ABSTRACT

Clinical paranoia is commonly subjected to academic investigation, but non-clinical paranoia, prevalent in the general population, is central to fewer studies. Since perceptual anomalies and negative emotions are found associated with clinical paranoia, it is reasonable to test their relationships with non-clinical paranoia. This longitudinal study was designed to test the hypotheses that depression, anxiety and perceptual anomalies predicted the change in paranoia after one year independently. A non-clinical sample of 1529 undergraduates completed a total of 13 self-reported measures at baseline assessment and after one year, including Patient Health Questionnaire – 9 (PHQ9), The Generalized Anxiety Disorder Scale (GAD7), The Green et al. Paranoid Thoughts Scale (GPTS), and The Cardiff Anomalous Perceptions Scale (CAPS). Model testing approach and path modeling were conducted to test the prediction from depression, anxiety and perceptual anomalies to paranoia. Depression was not a significant predictor, while both anxiety and perceptual anomalies were found to predict paranoia. By comparing the models and pathways, the two constructs were shown to have distinct and direct effects on paranoia. The results suggest that depression may not be a role as important as expected in the development of non-clinical paranoia, while anxiety and perceptual anomalies may have different roles that do not interact in contributing to non-clinical paranoia. Therefore, managing anxiety and perceptual anomalies may be effective to reduce or prevent non-clinical paranoia.

Keywords: Non-clinical paranoia, depression, anxiety, perceptual anomalies, longitudinal