

Paranoia:  
Helping Patients with  
Nonpsychotic and Psychotic  
Paranoid Conditions:  
**Nonpsychotic Paranoia**

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**Nancy McWilliams, PhD, ABPP**  
**Rutgers Graduate School of Applied & Professional  
Psychology**  
**Michael Garrett, MD**  
**SUNY Downstate Medical Center**  
**Brooklyn, NY**

# Paranoid Psychologies

- Not the DSM version:
- Under significant stress, we all easily become paranoid. The stresses of illness and treatment can provoke paranoid reactions.
- The range of paranoid personality structure includes many high-functioning individuals with significant paranoid streaks
- The central theme of trust versus distrust is more important in diagnosis for clinical purposes than specific traits such as suspiciousness and distrust

# The Paranoid Process

- The experience of pain as inner badness that cannot be tolerated and is turned into an attack on something external

# Paranoid Syndromes

- People suffering from paranoid reactions are not simply fearful or unreasonably suspicious
- Kraepelinian depictions of paranoid syndromes are all characterized by disavowal and projection. They differ depending on what is disavowed and projected.

# Persecutory Paranoia

- “I love him; no, I hate him; no, he hates me”
- (Freud, 1911)
  
- **What is projected and denied:**
  - Angry affect
  - Hostile attitudes
  - Aggressive impulses
  
- **Activation of Panksepp’s FEAR system**
  
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# Paranoid Hatred

- What is disavowed and projected:
- Negative qualities in the self that are suffused with intense feelings of contempt
- Operates at the social as well as the individual level, and often a problem for therapists.
- “YOU are the aggressive, sex-crazed, greedy, needy, stupid, ugly, lazy . . . .”

# Erotomania

- What is disavowed and projected:
- Idealization
- Desire
- Aggression
- The psychology behind stalking
- “YOU are in really love with me and keep encouraging my attentions.”

# Paranoid Jealousy

- What is disavowed and projected:
- Desire (sometimes same-sex desire)
- Then this desire is displaced: “I’m not the one who desires a forbidden love object; YOU are. So I must monitor all your relationships.”
- Chronic expectations of betrayal



# Megalomania

- What is disavowed and projected:
- Self-contempt
- Grief over limitation
- “YOU are the pathetic, defective ones, whereas I am flawless and superior.”

# Paranoid Reactions to Suffering

I cannot accept the idea of “accident,” as it makes me feel too vulnerable. Instead, I need to find someone to blame for my suffering.

Common paranoid thoughts:

- “I have lost something” becomes “Someone has stolen something from me.”
- “I am physically weak” becomes “The doctors are trying to weaken me with their treatments.”
- “I am having inevitable negative reactions to medications intended to help me” becomes “They are trying to poison me.”

# Projection of Intent

A concept from Melanie Klein suggesting difficulties with what philosophers call “theory of mind” and contemporary psychologists call “mentalization”: the capacity to understand the subjective separateness of others.

- The father of a 9-month-old baby says “That boy knows how to provoke me.”
- The wife who feels controlled by a husband’s illness says “He loves to dominate me.”
- The employee whose boss has had no choice but to dismiss him says “He wanted to humiliate me.”



# Pathogenesis of Paranoia

- 1. **Humiliation** (parental projection of negative qualities, bullying by peers, sadistic dominance by authorities)
- 2. **Fusion** and thwarting of efforts at psychological separation
- 3. **Teasing, taunting, ridiculing**
- 4. **Distrust and contempt**



# Therapeutic Implications: Negative

- What to avoid doing:
- Don't invite regression or premature exploration of tender feelings
- Don't be too sympathetic
- Don't try to demonstrate one's "goodness" in contrast to others in the client's life
- Don't be conventionally "neutral"

# Therapeutic Implications: Positive

- Convey continuous respect
- Be unfailingly honest, including admitting to feelings that the patient picks up
- Facilitate a process of grieving
- Try not to contribute to unconscious fantasies that the patient controls one's mind



# Thank you!

- [nancymcw@aol.com](mailto:nancymcw@aol.com)