WORK-IN-PROGRESS (APRIL 11, 2021) PARALLEL CHART FOR

Chapter 24 — Simple Paranoia

of *The Mind at Mischief:*
Tricks and Deceptions of the Subconscious and How to Cope with Them
(1929)

by
William S. Sadler, M.D., F.A.C.S.

Sources for Chapter 24, in the order in which they first appear

(1) Morton Prince, M.D., LL.D., *The Unconscious: The Fundamentals of Human Personality Normal and Abnormal* (New York: The Macmillan Company, 1914, 1921)

(2) Edmund S. Conklin, *Principles of Abnormal Psychology* (New York: Henry Holt and Company, 1927)

(3) William S. Sadler, M.D., F.A.C.S., *The Truth About Mind Cure* (Chicago: A. C. McClurg & Co., 1928)

Key

(a) Green indicates where a source author (or a previous Sadler book) first appears, or where he/she reappears.

(b) Yellow highlights most parallelisms.

(c) Tan highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.

(d) An underlined word or words indicates where the source and Sadler pointedly differ from each other.

(e) Pink indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.

(f) Light blue indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.

(g) Red indicates either: (1) an obvious error on Sadler's part, brought about, in most cases, by miscopying or misinterpreting his source, or (2) Sadler's use of an earlier text of his that contained time-bound information which he didn't revise when presenting it in *The Mind at Mischief*, resulting in a historical impossibility, or (3) Sadler's use of an earlier text of his which he revised in such a way as to contradict that earlier text.

VI: SUBCONSCIOUS PROCESSES (Prince 147)

II. Artificially *induced visual hallucinations* (Prince 180)

If only because of the important part that hallucinations play in insanity and other pathological states and of the frequency with which they occur in normal people (mystics and others), the characteristics of the subconscious processes are well worth closer study (P 180).

[I remember very well that, in the days when I was a medical student, we were taught that patients who had delusions and hallucinations were definitely insane. We hardly take that view at the present day (16:8.4).] [See also C 33.]

XXIV — SIMPLE PARANOIA

24:0.1 WHILE in a general way paranoia is recognized as belonging to the psychoses—the insanities—there are many important forms of this disorder which are worthy of consideration in connection with the study of the neuroses. Paranoia is sometimes associated with a mild type of dementia præcox, and it no doubt can exist as a mental condition separate and apart from other psychic disorders.

24:0.2 In paranoia the unfortunate victim is living a fairy tale—not simply reading about it, or telling it.

A study of the technique of the subconscious serves to afford a better understanding as to the origin of both the delusions and the hallucinations of paranoia.

In the previous generation, hallucinations were regarded as one of the diagnostic earmarks of insanity; but many students of these problems no longer hold this view.

I am meeting every few weeks in my office, nervous individuals, sensitives, psychics, mystics, and hysterics, who undoubtedly have hallucinations, either auditory or visual, and sometimes both; yet careful study of these people would hardly warrant us in classifying them as insane.

24:0.3 I meet with individuals in whom I can induce or suggest these hallucinations of hearing and vision by experimental means, sometimes not going so far as to put them in a state of hypnosis or even of hypnoidisation, which is a sort of vestibule or antechamber to the deeper state of hypnosis.

[See 23:5.1, and P 181.]

Crystal vision, as already considered, is little more than a suggested visual hallucination.

From an experimental standpoint, visual hallucinations are much more easy to suggest or induce than auditory hallucinations.

VII: SUBCONSCIOUS INTELLIGENCE (*Continued*) (Prince 188)

III. *Subconscious intelligence underlying spontaneous associations*. (Prince 188)

The accounts of *sudden religious conversion* are full of instances of hallucinations

24:0.4 Both visual and auditory hallucinations are common in connection with highly emotional experiences and sudden religious conversions.

occurring at the time of the "crisis" and these—visions and voices—are often logical symbolisms of antecedent thoughts of the subject (P 193).

SOURCE

24: THE MIND AT MISCHIEF

[See P 223-24, re Margaret Mary's vision of the Sacred Heart and hearing a message from Christ.]

It is not uncommon for hysterical subjects, under the stress and strain of religious excitement, to see visions of Christ and the angels, and to hear spirit voices and recognize the Divine call.

This same sort of religious intensity and conscientious devotion, in connection with the mechanism of the unconscious, needs only to be focused upon spiritualism—to be dedicated to the task of communicating with the dead—and the stage is set, the machinery provided, for the production of all the subtle and spectacular phenomena which characterize the psychic manifestations of mediumship.

THE PARANOID TENDENCY

XI: THE RESULTS OF ANALYSIS (Conklin 208)

[See 16:6-7.]

24:1.1 We have given considerable space to the technique of projection,

and attention should be called to the fact that

There is a counterpart of projection known as *introjection*.... The best examples of this are doubtless to be found in the delusions of reference so familiar in the early stages of paranoia.

in paranoia we have present the opposite condition, that of introjection.

In these stages the patient sees a personal meaning in much of what goes on about him.

Introjection means that the patient is possessed with the mania for ascribing a personal meaning to everything going on about him.

People who pass on the street,

The paranoiac, as he walks down the street, thinks that everybody is talking about him and casting significant glances toward him.

the mislaying of tools or kitchen utensils, anything, in fact,

Street noises, noises in the kitchens of restaurants—

all the things that happen about him during the day's work or in places of public entertainment—

may be looked upon by such patients as having some personal application or reference (C 226-27).

he believes are directed in some subtle manner toward himself.

Both projection and introjection, it will thus be seen, are at base a disturbance of the distinction gradually established in childhood between the self and the not-self.... Here again is a reason for the oft-reiterated statement that in so many ways the behavior of the abnormal mind is infantile (C 227).

24:1.2 Paranoia is, after all, a sort of return to the infantile state of mental existence—

that state in which the individual believes himself to be the center of the universe.

Another term often used in the interpretation of these case histories is *regression* (C 227).

There is, along certain lines, more or less complete regression from adult life back to the infantile mental status.

All normal individuals are accustomed to revert more or less, periodically, to the state of childhood; but we do it in our ordinary play, in our week-end diversions and annual vacations.

It should never be forgotten, however, that there is also a normal form of regression demonstrable in the play life of adults (C 228).

This is a natural, restful form of regression;

but in paranoia it becomes exceedingly distressing when an individual feels that everything that is going on in the world about him is centering about his personality and has something to do with his happiness—or more especially with his unhappiness and psychic torture.

IV: DISTORTED THINKING (PARANOIA) (Conklin 60)

This constant attention to their persecution

24:1.3 When paranoiacs begin to get tangled up in their thinking, when they begin to suffer persecution at the hands of various persons or groups,

quite naturally raises the question of why they should be so persecuted.

they naturally—being fairly sane in all other directions—try to figure out why they are thus tortured and persecuted.

Then delusions of interpretation or explanation appear, and if one could grant the fact of their persecution; their reasoning is not so illogical (C 71).

And they are usually able to discover what seems to them to be a satisfactory explanation of it.

[Compare Hart 30-31, and see 24:4.1, below.]

In the olden days a great deal was ascribed to telepathy. Paranoid sufferers maintained that people were telepathing disagreeable thoughts to their minds, or that other individuals were stealing their thoughts and knew everything that was going on in their minds. The more recent radio vogue has given these patients a cue, and they now maintain that their minds are receiving stations for the undesirable emanations from numerous other minds.

V: THE PSYCHOSES (Conklin 78)

At present [psychiatrists] are making a rough differentiation of their cases [of dementia præcox] into four groups according to the relative prominence of certain symptoms.

If delusions much elaborated, accompanied by active hallucinations, are the salient feature of the dementia then it is called the *paranoid form of dementia præcox* (C 82-83).

24:1.4 While paranoia is one of the most common forms of dementia præcox—there being at least three other forms—

it is also found in other conditions.

We see many of these cases which really get well, and it is this type that I am most interested in describing—cases that we might denominate *simple paranoia.*

PERSISTENT DELUSIONS

IV: DISTORTED THINKING (PARANOIA) (Conklin 60)

The presence of delusions

24:2.1 When an otherwise apparently normal mind picks up a delusion which it holds on to persistently,

or when this individual describes hallucinations which you cannot reason with him about,

is usually characterized as paranoia or paranoiac (C 69).

we call the condition paranoia.

As defined to-day paranoia designates "cases which show clinically fixed suspicions, persecutory delusions,

These delusions and illusions, when they become fixed in the mind, are almost always associated with suspicion, persecution,

dominant ideas or grandiose trends locally elaborated and with due regard for reality after once a false interpretation or premise has been accepted.

or some dominant or grandiose idea.

Further characteristics are formally correct conduct, adequate emotional reactions, clearness and coherence of the train of thought."

A pure case of paranoia is supposed to have no other defect than the paranoia, there is no dementia, no hallucination, no emotional disturbance (C 69-70).

If we make a diagnosis of simple paranoia we presuppose there is no dementia.

While paranoia in its pure form is not frequent in hospitals,

I must admit that in this pure form paranoia is a rather rare disorder—

as one feature of other forms of mental disease it is quite common (C 70).

that marked cases of paranoia are usually associated with a more general psychic condition which we commonly call dementia præcox.

24:2.2 Having arrived at a fixed point for their delusions of persecution,

In the course of the patient's brooding over his troubles and seeking in his past an explanation therefor,

these paranoiacs begin to ransack their memories of past events for experiences which could serve as possible explanations for their persecution;

there is likely to be much retrospective falsification of his memories of the past (C 72).

["Secondary delusions" are erroneous beliefs erected by the mind in order to bridge over the incongruity between the primary delusion and the actual facts of the patient's experience (Hart 87).]

in this way they sometimes dig up secondary delusions,

Thus they become convinced of their greatness and there is the long list of royalties, rightful heirs to great fortunes, emissaries of God, and the like, so familiar to all who are much in contact with the insane (C 71).

coming to regard themselves as supermen, or as emissaries of God,

and offering this as an adequate explanation of their persecution.

SOURCE

Not infrequently the delusions of persecution make the patient somewhat dangerous. The persecution may be endured for a time

but eventually there may be rebellion against it; especially is this likely to occur if the patient develops well systematized delusions of explanation to the point that he settles upon some certain person or persons as the cause of all his troubles. He may then try to destroy that supposed cause (C 72).

There are doubtless many paranoiacs at large who never have and perhaps may never cross the threshold of a hospital and so be recorded for what they are.

If the delusions are relatively harmless no protest is made and they continue at large. They are known in their communities as "mildly cracked," a "little bit off," or as "monomaniacs" (C 72).

Some are more active and are chronically anti-this or anti-that or ardently pro-the-other-thing (C 72).

24:2.3 Sometimes the paranoiac will endure delusions of persecution for weeks and months, or even years, in silence.

I knew of one who had gone along for months, working in an office under the delusion that he was being spied upon and followed and otherwise harassed by his fellow workers, but never giving intimation of his feelings until one afternoon he turned around to the man at an adjoining desk, and, figuratively speaking, "knocked him into the middle of next week." Whereupon he went over to the closet, got his coat and hat, and walked out of the place. This is the only time this man has ever shown any tendency to become violent, tho he has been bothered for two or three years with these delusions.

24:2.4 Patients of this kind are running around loose among us in large numbers.

They are sometimes spoken of as being slightly "cracked," a little bit "off," "cranks," and so on.

When but mildly afflicted they are often found vigorously functioning as members of anti-this or anti-that, or pro-this and pro-that,

SOURCE	24: THE MIND AT MISCHIEF
	and aside from being just a bit one-sided, not very well balanced, they are quite normal.
Another form of delusion results in what is sometimes described as the "querulent paranoiac" (C 73).	24:2.5 Other mild cases of this disorder manifest themselves only by an inordinately quarrelsome tendency;
	these people, when opposed, are liable to become violent, and not infrequently they attack some innocent person whom they have come to believe to be among those responsible for their miseries.
They chronically bring accusations against worthy people, write lengthy letters of complaint to the authorities or others more likely perhaps to take cognizance of them, and not infrequently sue for damages for large sums (C 73).	Or perhaps they suddenly plunge into protracted litigation in court over some trifling incident.
A female querulent	The quarrelsome type of female belonging to the paranoid group
	is a dangerous individual
may accuse some respectable man of improper relations, charge him with assault, swearing to a most incriminating list of details (C 73).	and not infrequently prefers serious charges against innocent citizens.
Perhaps paranoia may be attributable to the disturbing effect of a complex or of complexes.	24:2.6 Paranoia is probably due to a working association between a group of powerful but perverted complexes,
	and experience shows that when it is not a phase of dementia præcox, or when, in case of dementia præcox, the underlying condition is comparatively slight,
Perhaps the crank and the querulent are the victims of complexes and could be relieved by their discovery (C 76).	much can be done to help the patient out of his troubles.

24:2.7 Paranoia also seems to be the possible accompaniment of another form of insanity known as manic-depressive psychosis, and in this case

[*Compare:* And it might of course be that an undesirable complex caused the emotional depression which in turn caused delusions of explanation,

the paranoid state is sometimes found in association with depression

or that the emotional elation leading to delusions of greatness was aroused by a forgotten (repressed) complex (C 76).]

and at other times with exaltation.

ILLUSIONS AND HALLUCINATIONS

24:3.1 Hallucinations are common in association with fevers and acute alcoholism. In the alcoholic victim they are very real and are able thoroughly to terrorize the patient.

In cases of paranoia the danger of using drugs to overcome hallucinations should be emphasized, tho we do occasionally, as a last resort, put these patients under the influence of non-habit-forming drugs for several weeks at a time in an effort to break the train of thought in the mind and help them to find themselves. I have seen this plan work to great advantage.

Several years ago a man from a western state came to Chicago, thoroughly incapacitated for carrying on his business, having for more than six months been leading a life of abject fear. He was terror-stricken over the idea that a group of men had entered into a conspiracy first to mutilate and torture him and then to murder him.

The foundation for this fear was a trifling incident in his early life, before his marriage. He had, through failure to understand the character of a certain young woman, just about become engaged to her; but, learning more about her, he had broken off all relations. The young woman had an older brother, who became very angry over the affair, and threatened violence to the young man.

Altho twenty-five years had gone by, when, as the result of both overwork and overworry, this man became a little run down, that old fear came back into his mind, and it required only about six weeks for him to become literally obsessed by the idea that the girl's brother had organized a vast conspiracy. He admitted himself that no less than one to two thousand people were involved, and he actually saw himself being followed and even chased by all these people. The police force of his home town and the civil authorities of his State, he felt, had all entered into this conspiracy to "get him." It was pathetic to hear him talk. His sufferings were intense and no amount of reasoning had any influence on him.

I have many times seen the use of quieting drugs fail in such cases, but in this particular case it was a complete success. Six weeks in the hands of doctors and under the careful supervision of a day and night nurse, brought such a change in this man's thinking, so arrested the current of his thoughts, that when he waked up and came back to normal living, he was practically delivered from his delusion.

24:3.2 I regard this case as one of simple paranoia. The subsequent performance of the patient goes a long way toward establishing the fact that his was not a case of dementia præcox, at least not as we ordinarily see it. Of course, time will be required to see whether or not there is any return of his trouble; but observation of a number of the milder cases of paranoia leads me to believe that some of them are really curable if the patients are properly instructed and come to understand themselves.

24:3.3 It should be explained that the man whose case we are discussing was not finally cured of his delusion until he was, after being greatly improved, taken back to his home town and there, through the cooperation of his family physician and friends, brought face to face with many of the supposed arch conspirators in the plan to harm him. When he found them back at home instead of out on this mission of persecution, he went right out and called me on the long distance telephone, saying: "Dr. Sadler, you are right. You are dead right. I am convinced, and completely convinced, that nobody has been trying to harm me. This is all a notion I got into my head, and I am glad to be delivered from it. You watch my smoke. I am going back on the job to-day, and I am not going to make my wife or anybody else any more trouble."

[*Note:* Sadler retold this story in *The Theory and Practice of Psychiatry* (1936) but drastically revised the ending. See parallel chart for Chapter 54 of that book, specifically 54:9.]

And he hasn't. He has been behaving perfectly from that day to this. We were frank with him throughout. The facts of his case were fully explained to him; the psychology of his condition, the tendency of the complexes that form, and the technique of his deceiving himself and leading himself into believing that his delusions were real—all these matters were fully explained to him; he has been instructed, also, that if there is any tendency for this condition ever to recur, he is to report immediately to his physician.

[See 21:1.2.]

24:3.4 I believe that these hallucinations sometimes originate in night terrors,

[See 10:8.12.]

and we must not confuse paranoia with the anxiety neurosis on the one hand, or with the anxiety and apprehension of hyperthyroidism—goiter disturbances—on the other.

II: SENSORY ABNORMALITIES, ILLUSIONS AND HALLUCINATIONS (Conklin 22)

24:3.5 Sensory illusions are commonly met.

[See 11:1.2.]

We can amputate a cancerous leg, and yet for weeks or even months the patient will go on complaining of pain in the amputated limb.

The nerves going up from this former member were so habituated to carrying up painful impressions and then carrying them back to be experienced in the diseased leg, that they go right on doing this even after amputation.

SOURCE

The illusions of everyday life are a commonplace in all texts on general psychology as is their interpretation in terms of central and peripheral factors. Recalling those facts, it will be quickly recognized that defects of sensory functioning would tend to increase the number or frequency of illusions (C 30).

But when we see a person who continues to insist that the bedpost is a ghost, or that he hears music in spite of the fact that we show him the humming motor, if, in other words, we find a person who does not check his illusions against other experience and recognize them to be illusions, then we conclude that such a person is suffering abnormal illusions (C 30-31).

Psychiatrists now generally recognize that the hallucination may not be technically distinct from the illusion, but they find it highly practical to use the old and somewhat rough distinction: viz., that the illusion is a false perception of an objective reality,

and that the hallucination is a perception-like process without an external object or source (C 31).

24: THE MIND AT MISCHIEF

In another case we may have illusions as the result of some defect in the function of the ordinary sensory mechanism of the body.

The real difficulty in the case of illusions is not that patients have them,

but that they are often unwilling logically to check them up and then disbelieve them.

The mechanism for producing them is present with all of us, and doubtless we have had passing illusions from time to time; but we wake up and snap out of our day-dreams instead of becoming victims of them.

24:3.6 An illusion is nothing more nor less than a false perception concerning an objective reality,

while an hallucination is a more serious perception-like process working in the mind and having no external object or source as its basis.

SOURCE	24: THE MIND AT MISCHIEF
[contd] Hallucinations are very common in mentally diseased conditions. Auditory hallucinations are the most frequent.	24:3.7 The most common hallucinations met with in paranoia are auditory.
Patients will complain of voices speaking to them, some hear music, others hear more disagreeable sounds, one examined by the writer heard the sounds of a great battle going on high over her head (C 31).	The patient hears voices speaking to him.
In one curious form known as "audible thinking"	Another type, not so often met, is that of the so-called audible thinkers.
the patient complains that his thoughts are so loud that every one must be able to hear him think.	The patient complains that his thoughts are so loud that everyone near is able to hear them, and his belief in this fact is very distressing.
Visual hallucinations are also frequent (C 32).	24:3.8 Visual hallucinations are not so common in paranoia, altho we meet with cases now and then where they say they see many queer things.
One person known to the writer saw miniature human beings everywhere, on the trees, buildings, furniture, etc., and even attempted to photograph them (C 32).	One man complained of seeing small human beings everywhere, about six inches tall.
Cutaneous hallucinations also occur.	24:3.9 Skin hallucinations are very common.
Patients report prickling sensations, ticklings, blows, caresses, warm and cold experiences, bugs of various kinds crawling over them, knives sticking into them, electric effects produced by some unknown villain at a distance.	Who has not felt pricking, tingling, and other queer cutaneous sensations—perhaps of bugs crawling on the skin?

SOURCE

The writer knew a case who every night before retiring carefully wiped the sheets of her bed to remove the powder which she insisted some one regularly put there to cause her disagreeable sensations.

Smell and taste hallucinations are quite common.

Usually they are of disagreeable things, filth, drugs, etc., although sometimes they are of flowers and perfumes.

Kinesthetic or static hallucinations do occur, although with relative infrequence. Patients report that they fly, are lifted up by unseen hands, that their limbs were moved for them, and the like.

Hallucinations of an organic nature are also encountered. Sometimes these are quite specific, as of pregnancy, while others are much less definite in nature, as that the "head feels as though it were made of wood," that there is "lead in the stomach," that there are internal cutting, gnawing or biting sensations (C 32-33).

The disagreeable and often persecutory nature of the hallucinations

makes the patient unhappy, or depressed, or terrified (C 33).

[Compare C 33.]

24: THE MIND AT MISCHIEF

I remember the case of a patient who spent thirty minutes every night brushing off the sheets in order to get the sand out of the bed (later it was bread-crumbs).

She believed it was there—it was very real to her.

24:3.10 Smell and taste illusions are also commonly met with.

They usually are described as smelling unpleasant odors—occasionally pleasant perfumes.

Still rarer hallucinations are those of sensations of flying;

of having lead in the stomach; or of having a hardened head, as if made of wood.

24:3.11 When the hallucinations of the paranoiac become associated with the idea of persecution,

they often produce profound depression, and sometimes even terror.

We can imagine something of the suffering of these unfortunates by recalling our own fright at the time of waking immediately following some nightmare.

SOURCE	24: THE MIND AT MISCHIEF
In some famous cases the possibility of disease or normality is debated and also the cause of the hallucinatory-like phenomena various interpreted.	24:3.12 It is hard to tell just how many of the extraordinary characters of history were paranoiacs.
Mohammed heard voices and saw visions,	Mohammed heard voices;
Luther saw the devil and threw his inkstand at him,	even Martin Luther, on one occasion, threw an inkwell at the devil he thought he saw in his study;
Jeanne d'Arc heard voices, Swedenborg saw heaven,	Joan of Arc certainly heard voices.
Columbus is said to have had strange auditory, Napoleon visual experiences, and Cromwell a little of both (C 33-34).	It would seem that Columbus, Napoleon, and Cromwell all had experiences of this character.
	24:3.13 I have a patient who is terribly distressed because he thinks people are constantly talking to him or about him. He would not leave his room were he not forced by hunger to go out in quest of work. Automobiles that pass the house carry people whose remarks come in to him, and he is sometimes in a rage as the result of the uncomplimentary comments he thinks he hears them make.
	24:3.14 Our more common hallucinations are
Severe headaches are accompanied occasionally by visual hallucinations These appear as bright lights in zigzag, ovals, star shapes, and angled lines and are of various colors (C 35).	the seeing of bright zigzag lights when the eyes are shut, seeing stars and other unreal things.
	These conditions are commonly associated with nervous sick headache and are usually in no way indicative of either paranoia or insanity.

SOURCE

The substance of [the peripheral theory] is that all hallucinations are of the nature of perceptive illusions, that there is always some activity of a sense organ stimulated from without or within the organ which in turn arouses the process known as the hallucination (C 36).

There are instances where the patient or subject does recognize the process experienced as being hallucinatory, although unable to discover any stimulus for the process. Such cases are known as "pseudo-hallucinations."

Usually these pseudo-hallucinations are partially controllable by the subject; they can be driven away at will, although rarely can be called up at will (C 37).

There is a form of the hallucinatory phenomenon

known as hypnagogic hallucination. The hypnagogic state, as will be learned later, is the period of daze between sleeping and waking (C 38).

An excellent example [of an abnormal illusion] is that of the patient to whom the sound of rain meant music, while to all others the meaning of that succession of sound intensities and qualities was rain on the roof (C 39).

[See Chap. 16 and ff.]

24:3.15 Some mild forms of sensory hallucination are due to a disturbed condition in the eye, ear, nose, or other sensory organs;

but these rather deserve the name of pseudo-hallucinations,

because the normal person quickly checks them up and throws them out of court as unwarranted and foolish—as sensory deceptions.

We also have queer sensations and experiences bordering on hallucinations,

in the twilight zone just before falling asleep, or between the time we begin to awake in the morning and the point where we fully regain consciousness.

Even in our dreams, things become twisted so that

rain on the roof is converted into beautiful music.

24:3.16 The real secret of this whole hallucination business, of course, is the dislocation of that floating attribute of consciousness which we call the reality feeling.

SOURCE	24: THE MIND AT MISCHIEF
	In paranoia the reality feeling becomes attached to something which is not real, and then we find the patient is not open to reason—will not listen to reason on this point as he does on almost every other point.
	So the possible causes of paranoia, aside from its association with the insanities, are to be found by looking for organic changes or functional disturbances in some of the organs of special sensation.
The exact nature of this defective functioning of meaning is less clear....	
First (1) of all, it may be that such distortions of the meaning associations of simple processes are due to some organic change in the central nervous system (C 40-41).	The trouble may often be found in an organic change in the brain itself, or in the central nervous system.
It can also be argued (2) that these distortions of meaning are due to an imperfect development of the nerve patterns underlying perception and conception (C 41).	In other cases a mild form of paranoia may come on as the result of imperfect development in the technique of forming nerve patterns
	or memory designs and association centers in the brain.
Psychoanalysts [(3)] explain the vividness, the force, the apparent reality, of the hallucination and the abnormal illusion as due to the energy of some wish or drive	It may also be possible for paranoia to come on as the result of some highly specialized and terrific drive of energy, due to some wish
which is but poorly controlled by the censorship (C 41).	which has been imperfectly suppressed or incompletely controlled by elimination or sublimation.

ILLUSTRATIONS OF PARANOIA

24:4.1 Several years ago a young electrical engineer, twenty-eight years old, came in complaining that a certain great religious organization was engaged in persecuting him. The purpose of the conspiracy, he declared, was so to distress him that he would do something violent, get arrested, and be committed to prison. It required almost six months to talk him out of this idea, to convince him that this organization must be engaged in more important matters than following him up; furthermore, that if its tens of thousands of members had wanted to "get" him, they could have done so long before. Finally, he gave up this notion, but in less than two weeks he had a new one. His new obsession was built around the idea that there were many people in the world who took fiendish delight in being cruel. He had been reading psychology at the public library, and had decided that he had become the butt of all the people who enjoy seeing other folks suffer. He explained that he had a very sensitive mind which acted as a telepathic receiver (he had found sufficient support in scientific literature to warrant his believing in telepathy), that all the vulgar, belittling, and oft-times obscene thoughts which came pouring in upon him were put there by hostile men and women who enjoyed seeing him tortured by being made the dumping ground for all this unpleasant mental material. This delusion lasted for almost a year.

I am sure I never would have stuck to the case with any hope of helping the patient had it not been for the importunities of his wonderful mother, who would never listen to the advice of his medical advisers that the case be given up as one of paranoid dementia præcox and that the lad be committed to an institution.

24:4.2 He did get better. He began gradually to improve, and it is a pleasure to report that he finally come to the place where he said: "Doctor, I am going to believe you. You must be right. I don't seem to be getting much better, but I must be wrong. At any rate, there seems to be more evidence against me than for me. You ought to know your business as I know mine as an engineer. You tell me this is in my head. I have tried to believe it. It is hard for me to accept it, but logic is on your side. I am going to do my very best to act on your diagnosis from now on." And in a recent letter to his mother he says that the "activity," as these patients so often designate their trouble, continues, but in less degree. He is not free from it yet, but is greatly improved. He has gone back to work and is doing well. In fact, he was at work the larger part of the time he was under treatment.

24:4.3 This is a borderline case of paranoia, and I presume we are not warranted now in trying to settle the diagnosis, but rather should wait and let time tell whether he has been cured of paranoia, or whether he is merely experiencing a period of improvement in connection with a more serious mental and nervous state.

24:4.4 Not long ago I met a business man from the East who had some trouble about fifteen years ago with a competitor, and this competitor, when he last saw him, threatened to get even with him some time. The man worried over this threat for years, and at length, while traveling from New York to his home town, he fell ill after eating a meal in the dining car. The thought suddenly flashed through his mind that he had been poisoned, that his former business enemy had at last gone into action, had gone out to "get" him, as he put it.

24:4.5 Two years have gone by, and he has not ceased to entertain the idea that a vast number of conspirators are working to poison him. He will not eat food as it is ordinarily served in hotels and restaurants. He will not buy food except in the original package, and then he goes out to pick it up in the open market where it is being sold to the public, and is very careful about the first meal out of a package of crackers, or from an original box of cheese. He has numerous digestive upsets as the result of all this, and he explains them all by declaring that someone has "got" him again. I showed him one day that his enemy must be spending no less than five thousand dollars a day to carry on this vast network of conspiracy, but he believes that his former business competitor has been able to enlist vast resources in this work of "getting" him.

[See 10:0.5.]

A year and a half ago he left home, deciding that his wife was so unsympathetic with his predicament that she must have sold out to his enemies. He has not since been back to see his wife and three children. He is a very efficient man, and by working a few weeks now and then makes enough money to keep body and soul together and pay for a cheap room; but sooner or later there comes a digestive upset, and he has to flee that section and go five hundred or a thousand miles away; and in the end his enemies always find him. They have a vast network of spies observing him—and so on.

24:4.6 When this man came to Chicago to see me he carried some cheese and a loaf of bread with him, which he ate for a day or two; then for another day or two he refrained from eating. A ten days' examination showed him to be sound physically; and all his mental tests, his psychic observations, showed him to be all right in every way, aside from this delusion. But he disappeared suddenly. He had ventured to buy some food in Chicago, and after eating it in his room, had become slightly nauseated; so he decided that "they" had located him again.

24:4.7 I am reciting this patient's sufferings and wanderings merely to illustrate what paranoia really is. Simple paranoia is nothing more nor less than monomania—getting some absurd idea in your head; you are all right on everything else, but this one idea persists in the mind. It is a glorified compulsion neurosis, an obsession raised to the nth power, which comes so thoroughly to possess the mind that reason and judgment are of no avail against it.

SOURCE	24: THE MIND AT MISCHIEF
	24:4.8 I presume many of our queer freaks in society belong to this order.
IV: RELIGIOUS MIND CURE (*The Truth About Mind Cure* 47)	
SO-CALLED DIVINE HEALING (*The Truth About Mind Cure* 47)	
I followed John Alexander Dowie carefully when he came over from Australia.	I had many a talk with the late John Alexander Dowie, the great healer who came from Australia and founded a religious settlement just north of Chicago.
I was a student in Chicago at the time and attended his healing seances as he held them each week. I saw people cured of their various ailments and made notes of the whole performance. I remember when one of his associates asked me years ago what I thought of Dowie, I said: "Do you want me to tell you just what I think of him?" He answered: "Yes". I replied: "He is crazy, but he doesn't know it."	I haven't the slightest doubt in my mind that Dowie really believed in himself. He was a victim of paranoia.
Mrs. Dowie and his associates did not wake up to this fact until years afterward when he proclaimed himself Elijah the Prophet, reincarnated and returned to earth,.	When he stood up in the Auditorium in Chicago [*on June 2, 1901*] and announced that he was Elijah the Prophet, reincarnated,
and proposed to establish a regal court and surround himself with ten vestal virgins. Then, of course, Mrs. Dowie and all the rest knew he was crazy (*TTAMC* 47-48)	
	my own opinion is that he was sincere—he really believed it.

24:4.9 I have a patient, a man who is well up in the insurance world, who is developing paranoia. His wife brought him in a few months ago and said he was nervous, restless, anxious, and worried. One Sunday afternoon she had coaxed him into telling her his troubles, and he had explained that, owing to a little business mistake he made about three years ago, one of his business associates had started in to "get" him. Of late he thinks of nothing else, talks of nothing else at home, and when away from the office he pays attention to little else than this conspiracy which is ever widening—more and more people are joining it—until he has now developed a very definite paranoid reaction. His wife and I both have made careful inquiry about his business connections, and have convinced ourselves that there is no more trouble or friction with his associates than would be found in any large corporation. He has agreed to submit to teaching and treatment, and as his case has been taken in hand early, with good health and otherwise sound mental state on our side, we have every reason to believe that he can be reeducated to see that his fears are without a real foundation.

24:4.10 And so the story goes on with paranoia, one case after another coming in, apparently all right in every way, mentally speaking, except on some one point, the domain of monomania. In business, in religion, and in various other realms we find these people going astray; and, of course, in connection with dementia præcox we find a whole group of them; but it is not my intention in this work to discuss the insanities.

24:4.11 In efforts to prevent the development of latent paranoidal or other nervous tendencies, it is highly important to curb all tendencies toward excessive suspicion, queerness, and sensitiveness, as well as any inclination to indulge in undue fault-finding. Early in life, individuals who give evidence of being potential neurotics, hypochondriacs, or paranoiacs should be thoroughly studied by means of emotional analysis, and should be put through a course of systematic psychic training, designed to bring about such reconstruction of their personality behavior as will enable them to avoid the full development of these undesirable tendencies.