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Paranoia and conspiracy thinking

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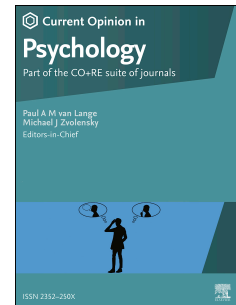
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1 **Paranoia and conspiracy thinking**

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14
15 **Abstract**

16
17 Paranoia and conspiracy thinking share many risk factors, such as victimization, poverty and
18 social isolation. They also have many phenomenological features in common, including
19 heightened tendency to attribute negative outcomes to malevolent agents and idiosyncratic
20 pattern detection. Nevertheless, paranoia and conspiracy thinking also differ in key respects.
21 Specifically, paranoid thoughts tend to be held in isolation and involve perceptions of harm to
22 the self. Conspiracy beliefs, on the other hand, are shared by others and involve the
23 perception of collective rather than personal harm. We discuss the similarities and
24 differences between paranoia and conspiracy thinking and outline fruitful avenues for future
25 research.
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1.1 Introduction

34 Conspiracy theorists are often described as being paranoid - and paranoid thoughts often
35 involve perceptions of conspiracy. Despite conceptual similarities and the robust association
36 between paranoia and conspiracy thinking, recent research suggests that these constructs
37 are distinct (van Prooijen & Douglas 2018; Imhoff & Lamberty 2018; Greenburgh et al. 2021;
38 Alsubhani et al., 2022). To better understand conspiracy thinking and paranoia across the
39 continuum of severity, we highlight the similarities and differences in their presentations, risk
40 factors, and associated cognitive mechanisms.

41

1.1.1 What is paranoia?

42
43

44 In contemporary psychology, paranoia is typically characterised by the concern that one will
45 be intentionally harmed by others (Freeman & Garety, 2000). Paranoia is thought to exist
46 along a continuum: it shows full taxometric continuity in the population with persecutory
47 delusions lying at the extremity of the continuum (Elahi et al., 2017, but see David, 2010;
48 Feyaerts et al., 2021). Persecutory delusions are conceptualised as beliefs that are held with
49 high conviction and that preoccupy the individual, causing distress and daily impairment
50 (Freeman, 2016, but see David, 1999). Persecutory delusions are a transdiagnostic
51 phenomenon but frequently appear in psychosis, where they are detected in over 70% of
52 people experiencing a first episode (Coid et al., 2013). In the general population, the
53 distribution of paranoid thoughts is highly skewed, such that many people typically
54 experience mild suspicious thoughts and only a small minority of people harbour frank
55 persecutory delusions (Bebbington et al., 2013; Freeman et al., 2005).

56

57 Paranoid thoughts tend to cluster into four themes of mistrust, interpersonal sensitivity, ideas
58 of reference, and ideas of persecution (Bebbington et al., 2013). For example, a common
59 idea of reference is that others are talking about you, and a typical persecutory belief is that
60 others are trying to confuse you. These thoughts likely form a heterarchical network (Bell &
61 O'Driscoll, 2018) where mild socio-evaluative concerns are most common and underpin
62 more severe persecutory thoughts (Freeman et al., 2005).

63

64 Perception of conspiracy is a key phenomenological feature of paranoia, which often
65 involves concerns about being persecuted by a group of others who are coordinated in their
66 attempts to harm the individual (Raihani & Bell, 2019). Importantly, this group of people may
67 not correspond to any known group in reality – or may correspond to a group that is not

68 coordinated to achieve any specific harmful aims (Cameron, 1959; Harper, 1994; Oyebode,
69 2015). In general population samples, higher proneness towards paranoid ideation is
70 positively associated with the belief that others share harmful intentions (A. Greenburgh et
71 al., 2019). The frequency of such conspiracy concerns varies along the paranoia continuum,
72 becoming more common as paranoia intensifies (Freeman et al., 2021). For example, in one
73 clinical study 81.7% of individuals with current persecutory delusions believed that their
74 persecutors were organized into a conspiracy against them (Green et al., 2006). Such
75 notions of conspiracy are typically included in clinical measures of persecutory delusion (e.g.
76 Andreasen, 1984).

77

78

79 **2.1 Similarities between paranoia and conspiracy thinking**

80

81 Conspiracy thinking, or the tendency to believe in conspiracy theories, shares several
82 characteristics with paranoia (Freeman & Bentall, 2017; Imhoff & Lamberty, 2018). Both
83 involve ideas that harmful outcomes can be attributed to malevolent agents rather than to
84 more benign or non-agentive causes (see Douglas & Sutton, 2018; Freeman & Garety,
85 2004; van der Tempel & Alcock, 2015); and the perception that people are coordinated in
86 their aims to bring these negative outcomes about (Douglas et al., 2019; Raihani & Bell,
87 2019; van Prooijen & Douglas 2018). Other similarities in concept are notable, for example,
88 both paranoia and conspiracy thinking represent suspicions that can be hard to falsify and
89 may concern events or theories that later emerge to be true.

90

91 **2.1.1 Associations with social, psychological and cognitive factors**

92

93 Paranoia and conspiracy thinking share several risk factors and concomitants. At a socio-
94 environmental level, both are associated with experiencing negative life circumstances, such
95 as victimisation, poverty, abuse, and social isolation (Bentall et al., 2012; Freeman et al.,
96 2011; Freeman & Bentall, 2017; Greenburgh et al., 2021; Lamster et al., 2017; McElroy et
97 al., 2019; Varese et al., 2012). At a psychological level, both are negatively associated with
98 perceived social status, feelings of control, happiness, sleep quality; and positively
99 associated with loneliness, suicidal ideation, social avoidance, anxiety, depression, and
100 anomalous experiences (Alsuhibani et al., 2022; Freeman, 2016; Freeman et al., 2008,
101 2011; Freeman & Bentall, 2017; Imhoff & Lamberty, 2018; van der Tempel & Alcock, 2015).

102

103 Paranoia and conspiracy thinking also seem to have similar cognitive antecedents, in
104 particular anomalies in processes of pattern detection and reasoning biases. These include

105 variation in belief updating processes (Suthaharan et al., 2021), reduced analytical
106 reasoning, and a tendency to “jump to conclusions” (Bronstein et al., 2019; Brotherton &
107 French, 2014; Dudley et al., 2016; Garety & Freeman, 2013; Pytlik et al., 2020; van Dael et
108 al., 2006; but see Alsuhibani et al., 2022; Feyaerts et al., 2021; Tripoli et al., 2021; van Dael
109 et al., 2006 for contrasting results).

110

111 Paranoia and conspiracy thinking also share similarities in threat processing mechanisms,
112 specifically being associated with lower threat detection thresholds but intact responsivity to
113 social threat. In experimental settings, more paranoid individuals make stronger harmful
114 intent attributions when faced with neutral opponents, indicating a lowered threshold (or a
115 higher baseline) for perception of threat. Nevertheless, paranoia doesn't seem to impinge
116 upon responses to threat: in more socially-threatening scenarios (e.g. playing against an out-
117 group partner or someone who is higher status), individuals tend to revise their attributions of
118 harmful intent upwards to the same extent, irrespective of their pre-existing levels of
119 paranoia (A. Greenburgh et al., 2019; Saalfeld et al., 2018). Similar patterns have been
120 found in those scoring high in conspiracy thinking (Meuer & Imhoff, 2021). It is not yet clear
121 whether people who experience more severe forms of paranoia (e.g. clinical populations)
122 may show dysregulated responses to social threat.

123

124 **3.1 Distinguishing conspiracy thinking and paranoia**

125

126 Despite their similarities, paranoia and conspiracy thinking are distinct constructs (Imhoff &
127 Lamberty, 2018; Alsuhibani et al., 2022). For example, conspiracy thinking involves an
128 element of perceived secrecy (van Prooijen & van Vugt, 2018) whereas paranoia does not
129 (necessarily). Paranoid ideation tends to peak in adolescence and thereafter wanes with
130 age, whereas conspiracy thinking has shown no association with age (Freeman & Bentall,
131 2017; although see Freeman et al., 2022). In a multi-trait, multi-method study, Imhoff &
132 Lamberty (2018) found that conspiracy thinking is more closely related to socio-political
133 constructs (e.g., low trust in government, control over social events) whereas paranoia is
134 more closely related to self-relevant constructs (e.g., certain personality traits such as
135 neuroticism, and perception of interpersonal control). Furthermore, conspiracy thinking in the
136 general population is independently associated with risk factors such as low social support,
137 psychiatric distress, and negative childhood experiences. In other words, the association
138 between these risk factors and paranoia does not fully account for their association with
139 conspiracy thinking (Freeman & Bentall, 2017). Although both paranoia in the general
140 population and conspiracy thinking have been associated with right wing political orientation
141 (Saalfeld et al., 2018; van der Linden et al., 2021), conspiracy thinking is thought to be tied

142 to political orientation to a greater degree (Imhoff & Lamberty, 2018) where this relationship
143 may not be linear (Imhoff et al., 2022). We note that belief in specific conspiracy theories is
144 often content-contaminated and driven by ideological concerns to a greater degree than
145 generalised conspiracy mentality (Imhoff et al., 2022).

146

147 3.1.1 Self-referentiality and distress

148

149 Perhaps the most important distinction between paranoia and conspiracy thinking is the
150 extent of self-referential concerns. While both conspiracy thinking and paranoia can involve
151 the perception of groups that have malevolent intentions, paranoia typically involves
152 perceptions of being personally targeted by others; whereas conspiracy thinking involves the
153 perception that one's group or society in general will be harmed. For example, in one study
154 where participants were asked to indicate their endorsement of various conspiracy theories,
155 individuals who scored higher in trait paranoia tended to endorse conspiracy theories more
156 strongly when these described harm to the believer compared to when the harm was
157 described as occurring to society in general (Greenburgh et al., 2022). This raises the
158 question as to what extent paranoia and conspiracy thinking reflect differences in subjective
159 perceptions of social identity and isolation. It is possible that the self-referential beliefs that
160 are more characteristic of paranoia are more common when individuals perceive themselves
161 as being socially isolated or as not belonging to any specific social group (see Fett et al.,
162 2021; Lamster et al., 2017) whereas conspiracy thinking may be more common when
163 individuals feel a stronger sense of belonging and group identity (e.g., Sternisko et al 2020).
164 This high degree of self-referential content - and the belief that personal safety is at stake -
165 may help to explain why paranoid beliefs are often distressing (Harper & Timmons, 2021;
166 Lamster et al., 2017); whereas conspiracy beliefs are not always followed by heightened
167 anxiety (Liekfett et al., 2021), and may take hold based on their entertainment value (van
168 Prooijen et al., 2022).

169

170 3.1.2 Sensitivity to social context

171

172 The perception of specifically self-referential harm in paranoia (compared to perception of
173 collective harm in conspiracy theories) may be reflected in differential sensitivity to what
174 others believe. Frank paranoid delusions frequently show resistance to social context: they
175 can be impervious to the beliefs of a shared community and may result in social exclusion
176 and impairment (Bell et al., 2021; Williams, 2020). Conspiracy beliefs are often different, in
177 that they are highly influenced by social context (Sternisko et al., 2020; Cookson et al. 2021),
178 and are typically spread socially (Bentall, 2018). For example, people are more likely to

179 endorse conspiracy theories that implicate outgroup members as conspirators (Enders &
180 Smallpage, 2018), and are more likely to believe conspiracy theories that they perceive their
181 ingroup to believe (Cookson et al., 2021; Greenburgh et al., 2022). Furthermore, unlike
182 persecutory delusions, belief in conspiracy theories can offer more potential for short-term
183 social benefits for an individual, such as finding a sense of belonging within conspiracy
184 communities (Franks et al., 2017). Nevertheless, we note that conspiracy beliefs are often
185 damaging at the societal, and longer-term individual, level (Douglas, 2021) and can result in
186 social exclusion by individuals or communities who do not share these beliefs (van Prooijen
187 et al. 2021). Future research can do more to investigate how sensitivity to social context
188 varies with type and strength of conspiracy belief.

189

190 **4.1 Conclusion**

191

192 The emerging picture is that paranoia and conspiracy thinking are distinguishable but related
193 constructs. While perception of conspiracy is a common feature of paranoia, belief in
194 conspiracy theories cannot be classed as paranoia in a general sense. Equally, it is certainly
195 not the case that those who are paranoid necessarily believe in conspiracy theories.
196 Paranoia tends to involve idiosyncratic, self-focused beliefs, whereas conspiracy beliefs are
197 more likely to be shared with others and involve the perception of collective harm. Indeed,
198 perhaps unsurprisingly, conspiracy thinking is particularly associated with paranoia where it
199 involves harm that is self-referential and intended. The distinctions between these two
200 concepts cautions against any assumption that individuals who believe in conspiracy are
201 also paranoid or experiencing a form of psychosis. Indeed, such assumptions can be
202 stigmatising for those with mental health problems. A plethora of personal, societal and
203 political factors drive belief in conspiracy theories above and beyond paranoia. We highlight
204 several directions for future research, including the need for research on the causal
205 relationships between paranoia and conspiracy thinking, and how sensitivity to social context
206 and social threat varies differentially with conspiracy thinking and paranoia.

207

208

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210

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- 355 **Reports results of a meta-analysis and two empirical studies, supporting the idea that**
 356 **paranoia and conspiracy theories are related but also distinct. Specifically,**
 357 **differences arise in who is implicated in paranoid and conspiracy beliefs and the**
 358 **targets thought to be affected.**
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436 **rationality but on social context. This review makes the case for beliefs as being**
437 **socially adaptive rather than accurate or rational and can help to explain why**
438 **people might adopt seemingly unjustified beliefs.**
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Paranoia and conspiracy thinking

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We declare no conflict of interest.

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