

# Features of Reflection of Persons With Paranoid Personality Disorder

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This article presents the results of an empirical study of the reflection features of individuals with paranoid personality disorder. The cognitive-emotive test (CAT) was used by Y. M. Orlova and S. N. Morozyuk (CAT). The study involved 43 respondents—men (23 people) and women (20 people) aged 20-50 years with paranoid personality disorder. All patients were in remission.

*Keywords:* reflection, protective reflection, sanogenic reflection, paranoia

Paranoid personality disorder is a personality disorder characterized by resentment, vindictiveness, excessive suspicion, and a tendency to perceive neutral actions of others as humiliating or threatening. At the same time, persistent delusions and hallucinations are absent. But it is possible to develop super-valuable ideas.

In the International Classification of Diseases, paranoid personality disorder is designated as F60.0—paranoid personality disorder (paranoid psychopathy, paranoid personality disorder, paranoid personality disorder).

Paranoid personality disorder occurs in childhood, the full clinical picture is usually formed after 20-25 years, and the symptoms persist throughout life. This disorder is more common in families of patients with schizophrenia, as well as in people who had to face significant communication limitations in childhood: the deaf, immigrants, representatives of national minorities, people who were ignored as punishment. Women suffer from this disorder less often than men.

From the point of view of physiological manifestations, paranoia is associated with a violation of metabolic processes in the brain. Neurochemical imbalance, coupled with an unfavorable psychological environment, becomes a powerful base for the development of the disease.

The exact causes of paranoid psychopathy have not yet been clarified. There are several theories explaining the development of this disorder. Proponents of the evolutionary theory argue that suspicion is a stable pattern of behavior that promotes survival and is inherent in all representatives of the animal world. In humans, this pattern

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of behavior is expressed in the concept of “survival of the fittest”. Excessive emphasis on this idea creates a picture of the world, rigidly divided into “black” and “white”, “our own” and “others” and in its extreme manifestation becomes the basis of paranoid personality disorder.

Followers of the hereditary theory point to a genetic predisposition to the development of the disorder. Studies of twins indicate that the paranoid organization of personality is equally pronounced in both brothers or sisters, but the mechanism of inheritance of paranoid traits has not yet been established. Psychoanalysts believe that paranoid personality disorder arises as a result of certain living conditions in early childhood. Experts note that this pathology is more often detected in people who were subjected to humiliation and physical punishment in childhood, and grew up in conditions of excessive demands. The reason for the development of paranoid psychopathy, according to the concept of psychoanalysts, is an undermined trust in parents, which eventually transforms into a lack of trust in the world as a whole.

According to the research of Russian psychologists, the primary picture of the world is formed in early childhood in the system of interpersonal relationships with adults significant to the child. It is in early childhood that the foundations of psychological well-being are laid as a result of meeting the basic needs of an emerging personality. We assume that the cause of paranoid personality disorder that occurs in childhood in schizophrenic families is rather not heredity, although this cannot be excluded, but psychological attitudes and those patterns of unhealthy behavior that they learn imprintedly due to the lack of formation of their consciousness, reflection, and critical thinking. Pathology may be sluggish and not manifest itself until a certain trigger is triggered. The aggravation is the result of constant scandals in the family, financial difficulties, the death of a loved one, harassment in the educational or work team.

Repetitive, obsessive negative thoughts, as a result of trauma, cause secondary emotional experiences that cause chronic stress that destroys not only health, but also cognitive functions (memory deteriorates, concentration is impaired, critical thinking decreases, and its prognostic function weakens).

It is as a result of frequently repeated unjustified expectations, projections, and obsessive stereotypical patterns of responding to traumatic situations, as well as excessive demands on oneself and others, that a philosophy of everyday life is formed with the help of thinking, on the basis of which a special picture of the world is formed, underlying the unfolding of paranoid disorder. There are only two colors in the color palette of emotions in this world—“black” and “white”.

In numerous studies carried out in line with the scientific school of Y. M. Orlov and S. N. Morozyuk, “Theory and practice of sanogenic thinking”, it is proved that the psychological well-being of a person is determined by the style of her thinking, the quality of reflection, the everyday philosophy that has developed under their influence (L. I. Adamyan, L. A. Kananchuk, M. S. Kozlovskaya, E. S. Kuznetsova, V. V. Lysenko, S. F. Marchukova, S. N. Morozyuk, N. V. Pavlyuchenkova, A. V. Rassokhin, L. A. Rudakov, T. O. Smoleva, Y. N. Krainova, Y. A. Totanov, et al.) (Adamyan, 2012; Durkheim, 1994; Krainova, 2010; S. N. Morozyuk, Y. V. Morozyuk, & Kuznetsova, 2023; Marchukova, 2005; Pavlyuchenkova, 2001; Rudakov, 2009).

Since our respondents were people with paranoid personality disorder, their reflection, as we believed, has its own specific characteristics, including gender.

The study was conducted in February-March 2023, which involved 43 respondents—men (23 people) and women (20 people) aged 20-50 years with paranoid personality disorder. All patients were in remission. 69% of

respondents have higher education, 11% have specialized secondary education, and 20% have incomplete higher education.

The empirical base of the study is the State Budgetary Healthcare Institution of the Moscow Region “Psychiatric Hospital No. 5” in Khotkovo, Moscow Region.

The results of the study were processed using the program “STATISTIKA 7.0” using the parametric statistical method of data processing for independent samples of the student’s *t*-criterion.

Figure 1 shows the results of a study of the protective reflection of people with paranoid disorder.

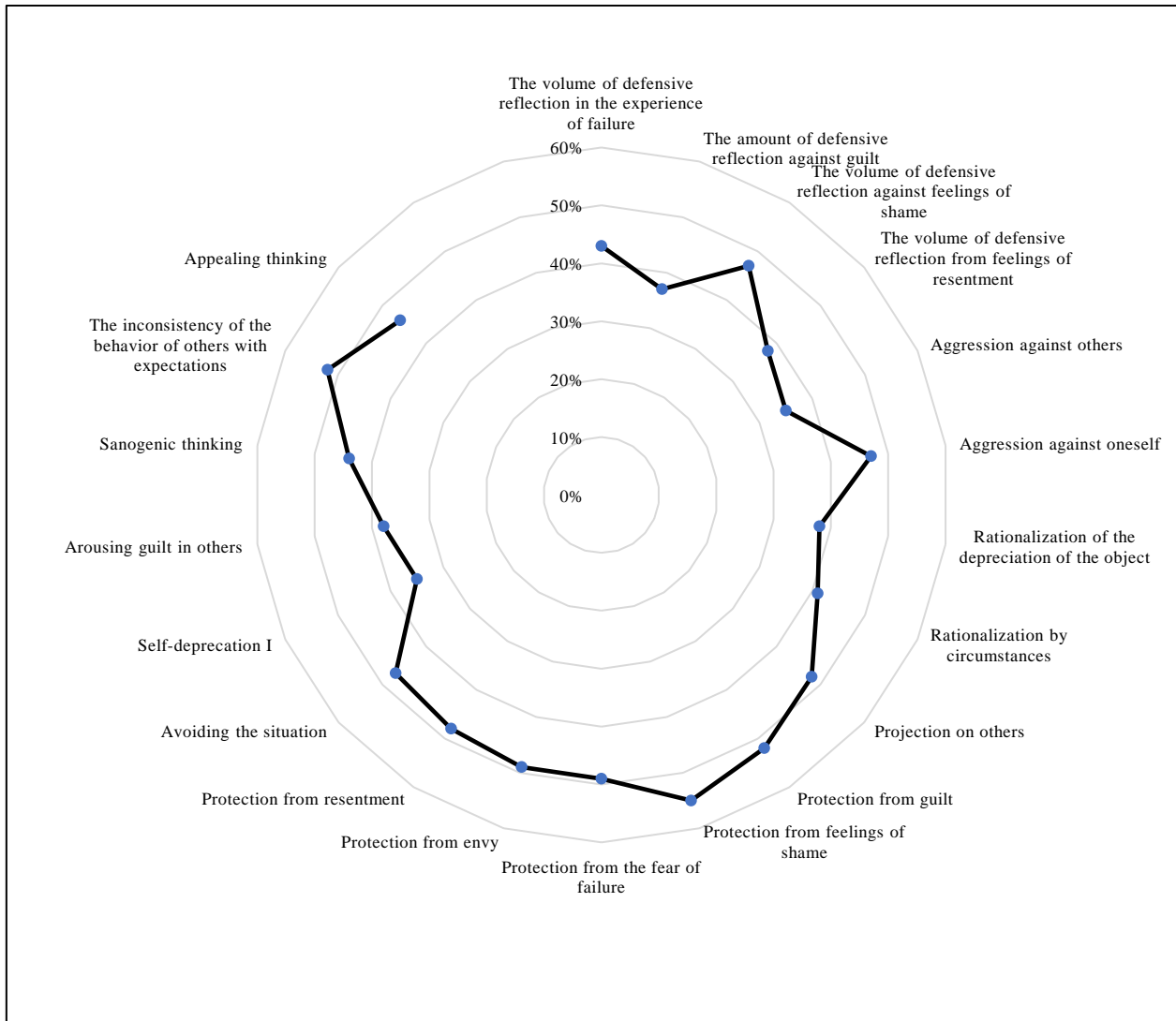


Figure 1. Profile of protective reflection of persons with paranoid disorder.

The data presented in the diagram demonstrate a peculiar profile of defensive reflection in individuals with paranoid personality disorder.

The largest amount of defensive reflection when experiencing a sense of shame (47%) is accompanied by psychological defenses against this painful feeling (55%). How does a person protect himself from these negative experiences? Our data indicate that a person mentally aggresses against himself (47%)—“It serves me right if I

am like that”, resorts to appealing thinking (46%)—“Lord, why don’t they understand me, reason with them”, and leaves a traumatic situation (47%)—“I won’t deal with them”. Our data show that the individual is actively protected from guilt (52%), envy (49%), and resentment (48%).

Perceiving the world through the prism of their own projections (50%), a person injures himself with unjustified expectations (52%). Then either mental aggression against oneself, or instrumental aggression against oneself and others, is realized in the form of leaving a situation in which there is no love, understanding, acceptance, warmth. Generalization of one’s experiences on the world as a whole contributes, through a chain of logical reasoning and incorrect conclusions, to its devaluation (40%).

It should be noted that the testing was carried out in the state of remission of the respondents. In a state of acute illness, a survey is not possible. Based on our data, we can only talk about how paranoid personality disorder gradually unfolds, assuming that the picture is different during the period of exacerbation. Clinical observations of patients during this period indicate a pronounced hostility against others and against the world as a whole.

We have suggested that the protective reflection of men and women with paranoid disorders has its own specific features.

We were prompted to put forward this hypothesis by observations and studies that claim that paranoid disorders are less common in women than in men. In addition, assuming the presence of a physiological basis for paranoid personality disorder in the form of metabolic disorders in the brain, the researchers note that the development of paranoid disorder occurs in combination with an unfavorable psychological environment. Based on the idea of L. S. Vygotsky’s social situation of child development, in which we are talking not about the social factor itself influencing the process of personality development as a whole, but the special relationship of the child with the environment, we can assume that the development of paranoid disorder can occur against the background of unfavorable relations with the environment, when the main contradictions at each age stage of childhood are not resolved. Then the main personal neoplasms do not appear, which provide psychological resistance to stressful factors. Many children live in different social conditions, including unfavorable ones, but not all become paranoid. A child with a genetic factor, a violation of metabolic processes in the brain, has less chance of maintaining mental health in a pathogenic social situation of mental development than healthy children. Hence, the conclusion is that the factor triggering the development of paranoid disorder should be sought in the child’s special relationship with the social environment. In boys and girls, under equal social conditions, the social situation of development has gender differences. The older the child gets, the stronger the influence of reflection in his relationship with the environment, on the quality of which the psychological well-being of the individual depends.

Let’s turn to the results of a comparative analysis of the reflection features of men and women with paranoid personality disorder (see Figure 2).

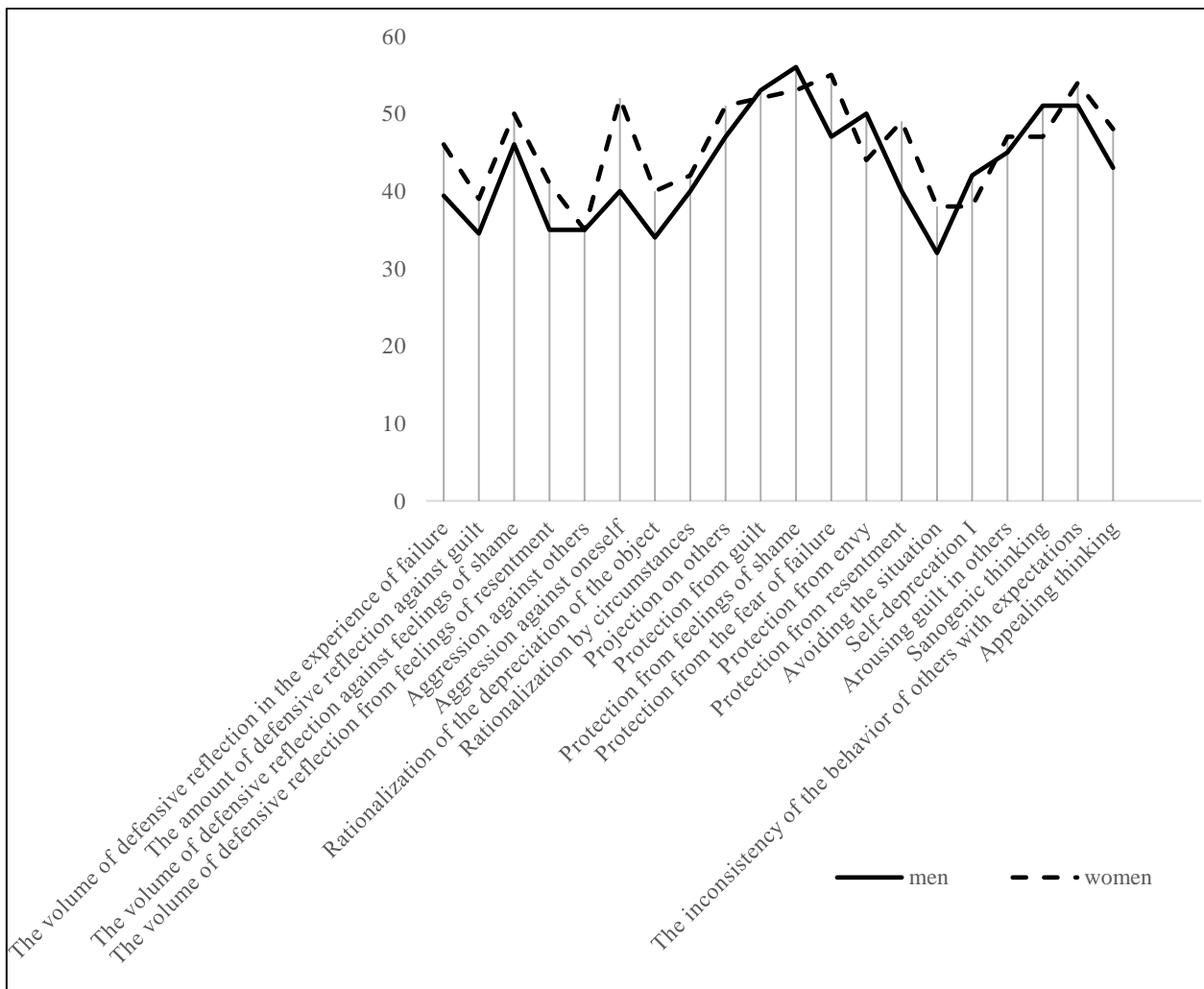


Figure 2. The profile of protective reflection of men and women with paranoid personality disorder (in % ratio).

Despite the fact that in our study we found gender-specific reflection of men and women prone to paranoid personality disorder, there are data that allow us to see a peculiar reflexive profile of people prone to paranoid personality disorders, regardless of gender (Figure 2). Both men and women, defending themselves from negative experiences of fear of failure, shame, resentment, guilt, envy, show aggression against themselves and others, rationalize circumstances, and devalue the object of attraction. A person with this disorder chooses to blame others for all their problems as a defense against experiencing failure. He suffers severely from unfair treatment of himself (which, perhaps, does not really exist), and is prone to conflicts. Paranoids are too susceptible to the negative factors of stress and frustration. Affective states are experienced acutely and for a long time. At the slightest recollection of what happened, emotions come alive again. Sometimes a paranoid person can hide his emotions, but only in order to later bring out a plan of revenge.

Constantly being in a state of tension and stress, recalling traumatic events, pathogenically reflecting on them, the paranoid, using logical chains peculiar only to him, creates his own value system and pathogenic picture of the world, in which he tries to prevent the appearance of adverse conditions, while not allowing other people to use themselves as a resource or means to achieve a goal.

Any discrepancy with his value system can cause him to first suppress negative feelings, and then, to carry out his planned revenge plan.

However, with the obvious similarity of the profiles of protective reflection of men and women, significant differences also reveal themselves (see Table 1).

First, women's reflection is more pronounced than that of men in indicators: protective reflection from feelings of shame and fear of failure (see Figure 2).

The data presented in Table 1 indicate that there are statistically significant differences in some indicators of protective reflection of men and women with paranoid personality disorder. Thus, in women, the "Volume of protective reflection in the reproduction of feelings of shame" is higher than in men ( $t$ -student—2.49\*\*). Men are more likely than women to show aggression against others (2.76\*). A man chooses to protect himself from feelings of guilt and shame by "Arousing guilt in others". This indicator is higher for men than for women (2.57\*\*\*).

Women with paranoid disorder are prone to obsessive behavior; they are more shy than men ( $t$ -student—2.49\*\*). Their main defense against experiencing shame is "Rationalization of the depreciation of the object" (2.41\*\*)—"I didn't really need it" or "Rationalization by circumstances" (2.82\*\*)—"I am capable, but circumstances are stronger than me". They are more likely than men to devalue loved ones, and the world as a whole, in which there is no place for their invented unrealized personal happiness.

Table 1

*Comparative Data on Indicators of Protective Reflection of Men and Women With Paranoid Personality Disorder*

	The respondents	The average data of a $t$ -student	CET indicators (Y. M. Orlov, S. N. Morozuk)
1	Men	19.4	The volume of protective reflection in the reproduction of feelings of shame
	Women	20.4	
	The difference	-1.0	
	$t$ -student	2.49**	
2	Men	7.0	Aggression against others
	Women	6.9	
	The difference	0.1	
	$t$ -student	2.76***	
3	Men	5.5	Rationalization by depreciation of the object
	Women	5.9	
	The difference	-0.4	
	$t$ -student	2.41**	
4	Men	6.0	Rationalization by circumstances
	Women	6.3	
	The difference	-0.3	
	$t$ -student	2.82**	
5	Men	6.8	Projection on others
	Women	7.6	
	The difference	-0.8	
	$t$ -student	1.87*	
6	Men	9.0	Protection from guilt
	Women	8.9	
	The difference	0.1	
	$t$ -student	1.91*	

Table 1 to be continued

	Men	8.9	
7	Women	8.4	Protection from feelings of shame
	The difference	0.5	
	<i>t</i> -student	2.04*	
	Men	2.4	
8	Women	2.3	Arousing guilt in others
	The difference	0.1	
	<i>t</i> -student	2.57**	
	Men	4.6	
9	Women	4.9	Non-compliance of behavior with other expectations
	The difference	-0.3	
	<i>t</i> -student	2.06**	
	Men	6.2	
10	Women	6.7	Appealing thinking
	The difference	-0.5	
	<i>t</i> -student	1.97*	

Notes. Statistically significant differences: \*\*\* - at the level of  $p \leq 0.001$ ; \*\* - at the level of  $p \leq 0.01$ ; \* - at the level of  $p \leq 0.05$ .

Paranoid women are more prone to projections than men (*t*-student—1.87\*). In the case when their expectations collapse, they more often than men resort to the opinion of authoritative persons in order to convince others of their rightness or to collect as much confirmation from the outside as possible about the correctness of their choice, opinion (1.97\*).

Thus, our hypothesis about significant differences in protective reflection from negative experiences of men and women with paranoid personality disorder was confirmed.

In connection with the above, we can draw the following conclusions:

1. In the course of the study, a peculiar profile of protective reflection was revealed in persons with paranoid personality disorder:

The largest volume of protective reflection when experiencing feelings of shame is accompanied by psychological defenses: mental aggression against oneself, appealing thinking, withdrawal from a traumatic situation. Our data show that the individual is actively protected from guilt, envy, and resentment.

2. Our hypothesis has been confirmed that the protective reflection of men and women with paranoid disorders has its own specific features:

Firstly, women's reflection is more pronounced than that of men in terms of: defensive reflection from feelings of shame and fear of failure.

Secondly, the data from our study suggest that women suffer more from feelings of shame than men. Their volume of defensive reflection when experiencing feelings of shame is higher than that of men. Defending themselves from the experience of shame, they blame the circumstances, devalue the object of attraction, and close people, and the world as a whole. Paranoid women are more prone to projections than men. They tend to have appealing thinking.

Thirdly, men are more likely than women to show aggression against others. A man chooses to protect himself from feelings of guilt and shame by "Arousing guilt in others".

3. Assuming the presence of a physiological basis for paranoid personality disorder in the form of metabolic disorders in the brain, we believe that the factor triggering the development of paranoid disorder should be sought

in the special relationship of the child with the social environment. In boys and girls, already in preschool childhood, under equal social conditions, the social situation of development has gender differences. The older the child gets, the stronger the influence of reflection on his relationship with the environment, on the quality of which the psychological well-being of the individual depends.

4. We hope that at the first signs of the development of a paranoid disorder, with the help of sanogenic thinking, it is possible to help a person overcome not only the symptoms of the disorder, but also remove the cause that triggers this personality-destroying process. In this we see a promising way of psychological assistance aimed at preventing and solving the problem of mental disorders.

5. Despite the fact that counseling and therapeutic practice based on the principles of sanogenic thinking and sanogenic reflection shows the effectiveness of this approach to solving problems of overcoming psychological distress, we are aware that the application of sanogenic therapy methods to persons with paranoid disorder requires fundamental theoretical justification and experimental verification with representative samples/

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