



# paranoia

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## Paranoia

### Definition

Paranoia is an unfounded or exaggerated distrust of others, sometimes reaching delusional proportions. Paranoid individuals constantly suspect the motives of those around them, and believe that certain individuals, or people in general, are "out to get them."

### Description

Paranoid perceptions and behavior may appear as features of a number of mental illnesses, including depression and [dementia](#), but are most prominent in three types of psychological disorders: paranoid schizophrenia, delusional disorder (persecutory type), and paranoid personality disorder (PPD). Individuals with paranoid [schizophrenia](#) and persecutory delusional disorder experience what is known as persecutory [delusions](#): an irrational, yet unshakable, belief that someone is plotting against them. Persecutory delusions in paranoid schizophrenia are bizarre, sometimes grandiose, and often accompanied by auditory [hallucinations](#). Delusions experienced by individuals with delusional disorder are more plausible than those experienced by paranoid schizophrenics; not bizarre, though still unjustified. Individuals with delusional disorder may seem offbeat or quirky rather than mentally ill, and, as such, may never seek treatment.

Persons with paranoid personality disorder tend to be self-centered, self-important, defensive, and emotionally distant. Their paranoia manifests itself in constant suspicions rather than full-blown delusions. The disorder often impedes social and personal relationships and career advancement. Some individuals with PPD are described as "litigious," as they are constantly initiating frivolous law suits. PPD is more common in men than in women, and typically begins in early adulthood.

### Causes and symptoms

The exact cause of paranoia is unknown. Potential causal factors may be genetics, neurological abnormalities, changes in brain chemistry, and stress. Paranoia is also a possible side effect of drug use and [abuse](#) (for example, alcohol, marijuana, amphetamines, [cocaine](#), PCP). Acute, or short term, paranoia may occur in some individuals overwhelmed by [stress](#).

The *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (*DSM-IV*), the diagnostic standard for mental health professionals in the United States, lists the following symptoms for paranoid personality disorder:

- suspicious; unfounded suspicions; believes others are plotting against him/her
- preoccupied with unsupported doubts about friends or associates
- reluctant to confide in others due to a fear that information may be used against him/her
- reads negative meanings into innocuous remarks
- bears grudges
- perceives attacks on his/her reputation that are not clear to others, and is quick to counterattack
- maintains unfounded suspicions regarding the fidelity of a spouse or significant other

## Diagnosis

Patients with paranoid symptoms should undergo a thorough physical examination and patient history to rule out possible organic causes (such as dementia) or environmental causes (such as extreme stress). If a psychological cause is suspected, a psychologist will conduct an interview with the patient and may administer one of several clinical inventories, or tests, to evaluate mental status.

## Treatment

Paranoia that is symptomatic of paranoid schizophrenia, delusional disorder, or paranoid personality disorder should be treated by a psychologist and/or psychiatrist. Antipsychotic medication such as thioridazine (Mellaril), haloperidol (Haldol), chlorpromazine (Thorazine), clozapine (Clozaril), or risperidone (Risperdal) may be prescribed, and cognitive therapy or psychotherapy may be employed to help the patient cope with their paranoia and/or persecutory delusions. Antipsychotic medication, however, is of uncertain benefit to individuals with paranoid personality disorder and may pose long-term risks.

If an underlying condition, such as depression or drug abuse, is found to be triggering the paranoia, an appropriate course of medication and/or psychosocial therapy is employed to treat the primary disorder.

## Prognosis

Because of the inherent mistrust felt by paranoid individuals, they often must be coerced into entering treatment. As unwilling participants, their recovery may be hampered by efforts to sabotage treatment (for example, not taking medication or not being forthcoming with a therapist), a lack of insight into their condition, or the belief that the therapist is plotting against them. Albeit with restricted lifestyles, some patients with PPD or persecutory delusional disorder continue to function in society without treatment.

## Key terms

**Persecutory delusion** — A fixed, false, and inflexible belief that others are engaging in a plot or plan to harm an individual.

## Resources

### Organizations

American Psychiatric Association. 1400 K Street NW, Washington, DC 20005. (888) 357-7924. <http://www.psych.org>.

American Psychological Association (APA). 750 First St. NE, Washington, DC 20002-4242. (202) 336-5700. <http://www.apa.org>.

National Alliance for the Mentally Ill (NAMI). Colonial Place Three, 2107 Wilson Blvd., Ste. 300, Arlington, VA 22201-3042. (800) 950-6264. <http://www.nami.org>.

National Institute of Mental Health. Mental Health Public Inquiries, 5600 Fishers Lane, Room 15C-05, Rockville, MD 20857. (888) 826-9438. <http://www.nimh.nih.gov>.

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## paranoia

[par"ah-noi'ah]

1. in current usage, a descriptive term limited to the characterization of behavior that is marked by well-systematized delusions of persecution, delusions of grandeur, or a combination of the two. adj., *adj* paranoi'ac or *adj* par'anoid. There are several disorders in which paranoia may occur; see [DELUSIONAL DISORDER](#), [SHARED PSYCHOTIC DISORDER](#), [PARANOID PERSONALITY DISORDER](#), and [SCHIZOPHRENIA](#) (paranoid type).

2. former name for what is now called [DELUSIONAL DISORDER](#).

Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition.

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## par·a·noi·a

(par'ă-noy'ă), *Avoid the jargonistic use of this word in the sense of "the condition of being paranoid".*

A severe but relatively rare mental disorder characterized by the presence of systematized delusions, often of a persecutory character involving being followed, poisoned, or harmed by other means, in an otherwise intact personality.

See also: [paranoid personality](#).

[G. derangement, madness, fr. para- + *noeō*, to think]

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## paranoia

/par·a·noi·a/ (par"ah-noi'ah)

1. behavior characterized by well-systematized delusions of grandeur or persecution or a combination.

2. former name for [delusional disorder](#). paranoi'acpar'anoid

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## paranoia

(pär'ə-noi'ə)

*n.*

Irrational distrust or suspicion of others, especially as occurring in people with psychiatric disorders such as paranoid personality disorder and schizophrenia: paranoia about neighbors stealing from his vegetable garden.

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## paranoia

[per'ənoi'ə]

Etymology: Gk, *para* + *nous*, mind

(in psychiatry) a condition characterized by an elaborate, overly suspicious system of thinking. It often includes delusions of persecution and grandeur usually centered on one major theme, such as a financial matter, a job situation, an unfaithful spouse, or another problem, such as being followed or monitored by the CIA, FBI, or outer space aliens; being the victim of computer tampering; or being poisoned. Also spelled *paranoea* [per'ənē'ə] . Compare [paranoid schizophrenia](#). *paranoiac*, *n.* Mosby's Medical Dictionary, 9th edition. © 2009, Elsevier.

## paranoia

Psychiatry

- (1) An evolving or fixed persecutory delusional state. The term paranoia is not used in DSM-IV; however, paranoid delusions are an integral component of the paranoid personality disorder and paranoid subtype of schizophrenia.
- (2) Paranoid personality disorder.
- (3) Delusional disorder.
- (4) An obsolete term for mental disorder.

Vox populi

A popular term for an insidious pattern of unfounded thoughts and fears, often based on misinterpretation of actual events; patients with paranoia may have highly developed delusions of persecution and/or of grandeur.

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## paranoia

Psychiatry

1. An evolving or fixed persecutory delusional state; the term paranoia is not used in DSM-IV; paranoid delusions are an integral component of the paranoid personality disorder and paranoid subtype of schizophrenia.

2. [Paranoid personality disorder](#), see there.

3. [Delusional disorder](#), see there Vox populi An insidious pattern of unfounded thoughts and fears, often based on misinterpretation of actual events; Pts with paranoia may have highly developed delusions of persecution and/or of grandeur.

McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.

## par·a·noi·a

(par'ă-noy'ă)

A disorder characterized by the presence of systematized delusions, often of a persecutory character involving being followed, poisoned, or harmed by other means, in an otherwise intact personality.

See also: [paranoid personality](#)

[G. derangement, madness, fr. *para-* + *noeō*, to think]

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## paranoia

A delusional state or system of [DELUSIONS](#), usually involving the conviction of persecution, in which intelligence and reasoning capacity, within the context of the delusional system, are unimpaired.

[HALLUCINATIONS](#) or other mental disturbances do not occur. Less commonly there may be delusions of grandeur, of the love of some notable person, of grounds for sexual jealousy or of bodily deformity, odour or parasitization. Many hypotheses have been advanced to explain paranoia, but the cause is unknown. Because the delusional state usually provides the subject with essential psychological sustenance, treatment is very difficult.

Collins Dictionary of Medicine © Robert M. Youngson 2004, 2005

## par·a·noi·a

(par'ă-noy'ă)

Severe but relatively rare mental disorder characterized by systematized delusions, often of a persecutory character involving being followed, or harmed by other means.

[G. derangement, madness, fr. *para-* + *noeō*, to think]

Medical Dictionary for the Dental Professions © Farlex 2012

## paranoia (per'ənoi'ə),

*n* 1. a psychosis characterized by delusions and hallucinations that are well systematized.

2. the irrational belief that one is the object of special persecution by others or by fate.

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## Patient discussion about paranoia

**Q. What is paranoia? Is it different from other psychosis disorders?** A friend of mine was diagnosed with schizophrenia. I read about it on the internet and I am not sure about the idea of

paranoia. Is it a kind of psychosis or is it a different symptom by its own? Can someone give an example of paranoid thinking VS normal thinking?

**A.** Methinks all these brain disorders have everything to do with a lack of copper. With all our modern technology and artificial fertilizers and processing of foods, the food has become so depleted of minerals that our bodies and brains have become so depleted that we cannot even function properly. Start taking kelp, calcium magnesium, cod liver oil, flax seed oil, and raw apple cider vinegar. This will bring healing and normal function to the brain and body systems. The emotions will calm down and be more manageable. If you are taking a vitamin with more manganese than copper it will add to the dysfunction. Don't waste your money. There you are! Some solutions rather than more rhetoric about the problem.

**Q. Is paranoia a side effect of ADHD?** My lovable daughter has ADHD and she is often getting paranoia easily. I have a doubt, is paranoia a side effect of ADHD? I am confused. I really need some help.

**A.** Paranoia, excessive anxiety, or chronic worrying is symptomatic for those afflicted with ADHD but the answer is not quite as simple as that.

For the most part males afflicted with attention deficit disorder syndrome usually tend to have it accompanied by the restlessness, impatience, associated with ADHD Attention Deficit HYPER Disorder, while for females it is usually manifested by ADD, Attention Deficit Disorder without the "H", the hyperactivity it is commonly thought to be.

You might want to refer to an ADD symptoms check list in determining whether or not your daughter meets the criteria for those afflicted with ADD. One of the first books on ADD/ADHD "Driven to Distraction" by Dr. Hallowell, available in paperback has a questionnaire of fifty questions in helping to determine the severity of ADD/ADHD in which one is afflicted with.

The difficulty in diagnosing ADD/ADHD symptoms is because of the vast, disparate wide-ranging spectrum of symptoms an