Paranoid social cognition

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Paranoia is a central symptom of psychosis.[1] It is characterized by an unfounded or exaggerated distrust of others, sometimes reaching delusional proportions. Paranoid individuals constantly suspect the motives of those around them, and believe that certain individuals, or people in general, are out to get them.

At least 50% of the diagnosed cases of schizophrenia experience delusions of reference and delusions of persecution.[2] Paranoia perceptions and behavior may be part of many mental illnesses, such as depression and dementia, but they are more prevalent in three mental disorders: paranoid schizophrenia, delusional disorder (persecutory type), and paranoid personality disorder.

Paranoia symptoms in paranoid schizophrenia and delusional disorder are characterized by persecutory delusions (irrational beliefs that someone else is plotting against them). Persecutory delusions in paranoid schizophrenia are bizarre (clearly implausible, not understandable, and not derived from ordinary life experiences), grandiose and frequently accompanied by auditory hallucinations. In contrast, persecutory delusions in delusional disorder are not bizarre (delusion is about situations that could occur in real life, such as being followed, being loved, having an infection, and being deceived by one's spouse) but still unjustified. Persons with paranoia personality disorder tend to be self-centered, defensive and emotionally distant. The paranoia is characterized by continuous suspicions. This disorder may impact on social, personal, and professional areas.

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Criteria

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), provide the following criteria for paranoid schizophrenia, delusional disorder, and paranoia personality disorder:

Paranoid schizophrenia: is a type of Schizophrenia in which the following criteria are met:

- Preoccupation with one or more delusions or frequent auditory hallucinations.
- None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.

The criteria for **delusional disorder** are:

- Non-bizarre delusions which have been present for at least one month

- Absence of obviously odd or bizarre behavior
- Absence of hallucinations, or hallucinations that only occur infrequently in comparison to other psychotic disorders
- No memory loss, medical illness or drug or alcohol-related effects are associated with the development of delusions

Diagnostic criteria for **Paranoid Personality Disorder** are: (Four or more of the following)

- Suspicions, without sufficient basis, that others are exploiting, harming, or deceiving him or her
- Preoccupation with unjustified doubts about the loyalty or trustworthiness of friends or associates
- Reluctance to confide in others because of unwarranted fear that the information will be used maliciously against him or her
- Reads hidden demeaning or threatening meanings into benign remarks or events
- Persistent bears grudges, i.e., is unforgiving of insults, injuries, or slights
- Perception of attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
- Recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner.

Colbi (1981) defined ***paranoid cognition*** in terms of *persecutory delusions and false beliefs whose propositional content clusters around ideas of being harassed, threatened, harmed, subjugated, persecuted, accused, mistreated, wronged, tormented, disparaged, vilified, and so on, by malevolent others, either specific individuals or groups* (p. 518). Three components of paranoid cognition have been identified by Robins & Post: *a) suspicions without enough basis that others are exploiting, harming, or deceiving them; b) preoccupation with unjustified doubts about the loyalty, or trustworthiness, of friends or associates; c) reluctance to confide in others because of unwarranted fear that the information will be used maliciously against them* (1997, p. 3).

Paranoid cognition has been conceptualized by clinical psychology almost exclusively in terms of psychodynamic constructs and dispositional variables. From this point of view, paranoid cognition is a manifestation of an intra-psychic conflict/disturbance. For instance, Colby (1981) suggested that the biases of blame other for one's problems serve to alleviate the distress produced by the feeling of being humiliated, and helps to repudiate the belief that the self is blame for such incompetence. This intra-psychic perspective emphasize that the cause of paranoid cognitions are inside the head of the people (social perceiver), and dismiss the fact that paranoid cognition may be related with the social context in which such cognitions are embedded. This point is extremely relevant because when origins of distrust and suspicion (two components of paranoid cognition) are studied many researchers have accentuated the importance of social interaction. Even more, model of trust development pointed out that trust increase or decrease as function of the cumulative history of interaction between two or more persons.[3]

Another relevant difference must be done among "'pathological and non-pathological forms of trust and distrust"'. According to Deutsch, the main difference is that non-pathological forms are flexible and responsive to changing circumstances. Pathological forms reflect exaggerated perceptual biases and judgmental predispositions that can arise and perpetuate them.

Paranoid social cognition

Traditionally paranoid cognition has been explained in terms of psychodynamic constructs. It has been suggested that a 'hierarchy' of paranoia exists, extending from mild social evaluative concerns, through ideas of social reference, to persecutory beliefs concerning, mild, moderate and severe threat.[4]

The social psychological research has proposed a mild form of paranoid cognition that has his origins on social determinants more than intra-psychic conflict.[5] This perspective states that in milder forms, paranoid cognitions may be very common among normal individuals. For instance, it is not strange that people may exhibit in their daily life, self-centered thought such as they are being talked about, suspiciousness about other' intentions, and assumptions of ill or hostility (i.e. people may feel as if everything is going against them). According to Kramer, (1998) these milder forms of paranoid cognition may be considered as an adaptive response to cope with or make sense of disturbing and threatening social environment.

Components

Paranoid cognition captures the idea that dysphoric self-consciousness may be related with the position that people occupies within a social system. This self-consciousness conduces to a hypervigilant and ruminative mode to process social information that finally will stimulate a variety of paranoid-like forms of social misperception and misjudgment.[6]

This model identifies four components that are essential to understand paranoid social cognition: **a)** situational antecedents; **b)** dysphoric self-consciousness; **c)** hypervigilance and rumination; and **d)** judgmental biases.

Situational antecedents

Three clues to this situational antecedents has been identified: 1) Perceived social distinctiveness; 2) perceived evaluative scrutiny; and 3) uncertainty about the social standing.

Perceived social distinctiveness

According to the social identity theory,[7] people categorize themselves in terms of characteristics that made them unique or different from others under certain circumstances.[8] Gender, ethnicity, age, or experience may become extremely relevant to explain people's behavior when these attributes make them unique in a social group. This distinctive attribute may have impact not only in how people are perceived, but may also affect the way they perceive themselves. For instance, a young member in an organization interacting with more experienced colleagues may become more self-conscious because he may feel different in the group, tending to overestimate the extent to which he is evaluated by others, and constructing interaction with other members in a self-referential way.

Perceived evaluative scrutiny

According to this model, dysphoric self-consciousness may increase when people feel under moderate or intensive evaluative social scrutiny. For instance, when an asymmetric relationship is analyzed, as the relationship among a doctoral student and their advisors, students then to remember more behaviors and events that they interpret as impacting their level of perceived trust in the relationship compared to their advisors, suggesting that students are more willing to put attention to their advisor that they advisor are motivated to pay attention to them. Also students spent more time ruminating about the behaviors, events, and their relationship in general.

Uncertainty about social standing

The knowledge about the social standing is another factor that may induce paranoid social cognition. Many researchers have argued that experiencing uncertainty about the social position in a social system constitutes and aversive psychological state, that people are highly motivated to reduce. For instance, a young member in a social organization are more probably experiencing uncertainty about his social standing. Different is the situation of tenures, which as experienced member of the organization are more comfortable and familiarized with social norms and rules. As a result, new members are prone to experience self-consciousness and hypervigilance, and interpret other's behavior in a self-referential way.

Dysphoric self-consciousness

Refers to an aversive form of heightened public self-consciousness characterized by the feelings that one is under intensive evaluative scrutiny.[9] Becoming self-conscious will increase the odds of interpreting other's behaviors in a self-referential way. According to this model it means that if one is self-conscious, it must be because someone is watching, and if someone is watching, it's because something must be wrong.

Hyper vigilance and rumination

Self-consciousness was characterized as an aversive psychological state. According to this model, people experiencing self-consciousness will be highly motivated to reduce it, trying to make sense of what they are experiencing. These attempts promote hyper vigilance and rumination in a circular relationship: more hyper vigilance generates more rumination, whereupon more rumination generates more hyper vigilance. Hyper vigilance can be thought of as a way to appraise threatening social information, but in contrast to adaptive vigilance, hyper vigilance will produce elevated levels of arousal, fear, anxiety, and threat perception.[10] Rumination is another possible response to threatening social information. Rumination can be related to the paranoid social cognition because it can increase negative thinking about negative events, and evoke a pessimistic explanatory style.

Judgmental biases

Three main judgmental consequences have been identified: 1) the sinister attribution error; 2) overly personalistic construal of social interaction; and 3) exaggerated perception of conspiracy.

The sinister attribution error

This bias captures the tendency that social perceivers have to overattribute lack of trustworthiness to others.[11]

The overly personalistic construal of social interaction

Refers to the inclination that paranoid perceiver has to interpret others' action in an disproportional self-referential way, increasing the belief that he or she is target of others' thoughts and actions. A special kind of bias in the biased punctuation of social interaction, which entail an overperception of causal linking among independent events.

The exaggerated perception of conspiracy

Refers to the disposition that the paranoid perceiver has to overattribute social coherence and coordination to others' actions. Under this point of view, the paranoid perceiver will attribute linkages among people who are engaged in independent actions.

Notes

1. Green et al., 2008
2. Sartorius et al. 1986 ; Cutting, 1997
3. Deutsch, 1958
4. Freeman et al. 2005
5. Fenigstein & Vanable, 1992; Kramer, 1994, 1995a, 1995b; Zimbardo, Andersen & Kabat, 1981
6. Kramer, 1998
7. Turner, 1987
8. Cota & Dion, 1986; Turner, 1987
9. Kramer, 1995a; Sutton & Galunic, 1996
10. Lazarus & Folkman, 1984
11. Kramer 1994

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