

PARANOID PERSONALITY STYLE AND DISORDER

THE PARANOID PERSONALITY TYPE IN A NUTSHELL

“The essential feature of *PARANOID PERSONALITY DISORDER* is a pattern of pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent.”¹

A CLOSER LOOK

The following characteristics are common to one degree or another with the individual having a *PARANOID PERSONALITY TYPE*.

- The person may exhibit a general mistrust of others. They tend to believe that others will abuse, humiliate, cheat, lie, manipulate, or take advantage of them.
- The person may have a basic belief that they are defective, bad, unwanted or inferior to others.
- They may live reasonably productive lives and there is a distinct possibility that they will marry another paranoid individual.
- The core of their understanding is centered around shame and humiliation.
- They have an inner sense of weakness, defectiveness, vulnerability and powerlessness.
- The client will “create” experiences that seem to confirm their assumptions about the malevolent character of the actions of others. This will be done by the way they treat other people. This will create a self-perpetuating cycle. Their beliefs will be self-fulfilling.
- Paranoid individuals are often racially or ethnically prejudiced individuals. They may group together everyone from a specific race, ethnic group, or social class and paint everyone in that group with the same brush. They may make prejudgments on individuals based on their color or other social orientation. They may exhibit significant distrust of the group as a whole. On occasion, they will note that a few individuals from the selected group don’t “fit the mold” of their class. This is a key indicator of at least some (maybe latent) paranoid characteristics.

¹ American Psychiatric Association: *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION, TEXT REVISION (DSM-IV-TR)*. Washington D.C., American Psychiatric Association. 2000. p. 690.

THE BOTTOM LINE

The paranoid individual is an over vigilant individual who is overly conscientious about their relationships with others. Those relationships are often influenced by a defective belief that others are prone to mistreat them. This belief is not totally unjustified since the paranoid's treatment of other people can lead to substantial conflict with other people.

TECHNICAL DSM-IV-TR CRITERIA FOR DIAGNOSIS OF A FULL PERSONALITY DISORDER

The official DSM-IV-TR diagnostic criteria for *PARANOID PERSONALITY DISORDER* are:²

- 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 counter attack.
 - 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.

[The therapist is reminded that the above criteria must be (1) a pervasive pattern, (2) and must begin by early adulthood. If those main criteria cannot be met, a personality disorder cannot be diagnosed (technically). If many of the other criteria are present, the therapist should understand that the personality style has drifted toward undesirable and maladaptive behaviors associated with the disorder. Treatment techniques described below should be used to move the personality toward style rather than disorder.]

DIFFERENTIAL DIAGNOSIS

There are a number of other disorders that contain similar characteristics to *PARANOID PERSONALITY DISORDER*. This list contains some of those disorders. The therapist is encouraged to research these similar disorders using the DSM-IV-TR.

² *DSM-IV-TR*. p. 694.

DELUSIONAL DISORDER, SCHIZOPHRENIA, MOOD DISORDER WITH PSYCHOTIC FEATURES. Each of these is a possible additional diagnosis. However, the *PARANOID PERSONALITY DISORDER* must be present prior to any additional diagnosis.

PERSONALITY CHANGE DUE TO MEDICAL CONDITION. This is a possible additional diagnosis. However, the *PARANOID PERSONALITY DISORDER* must be present prior to the additional diagnosis.

CHRONIC SUBSTANCE ABUSE. This is a possible additional diagnosis. However, the *PARANOID PERSONALITY DISORDER* must be present prior to the additional diagnosis.

SCHIZOTYPAL PERSONALITY DISORDER. The difference between *PARANOID PERSONALITY DISORDER* and *SCHIZOTYPAL PERSONALITY DISORDER* is that *SCHIZOTYPAL PERSONALITY DISORDER* includes magical thinking, unusual perceptual experiences, odd thinking and speech while *PARANOID PERSONALITY DISORDER* does not.

SCHIZOID PERSONALITY DISORDER. The difference between *PARANOID PERSONALITY DISORDER* and *SCHIZOID PERSONALITY DISORDER* is that there is no prominent paranoia with *SCHIZOID PERSONALITY DISORDER* while there is with *SCHIZOTYPAL PERSONALITY DISORDER*.

COMMONLY ASSOCIATED AXIS I DISORDERS

There are a number of *DSM-IV Axis I Disorders* that are commonly associated with the *PARANOID PERSONALITY TYPE*. The therapist should be aware of each of these *Axis I Disorders* and screen for them, if such screening seems appropriate.

BRIEF PSYCHOTIC REACTION. A *Brief Psychotic Reaction* may be the result of distrust, suspicion, and the interpretation of the motives of others as malevolent. This might especially be true if the individual with a *PARANOID PERSONALITY TYPE* is able to “justify” the psychotic ideations.

DELUSIONAL DISORDER. *Delusional Disorder* is associated with nonbizarre delusions involving situations that could potentially occur in real life. These include the feeling that one is *being followed, poisoned, infected by disease, or deceived* by a significant person. This follows course with the *pervasive distrust* associated with the *PARANOID PERSONALITY TYPE*.

SCHIZOPHRENIA. *Delusional Disorder* is a potential *Axis I Disorder* associated with the *PARANOID PERSONALITY TYPE*. *Schizophrenia* is similar to *Delusional Disorder* except that the delusions are bizarre rather than nonbizarre. Furthermore, *Schizophrenia* contains the possibility of *hallucinations, disorganized speech, and catatonic behavior*. This is probably associated with *pervasive distrust* and *suspiciousness*.

MAJOR DEPRESSIVE EPISODE. Since the *PARANOID PERSONALITY TYPE* is suspicious of others, their suspicion may end up isolating them from social contacts. This extreme isolation may result in a *Major Depressive Episode*.

AGORAPHOBIA. The general paranoia associated with this disorder may lead the individual to being unable to leave their residence. This would be a fear-based response to their generally suspicious personality.

OBSESSIVE-COMPULSIVE DISORDER. To avoid the intrusion of paranoia, this individual may resort to compulsive behaviors as a mechanism to resolve their obsessive thoughts of suspicion.

SUBSTANCE ABUSE (AND OTHER ADDICTIVE DISORDERS). Substances may be used as a means of stifling the constant pressures and anxieties associated with the over-vigilance of the paranoid individual.

THE PARANOID PERSONALITY CONTINUUM

All personality flows on a continuum from order to disorder – from function to dysfunction. Internal and external stressing events are the “triggers” that motivate a personality that is functioning in an orderly fashion to move toward disorder. Since each personality is different, not all stressing events hold the same impacting “value” for each person. A stressor that might cause significant personality disruption in one person might not effect another at all.

Each clinically recognizable *Personality Disorder* has its corresponding *Personality Style*. The goal of the therapist should be to move a disordered personality from a state of disorder to a state of homeostasis – the corresponding *Personality Style*.

According to Sperry,³ the optimally functioning *PARANOID PERSONALITY STYLE* contains six elements. Correspondingly, there are six elements that indicate the breakdown of each of those six optimally functioning elements. As an individual “trades off” each of the optimally functioning elements for a maladaptation, they are moving closer to a clinical assessment of full *PARANOID PERSONALITY DISORDER*. The effort, therefore, must be to establish and maintain the optimally functioning elements of the *PARANOID PERSONALITY STYLE* without allowing for diminution toward more maladaptive traits.

³ Sperry, Len, M.D., Ph.D. *HANDBOOK OF DIAGNOSIS AND TREATMENT OF DSM-IV-TR PERSONALITY DISORDERS* (Second Edition). Brunner-Routledge. New York, NY. 2003. P. 199.

Sperry's continuum includes the following six elements:

Optimal Functioning	Maladaptation
<ul style="list-style-type: none"> • This individual is self-assured and confident in their ability to make decisions. • This individual is a good listener, and is aware of subtlety, tone, and multiple levels of meaning. • This individual is able to take criticism seriously without becoming intimidated. • This individual places a high premium on loyalty, fidelity, working hard to earn and maintain loyalty. • This person is careful in dealings with other people, preferring to size up individuals before entering into a relationship. • This person is assertive and can defend themselves without losing control and becoming aggressive. 	<ul style="list-style-type: none"> • This person is reluctant to confide in others because of unwarranted fear that the information will be used against them. • This person reads hidden meanings or threats into benign remarks or events. • This person bears grudges or are unforgiving of insults or slights. • This person questions, without justification, the fidelity of their spouse or sexual partner. • This person expects, without sufficient basis, to be exploited or harmed by others. • This person is easily slighted and quick to react with anger or to counterattack.

THE PARANOID STYLE UNDER STRESS

The following behaviors will likely manifest when an individual with a *PARANOID PERSONALITY TYPE* faces a triggering event. In the case of the *PARANOID PERSONALITY TYPE*, triggering events will be those events that involve mandated close interpersonal relationships or events that cause significant personal queries.

- Extreme aversion to interpersonal communication and interaction.
- Self fulfilling behaviors that reinforce the client's belief that others are malevolent toward them.
- Extreme erosion of self-image.
- Substantial mistrust and distrust of others.
- Quick to react to perceived attacks from others. This may include substantial anger or counterattack from the individual.
- Unforgiving and often bears grudges.
- May read hidden meanings into common events.
- Potential disruption of the individual's ability to maintain relationships including work relationships and marital relationships.

- Potential development of *Schizophrenia*, especially paranoid or catatonic types.

DISORDER ETIOLOGY AND TRIGGERS

Etiology is the study of causes and origins for a malady. The list of etiological causes and origins for this personality type have been compiled from accepted psychological research. Each personality type also has a number of triggers that will likely be associated with movement from optimal functioning toward maladaptation. While this list of triggers is not all-inclusive, this list does contain the most commonly accepted reasons that trigger a maladaptive episode in an individual with a *PARANOID PERSONALITY TYPE*.

PSYCHOSOCIAL ETIOLOGY FOR THE PARANOID PERSONALITY TYPE

The formulation of personality (and, consequently, the potential for disorder) occurs during child development. No parent and no family environment is perfect. Thus, the imperfections of that home environment will lead to the development of some personality “skew.” That skew is called a personality style.

In cases where the home environment was significantly maladaptive, traumatic, or damaging to the psyche of the child, the potential for development of a full-blown personality disorder increases with the onset of early adulthood.

The following list contains likely issues that arose during childhood that precipitated the formulation of the *PARANOID PERSONALITY TYPE*. Many of these issues will not be cognitively accessible to the client and there is a likelihood that many of these issues will be denied by the client. In spite of client denial (which is very common) these are the most commonly accepted reasons for the development of the *PARANOID PERSONALITY TYPE*.

The therapist must recognize the difference between an optimally functioning personality style and a personality that is moving (or has moved) toward disorder. The personality that is not in a state of disorder but skews toward the personality style may contain a few of the events from this list, some items may be repressed, or less severe family behaviors that follow the same “theme” may have existed (but not necessarily with the same intensity).

The therapist should not “automatically” assume that each of these items was a reality in the person’s home of origin. This list should be used for investigation and exploration in order that the therapist might understand the dynamics of the home of origin.

- Family atmosphere charged with criticism, blame, hostility, and harshness. Hurts in the home were seldom forgotten. Grudges were long-lasting.
- Parental over valuation of the child. Over indulgence of the child by the parent. This develops an air of superiority in the child at an early age. This seems to disrupt or even destroy interpersonal abilities since the individual learns that they cannot relate to others as peers.
- Exclusivity and specialness. The child is told that they (or even the whole family) is special. This results in the focus on the inferiority of others. It also develops the suspicion that others are against them. It is from this basis that mechanisms like *projection* develop. “Special” people don’t have problems. They *project* them onto other people.

- Punishment for softer emotions. In this home, softer emotions were prohibited. Negative assessments would be made for anyone who exhibited the “forbidden” emotions. Special people don’t cry.
- Trained to fear. Fear was invoked from the outside world. This home typically taught the child not to trust. The paranoid child identifies with the hypercritical parent.
- Potential abuse. While all types of abuse are possible, there is a significant possibility of physical abuse – especially abuse that would have been sadistic and cruel (e.g. locking a child in a closet or basement). The physical abuses/punishments may have been for relatively trivial issues like the display of certain emotions.
- Family behavior patterns to investigate at the disorder level include a sadistic, degrading and controlling parent; harshness and cruelty; hostility that occurred without alcohol or drug influence; “righteous” indignation on the part of the parent; forced loyalty to the family; physical abuse; lack of comfort even for child’s injuries; rejection of emotions that lead to vulnerability; possible punishment for emotions that lead to vulnerability;⁴ comparisons by a parent between the child and one of the other siblings; siblings were preferred by the parent; and, open discussion of the “bad aspects” of the child while the child was present as if the child was not present.⁵

[The above list does not contain biochemical considerations associated with the etiology of the *PARANOID PERSONALITY TYPE*. The therapist should understand that there may be biochemical issues associated with this disorder. Those issues are best addressed by a medical doctor or a Psychiatrist.]

DISORDER TRIGGERS

The following list contains the most common triggers that precipitate a crisis event or a full disorder in someone with a *PARANOID PERSONALITY STYLE*.

Close Interpersonal Relationships. Since the *PARANOID PERSONALITY TYPE* exhibits a pervasive distrust and suspiciousness of others interpreting their motives as malevolent, any significant prospect for a close interpersonal relationship could bring about a crisis event in this individual. This prospect is greatly increased when the demand for a close interpersonal relationship is mandated by circumstances out of the individual’s control.

Personal Queries. When an individual with a *PARANOID PERSONALITY TYPE* faces a life situation that brings about a significant personal query, there is a possibility that the personal query can precipitate a crisis event. This is especially true if the query is

⁴ The rejection of and punishment for emotions such as sadness, fear, and others that make an individual vulnerable cause serious and potentially insurmountable barriers to the development of intimacy in the future. In some cases, the punishment for displaying emotions of vulnerability may have been physical. In other cases, however, the punishment may have been with hostile emotions.

⁵ Some of these family behavior patterns are indicated with a full disorder. In the case of a stable and optimally functioning personality style, the therapist may not locate these family behavior patterns, the behaviors may be repressed, only a few behaviors may exist, or less severe family behaviors that follow the same “theme” may be indicated.

associated with other individuals or if the query involves significant involvement with their external environment.

TREATMENT COURSE FOR PARANOID PERSONALITY ISSUES

The following is a summary of treatment objectives when a therapist is dealing with a *PARANOID PERSONALITY TYPE*. As is the case with any client engagement, when the therapist feels that they are not capable of dealing with a specific case, the case should be referred to another therapist. Also, in the event that a therapist takes on a specific case and after an appropriate time period does not see progress, the case should be referred.

POTENTIAL MALADAPTIVE DEFENSE MECHANISMS

While it is possible for any individual in crisis to use any of the maladaptive defense mechanisms, there are those maladaptive defense mechanisms that certain personality styles “favor” over others. The therapist should thoroughly research all defense mechanisms that the client is using. They should especially explore those indicated below.

There are six major defense mechanisms that are commonly used by individuals with the *PARANOID PERSONALITY TYPE*. Four of those involve some type of image distortion and may indicate a significant problem leading toward psychosis (and defense mechanism above Level #2).

Displacement. The client transfers a feeling about, or response to, one object onto another (usually less threatening) substitute object. For example, a person angry with their spouse decides to displace their anger. Rather than confronting their anger with their spouse, they yell at the dog. [Level #2 – Mental Inhibitions Level]

Reaction Formation. The client substitutes their “real” behaviors, thoughts, and/or feelings with behaviors, thoughts, and/or feelings that are not from their reality. This is usually done out of fear of loss of social acceptability. Example: Someone with “secret” homosexual desires openly espouses hatred toward homosexuality. [Level #2 – Mental Inhibitions Level]

Projection. The client falsely attributes their own unacceptable feelings, impulses, or thoughts onto another person without justification. This is usually a guilt-based reaction to their own perceived negative aspects. Rather than deal with those aspects in themselves, they *project* them onto someone for purposes of judgment. [Level #4 – Disavowal Level]

Denial. The client refuses to acknowledge some painful aspect of external relative or subjective experience that is apparent to others. An example is the man whose wife has died. Rather than deal with the reality of her death, he refuses to acknowledge it and continually states that his wife cannot be dead. [Level #4 – Disavowal Level]

Rationalization. The client uses elaborate and incorrect but reassuring, coherent, self-assuring explanations or whole narratives to conceal the true motivations of their thoughts,

actions, or emotions. Their tactics are used to avoid emotional conflict or to cope with internal or external stressors. [Level #4 – Disavowal Level]

Projective Identification. The client engages in *projection* upon another person. Eventually, the *projection* that was placed upon the other person is fulfilled. Example: A person says that someone hates them (when it isn't true). Eventually, because the *projection* continues, the individual does indeed develop hatred toward the one *projecting* the hatred. They have now caused *identification* with the *projection*. [Level #5 – Major Image Distortion Level]

THE TREATMENT PROCESS

Prior to Therapeutic Intervention

The first course in treatment for the *PARANOID PERSONALITY TYPE* is to get a broader conceptualization of the individual. In cases of significant personality dysfunction or maladaptation, there are undoubtedly family structure and home of origin issues that are important. Thus, the *Foundations Assessment* is a vital tool for the therapist to administer prior to actual therapeutic intervention. The client's current levels of anxiety and depression are also important. Therefore, either *QuikTest* or the *Personal Crisis Inventory* should be administered. The *Addictions and Dependency Scale* may also be an important tool since it will reveal a broad range of both addictions and codependent behaviors.

The therapist should begin by reviewing all Assessment results. That includes review of other elevated personality styles included in this report. In all likelihood, the therapist will find that more than one personality type will be elevated above the 50% threshold. This is not abnormal.⁶ Each personality type that is elevated should be analyzed and cross-correlated. The therapist should look for common elements among all of the elevated personality types. Those elements that are common to all personality type elevations will likely be significant issues for the client.

Objectives of Therapy

During the initial interview phase of therapy the therapist must determine the reason that the client has been presented to therapy. Current home issues should also be discussed. The potential for *Axis I Disorders* should be considered during the interview. Finally, prior to the actual treatment phase of therapy, the therapist should conduct an investigation of the client's home of origin. This information should be gathered in hopes of correlating the results of the *Foundations Assessment* and the personality type elevations.

The therapist must understand the basic assumptions of the individual with the *PARANOID PERSONALITY TYPE*. This list should give the therapist a basic review of the individual's assumptions.

⁶ If an individual displays four or more elevated personality styles, this may present a problem. The therapist should understand that the more personality styles the individual displays, the more the personality tends to become disassociated from a unified and consistent core. A personality that contains more than three personality types will likely score on the *DSM Personality Cluster* score in the *MARET COUNSELING AND ASSESSMENT PERSONALITY STYLE ANALYSIS*. The therapist should carefully examine those results.

- The client exhibits a general mistrust of others. They believe that others will abuse, humiliate, cheat, lie, manipulate, or take advantage of them.
- The client has a basic belief that they are defective, bad, unwanted or inferior to others.
- Paranoid individuals may live reasonably productive lives and there is a distinct possibility that they will marry another paranoid individual.
- The core of their understanding is centered around shame and humiliation.
- They have an inner sense of weakness, defectiveness, vulnerability and powerlessness.
- The client will “create” experiences that seem to confirm their assumptions about the malevolent character of the actions of others. This will be done by the way they treat other people. This will create a self-perpetuating cycle. Their beliefs will be self-fulfilling.
- Paranoid individuals are often racially or ethnically prejudiced individuals. They may group together everyone from a specific race, ethnic group, or social class and paint everyone in that group with the same brush. They may make prejudgments on individuals based on their color or other social orientation. They may exhibit significant distrust of the group as a whole. On occasion, they will note that a few individuals from the selected group don’t “fit the mold” of their class.

There are a number of clear objectives when a therapist is dealing with an individual who has a *PARANOID PERSONALITY TYPE*. These general principles must be understood by the therapist in order for therapy to be effective.

- The client initially will not be able to relax during the interview. The therapist should be aware of this and should accept it without making comments to the client.
- Although they can easily confront others, they cannot tolerate being confronted themselves. The therapist should avoid confrontation of the client.
- Therapeutic abruptness may be viewed by the client as an attempt to trap them.
- Treatment requires empathy, patience, and sensitivity.
- Therapy should be conducted at a slow pace (especially in the initial phase). There should be limited and long-term goals. The therapist should be sensitive to the vulnerabilities of the client.
- If there is to be any progress at all, the therapist must develop an atmosphere of trust with the client.
- At all cost, the therapist must avoid defensiveness. The therapist must avoid challenging the client regarding their paranoid perceptions – even if those perceptions are viewed as completely illogical to the therapist.
- The therapist must respect the client’s fragile and threatened sense of reality.
- When the client experiences a crisis, the potential of productive treatment increases.
- The therapist should understand that the initial phase of treatment can be exceedingly stressful for the client because of the fear of self-disclosure, issues

related to trusting, and acknowledging their own weaknesses. This prospect is extremely dangerous for them.

- The therapist should give the client more than usual control over scheduling appointments and the context of sessions.
- The therapist should acknowledge and accept the difficulty that the client has with trusting the therapist. No comment should be made regarding this issue.
- The first treatment goal should be to decrease sensitivity to criticism and modify the individual's social behavior.
- The therapist must understand that the client assumes that others are likely to prove themselves to be malevolent and deceptive. The client will actually work to make those behaviors happen through their own social interactions.

When dealing with an individual with the *PARANOID PERSONALITY TYPE* the therapist must understand that the treatment process is a two-phase process. The initial phase of therapy should include the following components:

- The therapist must understand that the individual with a *PARANOID PERSONALITY TYPE* engages in self-fulfilling behaviors. The client will provoke others to fulfill their beliefs regarding malevolent intentions of others. The therapist must accept this in the beginning.
- Sometimes it is beneficial for the therapist to deal with depressive symptomology (if it exists) as a primary means of initially confronting the client.
- The initial effort of the therapist must be to increase the self-confidence of the client. This can be done by reassurance and initial efforts to modify interpersonal behaviors.
- The therapist should endeavor to receive feedback from the client in a non-defensive manner and should use it constructively and in a non-condemning manner.
- The therapist should create an on-going record of client dysfunctional thinking and reasoning for use in later therapy. This record should include interactions that the client relates to the therapist even if the therapist doesn't initially use that information in session. The therapist can use this information for future construction of role playing examples for the client at more advanced stages of therapy.
- The therapist should increase the client's conviction that they can learn to deal with problems that arise.
- The therapist should carefully begin to modify the basic assumptions of the client regarding the malevolent intentions of others.
- The therapist must carefully help the client evaluate the perceived threats of others.
- The therapist should carefully discuss the actions of other people that the client perceives as threatening or malevolent. Other perceptual options should be given to the client.
- The therapist should help the client relax regarding their vigilant focus on the behaviors of other people. They should help the client to begin treating other people differently with a reduced amount of aggression. This is an initial effort to reduce the self-fulfilling nature of the paranoid's interaction with others.

Once the therapist has gained the confidence of the client and has seen some progress, the therapist will want to employ some or all of the tactics below as more advanced therapeutic techniques.

- The therapist must teach the client to anticipate the impact of their actions. Although it might not be a good idea to overtly describe to the client how their personality type functions, the therapist can creatively instruct the client about treating people in ways that are different than the means that they would normally use. The therapist may wish to say, “Rather than saying (or doing) this, why don’t you try this instead...”
- When a negative social situation occurs, the therapist should help the individual take an inventory of the whole situation. This should include an assessment of the situation, analysis of the client’s actions regarding the situation, and evaluation of the outcome. Alternative actions and behaviors should be considered.
- The therapist should engage in assertive (not aggressive) communication exercises with the client. These should be role played exercises that illustrate both paranoid reactions and non-paranoid reactions.
- The therapist should help the client interpret social information more accurately.
- The therapist should help the client understand that some people do indeed have malevolent intentions. That fact does not preclude the fact that many people do not have malevolent intentions. The therapist should help the client understand the difference in real life situations that the client encounters during the week.
- As the client progresses in therapy, the therapist should help the client employ the newly-learned techniques in real life situations. Evaluation should be a significant component in this process.
- The therapist should select real life problems (maybe from the dysfunction report compiled throughout therapy) and help the client think through all options that could be used to deal with the problem. This will enhance the client’s ability to employ those skills in real life situations.
- The therapist should persuade the client to think through situations before acting. They should think through all potential responses prior to acting when the client is handling interpersonal conflicts.

Dangers of the Therapeutic Process

There are two significant obstacles or dangers associated with the therapeutic process for the *PARANOID PERSONALITY TYPE*. Those include the following:

- Potential for degeneration into *Schizophrenia*, especially catatonic and paranoid types. This usually occurs with decomposition of defense mechanisms.
- If, during the course of therapy, the client experiences a significant event that “disproves” the attempts of the therapist to lessen their paranoia regarding the malevolent nature of others, this event may cause the client to exit therapy prematurely. That event may solidify their paranoid ideations.

Successful Completion of Treatment

Termination of treatment of the *PARANOID PERSONALITY TYPE* is indicated when the therapist has moved the individual substantially or completely to the optimal functioning side of the personality structure.

This is indicated by the substantial reduction in the individual's mistrust of the intention of other people. The client must learn that the largest number of people do not intend to abuse, humiliate, cheat, lie, manipulate or take advantage of them.

The client must also understand that they are not essentially defective, bad, unwanted or inferior.

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