Helping Patients with Paranoid Dynamics

Duquesne University
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Nancy McWilliams, PhD, ABPP
Rutgers Graduate School of Applied & Professional Psychology
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!

• nancymcw@aol.com