

## Bridging Trust and Paranoia: A Closer Look at Subclinical Phenomena

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### ABSTRACT

Trust is the basic foundation for every human interaction. However, its dynamic relationship with paranoia has been studied, but the findings are conflicting, with some studies finding no connection between trust and paranoia. This study aims to extend the line of research in this area by analysing the relationship between trust in others and paranoia. The study used validated measures like the R-GPTS and trust scale to examine the incidences of distrust and paranoia and the correlation between them in a sample of 100 participants from the sub-clinical population collected randomly. The study came up with pieces of evidence showing the prevalence of distrust in others and elevated levels of paranoid ideation in the sample population. Also, there was no statistical evidence to support significant gender differences in both trust and paranoia. The empirical data concludes that trust shows an inverse relationship with paranoia.

**Keywords:** *Paranoia, Trust, Distrust, Persecution, Reference Ideations*

**D**o you know what is the basis of all human interactions, or, broadly speaking, interactions among all those who have life and can feel and sense emotions? All human interactions, including romantic ones, those in families, businesses, politics, and the medical profession, are centred around trust. Even the pet-parent relationship revolves around trust.

### *Trust*

One of the initial psychologists who tried defining trust was Morton Deutsch, one of the founders of conflict resolution. He defined trust as the “confidence that an individual will find what is desired from another rather than what is feared.”

In general terms, trust is the belief that someone is dependable.

### *Why is it important?*

The importance of trust is well explained by Erik Erikson in his psychosocial theory of development, which describes trust vs. mistrust as the first stage of development.

According to Erikson, trust lays the groundwork for how people see and engage with the world. No child will ever develop 100% trust or 100% doubt. Erikson believed that

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achieving a balance between the conflicting stages was vital for successful development. This results in a sense of hope in the child, which is defined as openness to experience, regulated by a certain level of caution that danger may be there. This helps in developing healthy coping mechanisms and resilience when facing difficult situations. On the other hand, if a child is not able to resolve the conflict, they develop a feeling of mistrust. They might later suffer from fear, anxiety, and self-doubt and face challenges in establishing healthy relationships.

### ***Paranoia***

Paranoia is a thought process that makes a person have an unjustified mistrust or suspicion of other people. Individuals with paranoia may believe they are being targeted, referred to, or persecuted. Even though there is no danger to them, individuals could feel threatened. One of the early signs of paranoia is an inability to trust or confide in others and being quickly offended.

The defining characteristics of paranoia are pervasive, baseless distrust of people and suspicion of them. People suffering from paranoia are trapped in a rigid and abnormal cycle of thinking, feeling, and acting because of the belief that others are “out to get them.” Now, let’s understand the causes of paranoia.

### ***What causes paranoia?***

Various personality disorders or other mental illnesses, such as schizophrenia, are common causes of paranoid behaviour in individuals. However, it is still unclear why some people develop such abnormalities. It could be a variety of factors, such as genetics, trust issues, stress, or brain chemistry. Drugs can also be a cause of paranoia.

### ***Subclinical paranoia***

Subclinical paranoia is a state of mind marked by strong self-referential biases that occur in normal daily behaviour. This sort of thinking is distinguished by generally consistent suspicious tendencies, feelings of hostility, mistrust, and certainty in the absence of external influence or impact (Feningstein, 1997; Vanable and Feningstein, 1992). This is in contrast with clinical paranoia, including persecutory delusions and a high level of mistrust.

### ***Trust and paranoia***

As we have already discussed above, paranoid individuals may believe they are being targeted, referred, or persecuted. Paranoia is a symptom of psychosis due to the dynamics of social interaction that are unique to individuals. However, the precise drivers of the complex and interacting processes involved in the formation of trust and the reciprocal relationship of paranoia are not known (Fett et al., 2012). Additionally, research shows that those with higher degrees of paranoid ideation are more likely than people with lower levels to view neutral faces as less trustworthy (Kirk, Gilmour, & Dudley, 2013). Also, the neurological cause of decreased trust in psychosis decreases sensitivity to social reward, potentially causing the fundamental loss of trust in psychosis (Gromann et al., 2013). The impact of paranoia on trust has been studied, but the findings are conflicting, with some studies (Couture et al., 2008; Haut & MacDonald, 2010; Treméau et al., 2016; Ludwig et al., 2017) finding no connection between paranoia and assessments of trust.

By carefully examining this phenomenon, the study aims to provide valuable insight into the complex relationship between trust in others and paranoia, resulting in a thorough understanding of how mistrust in the social environment links to suspiciousness, threat, and

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ultimately paranoia. The researcher asserts that the majority of earlier studies have concentrated on the incidence of paranoia and its contributing factors, such as age, gender, and its connection to psychosis. A complete understanding of how mistrust contributes to psychological distortions like paranoia and mental disorders like psychosis is still lacking, though. This study attempts to fill this research gap by examining the relationship between trust and paranoia through empirical data and making suggestions for further research in this area. The current study's findings could benefit the domains of clinical psychology, abnormal psychology, counselling psychology, and applied psychology. It is necessary to undertake a study in light of this.

### ***Research questions***

- To what extent do individuals in the general population exhibit higher levels of distrust?
- Is paranoia prevalent in the subclinical population?
- What is the nature of the relationship between trust and paranoia in subclinical populations?
- Are there any gender differences in the correlation between trust and paranoia?

## **MATERIALS AND METHODS**

### ***Aim***

The current study's main purpose is to discover the possible links between trust and its correlation with paranoia in subclinical populations.

### ***Objective***

- To assess the levels of distrust in the general population.
- To examine the relationship between trust and paranoia.
- To spot the specific indications of mistrust, such as the belief that trusting others is risky, that may be associated with paranoia.

### ***Research hypothesis***

- A higher likelihood of low levels of trust in the general population will be seen.
- An elevated level of paranoia may be seen in the subclinical population as well.
- Trust and paranoia symptoms may share a notable negative connection, indicating that lower levels of trust are connected with symptoms of paranoia.
- Specific groups, such as females, are more likely to show higher levels of paranoid symptoms.

### ***Sample***

A total of 100 samples – 50 males and 50 females – from the urban areas of Jaipur, Ajmer, Kota, Bhuj, Mehsana, Anand, Hyderabad, and Bengaluru were taken for the study. The age group of samples is 18-55 with proficiency in reading English. The sample is collected through the method of random sampling.

### ***Variables***

Trust and paranoia (to be specific, sub-clinical paranoia) are the variables in the present study.

### *Psychological instruments*

Two validated measures were used in the study, which are described below:

- **Demographic assessment:** The survey form comprised basic information regarding age and gender.
- **Trust Scale by Yamagashi (1986):** The Trust Scale by Yamagashi is a 5-item survey that was created by acquiring the scale items in part from Yamagashi and Sato's (1986) trust scale as well as Yamagashi and Sato's (1986) fear scale. It is developed to test two of the key components that contribute to overall trust, assuming that: (1) most people are generally honest; (2) it can be risky to trust people. Each item is given a score on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Scoring is kept continuous. The severity of distrust in others increases with a higher score.
- **Revised Green et al. Paranoid Thoughts Scale (R-GPTS) by Freeman et al. (2019):** A revised version of the original 16-item GPTS, known as the R-GPTS, has been used as a measure of paranoia. The scale consists of two subscales to separately assess thoughts of reference and persecution. It has proven to be reliable for assessing paranoia across the spectrum of severity ( $\alpha > 0.90$ ). The scale consists of 18 questions in total, which comprise 8 items on the reference subscale and 10 items on the persecution subscale. On a Likert scale from 0 to 4, the variables are scored, with 0 denoting not at all and 4 denoting totally. Scoring and interpretation of both subscales are done individually as per the interpretation norms.

### *Data collection*

Data for the research was collected through Google survey forms from different cities mentioned in the sample area. Informed consent for the use of data for research purposes was taken. Participants were assured of the confidentiality of personal information collected. Instructions were made to the participants that there is no right or wrong answer. The only right answer is that resonates with what they feel. The coding of data was done using Microsoft Excel and then the data was analysed through SPSS software.

### *Statistical analysis*

The data is subjected to statistical analysis pertinent to the objectives of the project. The raw data is analysed using appropriate statistical measures like descriptive and inferential statistics. Microsoft Excel and SPSS software were used to check the significance of the data collected.

**Research design:** Exploratory design

## **RESULTS AND DISCUSSION**

This study aimed to study the relationship between trust and paranoia and look for any notable gender differences in both variables. A total of 100 samples, 50 from males and females each were collected and studied. Descriptive and inferential statistics for the sample were calculated to find out the significance of what the hypothesis states.

**Table 1. Mean, Std Error of mean and SD Scores of Trust and Paranoia**

	N	Mean Statistic	Std. Error	SD
Trust	100	17.03	.221	2.213
Reference	100	13.91	.563	5.633
Persecution	100	13.74	.797	7.971
Paranoia	100	27.65	1.280	12.804

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The mean score is 17.03, 13.91, 13.74, and 27.65 for trust, reference and persecution thoughts, and paranoia respectively. The standard error is .221 for trust, .563 for reference thoughts, .797 for persecution thoughts, and 1.280 for paranoia. The SD score is 2.213 for trust, 5.633 for reference thoughts, 7.971 for persecution thoughts, and 12.804 for paranoia respectively.

The mean score for trust is 17.03 which lies in the range of 'high' in the interpretation table, therefore, it can be interpreted that the sample population has low levels of trust in the general population.

Therefore, the hypothesis that a higher likelihood of low levels of trust in the general population will be seen is proved.

The mean score for reference thoughts is 13.91 which lie in the 'elevated' range of scores indicating elevated levels of reference thoughts in the sample examined.

The mean score for persecutory thoughts is 13.74 which lies in the 'moderately severe' range of scores indicating moderately severe levels of persecutory thoughts in the sample studied.

The mean score for paranoia is 27.65. The mean scores confirm the elevated level of symptoms present in the sample studied even though the symptoms are not clinically significant.

Hence, the hypothesis that an elevated level of paranoia may be seen in the subclinical population as well is statistically justified.

**Table 2. Mean and Standard Deviation for Trust and Paranoia by Gender, and t-Test**

	Male		Female		t-test for Equality of Means			
	Mean	SD	Mean	SD	t	df	p	Cohen's d
Trust	16.74	2.337	17.32	2.064	-1.315	98	.192	-.263
Paranoia	27.16	10.855	28.14	14.591	-.381	98	.704	-.076

Note.  $p > .05$  (statistically insignificant)

According to Table 2, the t-value for trust is -1.315, with a p-value of .192, indicating no statistically significant differences in the mean of males and females. The effect size is moderate, as Cohen's d is -.263

The t-value for paranoia is -.381, with a p-value of .704, indicating a very minor difference in the means of both males and females, with females being slightly more paranoid. However,  $p > .05$  indicates that the data is statistically insignificant. The effect size is very small, with Cohen's d at -.076.

Hence, it can be concluded that there is no statistical difference between males and females as far as both variables are considered. Any differences found may be due to the chance factor.

Therefore, the hypothesis that specific groups, such as females, are more likely to show higher levels of paranoid symptoms is rejected in the absence of statistically significant data.

**Table 3. Mean, SD, and Pearson Correlations Between Trust and Paranoia**

Variables	Mean	SD	1.	2.
1. Trust	17.03	2.213	1	-
2. Paranoia	27.65	12.804	.246*	1

Note.  $p < .05$  (statistically significant)

Pearson's correlation coefficient ( $r = .246^*$ ,  $p < .05$ ) exhibits a significant correlation between trust and paranoia.

Henceforth, the hypothesis that trust and paranoia may share a notable negative connection, indicating that lower levels of trust are connected with symptoms of paranoia, is proved statistically.

The result significantly converges with the past research on the topic of the impact of paranoia on trust, but the findings conflict, with some studies (Couture et al., 2008; Haut & MacDonald, 2010; Treméau et al., 2016; Ludwig et al., 2017) finding no connection between paranoia and assessments of trust as the current study found a mild positive correlation between paranoia and trust. Also, the results showed no significant difference in mean paranoia scores between the two groups, but females scored slightly higher on average (Ali & Kamrani, 2011). Although, the findings suggest a relationship between trust and paranoia, the results cannot be generalized keeping in view the smaller sample size.

## CONCLUSION

The results indicate high levels of distrust in others and elevated levels of paranoid symptoms like reference and persecution exist in the sample population. Both trust and paranoia did not show any significant differences between males and females. Hence, the hypothesis that females may show higher paranoid symptoms was rejected in the absence of statistically significant data. In conclusion, the study provided meaningful insights into how distrust in others and paranoia prevail in the subclinical population. It also found an empirically significant correlation between trust and paranoia, indicating lower levels of trust in others correlate with paranoid symptoms even in the sub-clinical population.

One of the major limitations of the present study is that the sample size was restricted to 100 people only making it difficult to generalize the results.

A suggestion for further research in this area is that a multi-method assessment should be preferred to get a clear picture of the correlation between both variables more comprehensively, as self-report measures can possibly introduce social desirability bias. This can possibly help find more effective intervention plans for people suffering from psychotic traits like paranoia and prevent such conditions in non-clinical highly distrustful people with the help of guidance and counselling.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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