



## Making Sense of Paranoia

### Key points

- Suspicious and paranoid feelings and beliefs are on a continuum with 'normal' experiences.
- Victimisation, discrimination and lack of power in the world appear to be causes of paranoia.
- Unusual beliefs are likely to reflect important themes or thwarted goals in a person's life.
- Difficult social experiences can lead to shameful, angry or fearful feelings. Mixtures of these feelings can shape perceptions of the world and give rise to paranoid beliefs.

### Implications for practice

- Holding a sensitive conversation about a person's history and social world may help in understanding their paranoia
- Interaction and reinforcement between paranoid feelings and social circumstances might be harder to alter than suggested by cognitive behavioural approaches.
- People might be supported through having more power and resources in their world or sharing experiences with others who have similar experiences.

Whilst paranoia is often associated with diagnostic categories such as 'schizophrenia', diagnosis has been shown to be a limited and flawed way of understanding people's experiences<sup>1</sup>. Experiences described as paranoia are also associated with other diagnoses, and rather than being distinctively 'abnormal' they appear to overlap with everyday experiences<sup>2</sup>. It is likely that there are circumstances in which most people would feel suspicious or hyper-vigilant. Indeed in difficult or threatening circumstances it often seems adaptive to be cautious, suspicious or sensitive to signs of threat.

### Development and Social Environment

Some people are likely to be more suspicious than others due to the worlds they have grown up in being more negative and threatening. People who experience paranoid beliefs have recollections of "...parents who frequently disagree with them, who try to influence them without negotiation, who are overcritical and unsupportive, and with whom the patients have intense, involved relationships" (p22.)<sup>3</sup>. Furthermore, people with insecure attachment patterns have been found to have higher levels of paranoia<sup>4</sup>. Population studies have found a relationship between experiences of discrimination and victimisation with paranoia<sup>5</sup>. Research using a diagnostic framework suggests that a person's experiences whilst growing up and in their social world have a causal effect on experiences classed as 'psychotic' (such as paranoia)<sup>6</sup>. Overall, it seems people who have little power or resources in their world and are subject to the unwanted power of others are more likely to experience paranoia.

### Feelings and the Social World

An aspect of paranoia that people can struggle to understand is the unusual nature of some beliefs. However, unusual beliefs (often termed "delusions") often hold important functions for people and are frequently related to important themes and life goals<sup>7</sup>. Psychology has tended to see unusual beliefs as the outcome of faulty information processing, but an alternative way to comprehend them is to highlight the importance of feelings. Cromby (2008)<sup>8</sup> observes that, whilst we might not be consciously aware of it, feelings – feedback from our bodies - are part of *all* of our experiences, and help to provide us with knowledge of the world. Cromby also explains how feelings are intimately shaped by



both our social worlds and our material circumstances. Applying this understanding to paranoia, Cromby and Harper (2009)<sup>9</sup> show how shameful, angry or fearful feelings can be shaped by difficult experiences of the world, and these socialised feelings are the key driver of paranoia. Mixtures of these feelings can colour and shape perceptions, giving rise to paranoid beliefs. Because these blends of feeling often reflect difficult social and material circumstances in people's lives, they are not easily altered.

### Implications for Practice

It appears that to help make sense of someone's paranoia we need to be able to connect this to their history and current world. Having a sensitive conversation with someone about their life (if they want to) may help us understand and perhaps help the person clarify why they experience the world as fearful. Furthermore we should be sensitive to how someone's beliefs, however unusual, may fill an important function and be grounded in their experience of the world.

As paranoia can be seen to be driven by interactions between social factors and feelings, simply talking about unusual beliefs - or even exploring alternative explanations for them, as in Cognitive Behavioural Therapy - is not likely to easily alter someone's sense of fear and threat in the world. This is particularly likely if there is ongoing threat. We should obviously hold conversations and support people with their experiences, however, we should acknowledge that for any of us, it is not easy to change how we feel and experience the world, even if the thing we fear is no longer present.

As paranoia is a social experience and one of powerlessness, helping someone to have more power and resources in their world appears essential. Furthermore, bringing together people who share similar experiences can give people an invaluable sense of social solidarity and perhaps help develop creative ways of dealing with difficult experiences – the Paranoia Network (run along similar lines to the Hearing Voices Network) is an excellent example of this.

### REFERENCES

1. Boyle, M. (2002). *Schizophrenia: A scientific delusion?* (2<sup>nd</sup> Edition). London: Routledge.
2. Bentall, R. P. (2003). *Madness explained: Psychosis and human nature*. London: Penguin Books
3. Rankin, P., Bentall, R., Hill, J. & Kinderman, P. (2005). Perceived relationships with parents and paranoid delusions: Comparisons of currently ill, remitted and normal participants. *Psychopathology*, 38, 16 -25.
4. Pickering, L., Simpson, J., & Bentall, R. (2008). Insecure attachment predicts proneness to paranoia but not hallucinations. *Personality and Individual Differences*, 44, 1000 – 1011.
5. Mirowsky, J. & Ross, C. E. (1983). Paranoia and the structure of powerlessness. *American Sociological Review*, 48, 228- 239.
6. Bentall, R. P. & Fernyhough, C. (2008). Social predictors of psychotic experiences: Specificity and psychological mechanisms. *Schizophrenia Bulletin*, 34, 1012 – 1020.
7. Collinson, C. (2008). Understanding 'Delusions'. *Clinical Psychology Bite-Size*, 5.
8. Cromby, J. (2008). Feelings, beliefs and being human. In A. Morgan (ed.) *Being Human*. Ross-on-Wye: PCCS Books.
9. Cromby, J. & Harper, D. (2009). Paranoia: a social account. *Theory & Psychology* 19, 3, 335-361

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