

**THEORY II: BEYOND WISH AND DEFENSE**  
**CLASS 6**  
**PARANOIA**

Aim: The purpose of this class is 1) to acquaint the student with the clinical characteristics of the paranoid personality, 2) to review the history of Freud's concepts of paranoia and some of the developments his ideas have undergone, 3) to explore the nature of that which "arises in place of a self-reproach," i.e., the alternatives to melancholia.

Reading: This handout.

**Introduction to Clinical Paranoia**

The term "paranoia" may mean either 1) a psychiatric disorder marked by delusions or 2) a mode of interpersonal relations. Unfortunately, in the analytic literature, the distinction between the two is not always clear. DSM-IV provides an excellent description of the latter, the paranoid mode of relating to the world:

[There is] a pervasive and unwarranted tendency ... to interpret the actions of others as deliberately demeaning or threatening ... Almost invariably there is a general expectation of being exploited or harmed by others in some way. Frequently a person with this disorder will question, without justification, the loyalty or trustworthiness of friends or associates. Often the person is pathologically jealous, questioning without justification the fidelity of his or her spouse or sexual partner ... Confronted with a new situation, the person may read hidden demeaning or threatening meanings into benign remarks or events, e.g., suspect that a bank has deliberately made a mistake in his account. Often these people are easily slighted and quick to react with anger or counterattack; they may bear grudges for a long time, and never forgive slights, insults, or injuries. They are reluctant to confide in others because of a fear that the information will be used against them. People with this disorder ... tend to avoid blame even when it is warranted ... Though they are critical of others ... they have great difficulty accepting criticism of themselves ... These people ... display an excessive need to be self-sufficient, to the point of egocentricity and exaggerated self-importance ... they are keenly aware of power and rank and of who is superior or inferior, and are often envious and jealous of those in positions of power ... They are suspicious, hypersensitive, moralistic, grandiose, and extrapunitive ... They disdain people they see as weak, soft, sickly, or defective.

Note the moralism described by DSM-IV, and the grandiosity, egocentricity, and exaggerated self-importance. They are all evidence of the formation of a grandiose self. Kohut discussed the long-term bearing of grudges as characteristic of narcissistic rage.

Fear of betrayal is a projection of the paranoid's own impulses to betray (cf. Jacobson<sup>1</sup>), derived from his own psychopathic manipulation of an unremittingly hostile (and therefore hatable) world.

## Paranoia, Narcissism, and Narcissistic Rage

Arnold Cooper<sup>2</sup> describes paranoia as a rage-reaction to narcissistic mortification with consequent projection of this rage. In response to narcissistic mortification "a desired, fantasied but unattained, powerful, destructive self-representation" is first created and then projected onto the paranoid object. Through the relationship with the paranoid object, "narcissism is salvaged in the form of blame." He notes:

"Freud, Abraham, Klein, Ferenczi, Fairbairn, Bergler, Bak, Kernberg, [Harold] Blum, Meissner, myself, and many others have seen paranoia as a part of the responses to the ... mortifications to the narcissism that sustains infantile self-esteem. If this is the core of paranoia, as this reading of Freud suggests, then of course we shall find the mark of these conflicts in every variety of character formation, but especially in the narcissistic-masochistic character."

Notice that Cooper, in this passage, is extending our understanding of the role of projection in object relations. According to the model with which we have been working, the identification with a "powerful, destructive" representation should result in the projection of an image of someone as the victim of that power and destructiveness. Here it does not. What is projected is the active part of the self-self relationship so the object now becomes the incarnation of the compensatory identification.

## Freud's Early Writings on Paranoia

Freud first took up the subject of paranoia in Draft H (January, 1895). He stressed that paranoia was a pathological mode of defense, and, after giving a clinical example, stated that the core of the case was that the patient was sparing herself from a self-reproach and that the result of the defense was that the same charges reached her now from the outside, people were saying what she would have otherwise have said about herself, and in this form, the reproaches could be rejected. Freud noted that either paranoia or its contrary, megalomania, would serve the purpose of defense but that "in every case the delusional idea is clung to with the same energy with which some other intolerable, distressing ideas is fended off from the ego. Thus these people *love their delusion as they love themselves*" [NB The italics are in the original].

In Draft K (January, 1896) he again proposed that paranoid formations arise in the place of a self-reproach, that is, the paranoid becomes distrustful and over-sensitive to people because he feels they are, in some way, accusing him. He adds to his formulation that, if the ego is overwhelmed, the paranoid process reaches its conclusion either in "melancholia (a sense of the littleness of the ego), which, in a secondary manner, attaches to the distortions the belief which has been withheld from the primary process, or - what is more frequent and more serious - it ends in the formation of protective delusions (megalomania) until the ego has been completely remodelled.

In his paper, "Further Remarks on the Neuro-Psychoses of Defence" (1896) he discussed a case of post-partum paranoid symptoms. Here again, self-accusations were defended against by being converted into accusations from the outside that the patient could deny. Once again this defense is described as requiring a secondary modification of the ego which accepts the reality of the projections.

In his letter to Fliess of November 2, 1896, he notes the opposition to his theory of paranoia and then goes on to relate a dream from the night of his father's funeral, to which he had come late because he was in the barbershop. In the dream he was once again in the barbershop and saw a sign saying: *You are requested to close an/the eye(s)*. He describes this dream as an outlet for a feeling of self-reproach. But now the reproach comes from outside, from the sign. The implication is that this dream provides support for his theory of paranoia.

In 1908, he described the essentially sado-masochistic nature of paranoid fantasies. At the end of "Instincts and their Vicissitudes," he noted the apparent transformation of affection into hostility (and of love into hate) which is so characteristic of paranoia.

### **Schreber and the Wolf Man**

Discussing the case of Schreber, (1911) he put forth his definitive formula for narcissistic object relations: narcissistic injury causes an abandonment of the psychological investment in the object (which was probably already at least partly a narcissistic object), the abandoned object is identified with, and the withdrawn interest is now invested in the self (with the development of a differentiating grade, or introject, within the ego so that both self and object are internally represented), and, finally, the world is repopulated by the projection of one or the other of the personae in the self-self relation onto extraneous figures.

The Wolf Man, whom Freud analyzed from 1910 to 1914 was not delusionally paranoid at the time, but became so later on. Meissner<sup>3</sup> in his review of paranoia in this case, notes the centrality of narcissism in the Wolf Man's personality. He is concerned to demonstrate a "paranoid process," that is, a layering of self and object representations achieved by successive projections following narcissistic rages and successive identifications with the hostile figure thus created. His description is right out of Edith Jacobson and almost as difficult to read:

At various points we have touched upon the vicissitudes of narcissism in the Wolf Man's pathology. Our present concern is to relate these narcissistic dimensions to the functions of the paranoid process. The view expressed in the present study maintains that the dynamics of narcissism play a central role in the genesis of the paranoid process. Not only is the introjective configuration organized around and structured in narcissistic terms, but the correlative function of the projections operates equivalently as a narcissistic defense. Even more, the relevance of the interplay of introjection and projection to the working through of narcissistic concerns, particularly in the developmental context, has already been suggested in terms of the influence of these elements of the paranoid process in the shaping and internal organization of the self.

Thus the introjective configuration forms the critical core of internalizations around which the self-system is organized and in terms of which the sense of self takes shape. Similarly, the interplay between introjective and projective aspects of this process provides the matrix within which the child's emerging differentiation between self and objects, self and others, takes place.

If we shift the frame of reference of these considerations to that of the paranoid process, we can suggest that the critical notions involved in the progression of narcissistic development depend on and play themselves out in terms of a complex interaction of introjective and projective processes. The original discrimination of the idealized parental imago derives in part from the projective discrimination and the assignment of idealizing narcissistic elements to the object imago. Similarly, the emergence of an archaic, narcissistically invested, grandiose self is a function of the primitive and primarily discriminating function of introjection ... The further developmental elaboration of both of these components through the vicissitudes of the formation and working through of the dynamics of self-objects nonetheless depends on the continuing reworking and interplay of projective and introjective mechanisms.

The self-objects themselves are correlatively constituted and progressively modified by the interplay of these same mechanisms. The self-objects are constituted by the projective attachments of self-components to the emerging and differentiating object representations. The gradual differentiation of self and object elements and their respective integration into related, but independent and relatively autonomous, self and object configurations are by-products of the continuing refinement and differentiating modifications of the introjective-projective operations.

In the process of this reworking, particularly by reason of the introjective dimensions of this process, fragments of self-nuclei are evolved which gradually are integrated into a cohesive self-representation reflecting the inherent organization of the self as an internal and stably permanent inner possession. Correlatively, the organization and stabilization of object representations takes place *pari passu*. Thus the stability, independence, and separateness of object representations parallel the emerging stability and cohesiveness of the self. Obviously, the integration and stabilization of these inner psychic configurations express themselves in the sphere of external and interpersonal relationships in terms of the developmental progression of object relationships. The development of object relationships and the progressive integration and stabilizing of the self, and the developmental vicissitudes of narcissism, are reciprocally linked and interdependent ...

[In the case of the Wolf Man] the narcissistic components of the introjective organization played themselves out in a typical patterning of narcissistic polarity. We have already had occasion to note the organization of aggressive components in terms of polarities of aggressive destructiveness and its correlative vulnerability and victimization. A similar polarization takes place in the organization of narcissistic components in the introjective economy. The grandiose aspect of this organization is perhaps easiest to see, particularly in terms of its inherent sense of superiority, privilege, specialness, entitlement, omnipotence, and general grandiosity. The opposite polarity, however, manifests itself in terms of a sense of inferiority, worthlessness, impoverished

self-esteem, humility, and general lack of self-esteem and self-degradation. It is this latter aspect of the Wolf Man's narcissistic introjective configuration which forms the core of his depressive illness. Thus we can identify both aspects of this introjective organization in the Wolf Man: his inherent grandiosity, his sense of specialness (particularly in relation to Freud and the analytic movement), his sense of entitlement, and the feeling that he was a specially endowed and privileged child of destiny. The opposite component is also clearly reflected in his propensity to depression, often suicidal in proportion, his sense of worthlessness, and his chronically impoverished self-esteem.

The important point that needs to be made repeatedly in the discussion of such introjective dynamics is that these polarities are reciprocally linked, mutually dependent, and defensively reinforcing of each other, insofar as they compose the internal structural dimensions of the introjective organization. The same reciprocal linkage obtains between the aggressor-introject and the victim-introject previously discussed. Moreover, within the introjective economy, the interplay between aggressive and narcissistic components is difficult to disentangle. This is particularly noteworthy insofar as aggression may function in the service of redeeming fragmented and threatened narcissism, whereas aggressive manifestations may reflect the frustration of narcissism that expresses itself in "narcissistic rage" ...

In our present conceptualization the [organization of the Wolf Man's personality around a set of pathogenic introjects] has a specific reference. In the framework provided by the paranoid process, the organization of the introjects that provide the core of the false-self organization is seen as correlative to the individual's projective system. The projective system itself derives from the inner organization of the introjects, and reflects specifiable dimensions of the introjective configurations. Thus the projective system comes to serve a defensive function in one regard, but in another regard provides the purposeful matrix which must be sustained in some respect in order that the organization of the introjects be preserved and confirmed.

This way of looking at the process lies very close to Kohut's description of self-object formations, in the sense that the self-object is needed to sustain and complement the inherent deficits in the individual's sense of self. The process is seen most clearly in paranoid states, in which the object-relations context of the patient's experience is distorted by specific projections that serve the defensive purpose of providing a meaningful matrix within which the introjective organization can be preserved. In this sense, the persecutors are necessary in some sense to enable the paranoid individual to preserve an inherent sense of vulnerability or victimization. This certainly seems to have been the case for the Wolf Man, as we have seen. Correspondingly, if we think of the Wolf Man's idealizing transference relationship with Freud, the idealized object served to sustain his narcissistic equilibrium by making up in some sense the narcissistic deficit he felt in himself. However, we know that the correlative presence of the grandiose self is dictated by another dimension of the introjective organization. Thus the Wolf Man's relationship with Freud contributed ultimately to the sustaining of that introjective organization which constituted the grandiose self.

The last dimension of the paranoid process that requires comment is the paranoid

construction. The projective system does not stand in isolation as a series of projective contaminants of specific object relationships. The specific and more or less unitary projections in terms of specific object relationships are further sustained and reinforced by their organization into a complex network of beliefs, relationships, social structures, and belief systems, which give credence to the paranoid distortion. Thus the Wolf Man's adherence to psychoanalysis reflected not merely his narcissistic relationship to Freud, but was also bolstered by his assuming a place of importance in the analytic movement, a participation and engagement which gave him a sense of meaning, purposefulness, and belonging.

I strongly suggest that you outline this passage until you feel you have mastered it.

### **Paranoia and the Introjects**

In "On Narcissism: An Introduction" (1914) Freud spoke of a special psychic agency whose task was to insure satisfaction from the ego ideal and which, to that end, constantly watches and measures the ego vis-à-vis that ideal. He related this self-critical function to the common paranoid delusion of being watched. The delusion was thus a projection of the supervisory function of this internal criticizing agency, re-creating the original situation that the critical agency of conscience reproduces - specifically being under the critical gaze of the parents. These same ideas were presented, substantially unchanged, the "Introductory Lectures" (1916-1917).

Fenichel<sup>4</sup> agrees with Freud, stating that the paranoid process represents a relief, by way of projection, from aggression that has been turned inward in the form of shame, guilt, or feelings of inadequacy. This is merely a rewording of Freud's original formula that "paranoia is that which arises in the place of a self-reproach."

Hesselbach<sup>5</sup> noted that the severity of the conscience is co-determined by 1) the severity of the parental authority, 2) the projection of the patient's own aggressive impulses, and 3) the narcissistic rage resulting from repeated disappointments in them. The function of the paranoid process is to permit the unbearably guilt-ridden person to become righteously indignant and to struggle against (self-directed) sadistic impulses in the legitimate form of self-defense. Again, this is actually a re-wording of Freud's original formulation.

### **Paranoia and Depression**

Aronson<sup>6</sup> argued that "paranoia can be understood ... as a response to narcissistic injuries: hence, it is not uncommonly bound up with diminished self-esteem (depression), ... grandiosity, narcissistic mortification (shame, humiliation), and narcissistic rage. He wrote:

The association of paranoia with depression connects it also to self-pathology since

depression is intimately bound up with narcissistic injury, loss of self-esteem, and feelings of shame, humiliation, weakness, helplessness, deficiency, and victimization. Klein has proposed a developmental model with hypothetical sequential stages: ambivalence makes the depressive position difficult to maintain and creates the regressive pressures to retreat to the paranoid position...

... Sullivan ... regarded persecutory and grandiose ideas as intended to overcome a profound sense of inferiority, unworthiness, and weakness. The externalization of blame transforms an unhappy sanity and depressive awareness of one's defects into a more comfortable paranoid [belief system]. It is this deficiency of [the self-system] and attendant insecurity that creates the anxiety that causes the transition into paranoia. As with envy, there is a sense of wounded narcissistic expectation and injustice. The paranoid's security rests on his being persecuted. Paranoia thus shores up the self-system.

In a similar fashion, Salzman saw paranoia as a response to an underlying depression. The primary step in paranoid development is the construction of a grandiose self-concept. This serves to deny and compensate for an underlying impoverishment of self and depressive diminution of self-esteem. The defensive stance of projection and externalization salvages self-esteem by blaming the environment and absolving the paranoid of responsibility. Allen also viewed depression as primary and paranoia as a secondary defense. He wrote that every depression involves a suicidal impulse which the paranoid projects onto the environment and deals with as an external threat. The degree of intensity of the underlying suicidal impulse is proportional to the extent of elaboration of the paranoid construction...

A continuum model relating paranoia and depression has been proposed by Schwartz. His "paranoid-depressive existential continuum" refers to the degree individuals assign responsibility for their lives to things inside or outside themselves. At the depressive pole, the individual assigns excessive responsibility for his problems to himself. He feels all-powerful, yet without control or mastery over what he causes: "He is frequently caught up in guilt over what he perceives as unwanted and unacceptable effects of his power ... ". At the paranoid pole, he assigns responsibility outward, unable to feel any internal sense of responsibility, guilt, or remorse. He feels inwardly powerless, worthless, insignificant ...

Meissner and Katan suggested a continuum model based on the way the paranoid and depressed patient manages his aggressive impulses. The depressed patient wards off aggressive impulses toward the loved object by channeling them into an intensification of superego aggression, that is by projecting the aggression onto an external object instead of an internal one. Thus, at the depressive pole the aggressive conflict is dealt with via internalization, at the paranoid pole by externalization ...

Whether explained on a continuum or a topological basis, this interest in the relationship of paranoia to depression was founded on two important clinical observations. First, paranoid and depressive states were noted to frequently occur together or in different phases of the course of illness in the same patient. Second, in Meissner's words, "paranoid patients can only relinquish their paranoid stance at the risk of encountering a

severe depression."

I suggest you go over this passage again and apply each paragraph to the *Dream of Irma's Injection*.

## **The Paranoid Object**

Harold Blum<sup>7</sup> summarized his understanding of the nature of paranoid object relations as follows:

The persecutory object relationship is a central aspect of paranoia and will have features from all developmental phases ... In the paranoid personality, where many areas of the personality remain intact, object relations are more cohesive and integrated, although still unstable and lacking in constancy in the persecutory relationship. The narcissistic systems of megalomania and persecutory object relationship attempts to preserve the crucial relationship with the inconstant narcissistic object. The constant inconstancy of the persecutory object is a distortion replacing libidinal object constancy [N.B., this implies that paranoids are less likely to suffer from loneliness and the effects of object loss. Compare Lucy Weatherby's "But you mustn't leave me honey. I couldn't bear it"]. Expectations or conviction of infidelity, betrayal, and conspiracy are common, with hate and rage directed at the inevitably disappointing, faithless objects or their disguised representations. There is always suspicion and distrust of the object, but a need to search for and be shadowed by the object, to be persecuted by and to persecute the betraying narcissistic object who inflicts injury. The "constant" persecution displays the hatred and may disguise narcissistic and masochistic gratification in the attachment and bondage to the persecutor. Because of instability of boundaries and the lack of object and self-constancy, the wish for autonomy is experienced as betrayal of the deserting object who wants to be separate [N.B., compare Schreber's thoughts about attempting to separate himself from God Himself], and the wish for narcissistic fusion may be defended against and experienced as a dangerous intrusion or invasion and a threat to identity [N.B., compare Schreber's thoughts about what fusion with God Himself would do to his manhood]. The "inconstant" object does not and cannot be allowed to have an independent existence, and the threat of betrayal is ever-present along with the need to maintain the relationship at all costs. The paranoid appears to flee but is always followed or follows his dyadic persecutory partner.

In paranoid regression, the manifest change from friend to enemy, love to hate, is the culmination of the paranoid predisposition to narcissistic injury and rage, narcissistic and sadomasochistic object relationship, and the splitting of self and object representations. Narcissistic ... issues and unresolved problems of separation-individuation may be discerned within and behind oedipal conflict and distortions. Conflict and deficits are subsumed in a widened contemporary perspective of the development and structure of paranoia. In addition to the pervasive narcissism and use of projection, the ambivalent splitting in which hate overrides love, the failure of self-object constancy and malignant mistrust are interrelated and, in varying degree, consequent to developmental arrest, fixation, and regression.

## **Paranoid Transferences as Models of Paranoid Object Relations**

Paula Heiman<sup>8</sup> notes that the analysis of paranoid patients is marked by characteristic features:

The patient is preoccupied with experiences in which a certain person or persons have done and are doing harm to him (or her). He produces abundant material to prove that he is the victim of this person's hostility, and he describes in much detail his own state of suffering, pain, fear and mental incapacity ... The analytic sessions are filled by the patient's reporting ever new incidents in which he has been humiliated, attacked and in one way or another made to suffer ... When his persecutory fears have become transferred to the analyst, the analytic sessions become devoted to the enumeration of the analyst's wrongdoings. At such a point my patients have accused me of having no human sympathy with the sufferer - indeed I make my living out of him; I have no interest in helping him since that would end my sinecure; I am conceited and dictatorial and intent on putting my stupid theories over, to the patient's detriment; my interpretations are taken from the text-books which I have learnt by heart and which have no bearing on the patient; analysts think they are God Almighty, but in fact, nobody has ever been helped by analysis. The patient is convinced that his condition has deteriorated through the analysis; he never was as ill as he is now. He feels that the analyst sides with his enemies - is his enemy.

The analytic sessions with Mr. X. followed this pattern. He would begin the hour by complaining about his condition and reporting on his sufferings in great detail, each of which he felt to be due to analysis in general and me in particular. Whilst he himself was quite unaware of it, it was obvious to me that the detailed report on his painful experiences offered him the chance of attacking me and gave him a good deal of satisfaction. Consciously he was alarmed and distressed and the victim of my persecution. I used to listen to his complaints for quite a time silently. Then, when he felt he had expressed himself sufficiently, I took up his accusations in detail and made explicit what he had merely implied or hinted at. I found that it was very important to establish the links between his actual feelings of persecution and the incidents or interpretations which had occurred in recent or earlier analytic sessions and which had stirred his persecutory fears. I put into words as completely and specifically as possible whatever in his statements had remained only a vague allusion or an innuendo. I did not make any remarks of a reassuring or comforting nature, nor did I assert my sympathy or good will ... When I thus traced his references and allusions to interpretations and incidents in preceding sessions, his tendency to feel insulted and wronged and to distort my interpretations became, to some extent, obvious to him, and he did come to feel that I understood him ... Insight into his tendency to invest my interpretations and behavior with malicious intentions on my part emerged ... Gradually this feature, i.e. ordinary interpretive work, became dominant ...

In this way, by an exclusively analytic procedure, the patient's initial state of persecutory anxiety was reduced, and he often volunteered the information that he felt better and that his alarm and restlessness had gone, etc. He would, however, hardly give me any thanks for the relief which, on his own statement, he was actually experiencing, and at a later point he often made this very relief a cause for complaint, i.e. that by my 'nice voice and pleasant personality' I seduced him and lulled him into a false sense of security which, he declared, was not founded on any 'real' improvement. Indeed, whenever in his introductory report on his condition during the interval between the sessions, he did

mention an improvement, he almost unfailingly attributed it to some person having been nice to him and explicitly disavowed any connection with the analytic work...

In one particular session ... he began with a report on his wretched life, his anxieties and inabilities, the torments caused by his fears and his futile attempts to ward them off. Scornful and mocking references to the analyst were there in plenty. He felt at the end of his tether. His situation was aggravated this time because he had to make a change in his business. He knew what he wanted to do, yet felt unable to make the decision. He felt maximally persecuted, and the decision he had to make seemed to him to be of a vital order. Analysis, in his view having obviously failed to ameliorate his condition, had at this point to be put aside, and he demanded that I should give him advice about his so pressing 'real' problem and intervene directly in his external situation. I did not obey his order but proceeded in the usual way, and he became less anxious and less persecuted and recognized at some point that in fact his situation was not as urgent as he had at first believed. But his attacks on the analysis and on me and his pleasure in inflicting insults and accusations seemed a bit stronger perhaps than usual. On leaving, though much relieved and with more insight into the factors related to his actual problem, he stated that I had not helped him at all and that he would be as much tormented after the hour as he had been before it.

The way, however, in which he made this statement did not accord with an anticipation of misery. It was with relish that he flung this parting shot at me, The affect accompanying his remark was triumphant and menacing. Manifestly his words contained two statements, one about my failure to help him and the other about the condition of torment he foresaw for himself. The hostile triumph in his attitude was clearly related to my failure and might be rendered by a phrase like this: 'You should be ashamed for having so blatantly failed in your job.' But this rendering of his thought would only express his triumph at having established my incompetence. There was also, as I said, an unmistakable threat in his attitude, which if put into words would run like this: 'I shall torment *you* after the hour exactly as I did when I came. You cannot escape from my attacks although (or because) you will not be there to defend yourself.'

Comment on Heiman's vignette: Note the way in which this transference relationship exactly fits Freud's comments about paranoia arising *instead of* a self-reproach. The patient has identified with the tormenting and denigrating introject and is treating the analyst as he would treat himself in a state of melancholia. The whole tenor of the patient's attitude is designed to induce shame and guilt in the analyst, to reproach the analyst for having failed to live up to an ego ideal. The analyst is therefore serving as an object found along the path of narcissism. This is an example of self-righteousness (i.e. identification with the idealized critical introject) serving to permit the emergence of moral sadism as a defense against melancholia. The self-esteem enhancing effects of this maneuver are obvious: he can love himself exactly in proportion to his denigration of the analyst.

Otto Kernberg<sup>9</sup> provides an example of the resolution of a paranoid transference:

Mr C was a businessman in his late forties, who consulted because of selective

impotence with women from his own socio-economic and cultural environment, while he was potent with prostitutes and women from lower socio-economic backgrounds; fears of being a homosexual; and problems in his relationships at work. Mr. C was also drinking excessively, mostly in connection with the anxiety related to his sexual performance with women. He was the son of an extremely sadistic father who regularly beat his sons and daughters, and a hypochondriacal, chronically complaining and submissive mother who was perceived by the patient as ineffectually attempting to protect the children from father. The patient himself, the second of five siblings, experienced himself as the preferred target of both father's aggression and his older brother's teasing and rejecting behavior ...

At one point in the treatment, Mr. C became convinced that I had spat in the street when I saw him walking on the other side. He said this in the context of several rather veiled comments implying that I was unfriendly, and that, while greeting him at the beginning of his sessions, I was conveying annoyance with having to see him. The vagueness of these earlier complaints was in marked contrast to this one precise observation, presented with intense anger and resentment.

I asked him whether he was really convinced that, upon seeing him, I had spat in the street; he told me, enraged, that he knew it, and that I should not play the innocent. In response to my asking which I should spit in the street, and why I would behave in such a way toward him as my patient, Mr. C angrily responded that he was not interested in my motivations, just in my impossible behavior, which was totally unfair and even cruel. My previous efforts to interpret his experiences of me as conveying displeasure, disapproval, and even disgust with him as the activation, in the transference, of the relationship with his sadistic father had led nowhere.

When in the past I had said that he was interpreting my behavior as if I had the personality of his father he had simply answered angrily that, because he had been mistreated by his father, I now felt free to treat him in the same way, as everybody in his office also felt free to treat him. This time, he became enraged when I expressed - in my tone and gesture more than in my words - my total surprise at the assumption that I had spat in the street upon seeing him. Mr. C told me that he had difficulty controlling himself in order not to beat me up, and, indeed, I was afraid that he might even now assault me physically.

I told him that his impression was totally wrong, that I had certainly not seen him and had no memory of any gesture that might be interpreted as spitting in the street. I added that, in the light of what I was saying, he would have to decide whether I was lying to him or telling him the truth, but that I could only insist that this was my absolute conviction.

Mr. C seemed confused by my categorical statement; he seemed to feel relieved by my strong emphasis, and by my attitude toward him, which he could not fail to see as concerned and an honest attempt to communicate with him. At the same time, he tried to explain away the contradiction between his observation and my statement by telling me that I was probably not aware of my behavior on the street, and of the fact that,

distractedly, I had seen him there.

I insisted on the essential incompatibility between his view of reality and mine. I told him that his accusation was the culmination of weeks of vague comments about my behavior, and that, what with his account of my behavior in the street, I was beginning to think that one of the two of us must be crazy. Either I was totally oblivious of my behavior toward him, or he was systematically misinterpreting it in terms of his crazy convictions. I also told him that his wish to beat me up and produce a violent scene expressed not only his rage at my behavior, but was also an effort to create in the reality of our interaction a fight that would confirm his own view of reality and reassure him against the awareness of such a total incompatibility between what he and I were seeing as real ...

Mr. C's reaction was dramatic. He suddenly burst into tears, asked me to forgive him, stated that he felt an intense upsurge of love for me, and that he was afraid of the homosexual implications of this love. I told him that I realized that, in expressing this feeling, he was acknowledging that his perception of reality had been unreal, that he was appreciative of my remaining at his side rather than being drawn into a fight, and that, in this context, he now saw me as the opposite of his real father, as the ideal, warm, and giving father he had longed for. Mr. C acknowledged these feelings and talked more freely than before about his longing for a good relationship with a powerful man.

I returned, however, to his experience of my having spat in the street when I saw him. I was concerned that a splitting operation had occurred, with a sudden shift in the transference reflecting a dissociation of the psychotic experience rather than its resolution. Mr. C was very reluctant to continue the discussion of that perception of me as denigrating him. Over the next few sessions, he felt that my efforts to return to it meant a rejection of him and his wish to be accepted and loved by me.

Eventually, after elaborating this fear, he was finally able to explore his fantasies about the meanings of my assumed behavior of deprecation of him. It turned out that, in contrast to my earlier interpretations implying that it was the transference to his father that permeated his suspiciousness of me, my 'crazy', derogatory behavior reminded him of the hypocrisy of his mother, who pretended to love her children while avoiding any confrontation with father in defense of them. The overall transference was to a combination of a primitive, extremely sadistic parental image and superego precursor.

### **Paranoid Object Relations and the Pathology of the Introject**

Kernberg (*op. cit.*) explains the development of paranoid object relations/transferences in the following way: he cites Edith Jacobson's<sup>10</sup> description of layers of superego development and notes that the introject consists of an earliest layer of persecutory images followed by a later layer of idealized images followed by a still later layer of more realistic representations of demands derived from the oedipal period. He continues:

Where excessive early aggression predominates ... the aggressive layer of superego development is so dominant that, by projection, it populates the early world of experience with persecutory figures [N.B., This is a recapitulation of Freud's four-step description of the creation of a narcissistic object]. That persecutory world interferes with the setting up of the idealized superego precursors. Instead, a predominantly paranoid world of object relationships is built up, and eventually reflected in paranoid transferences.

The almost total absence of compensatory idealized relationships may lead to the almost total destruction of internalized object relations, investment of the self with power as the only way of survival, or, as a secondary development, the psychopathic manipulation of relationships to survive, the "paranoid urge to betray" described by Jacobson (*op. cit.*). Psychopathic development and the corresponding transferences, then, are a secondary elaboration as a defense against an underlying paranoid world.

If, in contrast, sufficient opportunities for idealized relationships remain to permit setting up both idealized and persecutory object relationships, the self-idealization and the narcissistic denial of dependency needs may be an alternative development to paranoid fears. These conditions lead to a dominance of narcissistic defenses as a protection against underlying paranoid tendencies, and, when the pathological grandiose self is infiltrated with aggression, to the development of perversity ... [in the ordinary case] splitting mechanisms facilitate the alternative activation, side by side, of idealizing and paranoid tendencies.

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