Are we all paranoid?

Lyn Ellett and Tim Wildschut consider evidence of paranoia in nonclinical populations

In 2013 the surveillance scandals in both the US and the UK made headline news. The notion of surveillance is consistent with a key theme in paranoia – believing that other people are spying on us, or out to get us in some way.

Research has shown that paranoia is common in the nonclinical population, but why? Perhaps it is evolutionarily adaptive – fearing harmless people is potentially less costly than failing to fear people who are truly hostile and pose a significant threat.

Studying paranoia in the general population is important – not just in terms of helping us to understand clinical paranoia, but also in relocating paranoia within the rich human repertoire of daily interpersonal behaviour.

Is there evidence that paranoia exists in the general population?

What methods and experimental paradigms have been used to study nonclinical paranoia?


The psychology of surveillance

The psychological effects of surveillance are well known. We know that surveillance has the potential to impact on both mental health and performance. For example, research has shown that surveillance can result in increases in anxiety, fatigue and stress. At work, it can reduce performance and impact on our sense of control. In addition, we also know that surveillance promotes distrust between the public and the state, it breeds conformity and can undermine the influence of authority. Interestingly, surveillance is also consistent with a key theme in paranoia – thinking that other people are spying on us, watching us, are out to get us or harm us in some way. Indeed, in clinical paranoia, it is very common for themes involving surveillance and electronic devices, particularly computers, to be part of paranoid ideation. But is there any evidence that paranoia exists in the nonclinical population?

Is paranoia common in the general population?

Paranoia is a perception of malevolent intent from another person or group and has been described as the 21st-century fear (Freeman & Freeman, 2008). In recent years, there have been a large number of studies showing that paranoia is a common and distressing experience in the nonclinical population. For example, a recent large-scale survey showed that paranoia occurred in around one third of the general population (Freeman et al., 2011), and studies have also examined idiosyncratic experiences where individuals describe a personal experience of paranoia, which is assessed across key cognitive, behavioural and affective dimensions (Ellett et al., 2003). This has triggered a conceptual shift towards viewing clinical paranoia as continuous with experiences of the healthy population. Nonclinical paranoia is thus a phenomenon of interest in its own right, as well as in its potential capacity to inform the understanding and treatment of clinical paranoia.

Although research to date has found evidence of paranoia in the nonclinical population, and much research has examined factors that are implicated in the transition to clinical psychosis, the vast majority of individuals reporting nonclinical paranoid experiences do not go on to develop any form of clinical psychopathology. This poses an interesting question – what is it that keeps individuals...
Can paranoia be manipulated?

More recently, there has been a focus on developing and validating experimental paradigms to study paranoia. The first paradigm involves participants undertaking an experimental task with pre-set outcomes, in which they either receive ambiguous or failure feedback. Participants complete the task under conditions of high or low self-awareness, which is manipulated via the presence or absence of a camera. Interestingly, state paranoia can be triggered by the combination of high self-awareness and either ambiguous feedback or explicit failure (Ellett & Chadwick, 2007). Furthermore, if one accesses positive self-representations, or has the opportunity to affirm one’s values (Kingston & Ellett, 2014), the impact of these environmental conditions on the occurrence of paranoid cognitions is significantly reduced. This indicates that high state self-esteem might reduce one’s susceptibility to becoming paranoid.

A second experimental paradigm for studying paranoia involves the use of virtual-reality environments (e.g. Freeman et al., 2008). Participants explore a virtual environment, which contains computer characters, known as ‘avatars’, who are pre-programmed to behave neutrally. Several studies have now shown that state paranoia can in fact be triggered in these neutral virtual environments. This is an important finding because it demonstrates that paranoia can be triggered in environments that lack an objective threat. Indeed, this is a key strength of this paradigm as it allows the researcher to control the environment, and thus be certain that any paranoia detected is unfounded. The paradigm can also be used to assess individuals’ in-the-moment (rather than retrospective) attributions for events.

Other experimental paradigms have also been used to examine some of the key characteristics of paranoia. For example, the prisoner’s dilemma game (PDG) has recently been validated as a paradigm for the study of paranoia in the general population (Ellett et al., 2013). The PDG involves two players who make a simple forced choice to either cooperate with, or compete against, each other. The PDG captures several key defining characteristics of paranoia – it is interpersonal as it involves at least two players, it concerns threat and perceptions of others’ intentions towards the self, and it is necessarily ambiguous (a player is not aware of their opponent’s choice at the time of making their own choice). As we have already seen, ambiguity is a known trigger of nonclinical paranoia (Ellett & Chadwick, 2007). Using this paradigm, we predicted, and found, that state paranoia was associated with the choice to compete on the PDG – the rationale being that people experiencing paranoia about their opponent’s intentions in the PDG would be more likely to compete, as competition provides the best defensive strategy against a presumed malevolent other. Because paranoia is inherently interpersonal, and therefore should be assessed within an interpersonal context, we tested this by varying whether individuals interacted in the PDG with either another person or a computer. We predicted, and found, that paranoia was again associated with the choice to compete in the PDG, but only when playing against another person, and not when playing against a computer. Finally, we examined motivations for competing in the PDG. A player might choose to compete either due to greed (i.e. predicting that the opponent will choose to cooperate and responding exploitatively to this possibility) or distrust (i.e. predicting that an opponent will compete and responding defensively to this possibility). It is important to distinguish between these two motivations because nonclinical paranoia should only be reflected in distrust-based (and not greed-based) competition – only distrust-based competition flows from the perception that the opponent possesses malevolent intentions towards the self. We found that both state and trait paranoia were associated with distrust-based (but not greed-based) competition. Distrust-based competition in the PDG therefore provides...
Why so common?
It is important to ask why paranoia might be so common in the general population. One possible explanation is that paranoia is a trait that was selected and distributed in humans due to its adaptive value (Ellett & Chadwick, 2003, 2007). Whilst there is a risk that any human behaviour or trait that is reasonably common will be inferred to be necessarily adaptive, paranoia is a promising trait to consider from an evolutionary perspective. Paranoia is first and foremost a perception of interpersonal threat to self – this is clearly an ecologically important problem, which is one of the key issues in evolutionary psychology when considering why a trait might undergo natural selection (Sedikides & Skowrons, 1997). Indeed, detecting threat in everyday social situations is important. For example, in real-life social situations we may need to be viewing something of central interest, whilst simultaneously being able to monitor the changing social scenery around us. For example, imagine that you are walking down a crowded shopping street, and are surrounded by other people. The ability to detect where another person is looking is socially important, both for determining their intentions towards us and in signalling relevant stimuli in the environment. This is important as it allows us to detect potentially threatening or hostile people.

In evolutionary terms, a false positive (fearing harmless people) is potentially less costly than a false negative (failing to fear others who are truly hostile and therefore pose a genuine threat) (Haselton & Nettle, 2006). There is a clear adaptive value in remaining vigilant once a threat has been detected, and the evolutionary maxim, ‘better safe than sorry’, could thus explain why paranoia might persist in nonclinical populations.

Conclusion
The focus on paranoia as a social phenomenon that is common in the population at large has widespread significance, and has the potential to relocate paranoia within the rich human repertoire of daily interpersonal behaviour, where we strongly believe it belongs. It can be measured reliably using self-report questionnaires, and more recently, the focus has been on the development and validation of experimental paradigms. This has been a significant development, not only in terms of identifying factors that trigger paranoia, but also in learning about what might buffer or attenuate nonclinical paranoid experiences. Studying paranoia in the general population is important, not just to help us understand clinical paranoia, but also in terms of elucidating factors that help people to stay in the nonclinical domain, and avoid the transition to clinical psychosis.

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