Paranoia and Political Leadership

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Paranoia and politics are two topics that have fascinated me for many decades. In this paper, I review psychoanalytic definitions of the paranoid process, summarize our understanding of its etiologies, extract from diverse psychoanalytic sources some general recommendations for treating patients with paranoid dynamics, and make a few comments about the implications of such prescriptions for political leadership. Although they may be dated by the time this paper sees print, I have included some thoughts about the challenges facing Barack Obama and his administration, who seem to be trying to reverse certain paranoid trends in the United States. This paper will reflect my own left-leaning politics, but I have tried to be clear that paranoia is an equal-opportunity political problem, that we are all vulnerable to paranoid responses. As Drew **Westen (2007)** found in researching the political brain (somewhat to his dismay), the fMRI of a politically stimulated liberal is indistinguishable from that of a similarly engaged conservative.

In recent decades, the term "paranoid," once the signifier of certain specific psychiatric syndromes, has come to be used rather loosely. This casualness may derive ultimately from Freud's resistance to categorical distinctions between health and sickness and from his explicit acknowledgment of the psychodynamics and psychopathologies that pervade everyday life. In the post-Freudian world, we are quick to attribute paranoia to ourselves and to others, and many of us, even professionals, use the word "paranoid" as a synonym for "fearful" or "unreasonably

suspicious." But the technical meaning of the term, at least in psychoanalytic circles, is more precise. In 1896, Freud identified a reliance on *projection* as the defining feature of the syndromes that he and his psychiatric predecessors had identified as paranoid, and he emphasized the origins of that projection in specific unconscious processes.

Given that projection operates constantly in the mental lives of all of us, often benignly, it is important to note that what diagnosticians have traditionally called "paranoia" involves not just projection but *disavowal and dissociation of what has been projected* **(Shapiro, 1965)**. These disowning operations have a central place in Freud's explanation of paranoia, which he traced to an initial, unconscious denial or "contradiction." Thus, "I do not *love* him—I *hate* him," when projected, produces the conviction that "He hates me" (Freud, **1911**, p. **63**).

Disavowal/dissociation of unacceptable aspects of self (Sullivan's [1953] "not me") and projection of them onto others is normative for human beings at early stages of development, and is arguably necessary to the establishment of a sense of identity. Logically, for everything one values there is a complementary phenomenon that is devalued, at least implicitly. As maturation proceeds and identity is consolidated, the capacity for mentalization, for recognizing and valuing the separate subjectivities of others, becomes possible (**Benjamin, 1995**; **Jurist, Slade, & Bergner, 2008**; **Klein, 1935**). Regression into framing complex phenomena in terms of good-bad binaries (splitting) remains a risk, however, especially under conditions of ambiguity, humiliation, and/or threat to the integrity of the self.

If the positive experience of the self remains dependent or, via regression, becomes dependent on an Other as an ongoing source of contrast, one desperately needs one's bad objects. When the Other is an indispensable part of self-definition, psychological separation is not possible. Klein's concept of projective identification captures something about the merger of disowning externalization and needy attachment that is involved in primitive forms of projection. I am using the term projection here to include projective identification and am assuming that paranoia is inevitably a two-person process, given its origins in

early interaction, before a complex, separate sense of self and others is consolidated (see **Seligman, 1999**).

At the cultural level, group identity may evolve by a comparable process of contrasting one's reference group to devalued others on whom disowned qualities are projected: the stoic Spartans versus the self-indulgent Athenians, the pious Christians versus the lascivious pagans, the civilized world versus the savages, the selfless communists versus the greedy capitalists, psychoanalytic organizations claiming "high standards" versus those with "lower standards." Freud's (**1921**, **1930**) observations about the "narcissism of minor differences" apply here: What seems most threatening to one's sense of group identity are close neighbors with marked similarities to one's own group; it is from them that we work hardest to differentiate ourselves.

This "othering" process (**Bruggeman, 1999**; **Johnson, 2002**) can foster group cohesion, pride, and a sense of community. Rules in the form of "Do not, *as the Philistines do…*," for example, helped to structure the early Jews' sense of themselves as a distinct people. Like most psychological processes that arise naturally and have positive functions, however, othering can become a habitual, relentless, destructive defense, one that has been centrally implicated in the most catastrophic episodes in human history. Under stress, groups that have moved beyond rigid complementarity can regress to Manichean concepts of the world, or, in analytic language, can become fixated in Klein's **(1935)** paranoid position. If we are to try to prevent enactments of paranoid dynamics in the political realm, we need first to understand the paranoid process and then to examine what may prevent, reverse, or mitigate its most toxic manifestations.

Paranoia: A Process, Not a Trait

To comprehend paranoid dynamics, it is important to differentiate the psychoanalytic understanding of paranoia from its characterizations in later editions of the *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association—the source for most casual uses of the word as well as most research on paranoid phenomena. Since the publication of its third edition, the DSM has been responsive mainly to the needs of empirical

researchers, who had complained about the inferential, psychoanalytically suffused, subjectively oriented DSM-II.[1] Thus, post-1980 editions of the DSM operationalize dynamic trends in personality in terms of overtly observable, present-versus-absent criteria sets. In the case of paranoia, this strategy has had the unintended effect of impoverishing our understanding of the paranoid process—a process particularly unsuited to being described by externally observable traits.

A case in point: The diagnostic criteria for paranoid personality disorder in DSM-IV include several indications of suspiciousness and distrust. But from a psychoanalytic standpoint, paranoia is better understood as *a pathology of trust itself* **(Isaacs, Alexander, & Haggard, 1963)** than as the specific trait of distrust. Paranoid people are indeed often deeply distrusting, and yet they can also be pathologically overtrusting, as in the case of the paranoid cult follower or true believer who regards his leader as infallible.

It would thus be more accurate to describe the psychological life of chronically paranoid individuals as characterized by a recurrent, consuming unconscious preoccupation with trust versus distrust **(Erikson, 1950)**. In more contemporary terms, people with a paranoid personality structure are not securely attached; specifically, they may have a disorganized/disoriented or "unresolved" **(Wallin, 2007)** attachment style and lack object constancy **(Akhtar, 1994)**. Love and trust feel particularly dangerous to them— something Freud recognized in tracing paranoia to the denial, projection, and displacement of love. Loving feelings may be regarded with contempt or may be limited in expression to "strong" versions of love, such as devotion to a ruthless leader, as opposed to the tender, needy, "weak" (and, to some counterdependent people, "feminine") experiences of ordinary attachment (cf. **Ducat, 2004**).

In its preference for a categorical over a dimensional taxonomy, the DSM fails to depict paranoid phenomena that are neither psychotic nor instantiated in a personality disorder—the manifestations of paranoia with which I am mainly concerned in this essay. It also fails to elaborate on paranoid syndromes other than the more persecutory versions, in which hostility and aggression

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are dissociated, projected, and experienced as the expectation of attack from external enemies. The manual ignores or marginalizes erotomania, megalomania, and pathological jealousy **(Freud, 1911)**, all of which are also characterized by disavowal and projection, and all of which were considered, in the long pre-DSM psychiatric tradition of careful naturalistic observation, to be manifestations of the paranoid process (see **Oldham & Bone, 1997**).

Preoccupations with attack and persecution appear to involve the activation of a particular brain potential, a set of functions that **Panksepp (1998)** has called the FEAR system, which has evolved to deal with possible predation. Persecutory versions of paranoia have been closely associated in the psychoanalytic literature with annihilation anxiety (see **Hurvich, 2003**), as differentiated from separation anxiety, and evidently rightly so. At the level of brain chemistry, persecutory anxieties involve different neurotransmitters and pathways from those associated with attachment—namely, separation and abandonment anxieties (**Bowlby, 1973**; **Masterson, 1976**), or Panksepp's PANIC system. The FEAR system is not mediated by serotonin and is thus not influenced by the SSRIs (which may be why our paranoid patients are not particularly helped by antidepressants). It responds instead to the benzodiazepines, alcohol, and related "downers" (which may be why so many people with paranoid tendencies struggle with substance abuse).

Even though American fears of attack by external enemies were dramatically stimulated on September 11, 2001, I suspect that anxieties about outside attack pose less of a danger to constructive politics in the United States than other versions of paranoia. The more defensive, less evolutionarily adaptive paranoid syndromes are less blatant and perhaps more involved in destructive and self-destructive political enactments. Of the nonpersecutory paranoid syndromes, megalomania is of special concern in the sociopolitical arena. In addition, both paranoid hatred and projection of intent are paranoid expressions with serious implications for politics. Let me briefly define these phenomena as they have been understood psychoanalytically.

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Paranoid Syndromes with Special Relevance to Politics

Megalomania is a state of mind in which shame, self-contempt, and grief over limitation are dissociated and projected. *You* are the pathetic, defective ones, whereas *I* exemplify what is normative and good. Among healthier people, megalomanic trends may be manifested in a subtle and often adaptive sense of omnipotence, while in psychotically paranoid individuals, one sees grandiose delusions, for example, that one is Christ or Satan or, in recent psychiatric experience, Bill Gates **(Kershaw, 2008)**. The greater the unconscious self-loathing, the stronger the draw toward megalomania. In political bodies, mild degrees of megalomania are expressed as national or civic or ethnic pride, while pathological degrees inspire various forms of imperialism—cultural, economic, ethnic, racial, and the like—which may reach genocidal intensity.

Presumably, the greater the sense of unconscious inadequacy, shame, and self-loathing of any group, the more vulnerable it will be to megalomanic claims to be the superior race, the true religion, the naturally authoritative gender, the revolutionary ideal, and so on, and the more likely it will view other groups with a withering contempt that can be recruited into the project of trying to destroy them. Although some claims of political superiority may express more or less healthy narcissism (a sort of "team spirit" that amiably tolerates the coexistence of other teams), it is arguable that the most destructive convictions of the supremacy of one's group have involved a megalomanic defense, the effort to restore a gravely damaged dignity and pride.

Paranoid hatred (**Blum, 1981**; **Racker, 1968**) is a state of mind in which negative qualities that are suffused with intense feelings of contempt are projected onto others, while both self-contempt and fear are dissociated. This phenomenon includes a megalomanic component and resembles persecutory paranoid dynamics, except that the sense of threat from the Other is less conscious or more thoroughly rationalized. This paranoid process is identifiable by virtue of its intransigence (its indifference to counterarguments) and by the psychic energy with which it seems infused **(Waelder, 1951)**.

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Like all projection, paranoid hatred operates at the societal as well as the individual level, and it can do significant harm, especially when charismatic leaders identify enemies onto whom all badness is projected and then mobilize scarce resources to attack them. The process of turning disowned inner preoccupations into hated external ones has been observed not only by clinicians but also by scientists, as in studies in which dogmatically antihomosexual, putatively straight males showed distinct physical signs of arousal when viewing same-sex erotic materials as compared with nonhomophobic heterosexual men (Adams, Wright, & Lohr, 1996).

Therapists are most apt to encounter paranoid hatred when they face the jarring evidence of a client's energized determination to believe the worst of Jews or Arabs or women or liberals or evangelicals or people in sexual minorities or some other detested category. Paranoid hatred at the social level can be inferred when a constituency fails to vote for what seems objectively in its own interest, and instead votes in line with a rigid ideology about what categories of people are bad and must be kept from being full members of the body politic. Political advisors influencing the recent Bush administration pursued certain agendas quite effectively by creating and manipulating paranoid hatred in constituencies that could support their political survival (see Welch, 2008). On the other side of the American political spectrum, Franklin Roosevelt, knowing that isolationist America would resist entering World War II on strictly rational, humanitarian grounds, exploited the Japanese attack on Pearl Harbor to put paranoid hatred into the service of marshaling the war effort. Othering is a time-honored method of political mobilization, for ends that history may later judge as good or ill or mixed.

Projection of intent: There is a megalomanic aspect to all paranoid syndromes, in that the self is experienced as a central object of interest. In paranoid states of mind, we become incapable of appreciating others as having motives that may have nothing to do with us. In Fonagy's terms (e.g., Bateman & Fonagy, 2004), we cannot mentalize. The "ideas of reference" traditionally diagnostic of paranoid processes express the internal wish/fear/conviction that everything that affects the self is intentionally aimed

at the self. Kleinian analysts talk about a projective phenomenon that might be termed "projection of intent": the assumption that because your behavior has made me feel a certain way, that is how you intended me to feel. Thus, if the decision of my elected official causes me pain, I assume that he or she meant to hurt me—or at best callously neglected to prevent my suffering.

This projective reaction betrays an unconscious preference to see oneself as someone who matters rather than as the hapless, vulnerable object of forces far beyond one's control. There is more dignity in thinking that an enemy is determined to destroy one's way of life than in seeing one's community as having suffered incidental "collateral damage" secondary to some other motive the perpetrators might have, such as demonstrating their power to their own citizenry or to their neighbors. This self-referential process also spares us the trouble of trying to understand the complex psychology behind an attack. When nineteen unprepossessing men with box-cutters managed to destroy the financial center of the world, this insult to Western hubris prompted the grandiose, simplistic explanation that "The terrorists hate our freedom!" I suspect that, among other sources of this way of framing the issues, such a formulation involved projection of intent. Americans, feeling suddenly less free from the insecurities of the world, concluded, with help from their leaders, that the *motive* for the attack was to destroy their freedom.[2]

Origins of Paranoia in Ambiguity and Humiliation

How do we make sense of the pathology of trust that motivates these paranoid processes? Analysts have long noted (e.g., **Kernberg, 1998**) that the more chaotic or ambiguous one's situation, the more likely it is to create anxieties about trust and thereby to incite paranoid dynamics. Klein described a normal paranoid (and, later, paranoid-schizoid) position, but also suggested **(Klein, 1936)** that the greater a child's sense of loss and uncertainty, the more paranoid anxiety will arise out of infantile fantasies that one has destroyed the mother or her love. **Meissner (1978)** saw paranoia as a defense against unbearable depression. What is true for the individual may apply to organizations and civic entities where basic security is an issue: Unstable and ambiguous

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environments breed regressive responses, especially paranoia (Bion, 1967).

The megalomanic disposition behind paranoid ideas of reference, the inclination to see oneself as important and powerful and as the central focus of others' deliberate machinations rather than as a weak victim of circumstances, hints at the emotional legacy that careful observers have repeatedly implicated in the origins of paranoid dynamics: namely, experiences in childhood of repeated humiliations that cannot be effectively warded off or even named (Laing, 1972) and hence cannot be worked through. These experiences go beyond ordinary shaming and involve an element of "soul murder" (Shengold, 1989) or the inculcation of serious confusion about the boundary between self and others.

Accumulated clinical experience suggests that the rigidity of paranoid disavowal is directly proportional to the intensity of humiliation that underlies problematic paranoid dynamics (cf. Anthony, 1981; Aronson, 1989; Colby, 1976; Lansky, 2005; Meissner, 1979; Niederland, 1974; Stamm, 1978; Steiner, 2004). If one has felt relentlessly humiliated for one's commonplace human feelings, wishes, impulses, conflicts, and failings, one develops a powerful need to disown those aspects of psychological life and see them as outside rather than inside the self. The compensations of a megalomanic attitude for the misery of humiliation are obvious.

The role of humiliation in the etiology of individual paranoid dynamics is paralleled by its role in the origins of extreme and belligerent political movements, and in political aggression generally. Most scholars trying to account for the grotesquely paranoid phenomenon of Nazism (e.g., Shirer, 1960) attribute its rise to the humiliation of Germany in the post-World War I era. Some analytic writers (e.g., Varvin, 2005; Volkan, 1997) have elaborated on the relationship of humiliation to the paranoia-saturated phenomenon of terrorism. A fascinating portrayal of the possible consequences of humiliating affect in politics can be found in Steinberg's (1991) impressive study of the role of shame and humiliation, as it affected both Nikita Khrushchev and John Kennedy, in the potentially paranoid enactment of the 1962 Cuban missile crisis.

At the societal level, humiliation may occur for several reasons. Most obviously, a group may suffer humiliation because its members are regarded with contempt by a more powerful group on whom they are either realistically dependent or against whom they cannot compete effectively, or both. The humiliation associated with being colonized, enslaved, and being seen as one of the "lesser breeds" can be profound. More subtly, the unexpected emergence of a powerful right-wing movement in the United States in the 1960s expressed, among other things, the accumulating outrage of citizens who had felt scorned by the liberal power elite **(Mills, 1957)**, especially its most intellectual members. Buckley's **(1951)** *God and Man at Yale*, a seminal expression of this anger, eventually mobilized thousands of people with religious sensibilities who had felt humiliatingly patronized by secular pundits.

Humiliation may involve explicit taunting, which may express paranoid dynamics in the persecutor. Taunting includes evoking someone's deeply felt fear or desire, exposing the person's inability to master the fear or fulfill the wish, and then ridiculing him or her for being helpless. The recently notorious interrogation practice of waterboarding, in which captors make a prisoner feel he is drowning, is a humiliation tactic (especially if they then mock him for his terror), as is forcing inmates to view erotically stimulating material and then making fun of their arousal. As there is no evidence that humiliation furthers the gathering of reliable intelligence, one suspects that what supports such practices includes emotional benefits to the tormenters, such as the reassurance that they are not the terrified or thwarted Other when they are also feeling helplessly controlled by forces far beyond their own influence. A particularly harmful by-product of explicit humiliation is that its objects cannot ever forgive their tormenters. Human beings can often stomach the idea of aggression in the service of self-interest, but deliberate humiliation seems to be emotionally unbearable to us (see **Akhtar, 2002**).

Humiliation may also occur without explicitly or deliberately humiliating behavior by a tormenter. The smaller and more unimportant one feels in the face of seemingly overwhelming Otherness, the more humiliating is one's position. Americans

should not be surprised when poorer and more traditional populations feel demeaned by images of Western wealth and entitlement that relentlessly invade them via the mass media. On a recent trip to China, I was told by an intelligent student of psychotherapy, somewhat tongue in cheek, that she felt she understood Americans because she was a devoted watcher of *Desperate Housewives.* If one imagines the psychological situation of traditional Muslim young men in countries with few employment opportunities, inundated by images of Western secular materialism and sexual exhibitionism that mock their cultural ideals of simplicity and modesty, it is not a great leap to imagine how the United States could come to be seen as the Great Satan.

Humiliation can also be an unintended effect of benevolence. Because of the narcissistic injury inherent in depending on the generosity of others, humiliation may accompany or obliterate the gratitude that one might naively expect in a recipient of largesse. My late husband, Wilson Carey McWilliams, a student of international politics, used to argue that it was counterproductive for the United States to dispense foreign aid nonreciprocally, because countries on the receiving end of a one-way gift would resent being put so painfully in a one-down position and would be unconsciously inclined to make the United States into a persecutory Other. His recommendation was that we instead engage in specific contracts with countries we hoped to support, arrangements that specified an exchange that would give the recipients of our aid the dignity of contributing something to us. It is interesting that more recently some microfinance organizations (see, e.g., **www.kiva.com**), operating according to similar principles, have accomplished gains in the Third World that years of government aid failed to achieve.

As relational analysts have argued, mutuality undermines the "doer-done to" dynamics that can otherwise stymie relationships (**Aron, 1996**; **Benjamin, 2004**). Unfortunately, it may be hard for the dominant members of any culture to resist the image of themselves as the generous distributor of all valuable resources, as part of the pleasure in being the giver is a sense of superiority. When this sense is unconscious, enactments of seemingly charitable but subtly insulting transactions may be oppressively

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frequent; only when it is conscious can leaders choose to reject the temptations of the Lady Bountiful position.

Finally, humiliation may reflect problems of scale. Jean-Jacques Rousseau, among other political theorists, noted that the bigger a political society is, the less an individual matters, and the more inherently humiliating is his position. Mass societies breed a sense of helplessness. In vast, bureaucratic cultures, transactions tend to be impersonal, making people feel regularly humiliated (in the office, at the Department of Motor Vehicles, at the bank, trying to reach a customer service agent on the phone, in huge traffic snarls among strangers, and so on). Although such humiliations are unintentional, they may, via projection of intent, give rise to images of a sadistic oppressor. Or citizens may find themselves, via paranoid hatred, attributing their humiliating impotence to out-groups. The more complicated one's world and the less power one has to affect it, the greater the temptation to understand it via paranoid oversimplification.

Alexis de Tocqueville argued that a meritocratic society like the United States would inevitably humiliate the vast numbers of Americans who did not make it to the top. In recent decades numerous writers (e.g., **Toffler, 1972**) have stated or implied that the speed of contemporary change itself is humiliating, as one's knowledge becomes instantly outdated and cannot easily remain a source of self-esteem. Barbara Ehrenreich (e.g., **2008**) has suggested that the system of worldwide, advanced capitalism is dehumanizing and humiliating for everyone in it, even as it encourages individuals to develop fantasies of personal omnipotence ("I could get rich tomorrow if only I play my cards right"). It follows that blaming overtly powerful groups such as "Wall Street" can make people feel even less powerful, as what can any individual do about the global financial system? But blaming feminists, illegal immigrants, dark-skinned people, gay people, or foreigners allows one to keep some sense of power, as it *is* imaginable to take on people who are more marginal. This may be one reason why Karl Rove's strategy worked to get Bush elected, whereas efforts by Democrats to blame the rich and powerful for social problems have tended to fall flat politically.

At both the individual and social levels, paranoia may be

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contagious and self-replicating. Like trauma, it may be transmitted intergenerationally. If I disown aspects of myself that I cannot bear, impute them to my daughter, and attack her for having those qualities, she is likely to develop a deep, confused sense of inner badness and humiliation. When she is a mother, she will be vulnerable to dissociating this unbearable internal experience and projecting it onto her children, ascribing humiliating badness to them. **Seligman (1999)**, in depicting the destructive effects of "coercive asymmetries" in some parent-child interaction, has beautifully documented this intersubjective process.

Paranoia also replicates itself along the familiar lines of Mowrer's **(1950)** "neurotic paradox" or Wachtel's **(2007)** "irony": If I am chronically fearful of humiliating attack, I will become hypervigilant and act in peculiar ways that invite contemptuous devaluation. I will then feel rehumiliated and be subject to an even greater internal imperative to disown and project. The objects of my paranoia will be recruited into the paranoid cycle: When people are on the receiving end of dissociated, projected attributions, they feel humiliated and frequently turn the badness back on the attributor with efforts at counterhumiliation.

Reducing and Preventing Paranoia

Having reviewed some psychoanalytic conceptions of paranoia and its etiology, I now summarize some central elements of effective therapy with paranoid patients, as I understand them to be practiced in the psychoanalytic community. This summary draws on clinical reports, theoretical writing, empirical research, personal experience, and close observations of the clinical work of others. Much of my understanding has come via the oral tradition of our profession (clinical lore passed on from supervisor to supervisee and from therapist to therapist) rather than via its written record. Written accounts of psychotherapies for paranoia are relatively scarce, probably because getting permission from paranoid patients to write about their treatment in detail may confront therapists with insuperable difficulties.

Exemplifying respect. Therapists with a reputation for working well with paranoid patients (e.g., Harry Stack Sullivan, Harold Searles, Frieda Fromm-Reichmann, Leston Havens, Bertram

Karon, George Atwood) are notable for the respectful, egalitarian tone that characterizes their reported clinical work. Without this attitude in the therapist, the patient's underlying humiliation is too intense to permit therapeutic collaboration and change. **Karon (1989)**, for example, in confronting a patient's paranoid delusion, will nevertheless comment on how brilliantly the deluded person made sense out of the limited data that he or she had at hand. Sullivan (**1954**, p. 220) suggested approaching a paranoid person with honest disagreement about paranoid constructions, but with the greatest concern to avoid the patient's humiliation. Numerous therapists have noted the importance of granting paranoid patients the respect of acknowledging the parts of their attributions that are accurate—Sullivan's "hook" on which the client hangs a projection, or the "grain of truth" **(Josephs & Josephs, 1986)** in the paranoid construction—and have emphasized that individuals in paranoid states typically perceive affects correctly but misinterpret their meanings and implications.

Oddly, respect is a concept that has received only limited explication in analytic writing. Our literature on therapeutic practice contains volumes on empathy, but when one of my students recently did a search in preparation for a phenomenological study of the question of respect for the patient in psychotherapy **(Blass, 2006)**, he found only five articles on the topic. In interviews with experienced therapists in the community, he found that many clinicians spontaneously remarked that they often had more trouble maintaining respect for a patient than feeling empathy for him or her; in this connection, they named categories of clients (e.g., pedophiles, addicts) whose histories may elicit empathic responses but whose behavior tended to strain their capacity to maintain a respectful attitude.

Benjamin's **(2000)** theorizing about "recognition" may be the closest conceptual relative in the psychoanalytic literature to the phenomenon of therapeutic respect that I have come to believe characterizes the work of people who are most helpful to paranoid patients. If we read between the lines in analytic writing about the treatment of paranoia, we find in it a consistent and profound respect for the patient's dignity and humanity. In the sociopolitical realm, it is of note that Ralph **Ellison (1952)**,

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as he tried to deconstruct the paranoid phenomenon of racism, wrote about the importance of recognition in ways that strikingly parallel Benjamin's.

Accepting negative transference. Therapists who are effective with paranoid clients are also notable for their tolerance of being seen as bad objects. They appear to have a high degree of discipline by which they restrain themselves from trying to dispute the patient's paranoid fears or attempting to prove their own trustworthiness. It is difficult for many of us to tolerate the stubborn conviction that we will betray a client's trust, but such tolerance is necessary for the therapeutic process. Efforts to persuade a paranoid patient that one is essentially loving will provoke the conclusion that the therapist either is dangerously naïve and self-deluded or is a self-serving liar. If such patients could take in the good aspects of the therapist, they would fall into a state of unbearable grief and envy over the contrast between the grim world in which they have lived and the fairer, more compassionate world exemplified by the therapist.

There seems to be a convergence across theoretical orientations about the importance of accepting and containing a paranoid person's negative attributions. Kleinians (e.g., **Feldman, 1993**) have long advocated such discipline in the face of intense projective identification. **Meissner (1978)**, writing from the perspective of mainstream ego psychology and object relations, implies such a stance. Sullivanians (e.g., **Levenson, 1981**) have taken a similar position, at least implicitly, in advising clinicians to regard paranoid reactions not as distortions to be interpreted but as perceptions of something accurate, albeit unattractive. Neil **Altman (2004)** and **Deborah Luepnitz (2009)**, identified respectively with contemporary relational and Lacanian perspectives, both caution against challenging negative transferences when working with the poor and the homeless, among whom paranoia is rife. Analysts influenced by Hyman Spotnitz, whose technical prescriptions derived originally from work with people with significant paranoia, have developed a general orientation to therapy that involves the avoidance of unsolicited interpretation and the acceptance of the patient's attributions of hostility and aggression to the analyst (see, e.g., **Bernstein, 2001**).

Demonstrating scrupulous honesty. People with core paranoid

dynamics require more openness and explicit honesty, especially early in treatment, than other patients. This does not mean that their therapists must blurt out everything they think and feel, but it does mean that anything they do say must be true, or, in Heidigger's sense, authentic (cf. **Thompson, 2004**). In particular, they should not rely on nondisclosure norms to rationalize the avoidance of unpleasant truths. Even classical psychoanalytic authors (e.g., **MacKinnon & Michels, 1971**) have recommended answering a paranoid patient's questions and being forthright in other ways, as otherwise the person may feel toyed with and humiliated.

When paranoid individuals get the message that a therapist takes a question seriously, by addressing its content and thus not implying that the client is crazy for asking it, they often spontaneously start exploring their inner life. When the therapist can acknowledge or at least look for the accurate aspect of a projected concern, the paranoid client feels freed of the implicit accusation of distortion and can reflect without humiliation. When the therapist acknowledges an empathic lapse, personal limitation, or negative countertransference in the context of more positive attitudes, it helps the paranoid client overcome splitting. The message that ordinary, nondangerous negative feelings coexist with equally real and unproblematic positive ones may come as a relieving revelation to a paranoid person and is more effectively modeled than taught.

Facilitating grief. Increasingly, in efforts to understand how analysis and analytic therapy heal, we find treatment construed as a process of mourning (e.g., **Shabad, 2001**; **Smith, 2004**; **Stark, 1999**). In my own experience, nowhere is this truer than with paranoid patients. Because they have been so shamed for their feelings, they tend to disown and project painful emotions rather than to process them, grieve, and move on. They become frozen in avoiding what could be expressed and let go. Hence, it may be critical for a therapist to be explicit about the value of feeling sadness. Movement from the paranoid-schizoid to the depressive position can be observed recurrently and rather concretely in ongoing treatments of paranoid patients: If one can help them reach the grief that underlies a paranoid state, they become greatly relieved and more capable of mentalizing.

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Grief is the mechanism by which we come to accept painful realities. Because the sheer number of excruciating experiences that paranoid patients need to grieve can be staggering, it is no wonder that they cannot immediately take in disconfirmation of their paranoid ideas. They have to mourn their losses and deprivations in small doses lest they be overwhelmed. To see that the world has some positive qualities confronts paranoid individuals with the realization that growing up did not have to be such a torment, that some families operate without humiliating the weak among them, that they were treated more as a repository of projected badness than as a beloved child.

Possible Political Implications

Several psychoanalytic authors (e.g., **Cushman, 1996**; **Lasch, 1991**; **Samuels, 1993**) have emphasized the deep connection between psyche and political culture. Recently, **Berger (2009)** has extrapolated from individual to collective dynamics to suggest a kind of political therapy for problems that threaten the extermination of our species. Such writers typically (and rightly) warn that it is not a simple matter to translate psychotherapy principles into recommendations for political systems. Therapists practice under highly boundaried conditions, conditions we have come to see as making our work possible at all. Political leaders are rarely in a safe space, are responsible to people other than those who hired (elected) them, and must serve diverse and conflicting constituencies rather than one patient or couple or family. Nevertheless, there may be some applicability of our theories of psychopathology and treatment to social and political psychopathologies. With such caveats in mind, I am hazarding a few observations that connect what I have been reviewing with the current political environment.

How likely is it that a gifted political leader can foster a healing process in a huge, diverse country that has recently suffered the regressive pull of paranoid constructions? Theoretically, he or she would have to be sensitive to humiliation issues, resist temptations to cast particular groups as inherently bad and contemptible, insist on treating all parties respectfully, tolerate being seen as a bad object, operate with scrupulous honesty, and

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facilitate a slow and steady mourning process in which primitive omnipotence and its associated defenses are replaced by mature adaptations to unavoidable limitation. Such a leader would have to acknowledge harsh realities, develop adaptive programs, and avoid regressive distractions that simplify and blame. I have been struck, often with some exasperation when he was not fighting harder for my own positions, with how closely Barack Obama's behavior suggests that these are exactly his intentions—to such an extent that his unsympathetic critics are casting him as weak and his sympathetic critics are worried that he is not fighting harder for what he believes in.

As admirable as Obama's stance may be, it runs the risk of slowing down the political process sufficiently that opponents who have no compunctions about mobilizing paranoia can undermine his attempt to establish a larger and larger arena of nonparanoid politics. As **Westen (2007)** has argued, sometimes one has to counterpunch quickly when faced with paranoid attributions, as they can become lodged in the minds of even those who reject them (a mistake John Kerry memorably made in not immediately counterattacking after being swift-boated). A short exposure to Fox news or talk radio provides numerous examples of megalomanic disavowal and paranoid hatred that can be compelling in their regressive simplicity. Obama is in the unenviable position of trying simultaneously to reverse a political regression into paranoia and having to fight off attacks that have all the earmarks of generating more paranoia. His critics accurately pick up his affect (for example, his genuine concern that a Supreme Court Justice have empathy) and either misrepresent its meaning or encourage others, in the service of ideological agendas, to misunderstand its meaning.

Having to fight hard at the same time that one is trying to represent a position of rising above the fray is a hard position to be in. One time-honored solution is a version of a good cop/bad cop arrangement, in which one delegates (usually implicitly but sometimes consciously and deliberately) hardball operations to an associate. Mahatma Gandhi needed a Nehru to do some of the dirtier work of his nonviolent movement; Martin Luther King, Jr., is said to have relied on some less gentle souls to pursue civil rights aims that required more aggression than he typically

expressed. On the basis of years of experience with Washington politicians, **Mary Pharis (2004)** has noted a type of personality she has termed the "virtuous narcissist," leaders whose self-esteem is organized around being, and being seen as, benevolent and trustworthy. Such figures inspire powerful idealization; their followers' negative feelings are split off and displaced onto their less obviously virtuous henchmen, who do them the favor of absorbing remarkable amounts of negative transference. It will be interesting to see if this is a road that Obama travels. Some observers have suggested that Rahm Emanuel, who seems to have few compunctions about othering, may play this role for Obama's administration.

Concluding Comments

Paranoia is ubiquitous and inevitable in politics. The line between healthy pride and dangerous disdain for others is hard for political cultures to draw. Some degree of belief that the values and standards of one's own community are superior or ascendant is critical to a sense of group identity and morality but risks shaming and alienating those who do not belong, especially those with less power. Although psychoanalytic attention to paranoid dynamics has for decades been concerned with right-wing authoritarianism **(e.g., Adorno, Frenkl-Brunswick, Levinson, & Sanford, 1950)**, similar processes characterize liberal claims to political virtue. Many of us who pride ourselves on our respect for cultural diversity, for example, privately look askance at traditional patriarchal cultures—a process inherently no different psychologically from the alarm with which many in those cultures regard Western secular egalitarianism.

Ordinary human temptations toward disavowal and projection have more potentially disastrous consequences in a global culture. Experiences that convey to citizens that they do not matter in the vast scheme of things, that the world is too complicated to comprehend, that the privileged are indifferent and even taunting, and that impersonal centers of power have no motive to be trustworthy, can create significant humiliation in creatures who have evolved to live in groups that have historically been smaller and more comprehensible than the political

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universe we now inhabit. The challenges to politicians are extreme. While I believe that psychoanalytic understanding sheds valuable light on the paranoid process, including its manifestations in politics, I also believe that to reduce the mass paranoid regressions that characterize our era, good leaders (like effective therapists) need not only knowledge, but also luck and talent.

Notes

1 DSM-I and DSM-II were written essentially for clinicians, who have traditionally attended to subjective themes, contexts, dimensions, and inferences of internal experience in the diagnostic process. But one cannot expect a researcher trying to understand pathological narcissism, for example, to define it by the appearance of a self-object transference in a treatment relationship, even though that criterion for assessing a disorder of the self **(Kohut, 1971)** may be immensely informative to a clinician. To conduct empirical investigations of psychopathology, one needs externally observable, consensually identifiable, noninferential criteria.

2 Conspiracy theories may represent another manifestation of paranoia at the social level. Political scientists report (Susan McWilliams, personal communication, July 17, 2009) that in the last couple of years there has been an upsurge in the mainstream respectability of the claim that the September 11 attacks were an "inside job" or were the result of a high-level international conspiracy.

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