PARANOIA

From a Dimension of Personality
To a Florid Psychotic Illness: Theory and Psychotherapy

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THE PARANOID PROCESS IN PATIENTS WITHOUT DIAGNOSED PSYCHOSIS: IMPLICATIONS FOR THERAPY

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What is paranoia?

- Not simply suspiciousness and distrust
- Not simply unrealistic fear

- Emil Kraepelin identified several paranoid syndromes involving mistaken thinking
- Freud (1896): paranoia as reliance on projection of what is disavowed in the self
- Sullivan: a pathology of trust
- Panksepp: activation of the FEAR system
ON DIMENSIONALITY:
WHY DO WE CONSIDER
ONLY SOME SYNDROMES AS “CRAZY”?

The recent dominance of descriptive, categorical psychiatry over dimensional, contextual, inferential understandings of mental suffering
Implications for empathy?
Implications of a dimensional view: The moral assumptive basis of psychotherapy

- Terence (163 BCE): “Nothing human is alien to me.”
- Sullivan (1965): “We are all more simply human than otherwise.”
Primary goals of contemporary descriptive psychiatric diagnosis e.g., DSM, ICD

- Summarize core symptoms without assumptions about etiology or function

- Identify patients for research
Primary goals of inferential, dimensional, contextual diagnosis, e.g., PDM, OPD

- Delineate key themes and dynamics
- Understand the person’s overall psychology
- Understand the person’s suffering in context
- Set the stage for effective treatment
What Should Have Been

Team of Rivals

The Political Genius of Abraham Lincoln

Doris Kearns Goodwin

Winner of the Pulitzer Prize
What Actually Occurred
Psychodynamic Diagnostic Manual (PDM)

A collaborative effort of the

American Psychoanalytic Association
International Psychoanalytical Association
Division of Psychoanalysis (39) of the American Psychological Association
American Academy of Psychoanalysis and Dynamic Psychiatry
National Membership Committee on Psychoanalysis in Clinical Social Work
Psychosis as a level of mental functioning

Some examples of psychologies other than schizophrenia, schizoaffective, and psychotic mood disorders that can extend into the psychotic range:

- Eating disorders (e.g., severe anorexia)
- Compulsive disorders (e.g., hoarding)
- Dissociative and posttraumatic disorders
- Hysterical and factitious disorders
- Paraphilias
PARANOIA =

An internal experience that cannot be tolerated, usually because of a sense of humiliation, and that is consequently experienced as coming from outside.
Paranoid syndromes

- Persecutory paranoia
- Paranoid hatred
- Erotomania (stalking)
- Paranoid jealousy
- Megalomania
- Projection of intent (Klein)
Etiologies

- Constitutional sensitivity
- Humiliation and disconfirmation of the child’s emotional reality (“soul murder”)
- Teasing, taunting, and bullying
- Caregivers who need a bad object and involve the child in their own paranoid dynamics
- Thwarting of normal efforts to separate
- Family atmosphere of distrust of the outside
Closeness with others activates the conviction that relationships are destructive to the self or dangerous to the other, but

Distance creates annihilation anxiety because the separateness of the self has not been supported.
Two dreams of a paranoid patient

(1) I had to go on a quest, some kind of test of my courage, and it involved going into a dense, dark jungle to meet with a powerful oracle or prophetess. As I was starting to make my way into the jungle, I realized that many other men had gone before me on this quest, and none of them had emerged from the jungle alive! I became terrified.
and

(2) From the back of a large room, I was watching some kind of cult ritual, in which various activities were happening up at an altar. The cult leaders asked for someone from the audience to come up. A young woman from the crowd volunteered and was heading for the altar, looking optimistic and trusting. I knew that she was going to be stripped, tortured, and murdered, and I woke up in a panic, feeling I had to warn her about what was going to happen.
Therapeutic Implications: What not to do

- Do not encourage regression
- Do not be too sympathetic
- Do not try to demonstrate personal goodness
- Do not be conventionally “neutral”
Therapeutic implications: What to do

- Be engaged, conversational, and self-disclosing, with humor toward self
- Exemplify respect
- Strike a balance between an attitude of authority and deep moral egalitarianism
- Be ruthlessly honest
- Normalize
- Invite normal grief
Classic psychoanalytic resources on treating paranoid states


More classic resources


Treating paranoid patients in the psychotic range: Newer resources


Thank you!
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