PARANOID STYLE:
A DESCRIPTIVE AND
PRAGMATIC ACCOUNT

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ABSTRACT

The present study comprises two parts. The first of these is a paradigm case formulation of the paranoid individual. This formulation takes the form of a narrative description of this individual, with especial emphasis placed on his characteristic dilemmas and attempts at solution of these dilemmas. The formulation is also designed to be pragmatic, that is, to heuristically suggest rational courses of therapeutic action for the practitioner. The second part of this study is an explicit presentation of a large number of therapeutic recommendations for working with paranoid persons.

The purpose of this study is to provide a clinically useful conceptual formulation of paranoid individuals. This purpose will be accomplished in a two-fold manner. First, a paradigm case formulation of the paranoid individual will be presented in detail. This will include both a delineation

of the paradigm case characteristics and an account of the intelligibility of these characteristics. Secondly, based on this paradigm case formulation, a set of therapeutic strategies for approaching and helping paranoid individuals will be detailed.

The conceptualizations and therapeutic recommendations to follow will be largely status dynamic in nature. I am thus indebted to Peter Ossorio (esp. Ossorio, 1976), the originator of this point of view. I am also indebted to the earlier work of Freud (1959), Shapiro (1965, 1981), Goffman (1963), Sullivan (1953, 1956), Colby (1975, 1977) and Cummings (1970). The present account at many points either builds upon the work of these authors, or is formulated in reaction to it.

A PARADIGM CASE FORMULATION OF THE PARANOID STYLE

I shall begin this account of paranoia with the provision of a paradigm case formulation (see Ossorio [1981] for details of this methodology). In order to ensure continuity with a surprisingly small but excellent body of literature on this topic (esp. Cameron, 1959; Colby, 1975; Cummings, 1970; Freud, 1959; Shapiro, 1965, 1981; Sullivan, 1953, 1956) I have chosen as my paradigm case the archetypal picture of the paranoid individual as it emerges from this literature. This picture might be expressed most succinctly in the following way. Paradigmatically, the paranoid individual is one who exhibits the following personal characteristics on an enduring basis:

1. Extensive resort to the "defense mechanism" of projection.
2. The entertainment of delusional beliefs, which might be persecutorial, grandiose, referential, or influential in nature.
3. Proneness to excessive mistrust and suspiciousness of others.
4. Guardedness and secretiveness in dealings with others.
5. A tendency to be hypersensitive or "touchy" in the face of perceived slights from others.
6. A proneness to excessive hostility.
7. A proneness to an underlying sense of great personal shame.
8. A tendency to live continually mobilized in a state of hyperalertness and emergency preparedness (see esp. Shapiro, 1965, 1981).
9. The exhibition of a great deal of constant, biased, focused, searching attention, the object of which is to apprehend "clues" confirming prior, fixed beliefs (again, see esp. Shapiro, 1965, 1981).
10. A proneness to tremendous rigidity in beliefs and approaches to life.
11. A proneness to arrogant, megalomaniacal, grandiose self presentation.

12.   A tendency to take action on the basis of delusional beliefs, and to thus incur considerable difficulties in relationships with others.

Expressed in this fashion, the above formulation bears more than a passing resemblance to the "symptom check lists" contained in many diagnostic manuals and books. In this study, however, I would like to forsake this approach to paradigm case formulation, and in its place present a formulation which has more the character of a coherent portrait of a coherent person. In painting this portrait, however, an attempt will be made to do justice to the above symptom check list formulation by seeing to it that the intelligibility of all of the elements in this list is conveyed.

Selection of the archetypal portrait as my paradigm case has substantially guaranteed faithfulness to two other rules of thumb which are suggested by Ossorio (1981) in erecting paradigm case formulations. The first of these is that of selecting an indubitable case, a case which any competent employer of the concept in question may look at and conclude: "Certainly if anything is a case of X, this is." The second rule of thumb is that of a selecting a complex case, a case which contains many or even all of the essential ingredients which a case of a given concept could possess. This enhances the likelihood that, when other instances of the concept are encountered, they will prove equally or less complex, but not more complex, and thus will be "covered" by the paradigm case formulation.

A paradigm case formulation of paranoia opens up the possibility that, by adding, deleting, or substituting elements contained in the formulation, one can handle the empirically observable variety of features which paranoid individuals do in fact exhibit. Thus, one need not be at an impasse when a given paranoid individual differs in even important respects from the paradigm case formulation; one need not resort to a nosology with many, many different categories of paranoia (e.g., paranoid state, paranoia, paranoid personality, paranoid schizophrenic, etc.); and one need not resort to the "check-list" approach to diagnosis ("If the patient exhibits 5 out of 8 characteristics in this list, he may be considered paranoid; if he does not, he should not be so considered"). I shall in a later section enumerate some of the more empirically common and important transformations of the paradigm case.

The formulation which I shall present in the pages to follow is organized around two central rubrics, those of "the paranoid dilemma" and "the paranoid solution" to this dilemma. Let me begin.

The Paranoid Dilemma: Status

An individual's *status* is the totality of his relationships with all the elements of the world. It is, to put the matter most simply, all his relationships to everything. This status is divisible into any number of sub-relationships. For example, some of these subrelationships for a particular

individual might be that he is a father to his children, an author of his actions, a teacher to his pupils, a rejector of himself, a victim of an economic recession, a professor of his faith, and so forth. Critically, to occupy certain positions in relation to other persons, objects, states of affairs, and even oneself enhances one's freedom and ability to act (relative to other possible positions, of course); to occupy others constricts one's freedom and ability (see Ossorio [1976] for a more extensive treatment of this concept).

We may distinguish between an individual's *actual* status and this individual's appraisal of, or *formulation* of his own status, (i.e., his *self-concept)* which may or may not represent an accurate appraisal of his actual status. For example, we may observe that a given individual actually occupies the position of "loved one" for another, but that he does not take it that he has this standing with her. In contrast, he may know that he is beloved, in which case we may say that his actual status and his own formulation of his status are in accord in this respect. Finally, of course, it is possible that an individual take it that he is loved by another, when in fact he is not.

Both an individual's actual status and his formulation of his own status, his self-concept, are intimately linked with his ability to behave, his behavior potential. An individual's actual status corresponds to his actual opportunities and eligibilities to behave. If one overestimates one's status in certain important respects, one's behavior will ordinarily (but not inevitably) prove unsuccessful (to pursue our example, a man presumes to the privileges of a loved one when in fact he is not, and is rejected and branded "presumptuous"). If one underestimates one's status in certain respects, then the likelihood arises that one will fail to exploit the eligibilities and opportunities open to one, and thus fail to participate as fully in living as one otherwise could (e.g., presuming that he is not loved when in fact he is, an individual despairs of a desired relationship and fails to pursue it).

The paranoid individual is typically one who in certain respects overestimates his status, and in others, underestimates it. However, what is more important here because it is more fundamental is his tendency to underestimate his own status. *A cornerstone of the paranoid dilemma is that he has at bottom assigned himself a status which borders on the unlivable; that is to say, it borders on one which would make behavior impossible.* Self-concept wise, one might say, the paranoid individual on an enduring basis barely keeps his head above water.

I shall get into the modal content of the paranoid individual's formulation of his own status presently. First, however, it is extremely important to note that *what the paranoid individual cannot afford is any further degradation of his position (status) in his own eyes, and in fact, he stands badly in need of an enhancement of this position.* The first of these is,

psychologically speaking, a matter of life and death. For should the paranoid individual take it that his status is reduced yet further, he will correspondingly take it that his eligibilities and opportunities to participate with other members of the human community is reduced to unbearable, unlivable levels. It is instructive in this connection to note that Harry Stack Sullivan, whose first "therapeutic" step with paranoid individuals was in effect to see to it that a self-degradation was accomplished, routinely drove his patients into states of psychotic decompensation (Sullivan, 1956).

It is thus that the paranoid individual cannot afford, and must avoid at all costs, taking it that he has suffered any status loss or degradation at all. This applies even in seemingly "small" matters such as slights, minor indignities, and other failures to accord respect. But it applies all the more when paranoid individuals are confronted with life events with drastic degrading implications, such as being dismissed from a job, being divorced by a spouse, being publicly branded as an "undesirable" (e.g., by being admitted to a mental hospital or taken to court on criminal charges), and so forth. It is typically events such as these which precipitate the crises which bring the paranoid individual, one way or another, to the attention of the mental health establishment.

The Paranoid Dilemma: Content of the Modal Self Status Assignments

Paradigmatically, the paranoid individual has made two status appraisals with respect to himself which have rendered his overall status so marginal. The first of these, and the more specific, is the appraisal of himself as a *marginal agent* or *virtual non-agent*. The second, and less specific, is the appraisal of himself as a *stigmatized individual*. While the specific content of this status appraisal may vary, in appraising oneself as a stigmatized person, one has taken it that self is the possessor of some moral, physical, or social blemish which disqualifies one from having the status of a "normal" or full-fledged member of the human community. The stigma renders one subnormal or less than fully human, and thus the incurrer of restricted behavioral eligibilities and opportunities, particularly with "normal" others (Goffman, 1963).

The Status of Agent

To appraise oneself as an agent is to take it that certain relationships obtain between oneself and one's actions. It is to take it that one is related to these actions as their *initiator* and *chooser,* and further, that these actions are *expressive of one's own reasons* for doing as one is doing. To take it that one is an agent, then, is to have "a sense of", or, to use Erikson's (1963) vivid phrase, to have a "somatic conviction" about, oneself as the perpetrator of one's own actions, as choosing these actions

from among options which one also might and could have chosen, and as doing what at that moment one personally had reason enough to do.

Where any or all of these elements are enduringly absent or attenutated, the sense of oneself as an agent, will also be absent or attenuated. Where one does not believe that one is the perpetrator or initiator of one's actions, the sense will be created that these actions are something which *happen* to one (a claim frequently made by hysterical and impulsive individuals). Where one does not in general have the sense of oneself as having selected from among possible options, the sense will be created that actions engaged in are the only next thing that one could do, that one in general is "hemmed in" by circumstances and has no choice. Finally, where one's sense is that reasons acted upon are not one's own reasons but arise from other persons or from powerful forces, or at least that one is terribly prone or liable to act on such externally imposed reasons, then the sense created is of oneself as "weak", as "not one's own person", as "deficient in will", and so forth.

Let us return from these general considerations to our present concern with paranoid individuals. These people, while they may feel all of these things, are especially prone to appraise themselves as defective agents in the last mentioned sense. That is to say, they appraise themselves as too vulnerable to acting on the whims, pressures, and wants of others or on external or internal "forces" (e.g., fear), and thus as weak-willed, vulnerable, and overly malleable vis-à-vis others. It is in this sense primarily, I believe, that they appraise themselves as insufficiently autonomous.

An important aside here: an obvious prerequisite for one to consistently and enduringly take it that one is acting on one's own reasons is that one *know* one's reasons. There are (at least) two important ways in which such knowledge can be impaired which are particularly relevant in considering the paranoid individual's sense of personal autonomy. First, where an individual has not clearly defined *his* wants, interests, values, obligations, and life goals, defined "who he is" in this sense (cf. Erikson [1963] on the "sense of identity"), this individual is thereby impaired in his sense of what enduringly and importantly are *his* reasons for acting. The paranoid individual, despite his characteristic facade of seeming certitude in such matters, is in reality most often a person who has *legislated* such a set of directives (or "directions") for himself, but actually is quite uncertain. He is thus not clear on his reasons for acting in many significant contexts, and thus less than clear, when he acts, that the reasons acted upon are *his* reasons (see also Bergner [1981a] for a more detailed discussion of this dilemma).

Secondly, I have noted earlier that paranoid individuals fundamentally cannot afford any degradation of their status. At the risk of getting ahead of my story a bit, an important implication of this is that they correspondingly cannot take it that they are acting for certain sorts of reasons. For

example, to use Freud's (1959) classical examples, many such persons could not afford to take it that they are acting as they are acting out of either hatred or homosexual interest. To do so would be to correspondingly take it that they are a certain sort of *unthinkably degraded* person, and this they cannot do (cf. the traditional concept of "ego defense"; see also Ossorio [1966, 1976] on unconscious motivation). A fundamental consequence of this state of affairs is that certain actions are engaged in which, phenomenologically, are divorced from a corresponding sense of *"acting for my genuine reasons"* (see Kaiser [1955] and Shapiro [1981] for further excellent anaylses of the effects of having such unconscious reasons on one's sense of autonomy and personal responsibility).

The Status of Stigmatized Person

As previously noted, to see oneself as a *stigmatized person* is to take it that one is the possessor of some defect or defects which disqualify one from having the status of "normal" person or "member in good standing of the human community" (Goffman, 1963). This defect may be some appraised moral blemish (e.g., homosexuality, gratuitous hatefulness, perverse sexual interest, or characterological evilness), physical blemish (e.g. some deformity or disfigurement), or social blemish (e.g., mental illness, rape or incest victimization, membership in an ethnic or racial outgroup, or immigrant or refugee status). Further, I have mentioned in the previous section the defective sense of autonomy with which paranoid individuals are beset. This represents a doubly impactful state of affairs inasmuch as it creates not only the problems already mentioned, but also a very troubling concern with the *stigmatizing aspects* of being a "weak-willed" person. This is an especially painful stigma to paranoid individuals, particularly those males who are impressed by the traditional mores which define what it is to be masculine.

Stigma elicits shame, and face-saving (Bergner, 1983; Ossorio, 1976). Just as the discrimination of provocation elicits hostility, and that of danger elicits fear, so the discrimination of one's own transgression of social norms regarding what qualifies one as normal and acceptable, elicits shame (assuming, and this is an important point, one also *personally subscribes* to these norms and these implications). The paranoid, therefore, is an individual who is deeply implicated in the emotion of shame (Shapiro, 1965; Sullivan, 1953). Further, being so ashamed, he is understandably motivated to engage in face-saving activity—to maintain his stigma as a secret (if possible), to avoid intractions in which his stigma would be revealed or prove a social impediment, to "protest too much" that his stigma is something to be proud of, to engage in compensatory actions which would mitigate or cancel out the degrading implications of his stigma, and so forth, (see Goffman [1963] on strategies for "managing a spoiled identity").

In sum, the paranoid individual, given his formulation of his own status as a stigmatized, discredited one, has prima facie reason both to feel ashamed and to engage heavily in all manner of face saving maneuvers.

R. D. Laing (1965), in his excellent treatment of the phenomenology of schizophrenic individuals provides us with an especially apt description of how the status assignments of marginal agent and of stigmatized person leave the paranoid individual feeling about himself: "He may feel more insubstantial than substantial, and unable to assume the stuff he is made of is genuine, good, and valuable" (p. 42).

The Paranoid Person's Consciousness of His Status Assignments

There are some paranoid individual's, certainly the minority, who are able to articulate the sorts of things I have been describing to this point. They are quite aware, to use Erikson's (1963) apt phraseology, of their senses of (defective) autonomy, of shame, and of doubt. I have had the good fortune to have as a personal friend and colleague, an individual who was quite cognizant of his considerable paranoia and of the personal issues necessitating this approach to life, and who was extraordinarily articulate in his descriptions of same. It is to persons such as this that I am indebted for my formulation of the paranoid individual's modal self status assignments (as well, of course, as to the classical authors on this subject).

Paradigmatically, however, the paranoid individual does not, and often enough cannot, articulate these matters. It would be literally unthinkable for him to admit that he suffered from painful senses of weakness, insubstantiality, and radical personal defect. What, therefore, justifies my allegations that "underneath" he does indeed suffer from such self-appraisals?

These allegations rest on two evidential bases. The first of these involves extrapolation from those rare cases just mentioned in which demonstrably paranoid individuals are able to articulate their fundamental appraisals of themselves. By implication, I am arguing that those paranoid individuals who do not do so have at bottom formulated their status in the same way, but are unwilling or (probably most often) unable to articulate these (shameful) matters to another person.

Secondly, we have an honored cultural epigram which says that "actions speak louder than words" (cf. also the Biblical recommendation that "by his *works* ye shall know him"). The paranoid individual, in his guardedness and secretiveness, his enormous sensitivity to matters of face, his inordinate resistance to complying with the desires of others, and many other matters, does not *act* like a person who is genuinely as proud of himself and as strong and indomitable as he makes out. His protestations to the

contrary ring hollow; his account of his own actions strike us as not conveying reason enough; and the conclusion which strongly suggests itself is that we are confronted here with a person who has genuine and fundamental doubts regarding his own strength, goodness and acceptability.

The Paranoid Dilemma: Additional Constraints

Paranoid Persons Are Not Self-accreditors

Other persons who assign to themselves stigmatizing statuses may have personal abilities, perspectives, and inclinations with which to subsequently combat this status assignment. They might, for instance be prone to charity; that is, to exploiting the nondegrading conceptual possibilities in their appraisals of self and others. Thus, perhaps in time, they are able to achieve a more charitable, less degrading, and yet fully realistic reappraisal of what they had initially apprasied as stigmatizing.

A constraint, however, from which paranoid individuals typically suffer is that they are not prone to self-accreditation (or, for that matter, the accreditation of others). In fact, they tend to be among the harshest and most unrelenting of self critics (cf. Bergner [1981a] regarding the ''overseer regime'' and Ossorio [1976] regarding the ''hanging judge'' and the ''supercritic''). This has to be considered among the most important contraints under which paranoid individuals labor.

Paranoid individuals receive few corrective reappraisals from others. In the lives of paranoid individuals, there is typically a substantial absence of frank, intimate dialogue with others. Such an absence reduces the possibility that more charitable, status-enhancing perspectives on and characterizations of themselves might be obtained from such others.

The Relative Imperviousness of Status Assignments to Contradictory Empirical Evidence

Status assignments in general are relatively impervious to change through the reception of apparently contradictory empirical evidence. This is a matter which has been amply discussed by previous authors (see, e.g., Ossorio, 1971/1978). For the present, I shall only present a heuristic reminder. Let us suppose that the public at large assigns the status to a certain politician of ''one who is motivated solely by political expediency.'' Once such an assignment is made, it becomes quite possible to assimilate virtually anything he does to this status. If the politician votes ''no'' on a farm subsidy bill, he is ''playing to his urban constituency''; if he votes yes on such a bill, he is ''trying to shore up his weakness with the farmers''. If he espouses a popular stance, he is ''taking the politically popular po-

sition''; if he takes an unpopular stance, he is ''trying to deceive people into believing he can take the tough stand''. And so forth.

In the same way, once a paranoid individual has assigned to himself a degraded status, it becomes easy for him to assimilate new and seemingly contradictory information about himself to this prior prejudice. At best, such information might be taken as evidence of how strongly, courageously, or virtuously a *weak, degraded person* may act at times.

The Paranoid Dilemma: Characteristic Solutions

What does a person who has assigned to himself a virtually unlivable status, and who suffers under the constraints just enumerated, do to prevent a further degradation of his position? What does he do to prevent that catastrophic possibility, or to enhance his status to a point where he is not so imperiled?

It may be noted that, thus far, the dilemmas that I have described are hardly unique to paranoid individuals. Hysterical persons, for example, also suffer from radically impaired senses of personal autonomy. From the present point of view, what gets a person labelled ''hysterical'', or ''paranoid'', or anything else, is not so much their dilemmas but the solutions which they characteristically employ to deal with them. Hysterical individuals, for example, frequently resort to what might be termed ''blotting out'' maneuvers in the face of threatened degradation. They deny, or forget, or faint, or perhaps in dire circumstances even manage to lose cognizance of just who it is that is in danger of degradation. What do paranoid individuals do?

Paranoid Solution #1:   The Invention of Cover Stories

If to take it that reality is a certain way would entail for a person an unthinkable loss of status and therefore ability to behave, then this individual will not take it that reality is this way (Ossorio, 1976). For example, if to take it that one is homosexually inclined, or that one has been justifiably dismissed from a job for incompetence, or that one has been hospitalized legitimately for schizophrenia represents an unthinkable status degradation for a person, then this individual will, quite simply, not take it that any of these is the case.

However, if we are not simply to eliminate such events or states of affairs from conscious awareness, then we require an alternate account of them, a ''cover story'' if you will. And further, since what we are about from the outset here is the avoidance of status degradation, this alternative account must be such that it entails no more than a survivable loss of status. Ideally, it would even enhance such status.

The paranoid, as one of his core strategies for dealing with the dilemmas

posed earlier, is an inventor of such cover stories. Confronted with events and states of affairs which represent potential degradations of, for him, drastic magnitudes, the paranoid person is one who *routinely formulates alternative conceptions of reality,* which conceptions entail no more than an endurable loss of status. This notion, while different from and broader than previous accounts, is similar in certain essentials to the positions of Freud (1959), Sullivan (1956), Colby (1975, 1977), Shapiro (1965, 1981), and Cameron (1959).

Example. A college student, when she began to fail in certain courses, would predictably begin to both degrade the teacher in question, and also to see him or her as having singled her out. She would assert such things as that the teachers in question only wanted docile "yes men" because they were so insecure in themselves, and that they feared and resented any student such as herself who exhibited both superior intelligence and the courage to disagree with their "cherished" opinions.

Example. A very proud and arrogant man, when hospitalized against his will after taking drastic action based upon persecutorial beliefs, reported that he regarded his hospitalization, not as legitimate, but as part of a conspiracy to discredit him and to get him out of the way of the conspirators, for whom he represented a formidable threat. He compared his hospitalization to that which befell certain completely sane Russian dissidents who were hospitalized by the state as a means for controlling and discrediting them.

Example. Senate President Schreber, in Freud's celebrated case, when confronted with undeniable homoerotic feelings, ultimately concocted an explanatory theory in which God had selected him to accomplish a special mission on earth, which mission entailed his transformation into a woman with feminine sexual longings (Freud, 1959).

Example. A middle aged woman, in response to anger from her husband which was clearly and obviously provoked by her having nagged and bossed him for several hours, stated that the reason he got so angry had nothing to do with her, but arose out of problems with his mother which he was "transferring" to her.

In each of these examples, we see the same theme. An individual is in danger of suffering a degradation or is in need of undoing an already accomplished degradation. His or her circumstances could readily be interpreted as having the implications that the person in question was, respectively, a failure, a schizophrenic, a homosexual, or an impossible nag. And, in each case, the individual erected a cover story in which these

identical circumstances were construed in such a way that no status loss, and even a certain degree of status enhancement, occurred.

It should be clear that, in speaking of status preserving and enhancing cover stories, I am using this concept to designate the same phenomena which traditional authors have captured under the rubrics of "projection" and "delusion". However, to avoid confusion and also to anticipate the possible criticism that I am merely putting "old wine in new bottles", let me clarify some important similarities and differences in these conceptions.

Projection: Similarities and Differences

The traditional, and I believe still predominant (e.g., White and Watt, 1981), conception of the defense mechanism of projection, is that it is a process in which an individual, for ego-defensive reasons, denies to awareness (represses) some intolerable impulse, affect, or personal characteristic of his own, and subsequently attributes this to another individual. The essential similarity between this conception and the cover story one is that in both cases the transformation of reality is accomplished for the express and vital purpose of keeping oneself from knowing or believing something about oneself which would prove extremely injurious if one did know it. Although the classical psychoanalytic account has posed this danger as that of an "influx of stimuli too great for the ego to master" (Brenner, 1974), the more commonplace account poses the danger as that of severe damage to self-esteem (e.g., Sullivan, 1956). The similarity between this notion and the notion of a status preserving or enhancing cover story is obvious.

A second similarity I will note only briefly. In both accounts, there is an element which we might term attribution based more on the individual's needs than on either available evidence or the employment of ordinary rules of evidence (cf. the classical concept of "autistic perception").

Let me now delineate some of the important differences between the present cover story account and the traditional conception of projection.

1.   If one examines only the four examples I described above, one can observe that the status preservation or enhancement was accomplished through (at least) (a) reinterpretation of one's stigma as a mark of distinction, (b) reallocation of the locus of blame to others for one's own apparent failure, and (c) disqualification of one's potential degraders as legitimate critics (status assigners) of oneself. It seems extremely implausible to try to reduce these individuals' portrayals of other persons (their "projections") to the simple process of attributing their own impulses, affects, and characteristics to other persons. On its face, each of these cases is a much more complicated and sophisticated accomplishment than this.

2.   The present account regards *threatened degradation* as the danger. One's own characteristics, affects and impulses (or, less occultly, temptations) represent only *special cases* of possible sources of degradation. Again, if one examines the cases described above, only one of these cases, Freud's, can plausibly be construed as being initiated by an impulse or affect. The other three are most cogently intelligible as initiating with threatened degradation at the hands of other persons. (N.B.: In fact, Shapiro's brilliant 1981 reinterpretation of the Schreber case supports the contention that his paranoia too began with a feared degradation vis-à-vis his fellow jurists. His homoerotic feelings were only a later *consequence* of this).

3.   Shapiro (1965) has argued, and I agree, that the traditional conception of projection cannot in itself account for the fact that projections invariably have a self-reference. That is to say, even where mere expulsion is involved, persons not only reallocate their repudiated affects "out there," but they then take it that those affects are directed *back to themselves*. The cover story account, which holds that the stories erected must provide alternative accounts of *one's own* apparent degradation, makes it amply clear why they must always of necessity have a self-reference.

4.   Finally, the present account does not entail a commitment to the rather mysterious, often unpsychological, and at times even magical, process and mechanism notions which the traditional account of projection implies (e.g., "transformations" of love into hate, unobservable censoring processes, and the existence of reified repressed contents "somewhere"). Rather, it requires only a person capable of alternative interpretations of reality, operating under certain observable constraints regarding what he as a person can take to be the case about himself and his world (Ossorio, 1976).

A Note On The Concept of Delusion

"Delusion" *conceptually* implies falsehood. If an allegation proves to be true, it cannot *by definition* be a delusion. "Cover story," in contrast, does not conceptually imply falsehood; it implies merely that the account given is other than that which the individual genuinely believes. This attribution is correctly made, for our present purposes, under conditions where (a) the evidential basis for some allegation is insufficient, (b) ordinary rules of evidence are in good measure suspended, and (c) circumstances are such that it can plausibly be alleged that the function of some construction of reality is to preserve or restore an individual's status. It is a logical possibility, and an empirically observed occurrence, that cover stories so erected may at times contain more than a kernel of truth.

Pragmatically, assuming that the content of some construction of reality is plausible or possible, confirming that it is a *delusion* requires confir-

matory evidence about real world states of affairs external to the therapy hour (e.g., evidence that the client's wife is indeed having an affair). Confirming that it is a cover story requires no such further evidence. Everything that ne needs to know to make this "diagnosis" can in principle be obtained by observations and reasoning within the constraints imposed by the therapy hour.

Concluding Comments About Cover Stories

Finally, to relate the present account to traditional thinking and terminology, if a given cover story is both relatively complex and internally coherent, it is said to be "systematized". If it fails significantly in these respects, it is said to be "unsystematized". If the story is erected by a very desperate person, usually one who has already suffered significant degradation and is attempting strenuously to recover, and as a result this person begins to grasp wildly at improbable straws, one begins to talk about this individual as "schizophrenic". (This is in accord with Freud's brilliant observation in 1911 that "the delusion formation, which we take to be a pathological product, is in reality an attempt at recovery, a process of reconstruction" [p. 174].)

Paranoid Solution #2:   Emergency Preparedness

It stands to reason that, if a person exists chronically on the brink of unlivable status levels, and if this individual believes himself at heart to be weak, vulnerable, and thus in actual danger of further degradation of his position, he would do well to live his life in a state of emergency preparedness. Since degradation does represent such a radical danger to him, like a soldier on guard duty in a combat zone, he cannot afford to be taken by surprise or to be wrong, and must entertain the possibility that any event which could plausibly (even if remotely) be interpreted as a signal or clue to impending dangers be actively inspected and considered. Thus, it makes sense that he remain alertly mobilized in a continual state of anticipation and emergency preparedness (Shapiro, 1965).

All of this makes it amply clear why the paranoid individual, like our hypothetical soldier, would be inordinately given to scanning his environment in a search for potential dangers, to an intense, biased, focused sort of attention to "clues" apprehended, and to chronic states of tension (Shapiro, 1965).

It also serves, at least partially to clarify the policy of paranoid individuals with regard to trust. For the paranoid, others are "untrustworthy till proven otherwise" (Ossorio, quoted in Cummings, 1970). Theirs is a sensible, for them, policy of withholding trust until such time (if ever) that others prove themselves trustworthy. And, given the chronic danger in which they find themselves, and the imperviousness of status assignment

(here, ''untrustworthy'') to contradictory empirical evidence, it is hardly surprising that, often enough, many others will never be trusted.

Finally, here, all of this helps account for the characteristic controllingness of paranoid individuals when they do become involved with others. To control another is to be able to avert any potential dangers posed by the other such as subjugation by them or other degradation (e.g., rejection, infidelity). All of this is consistent with Solomon's (1960) finding that greater control over another is empirically associated with greater trust of that other.

Paranoid Tactic #3: Hostility

To be provoked (e.g., insulted, slighted, or cheated) and to accept this provocation without effective response, is ordinarily to suffer a degradation. It is to be ''one who takes it lying down'', a ''doormat'', a ''weakling'', or ''one who can be abused with impunity''. Furthermore, in certain circumstances, nonresponse represents a tacit acknowledgement of the validity of the degrading *content* of the provocation (e.g., Mary calls John ''wishy-washy'', and John does not respond, but ''takes it''). In contrast, to respond to a provocation with hostility is ordinarily both to refuse the content of this provocation (e.g., ''I am not wishy-washy'') and to refuse the degradation implicit in non-response (''I'm not the sort of person who takes abuse lying down'').

The paranoid individual has typically constructed a world which is amply provocative. He thus has reason for hostility. In addition, he lives under the already noted constraint that he can afford no further degradation; status wise, his ''back is to the wall''. He is thus doubly constrained, in the face of appraised provocation, to respond to this provocation with hostile attack. In the present view, these states of affairs constitute the fundamental intelligibility for the inordinate hypersensitivity and hostility of paranoid individuals.

Paranoid Stragegy #4: Making Claims to Exalted Status

One way in which to attempt to prevent degradation and to secure accreditation is to make status claims to the effect that one is a personage of exalted status (cf. Raimy [1975] on the ''special person''). One lays claim to such statuses as ''expert'', ''brilliant person'', ''tough'', or ''man of unwavering will''. One insists that others extend the prerogatives of one's roles to an exaggerated degree and in situations in which such roles do not even come into play. For example, a doctor or a military officer might insist on the use of titles and or special respect due to persons with such titles in situations having nothing to do with medical or military matters, such as casual social gatherings.

This strategy, of course, is responsible in part for paranoid individuals being seen as prideful, haughty, arrogant, megalomaniacal, and in extreme cases, possessed of delusions of grandeur.

The Intelligibility of Some Other Personal Characteristics

Why rigidity?

To say that an individual is "rigid" is to allege that he has an enduring disposition to persevere in his beliefs and/or his strategies for conducting his life in circumstances where some change in these is indicated. Given the tremendous perceived dangers inherent in the abandonment of cover stories, the cessation of emergency preparedness, and so forth, it is easy to understand why a paranoid individual would cling so tenaciously to these beliefs and strategies. They do him an inestimable good and he is usually at a genuine loss as to how else he might accomplish this end in a less painful and costly manner.

Why Delusions of Reference?

I have deliberately not included these under the general heading of status enhancing or preserving cover stories for the simple reason that they typically seem not to be that. These beliefs, which entail insufficiently supported interpretations of social events to mean that one is being ridiculed, criticized, held in contempt, laughed at, and otherwise ill-regarded, can scarcely be seen on balance as status enhancing (although their centrality aspect   i.e., their overestimation of the degree to which events have self as a central character—may be so enhancing).

Shameful secrets seem in general to breed a great deal of self reference, and I believe that this self reference has an at least twofold intelligibility. First, and more fundamentally, is the general tendency of persons to take it that others will appraise them as they at heart appraise themselves (cf. the concept of "superego projection" [Shapiro, 1965, 1981]). Secondly, the anticipatory proclivities of paranoid persons figure importantly here. The policy here, one might say, is that, given ambiguous cues, it is best to assume the worst possible implications lest you be lulled into complacency and then surprised.

The Paranoid "Real Community"
(Lemert, 1962)

It is certainly true, as has often been noted (see especially, Lemert, 1962; also Cameron, 1959; Cummings, 1970; Sullivan, 1956) that an individual who can brook no criticism, who is hostile and touchy, who is guarded and secretive, who is controlling, who is haughty and arrogant,

and who tends to attribute the worst possible motives to others, is bound to encounter a great deal of difficulty in his relationships with others. He is likely to drive them away and make them "*real* enemies" (Cummings, 1970). He is likely to give them reason, if they are not driven away, to attenuate their communication with him and to keep him from certain truths and opinions (Lemert, 1962). He is likely to give them reason to interact with him in degrading ways; for example, to humor or to patronize him to avoid conflict (Lemert, 1962). And he may, in certain circumstances, even provide others with ample reason to conspire to get him out of their company, neighborhood, or other organization (Lemert, 1962). Thus, through his actions, the paranoid individual will frequently bring about a "real community" (as distinguished from Cameron's famous "pseudo-community") of enemies, conspirators, detractors, condescenders, and so forth.

The paranoid, of course, will be sensitive to all of this, and new events of these sorts will give him fresh reasons for continued and heightened cover story erection, emergency preparedness, hostility, guardedness, etc., and this in turn will tend to make matters with other persons even worse. By such a "deviation amplifying process" (Hoffman, 1971), matters become ever more unbearable for paranoid persons in terms of their alientation, isolation, tension, divorce from shared perspectives, and much, much more.

Important Transformations of The Paranoid Case

As noted at the outset, an advantage of paradigm case methodology is that it permits us to erect a portrait of some phenomenon without committing us to saying, "and all cases will be exactly this way". Paradigm case formulations permit deletions, additions, or substitution of elements, with the results (a) that the product of these permutations remains a genuine case of the phenomena in question and (b) that substantial intelligibility will be provided for these permutations by the successful paradigm case formulation.

With respect to the paranoid style in particular, the following constitute some of the more empirically common, and thus important, paradigm case transformations.

1. *Substitution.* The paranoid individual is not unaware, but aware, of the lowly status he occupies in his own eyes.
2. *Substitution.* The paranoid individual entertains cover stories, not because they preserve or enhance his status, but because he has adopted the paranoid outlook of another dominant and/or influential person (folie a deux).
3. *Substitution.* Cover stories and other paranoid strategies are em-

ployed, not by an individual, but by a group of individuals (group paranoia).

4. *Substitution*. The paranoid individual's way of managing his stigma is, not by a hostile, arrogant, controlling bravado, but by a cowering, withdrawing furtive stance (cf. Cummings' [1970] portrait of the paranoid as a "fugitive").

5. *Deletion*. The paranoid individual comes to his paranoid stance, not through a lengthy, historical, evolutionary process, but through the sudden acquisition of a sense of defective autonomy and/or stigma (e.g., through an experience of rape, physical disfigurement, incest, immigration, arrest, mental hospitalization, etc.).

Summary

In our paradigm case formulation, the paranoid emerges as an individual who has formulated his own status in such fashion that it is barely livable. Thus, it is imperative that he suffer no further loss of status (degradation), and that he find ways to enhance his status. The modal self status assignments of the paranoid person are those of *marginal agent,* resulting in very defective senses of personal autonomy, authority, and substantiality, and of *stigmatized person,* resulting in a tremendous sense of personal shame and inordinate needs to save (or enhance) face. The paranoid person characteristically attempts to solve these dilemmas by the erection of status preserving or enhancing cover stories, by the maintenance of a continual state of emergency preparedness vis-à-vis possible further degradation, by hostile counterattack, and by a presentation of self to others which amounts to a claim to superior, exalted status. Through his actions and attitudes, the paranoid individual frequently gives other reasons to dislike, conspire against, reject, or otherwise mistreat him, resulting in a deviation amplifying process which renders his level of community with others ever more untenable, and his life ever more lonely and painful.

PSYCHOTHERAPY WITH PARANOID INDIVIDUALS

Any account of human problems counts for little if it does not heuristically suggest specific courses of therapeutic action. In the second part of this paper, I shall show that the present account does possess such heuristic suggestiveness, and I shall do so in a threefold manner. First, the key goals of psychotherapy with paranoid individuals will be specified. Secondly, some common pitfalls involved in doing psychotherapy with these people will be delineated. Third, and finally, some recommendations regarding positive therapeutic means for accomplishing the stated goals will be made.

The Goals of Psychotherapy With Paranoid Persons

The fundamental goal of psychotherapy with paranoid individuals is that these individuals come to reformulate their own status in a realistic, viable, and accrediting manner. This goal is utterly consonant with the paranoid individual's own purposes and ways. If one recalls here that the basic purpose of erecting cover stories is precisely to reformulate one's status in the same way, but that the effort for these persons miscarries, then we can say that the goal of the therapist is to join the paranoid client in helping him to erect accounts or ''stories'' which really work because they are realistically strengthening and because they foster community, not isolation and antipathy. Consistent with what was stated in the first part of this paper, the status enhancement in question entails movement in two directions.

From Marginal Agent to Agent

The goal here would ideally be that the paranoid individual come to realize, to have a ''somatic conviction'' to the effect that, he is an agent; that is, (a) an initiating perpetrator of his own actions (as opposed to a passive instrument of forces acting upon him); (b) a chooser from among genuine options, each of which he could have acted on (as opposed to one whose choices are utterly constrained by his circumstances); and (c) an actor whose actions are an expression of his own reasons (as opposed to those of others).

From Stigmatized Person to Member in Full Standing of the Human Community

The goal here would ideally be that the paranoid individual come to discard that formulation of his own status wherein he is the possessor of inclinations, emotions, or other personal characteristics which disqualify him from being fully human, and that instead he come to assign himself the status of fully entitled member in good standing of the human community.

In the present analysis, it is the assignment to self of these two problematic statuses which constitutes the paranoid individual's core dilemma, and which necessitate his employment of paranoid solutions or strategies. If therapy is to be adequate to its task, and not superficial, it must address these core dilemmas, and not merely the solutions devised to handle them.

Psychotherapy is a means-ends affair (Holmes, 1970). From the present perspective, *any* ethical way to accomplish these goals constitutes a valid approach, and there is probably a virtual infinity of such ways. What I will be describing in the pages to follow are some of the ''do's and don'ts''

which, from my own experience and my observation of other therapists, seem most sound and most helpful.

Pitfalls

How can we do psychotherapy with an individual who is likely to be (a) unwilling or unable to admit to having any personal problems, (b) resistant to being influenced, (c) rigid in beliefs and behavior, (d) mistrustful or even distorting of our intentions, (e) hypersensitive to even the slightest hint of criticism, (f) allergic to intimacy, and (g) hostile? Not every paranoid individual, of course, will exhibit all of these characteristics. Wittgenstein's policy—"Don't say what must be; look and see what is"—is, as it so often is, appropriate (Wittgenstein, 1953). The therapist must assess in each instance the particular impediments and constraints within which he or she must work, and proceed accordingly. The following suggestions are all offered then, not as positive means for achieving the therapeutic goal of status enhancement, but as some ways not to go wrong with paranoid clients given all of the obstacles mentioned.

Maintain a Personal Distance the Paranoid Individual Can Tolerate

Sullivan long ago remarked that "paranoids are not especially fond of friendly, intrusive strangers". It should be abundantly clear by this point that, for many reasons, paranoid persons do not do well with intimacy, and this of course will be true in the therapeutic relationship as well. Thus, Cameron's (1959) recommendation that therapists maintain a "friendly, interested, but somewhat detached" posture vis-à-vis paranoid clients is well heeded. Particulars such as maintaining formal modes of address (e.g., "Mr. Smith" as opposed to the more familiar "John"); monitoring and modulating the degree to which one probes into sensitive areas; creating slightly more than the usual geographical distance in seating arrangements; using self-disclosure sparingly and carefully; and inhibiting the client's disclosure on those (rare) occasions where one senses he will reveal too much and then perhaps become acutely uncomfortable or even terminate, are all possible means of implementing this policy.

Don't Encroach on the Client's Autonomy

This is, of course, a prudent policy with every client. However, I believe that it merits a special reminder here. For nowhere is it more true that "coercion elicits resistance" (Ossorio, 1976) than with paranoid clients. In fact, it is likely to elicit much more, such as hostility, an increased wariness of the therapist as bent on his subjugation, and termination. It is thus doubly important not to "push" paranoid clients.

On the occasions where it is necessary to set and enforce limits, it becomes very important how the therapist handles this. I shall use a territoriality metaphor (all talk of personal "boundaries" seems to me to be an unlabeled metaphor of this sort) as the best way I know to illustrate this. If we conceive of therapist and client as having their respective "territories", should the therapist wish to set a limit, this limit is best posed in terms of *defending his own territory,* not in terms of *invading the client's territory*. Thus, a statement by the therapist that he is personally unwilling to spend the therapy hours being attacked (i.e., invoking *his right* not to be so abused) is preferable to one in which he insists that the client behave otherwise, which will be experienced by the paranoid client as an unfair, threatening attempt to "invade", control, or subjugate him.

Maintain Scrupulous Honesty and Trustworthiness (Cameron, 1959)

Again this is a general policy, and an obvious one, but one which merits reminder because it is so utterly vital in the present connection. Inasmuch as the paranoid individual's personal policy is to regard another as "untrustworthy until proven otherwise," trust must be established through the therapist's honesty, consistency, loyalty, fulfillment of made commitments (e.g., confidentiality), and, perhaps most important of all, steadfastness in treating the client in a respectful, accrediting manner.

Pose Problem Descriptions in Status Enhancing Ways

Paranoid persons tend not to be especially fond of admitting that they have any problems, since problems, of course, represent faults, weaknesses, and vulnerabilities. Thus, in opening up problem areas for therapeutic discussion, it is best that the therapist use his descriptive ingenuity to the utmost to find *realistic yet status preserving or enhancing* ways to portray problems. For example, a young paranoid woman had become very enmeshed with a family for whom she worked as a sort of governess. Her involvement with this family became such that, when the parents divorced, she became distressed to the point where she was hospitalized with a psychotic episode (the diagnosis given was "paranoid schizophrenia"). Her therapist wished to find a way to open up discussion of her tendency to over-empathically identify with others to such a degree that she literally took on their feelings as her own. His portrayal of this was that she was "too sensitive," and that her tendency to imaginally and empathically put herself in others' predicaments endangered her when she carried it to extremes. Few of us, if told we were "too sensitive" or "too empathic," would experience this as a particularly damning criticism. In fact, it seems almost a compliment—yet in context its status as a personal difficulty is very clear. The portrayal was accepted by the client,

an extremely touchy individual where criticism was concerned, and sub-
sequently discussed.

Some Positive Means for Promoting Status Enhancement

As noted above, the lynchpins of the entire paranoid style are his as-
signments to self of the statuses of marginal agent and stigmatized person.
Since, by virtue of his being a person, the paranoid individual is ipso facto
an agent, we as therapists are in the nice (and, contrary to our cognitive
brethren's beliefs, somewhat rare) position of being able to regard the first
of these as a prima facie misconception. The second status assignment,
however, is a trickier matter. It will typically involve both unrealistic and
realistic appraisals of reality, as well as numerous matters of ethical and
normative justification. While I am not of the mind, which seems to me
predominant in psychological circles, that these are matters of taste or of
arbitrary convention (see Flew [1976] for an excellent discussion of the
merits of subjectivist and objectivist ethical positions), still these are mat-
ters which often permit a multiplicity of cogent justifications on different
sides of an issue.

Earlier, I noted that a fair number of paranoid individuals cannot or
will not admit to having any personal problems. With these persons in
mind, therefore, let me begin with a set of procedures (the first five) which
do not require much in the way of admission to problems on the part of
paranoid clients.

Acknowledging and Amplifying the Client's Successes, Competencies, and Virtues

In any discourse, whether it be the recounting of a personal history,
complaining about one's detractors and persecutors, reciting the events
of the previous week, or whatever, a listener has choices as to what out
of all that is said he will elect to ask questions about, express interest in,
or otherwise treat as being of especial importance. With paranoid clients,
one of the selections that I would especially recommend to the therapist
is that of singling out, acknowledging, and amplifying what seem like *gen-
uine* successes, competencies, and virtues of the client. Thus, for example,
should the client mention that he finished college, or that he has worked
steadily for many years, or that he excels at mechanical tasks, etc., the
therapist might respond by simply saying "hmm" (in a way implying in-
terest and affirmation), by asking questions requiring elaboration, by stat-
ing a shared interest, or by dwelling on the matter at some length (see
also the section on "exploiting cancelling statuses"). All of this will be
most effective when it does not represent compliance with an obvious bid
on the part of the client to present himself a certain way (e.g., by bragging),

but rather, when the therapist picks up on what was mentioned in passing, what was implicit, or on what was implied by the client's action (e.g., when a client was guiltily berating himself for staying with a woman after he ceased to care for her, even though he had been completely honest with her, the therapist commented on how "his integrity seemed to be a very important matter to him").

Placing the Client in Status Enhancing Role Positions

The social practices of a culture tend to have a rule-like, multi-person structure which the members of that culture have ordinarily learned. This structure is such that, like a board game, the making of a move by one party may be taken as a bid, and tends to elicit a predictable sort of move by the second party. Thus, just as in chess, my moving of a white piece is an invitation for another to move black, so in the "game" of "care-taking" my making of a helpless move invites and tends to elicit a helping move from another, or in the "game" of education, my presentation of myself as an expert invites and tends to elicit others taking the role of learner vis-à-vis me.

The therapist may utilize this rule-like, bid-accept structure of social practices by making behavioral bids which, if complied with, involve the paranoid client in the taking of status-enhancing roles vis-à-vis the therapist. Let me provide a simple example of such a transaction. Having established that a certain client was quite expert in all aspects of the home building trade, a therapist informed him during one session that he (the therapist) was in need of a new hot water heater, and asked the client what brand he would recommend. The client made a recommendation, the therapist wrote this down, thanked the client, and they proceeded to discuss other matters. In this rather brief, unobstrusive transaction, the client, by accepting the therapist's bid, became the expert, while the therapit became his student.

An extensive account of a totally sincere and thorough, but apparently unwitting, placement of a paranoid individual in status enhancing roles occurs in Freud's (1959) account of the Schreber case. Judge Schreber, following a very unproductive period in one hospital, was transferred to another. In the second hospital, Dr. Weber, the superintendent of the hospital, was extremely impressed by the judge's intellect and character. Accordingly, he invited him to dine with his family almost every evening, engaged him in extensive conversation and debate about matters of politics, philosophy, and religion, and in numerous other ways extended to him the same sort of social bids that one would extend to a respected friend. Schreber accepted these, and the two became friends. While Freud does not attribute any curative role to this status-enhancing treatment of Schreber, it is true that at this time Schreber did increase his functioning to the

point where he was released from the hospital vastly improved. (See also Goldstein and Palmer's [1976] account of the case of Dr. McD., especially the sudden improvements which occurred after hospital staff decided to "stop treating" him.)

Psychotherapy itself has a structure—viz., psychotherapist as helper, client as recipient of help—which most paranoid clients find degrading. Notwithstanding this, it does call for their participation in forms of social behavior which are needed additions to their lives and behavioral repertoires (e.g., intimate dialog, seeking others' perspectives). Thus, anything which a psychotherapist can do to see to it that the experience of psychotherapy is on balance a safe, non-degrading, status enhancing one is entirely worth the thought and effort.

Disqualification of The Stigmatizing Community As Legitimate Critics

Goffman (1963), as noted previously, has commented that the stigmatized are *sharers* and *believers* in the social rules as to what qualifies one as a "normal." It is because they share belief in these rules that they disqualify themselves from full membership in the human community. Where others, such as Hasidic Jews, simply do not share society's depreciatory attitude towards them, they do not suffer the pain of stigma, except insofar as they are excluded by others from certain forms of participation. But they do not hate themselves, or devalue themselves, or long to be what they are not. In fact, they might be quite proud of what they are and even feel that they belong to an elect group.

This possibility provides a glimpse into the advantages for a paranoid individual should he be able to personally review and forsake certain relevant stigma rules, and thereby both cease to employ them and to disqualify the stigmatizing community as a legitimate critic of him. Critical review and questioning of any norms whose justification can go little beyond, "Well, that's customary" or "Well, that's just the way we take things" (see Ossorio [1981] on the justification ladder), may then be a very profitable therapeutic enterprise. Social disqualifiers such as shortness, slightness, physical anomaly or deformity, functional handicap, skin color, many sexual preferences, many sex role standards, and many others bear little intense scrutiny as disqualifiers of persons from full membership in the human community. The next section, on story telling, contains an example which is also an example of this sort of activity.

Story Telling

Yet another way to engage therapeutically with paranoid individuals, even when they are not disclosing very much, is to relate stories. The stories of course should be stories which are tailored to the specific client's

dilemma (Bergner, 1979). For example, a paranoid client had previously been hospitalized with a diagnosis of paranoid schizophrenia. Despite her disavowals, the therapist had ample reason to believe that this had been a tremendous degradation for her. With this in mind, he related the story of how some clinical investigators had themselves admitted to mental hospitals under false pretenses, and how they had observed that, in this context, all of their ordinary human actions had become transvalued and delegitimized by the hospital staff (Rosenhan, 1973). The therapist related this in a light, fun-poking way; a way such that both his repudiation and the intrinsic absurdity of this outlook were implicit but obvious.

Story-telling here might include stories about oneself. If one elects to do this, however, it is important not to do so in a way which threatens the client with an intimacy he is not ready for, and not to relate any stories about oneself that a hypercritical individual is likely to seize upon and use to disqualify the therapist (e.g., as stupid or sentimental or weak).

Exploit Cancelling Statuses

Statuses have a quasi-mathematical "cancelling" quality when they exist in certain configurations. For example, Franklin Delano Roosevelt, as Goffman (1963) has pointed out, enjoyed so many accrediting statuses that it is doubtful he suffered much from his physical handicap qua stigma. This fact has obvious procedural implications for the clinician, as it raises the possibility that the intense focus of paranoid (and other stigmatized persons) may be shifted from their stigmatizing concerns to other more accrediting statuses. This may take place through the therapist's placement of emphasis on the latter (cf. the section above on focusing on successes, competencies, and virtues), or by his encouragement of the client to shift his emphasis. Thus a therapist might make much of his client's being a writer or a musician or a person of integrity, or whatever else seems accurate and status enhancing. Or he might take a cue from Don Juan in Castaneda's (1972) account of his apprenticeship. At one point, Don Juan scolds his apprentice Carlos for focussing on himself as a fearful person when the spirits are trying to tell him that he is an "escogito," a chosen one (p. 32).

A "Freedom Exercise"

This is directed at paranoid clients' concerns about their status as agents, i.e, as initiating, choosing individuals whose actions are an expression of their own reasons. It was reported by Swanson et al. (1970). Here, a psychotherapist suggested to his paranoid client, who was extremely concerned about his autonomy, that he spend an entire day going about his city and making conscious, deliberate choices about where to go, what

to do, whom to visit, what to eat, and so forth; and to be as fully aware as he could of himself as the free author of all of these choices. This activity, according to the authors, had a considerable positive impact on this individual's sense of personal autonomy.

The Use of Images

Ossorio (1976) has provided an extensive rationale for the use of images in psychotherapy, and an extensive list of same. An image is a therapeutic device which is designed to capture and to highlight important aspects of a client's position or dilemma. Expressible in a code word or phrase, which facilitates the retention and recall of the entire associated idea, many images have the desirable feature that they portray individuals in active, perpetrating (vs. victim) roles and thus, if accepted, enhance their sense of personal power, responsibility, and freedom; and enable them to attack their problems in living from a more powerful position (see Bergner [1981b] on "Victims and Perpetrators"). Some images which are of especial relevance to paranoid individuals are the following.

"Three Umpires."   A story has it that three umpires are questioned as to their practice of their trade. The first umpire responds that "I calls them as they is"; the second umpire responds that "I calls them as I sees them"; and the third umpire responds that "How I calls em *is* how they is." The third umpire is the status assigner: he tells us that his assignment of a status to a pitch (e.g., "strike") *makes it what it is and determines how it will be treated.* This is also the power enjoyed by the paranoid individual insofar as he (like all of us) is the ultimate binding judge with respect to his self status assignments. As he calls them, they are. If he degrades himself, though the rest of the world protest, he is degraded (i.e., if he assigns himself a status of a certain reduced sort, he appraises his eligibilities accordingly and lives accordingly). In contrast, if he decides, *really decides,* to accredit himself, he is accredited. "Really decides" here implies the making of an appraisal with complete conviction, and this in turn implies that it be erected on a bedrock of realistic reasons, not on a willy-nilly grasping at evidential straws.

To take it that one is an "umpire" in this sense, to take it that one has this sort of judgmental bindingness vis-à-vis one's own status, is to realize that one occupies a position of considerable power, and the paranoid needs all the real power he can get. From this position, it makes sense to review and rethink his previous formulation of his status. Hopefully, he will draw less degrading conclusions.

The "Hanging Judge" (Ossorio, 1976; Driscoll, 1981).   The "hanging judge" metaphor is used to designate individuals insofar as they are the

consistent perpetrators of extremely harsh indictments. Paradigmatically, the paranoid individual is an obvious hanging judge in his appraisals and treatment of *others*. What is less clear, but no less true, is that his harshness and vindictiveness is a two-edged sword which also cuts him. He himself is the object of his own vilification and degradation; he pronounces himself less than human. And, when he recognizes this, he is in a better position to review his approach to himself and to do otherwise if he so elects. It should be noted in the interests of realism here that only a minority of paranoid individuals will be able to do this. (N.B.: In line with my earlier comment about language, one may wish not to use the locution "hanging judge" with most paranoid persons. An expression which works better here, if one can elevate it from its banality and give it real meaning for the client, is the expression that an individual "is too hard on himself." This locution, which does capture the essence of the matter, has the ring almost of virtue and will not be so quickly repudiated by a hypersensitive individual).

CONCLUSION

In the second part of the paper, I have (a) presented what from the present point of view are the core goals of psychotherapy with paranoid clients, (b) related some general procedural recommendations concerning ways not to go wrong with paranoid clients, and (c) proffered a set of procedures for the accomplishment of therapeutic goals. Hopefully, the conceptualizations contained in the first part of this paper, which were formulated with the express purpose of conveying heuristic suggestiveness, will suggest to the practicing clinician many more such therapeutic activities.

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