

Stonebriar Psychiatric Services

News & Views

Paranoid Personality Disorder

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"What Do You Mean You Think I'm Paranoid...?"

Frequently, you may hear someone describe another person as "paranoid." Whenever I hear that term, it's a bit like when someone tells me they had a "nervous breakdown." In either case, I'm not always sure what they mean, as both of these terms have a fairly broad definition when being used in our culture. However, there is a personality disorder characterized by paranoid ideation, general suspiciousness, and an overall difficulty in trusting others. The individual with a paranoid personality disorder tends to frequently be irritable, often hostile and angry, and frequently does not want to accept responsibility for their own feelings and actions but rather tend to blame others for their problems. According to one psychiatric text, "of bigots, injustice collectors, pathologically jealous spouses, and the like to just cranks often have paranoid personality disorder."

The general prevalence of paranoid personality disorder has been estimated at between .5-2.5% of the general population, and in general they rarely seek treatment on their own. When they are pressured into treatment by others, such as a spouse or perhaps an employer, they can often look quite good on the surface with little emotional discomfort. It has been noted that relatives of patients with schizophrenia may have a higher incidence of paranoid personality disorder than does the general population. It tends to be more common in men than women, but without a clear family pattern. It tends to be higher among minority groups, immigrants, and individuals who are deaf, but one also has to wonder whether some of that might not be environmental or if their mistrust might be somewhat justified. It was once thought that the prevalence of paranoid personality disorder was higher in homosexuals, but that has not proven to be the case.

Clinical Features and Diagnosis

Perhaps the primary characteristic of paranoid personality disorder is the general tendency to characteristically interpret the actions and motivations of others as being either critical, demeaning, or threatening. This pattern is evident by early adulthood and tends to occur in many contexts. This individual expects to be harmed or used by others, and they frequently question or challenge the loyalty or trustworthiness of even close friends, family members, and associates. They often tend to be extremely jealous and may make numerous accusations of infidelity toward their spouses or partners. They tend to use the psychological defense known as *projection*, which consists of attributing various impulses or motivations to others that they cannot, or will not, accept in themselves. They frequently come across as very emotionally constricted, rational to the point of seeming unfeeling, and frequently put a great deal of emphasis on power, rank, and position. They look down on those that they consider to be weaker or inferior, and at times can actually treat them with cruelty and disdain. Frequently, others may feel some degree of fear when around them or experience conflict and never be quite sure why.

The DSM-IV-TR diagnostic manual describes the paranoid personality disorder as demonstrating "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 other individuals 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 fears that the information will be used against him; 4) tends to read hidden meanings of a demeaning or threatening nature into benign conversation and remarks; 5) persistently bears grudges and tends to be unforgiving of verbal injuries or minor slights; 6) perceives attacks on his character or reputation that are not evident to others and is quick to counterattack and often with extreme anger; 7) has recurrent suspicions, but without justification, regarding the fidelity of a spouse or sexual partner. It should also be noted that these characteristics did not occur within the course of schizophrenia or another psychotic disorder.

Paranoid personality disorder can generally be distinguished from a delusional disorder, characterized by fixed beliefs that are not based upon reality, by the absence of these fixed delusions. They do not tend to have hallucinations or other psychotic symptoms as one might have with paranoid schizophrenia or certain psychotic mood disorders. They also do not tend to have the very involved, even if chaotic and conflicted, relationships that may be characteristic of those with borderline personality disorder. And although individuals with antisocial personality disorder may be somewhat paranoid, the individual with paranoid personality disorder generally does not have the long history of antisocial behavior characteristic of the antisocial personality.

Treatment, Course, and Prognosis

In general, there have been no adequate long-term or systematic studies done with regard to paranoid personality disorder. It may be a lifelong pattern, or in some cases it may be a prelude to developing an outright schizophrenic disorder. In other cases, the individual may tend to get a bit less paranoid as they mature and at times may seem to channel their energy into becoming extremely concerned with moral issues and the helping of others, frequently taking up causes that they see as being unjust. Most of the time there is a chronic pattern of conflict with others and difficulty in adequately working through these conflicts. This often is manifest in problems regarding employment as well as marriage.

Psychotherapy would generally be seen as the primary treatment for the individual with paranoid personality disorder, although certainly medication may be helpful if there is an underlying mood disorder or at times if agitation or anxiety become excessive. With regard to psychotherapy, therapists need to pay special attention to keeping communication clear and with as few ambiguities as possible. If there is a perceived failure on the part of the therapist, even if minor such as being late for an appointment, it should be acknowledged and, if appropriate, apologies offered. Some of the key themes and issues in the therapy will revolve around trust and the ability to tolerate intimacy in relationships inside or outside of the therapy session. The therapist must constantly focus on the importance of the therapeutic relationship and carefully balance the use of confrontation or interpretation, especially early on, as it can be seen as threatening or confrontational, even if not intended. It should also be noted that generally individuals with paranoid personality disorder do not do particularly well in group therapy because of their suspiciousness and tendency to develop confrontational relationships.

The individual with a paranoid personality disorder frequently will come into treatment only when the external consequences become great enough so that he is willing to consider alternatives to his traditional ways of handling relationships. If you are involved with an individual struggling with this disorder, you must remember that confrontation or even logical arguments will generally not suffice to change his or her way of viewing things. You must also maintain a safe environment as a first priority if he becomes agitated or angry, and do not try to counteract his anger with your own, even when it seems to be quite logical and reasonable.



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