**DELUSIONAL (PARANOID) DISORDER**

Degree Course (Three Years)

Psychology Honours

B. A. Part– I Honours Paper II: PSYCHOPATHOLOGY

Unit 6

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The term Paranoia has been in use a long time, the ancient Greek & Romans used it to refer more or indiscriminately to any mental disorder. Our present more limited use of the term stem from the work of krapelin, who reserved it for the cases showing delusions and impaired contact with reality but without the bizarreness, fragmentation and severe personality disorganization. Characteristics of schizophrenia.

Currently two main type of psychosis are included under the DSM IV heading relating to ( non-schizophrenic) .

Paranoid disorders: delusional disorder, formally called paranoia or paranoid disorder & shared psychotic disorder, in which two or more people develop persistent, interlocking delusional ideas.

DSM -IV requires that diagnosis of delusional disorder be specified by type, based on the predominant theme of the delusional disorder. These types are as follows:

**Persecutory type**: The predominant delusional theme is that one (or someone to whom one is closely related) in being subjected to some kind of malevolent treatment, such as spying, stalking or the spreading of false rumors of illegal or immoral. Legal action of one sort or another are often instituted to redress the alleged injustice, & in extreme cases more direct & dangerous modes of counteraction are employed such as attempted ( and sometimes completed) murder.

**Jealous type**: The predominant theme is that one’s sexual partner is being unfaithful.

Erotomaniacs type: the predominant theme is that some other person of higher status, frequently someone of considerable prominence, is in love with one & wants to start a sexual liaison.

**Somatic type**: The predominant theme is an shakable belief in having some physical illness or disorder, often esoteric of exotic in nature.

**Grandiose type**; The predominant theme is that one is a person of extraordinary status, power ability, talent, beauty etc., or that one has a special relationship with someone having such attributes, usually someone of celebrity status.

**Mixed**: This diagnosis is used where there is combination of the above, but when no single theme predominates. Of these types persecutory is by far the most common & our discussion will focus on this form of disorder.

Although the formal diagnosis of delusional disorder is rare in clinic and mental hospital population. This observation provides a somewhat misleading picture of its actual occurrence. Many exploited inventors, fanatical reformers, self-styled prophets, morbidly jealous spouses persecuted teachers, business executives or the professionals fall into this category. Unless they become a serious nuisance, these people are usually able to maintain themselves in the community & do not recognize their paranoid condition nor seek help to alleviate it. In some instances, however they are potentially dangerous & in virtually all instances they are inveterate “injustice-detectors” inclined to undertake retributive actions of ne sort or another against their supposed tormenters.

**THE CLINICAL PICTURE OF DELUSIONAL DISORDER**

A paranoid or delusional, individual feels singled out & taken advantage of, mistreated, plotted against, stolen from, spied on, ignored, or otherwise mistreated by enemies. The delusional system usually centers on one major theme, such as financial matters, a job, an inventions, an unfaithful spouse or another life affairs. Ex. A women who is failing in the job may insist the her fellow workers and superiors have it in for her because they are jealous of her great ability & efficiency. As a result, she may quit her job and go to work elsewhere, only to find friction developing again & her new job in jeopardy. Now she may become convinced that the first company has written to her present employer and has turned everyone against her so that she has not been given fair chance. With time more & more of the environment is integrated into her delusional system as each additional experience is misconstrued & interpreted in the light of he delusional ideas.

Although the evidence that paranoid people advance to justify their claims may be tenuous & in conclusive, they are unwilling to accept any other possible explanation and are impervious to reason. A husband may be convinced of his spouse’s unfaithfulness because of two separate occasions when he answered the phone the party at the other end hung up. Argument and logic are futile. In fact any questioning of his delusions only convinces him that his interrogator has sold out to his enemies.

Although ides of persecution predominant many paranoid individuals develop delusion of grandiosity in which they endow themselves with superior or unique abilities. Such “exalted” ideas usually center on messianic mission, political or social reformism, or remarkable inventions, Paranoid people who are religious may consider themselves appointed by God to save the world & may spend most of their time “preaching” and “crusading”.

Aside from the delusional system, such an individual may appear perfectly normal in conversation, emotionality and conduct. Hallucination & the other obvious sigh of psychopathology are rarely found. The normal appearance, together with logical & coherent way in which the delusional ideas are presented may made the individual most convincing perhaps especially to person awash in their own uncertainty.

Paranoid individuals are not always as dangerous as popular fiction & drama suggest, but the chance always exists they will decide to take matters into their own hands and deal with their enemies in the only way that seems an effective. The number of husbands and wives who have been killed or seriously injured by suspicious, paranoid mates is extremely large worldwide. 9 Dekay & Buss 1992).

Most of us on various occasions may wander if we are not jinxed. When it seems as if everything, we do go wrong and the cards seem to be stacked against us. Many people go through life feeling underrated & frustrated, brooding over financial & real injustice. Meissner (1978) regards such attitudes as a normal & essential phase of personality development, a necessary component in the achievement of personal identity & autonomy. most people, according to this view, are able to grow beyond this phase, where a central feature is the need for an enemy. some few are not however; in such cases they chronically entertain paranoid explanations of what ever problem they may have.

Most delusional disordered persons seem as children to have been aloof, suspicious, seclusive, secretive stubborn and resentful of punishment, when crossed, they become sullen and morose. Rarely do these pre-paranoid individuals shows a history of normal play with other children or good socialization in terms or warm affectionate relationship. (Sarvis 1965; Schwartz 1963). The seed may thus sow quite early for a stand- offish & relatively unfriendly interpersonal style. Such a child may understandably be unpopular with peer- in effect av aversive stimulus. Thus, as Lemart (1962) has noted undoing suspicious or coldly rejecting person frequently become a target of actual discrimination & mistreatment. Ever alert to injustice, both imagined & real such individual finds abundant “proof” of persecution.

In this context, Grunebaum and Perlman (1973) have pointed to the naivete of a pre- paranoid person in assessing the interpersonal world-in term of who can be trusted & who cannot-as a fertile source of hurtful interactions. As they express it “The ability to trust others realistically requires that the individual be able to tolerate minor & major violations of trust that are part of normal human relationships”. The pre-paranoid individual is unprepared for the “fact of life”, however tending to both trust & mistrust inappropriately & to overreact when other are perceived accurately or not as betraying the trust.

Where delusional disorder develops, its usually does a gradually, as mounting failure & seeming betrayals force these individuals to an elaboration of their defensive structures. To avoids self-devaluation, they search for “logical” reasons for their lack of success. They become more vigilant, begin to scrutinize the environment, search for hidden meanings, 7 ask leading questions. They ponder like a detective over the ‘clues’, the pick up trying to fit them into some sort of meaningful picture.

Gradually the picture begins to crystallize a process commonly referred to as “paranoid illumination”. It becomes apparent that they are being singled out for some obscure reason, that are being singled out foe some obscure reason, that other people are working against them, that they are being interfered with. In essence the protect themselves against the intolerance assumptions. “There is something wrong with me”, with the defensive transformation, “They are doing something to me”. They have failed not because of any inferiority or lack on their part, but because others are working against them. They are on the side of good and the progress of human bind, while their enemies are allied with the forces of evil. With this as their fundamental defensive premise they, proceed to distort & falsify the fact to fit it and gradually develop a logical fixed delusional system.

The role of highly selective information processing in the development if these delusional systems should be emphasized. Once these individuals begin to suspect that others are working against them, they start carefully nothing the slightest sign pointing in the direction of their suspicious and ignore all evidence to the contrary (Swanson et al. 1970).

With thee frame of reference it is quite easy, in our highly competitive & sometime ruthless world, for paranoid persons to find ample evidence that others are working against them. This attitude itself leads to vicious circle, for their suspiciousness, distrust, & criticism of others drive their friends & well-wishers away and keep them in continual friction woth other people generating new incidents for them to magnify.