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

The recent dominance of descriptive, categorical psychiatry over dimensional, contextual, inferential understandings of mental suffering
Implications for empathy?

Terence (163 BCE): “Nothing human is alien to me.”
Sullivan (1965): “We are all more simply human than otherwise.”
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

What Actually Occurred

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

The excruciating paranoid dilemma
- 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.

(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


Still more


Treating paranoid patients in the psychotic range: Newer resources

Thank you!

nancymcw@aol.com