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

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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
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!

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