Rethinking Paranoia and Distressing and Disruptive Unusual Beliefs

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Conventional psychiatric approaches view distressing unusual beliefs (e.g., delusions, paranoia, etc.) as an un-understandable symptom of underlying disorders like psychosis or personality disorder, likely caused by a biological vulnerability. But a more humane approach sees them as responses to adverse events in a person's life. In this chapter, we briefly critique mainstream psychiatric approaches and outline an alternative approach informed by the *Power Threat Meaning Framework* and drawing on a range of theoretical perspectives. We conclude with a brief review of interventions consistent with this approach.

This chapter focuses on distressing unusual beliefs and the way in which they become lived and embodied narratives in people's lives, to the extent that they are disruptive (Bullimore, 2012), affecting the way they relate to others and how others respond to them. Within conventional psychiatry, they are seen as symptoms of underlying disorders represented by diagnostic categories, but these categories have poor validity and reliability (Bentall, 2013; Boyle, 2002; Kinderman et al., 2013). As a result, in this chapter, we will adopt an experience-based (Cromby et al., 2013) or "complaint-based" (Bentall, 2013) approach which assumes that distressing beliefs and experiences can be understood without recourse to these hypothesized disorders.

Conventional psychiatric perspectives

Within the DSM-5 (American Psychiatric Association, 2013), distressing unusual beliefs are generally understood either as delusions and associated with psychosis diagnoses (e.g. Schizophrenia, Bipolar Disorder and Delusional Disorder) or as a sub-type of personality disorder. Persecutory delusions are consistently reported to be the most frequent type (e.g. Jones et al., 2021) whilst Grant et al (2004) reported that Paranoid Personality Disorder was the second most frequent type of personality disorder in the US general population. As a result, we will focus primarily on paranoia in this chapter, though we will occasionally make reference to other kinds of belief. This term is used here descriptively to refer to fears that other people are trying to harm you that other people may not regard as warranted.

The need for an alternative approach

The DSM-5 definition of Paranoid Personality Disorder (PPD) places more emphasis on a relational pattern rather than a belief per se but conventional psychiatry's approach to all

supposed personality disorders is to view such patterns as properties of the individual and to ignore the interactional context (e.g. the contribution of others to such patterns).

Within DSM-5, a delusion is seen as a "false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary" and "[t]he belief is not ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith)" (American Psychiatric Association, 2013, p.819).

Each aspect of this definition has been contested. For example, what is a belief and is a delusion a belief (Bortolotti, 2018)? Do all beliefs have a truth value and can their factuality always be as easily tested as the definition implies (Georgaca, 2000; Harper, 2011a)? If the plausibility of a belief is judged by how culturally shared it is, how do we decide the most appropriate group with which to compare a person's beliefs (e.g. by geography, religion, language, etc.: Moor & Tucker, 1979)? How is it that a belief can be seen as normal if a lot of people believe it but delusional if only one person believes it (Boyle, 2002)? Does a belief cease being delusional as soon as you can find others who share it, for example on the internet (Bell et al., 2006)? Since ostensibly delusional beliefs are unstable over time (Applebaum et al., 2004) can they be said to be firmly held? Given that mental health professionals have more power than service users, are judgements about their beliefs really a judgement about "cognitive deviance" which is "settled in a contest of social power" (Heise, 1988, p. 267)?

The conventional psychiatric construction of a belief lying in another person's mind can lead us to forget that what we call a delusion is actually one person's judgements about another's beliefs. Subjective judgements of how much credibility to accord others can be affected by what Fricker (2007) terms "testimonial injustice," prejudices based on characteristics like gender, ethnicity, social class (Harper, 2011b). For example, when Martha Mitchell, the wife of President Nixon's Attorney General John Mitchell, leaked information about the Watergate scandal to journalists, Nixon administration officials briefed journalists that she was not to be believed because she was an alcoholic and had mental health problems, though her claims were borne out in the subsequent inquiries (Neyfakh, 2017).

The DSM definition of delusion implies a series of assumptions about "normal" beliefs which do not seem to be supported by evidence (Harper, 2021). Moreover, researchers find evidence that beliefs judged to be "normal" and "delusional" lie along a spectrum or continuum, differing in degree rather than being qualitatively different (Peters, 2010).

In addition, there are challenges in using such definitions in clinical practice. As Maher (1992) has noted, clinicians appear to assess the plausibility of beliefs on the basis of common sense rather than on an evaluation of data and they may not present any counterevidence to service users. Practitioners usually interview the referred person and perhaps a family member but rarely conduct further investigation. It is not surprising, therefore, that there are a number of examples of beliefs initially thought to be delusional which subsequently turn out to be true -- what Maher (1988) refers to as the "Martha Mitchell effect." Observational studies of clinicians find that they do not attempt to explore

the evidential basis for beliefs, instead, focusing on challenging them or suggesting alternative interpretations (Zangrilli et al., 2014). An interview-based investigation is inherently limited because, as Georgaca (2000) has argued, based on her research interviews with people with ostensibly delusional beliefs, their factuality cannot be definitively settled in speech.

Although the DSM definition requires that practitioners not regard as delusional any beliefs which are articles of religious faith this does not appear to be followed in practice. In O'Connor and Vandenberg's (2005) study, US clinicians were asked to rate how pathological particular beliefs were. When they were informed that certain beliefs were tenets of a religion, they only reduced their pathology ratings for Catholic and Mormon beliefs but still considered core beliefs of the Nation of Islam to be pathological. Indeed, it has been argued that beliefs become labelled as delusions when there is a clash of competing interpretative frameworks between the diagnoser and the service user, for example between a secular medical perspective and a religious framework of meaning (Georgaca, 2004).

Moreover, in DSM-5 psychosis diagnoses and PPD are seen as having largely bio-genetic causes. Although some beliefs seen as delusional are immediately preceded by clearly evidenced brain injury -- for example, cases of "delusional misidentification" like Capgras delusion, when a person thinks those close to them have been replaced with imposters -- in many other cases there is no such uncontested cause and the ways in which the specific setting, broader socio-cultural context, bodily processes and individual meaning-making interact are more complex. Since the definitional criteria do not match actual practice there is a need to re-conceptualize what it is that prompts diagnosers to judge a belief as delusional and, elsewhere I have suggested that the key issue is when beliefs are judged to challenge social norms (Harper, 2021). There is also a need, as John Cromby and I have argued (Cromby & Harper, 2009), to develop a way of understanding the embodied nature of paranoia as an alternative to such pathologizing, individualizing, acontextual and biologically reductive approaches.

However, before we discuss alternatives, we need to address a final problem – that psychiatry has largely seen beliefs considered delusional as idiosyncratic and inherently "un-understandable" (Jaspers, 1963).

The intelligibility of paranoia and distressing and disruptive unusual beliefs

Because psychiatry has seen ostensibly delusional beliefs as meaningless, more emphasis has been placed on their presence or absence and their form (e.g. level of conviction etc.) than on their content and meaning. But what if, instead of simply focusing on literal truth, we consider the metaphorical meaning of beliefs and their relationship to life adversities? For example, Read et al (2003) report that sexual violence in childhood and adulthood are predictors of ostensibly delusional beliefs with strong thematic similarities between the original incident and subsequent belief.

Conventional psychiatry has had a confusing approach to the content of beliefs. They are seen as idiosyncratic and yet DSM-5 lists 13 common categories of belief content (e.g. persecutory, grandiose, somatic etc.). These are seen as universal though possibly reflecting

contemporary cultural concerns and cultural differences – for example the nature of persecutors might vary across cultures. Stompe et al (2003) found that belief content in four European countries relating to some key human themes like guilt and religion were variable over time whilst persecution and grandiosity were the the most frequent and stable themes. The study of belief content across cultures and historical periods is beset by methodological problems like how content is categorised. As a result, we need to be cautious when interpreting research findings, but one conclusion is that we might view beliefs as narratives which are constructed from materials which are made available to us in our culture at a particular historical moment.

In this chapter, I will suggest that, by attending to their content and function, in the context of inequalities of power, paranoia and other kinds of distressing unusual beliefs and ways of relating to others can become intelligible and meaningful. I will argue that we can apply this approach at the societal, not simply individual level.

The *Power Threat Meaning Framework*: Moving from asking what's wrong with a person to asking what has happened to them

The approach here is informed by the Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018a) which proposes that what, within a medical framework, are seen as symptoms of disorders, are better understood as responses to threats posed as a consequence of a range of life adversities – this broader term is preferred to that of trauma which may be perceived by the public to relate to only certain kinds of experience. These adversities do not occur randomly; rather, they reflect patterns of social inequality and can be seen as the effect of the negative operations of power in society.

Such adverse events have a varied range of effects and they pose threats to what might be conceived as human needs like the need for material security, for relationships and so on. As people try to make sense of these threats they impose meaning on them and common meanings might include experiencing "exclusion, shame, humiliation, entrapment, inferiority, worthlessness, powerlessness, and injustice/unfairness" (Johnstone & Boyle, 2018a, p.219). As we try to understand our situation, we draw on social discourses and ideological meanings and, later, we will discuss some of the interpersonal and societal processes and assumptions (e.g. those found in societies marked by inequality and competition) which might prompt paranoid and conspiratorial interpretations of the world in the absence of obvious trauma.

We respond to threats by drawing on embodied strategies which human beings have developed over the course of their evolution. Some of these strategies like hypervigilance and flight/flight/freeze may be more biologically primed, found across cultures and emerge at an earlier developmental stage. Other strategies (e.g. paranoia and other unusual beliefs) may be much more shaped by culture and language, vary significantly across cultures and emerge later in development. Often these strategies are exaggerations of universal human capacities. For example, there is a spectrum of paranoia culturally available to human beings, represented, for example by individual persecutory beliefs and shared beliefs in conspiracies, characterized by a vigilance towards the potential threat posed by others, speculation about malevolent motives, a tendency to detect patterns between events,

mentally simulating potential futures and adopting a suspicious relational stance toward the world. Raihani and Bell (2019) argue that humans may have evolved this strategy because, where there is coordination between groups in competitive situations, it can be helpful to detect, anticipate and avoid social threats, particularly what they refer to as coalitional threats. We develop this ability through an internalization of what we experience as we grow up, including narratives from popular culture.

At one end of this spectrum is the kind of suspicion which is useful and adaptive and which we might draw on occasionally in our everyday lives, for example to ensure we travel safely at night. For others, this might be a more habitual experience – for example, living in a high crime neighborhood is associated with increased feelings of suspicion (Ross et al., 2001).

Further along this spectrum is a more persistent and higher level of suspicious stance toward the world. This might be found in certain roles and jobs, for example if you are involved in a criminal enterprise or are an undercover police officer. This kind of strategy will develop with experience, but can also be developed through training. It may also be generated by groups as a functional response to societal victimization, like systemic racism. It might also be found amongst conspiracy-belief communities. Although both paranoia and conspiracy beliefs assume that others might have malign intentions they appear to differ in that paranoia concerns beliefs about harm to the self where the persecutors could be anyone whereas conspiracy beliefs are political beliefs where the persecutors are powerful groups and society as a whole is a target (Imhoff & Lamberty, 2018).

At the other end of the spectrum are the kinds of persecutory beliefs which are distressing and which disrupt everyday life and, if severe enough, may lead to social isolation and referral to mental health services.

We've focused here on paranoia, but we might develop hypotheses about the potential functions of other kinds of belief based on common types of content although we need to bear in mind that the categorization of content often reflects the theoretical commitments of researchers. The content categories for delusional beliefs found in DSM-5 suggest that they might serve functions relating to a person's agency and identity (like who is in control of your mind and body), relationships (like whether you are worthy of others' love and fidelity) and place in the social world (sense of importance, protection from harmful others and fears about social judgement of your thoughts). These functions are likely to be shaped by the ideological assumptions of any given society in ways which might support its current power structures.

Threat responses may serve different functions for the same person across various situations and they may also serve different functions for different people. The PTMF proposes that potential functions of threat responses might include:

- Protection against attachment loss, hurt and abandonment
- Seeking attachments
- Regulating overwhelming feelings
- Self-punishment
- Maintaining identity, self-image and self-esteem

- Preserving a place within one's social group
- Meeting one's emotional needs (e.g. self-soothing)
- Protection from physical danger
- Maintaining a sense of control
- Communicating one's distress and eliciting care from others

Threat responses are not inherently problematic and may be adaptive and functional for a person or may be initially, perhaps only becoming problematic later in life. Individuals and social groups can construct explanatory narratives to make sense of experience, drawing on the stories we have available to us in our culture, though access to these stories is influenced by ideological power. The PTMF proposes that such explanatory accounts could replace diagnostic categories (for further examples see Boyle & Johnstone, 2020 and the chapter by Lucy Johnstone in this volume).

The PTMF also describes seven different research-based patterns, cutting across current diagnostic categories, organized by the kinds of threat survived:

1. Identities
2. Surviving rejection, entrapment, and invalidation
3. Surviving disrupted attachments and adversities as a child/young person
4. Surviving separation and identity confusion
5. Surviving defeat, entrapment, disconnection and loss
6. Surviving social exclusion, shame, and coercive power
7. Surviving single threats

(Johnstone & Boyle, 2018a, p.217)

Space limitations prevent us from describing these in further detail, though we will later return to pattern 6.

Within the PTMF framework, therefore, paranoia and other kinds of distressing unusual belief would be seen as threat responses. Researchers and practitioners from different theoretical traditions have suggested a range of potential causal processes underlying these responses and different functions which they might serve.

The PTMF identifies a range of hypothesized threat responses, processes and potential functions and further research is needed to establish their validity, including in different cultural contexts. For example, further research is needed both into the varied functions conspiracy beliefs may serve (e.g. making sense of worrying events, mobilizing political groups, entertainment etc.) and on the societal conditions which give rise to them.

Processes and functions potentially relevant to paranoia and other belief-related threat responses

The PTMF is a meta-framework and is not tied to any particular model. It is pluralistic, drawing on 14 theoretical traditions. I'll adopt a similar approach here, drawing on literature

from psychodynamic, social, cognitive and behavioral approaches, since each tradition has both blind spots and unique foci.

Psychoanalytic and psychodynamic contributions

Useful psychoanalytic ideas include recognizing the impact that early childhood experience can have on development and the way in which this can be exacerbated or ameliorated by one's relationship with caregivers (e.g. Bowlby, 1988). Freud saw projection as a key process in paranoia but whilst it is possible to identify projection in talk, for example in the kinds of explanation "by which the self attributes blame and criticism to others, while implausibly denying that blame and criticism attaches to itself" (Billig, 2006, p.23) there is more debate about the functions this serves. Freud's original formulation was that it functioned to "ward off an idea that is incompatible with the ego, by projecting its substance into the external world" (1895/1985, p. 109) but the results of psychological research into so-called defensive attribution have been mixed (Baumeister et al., 1998; Murphy et al., 2018). Of course, if defensive attribution served different functions for different people this might pose a challenge for group-based research studies. Drawing on the work of Auchincloss and Weiss (1992), Grosz (2013, p.83), argues that "paranoid fantasies … protect us from a more disastrous emotional state – namely, the feeling that no-one is concerned about us, that no-one cares." Similarly, as the comic book writer Alan Moore puts it, conspiracy beliefs may be comforting "because that means that at least someone is in control" (de Abaitua, 2011).

Social and interpersonal theories

Socially-oriented theorists locate paranoia in a social and relational context. For example, Mirowsky and Ross's (1983) large community study found that paranoia was a response to the negative operations of power in society:

"… [S]ocial positions characterized by powerlessness and by the threat of victimization and exploitation tend to produce paranoia. Powerlessness leads to the belief that important outcomes in one's life are controlled by external forces and other persons, rather than by one's own choice and effort. This belief in external control interacts with the threat of victimization or exploitation to produce mistrust, which may then develop into paranoia." (1983, p.228)

Studies like this show the importance of attending to potential paranoia-generating societal processes. For example, paranoia is often widespread in totalitarian societies with centralized control and surveillance. In addition, in societies with high levels of inequality and competitiveness it may be exacerbated when people are systematically victimized (e.g. on the basis of some characteristic like ethnic group etc.).

Cromby and Harper (2009) argued that paranoia was a mode or tendency within subjectivity that was a response to structural locations of the kind that Mirowsky and Ross describe and of more proximal material influences like the kinds of living circumstances or the everyday experiences like discrimination associated with those structural locations. Melges and

Freeman's (1975) cybernetic model of persecutory delusions similarly saw them as a response to the threat of a loss of control over the self or others, serving the function of predicting and counteracting control by others. These attempts then fed into interactional cycles which could, through feedback loops, exacerbate these fears. Kay et al (2009) reported that believing in conspiracy beliefs was one response to a perceived threat to personal control.

Another potential function of beliefs is that they can provide a person with a social role and "an identity not otherwise possible" (Lemert, 1962, p.17). Believing in conspiracies can provide people with an identity and community (Harambam, 2020).

Of course, adopting a paranoid response to the world may change hoe others respond to us (Cameron, 1943), something neglected by contemporary researchers. Lemert's empirical study of families found that, after initially tolerating paranoid behavior, they began to respond differently after a crisis situation and this led to a feedback loop in that others then began to engage in "covertly organized action and conspiratorial behavior" (1962, p.3). From his clinical practice with families, Kaffman (1981) described two key interactional patterns: one, where family members mutually reinforced a persecutory belief; and another where family members' attempts to persuade the person that their ideas were inaccurate led to "a pattern of circular iteration, based on repeated allegations and counter-allegations" and this could "serve as a source of additional fuel to maintain the paranoid system or make it worse" (1981, p.24).

Cognitive and Behavioral approaches

A behavioral approach orients us to the causal role of specific historical determinants – which might include modelling, reinforcement and a history of confirmed suspicions – and maintaining factors like contingency control and functions served by paranoia like avoidance of aversive social situations (Haynes, 1986).

Unusual beliefs have been seen as attempted explanations of anomalous experiences (e.g. Maher, 1992). Cognitive biases like confirmation bias or the "jumping to conclusions" bias have also been seen as important. Defensive attribution – for example, blaming others for negative events rather than oneself – has been seen as serving a function of maintaining self-esteem (Murphy et al., 2018). Bleuler proposed that paranoia might be a response to a discrepancy between one's hopes and ambitions and disappointment in real life: "[a]nd, since the abyss between the wish and its accomplishment always remained, these ideas were continually maintained, and the patient became paranoic." (Bleuler, 1912: 97-98)[1].

However, paranoia may serve a range of functions. Trower and Chadwick (1995) suggested that "poor-me" paranoia -- characterized by blaming others who are seen as bad and perceiving oneself as a victim -- functioned to defend against insecurity (perhaps developed as a result of negative early life experiences) whereas "bad-me" paranoia -- characterized by strong negative self-evaluations and self-blame -- functioned as a defense against alienation, a fear that the person is at risk of being turned into a "bad object" by others

[1] I"m indebted to Phil Hickey (http://behaviorismandmentalhealth.com/) for directing me to this.

experienced as powerful.

Freeman and Garety (2014) suggest that persecutory delusions involve a worry thinking style, negative beliefs about the self, interpersonal sensitivity, sleep disturbance, attempted explanations of anomalous internal experience, and reasoning biases. From a Compassion-Focused Therapy perspective (e.g. Lincoln et al., 2013) paranoia is seen as related to the activation of embodied threat response systems. From an Acceptance and Commitment Therapy perspective "unshared realities" are seen as forms of active experiential avoidance (Morris et al., 2013) where thoughts, feelings, memories, physical sensations, and other internal experiences may be avoided.

This range of hypothesized processes is a useful resource from which to draw in understanding paranoia as a threat response. Given human variability it is likely that, for an individual at any one time, only certain processes and functions are relevant. As a meta-framework, the PTMF is compatible with all the above theories, depending partly on how they are framed. It places a particular emphasis on linking threats with threat responses, or in other words, showing how distress arises within wider inequalities of power. In this way, responses that have been pathologized become intelligible. Although we have focused on paranoia here, a similar approach could be taken to other kinds of belief. For example, one study of "delusions of exceptionality" found that the service users felt their beliefs "provided a sense of purpose, belonging, or self-identity" or "made sense of unusual or difficult events" (Isham et al., 2021, p.119).

Behind every belief is a person with a story

Writing in a somewhat different context Stains suggests that "behind every belief is a story—behind every story is a person" (2016, p.1540) and this seems a useful motto for the approach outlined here. Essentially, we could conceptualize distressing unusual beliefs as lived and embodied stories (Harper, 2021). This conceptualization attempts to capture the way in which these kinds of threat responses involve not only beliefs, but also embodied feelings, relational stances and behavioral repertoires and that individual stories are shaped by particular cultural contexts.

The PTMF proposes that a key activity is to produce an explanatory narrative and this could be done in a range of different contexts – in a peer-led service user group, in psychotherapy, or maybe as part of a social action group which sees the personal as political akin to feminist consciousness-raising groups. The PTMF website at the British Psychological Society (https://www.bps.org.uk/power-threat-meaning-framework) has a number of resources which can facilitate this including a guided discussion document (https://www.bps.org.uk/power-threat-meaning-framework/resources-training/documents) and examples of personal narratives developed by service users in a peer-led group (https://www.bps.org.uk/power-threat-meaning-framework/resources-training/narrative) drawn from an article by the SHIFT Recovery Community (2020).

To sketch out the basics of what an explanatory narrative of paranoia and other distressing unusual beliefs might look like, we will draw on the review of research above and the discussion of the "Surviving social exclusion, shame, and coercive power" general pattern

(Johnstone & Boyle, 2018a, pp.236-240). The headings of each of the next four sections draw on key questions proposed in the PTMF.

What has happened to you? (How is power operating in your life?)

Paranoia is particularly related to experiencing the negative operations of power, both within interpersonal relationships and at a more macro level in terms of structural inequality; and this may be true, to some degree, of other distressing unusual beliefs. As we noted earlier, adversities are patterned by social inequality rather than occurring randomly. Adverse Childhood Events can have significant long-term effects and distressing unusual beliefs and paranoia have been associated with a range of adversities including attachment-disrupting events (Bentall et al., 2014), physical and sexual violence in childhood and adulthood (Read et al., 2003), bullying (Campbell & Morrison, 2007); living in high crime neighborhoods (Ross et al., 2001) and prejudice and discrimination (Janssen et al., 2003). There has been a consistent finding that ratings of suspicion and paranoia are higher in people who are racialized (e.g. Wolny et al., 2021). In a book first published in 1968, African American psychiatrists Grier and Cobbs argued that, because they lived in a racist society, it was necessary for African Americans to develop what they termed a "'healthy' cultural paranoia" (1992, p.161) in order to survive.

How did it affect you? (What kind of threats does this pose?)

If you, your family or your social group are regularly subjected to bullying or other forms of victimization, then it is likely that you will be worried about your safety, you may feel powerless and humiliated, and your sense of identity may be invalidated. You may feel socially excluded and so you might start to pre-emptively avoid certain situations and people. The reasons for such victimization may be idiosyncratic or may be based on prejudice relating to an aspect of your identity (e.g. racism, sexism, heterosexism; cisgenderism etc.). The PTMF summarizes the core threats in this pattern as including: "social exclusion and disconnection, physical danger, emotional overwhelm/dysregulation, emotional neglect and invalidation, humiliation, powerlessness, abandonment, material deprivation, and bodily invasion" (Johnstone & Boyle, 2018a, p.238). In the PTMF, it is noted that paranoia may be an intelligible response to such adversities since it involves "beliefs about vulnerability and the dangers posed by others, that your life is controlled by external forces and that vigilance is helpful and necessary" (Johnstone & Boyle, 2018a, p.109). This can then generalize to situations reminiscent of the adversities though these situations may not seem threatening to others.

What sense did you make of it? (What is the meaning of these situations and experiences to you?)

Peter Bullimore, a British psychiatric survivor and freelance mental health trainer has written about how paranoia can be seen as a kind of story. Drawing on research and his own experience Bullimore (2012) suggests it is possible for people to "decode" the metaphorical meanings paranoia might have for different individuals. The meanings most commonly associated with the threats noted above include "fear, shame, humiliation, inferiority, worthlessness, and powerlessness" (Johnstone & Boyle, 2018a, p.238). Bullimore writes

about how his own paranoia developed as a way of managing the fears, anxieties and sense of powerlessness caused by the sexual abuse he experienced as a child. Earlier we discussed how one understanding of paranoia is as a response to certain kinds of social power by attempting to gain some control by anticipating and identifying threat. Bullimore (2012) movingly describes how paranoia has emerged at different points in his life in response to a variety of life circumstances (e.g. financial pressures) which caused him to feel powerless and threatened. Often there was also a more immediate trigger like hearing voices or noticing coincidences and then paranoia could build as a result of a vicious cycle of feelings (fear, anxiety, feeling threatened), thoughts (e.g. that there is a conspiracy) and behavior (e.g. withdrawal and isolation, disrupted sleep pattern etc.).

What did you have to do to survive? (What kinds of threat response are you using?)

Distressing and disruptive unusual beliefs could, therefore, be seen as embodied threat responses. Paranoia, for example, might serve a variety of functions:

- Protection from danger by remaining vigilant and anticipating potential threats
- Protection against attachment loss, hurt and abandonment by disengaging from others so we are not at risk of being hurt by them
- Maintaining a sense of control by believing that we understand what is *really* going on – that others are conspiring to harm us
- Preserving our identity, self-image and self-esteem by believing we have a special insight into the deeper truth behind appearances and that we are important enough to be the target of a conspiracy whilst, perhaps, avoiding thoughts, situations or issues which might otherwise threaten our self-image
- Providing meaning and purpose by believing that events are meaningful rather than random and that we are at the center of an important drama, albeit a frightening one
- Communicating distress to and eliciting care from others by prompting concern from others with whom we share our beliefs

From understanding to action

The PTMF suggests that it can be helpful to develop an explanatory narrative of your experiences, drawing on the answers to the questions above. Once we understand what threat responses we utilize and the functions these serve, we may be in a better position to change our situation, perhaps by revising our relationship to these responses (e.g. finding a way of living with them, having more control over them, etc.) or by finding other ways of meeting the functions they serve, for example by accessing the “power resources” we or our group have access to, including:

+ Regulating emotions by releasing/expressing/processing feelings (e.g. writing, exercise, talking therapies, body therapies, creativity and the arts, compassion-focused approaches, mindfulness, meditation.)

+ Self-care – e.g. nutrition, exercise, rest, alternative therapies

+ Using healing attachments/relationships for emotional support, protection, witnessing, validation

+ Finding meaningful social roles and activities

+ Values and spiritual beliefs.

+ Other culturally-supported rituals, ceremonies and interventions

+ Supporting each other in campaigning, activism

+ Creating/finding new narratives/meanings/beliefs/values/'survivor missions'.

(Johnstone & Boyle, 2018b, pp.77-78)

There are a range of forms of help which can support us in this endeavor. The PTMF is not a model of therapy and it can be used as a framework for discussions in a range of different contexts like self-help, peer-led survivor groups, individual, family and group therapy, community psychology, public mental health as well as by social action campaigners. Here we identify a range of approaches which could be used in ways which would be consistent with the perspective of this chapter – see Cooke (2017) for a more detailed review.

Self-help

There are a range of effective coping strategies (Aggelidou & Georgaca, 2017) and self-help books (e.g. Chadwick, 1995; Freeman et al., 2016) and there is a self-help website adopting a cognitive behavioral approach (https://www.paranoidthoughts.com/) as well as the UK National Paranoia Network (https://nationalparanoianetwork.org/) which is more influenced by the international hearing voices movement.

Scottish psychiatric survivor Audrey Reid describes a common pragmatic strategy for dealing with paranoid beliefs:

[I]f they are true there isn't much I can do about them; so I've just learned to accept them … If aliens are going to come down and take me away in a space ship then I don't know what I can do about it. There is no point in worrying about it.

(Reid & Dillon, 2009, p.123)

Peer-led approaches

There are also approaches to beliefs inspired by the International Hearing Voices Movement (e.g. Bullimore, 2012; James, 2003; May, 2012), which attempt to work within the person's

reality (Knight, 2013) and which seem to be appreciated by those who attend (Baronian, 2019).

Psychotherapies

As noted earlier, there are well-established cognitive behavioral therapies (CBT) including third wave approaches and there is emerging evidence for humanistic approaches (Elliott et al., 2021). When working with families, Open Dialogue may be a useful approach (Putman & Martindale, 2021). It is important to give people choices and, indeed, there may be ways other than therapy which might help a person meet their goals, like finding valued social roles (Knight, 2013; May, 2012). There are a number of useful competences for psychological therapists working with distressing beliefs – Arnold and Vakhrusheva (2016) note the importance of creating an environment of trust, safety and validation, engaging in "sustained empathic enquiry" (2016, p.7) and avoiding the temptation to challenge beliefs. Therapeutic work might need to proceed in a more indirect or phased manner. For service users who find a spiritual perspective helpful, different approaches are available (Clarke, 2010) and the Spiritual Crisis Network has some useful resources (https://spiritualcrisisnetwork.uk/).

The personal is the political: Upstream prevention, public mental health community approaches and trauma-informed care systems

Adversities do not inevitably lead to disabling distress and a useful preventative campaign could involve educating the public about how best to respond to people who experience adversities, for example, supporting them in understanding the meaning of the experiences (e.g. helping a child to understand that they are not to blame for the abuse they have experienced). There is a need to re-design mental health services so that they are more helpful for those who have experienced adversities and trauma-informed approaches can be helpful here (Sweeney et al., 2016).

Adversities happen not just to individuals but to communities too (Pinderhughes et al., 2015). The PTMF can be used to understand adversities that happen to communities, particularly those which have been "affected by war, natural disaster, or large-scale loss of culture, identity, heritage, land, language, rituals and belief systems" (Johnstone & Boyle, 2018a, p.216). The effects of these adversities can be passed down through generations, though we must be careful not to view this from a Eurocentric perspective nor to ignore the structural violence in the present (Kirmayer et al., 2014).

However, it is not enough simply to attempt to ameliorate problems once they have occurred, we also need to utilize "upstream" interventions (Heath, 2020) aimed at proactively preventing adversities from occurring and this requires us to address systemic inequalities of power. We need to re-examine key underlying assumptions in our societies. For example, how can we counter paranoia-generating processes in societies? Many countries are now experiencing a period of increased societal mistrust, a loss of trust in the political classes, exemplified in the emergence of populist politicians and conspiracy beliefs about a range of issues like the COVID-19 pandemic. One hypothesis is that, conspiracy beliefs represent an attempt to understand why politicians often seem to be unable to

reduce social inequalities or the income gap between the richest and poorest, leading to reduced social cohesion and trust and feelings of powerlessness, anger, shame and humiliation (Wilkinson & Pickett, 2020). This repeated failure to bring structural change could be seen as an ongoing adversity, posing threats to beliefs in the ability of the political system to deliver. In such a situation, conspiracy beliefs might serve the function of explaining why change has not happened – because, for example, political elites are dishonest and cynical or because shadowy forces are at work behind the scenes – and might be more easily understood than the complexities of the world economic system. To counter societal cynicism, suspicion and paranoia, we need to adopt policies which address these problems and thus rebuild social and political trust by ensuring everyone has a stake in their society.

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