

## Paranoid Personality Disorders

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### Abstract

Paranoid Personality Disorder represents a disorder that may be present during an entire lifetime. Individuals suffering from this personality disorder hardly commit to relations and are difficult to get along with, due to their suspicious character; they don't collaborate in working establishments; they tend to control others; they become hostile and are often rigid, critical, negative etc. A proper diagnosis is difficult to establish in this case; thus, a summary presentation of this disorder seems to be appropriate to help beginner psychologist easily recognize signs and offer a proper diagnosis.

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#### 1. The concept of personality disorder

Personality disorders as a general term refer to ways of thinking and behaving which are inflexible and which lead to barriers in establishing relations with other people. When talking about mental health, 10 disorders are generally recognized by professionals, in three clusters.

The first cluster, cluster A contains eccentric and odd disorders, which include paranoid personality disorder and schizoid and schizotypal personalities. Cluster B includes dramatic and erratic disorders (histrionic, borderline and narcissistic personality disorders) and the third cluster, cluster C includes anxious and fearful disorders (avoidant, dependent, obsessive-compulsive personality disorders) [1].

**Paranoid personality disorder (PPD) represents a mental disorder, from Cluster A of personality disorders, which is characterized by paranoia and a pervasive, long-standing suspiciousness and is by a generalized mistrust of others. People suffering from this personality disorder tend to be hypersensitive and can be easily insulted. People become eager observers. They think they are always in danger and constantly look for signs and threats of that danger [2].**

This disorder affects approximately 1% of the general population and it is also observed in 2%-10% of psychiatric patients, mostly males [3].

## **2. Paranoid personality disorders, symptoms and diagnosis**

The symptoms of a person suffering from paranoid personality disorders are, usually, manifested by a general suspicion and mistrust towards those around, whose gestures and intentions are interpreted as malicious. These symptoms begin from school age and especially after adolescence [1].

In order to identify a person suffering from paranoid personality disorders, one must observe if more than half of the criteria listed below are met by the patient [4]:

1. Is sceptical of others and considers him/herself exploited, unfair or manipulated, although there isn't any conclusive evidence;
2. It becomes difficult to trust friends or close persons and often doubts their loyalty;
3. Is vengeful with those who offended, injured him or teased him/her;
4. Is ready to respond to any attack on his/her person or reputation, although other people do not perceive those as attacks;
5. Does not trust others and avoids to confess to them fearing of words being used against him/her;
6. Interprets innocent claims or intentions of others as an evil plot against him/her in order to attack or put him/her in a bad light;
7. Has suspicions about the partner's loyalty without having a concrete indication on it;

The key factor in the paranoid personality disorder, is the presence of a stable and pervasive behavioural pattern, characterized by a general suspicion and mistrust in others, whose gestures and intentions are considered to be evil [5]. This pattern starts with school age but is especially observed after adolescence and manifests itself in different contexts.

Subjects in this category consider themselves exploited, unfair, or manipulated by those around them, although there are no solid clues to support these beliefs (criterion 1). At any time, they suspect that a plot against them is being prepared based on some inconclusive or non-existent evidence, expecting to be suddenly attacked [5].

Often, they are considered abused and injured by one or more people even if there is no objective evidence to support their beliefs. They have unjustified suspicions about the trust they can offer to their friends or close relatives and question their loyalty, their actions being thoroughly analyzed to prove their hostility to them (criterion 2) [5].

Their previous beliefs are strengthened and justified by any alleged misconduct over their values of sincerity or loyalty. They are surprised when a friend or close friend tries to justify their loyalty to them, and they cannot accept or they consider it a hidden plot against them. Compliments to them are often misinterpreted and are considered critical to highlight their selfishness, mistakes or other defects (e.g. a compliment on the acquisition of a material good is interpreted as criticism of one's selfishness) [5].

**When they face personal problems, they are expecting to be attacked or ignored by friends or relatives.** Individuals with this personality disorder avoid to confess or to become friends with other people because they fear of becoming vulnerable and their secrets shared to be used against them (criterion 5). They avoid answering any personal questions, motivating that this kind of information is not their concern. Often, they seek hidden meanings in the allegations and intentions of others, considering them as insulting. An individual with such a disorder can interpret the unintentional mistake of a cashier as a deliberate attempt to deceive him, and the funny remark of a work colleague as an attack on his person [5].

These people are revengeful and incapable of forgetting offenses, injustices and teasing they have been subjected to and they will revenge whenever they will be considered victims. Innocent jokes about them can be misunderstood and could give reason to exaggerated hostility. They are constantly careful to the evil intentions of others and they always have the feeling of being attacked or prejudiced, being always prepared to fight or react crazy to the alleged harm.

Pathological sexual aesthetics can often be found in people with such disorders due to their permanent suspicious of others loyalty, gathering evidence to support their beliefs of jealousy. To avoid being deceived, they want to have complete control over their relationships by checking and asking questions permanently in order to find out the intentions and loyalty of their partner [3].

Studying the pattern of individuals with paranoid personality disorders, their inability to initiate and maintain close relationships is noticeable. **Their life is always governed by excessive suspicions and hostility expressed through rational directness, repeated accusations or a hostile withdrawal attitude**

. Although they give the impression of being objectively, rationally and emotionally lacking, they often display a whole unstable set of affections that dominate the expression of hostility, sarcasm, and inversion. Their combative and suspicious way will cause others to respond in a hostile manner, motivating them further to confirm their initial assumptions [2].

The mistrust in others will cause them to have an excessive self-sufficient need and autonomy. They constantly feel the need to hold high control over others. They are often rigid, critical of others and incapable of collaborating, having difficulty accepting the criticisms of others.

Because of the constant feeling of harm and misfortune, they are often involved in litigation and legal disputes. They constantly seek to support their preconceived negative ideas towards other people, attributing to them ravishing motives that are nothing more than projections of their own fears [3].

They like to control, to have power and they want to reach a high social status from which they will not hesitate to express their negative prejudices to others, especially to the different popular groups apart from those who they belong to and who support different ideas. They are perceived as “fanatic” and form very well-defined groups that share their paranoid belief system [3].

They are predisposed to stress and often have short-term psychotic episodes due primarily to their conflicting and negative nature. Sometimes these manifestations can be associated with the antecedents of delusional disorder or schizophrenia. Subsequently, they may develop major depressive disorder and have a high risk for agoraphobia and obsessive-compulsive disorder.

Alcohol consumption is another factor that worsens the illness.

The most common personality disorders with which the paranoid personality disorder is comorbid are schizotypal, schizoid, narcissistic, borderline and avoidant personality disorder.

In the recent years, studies have been conducted on the prevalence of paranoid personality disorder and it has been found that this condition is encountered at a much higher frequency than expected. An estimated 0.5-2.5% of the general population, 10-30% of all patients admitted to psychiatric clinics and 2-10% of outpatients were estimated [3]. There is, however, a significant inconsistency in the epidemiological data that the prevalence of the disorder would be only 1% of the number of patients admitted.

The signs of people suffering from paranoid personality disorder may become apparent from childhood and adolescence, noting the individual's solitary character, distant relationships with colleagues, social anxiety, low school performance, bizarre ideas and behaviour.

The risk factors for individuals with paranoid personality disorders may be genetic and physiological. Studies have shown that there is a higher risk of developing paranoid personality disorders for people whose families have had members who have had schizophrenia.

**Certain socio-cultural influences and specific life circumstances may contribute to the misdiagnosis and may be intensified by the clinical trial itself. Affiliation to certain ethnic and socio-cultural groups (emigrants, political or economic refugees, individuals of different ethnicities) can create a defensive attitude towards others due to ethnic and socio-cultural differences (language barriers, lack of knowledge of rules and regulations) or due to apparent marginalization by most members of society. Also, these types of behaviour can create and intensify feelings of anger and frustration for those who interact with these individuals, contributing to the formation of a vicious circle of mutual mistrust that should not be confused with paranoid personality disorder [1].**

**Paranoid personality disorder can be distinguished from psychotic disorders with adjacent symptoms as well as from other types of disorders.**

The delusional disorder, known as classical paranoid psychosis or paranoia, is recognized as the first nosographic entity to be distinguished from paranoid personality disorder, which is not a psychosis, nor is it a delusional idea of paranoid disorder. However, against the background of paranoid personality disorder, the delusional disorder may occur, a situation in which it preceded the onset of the delusional disorder and persists after its remission.

Paranoid schizophrenia presents a delusional idea, often correlated with a **psychotic sensory symptom** that generates or sustains delirium.

Depressive mood disorder with psychotic manifestations creates fewer problems of differential diagnosis due to the presence of depressive and psychotic symptoms.

The avoidable personality disorder is characterized by individual's fear of being ridiculed and marginalized. The histrionic personality disorder is distinguished by large and disproportionate reactions to the stimuli in the environment, and by the fact that it does not present suspicion and distrust.

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