• For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full and provide DOI numbers where possible for journal articles.

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• In normal circumstances, effect size should be incorporated.

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