

# Suspicious minds: The psychology of persecutory delusions

Daniel Freeman

*Department of Psychology, PO Box 77, Institute of Psychiatry, King's College London, Denmark Hill, London, SE5 8AF, UK*

Received 6 July 2006; accepted 10 October 2006

---

## Abstract

At least 10–15% of the general population regularly experience paranoid thoughts and persecutory delusions are a frequent symptom of psychosis. Persecutory ideation is a key topic for study. In this article the empirical literature on psychological processes associated with persecutory thinking in clinical and non-clinical populations is comprehensively reviewed. There is a large direct affective contribution to the experience. In particular, anxiety affects the content, distress and persistence of paranoia. In the majority of cases paranoia does not serve a defensive function, but instead builds on interpersonal concerns conscious to the person. However, affect alone is not sufficient to produce paranoid experiences. There is also evidence that anomalous internal experiences may be important in leading to odd thought content and that a jumping to conclusions reasoning bias is present in individuals with persecutory delusions. Theory of mind functioning has received particular research attention recently but the findings do not support a specific association with paranoia. The threat anticipation cognitive model of persecutory delusions is presented, in which persecutory delusions are hypothesised to arise from an interaction of emotional processes, anomalous experiences and reasoning biases. Ten key future research questions are identified, including the need for researchers to consider factors important to the different dimensions of delusional experience.

© 2006 Elsevier Ltd. All rights reserved.

*Keywords:* Delusions; Paranoia; Cognitive; Schizophrenia; Psychosis

---

## 1. Introduction

We are living in paranoid times, with fears of others attaining a new intensity. Nonetheless, being overly wary of the intentions of others has long been recognised as a problem. In the seventeenth century **Francis Bacon (1612)**, often credited as the founder of the scientific method, commented on the corrosive nature of the experience: ‘Suspicious amongst thoughts are like bats amongst birds, — they ever fly by twilight. Certainly they are to be repressed, or, at the least, well guarded. For they cloud the mind, they lose friends, and they check with business, whereby business cannot go on currently and constantly. They dispose kings to tyranny, husbands to jealousy, wise men to irresolution and melancholy.’

Yet in the last 10 years there has been a rapid development in the understanding of persecutory thinking, assisted by the focus on it as a phenomenon of interest in its own right rather than simply as a symptom of severe mental illness (**Bentall, 1990**). The argument that will be put forward in this review is that there is now an excellent opportunity to

---

*E-mail address:* [D.Freeman@iop.kcl.ac.uk](mailto:D.Freeman@iop.kcl.ac.uk).

take the starting point of this work of the last 10 years and make dramatic increases in the understanding of persecutory thinking. Explanatory models can become as powerful as those for emotional disorders and lead to more effective psychological interventions for paranoia. But also emphasised are the significant conceptual and methodological limitations of previous work.

## 2. The definition of persecutory delusions

There have, of course, been many commentaries on the limitations of definitions of delusional beliefs in general, in that most criteria do not apply to all delusions, which partly results from epistemological difficulties in determining the referent of a name by a single set of necessary or sufficient characteristics (see Kripke, 1980). This has all too often been a rarefied academic debate without consideration of the implications for research or clinical practice.

The most sustainable position is that of Oltmanns (1988). Assessing the presence of a delusion may best be accomplished by considering a list of characteristics or dimensions, none of which is necessary or sufficient, that with increasing endorsement produces greater agreement on the presence of a delusion. For instance, the more a belief is implausible, unfounded, strongly held, not shared by others, distressing and preoccupying then the more likely it is to be considered a delusion. The practical importance of the debate about defining delusions is that it informs us that there is individual variability in the characteristics of delusional experience (see Table 1). Delusions are definitely not discrete discontinuous entities. They are complex, multi-dimensional phenomena (Garety & Hemsley, 1994). The implication is that there can be no simple answer to the question ‘What causes a delusion?’ Instead, an understanding of each dimension of delusional experience is needed: what causes the content of a delusion? What causes the degree of belief conviction? What causes resistance to change? What causes the distress? It is plausible that different factors are involved in different dimensions of delusional experience. Research on the causes of different dimensions of delusional experience is rare; a few studies consider delusional conviction (Freeman et al., 2004; Garety et al., 2005) and delusional distress (Freeman & Garety, 1999; Freeman, Garety, & Kuipers, 2001; Startup, Freeman, & Garety, in press). The implication for clinical practice is that clinicians need to think with clients about the aspect of delusional experience they are hoping will change during the course of an intervention (see Birchwood & Trower, 2006) and formulate accordingly.

In contrast to the debates about defining delusions, diagnostic criteria for sub-types of delusional beliefs based upon content have not been a topic of comment. Many reports of studies are unclear about the definition of persecutory delusions used. This is perhaps because the issue is thought to be self-evident, but it is more complex than might be

Table 1  
The multi-dimensional nature of delusions

Characteristic of delusions	Variability in characteristic
Unfounded	For some individuals the delusions reflect a kernel of truth that has been exaggerated (e.g. the person had a dispute with the neighbour but now believes that the whole neighbourhood is monitoring them and will harm them). It can be difficult to determine whether the person is actually delusional. For others the ideas are fantastic, impossible and clearly unfounded (e.g. the person believes that s/he was present at the time of the Big Bang and is involved in battles across the universe and heavens).
Firmly held	Beliefs can vary from being held with 100% conviction to only occasionally being believed when the person is in a particular stressful situation.
Resistant to change	An individual may be certain that they could not be mistaken and will not countenance any alternative explanation for their experiences. Others feel very confused and uncertain about their ideas and readily want to think about alternative accounts of their experiences.
Preoccupying	Some people report that they can do nothing but think about their delusional concerns. For other people, although they firmly believe the delusion, such thoughts rarely come into their mind.
Distressing	Many beliefs, especially those seen in clinical practice, are very distressing (e.g. persecutory delusions) but others (e.g. grandiose delusions) can actually be experienced positively. Even some persecutory delusions can be associated with low levels of distress (e.g. the individual believes that the persecutor hasn't the power to harm them).
Interferes with social functioning	Delusions can stop people interacting with others and lead to great isolation and abandonment of activities. Other people can have a delusion and still function at a high level including maintaining relationships and employment.
Involves personal reference	In many instances the patient is at the centre of the delusional system (e.g. ‘I have been singled out for persecution’). However friends and relatives can be involved (e.g. ‘They are targeting my whole family’) and some people believe that everybody is affected equally (e.g. ‘Everybody is being experimented upon’).

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات