

# PARANOID PERSONALITY DISORDER

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# Paranoid Personality Disorder

The essential feature of **paranoid personality disorder** is persistent and pervasive mistrust and suspiciousness, accompanied by a bias to interpret other people's motives as hostile. Someone with this personality disorder may distrust co-workers and family members, and even (falsely) believe that his or her partner is having an affair, despite the partner's denials. The patient's accusations create a difficult situation for the partner who is not having an affair but can't "prove" it to the patient's satisfaction. People with paranoid personality disorder are better able to evaluate whether their suspicions are based on reality than are people with paranoid schizophrenia.

Moreover, the sources of their perceived threats are not likely to be strangers or bizarre types of signals (such as radio waves), as is the case with paranoid schizophrenia, but rather known individuals. If the symptoms arise while a person is using substances or during a psychotic episode of schizophrenia or a mood disorder, then paranoid personality disorder is not diagnosed.

# DSM-IV-TR DIAGNOSTIC CRITERIA OF PARANOID PERSONALITY DISORDER

A. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- (1) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
- (2) is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
- (3) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her

(4) reads hidden demeaning or threatening meanings into benign remarks or events

(5) persistently bears grudges (i.e., is unforgiving of insults, injuries, or slights)

(6) perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack

(7) has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

B. Does not occur exclusively during the course of schizophrenia, a mood disorder with psychotic features, or another psychotic disorder and is not due to the direct physiological effects of a general medical condition.

# Prevalence

- Between 0.5% and 4.5% of the general population is estimated to have paranoid personality disorder (American Psychiatric Association, 2000; Grant, Hasin, et al., 2004).
- Among patients receiving treatment in outpatient mental health clinics, prevalence estimates are higher (2-10%), and among hospitalized patients, prevalence estimates are in the range of 10-30%.

# Comorbidity

- People with paranoid personality disorder may also have another Axis II personality disorder, usually another Cluster A (odd/eccentric) personality disorder (schizoid or schizotypal) or narcissistic, avoidant, or borderline personality disorder.

# Onset

- Symptoms can first appear in childhood or adolescence, when the individual appears hypersensitive, has difficulties with peers, and has odd thoughts or fantasies or uses language unconventionally.

## Course

- The symptoms of paranoid personality disorder are relatively stable over time (Seivewright, Tyrer, & Johnson, 2002).

## Gender Differences

- Based on surveys in the general population, there is no clear gender difference in the prevalence of paranoid personality disorder. However, among people with this disorder, men are more likely than women to come to the attention to mental health professionals (Morey, Alexander, & Boggs, 2005).

# TREATMENT

Most of the medications that effectively treat symptoms of schizophrenia can also treat symptoms of schizotypal personality disorder, although the medications are often taken at lower doses.

The psychosocial treatments employed with people who have schizophrenia—

- CBT
- Social skills training, and
- Family therapy