General Overview of Paranoid Personality Disorder

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Abstract: This paper is an overview of paranoid personality disorder (PPD) and will include its etiology through the aspect of biological and psychological, symptoms, impacts, and treatments. In the discussion following, the paper will mention personality disorders and pretend to a general understanding of PPD. Then, the paper will list and briefly explain the symptoms of PPD, provide a general discussion of the causes, and explain how these symptoms affect the cognition of PPD patients, resulting in different levels of impact on themselves and their related groups. In the end, this paper will explain the possible challenges of treatment and present several common and reliable treatment practices for treating PPD. All in all, this paper enables readers to gain more insight into a paranoid personality disorder, and when there are individuals diagnosed with PPD or with PPD tendencies around you, you can deal with it calmly, to avoid the negative impact on yourself and PPD patients to a great extent.

Keywords: Personality Disorder, Cluster A, Paranoid, Cognitive Behavior Therapy, Mentalization-based treatment.

1. Introduction

Paranoid personality disorder (PPD) is a personality disorder that belongs to cluster A, the odd and eccentric type of personality [1,2]. PPD is characterized by a general suspicion and distrust of others [1]. Symptoms of PPD include suspicion that others are exploiting or harming them, doubting the loyalty of friends, unwillingness to share information with others because of the fear of being judged, views harmless comments or events as threatening or demanding, show aggressive behaviors when perceiving threats and has recurrent suspicious though on a partner. However, the exact cause of PPD is yet unknown, but many psychologists argue that it is likely to involve a combination of biological and psychological factors [3].

This paper aims to discuss the etiology and possible treatment of PPD. This paper is a review based on studies and research collected by Google scholars which includes paranoid personality disorder and a general review of cluster A. This paper also makes references to DSM-5.

Fundamental knowledge related to PPD is gained from the DSM-5, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. Mistrustful and Misunderstood: a Review of Paranoid Personality Disorder also provides enormous information about the updated aspects of PPD including its biological mechanism, risk factors, relationship with other mental disorders and the list goes on. The primary sources of common symptoms of PPD are found in Paranoid Personality

Disorder, written by Joseph Triebwasser et al, which claims that the major symptom of PPD is suspicion. The overview of treatments is based on Cognitive Behavior Therapy and general coping skills for patients. In addition, Paranoid personality disorder: model and treatment of Psychotherapy of Personality Disorders also provides clinical support for the treatment of PPD.

2. Literature Review

2.1. Connotation

PPD is a type of personality disorder that belongs to cluster A. People with PPD do not show many somatic symptoms, they show more mood-related symptoms instead. Individuals who have PPD are always on guard, they hold the opinion that others are always trying to do something harmful to them [4]. They always doubt others' commitment, loyalty, and trustworthiness, which means that they believe others are deceiving and exploiting them [5]. They hold grudges and are sometimes unforgiving. They are extremely sensitive to comments and perceive criticism negatively. They are unwilling to confide and trust others, not to mention reveal any personal information. The reason is that they are afraid that others would use this information to judge and against them. They read hidden meanings in the innocent remarks or casual looks of others [6]. The persistent suspect their spouses or lovers that they are being unfaithful, although there are no reasons to support their belief. When dealing with relationships with others, they often use a cold and indifferent manner, and they might become controlling, demanding, or jealous to avoid being betrayed. They show hostile, stubborn, and argumentative behaviors. They believe that they are always the right ones, so they hardly realize their role in conflicts or problems. It is also difficult for them to relax. They tend to develop negative stereotypes of others, especially for people who come from out-group, which belong to a different culture than they are [7].

2.2. Etiology

The causes of PPD mentioned in data and existing studies are relatively limited, so the exact cause of PPD is yet unknown. However, based on exited theories, it is certain that the risk factors of PPD are likely to involve a combination of biological and psychological factors. The majority of people who suffer from PPD have close relatives with delusional disorder and schizophrenia. There is also other evidence that reveals that early childhood experiences, such as emotional or physical tragedy, play an important role in the development of PPD.

2.2.1. Biological Factor

PPD has high heritability, which can be supported by the study of twins and family history [8]. If a family has a PPD patient, his or her offspring has a relatively higher possibility of being diagnosed with PPD [9]. In addition, studies on brain maturity and brain pathology also show that neurotransmitters also affect the occurrence of PPD.

2.2.2. Psychological Factor

Cognitive bias is also one of the main factors causing PPD. For groups with the rapid development of self-awareness, (this often occur in adolescent), if they lack scientific and positive guidance, they may have biases in the cognition, evaluation, experience, and control of themselves and the outside world due to their extreme personality, cognition and behavior habits, to gradually form paranoid psychology.

In addition, family environment is also a key factor, to put it differently, childhood trauma is one of the risk factors for PPD. Johnson JG et al's longitudinal study found that emotional neglect in childhood was associated with PPD symptoms [10, 11]. If family members do not put much attention to children, or they always rejected children's needs, children will feel unbacked and hopeless. When children don't get

enough attention and care that they deserve to have from their family members, especially their parents, they may gradually form the idea that "my parents do not care about me, so no one will care about me". Thus, they gradually develop that they do not believe that anyone will have any goodwill, but that everyone has malice and wants to hurt themselves. On the other hand, in some over-doting families, children may form a self-centered concept and gradually develop into blind arrogance and intolerance of others [12]. This type of mindset will have a certain chance to contribute to the development of PPD.

2.3. Impacts

2.3.1. Impact of Individuals

These series of untrustful beliefs, as well as their belief of blame and distrust, interfere with their ability to socialize, and even make it hard for them to form close or even acceptable relationships with others [1]. People with paranoid personality disorder are stubborn, sensitive, and suspicious. They are overly suspicious of others, making it difficult for them to trust others. As a result, they are nervous for a long time. Misinterpreting the unintentional or well-intentioned behavior of others makes them worry that others will hurt them, which will bring great stress.

Due to their extreme personality, it is difficult for them to communicate normally with the people around them, and even to get along with others at work and study, not to mention to cooperate with others. The mindset and behaviors of PPD are detrimental to people's ability to establish and maintain workable relationships with other people [13]. They are considered dysfunctional since they cannot integrate themselves into society.

2.3.2. Impact on Others

In addition, they can also hurt others. When questioned, they will argue, and even impulsive and aggressive behavior. They can easily hurt people around them, both physically and psychologically.

Groups with close relationships with PPD patients, such as relatives and spouses, may receive greater harm. When they see their loved ones become paranoid, stubborn, and even have psychological disorders, they will worry about them, and feel sad, anxious, and helpless. And PPD patients' close relatives can also be directly harmed. Because PPD patients are extremely distrustful of others, they may doubt anyone, including people who are close to them. Not being trusted will cause stress on the people around PPD. In extreme cases, PPD patients may also have violent and aggressive behavior. This series of actions may physically hurt people around them.

People who have a cooperative relationship with PPD patients, such as classmates and even subordinates, will be challenged to a certain extent. These people who have a cooperative relationship with PPD patients will often be suspected of paranoia, and doubt their loyalty, motivation, and even ability and efficiency to perform specific tasks. Because it is difficult for PPD patients to realize their problems, and let alone accept their own mistakes or deficiencies, it will be difficult for people who have a cooperative relationship with them to communicate with PPD patients. Subordinates of PPD patients are the most affected group. They will face great challenges in meeting the requirements of their boss, because the boss is not aware of their problems, and they refuse to communicate. They also distrust their employees, which will not only affect work efficiency but also bring great work pressure to employees.

2.4. Treatment

Treatments for PPD patients are always difficult, and the characteristics of people with PPD may contribute to this difficulty. As mentioned above, individuals with PPD are suspicious and distrustful. As a result, they don't trust their doctor and suspect the plan made by the doctor. The skeptical views PPD patients hold toward others also has a noticeable challenge for psychological counselors because trust is

a crucial factor in psychotherapy [14]. In addition, people with PPD hardly realize their problems, so they may not think of themselves as having a mental problems. In this way, many people with PPD do not abide by the treatment plan made by their therapist and may even suspect the motives of their therapist [14].

Cognitive behavior therapy (CBT) can help to treat PPD. CBT mainly focuses on patients' irrational cognition. CBT aims to change patients' cognition, attitude, and beliefs about others to treat their mental illness [15, 16]. CBT holds the belief that people's tendency comes from their belief and attitude toward the things they meet and experience, not come from the things themselves [17, 18]. This feature of CBT is suitable for the treatment of PPD patients.

As mentioned above, there are some cognitive biases in patients with PPD. From their perspective, they do not have any problems, and it is others who make mistakes. To fundamentally treat PPD patients, counselors need to reverse their views and make them aware of their problems [9]. Therefore, CBT can help them correct their cognition. In the process of CBT treatment, consultants can help them retest their hypotheses. For example, the patient thinks that "others want to hurt me". Many people around him care about him, such as family and friends. Counselors can also test the evidence. If patients believe that people don't like them, counselors can find some evidence to show that others are trying to help them and encourage them.

Mentalization-based treatment (MBT) could also be applied to PPD. MBT is a proven method that could be used to treat borderline personality disorder (BPD) [12]. MBT combines methods of CBT, psychodynamic therapy, and interpersonal psychotherapy [3]. MBT focuses on the cultivation of psychological skills that are pertinent to cognition, empathy, and psychological theory. Even though there do not have any MBT tests that are specifically designed for PPD, PPD does not seem to predict any effect on treatment when PPD is comorbid with BPD.

When a patient realizes their problem and is willing to seek help, psychotherapy is the ideal treatment of choice. Treatment of PPD will also emphasize promoting general coping skills, for instance, learning how to trust and build empathy. Improving social skills such as interacting with other members, and communicating with others is an important process in the treatment.Another point that is worth noticing is that medication is not often used in treating PPD. However, if the person experiences extreme symptoms, or he or she suffers from other associated mental problems, medication must be prescribed. At least for now, there doesn't have no possible way to prevent PPD from happening. Even though, some treatments can still offer a chance for people who tend to develop this kind of disorder to learn coping skills and effective ways of dealing with this mental disorder.

3. Implication

The group with PPD patients around them, situation also deserves attention. They may be suspected by PPD patients because of unconscious questioning, and they may even be at risk of being hurt by PPD patients. Because PPD patients sometimes have impulsive and aggressive behavior.

For people who have a close relationship with PPD patients, such as relatives or partners. They may face greater challenges. PPD is always suspicious of others, including their families and loved ones. Not being trusted by the closest people will make the relatives of PPD patients have negative emotions, and they will also bear certain psychological pressure.

There are abundant theories about the impact of PPD, but the practical research is very limited. Future research can focus on research on its impact and studying the social relationship of PPD patients. For example, whether and how PPD patients affect the well-being of each group around them, and to what extent. More practical research and focus on the practical application of PPD research. If you encounter PPD patients or people with PPD tendencies in life, knowing how to deal with them correctly is crucial. And knowing precautions for getting along with PPD patients is also essential.

The understanding of PPD patients needs to be emphasized. It is necessary for people to correctly understand this group. People should realize that they are what they are now because of their mental disorders. Those extreme behaviors are not their original intention, they are not like that before they suffer from PPD.In addition, people around PPD patients also deserve attention. Especially those seriously affected by PPD patients, also need psychological counseling when necessary. If they suffer from stress or any other type of negative emotion that cannot be relieved by themselves because of PPD patients, it is extremely important to seek help in time.

People who are close to PPD patients need to know the characteristics of PPD patients so that they can understand them and adjust their mentality to the greatest extent. On the one hand, they are most likely not to be affected, and on the other hand, they should not let their negative emotions affect PPD patients as much as possible, to aggravate their symptoms. In addition, they need to know more about coping skills. They need to learn how to get along with PPD patients, which lies in the matters needing attention in the process of communication with PPD patients. This is also to ensure that they can alleviate their suffering and have as little negative interaction with PPD patients as possible.

4. Conclusion

In conclusion, biological factors and psychological factors all contribute to the formation of paranoid personality disorder. However, more research is needed to be carried out to find out the exact cause of PPD, thus, people can prevent the development of PPD to a greater extent. In addition, PPD has a tremendous negative impact on both themselves and the people around them. To avoid negative consequences from happening, appropriate treatments are needed to provide to people whose lives are affected by their symptoms.

One of the biggest challenges facing PPD patients is bias. They are labeled with many negative characteristics. It is undeniable that these groups do have some negative effects, but they are not inherently evil. They just suffer from mental disorders. For such groups, people should know more about them and try to accommodate them. Because these people tend to be more sensitive, they are more likely to notice the unfriendly behavior of others. Not only PPD patients themselves but also the groups affected by the need to be a certain level of help and instruction.

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