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Living in the Shadow of Fear and Threat: A Descriptive Phenomenological Exploration of Life Experiences of Male Adolescents with Fathers Diagnosed with Paranoid Personality Disorder

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Abstract

Background: Having a parent with paranoid personality disorder (PPD) can interfere with the formation of constructive parent-child interactions and the child's future development.

Objectives: This study aimed to explore the lived experiences of male adolescents with fathers diagnosed with PPD.

Methods: Using a descriptive phenomenological approach, this qualitative study was conducted in Tehran's schools in 2024. Participants were selected through purposive sampling. Data were collected through semi-structured interviews with 16 adolescents, which continued until data saturation was achieved. Data analysis was performed using Colaizzi's seven-step content analysis method.

Results: Data analysis revealed 21 primary categories, 6 subthemes, and two main themes: (1) Mentally distressing experiences and (2) emotionally distressing experiences.

Conclusions: Research has shown that sons of fathers with PPD experience mentally and emotionally distressing situations, which can lead to a decrease in the quality of the parent-child relationship, feelings of emotional deprivation, fear, and anger in the sons. Additionally, the findings can contribute to a better understanding of the supportive and psychological needs of adolescents with a parent diagnosed with PPD and provide insights into psychological and social strategies for supporting these adolescents.

Keywords: Adolescents, Father Child Relationship, Fear, Paranoid Personality Disorder (PPD)

1. Background

Personality is an abstract concept that encompasses human behavior, cognition, emotion, and psychological functioning. It is relatively stable but has the capacity for change (1). Personality disorders result from the complex interaction between individual predispositions, early childhood experiences, and stressful conditions (2). Unpleasant childhood experiences, such as violence, abuse, and neglect, play a significant role in psychological traumas (3), and exposure to dysfunctional childhood environments increases the likelihood of psychological disorders (4). These disorders often co-occur with other mental health issues, complicate treatment, and increase the risk of suicide and premature mortality (5). Personality disorders usually begin in adolescence or early adulthood, and multiple interviews are required for diagnosis (6). Approximately 1 in 10 individuals have a personality disorder (7). A study conducted in 2019 indicated that, across 46 studies from 21 countries on six continents, the global combined prevalence of personality disorders was 7.8% (8).

The specific personality disorder discussed here is paranoid personality disorder (PPD). The term "paranoia" comes from the Greek para nous, meaning "beyond reason" and was initially used to refer to madness (9). Paranoid personality disorder, according

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to the criteria of the American Psychiatric Association, involves a pervasive distrust and suspicion of others. Key features include a belief that others are exploiting or deceiving them, doubts about the loyalty and trustworthiness of others, reluctance to share personal information, a tendency to interpret benign comments or events in a negative light, holding grudges, and reacting with defensiveness or aggression to perceived criticism or unwarranted attacks. The prevalence of this disorder is estimated to range from 2.3% to 4.4% in various references (6).

The family, as an influential system, plays a significant role in the development of psychological disorders. A study found that individuals with bipolar disorder who experienced fear, neglect, and repeated negative interactions had significantly poorer mental health (10). Children of parents with mental illnesses may face social, emotional, and academic challenges, and due to unawareness of their parent's condition, they may experience confusion, anxiety, fear, and guilt (11, 12). Parenting styles that are overly strict and controlling can often harm the child's mental health, reducing their self-esteem and increasing feelings of insecurity and inferiority (13). The PPD can contribute to marital instability and reduced parental affection, which may increase the risk of depression in adulthood (14). In families with paranoid individuals, interaction patterns such as living with rigid rules, distrust, and anxiety contribute to the development of paranoid structures (15). Any form of inappropriate parenting, such as corporal punishment, may lead to unintended harmful effects on children's mental health (16).

The father's role in a child's mental health is as important as that of the mother or primary caregiver. A father's social and emotional traits, from early childhood through adolescence, significantly influence a child's development. A father's impact may be indirect, such as through influencing the mother's behaviors or the relationship with their partner. In some cases, the father can also directly affect the health and behavior of the child (17). A study exploring how childhood memories of parental acceptance or rejection affect psychological adjustment in adulthood. These findings confirm the connection between parental rejection in childhood, sensitivity to interpersonal rejection, and psychological maladjustment in adults (18). Toxic and abusive father-child relationships can impact the lives of individuals with bipolar disorder. These individuals have reported experiences of living in neglect, fear, rejection, and reflecting negative paternal patterns (10).

Given these factors, parental interactions play a crucial role in adolescent development, the formation of their identity, self-esteem, and social skills. A mental disorder in one of the parents affects all family members. Existing studies on the parent-child relationship indicate that qualitative research has not specifically focused on the lived experience of male adolescents with paranoid fathers. Most studies have centered around the mother-child relationship. Therefore, researching this topic is essential for understanding causality, preventing psychological traumas, and providing effective treatment.

2. Objectives

The present study aimed to explore the lived experiences of male adolescents with fathers diagnosed with paranoid personality disorder.

3. Methods

3.1. Research Design

This applied qualitative study adopted a descriptive phenomenological approach. Participants were selected through purposive sampling, and data were analyzed using Colaizzi's method (19) to explore and uncover the participants' thinking, perceptions, and perspectives on life, focusing on a deep exploration of their lived experiences.

3.2. Participants

The participants in this study were selected from male adolescents who met the following criteria: (1) Male adolescents aged 15 to 18 years (to have the ability to reason and understand the interviews); and (2) they had to be enrolled in grades 9 through 12.

3.2.1. Inclusion Criteria

- Male adolescents aged 15 to 18 years.

- Students enrolled in grades 9 to 12 in Tehran's schools.

- Having a father diagnosed with paranoid personality disorder based on the Green Paranoid Thoughts Scale (GPTS) and along with the diagnosis by a psychiatrist.

- Participants had to be from intact two-parent households.

3.2.2. Exclusion Criteria

- Participants who miss their scheduled interview appointments.

- Failure to complete questionnaires or to provide correct information and data.

3.2.3. Instruments

At the beginning of the interview session, the researcher introduced herself and provided some information about the objectives of the study. The GPTS (20) was utilized to assess the existence of paranoid personality disorder in the fathers. The responses to the items in the scale were scored, and the researcher invited the male adolescent children of fathers who scored above the average (a total GPTS score exceeding 70 in both Sections A and B) to participate in the interview.

3.2.4. Green Paranoid Thoughts Scale

This scale is a 32-item self-report measure designed for both clinical and non-clinical populations to assess paranoid thinking. It was first developed by Green et al. to evaluate paranoid thoughts, with a focus on the occurrence of persecutory thoughts (20). The scale contains 32 items, and participants rate each item on a 5-point scale (1 to 5). The total score is the sum of all items, with higher scores indicating more intense paranoid thoughts and symptoms of paranoid personality disorder. Specifically, section A (items 1 to 15) assesses reference ideas (e.g., "It was hard to stop thinking about people talking behind my back"), and section B (Items 16 to 32) assesses persecutory ideas (e.g., "I was convinced that a conspiracy was happening against me"). The total score can range from 16 to 80 (20). GPTS is currently the most widely used measure of paranoia in research (21, 22). This questionnaire has been translated into Persian by Kollolemad et al. They reported the internal consistency of the entire scale based on Cronbach's alpha coefficient of 0.90 (23). In this study, the reliability of this questionnaire was re-examined, and as a result, a reliability of 0.87 was obtained.

3.3. Data Collection

The participants were selected through purposive sampling, and the sampling process continued until the data saturation point. To observe the principle of maximum variation in sampling, the researchers took samples from participants with different socio-economic conditions and from different areas of Tehran. The data in this study were collected through semi-structured interviews aligned with the research objectives. The first participant was a 17-year-old male student. Introducing the first participant is important in qualitative research because follow-up questions and establishing specific inclusion criteria are crucial. These actions help ensure that the participant can provide the information needed to answer the research questions. After the interview with the first participant and analyzing his responses, further questions were developed. During the interview, the researcher provided clarifying explanations that helped continue the interview and clarified issues for the participant. At the end of the interview, the participant was asked if there was anything else he would like to add about the topic.

The interviews were conducted face-to-face and individually from March to August 2024. In total, 16 participants were interviewed. Each interview lasted 45 to 60 minutes, totaling 750 minutes. During the interviews and data analysis, the researcher attempted to perform a reflective analysis by taking notes on the participants' comments and editing her subjective statements after the interviews. A sample of the interview questions includes:

- What experiences do you have with a questioning father?

- When faced with your father's behavior, what feelings, actions, emotions, physical sensations, and thoughts do you experience?

3.4. Data Analysis

The data in this study were collected and analyzed using a qualitative and descriptive phenomenological approach. For this purpose, Colaizzi's seven-step method was used for analyzing the interview data (19):

(1) In the first step, the researchers read the interview transcripts multiple times to familiarize themselves with the content and added any relevant items to the interview questions as needed.

(2) In the second step, the researchers highlighted all significant statements and recurrent themes related to the phenomenon in question.

(3) In the third step, the researchers categorized the themes underlying the participants' statements to better understand their statements. Moreover, the initial statements made by the interviewees were analyzed to extract primary categories as detailed in Table 1.

(4) In the fourth step, the previous processes were applied to all interviews, and the extracted themes from all interviews were categorized into thematic clusters. In other words, the themes from the primary categories were grouped into subthemes to give a more precise

Table 1. The Primary Themes and Subthemes Extracted from the Interviews

Main Themes	Subthemes	Primary Categories
Mentally distressing experiences	Fear of harm and danger	Full care and protection
		Incompetence - dependency
		Expectation of perfection
		Cold relationships
	Suspicion and distrust	Interrogating the child
		Distrust
		Checking behavior
		Suspicion and mistreatment
	Control and restriction	Strictness
		Strictness in interpersonal relationships
		Strictness in recreation
	Emotional deprivation	Lack of verbal affection
		Lack of physical affection
		Feeling misunderstood
Emotional distressing experiences	Anxiety and worry	Fear of bad events
		Fear of betrayal
		Rejection by friends
	Anger and grief	Anger and rage
		Anger and grief
		Sometimes happiness, sometimes anger

description of the results and statements of the interviewees.

(5) In the fifth step, the researchers merged all the subthemes to provide a comprehensive description of the phenomenon and the research results.

(6) In the sixth step, a thorough description of the phenomenon was extracted in the form of a core category or primary themes.

(7) In the seventh step, the researchers revisited the participants to check if the thorough description of the main themes reflected their experiences and collected their feedback. Any discrepancies were revisited, and the extracted themes were revised and reformulated.

3.5. Rigor

For validity, the meeting content and the extracted codes were displayed to the members, and they commented on its legitimacy and precision. In case of any errors, the circumstances were taken into consideration and explored. Additionally, the analysts clarified any ambiguities or questions through phone follow-up. They clarified encounters that were unclear or where the meaning of the member was not accurately captured through phone calls and emails. The reliability of the information was evaluated utilizing the criteria of credibility and dependability. To ensure conformability, the method of conducting the work, analyses, and how the subjects were created was given to the bosses and experts. In order to perform dependability, all work forms and information were given to three outside evaluators (a psychiatrist, a family counselor, and a psychiatric nurse) who were knowledgeable about phenomenological research. For transferability, the analysts utilized a wide range of members within the investigation and followed the rule of maximum variety in sampling (24).

3.6. Ethical Consideration

To comply with ethical protocols, participants were informed that their participation would be voluntary and that they could leave the interview at any time if they wished. Moreover, written consent was obtained from the participants for recording their statements during the interview. Participants were also assured that their identities would remain confidential and that their statements would be anonymized by using codes. The protocol for this study was approved by the ethics committee with the code, and all participants voluntarily attended the interviews.

4. Results

Table 2 shows the demographic data of the participants. As shown, the participants in this study were 16 male adolescents who had paranoid fathers. The

Table 2. The Participants' Demographic Data

Code	Age	Field of Study	Father's Age	Father's Occupation	Father's Education	Father's Health Status	Family's Economic Status
1	17	Technical & vocational (12)	65	-	Diploma	Healthy	Average
2	17	Humanities (12)	53	Self-employed	Bachelor's degree	Healthy	Poor
3	17	Humanities (12)	57	Self-employed	Middle school	Healthy	-
4	18	Technical & vocational (12)	63	-	Dropped out	Addiction	Very poor
5	17	Experimental sciences (12)	58	Employee	Bachelor's degree	Healthy	Good
6	16	Humanities (11)	61	Employee	Associate's degree	Healthy	Average
7	15	Technical & vocational (10)	59	Self-employed	Middle school	Healthy	Average
8	16	Humanities (11)	59	-	Middle school	Diabetes	-
9	15	Technical & vocational (10)	67	Self-employed	Middle school	Unknown	Average - good
10	16	Mathematics (11)	47	Self-employed	Master's degree	Unknown	-
11	15	Technical & vocational (10)	45	Employee	Master's degree	Leukemia	Average
12	16	Mathematics (11)	57	-	Bachelor's degree	Unknown	-
13	17	Technical & vocational (12)	56	Self-employed	Diploma	Heart disease	Good
14	17	Humanities (12)	49	Self-employed	Bachelor's degree	Unknown	Good
15	17	Humanities (12)	69	-	Master's degree	Liver disease	Average - good
16	18	Experimental sciences (12)	45	Unemployed	Diploma	Addiction	Average

age range of the participants was between 15 and 18 years. Data analysis revealed two main themes: (1) Mentally distressing experiences; and (2) emotional distressing experiences, as detailed in Table 1.

4.1. Mentally Distressing Experiences

One of the reported dissatisfactions by adolescents with a paranoid father involves mentally distressing experiences, as follows:

(1) Fear of harm and danger: Excessive support in the parent-child relationship may harm the relationship: "I am very limited when it comes to playing, going outdoors, and hanging out with my friends. My father has a very good financial situation and spends well on me, but the things I enjoy are not allowed" (Participant #4).

(2) Suspicion and distrust: Some adolescents reported being checked a lot by their fathers, indicating that their fathers do not trust them: "When I want to go somewhere or do something, he gives me a hard time, and sometimes I hide things" (Participant #14).

(3) Control and restriction: Living with a paranoid father means adhering to many restrictions: "Many times I've seen my father check my mom's or sister's phone, or even mine, and keep asking who called and what he/she wants" (Participant #6).

(4) Emotional deprivation: Fathers do not show verbal or physical affection toward their children: "I don't remember the last time my dad hugged me or told me he loves me" (Participant #14).

(5) Emotional distressing experiences: The adolescents in this also reported experiencing anxiety, worry, and emotional distress as a result of their father's behavior:

- Anxiety and worry: Anxiety and worry are heavily influenced by the father's decision-making, leading to significant distress for the adolescent: "I remember when I wanted to go to the park, my father wouldn't let me. He asked, 'Are you going with an absent-minded friend? You want to go in the cold weather of Chitgar and get sick and come back?' I wondered why I could never go on a trip with my friends. I was angry, and I cried so much that I was exhausted" (Participant #13).

- Anger and grief: The most frequently reported emotion in interaction with a paranoid father was anger and frustration: "Many times, when my father behaves this way, I get very angry, lose my temper, and it has caused me to have nervous problems and get upset quickly" (Participant #3).

5. Discussion

This study explored the lived experiences of male adolescents with fathers diagnosed with paranoid personality disorder. The mentally distressing experiences reported by the adolescents included feelings of fear of harm and danger, suspicion and distrust, control and restriction, as well as emotional and psychological deprivation. The second major issue identified was the emotionally painful experiences, which included anxiety, worry, anger, and grief. The adolescents consistently reported these issues, leading

to the conclusion that these traumatic feelings stemmed from interactions with their fathers' specific behavioral patterns. The adolescents reported that their fathers had little trust in their abilities and were constantly suspicious, accusing them of wrongdoings. They felt that, instead of living in a safe home, they were living in a prison-like environment filled with constant worry and limitations. The paranoid behavior of their fathers has led to significant psychological and emotional distress, with likely long-term consequences. These challenges ultimately lead to the formation of maladaptive schemas in adulthood (25), which are linked to the features of suspicion and control of their fathers. Early schemas form in interactions with parents and the failure to meet basic needs. In this context, the adolescents attributed their problems to their fathers' suspicion, distrust, emotional and psychological neglect, control, and anxiety.

Furthermore, the adolescents in this study reported a lack of trust and suspicion towards their abilities, combined with overprotection and control by their fathers. The paranoid father, in an attempt to prevent the harm he has experienced, or to protect his child from any perceived threat, assumes an overprotective role, not allowing the child to experience even the simplest and most natural aspects of life (10). This excessive protection leads the child to feel inadequate, useless, inefficient, and incapable, ultimately contributing to the psychological complaints of these adolescents. Accordingly, Yuen and Pilkington introduced the Young Schema model, which identifies overprotective parenting as a childhood experience and one of the key factors in the development of maladaptive schemas. This model, based on existing evidence, examines overprotective parenting as a predictor of schema confirmation in adolescence and adulthood (26).

Emotional-psychological neglect means that adolescents with paranoid fathers not only have been deprived of social relationships but have also been deprived of affection, emotional attention, understanding, empathy, and trust from their parents. Emotional and psychological deprivation is an influential schema that affects adolescents' behavior and cognition. One study revealed that about 60% of individuals with obsessive-compulsive disorder (30 persons) suffered from the emotional deprivation schema. In other words, this schema can be one of the causes of the persistence of this disorder and may significantly affect the severity of obsessive-compulsive disorder symptoms (27).

5.1. Limitations

This study has some limitations: First, it was a small-scale, qualitative, descriptive, phenomenological study. Second, the study was conducted on adolescent boys residing in Tehran; therefore, the findings cannot be generalized to rural or less-developed areas. Third, this study examined the father-son relationship, and the mother, as the primary parent, was not interviewed.

5.2. Conclusions

An analysis of the lived experiences of male adolescents living with fathers diagnosed with paranoid personality disorder showed that the father-adolescent relationship is often filled with doubt and suspicion, living in the shadow of fear and concern about potential harm, and predominant feelings of anxiety and anger. In these circumstances, adolescents find themselves exposed to intense control, constant limitations, and emotional deprivation from their fathers. These early harmful interactions not only affect the adolescents' psychological lives but also lead to the formation of maladaptive patterns and distorted cognitions in their adulthood. Accordingly, it can be argued that parent-child interactions during childhood, especially when one of the parents suffers from paranoid personality disorder, require special attention in the etiological studies of this disorder. The findings from this study highlight the importance of individual and family psychotherapy, which can aid in improving the parent-child relationship.

Footnotes

Authors' Contribution: M. K. Sh. and A. Kh-K.: Developed the research idea and designed the study; M. K. Sh. and A. Kh-K.: Collaborated on data analysis and manuscript writing; M. P. and M. K. Sh.: Provided the resources necessary to undertake this study; M. K. Sh., A. Kh-K., and M. P.: Participated in sampling. All authors contributed to the revision, discussion, and approval of the final manuscript.

Conflict of Interests Statement: The authors declared no conflict of interests.

Data Availability: No new data were created or analyzed in this study. Data sharing does not apply to this article.

Ethical Approval: The protocol for this study was approved by the Iran National Committee for Ethics in Biomedical Research with code IR.SBU.REC.1403.033 .

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Informed Consent: Written informed consent for participation was obtained from all participants before inclusion.

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