Book Review

Freeman, D., And J. Freeman 2006. *Paranoia: The Twenty-First Century Fear*. Oxford University Press.

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As we approach the end of the first decade of the 21st Century and a rapid succession of global crises mount, a book analyzing the complex role paranoia plays in everyday life is particularly timely. Freeman and Freeman argue that the unfounded belief that we are, to varying degrees, being persecuted (paranoia) is so widespread that modern society is now characterized by a majority of people who have regular and frequent paranoid thoughts.

The book begins by looking at how paranoia has been articulated at different times in history, drawing on reflections ranging from Shakespeare's Sonnets to Woody Allen's movies. These historical sections focus on how paranoia has been defined and diagnosed, and how it has figured in medical and "psy" discourses. In the early 1600s the concept paranoia appeared in Robert Burton's *Anatomy of Melancholy* as a form of depression. Hippocrates used the term to describe the delirium that people felt when they had high temperature (in greek *para*=beside and *nous*=mind) or "being out of one's mind." In 1763, in an important book that attempted one of the first scientific categorizations of disease, Francois Boissier de Sauvages de Lacroix's *Nosologia Methododica* excavated "paranoia" much in the way that Hippocrates had, as a form of derangement, or madness, associated with fever but also with dementia. Johann Heinroth – credited with giving us the term "psychosomatic" – expanded the term paranoia to include delusions that occurred without the presence of a fever. Paranoia was thus embedded in a discourse of madness, and its usage had expanded, thanks to Heintroth, to included delusions that were not only linked to ailment in the body (high fever), but to the mind. It is this equation between madness and paranoia that became the operational term for paranoia within modern psychiatry. The founding fathers of modern psychiatry, Emil Kraepelin (1856-1926) and Eugene Bleuler (1857-1936) entrenched this connection, and paranoia as a psychotic symptom has been firmly captured within medical discourse until more recently, when authors such as Freeman & Freeman have attempted to unpack and broaden its definition in order to address why millions and millions of people who are not psychotic experience what the author's call "everyday paranoia." It is the acknowledgment that fear, worry, and anxiety are experienced by the majority of people that lead the authors to seek a more nuanced understanding of paranoia.

This more nuanced understanding of paranoia as a "spectrum" is supported by interesting and shocking statistics, case-studies, historical artifacts, and popular culture references which serve to bolster the author's claim that paranoia should be understood as ranging from low level, "healthy" or "everyday" paranoia at one end through more intense and frequently occurring anxieties and fears (always unfounded), to severe mental illness and paranoid psychosis on the other end (such as schizophrenia). In order to construct this paranoid spectrum, the authors adopt several approaches to answering the questions of why we, as a society, are paranoid and what kind of harm do we think we are facing individually and collectively. They touch on the degree to which our fears, anxieties and worries are actually justified and

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even provide an in-text quiz where the reader is asked to answer a series of questions that rank their level of paranoia and where it falls on the spectrum.

The authors make a number of wide reaching claims regarding the nature of paranoia in modern society: paranoid fears reflect the cultural, political and social time we live in; paranoia can be about a social harm (someone is laughing or ridiculing you), a psychological harm (someone is trying to purposely upset you) or financial harm (someone is trying to steal your money or possessions). It is caused by the interaction between anomalous experiences and ambiguous events, our emotions, our previous experiences and the way we reason. In other words, most of us, to some degree or another, experience paranoid thinking. Taken together the authors call these factors the “*threat-anticipation model of paranoia*” which provides us, depending on the interaction between these factors, with our interpretation of social life.

A book addressing paranoia must, of course, wrestle with serious complexities. Indeed the authors note that the ability to go into depth in a short book on all the facets of paranoid thinking (as defined within a psycho-social discourse), and whether or not paranoia is justified, is nearly impossible without falling into gross generalizations. These gross generalizations are, however, only one dimension of the book's limitations for scholars engaged in surveillance studies.

The authors' theoretical framework confines their definition of paranoia within a social-psychological positivist category that generally relies on un-deconstructed standards of “normal” and “neutral” by which to evaluate paranoia and mental health more generally. In fact, paranoia tends to be reified as a treatable and preventable disorder that exists outside of larger political and social considerations. The need to name and “fix” abnormal psychiatric behaviour has been criticized by Foucault and others as “technologies of the self” (Foucault, 1975). “Psy” discourses from a Foucauldian perspective are expert knowledge claims aimed at social control and the creation of the regulated self. Readers influenced by such critical thinking will find this notion of ideal mental health and that “with the right intervention” this ideal state can be achieved to be extremely problematic. Particularly within the discourse of “ideal mental health”, mental health is presented via the happy, productive, emotionally regulated rational neo-liberal citizen.

I am not discounting the notion of clinical paranoia as the product of bio-chemical imbalances or socialization that might best be treated through medication. Rather, more attention needs to be paid to the broader political, cultural, and economic context in which this mode of relating to self and others arises. Moreover, given these contexts, more consideration should be given to the idea that paranoia is an adaptive disposition to tumultuous contexts.

Unfortunately the author's adopt a fairly uncritical liberal-pluralist perspective that is reflected in their usage of “we,” “us” and “modern society” throughout the book. The result is that social and cultural fields are homogenized and all manner of power relations bound up with class, gender, race, sexuality, etc. become obliterated. In this way, the book gives insufficient consideration of deep and enduring structural inequalities that foster “feelings of paranoia,” inequalities that cannot be fixed via re-interpretation or minor shifts of policy.

This is not to say that the authors disregard broader socio-political phenomena that contribute to paranoid feelings (as they define them). The authors have made connections between diverse processes such the relationship between mental health and poverty and migration, the erosion of trust in authority, or the under- and over-reporting of events in the media. They even briefly consider how western consumer culture might be an influential structural context for the emergence of paranoia. However, the end result is the same – paranoia is a failure of interpretation. To remedy this failure, the authors combine a “self-help” approach, with broader policy recommendations. That is, certain social and economic trends that should be addressed by government, media, and policy makers to shape the contexts in which paranoia arise.

In short, the book does not offer much for students of surveillance. But then again, perhaps my interpretation is merely a product of my borderline "severe persecutory delusions"—I scored 39 on their test, one point below clinical paranoia.

Reference

Foucault, M. 1975. *The Birth of the Clinic: An Archaeology of Medical Perception*. (A. M. Sheridan Smith, trans.) New York: Vintage Books.