

Paranoia

Ayd (1995) defines paranoia as a term employed by Kraepelin to describe, "...a group of patients with extensive delusional systems associated with suspiciousness and the belief that one is unfairly treated, harassed, and persecuted. Pervasive distrust underlies paranoid phenomenon."

Ayd, F. J., (1995). "Lexicon of Psychiatry, Neurology, and the Neurosciences". Baltimore: Williams & Wilkins.

Fenigstein and Venable (1992) identified public self-consciousness as a general factor consistently and significantly correlated with a heightened sense of being observed.

Fenigstein, A., & Venable, P. A., (1992). "Paranoia and self-consciousness". *Journal of Personal and Social Psychology* 62 (1): 129-138.

MMPI Scale 6 (Pa) items reflect sensitivity to the presence of others, self-righteousness, and a suspicious nature (Greene, 1991, p. 159).

Greene, R. L., (2000). *The MMPI-2 /MMPI: An Interpretive Manual* (2nd ed.). Boston: Allyn and Bacon.

The authors of Scale 6 (Pa) did not specify the parameters of the individuals included in the Paranoia group (Hathaway, 1980, pp. 65-75).

Hathaway, S. R., (1980). "Scale 5 (Masculinity-Femininity), 6 (Paranoia), and 8 (Schizophrenia)". In G.S. Welsh and G. W. Dahlstrom (Eds.), *Basic readings On the MMPI: A new selection on personality measurement*. Minneapolis: University of Minnesota Press.

Wiener and Harmon (1948) point out the fact that only seven of the items making up Scale 6 (Pa) are unique to this scale. The remaining items are contained in other scales. It is difficult to know from only seven items how Paranoia Scale specifies such a complex condition as paranoia.

Wiener, D. N., (1948). "Subtle and obvious keys for the MMPI". *Journal of Consulting Psychology* 12, 164-170.

Nichols and Greene (1995) view Scale 6 (Pa) as, "...the most general measure of projection and is sensitive to both implicit and explicit operations to place or locate motives, responsibility, and other, especially undesirable attributes outside the self." (p. 36). This occurs without the presence of collaborative evidence involved in forming a conclusion.

Nichols, D. S., & Greene, R. L., (1995). "MMPI-2 structural summary: Interpretive manual". Odessa, FL: Psychological Assessment Resources.

Romney (1987) thinks the paranoid process is insidious, growing slowly into its final forms. A sequence of stages evolves, beginning with a hostile attitude and culminating in delusions of influence. The intensity of the paranoia process defines the end diagnosis, i.e., paranoia, paranoid personality, and paranoid schizophrenia.

Romney, D. M., (1987). "A simplex model of the paranoid process: Implications for diagnosis and prognosis". *Acta Psychiatrica Scandinavica* 75 (6): 651-655.

The empirical foundation for Scale 6 is weak. Researchers have found Paranoid states over the entire range of scores on Scale 6 (Pa). Low, medium, and high elevations have at one time or another indicated the presence of paranoia. The clinician alone must make the determination of the presence or absence of paranoia based upon information other than that provided by MMPI itself (Greene, 2000).

Greene, R. L., (2000). *The MMPI-2/MMPI: An Interpretive Manual* (2nd ed.). Boston: Allyn and Bacon.

Duckworth and Anderson (1995) is of the opinion that Scale 6 (Pa) measures sensitivity to the behavior and opinions of others, the possibility that suspiciousness is present, and the unshakable conviction that others plan to harm them. (p. 213).

Duckworth, J. C., & Anderson, W. P., (1995). "MMPI & MMPI-2: Interpretive manual for counselors and clinicians". 4th ed. Bristol, PA: Accelerated Development.

Duckworth and Anderson (1995) say paranoid individuals are difficult to work with. They are confrontational. They question the credentials of any person who appears to be a person in authority. They feel they have the right to make judgments of others' behavior and character based upon their own idiosyncratic ideas of right and wrong.

They believe they are always in the right. Added to this is a burning desire to know what is really going on around them. They question everything. Their thinking is precise, sharp, and penetrating. They see features in situations that remain overlooked by other people. They see more deeply into the world and its workings than most (Kunze & Anderson, 1984).

Kunze, J., & Anderson, W., (1984). "Perspectives on the MMPI in non-psychiatric settings" In: P. McReynolds & G.J. Chelune (Eds.) "Advances in psychological assessment". San Francisco: Jossey-Bass.

Scale 6 (Pa) scores may reflect a fear of physical attack. They anticipate being on the receiving end of severe and unfair judgments (Caldwell, 1985).

Caldwell, A., (1985). "MMPI clinical interpretation". Los Angeles: Advanced Psychological Studies Institute.

Hovey and Lewis, (1967) think Scale 6 (Pa) reflect long-standing resentment towards relatives, exceptional sensitivity to the opinions held about themselves by others, a touchy nature, and the willingness to blame others for their problems.

Hovey, H., & Lewis, E., (1967). "Semi-automated interpretation of the MMPI". *Journal of Clinical Psychology* 23, 123-124.

Carson (1969) views paranoid individuals as registering and remembering any hint of criticism of their person. All rejections, slights, and snubs are stored in perpetuity. They will seek vengeance at an appropriate time and place in the future at the offended parties choosing. They have histories of throwing monkey wrenches into employers' business operations in order to get even with perceived slights and injustices. Going 'postal' is a modern day phenomenon. This is a tragic and exceptionally dangerous phenomenon, to say the least. They do not expose information about themselves. They are tight lipped. They are guarded. They defend themselves against any possible threat. They do not open up in treatment. They distrust therapists. This writer (Wallace) had a colleague shot by a paranoid character many years ago.

Carson, R., (1969). "Interpretive manual to the MMPI". In J. Butcher (Ed.) *MMPI: Research developments and clinical applications* (pp. 279-296). New York: McGraw-Hill.

Lewak, (1993) reports a case of a police officer that gave a within normal limits MMPI profile with an exceptionally low Scale 6 (Pa) score. This man has now served many years in prison. Extremely low Scale 6 scores are usually associated with a presumed paranoid condition.

Lewak, R., (1993). "Low scores on Scale 6: A case history". Paper presented at the annual convention of the Society of Personality Assessment, San Francisco.

Medical conditions can lead to paranoid presentations. The classic picture of an acute paranoid illness virtually indistinguishable from paranoid schizophrenia is particularly common after an injection of methyl- amphetamine (Lishman, 1998, p. 617).

Cocaine psychosis represents an end on the progression to extreme paranoia, which begins with suspiciousness, ideas of reference, and verbal hallucinations (Lishman, 1998, p. 619).

General paresis, associated with syphilitic disease, may eventuate in paranoid delusions (Lishman, 1998, p. 341).

Migraine sufferers report complex visual and auditory hallucinations with a distinct paranoid component. A paranoid psychosis may result from an acute exacerbation of a migraine attack (Lishman, 1998, p. 405-406).

Lishman, W. A., (1998). "Organic Psychiatry. The psychological consequences of cerebral disorder". 3rd ed. Malden, MA: Blackwell Science, Inc.

Toxic cannabis psychosis occurred in a group of 100 black South Africans, wherein one fourth of the cases were diagnosed with paranoia. (Solomons, et al., 1990, pp. 476-481).

Solomon, K., Neppe, V. M., & Kuyl, J. M., (1990). Toxic cannabis psychosis is a valid entity. *South African Medical Journal* 20; 78 (8): 476-481.

Mendez, et al., (1990) reported the results of a retrospective chart review with 217 patients diagnosed with Alzheimer's disease wherein 35 percent of the cases presented with suspiciousness and paranoia.

Mendez, M. F., Martin, R. J., Smyth, K. A., & Whitehouse, P.J., (1990). Psychiatric symptoms associated with Alzheimer's disease. *Journal of Neuropsychiatry & Clinical Neuroscience* 2(1): 28-33.

Maier (1994) wrote that Paranoid Personality Disorders occur much more frequently in relatives with histories of major depression than in control subjects.

Maier, W., Lichermann, D., Minges, J., & Heun, R., (1994). Personality Disorders among the relatives of schizophrenia patients. *Schizophrenia Bulletin*, 20(3): 481-493.

The DSM-IV-TR (2000) defines the Paranoid Personality Disorder as a pervasive distrust of others such that their motives are malevolent, beginning by early adulthood and present in a variety of settings. [The estimated base rate for the general population is 0.5 to 2.5 percent]. Individuals with this disorder believe other people will exploit, harm, or deceive them even though there is no evidence upon which to base such judgments. They expect others will plot against them and attack them from ambush. They are convinced others have irreparably damaged them. They doubt the trustworthiness and loyalty of family members, friends, and co-workers. They scan and survey in excruciating detail any hint of hostile intentions of the people around them. Their limited perspectives and narrow understanding of people in general facilitates their erroneous justifications of disloyalty. They do not let others get close to them. They do not share personal information. They fear attack if a personal weak spot is revealed. They read hidden meanings into benign remarks, which they see as reflecting threat or demeaning attitudes towards them. They bear grudges. They do not forgive other people mistakes or insults. Hostile feelings are their hallmark. They are always on their guard. They can be extremely jealous. They

accuse partners and spouses of being unfaithful. They are control freaks. They insist on a complete accounting of their whereabouts, activities, and associates.

The DSM-IV-TR (2000) notes the essential feature of the Paranoid Type of Schizophrenia is the presence of prominent delusions or auditory hallucinations in the context of a relative sparing of cognitive functioning and affect. Delusions are typically persecutory or grandiose, and can include both. Delusions with other themes (e.g., jealousy, religiosity, or Somatization) may also occur. The delusions may be multiple and organized around coherent themes. Hallucinations relate to the content of the delusional themes. Associated features include anxiety, anger, aloofness, and argumentativeness. Extreme intensity in interpersonal relations is prominent. Grandiose delusions with anger predispose the individual to violence. These individuals may be post office employees. They evidence little or no impairment on neuropsychological or cognitive testing.

Scale 6 (Pa)

Scale 6 (Pa) has 40 items in both the MMPI and MMPI-2. Twenty-five of the items are scored in the true direction. Fifteen items are scored in the false direction. An “all true” response set will elevate the Scale 6 (Pa) profile. Item overlap is: **L (0), F (9), K (2), 1 (4), 2 (10), 3 (8), 4 (10), 5 (2), 7 (4), 8 (13), 9 (6), Sie (5)**. Test-retest correlations range from .61 to .71 for an interval of 1 to 2 days for psychiatric patients and between 0.59 to 0.65 for an interval of one year for psychiatric patients (Dahlstrom et al. 1975). Butcher et al. (1989) reported similar test-retest correlations for the MMPI-2 norm group.

Dahlstrom, W. G., Welsh, G. S., & Dahlstrom, L. E., (1975). “An MMPI Handbook: Vol. II. Research applications (Rev. ed.)”. Minneapolis: University of Minnesota Press.

Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B., (1989). Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring. Minneapolis: University of Minnesota Press.

