Paranoid Phenomena and Pathological Narcissism

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Through a review of the schools of psychoanalysis and developments in the understanding of narcissism and the self, the authors suggest that paranoid phenomena arise out of pathological narcissism. The roles of the ego-ideal, self-objects and deficits in the capacity for self-determination are all seen as having causal influence on the development of paranoid states.

I. INTRODUCTION

Paranoid phenomena are a ubiquitous part of everyday life. They are manifest in suspicions—later discarded or proven unfounded—and nervous fears of ordinary people as well as the devastating delusions and terror of the very disturbed. Perhaps because of their pervasiveness, paranoid phenomena have defied attempts at specific metapsychological explanation. For example, how are we to connect the very different occasions on which they occur? What underlies phenomena at once so commonplace and so distinct? To this end we suggest two hypotheses: (1) the psychological realm of dysfunction out of which paranoid conditions arise may be a fundamental “dimension” of the psyche; (2) the degree of dysfunction within this realm may parallel the extent of paranoid psychopathology.

We propose that the best candidate for this “dimensional” psychological domain is that of narcissism. Properties of pathological narcissism, as it acts within various psychic structures, can be shown to account for the varying degrees of paranoid disturbance evident in clinical work. We approach this conclusion through a review of the clinical links between paranoid phenomena and pathological narcissism, and a survey of the major schools of psychiatry as they have struggled with the concept of paranoia and paranoid phenomena. A second article will address various problems that arise in clinical work with paranoid people. Vignettes and treatment suggestions will be offered to improve both the relationship with such patients and paranoid phenomena themselves.

II. CLINICAL ANTECEDENTS—MISTRUST OF THE SELF

One central issue is trust versus mistrust. It is commonly assumed that mistrust has, as its aim, the outside world. Cameron* noted that paranoid

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patients “easily become suspicious and distrustful under ordinary living conditions, have difficulty in confiding, and when they do confide, they expect to be betrayed” (p. 680). Doctors, spouses, politicians, administrators, organizations, television programs, and an infinite number of potential “agents of action” stand ready for casting in paranoid dramatizations. However, less attention is paid to the issue of mistrust as it applies to the inside world of the paranoid patient. “Who am I? What do I stand for? Why would anyone want to be with me? What am I made of? How did I come to be the way I am now and feel the way I do?” These are the internal questions that constitute what might be called “mistrust of the self.” Identity questions may quickly and disruptively break into awareness. Few who have worked with paranoid phenomena are unaware of the potential for anxiety-laden homosexual panic—“am I a man or a woman?” And much has been written regarding the paranoid patient’s dependency needs and their role in identity diffusion.

To borrow from Yeats, “the center cannot hold.” As inner orientation and confidence deteriorate, the patient develops a palpable “disease.” Many paranoid patients comment that they feel as if “the rug has been pulled out from under” them. This uncasiness is seen in the questions, increasing confusion, hypervigilance and fear that comprise the prodromal phase of paranoia. It is a few short steps to the extensive hypothesis generation and delusional thinking of the full-blown clinical picture. This persecutory complex constitutes a new foundation. In simpler terms, this handing over of responsibility constitutes an awkward form of sharing by a personality no longer able to operate on its own.

Clinicians can easily note the enormous amount of critical and self-critical activity that takes place in psychosis, in general, and in paranoid phenomena, in particular. Paranoid hallucinations are most often accusatory. Therapists are left not only with a “lost soul” but with one under heavy attack. Narcissistic patterns are still more dramatically evident in the megalomania that regularly accompanies persecutory delusions. Ideas of reference are delusional and posit a self claimed to be at the center of experience. It is not just that “there is a full moon tonight and, therefore, the Russians are infiltrating the Boston harbor by submarine”—but, rather, it is that “there is a full moon tonight and the Russians are infiltrating the Boston harbor by submarine because they intend to kidnap me because they think that I have important State information.” Often, the megalomania is explicit—“I am the son of God.”

III. PARANOIA—EARLY PERSPECTIVES

Freud pointed to the role of pathological narcissism in paranoia in his formulation of the Schreber case. Self-love libido, he proposed, evolved into object love via the “way station” of homosexuality. With a disappointment in or loss of a loved object, this energy would “regress” back to both earlier points resulting in the repressed homosexuality and megalomania that he felt were central to the illness. Libidinal energy comes back to the self and inflates the self.
His essay also elucidated the defense mechanism of "projection," which might explain the persecutory aspect of paranoia.

Klein⁷ proposed that paranoid states were a fundamental part of normal psychological development. As part of her concept of the schizoid-paranoid "positions," specific kinds of defensive operations were thought to be active very early. Splitting and projection follow the infant’s experience of satisfaction or frustration with the availability of the mother's breast. With the internalization of either a "good" breast or a "bad" breast, the individual's capacity to feel supported or attacked from inside develops. The reproduction of these "introjects" intensifies either a feeling of comfort or of persecution, respectively. Paranoid phenomena were, thus, results of a "split" self in dynamic equilibrium with the environment. Later, Meissner⁸ claimed that a successful influencing of the paranoid self's inner-object configuration can lead to Klein's depressive position.

Sullivan⁹ saw paranoid phenomena as defensive operations of the self system in an attempt to manage difficult interpersonal surroundings. Self-esteem has to be protected, even expanded, in the face of danger. Enlargement of the "kernel of truth" (e.g., of having been slighted or exploited) was thus emphasized as being a pragmatic adaptation of the paranoid individual.

Searles⁹ not only drew from the object-relations and interpersonal schools in his formulation of paranoid phenomena but also emphasized the role of repressed or unbearable emotion in the disorder. Disillusionment was seen to play a large part. Throughout Schreber's account, "one of the major determinants consists in his persistent struggle both to ward off, and to come to grips with, evidently intense repressed feelings of disillusionment concerning each of the various figures who were most important to him" (p. 609). We will show how this disillusionment is linked to pathological narcissism.

An interesting and potentially significant focus of the existential school as it relates to paranoid phenomena and pathological narcissism is the concept of "will." Yalom recounts⁵ Arendt's writings on the will and points to two key components: "as a faculty of choice between objects or goals . . . and, on the other hand as our "faculty" for beginning spontaneously a series in time . . . ."

Both "choosing" and "initiating" require an individual to be oriented in time and space. The patient cannot "be lost" if he is to "will." If paranoid patients have had "the rug pulled out from under them" then they are in "no position" to move toward anything, whether it be toward making a choice or into the future through a "series in time."

This suggests that the self is "directive" in nature and that narcissism may fuel its course. In fact, Kraepelin's¹¹ tripartite division of mind into emotion, thought, and will and the subsequent breakdown of all three areas in schizophrenia may have presaged the central role that narcissism and the self play in both integrating and directing "mind."

"Will" would be the narcissistic component in Kraepelin's theory. "Will" implies both direction and "my" direction. In the following review of the
literature, the "ego-ideal" serves as this directive agency. But rather than functioning, anthropomorphically, as a parental introject that metes out admiration or shame, the ego ideal, we will suggest, can be related to will by means of the generation of hope and direction.

IV. PATHOLOGICAL NARCISSISM: FROM FREUD TO KOHUT

In his discussion of narcissism Freud\(^2\) suggested a relationship between paranoia and the ego ideal. The ego ideal is the inheritor of primitive narcissism, he hypothesized; in development the child goes from saying "I am great" to the adult state of possessing great ideals toward which one strives. Disappointment of those ideals, as in "disillusionment," loosens attachments to the ego-ideal and helps initiate the paranoid process. Just as loss of object ties throws energy back on the ego, so loss of ideals re-excites primitive narcissism. Unhooked from the "North Star" of the ego-ideal, the patient returns to the conviction "I am great." If it is true, as Freud\(^2\) implied, that "[T]he frequent causation of paranoia [is] by an injury to the ego by a frustration of satisfaction within the sphere of the ego-ideal," then the grandiose thread can be understood. But how does a breakdown in values and ideals result in suspiciousness, mistrust and, in extreme forms, persecutory delusions?

Rather than emphasizing solitary ego-ideal failures or problems in traversing an inherent, developmental "paranoid position," Kohut\(^3\) understood paranoid ways of viewing the world as emerging out of a fragmented self. Empathic failures and frustrations during maturation leave significant rends in the fabric of the self. Normally, Kohut postulated, "self-objects" fill this gap. Important individuals are taken in as idealized relationships to fulfill these regulatory requirements and to restore equilibrium to a self disrupted by deprivations in empathic contact. Self-objects smooth out what would otherwise be tumultuous swings in self-esteem, self-image and related affective states. Kohut added that mastery and control over these self-objects is essential if healthy self-esteem is to develop. If this mastery fails, if one become "disillusioned" with significant (self-object) others,

then chronic narcissistic rage, with all its deleterious consequences, will be established. Destructiveness (rage) and its later ideation companion, the conviction that the environment is essentially inimical—M. Klein's "paranoid position"—do not therefore constitute the emergence of an elemental, primary psychological given, but despite the fact that they may, throughout a lifetime, influence an individual's mode of perceiving his world and determine his behavior, they are disintegration products—reactions to failures of traumatic degree in empathic responsiveness of the self-object vis-a-vis a self the child is beginning to experience. . . . (p. 121).

Kohut's formulation implies that disillusionment in highly valued ideals and subsequent paranoid phenomena arise out of one's inability to control essential "others."

We see here a change in theory similar to that which occurred between Freud
and Klein. Freud's structural model of the three agencies was followed by Klein's notion of an inner world of object relationships. The agencies themselves were not abandoned but became filled with self and object representations—the accretions of experience. In a similar fashion, Kohut's self-objects can be seen to inhabit the ego-ideal. Furthermore, we believe that the relationship between self-objects and ego-ideal is one of mutual influence. As individuals move through life and adopt mentors, role models and heroes, these choices are not random but rather, are consonant with the already established ego-ideal. Conversely, in one's interaction with self-objects, the ego-ideal becomes modified and shaped. New ideals are added and old aspirations refined. Perhaps new ways of behaving are assimilated.

We return now to our earlier question. How does a breakdown in ideals and values result in suspiciousness, mistrust, and, in extreme forms, persecutory delusions? The case of Robert H.\(^14\) provides some clues. Robert H. struggled with a dominating father—one who oscillated between exaggerated praise and overly severe criticism. As the case unfolded, the "agency" of the ego-ideal "led" Robert toward an ethical and collaborative career in his father's business. As Murray\(^15\) pointed out, the strong yearning to be close to the "big guy" may emanate from a need for direction in life. To the extent that the father provided the patient with a sense of purpose and belonging in the family business, the idealized "self-object" function and ego-ideal support of the relationship emerged.

When "fairness" and "goodwill" broke down in the father-son relationship, Robert became agitated and confused. Attempts to confront the father were met with denials. Robert grew suspicious and believed people in the business were conspiring against him. Ideas about his own power and genius appeared. The megalomania precipitated by the failure of the ego-ideal was paralleled by the projected rage due to the failure to control the self-object. No longer was Robert able to "get" his father to act properly. In the past, despite severe trials and tribulations, Robert would eventually succeed in securing his father's endorsement. Now betrayed and boxed in, his rage broke out in explosions with his wife, progressive and prolonged periods of mistrust and self-doubt and eventually, frank delusions of persecution.

The "kernel of truth" surfaced in Robert's worries that he could not correctly interpret the words and gestures of the employees in his charge. His father had always taught him to "read between the lines." Ultimately, ruthless self-accusations, no longer tempered by faith in an ego-ideal's hope for the future, resulted in first, the projected persecutory psychosis, and finally his suicide.

V. PARANOIA: BREAKDOWN OF THE SELF OR PATHOLOGICAL NARCISSISM?

How do disorders of the self relate to the narcissistic disorders? Are paranoid phenomena the makings of a "false" or "reconstituted" self or are they in some way, the product of narcissism gone wrong? Are these the same?

Historically, narcissism\(^16\) was conceived of as a type of psychic energy—the
libidinal investment of the ego. Theoretically, little distinction was made between ego and self until Kohut’s 16 “Forms and Transformations of Narcissism” evolved into a school of self psychology. 17 In Kohut’s view, the self does not function as an arm of narcissism (as a fantasy of the ego) but rather, narcissism subserves the development and operation of the self. The self takes on a “supraordinate” position in psychopathology; narcissism is left behind.

Are clinicians, confronted with paranoid phenomena, supposed to consider these patients to have “disorders of the self” or “disorders of narcissism?” Does the distinction have any value?

These questions, fueled by a clinical investigation of paranoid phenomena, lead directly into the heart of the Kernberg/Kohut debate. 18-20 Kernberg 21 has stressed that the “self is a part of the ego” (p. 316), that the self consists of “multiple self-representations and their related affect dispositions.” Narcissism according to Kernberg, is a result of internalized object relations. He states: “such a libidinal investment of the self does not stem simply from an instinctual source of libidinal energy, but from the many relationships between the self and other intrapsychic structures.” (p. 317). The narcissism “investment” arises from intrapsychic relationships, is, in fact, predicated upon them. Elaboration of the self depends on differentiation and integration of internal psychic structures. The self is subordinate.

For Kohut, 13 the “supraordinate” self develops based on crucial interactions with a caretaker (self-object relations). Intrapsychic structures evolve in parallel with the self but function only to the extent that the development of the self allows. Deficits in empathic attunement are the seat of psychopathology. With regard to paranoid phenomena, we return to Kohut’s 15 view that the paranoid patient’s experiences of being persecuted “are perhaps to be understood not only as the criticism of a projected superego but also as the projected expression of a feeling of fragmentation which arose as the result of the patient’s insufficiently developed or declining psychic capacity to maintain a solid cathexis of the self” (pp. 121–22).

Despite the theoretical differences as to how cathexis of self comes about, Kernberg and Kohut both acknowledge that it is a final common pathway. Failures in the cathexis of self lead to psychopathology in each schema. But how is the self connected to internal agencies and representations?

We can imagine an “octopus” analogy with the self at the center and the strands of narcissism as its tentacles. The octopus maintains its position, orientation, and, perhaps, sense of completeness through the firm grasp of its tentacles at many points, not just one or two. One has to visualize the self secured at many points by projecting strands of narcissism. Self-objects, in our schema, extend the reach, they seal the contact. Whether it is to internal object representation or to cognitive/affective schemata embedded in psychic agencies, self-objects provide affective calm and temporal/spatial contiguity. Without self-objects to cathect the self to internal structures, anxiety and uncertainty take over. Paranoiac symptom-
atology is the result. In a study of the speech content of paranoid patients, Oxman et al. found a significant absence of reference to time and natural environment orientation. It is as if the paranoid patient is truly psychologically lost. Dynamically, self-objects may provide stability by both securing contact to the internal structures and opening the flow of narcissistic cathexis to the self, thus allowing for the patient to reorient himself psychologically.

Could the conspiracy itself serve as a self-object for the paranoid patient? Perhaps, being in its grasp is, at some level, preferable to being nowhere. Certainly, this "adversarial" self-object gives the patient purpose and an orientation to life. The therapeutic implication becomes clear: until another less inimical self-object becomes available, the paranoid individual may resist giving up the delusion of persecution.

Loosened from its internal moorings, the self, in paranoid psychopathology, is aimless and meaningful choices become impossible. Here is the loss of courage and will that the existentialists have pointed to in paranoid patients. Here is what Arendt considers the inability to move into the future through a "series in time"; The paranoid patient marks time, he cannot step through it. Our point is that the loss of the usual sense of self in paranoid phenomena is due to a tearing away of the securing strands of narcissism from the internal agencies and representations. Left floundering the self tries to attach itself to other outside points but becomes hopelessly entangled in the loose strands. What emotional needs are entwined with the delusional system? Semrad has suggested that the primitive defense of distortion arises out of the frustration of affection. Is it better to be hated and harassed than not cared about at all? Ironically, it may be that the paranoid patient is indeed trapped, trapped because the need to be found and held forces upon him the very solution that plagues him.

VI. OWNERSHIP AND ACKNOWLEDGEMENT IN THE DEVELOPMENT OF SELF

If the patient, gripped by a paranoid state, has lost important self-objects and if that loss has resulted, as Kohut says, in "a declining psychic capacity to maintain a solid cathexis of self," then what are the origins of this self-cathexis? Winnicott suggests that this "capacity to be alone" has its beginnings in the mother-infant exchange. Impulse, unbound, at first, becomes contained in the infant via the mother’s ministrations. She is a safe holder of the nascent self. As Havens has noted, what is crucial is not just "being alone with the mother but let alone by the mother." In Winnicott’s words "The stage is set for an id experience. In the course of time there arrives a sensation or impulse. In this setting the sensation or impulse will feel real and be truly a personal experience" (p. 34). The stage is set for the birth of selfhood through the action of ownership. The danger is that there will be a subversion of ownership; that the mother will either dictate or interpret the experience of impulse to the child. Whose ideals will the self assume? Here is Semrad’s formula of paranoia—the intrusive mother and the distant father giving rise to a false (paranoid) self and failure of
ego-ideal development. Yet more is needed to complete an understanding of the origins of narcissistic cathexis. This is the expression of ownership. This we call "acknowledgement." As Havens suggests, it is the "shaking of the rattle" and is an early form of self-reflection; later, as internalization builds psychic structure, these actions (ownership/acknowledgement) transform primitive narcissism (self-love) into the ego-ideal (values and aspirations).

As the "organ" of perception, the ego "sees" how well it is meeting superego standards and ego-ideal aspirations. It is in this inner "regarding" and "measuring" that one's self is discovered and confirmed. The self both stands apart from and yet takes its bearings in relation to ego, superego, and ego-ideal. This self then becomes anchored in its connections to the internal agencies and representations. Disappointments and empathic failures are common obstacles to establishing a stable position for the self; self-objects help keep things in place.

In paranoid phenomena the usual configuration of psychic structures anchoring the self do not hold firm. Consider an additional analogy. A serious car accident results in a shattered windshield partially dislodged from its frame. The webbing of the glass allows for the shards to hang together in some new form. Yet, purposeful driving becomes impossible as the outside world is severely distorted and treacherous to negotiate. The self does not disintegrate because it is supported by the web of narcissism—Kernberg might call it a pathogenic narcissistic configuration. Kohut has labeled it as coalescent by-products of a fragmented self. Either way, the old self is lost.

As we will discuss in our companion essay on therapeutic approaches to paranoid phenomena, the central focus in recovery will be the detachment of the self's fragments from the web of pathological narcissism and their reanchoring to the erstwhile psychic structures. Here the dual processes of acknowledgment and ownership will be set in motion—particularly with regard to the patient's affective experience. Attention to rebuilding values and to the rediscovery of what is admirable form the basis of the work.

VII. ANOTHER DIMENSION: SHAME AND HOPE

It may be argued that the "dimensional" aspect of the psyche most responsible for paranoid phenomena is that of the emotions and specifically the emotion of "shame." We see "shame vulnerability" as being a signal of how wide and deep the problem runs. In our companion essay, we will discuss how attention to shame is important in gaining the patient's trust and developing the alliance. But shame as an emotion per se is not etiologic in our schema. It emerges out of the throes of an unanchored self.

The "shame" theme was discussed in 1896 by Freud who noted that paranoid delusions of being watched can be seen as originating from a lifelong experience of severe shame. This perspective was echoed by Morrison who followed Lewis in positing two basic shame dynamics that occur in paranoid individuals. These are the "overt, but unidentified" shame events where the
emotion is conscious but the cause is not, and the “bypassed” shame events, where the cause is conscious but not the emotion. She illustrated how both operate to constellate paranoid responses.

Several other authors including Colby and Wurmsen have viewed the affect of shame as central to the paranoid process. Colby used artificial intelligence techniques to demonstrate how paranoid strategies are called on in an effort to avoid shame states. Wurmsen saw “betrayed” ideals as leading to shame and then to paranoia.

We suggest that what these authors have discovered in the exploration of paranoid phenomena and pathological narcissism is the central emotion of hope and the role of aspiration. It is in one’s aspirations that hope takes on shape and meaning. “Shame,” which has sometimes been accorded the status of the main emotion of paranoia, may, in fact, be better thought of as a secondary consequence of failed aspiration or “dashed hopes.”

Can aspiration or hope, in its own right, be considered an emotion? Ortony, Clore and Collins believe that it can as part of a theory of emotion that views emotions as resultants of attitudes, appraisals, and standards that bear on objects, agents, and events. In their theory, it is the consequences of events and the actions of agents that yield the emotion sets characteristic of paranoia. Hope (and fear) is viewed in terms of the anticipation of future events. Pride, shame, reproach, and admiration are viewed in terms of the “praiseworthiness” of actions of agents (self or others). Most of the above literature on the psychology of paranoia has focused on the actions of agents; the phenomenological observations of delusion and hallucination have lent evidence that point to the “actions of agents” emotions. Is not a key element in paranoia the delusion? And, more specifically, the delusion that “other agents” are responsible for things happening in the patient’s current life? What may be even more demoralizing in the clinical picture of paranoia is the lack of direction that the patients experience. The frequent misinterpretation of “events” or the fixed hypotheses from which patients cannot seem to free themselves, speaks to the loss of confidence in making real choices, to the “lost” self. We return to the existentialists. Without hope, one is lost. And without affection, one is hopeless. Will and courage dissolve; only fear and uncertainty remain.

VIII. CONCLUSIONS: THE DIMENSION OF NARCISSISM IN PARANOID PHENOMENA

The domain of narcissism and the structures and functions associated with it, such as self, ego-ideal, self-esteem, self-image, grandiosity, sense of self-efficacy (and omnipotence) and self-objects, best constitute the psychic arena out of which paranoid phenomena arise. The key is that pathological narcissism and dislocation of the self go hand in hand. It is no accident, we feel, that patients experiencing paranoid states will express the feeling that “the rug has been pulled out from under them,” or that they feel as if they could never get back to where they were. Our theoretical metaphors have also reflected this fact. We
have gravitated towards expressions such as “anchored,” “loosened,” “ties,” “bound” and “dislodged.” It is not simply cathexis but rather the fact that cathexis of self must have stable sources.

Originally, the infant finds itself in the acknowledgement of its independent presence by its mother and begins to learn what its “usual” self feels like in the ownership of impulse. As the person grows and changes, so narcissism knits a more highly developed and complex self. But it does so only in the context of the internal structures. Self has a position in time and space in the psyche. Thus, it is vulnerable to becoming unhinged and lost.

But what, then, is the role of self-objects? Though self-objects are “external” figures, we believe they function internally at the sources of narcissism; that they facilitate cathexis to the self. The cohesion and temporal continuity that self-objects provide is usually construed as follows: “there are ‘holes’ in the self which self-objects fill up.” Notice the metaphor of deficit—the holes, rends, gaps in the substance of the self. The deficit model of narcissistic disorders originally referred to a lack in empathic atunement. The deficit/defect analogy may have, unfortunately, been extended to a visual understanding of the self, i.e., holes in the self. Perhaps self-objects, rather than “patching up” rends in the self, provide narcissistic stability by allowing patients to regain contact with themselves, with the values, standards, skills, and abilities that have been the mainstay of how they knows themselves. Thus, self-objects reside “in” and maintain contact with the ego-ideal. In this regard, the use of performatives or admiration may play a specific role in the recompensation from paranoid states.

Our “octopus” analogy of pathological narcissism in paranoid phenomena may be criticized as being simplistic, yet, quite often, the patients own view of the conspiracy to which they are victims is one in which there is one central figure coordinating multiple subsidiaries. This internal state of affairs, the self and its strands of narcissism, is projected outward.

Treatment Considerations

In paranoid phenomena, pathological narcissism is activated as the self becomes dislodged from the internal agencies and representations. The ego-ideal may falter as the self-object becomes impossible to control; the blow to self-esteem or the insult to self-image may be too overwhelming. The self remains cathected, in fact, often becomes hypercatheced—witness the grandiosity, the megalomania. And to the extent that one is unhooked from one’s moorings and does not know it, acknowledgement and ownership of experience become impossible.

Yet, suspicions, mistrust, and false ideas in varying degrees and at various times, may plague us all. What is the common lesion? Although the loss of hope and the avoidance of shame may implicate the emotions as being at the core of paranoid phenomena, it is our view that Kraepelin’s designation of “the will” is what is at the center of paranoid states. We see the will as being stimulated by the
ego-ideal and engaged by idealized self-objects. Where there is a will there is a way. In paranoid phenomena, emotion and thought—the other two domains of Kraepelin’s tripartite division of mind—are swept into the maelstrom of a disconnected will. Where there is no guided will, there can be no meaningful “way.” Searching for reasons, always vigilant, presuming and assuming the attention of others—these are the activities of the paranoid state. It is the depth of vulnerability coupled with the extent of narcissistic loss that separates those with delusions from those with fleeting suspicions.

Should the ego-ideal fail to hold, the superego is left unopposed—overblown self-reproach is the result. If the lesion is deep and the loss is great, the self struggles to hold on to some semblance of its past and a new vision of the present and future emerges. These are scenes filled with persecution and malevolence as disillusionment becomes projected rage. They are also filled with the ravings of a self with nothing left to fall back on.

A need for securing the self or making the self secure comes to the foreground in the treatment of paranoid patients. The threat must be reduced and made more manageable. Healthier patients have simply lost their direction. Frustration with, betrayal by, or loss of an idealized self-object may be the trigger. Dismayed and disoriented, such individuals conjure up external enemies and wonder who might be responsible for their woes. Healthy people are able to find their way back through day-to-day discourse with friends and family. But, even with relatively healthy patients mistrust and a suspicious attitude may persist. How are they to be approached? The blows can be shrugged off, the losses mitigated over time; but how does healing take place? With those who are more seriously adrift the process of helping them make plans becomes important; one must find a way to engage these patients’ initiative and will in order to re-internalize the whole “planning” function that has been projected outward.

New ties can be established to old values. Many authors have noted that recovery from paranoid states involves transforming the more “primitive” forms of narcissism into more “mature” forms. Moving from grandiosity to ideals and aspirations is a major goal of the psychotherapy. But patients must also be left alone; therapists must beware of reenacting the early intrusiveness. There are dangers in insisting that patients take on new ideals and there are dangers in the interpretation of patients’ condition. Can a safe place be created where the patients can confirm or recapture their own feelings and experience? How is this be fostered? Without an ongoing process of acknowledgement of accomplishment, significant gains may be lost. A lack of recognition of patients’ active achievement and will can threaten the therapeutic momentum.

The treatment of paranoid psychopathology may be long, arduous and filled with obstacles; severe depressions are not uncommon in recovery. Being able to bear, within a strong therapeutic alliance, such affects as hopelessness, despair and rage is essential in psychotherapy. In addition, the promotion of affection, hope, legitimate entitlement and the celebration of an active loving will is a guide
to the effort of replacing Cameron’s paranoid pseudo-community with the possibility of real friendship. Finally, finding the will to persevere and move forward is made more certain for both therapist and patient, if attention is brought to bear on the domain of narcissism as it affects the renewal, reorientation and rediscovery of the self.

SUMMARY

Paranoid phenomena can be seen to arise from pathological narcissism. As a result of certain kinds of trauma to the ego-ideal and/or losses of important self-object relationships, the self becomes dislodged from internal agencies and representations. Narcissistic cathexis of the self to these internal psychic structures loosens and hope, aspiration, affection and will become markedly diminished. Meaningful goals and choices become impossible to adopt and make. The paranoid patient is internally at “loose ends”; he is lost. Tragically, being gripped by the paranoid condition and its manifest delusional system is the only kind of security that the paranoid patient knows. No wonder it is so hard to give up.

The vulnerability to paranoid phenomena may be seen to be a result of past experiences of subversion of “selfhood.” In significant ways, the patient vulnerable to paranoid phenomena has not been adequately attended nor adequately “left alone.” The self can be seen as arising out of crucial mother-infant exchanges that are paralleled by interactions between developing internal psychic structures. Out of these “reflections,” the self is born. The narcissistic cathexis of self to the ego, superego and ego-ideal is the result of self-expression. If full self-ownership has not been possible then self-expression is vulnerable.

Given these understandings of the relationship between paranoid phenomena and pathological narcissism, treatment will focus on reducing the threats to selfhood, redefining the self, and reestablishing ties to internal sources of affection, initiative and aspiration.

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