

UNDERSTANDING

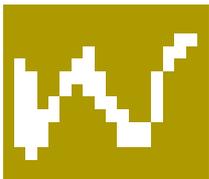
Paranoia



“The couple next door are listening in on me, I know it. I saw her in the street yesterday and she looked away.”

“The postman is reading my mail. One of my letters last week was not stuck down. He knows all my secrets.”

“My son’s behaving so strangely, he suspects everyone of plotting against him. The thing is I daren’t talk about it when he’s in the house in case he overhears. I’m getting paranoid about his paranoia.”

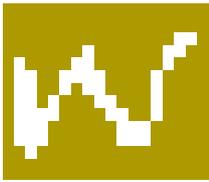


What is paranoia?

The word ‘paranoia’ literally means distracted. It involves being suspicious without reason, and a belief that others are trying to persecute you. Paranoia can range from milder forms, where the person retains insight and realizes their suspicions may be ungrounded, to extreme forms, where the person cannot distinguish reality from fantasy.

Extreme paranoia can be one of the symptoms leading to a diagnosis of schizophrenia (see Further reading page 10-11). A person said to be suffering from paranoid schizophrenia, in addition to being very paranoid, will also hear voices commenting on their behaviour, echoing thoughts or giving commands. Paranoia is a very isolating condition – the person feels they can depend on nobody. Sufferers feel angry, fearful, guilt-ridden, suspicious, vengeful and ostracized. They can also become depressed.

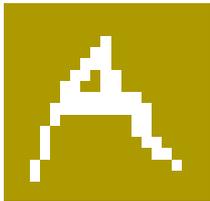
Paranoia is a blend of feelings and thoughts directed more towards the future than the past. Paranoid people therefore may be forever anticipating things and trying to ‘second guess’ their adversaries. This is because they dread some awful future event such as a violent attack or betrayal.



Who is more likely to suffer from paranoia?

The condition tends to be more common in towns and cities than rural areas. Its incidence is very difficult to judge, however, as some forms of paranoia can occur in over 80 medical conditions. For example people may become paranoid as a result of ageing or depression – feeling that they have become a burden – or even through partial deafness – which can cause people to think that their friends and relatives are whispering to conceal something from them. As many as 32 per cent of old people in geriatric wards are diagnosed with some form of paranoia.

In older adults paranoia is more common in women, while in younger people men are slightly more often affected. Younger patients also tend to have more spectacular delusions (for example 'MI5 is controlling my mind'). Some studies of patients diagnosed with mental health problems have found paranoid ideas in as many as 10 per cent of the sample. Clearly, like depression and drug use, paranoia is very much a part of modern life.

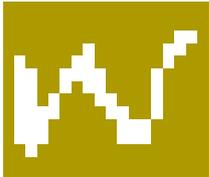


Are there different forms of paranoia?

Yes there are. Feelings of threat and expectations of betrayal can take many different forms. Some people develop paranoid jealousy, others fear that their thoughts and actions are being controlled or monitored, still others may fear that their life is in danger – that their food or the milk is being poisoned.

When people experience paranoia over a long period of time, perhaps since adolescence, they are sometimes diagnosed with paranoid personality disorder (see Further reading page 10-11). In such cases people have little or no insight into their condition (a common problem in paranoia) and never seek treatment. Sometimes someone who functions quite well in day-to-day life may develop a singular dominating paranoid idea of great complexity that puts them at odds with all around them. This is sometimes called a delusional or paranoid disorder. People diagnosed with paranoid disorder usually do not have other symptoms, such as voice-hearing.

Recent research has suggested that some sufferers feel paranoia associated with a deep sense of their 'badness' as a person, while others feel unfairly treated by their imagined persecutors and feel they are receiving harassment that they do not deserve. These two types of case are known as 'bad-me paranoia' and 'poor-me paranoia'.



What causes paranoia?

Genetic factors

Since paranoia is such a complex blend of thoughts and feelings it is unlikely to have a single simple cause. It is possible that the influences of our genes – biological building blocks we inherit from our parents – may make us more vulnerable or predisposed to paranoia. But they will not cause it.

Childhood influences

Influences in childhood may play a part in some people. 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 a child is not brought up to feel that they are basically a lovable person, then the affections of others are liable always to be mistrusted or suspected.

Social context

It is important to recognize that paranoia is not a condition located 'entirely inside the head'. Paranoia is a response to the world around, and the 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 our world. On occasion paranoid 'delusions' can even be true! It is important to consider this possibility before deciding that the person is disturbed.

Because paranoia is an attitude to the social world, it inevitably reflects an individual's experience of intimate social relationships. Some researchers believe there is a deep fear of dependency in people who experience paranoia, due to disappointments in the past. Paranoia about 'hidden scheming going on' can also result from experiencing relationships where, superficially, behaviour is pleasant and charming, but where anger and aggression are suppressed and denied, so that a hidden layer of true feelings can be detected underneath. This feeling of a 'double reality' to seemingly innocent situations and events is quite common in paranoia, and again has its roots in 'real' experience.

Thinking errors

Recent research aimed at enhancing therapy for paranoid patients has focused not so much on childhood, family and relationship issues as on the way the sufferer actually thinks of themselves and of everyday events. Using subtle experimental techniques it has been found that paranoia sufferers have low self-esteem in some aspects of their personality – and tend to attribute negative intent to others to absolve themselves from blame and to protect that fragile self-esteem.

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 discredits them.

Paranoia sufferers also tend to view the world in a very narrowly-focused way, and neglect the broad context. They therefore very easily get ‘the wrong end of the stick’, and focus on small details rather than the total picture.

These thinking errors, known as ‘cognitive biases’, can both interfere with social relationships and lead the person to think in an abnormal way – causing further social difficulties, and creating a vicious circle.

Understanding others’ perspectives

Other very recent research in the area of overlap between thinking biases and social skills has suggested that people who experience paranoia have difficulty in understanding other people’s perspectives, and are not good at empathizing with other people’s thoughts and feelings. The origin of this dysfunction could be partly genetic, as similar problems occur in the developmental condition known as autism (see Further reading page 10-11), although in autism they tend to be much more severe. The problem with a lack of empathy is that it is liable to lead to mistaken assumptions about other people’s behaviour, and also to cause social rejection – which in turn fuels the person’s discontent and sense of grievance, and can generate more paranoia.

The effects of drugs

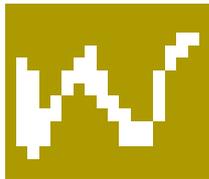
Paranoia can have physical/chemical origins. As well as the effects of such illnesses as dementia, drugs such as cocaine, cannabis, alcohol, ecstasy, LSD and amphetamine all have the capacity to induce paranoid states, as do certain steroids taken by some athletes and weightlifters. Even insecticides, fuel and paint have been associated with paranoid symptoms. (See *Understanding the Psychological Effects of Street Drugs*, Further reading page 10.)

Life events

A general increase in stress, caused for example by loss of a job or the breakup of a marriage, can isolate someone, make them very inward-looking and generally make them feel less secure and more threatened. On occasion this can develop into paranoia. Increasing age can increase loneliness and vulnerability, and as we have seen, late-onset deafness or blindness can seriously undermine people's ability to make accurate judgements about what is going on around them.

Apportioning blame

It is important that families and partners do not blame themselves for causing paranoia. Generally, clinical cases result from a combination of many factors, and the most critical ones in any particular case may well have been totally outside of anyone's control. Equally it is important not to blame the sufferer. The vital thing is to recognize paranoia when it is there, and take steps to do something about it.



What treatments are available?

Paranoid people often do not accept that there is anything wrong with them. Their insight into the fact that they are disturbed is generally very low. They may have built up an immensely complex delusional system from a single incident – perhaps a telephone call, a remark they heard in a shop or an act of coldness from an old friend. Generally they will not accept treatment unless they suspect that their beliefs may be wrong, at least in part.

GPs are usually the first point of contact with helping agents. He or she may refer the sufferer to a psychiatrist or clinical psychologist. It is also possible to contact practising clinical psychologists directly as many are listed in the Register of Chartered Psychologists published by the British Psychological Society (see Useful organisations page 10) and available in all major libraries. A psychologist is likely however to want a GP's opinion to rule out any physical cause for the condition.

Medication

The main drugs for treating paranoia are so-called typical and atypical neuroleptics, also known as antipsychotics. (Be mindful of the fact that paranoia sufferers are very suspicious of medication). The typical forms are well established drugs such as chlorpromazine and haloperidol. Both have a tranquillizing effect and tend to decrease aggressiveness, particularly haloperidol, but they do have some unpleasant adverse effects (see Further reading page 10). The newer atypical neuroleptics

include clozapine, risperidone and olanzapine. These medicines generally have fewer long-term adverse effects.

'Talking treatments'

Cognitive-behavioural therapy (CBT)

This is a psychological therapy or 'talking treatment' that has been developed for paranoia in the last ten years, and is proving to be very effective. It involves carefully examining the person's thinking patterns and the evidence the sufferer has for his or her beliefs. Then begins a process of looking for alternative interpretations to the ones that are distressing them.

CBT can give the individual skills in monitoring and controlling their own thoughts – a useful self-help aspect. CBT is also used with people who hear voices in addition to experiencing paranoia. While it cannot usually eliminate voices, CBT can reduce their incidence, change their content and help the person to cope better with hearing them. Current research is studying the effectiveness of administering CBT in a group situation, but as yet it is usually given one-to-one.

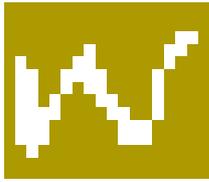
Psychotherapy

Many different forms of psychotherapy are available including psychoanalysis, transactional analysis and Gestalt therapy. All have very different rationales but generally involve talking over experiences in detail and exploring feelings. Psychotherapy is not commonly available for paranoia on the NHS. Although some sufferers claim to have been helped by psychotherapy, controlled trials involving large numbers of people have not indicated that they are reliably helpful for paranoia.

Community services

Paranoia sufferers can benefit from leaving the situation they find themselves in, either temporarily – by visiting day centres or day hospitals on a regular basis – or by moving into a group home or some kind of sheltered housing such as a psychiatric aftercare hostel. Daycare can provide opportunities to mix with different people, some with similar problems and the chance to participate in shared activities. Inpatient facilities should ideally enable sufferers to live in a supportive environment and develop skills for eventual independent living.

Hospital admission may be necessary if the person experiencing paranoia is very disturbed and a threat to themselves or to other people. Because sufferers of paranoia may have little insight into the irrationality of their beliefs, they may be admitted involuntarily under the Mental Health Act 1983. The usual treatment in hospital is medication, but under the Care Programme Approach (CPA) you are entitled to an assessment and can plan for treatment once you leave hospital (see Further reading page 10).



What can family and friends do?

Living with a paranoid person is exceedingly distressing and the distress is amplified by the lack of insight and occasionally aggressiveness of the person concerned. Families, friends and carers should not suffer in silence. Ask friends and relatives to help out, and try to take some time away. If the sufferer's delusions have a religious content then it may be worth contacting your local vicar or priest for help. Certain strategies, such as those outlined below, can be generally helpful as ways of coping.

Controllable/uncontrollable factors

It is necessary to separate out things over which the sufferer has control in their lives from those that they do not. For example, if the individual is hearing voices, they may have less control over the actual presence of voices, but they have more control over how they interpret those voices and react to them. This is particularly important if voices are demanding suicide or attacks on other people. There is a growing body of literature on coping with voice-hearing (see Further reading page 10), and this is an area where some people have found cognitive behavioural therapy has an impact.

Right/wrong judgements

It is important to separate out those things about which the person could be right (such as the unfriendliness of a bus driver) from those where they are definitely wrong (the milkman is poisoning the milk). It is very damaging to the paranoid person's self-esteem to assume that *everything* they say is wrong. Recognizing good judgement when it is justified is actually helpful and genuinely therapeutic.

Foresee difficulties

Try to anticipate problems rather than wait for them just to happen. For example, if you are moving to a new area, or the person suffering from paranoia is moving to a new job, talk over the kind of difficulties that might arise, such as the threat of mixing with new people.

Regard thoughts as hypotheses

It is much better to regard thoughts as assumptions (hypotheses) based on evidence, rather than as 'solid facts'. Hypotheses and evidence, as in science, can be questioned

and discussed and hence revised. This is the approach used by cognitive-behavioural therapists and is worth finding out more about (see Further reading page 10). Knowledge about paranoia can make the disorder seem less threatening and less mysterious, and can give you additional hints on coping.

Don't collude

Where the sufferer's beliefs are almost certainly wrong it is always necessary to stand firm, say that you accept that they have their beliefs, but that you do not share them.

Don't be confrontational

Telling the person that they are stupid or 'talking rubbish' is arrogant, dismissive and never effective. It damages self-esteem, gives the impression that you do not respect the person or care and is liable to make things worse.

Allow independence

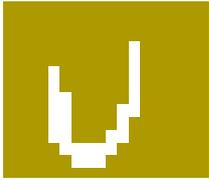
Try not to be overprotective, overinvolved and critical. Give the sufferer space, allow them to live their life and show them respect and love. It also helps to encourage talk about things *other* than the person's delusions.

Don't be all negative

People suffering from paranoia are often intelligent, imaginative and talented people. Their paranoia is really an unfortunate misuse of their imagination. Try to look through their paranoia at the positive qualities that underlie it. Many people have turned their irrational thinking around and eventually made it work for them not against them.

Self-help groups

It is useful to find out, perhaps via the hospital or your local health centre, if other families in the neighbourhood have similar difficulties. Families can help each other, it is not always incumbent on professionals to do the therapy.



useful organizations

There are many organizations which can offer help and advice to people who are experiencing distress, and their families and carers. Mind*info*Line, Mind's telephone helpline, can provide information on a range of mental health issues, and put you in touch with other national and local organizations and groups.

Mind*info*Line 0181 522 1728 inside London, 0345 660163 outside London.
Mon-Fri 9.15 am – 4.45 pm.



further reading and order form

Qty:

- Cognitive Therapy for Delusions, Voices and Paranoia* Paul Chadwick, Max Birchwood and Peter Trower (Wiley 1996) £15.99
- Understanding Paranoia* Peter Chadwick (Thorsons 1995) £6.99
- Schizophrenia – The Positive Perspective* Peter Chadwick (Routledge 1997) £15.99
- Cognitive-Behaviour Therapy for Psychosis* David Fowler, Philippa Garety and Elizabeth Kuipers (Wiley 1995) £15.99
- Cognitive-Behavioural Interventions with Psychotic Disorders* Gillian Haddock and Peter D. Slade (eds) (Routledge 1996) £15.99
- Cognitive-Behavioural Therapy of Schizophrenia* David G. Kingdon and Douglas Turkington (Earlbaum 1994) £11.95
- Making Sense of Treatments and Drugs: Anti-depressants* (Mind 1998)
- Making Sense of Treatments and Drugs: ECT* (Mind 1998)
- Making Sense of Treatments and Drugs: Lithium* (Mind 1994)
- Making Sense of Treatments and Drugs: Major Tranquillizers* (Mind 1995)
- Making Sense of Treatments and Drugs: Minor Tranquillizers* (Mind 1998)
Making Sense booklets are £2.50 each, £10.00 per set of 5, £18.00 per 10, £150.00 per 100
- Understanding Anxiety* (Mind 1998)
- Understanding Autism* (Mind 1999)
- Understanding Dementia* (Mind 1997)
- Understanding Depression* (Mind 1998)
- Understanding Dual Diagnosis* (Mind 1998)

- Understanding Mental Illness* (Mind 1998)
 - Understanding Phobias and Obsessions* (Mind 1998)
 - Understanding the Psychological Effects of Street Drugs* (Mind 1998)
 - Understanding Schizophrenia* (Mind 1998)
- Understanding* booklets are £1 each, £3 per 5, £4.50 per 10, £40 per 100, £330 per 1000. Titles may be mixed to qualify for quantity prices.
- Accepting Voices: A New Analysis of the Experience of Hearing Voices Outside the Illness Model* Marius Romme & Sandra Escher (eds) (Mind 1993) £13.99
 - The Voice Inside: A Practical Guide to Coping with Hearing Voices* Paul Baker (Handsell Publishing/Mind 1997) £3
 - 'Brief guide to the Care Programme Approach' (*OpenMind* Dec 1994/Jan 1995) 20p

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For details of your nearest Mind association and details of local services contact Mind's helpline, *MindinfoLine*, 0181 522 1728 from within London or 0345 660163 outside London. Mon-Fri 9.15 am - 4.45 pm.

If you need interpretation *MindinfoLine* has access to 100 languages via Language Line. Typetalk is available for people with hearing or speech problems who have access to a minicom. To make a call via typetalk dial freephone 0900 959598.

Mind also has six regional offices and a national office in Wales:

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Northern Mind	158 Durham Road, Gateshead, Tyne & Wear NE8 4EL
North West Mind	21 Ribblesdale Place, Preston PR1 3NA
South East Mind	First Floor, Kemp House, 152-160 City Road, London EC1V 2NP
South & West Mind	Pembroke House, 7 Brunswick Square, Bristol BS2 8PE
Trent & Yorkshire Mind	44 Howard Street, Sheffield S1 2LX
West Midlands Mind	20/21 Cleveland Street, Wolverhampton WV1 3HT

Northern Ireland Association for Mental Health

Central Office, Beacon House, 80 University Street, Belfast BT7 1HE
(helpline 01232 237937)

Scottish Association for Mental Health

Cumrae House, 15 Carlton Court, Glasgow G5 9JP (tel. 0141 568 7000)



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