

FEAT FACTSHEET

Understanding paranoia

What is paranoia?

Being paranoid means being suspicious without reason, and believing that others are trying to harm you in some way. Everyone can be mistrustful at times, particularly if life hasn't treated him or her well. But people who are prone to paranoia always dread some forthcoming attack or betrayal. They are forever anticipating that something awful will happen, and trying to second-guess what their adversaries might do. They focus on their fears for the future, and take little account of the majority of times when the past has proved them wrong.

In milder forms, the person has some insight into what's going on and realises their suspicions might be groundless. In extreme forms, they can't distinguish reality from fantasy. It can be a very isolating condition, because people feel they can't depend on anybody. They may feel angry, fearful, guilt-ridden, suspicious, vengeful and excluded, and may become very depressed, as a result.

Are there different kinds?

The feeling of being threatened or betrayed can take many forms. People may become irrationally jealous, or believe that their thoughts and actions are being controlled or monitored. They may fear that their life is in danger - that their milk or food is being poisoned, for instance. Some people feel a deep sense of their own badness, while others believe they are being unfairly treated by their imagined persecutors and think they are being unjustly harassed. These two types are known as "bad-me paranoia" and "poor-me paranoia".

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Paranoid schizophrenia: Extreme paranoia is one of the symptoms of paranoid schizophrenia. This may also involve people hearing voices, which may comment on their behaviour, echo their thoughts or issue orders.

Paranoid personality disorder: This is another diagnosis, which clinicians consider if the problem has been around for some time, perhaps since adolescence. Commonly, people will have little or no insight into their condition and will never have asked for treatment.

Delusional or paranoid disorder: Sometimes, someone who functions quite well in day-to-day life develops one particular dominating, paranoid idea, of great complexity, that puts them at odds with those around them. This is sometimes called a delusional or paranoid disorder. It doesn't usually involve hearing voices.

Other diagnoses that may include paranoid feelings are manic depression (bipolar disorder), schizoaffective disorder, severe anxiety or depression, and postnatal psychosis.

What are the causes?

Genetic factors: Paranoia is a complex blend of thoughts and feelings, so it's unlikely to have one simple cause. It's possible the genes we inherit from our parents may have some influence, but they alone can't cause it.

Childhood influences: What happens to us in childhood may play a part. If a child is brought up to believe that the world is a very unsafe place and that people are horrible, this may mould their personality in a paranoid direction. Self-esteem, or lack of it, is also important. If children are not brought up to feel that they are basically lovable, they may be suspicious or mistrustful when others show them affection.

Social context: It's important to recognise that paranoia is not located "entirely inside the head" but is a response to the world around. A person's thoughts, bizarre though they may be, can often be a reaction to very real stresses in life, and sometimes a sensitive comment on the world. On occasion, paranoid delusions can even be true! It's important to consider this possibility before dismissing them. Paranoia is a particular attitude to the social world, and will inevitably reflect a person's experience of intimate social relationships. So, a deep fear of dependency in people who experience paranoia could be due to disappointments in the past. Suspicions about "hidden scheming going on" can be the result of experiencing relationships that seem pleasant and charming on the surface, but which carry a hidden layer of anger and aggression underneath. This may have been suppressed and denied, but can still be detected. The feeling of a "double reality" to seemingly innocent situations and events has its roots in real experience, and is quite common.

Thinking errors: In the hope of improving therapy, certain research focused not so much on childhood and relationship issues, but on the way someone actually thinks of themselves and of everyday events. It found that people with paranoia have low self-esteem in some aspects of their personality. To protect themselves, they tend to see other people's intentions as negative, rather than risk finding any fault in themselves.

They also have a tendency to jump to conclusions, and to be hasty and overconfident in their thinking. They will seek out information that confirms their beliefs and, at the same time, ignore evidence that contradicts them. Their view of the world can be very narrow and to neglect the broader context. So, they very easily get "the wrong end of the stick", and focus on small details rather than the big picture. These thinking errors are known as cognitive biases. They can interfere with social relationships and also lead the person to think in a strange way - causing further social difficulties, and a vicious circle.

Lack of empathy: Difficulty in understanding someone else's point of view, or in empathising with their thoughts and feelings, can be partly genetic. (Similar, but more severe problems, occur in autistic spectrum disorders. See *Further reading*.) It can lead to mistaken assumptions about other people's behaviour, and bring social rejection. This, in turn, may fuel a sense of discontent and of grievance, which generates more paranoia.

The effects of drugs: Chemicals can sometimes be a factor. Drugs such as cocaine, cannabis, alcohol, ecstasy, LSD and amphetamine can all trigger paranoia. So do certain steroids taken by some athletes and weightlifters. Even insecticides, fuel and paint have been associated with symptoms.

Physical causes: Paranoia, as a symptom, is linked with certain physical illnesses, such as Alzheimer's disease, Huntington's disease, Parkinson's disease, strokes and other forms of dementia.

Life events: A sudden increase in stress can be very significant. Losing a job or a relationship break-up can make someone feel very isolated. It can force them to turn inwards, to feel more insecure and under threat. On occasion, this can develop into paranoia. Getting older can also increase a person's loneliness and vulnerability. If they then begin to lose faculties, such as hearing or sight, it can seriously undermine their ability to make accurate judgements about what is going on around them.

Laying blame: It's important that families and partners don't blame themselves. As a rule, paranoia results from a combination of factors, and the most important ones may well have been totally beyond anyone's control. Equally, it's important not to blame the sufferer. The vital thing is to recognise the problem, and do something about it.

What treatments are available? Very often, people have little insight into their state of mind, and don't accept that there is anything wrong with them. They may have built up an immensely complex delusional system on the basis of a single incident. But, generally, unless they suspect these beliefs may be wrong, at least in part, they will not accept that they need treatment. The first point of contact is usually a GP, who may refer the person to a psychiatrist or clinical psychologist.

Medication: The main drugs for treating paranoia have a tranquillising effect that tend to make people less aggressive, but they do have some side effects. Fear and persecutory delusions can lead people to refuse or sabotage their drug treatment.

Talking treatments: Cognitive behaviour therapy (CBT) is an effective psychological therapy. It involves carefully examining a person's thinking patterns and the evidence they have for their beliefs. It goes on to help them find alternative interpretations to the ones that are distressing them, teaching them to monitor and control their thoughts.

Community services: People can benefit by getting away from their current situation, either temporarily or permanently. This can involve visiting day centres or day hospitals regularly. Or it could mean a bigger move into a group home or some kind of sheltered housing, such as a psychiatric aftercare hostel. Daycare provides an opportunity to mix with different people, some with similar problems, and the chance to join in shared activities. Inpatient facilities should enable people to live in a supportive environment and develop the skills to live independently, eventually.

Hospital: It may be necessary to admit someone to hospital if he or she is very disturbed and a threat to themselves or others. Because they may have little insight into how unreasonable their beliefs are, they may be admitted involuntarily, under the Mental Health Act 1983. The usual treatment in hospital is medication, along with an assessment and care plan, for support and treatment, once they leave hospital.

What can family and friends do? Living with a paranoid person is exceedingly distressing, made worse by the person's own lack of insight into their condition, and occasional aggressive outbreaks. Families, friends and carers should not suffer in silence. They should ask friends and relatives to help out, and try to get some time away, and certainly seek a medical opinion. If the delusions have a religious content, it may be worth contacting an appropriate person at the local place of worship.

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