



## Stepping Around Paranoia

As our environment becomes complicated, our fears become paranoid.

---

Lincoln Stoller, PhD, 2024. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International license (CC BY-NC-ND 4.0)  
[www.mindstrengthbalance.com](http://www.mindstrengthbalance.com)



---

*“Being slightly paranoid is like being slightly pregnant—it tends to get worse.”*  
— Molly Ivins

### Balance

Balance is the first thing we lose when our mental health begins to fail. Balance is a combination of appropriate awareness and response. Appropriate refers to things that are effective in bringing one back into balance. This definition is recursive because balance is recursive. It changes as situations change. Call it resilience: an ability to return to an effective, functioning state.

Fear is an aspect of awareness. It is a pervasive warning that diverts our attention from small matters of maintenance, such as eating and sleeping. In response, we take unusual actions, such as moving, engaging, or hiding. Fears make us anxious, and anxiety compels us to act. Fear is so powerful and self-justifying that, somewhat ironically, it can lead us into danger.

Persistent fear indicates we are unbalanced. It's difficult to know if this is a failure of the environment or a failure of your mind. If the problem is the environment, then the solution will lie in taking action. If the problem is with your mind, then the solution is to get help.

Taking action to correct a toxic environment can save your life. It may even save your family or your community. But taking action in response to a disordered mind will jeopardize your safety and that of those around you. The essential question is whether your fears are justified.

Justified fears are usually testable. Even remote danger and subtle concerns are testable. Until you can test your fears, you cannot understand them.

Testing a fear may make dangers clear and the fears worse, but this should also make different actions clear. Fears that grow upon examination without evidence are likely unjustified. Such fears lean toward paranoia and mental disorder. Consider some examples.

## **Conspiracy Theories**

Paranoia has existed in medical literature for over two thousand years. Originally seen as generalized madness, it was defined as delusional thinking in the 19th century (Lewis and Ridenour 2017).

The feeling that you're being manipulated by unwanted, unseen forces can either be insightful or paranoid. The difference lies in what results from further analysis and attention. If you cannot test, justify, or bring to light additional supporting information, and your fears cannot be justified, then your concern is baseless. If all you have is a suspicion, then what appears as a conspiracy is likely your creation. It may be an inspiration or a mental disorder.

But if further examination reveals corroborating evidence, history, and structure, then your fears reflect your ignorance of the system in which you're involved. You may continue to harbor fears, or you might be resolved to take informed action.

Most of what we call "conspiracy theories" are hidden organizational principles. They are not so much conspiracies against you, as they are mechanisms for selective advantage in which you are not included. You might benefit from them or feel victimized by them. We're never fully aware of the workings of the systems we're involved in.

In a global, capitalist economy, almost every economic, political, corporate, and social structure delivers advantages to selected groups. From this point of view, your fears are simply your ignorance of protocol, or your disadvantaged position. You may not like it and it may endanger you, but it's not personal and may not affect you. The more clearly you understand these systems, the more effectively you can find a position that works to your advantage.

## **Unidentifiable Threats**

Unidentifiable threats differ from conspiracies in lacking clear actors, mechanisms, and beneficiaries. Conspiracy theories spawn from poorly identified threats. If the negative feelings lead to greater fears,

anxieties, and antisocial behaviors, then they likely reflect your mental state rather than a dangerous environment. Consider these examples.

### **Flat Earthers**

People who believe the earth is flat are not realistic, they're paranoid. Their fears manifests in a distrust of what they do not understand. They fear ignorance and any attempt to educate them. There is no rational solution to their predicament.

### **Chem Trails**

People who believe they are being poisoned by inescapable toxic chemicals intentionally introduced into the atmosphere are caught in a logical paradox. They believe they're being threatened by a mechanical force that has no confirmable mechanism. They cannot affirm or deny their fears. Their fears will grow in proportion to their sense of threat.

Such self-justifying fears can be paranoid delusions. Like Flat Earthers, Chem Trail Conspiracy Theorists are poorly informed. They could be asking testable, answerable questions, but such an approach will not address their fears. They do not want to be educated, and will not educate themselves. If more information is not actionable or reassuring, then consider things more broadly.

If you're worried about toxins in your environment, the sane thing to do is to minimize exposure and be effectively vigilant. If you're worried about the aerosol disbursement of biological or chemical agents, then study it. Taking these steps requires planning, dedication, patience, action, and learning. Most people's inability to achieve these steps keeps them ignorant and leads to states of chronic fear. The problem is not what they're afraid of, it's that they cannot make use of their fears.

### **Racism, Sexism, Factionalism, Culture Wars, Cold Wars, and Real Wars**

These fall under the heading of "Conspiracy of The Other." In these cases, the "other" is identifiable, but the conspiracy is not. "The Other" becomes a screen on which to project one's fears.

Projection is a basic, necessary method of creating distinctions. Like fear, projection is just a first step. After you have projected your fears, you must engage them with analysis, discernment, and judgment. Lacking these skills—and we are explicitly taught to lack these skills—most people cannot progress beyond projection.

More dangerously, people are not aware they are projecting. They see their projections as perceptions, and the enemies they have created as real. Instead of effectively resolving their inner conflicts, they engage in conflicts which further make real the enemies of their imagination.

## **Psychopathy**

Psychopathy is an ill-defined category that combines various behaviors. It's popularly associated with criminal behavior, but it is not criminal and it is not strictly a behavior. It is a constellation of personality disorders dominantly characterized by a disregard for others, an inability to empathize, a lack of fear, learning, honesty, and remorse.

“Psychopathic personality (psychopathy) is a condition marked by a constellation of traits, including callousness, guiltlessness, dishonesty, superficial charm, egocentricity and poor impulse control.”

— **Joanna Berg et al.** (2013)

This is an outsider’s view. It’s what we say about a person after we’ve identified them as a psychopath. I don’t know anyone who’s offered an insider’s view, but I suspect it would go something like this: threatened, intelligent, confused, unrealistic, moody, entitled, perceptive, avoidant, skillful, convincing, dismissive, and uncommitted.

The problem is, in certain situations, these are coping strategies that we all share, either to escape from threat or advance toward opportunity. A psychopath is not a good person having a bad day, they are an aggressive and dysfunctional person navigating delusion.

“Our jails are full of low-functioning psychopaths. Congress is full of high-functioning ones.”

— **Charles Webb** (2022)

Psychopaths are disabled at a sub-cognitive level. That means their disability precedes thinking. It cannot be brought to awareness by the person who is using it to think with. Unable to see themselves from other points of view, they are poor meta thinkers.

The question is, is psychopathy something that we’re all vulnerable to, or is it a distinct thing that can be managed? Is it something that either is or is not, or does it emerge and disappear according to circumstance?

In an attempt to answer these questions, the therapeutic community tries to distinguish psychopathy as a separate thing. It’s something different from Sociopathy, Borderline, Antisocial, or Narcissistic Personality Disorder, but also similar to each of them.

By enforcing these distinctions, psychopaths can be identified and their progress analyzed. However, the attempts at distinguishing a psychopath have led to a system that only identifies psychopathy in its more severe forms. People with milder forms are left unrecognized and their disabilities are left unaddressed.

The Psychopathy Checklist (Hare 1991) lists twenty behaviors and rates each on a scale of 0 to 2. These behaviors are serious social or cognitive disabilities, such as dishonesty and criminality. A person is judged to be a psychopath if they score over 25. This may distinguish the criminal mind, but it does not identify the corporate executive or a much larger number of people in your community.

Speaking as someone who behaved criminally as a frustrated juvenile, overcame those inclinations, and who deals with psychopaths and other mentally disabled people as a psychotherapist, I feel that there are ranges of psychopathy. Limiting our attention to the more severe version, the “certified psychopath,” overlooks latent tendencies at the root of serious social dysfunctions.

Wars may be instigated by the 0.1% of the population who are manifest psychopaths, but they're encouraged by that part of the population who have latent psychopathic tendencies. That is, many of us.

“Research suggests that 4% of the population is ‘sociopathic,’ and 5-15% is ‘almost psychopathic.’”

— **Preston Ni** (2018)

Your response might be to say, “Speak for yourself!” I am, and I claim that I'm also speaking for you. Many psychopathic tendencies are accepted as normal. We may think we're being tolerant and inclusive, but we're actually encouraging and reinforcing a more collective insanity.

Any of us will engage in antisocial behavior if pressed or threatened. Some of us may lack the courage to confront an adversary, but few of us would feel unjustified or remorseful in doing so. The problem is sub-cognitive. It's not what we might do, it's what we perceive and how we feel.

## **Paranoia**

“I'm not a paranoid deranged millionaire.”

— **Howard Hughes**

Paranoid disorder is estimated to occur in 1.5% of the general population, but regular paranoid thinking occurs in up to 15% of the general population (Lewis and Ridenour 2017).

The Psychopathy Checklist is behavioral, but the origins of psychopathy lie in how we think. It is a person's interpretation of their environment that determines their response. How you feel determines what you think. Empathy, fear, remorse, and rationality are ways of thinking you apply to what you perceive.

Psychopathy correlates with a host of diagnosed dysfunctions, including avoidant, dependent, obsessive compulsive, borderline, antisocial, histrionic, and narcissistic personality disorders. Psychopathy is an amplified combination of these behaviors, but it's fear that motivates action in many of these cases.

“Psychopathy broadly construed appears to be a heterogeneous construct that subsumes at least two subtypes. Primary psychopathy is associated with low levels of fear and high levels of guiltlessness, callousness and other affective deficits... Secondary psychopathy is associated with impulsivity, anxiety and aggressive behavior; individuals with this condition lack the calm demeanor and deep seated absence of remorse observed in primary psychopaths.”

— **Joanna Berg et al.** (2013)

The presence or absence of fear may distinguish these two types, but there are also two types of fear. One is the fear of exclusion and the other is the fear of injury. These generate different anxieties and motivations. The primary psychopath has the first kind of fear, the fear of being excluded or deprived. The secondary psychopath harbors the second fear, the fear of being victimized.

Placating paranoia assuages a false fear with a false solution. This might talk someone off a ledge, but is not a fundamental improvement. It's an effort to fight confusion with confusion. It is a weak argument with limited effect.

Accepting paranoid delusions as reasonable thoughts is a step in the wrong direction. It endorses fears and delusions. Paranoia is a fundamental marker of psychopathy, but we rarely see it because psychopaths present it rationally. In contrast, people who present fears irrationally are easy to identify. They're delusional, and their misperceptions usually make them nonfunctional.

## Social Forces

The globalist aim of establishing world-wide order and collaboration involves the manipulation of cultures, education, information, and policies. Any effort to control people involves these elements. Making the aim global just amplifies their scope and effect. Whether you feel these efforts are pro- or anti-social in nature, they decrease your authority and expect greater conformity. Fear and distrust are the natural consequences of any such plans.

“Some authors have speculated that such individuals (psychopaths) preferentially populate certain adaptive niches in society, such as law enforcement, the military, business and politics... however, some authors have expressed doubts that the core features of psychopathy predispose to societal success.”

— **Joanna Berg et al.** (2013)

“Our society is moving in the direction of permitting, reinforcing, and in some cases actually valuing some of the traits listed in the Psychopathy Checklist.”

— **Robert Hare**, author of the Psychopathy Checklist

Psychopaths show higher I.Q. on interpersonal traits, but lower I.Q. on emotional traits. Their advanced skills in moral and utilitarian reasoning imply that these people can well distinguish between right and wrong, they just don't care (Berg et al. 2013). The more of these sorts of people are in power, the more there is to be afraid of.

## The Risks and Benefits of Fear

Fear is a good thing in moderation. It comes in grades that range from concern to terror. We appreciate our concerns and we would like to avoid our terrors. Without a modicum of fear, you might do stupid things, everything from foolish acts of daring to the serious endangerment of others. We need fear and it's good when used well, but it's bad when it's habitual, misdirected, or self-destructive.

Freud recognized the benefit of externalizing our fears. He claimed this tendency was rooted in our disavowal of our homosexual urges. Thankfully, less paranoid homophobic psychologists have recognized our projected fears as unconscious defenses against our deeply rooted, unsettled feelings about ourselves (Millon et al. 2004).

I'm not equating paranoia with psychopathy. I'm suggesting many chronic fears are social disorders. People with these fears do not recognize the social origins of their concern. To endorse these fears is to endorse the fantasies rather than discern the problems. Where sedatives, like pot, tape over the warning lights of anxiety, affirming irrational fears is tantamount to joining the Ku Klux Klan to resolve the threat of illegal aliens.

“Despite convincing arguments that adopting a suspicious, mildly hyper-vigilant stance may be both adaptive and normal in some situations, there is general agreement that at a certain level of severity such traits become maladaptive and disruptive to daily functioning. The difficulties... are related to a rigid approach to the environment, an inability to relax defenses in order to place ambiguous situations into a more accurate context, and to take into account information that differs from their concerns.”

— **Katie Lewis and Jeremy Ridenour** (2017)

### **Finding Alternatives**

“Developmental traumas in which the individual was made to question the validity or reality of their experiences... are believed to play a role in the eventual development of paranoia, leading the individual to constantly question what is “really” going on... and to anticipate danger and shame in their everyday interactions... Children only develop a sturdy sense of self if they have a firm belief in the validity of their subjective experiences.”

— **Katie Lewis and Jeremy Ridenour** (2017)

If chronic paranoia arises from a lack of confidence, then it's not what you're afraid of that's the issue, but what you feel about yourself. Naturally, this is not visible to the viewer, who only sees through a fear-filled lens. The viewer can no more see their fear as something extrinsic than they can understand pain as an illusion. You can say that what you feel is unreal—which is the fear in this case—but it's still your reality. The solution is to find another reality.

Here is a difference between paranoia and psychopathy. The fearful person has alternatives, the psychopath does not. The fearful person has been led to doubt themselves, but they can remember what it feels to be doubt-free. The psychopath has no recollection of an alternative. There is no other perspective to encourage.

Where a paranoid person might shift perspective, a psychopath must create a new personality from scratch. If not “from scratch,” then from broken parts. I don't know how to reassemble a personality, but I have helped create new perspectives.

Many formulas have been used to address psychopathy, and most fail. The therapeutic models of Cognitive Behavioral Therapy, Rational Emotive Therapy, Acceptance and Commitment Therapy, Rapid Resolution Therapy, as well as hundreds of others, are small-minded formulations for inexperienced therapists. They are the armaments of an army of practitioners who are out to save the world from small problems. Psychopathy is a big problem.

An approach specifically created to deal with paranoia is called Metacognition and Reflective Insight Therapy (Salvatore et al. 2012). In this integrative approach, the goals for treatment are:

1. Increasing awareness of what makes you feel vulnerable.
2. Explore why the triggers lead you to presume ill intent.
3. Build a better self-image.

## Changing Minds

The components of your personality are your feelings, memories, associations, neural patterns, and perceptive abilities, diet, sleep, unconscious programming, subconscious inclinations, and physical health. Helping a paranoid person amounts to creating alternative ways of thinking, feeling, perceiving, associating, and remembering. The symptom may be clear, but the solution is broad.

One ingredient is always necessary, and that's the desire to change. For the paranoid person, this ingredient is often lacking. This is true of many personality disorders, and that is probably why there is a lack of research on these disorders (Bateman and Tyrer 2004).

“The paranoid cognitive process is active, searching, and rigid—spontaneity is regarded as dangerous to the self and worthy of suspicion in others. This constant scanning of the environment perpetuates a self-fulfilling prophecy in which the individual's suspicious beliefs are consistently being reinforced by the discovery of ‘clues’ that seem to reinforce their expectations and belief.”

— **Katie Lewis and Jeremy Ridenour** (2017)

I use various methods to help clients change. Talking provides a landscape for progress in the way an ocean allows a boat to travel. Talk is necessary, but logic and reason are dispensable. Reason is a glue, it attaches things, but it's not a structural component. Everyone is a puzzle.

If you were hoping for a simple fix, there is none, but there is a starting point, and that is your fear. Fear and pain are great starting points because they dismiss rationalizations and excuses. We rarely get support from others for our pains and fears, but if we give attention to our fears, there is much to be learned.

One approach I use is to create an alternate reality in which fear becomes more real, present, and tangible. Another is to cycle through brain states that involve fear in different ways. Look beneath the fearful idea to the underlying feeling.

Don't focus on “the facts of the matter” as those are projections. They are the shadows on the wall. Look at the projector, which is you, and the wall, which is your awareness and sensitivity. Understand the container within which you create your reality. It's not difficult to rearrange; it's more flexible than you think.



## References

- Bateman, Anthony and Tyrer, Peter (2004 September). "Psychological Treatment for Personality Disorders." *Advances in Psychiatric Treatment* 10(5): 378-388.  
[https://www.researchgate.net/publication/247801722\\_Psychological\\_treatment\\_for\\_personality\\_disorders](https://www.researchgate.net/publication/247801722_Psychological_treatment_for_personality_disorders)
- Berg, Joanna M., Smith, Sarah F., Watts, Ashley L., Ammirati, Rachel, Green, Sophia E., and Lilienfeld, Scott O. (2013). "Misconceptions Regarding Psychopathic Personality: Implications for Clinical Practice and Research." *Neuropsychiatry* 3 (1): 63-74.  
<https://scottlilienfeld.com/wp-content/uploads/2021/01/berg2013-1.pdf>
- Hare, Robert D. (1991) *The Hare Psychopathy Checklist—Revised*. North Tonawanda. Multi-Health Systems. <https://www.carepatron.com/files/hare-psychopathy-checklist-revised.pdf>
- Lewis, Katie C., Ridenour, Jeremy (2017 Jan) "Paranoid Personality Disorder." In V. Zeigler-Hill and T.K. Shackelford (Eds.) *Encyclopedia of Personality and Individual Differences*. Springer.  
[https://www.researchgate.net/publication/318236128\\_Paranoid\\_Personality\\_Disorder](https://www.researchgate.net/publication/318236128_Paranoid_Personality_Disorder)
- Millon, T., Grossman, S., Millon, C., Meagher, S., and Ramnath, R. (2004). Chapter 13, in "The Paranoid Personality." In *Personality Disorders in Modern Life (2nd edition)*: 435–476. Wiley.
- Ni, Preston. (2018). "7 Characteristics of the Modern Psychopath." *Psychology Today*. (October 7).  
<https://www.psychologytoday.com/intl/blog/communication-success/201810/7-characteristics-of-the-modern-psychopath>
- Salvatore, G., Benedetta, R., Russo, M., Popolo, R., and Dimaggio, G. (2012). "Metacognition-Oriented Therapy for Psychosis: The Case of a Woman With Delusional Disorder and Paranoid Personality Disorder." *Journal of Psychotherapy Integration* 22(4):314.  
[https://www.researchgate.net/publication/263917855\\_Metacognition-oriented\\_therapy\\_for\\_psychosis\\_The\\_case\\_of\\_a\\_woman\\_with\\_delusional\\_disorder\\_and\\_paranoid\\_personality\\_disorder](https://www.researchgate.net/publication/263917855_Metacognition-oriented_therapy_for_psychosis_The_case_of_a_woman_with_delusional_disorder_and_paranoid_personality_disorder)
- Webb, Charles Harper (2022). "Drawing the Curtains Back: The Problem of Psychopathy." *Psychology Today*. (March 22). <https://www.psychologytoday.com/intl/blog/drawing-the-curtains-back/202203/the-problem-psychopathy>

---

If you're burdened with concerns or fears and want to get to the root of it,  
then schedule a free, zoom call at:

<https://www.mindstrengthbalance.com/schedule15>