WORK-IN-PROGRESS (SEPTEMBER 20, 2022) PARALLEL CHART FOR

Chapter 54 — Paranoic Reaction Types

of *Theory and Practice of Psychiatry* (1936)

by William S. Sadler, M.D.

Sources for Chapter 54, in the order in which they appear

(1) D. K. Henderson and R. D. Gillespie, *A Text-Book of Psychiatry for Students and Practitioners, Third Edition* (New York: Oxford University Press, 1932)

> *Note:* I used the fourth edition, published in 1936. It's virtually identical to the third edition, although the pagination differs.

(2) George W. Henry, A.B., M.D., *Essentials of Psychiatry* (Baltimore: The Williams & Wilkins Company, 1931)

(3) John H. Ewen, M.R.C.P., D.P.M., *A Handbook of Psychiatry* (Baltimore: William Wood and Company, 1934)

(4) William A. White, A.M., M.D., *Outlines of Psychiatry, Thirteenth Edition* (Washington: Nervous and Mental Disease Publishing Company, 1932)

(5) Israel S. Wechsler, M.D., *The Neuroses* (Philadelphia: W. B. Saunders Company, 1929)

(6) William S. Sadler, M.D., F.A.C.S., *The Mind at Mischief: Tricks and Deceptions of the Subconscious and How to Cope with Them* (New York: Funk & Wagnalls Company, 1929)

(7) Karl A. Menninger, *The Human Mind* (New York: The Literary Guild of America, 1930)

(8) John Rathbone Oliver, M.D., Ph.D., *Pastoral Psychiatry and Mental Health* (New York: Charles Scribner's Sons, 1932)

(9) Edward A. Strecker, A.M., M.D. and Franklin G. Ebaugh, A.B., M.D., *Practical Clinical Psychiatry for Students and Practitioners, Third Edition Enlarged and Revised* (Philadelphia: P. Blakiston's Son & Co., Inc., 1931)

(10) Arthur P. Noyes, M.D., *Modern Clinical Psychiatry* (Philadelphia: W. B. Saunders Company, 1934)

Key

(a) Green indicates where a source author (or 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 an obvious error on Sadler's part, brought about, in most cases, by miscopying or misinterpreting his source.

(h) **Bold type indicates passages which Sadler copied verbatim, or nearly verbatim, from an uncited source.**

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54 — PARANOIC REACTION TYPES

54:0.1 The more definite types of paranoia, separate and apart from schizophrenia and manic-depressive paranoic trends, tend to run an insidious course. The delusions are permanent, and the prognosis is very unfavorable. Paranoia, unassociated with other psychotic categories, is characterized, not only by insidious development, but also by the presence of a lasting and unshakable delusional system in association with a mental status which is otherwise quite clear and logical, so that, aside from the delusional trend, the patient's thoughts, life, and conduct are fairly normal.

54:0.2 There are three classes of paranoia which should engage our attention. They are:

54:0.3 1. Paranoid trends.

54:0.4 2. Paranoic states of other psychoses.

54:0.5 3. True paranoia.

X: PARANOIA AND PARANOID REACTION-TYPES (Henderson & Gillespie 235)

PARANOIA (Henderson & Gillespie 240)

Kraepelin states that 70 per cent of his patients were men, and Bleuler agrees in regard to this preponderance (H&G 240).

54:0.6 Statistics gathered from various sources indicate that about 70 per cent of paranoics are men.[1]

SOURCE

V: PARANOIA AND PARANOID PSYCHOSES (Henry 56)

PARANOIC PSYCHOSES (Henry 57)

Clinical manifestations. According to the prominence of certain types of delusions several types of paranoics have been described (H 58).

[contd] *Persecutory type.*

This is the most common variety.

It often accompanies other types and is characterized by delusions of persecution (H 58).

[contd] *Grandiose type.*

This is characterized by delusions of self importance.

Such individuals believe they are of royal lineage or even divine (H 58).

[contd] *Erotic type.*

This is characterized by delusions of courtship and marriage to some unattainable individual, the marriage to be consummated at some indefinite time in the future.

There is often ridiculous and undying devotion to the one sought (H 58).

54: THE THEORY AND PRACTICE OF PSYCHIATRY

54:0.7 Paranoic states have been classified clinically into four divisions, as follows:

54:0.8 1. **Persecutory Type.**—

This is the most common.

It often accompanies other types and is characterized by delusions of persecution,

predicated on feelings of inferiority.

54:0.9 2. **Grandiose Type.**—

Characterized by persistent delusions of self-importance.

Such patients believe they are of noble lineage or even divine.

They suffer from enormous exaggeration of ego.

54:0.10 3. **Erotic Type.**—

Characterized by delusions of courtship and marriage to some unattainable individual.

Its victims often indulge in grotesque delusions concerning their imaginary lovers.

Women so afflicted have delusions of pregnancy.

SOURCE

Querulous type.

This is characterized by the delusion that justice cannot be obtained under the prevailing social system.

Failure to attain the desired goal stimulates appeal to a higher tribunal.

Ultimate failure simply strengthens the delusion (H 58).

54: THE THEORY AND PRACTICE OF PSYCHIATRY

54:0.11 4. **Querulous Type.**—

This group is characterized by the delusion that justice cannot be obtained under the prevailing social and judicial systems.

Failure to attain the desired goal leads to appeals to higher tribunals.

Lack of attention only seems to strengthen their delusions.

1. Modern Concepts of Paranoia

Modern Concepts of Paranoia. (Ewen 59)

1. Kraepelin describes paranoia as a chronic psychosis of insidious origin

characterised by **the slow development of an unshakable system of permanent fixed delusions.**

Logical thought apart from the delusional scheme is unimpaired.

Hallucinations are absent and there is no tendency to terminal dementia (E 59-60).

[contd] **Bleuler considers paranoia to be a situation psychosis due to faulty reaction between the self and the environment.**

He holds that the cause of paranoia can be found in constitutional predisposition and in conflict.

54:1.1 **1. *Kraepelin* views paranoia as a chronic psychosis of insidious origin**

characterized **by the slow development of an unshakable system of permanent fixed delusions,**

logical thought, apart from the delusional scheme, being quite unimpaired.

Hallucinations are absent, and there is no tendency to terminal dementia.

54:1.2 **2. *Bleuler* regards paranoia as a situation psychosis arising out of faulty reaction between the self and the environment.**

He holds that the cause of paranoia is to be found in constitutional predisposition and in conflict,

The delusional system originates in katathymic material, persecutory delusions being conditioned by a depressive temperament,

persecutory delusions being conditioned by a depressive temperament,

grandiose delusions by an optimistic temperament.

grandiose delusions by an optimistic temperament.

He claims that paranoia is not a disorder of affection since the affect in paranoia is stable and depends on intellectual processes (E 60).

He claims that paranoia is not a disorder of affection since the affect in paranoia is relatively stable.

3. Freud believes that paranoia is due to a fixation at the homosexual level of development.

54:1.3 3. *Freud* believes that paranoia is due to a fixation at the homosexual level of development.

Normally the homosexual libido is sublimated, but in paranoia there is regression of the sublimated homosexuality.

Normally the homosexual libido is sublimated, but in paranoia there is regression of the sublimated homosexuality.

Repression and sublimation having partially failed there is consequent projection as symptoms of the repressed homosexuality.

Repression and sublimation having partially failed, there is consequent projection as symptoms of the repressed homosexuality.

The seven types of delusional systems found in paranoia are explained by Freud by ringing the changes on the sentence "I (a man) love him (a man)" (E 60).

The several types of delusional systems found in paranoia are explained by Freud by ringing the changes on the sentence "I (a man) love him (a man)."

4. Meyer. The paranoiac constitution.

54:1.4 4. *Meyer* postulates a paranoic constitution.

The paranoiac character is one in which there is essentially an affect tone of suspicion.

The paranoic character is one in which there is essentially a tone of suspicion.

The mood is one of suspicion and the perceptions of reality are coloured by the predominating affect.

The mood is one of suspicion, and the perceptions of reality are colored by this predominating affect.

The paranoiac constitution is characterised by sensitiveness, suspicion, mistrust and want of confidence in others,

The paranoic constitution is characterized by sensitiveness, suspicion, mistrust, and want of confidence in others,

probably arising from feelings of inferiority or guilt (E 60).

probably arising from feelings of inferiority or guilt.

[contd] 5. Kretschmer (1918) believes that the paranoiac is the subject of an hereditary taint upon which there is superimposed exceptional sensitiveness.

54:1.5 5. *Kretschmer* believes that the paranoiac is the subject of a hereditary taint upon which there is superimposed exceptional sensitiveness.

This sensitive type is quickly exhausted by emotion and stress, and fatigue initiates the appearance of paranoid traits (E 60).

This sensitive type is quickly exhausted by emotional strain and nervous stress, and fatigue initiates the appearance of paranoid trends.

[contd] 6. Adler sees in paranoia the predominance of an unapposed self-assertion trend.

54:1.6 6. *Adler* sees in paranoia the predominance of an unopposed self-assertion trend.

The inability of the patient to attain his goal of superiority gives rise to compensatory phenomena issuing in the psychosis (E 60).

The inability of the patient to attain his goal of superiority gives rise to compensatory phenomena issuing in paranoid psychosis.

[contd] 7. Sérieux and Capgras describe paranoia as consisting of two psychoses, Delirium (delusions) of Interpretation and Delirium of Revindication.

54:1.7 7. *Serieux and Capgras* describe paranoia as consisting in two psychoses, delirium (delusions) of interpretation and "delirium of revindication."

Delirium of Interpretation occurs in constitutional psychopaths and is characterised by false interpretations of actual facts.

"Delirium of interpretation occurs in constitutional psychopaths and is characterized by false interpretations of actual facts.

A delusional system is evolved after some time.

A delusional system is evolved after some time.

The condition is incurable but does not terminate in dementia (E 60).

The condition is incurable but does not terminate in dementia."

2. Etiology

X: PARANOIA AND PARANOID REACTION-TYPES (Henderson & Gillespie 235)

CONCLUSIONS (Henderson & Gillespie 277)

[contd] The causation of paranoiac conditions is probably not by any means a uniform one (H&G 277).

54:2.1 The etiology of the paranoic states is indeed obscure.

The type of personality is one of the commonest predisposing elements.

The most important etiologic factor, according to our present knowledge, is to be found in the *personality type* of these patients.

Paranoia seems to develop in

The sensitive, suspicious, jealous,

persons who are sensitive, suspicious, and jealous,

ambitious person;

as well as in those who suffer from inordinate ambition in addition to their suspicion tendencies.

Paranoid trends are also more likely to develop in

the shy, prudish, dreamy and unpractical;

shy, dreamy, selfish, prudish, and impractical individuals,

and the selfish, vain type

those vain and self-seeking persons who are not willing to earn distinction by honest devotion to hard work and persistent struggling with real life situations.

were all represented in our series.

In some paranoiacs, however,

On the other hand, an occasional paranoid tendency develops in a person

no suggestive traits of personality are discernible in the previous history.

whose previous history is not strongly suggestive of any of these predisposing factors.

Another fairly frequent factor is the existence of some "complex" with a very strong affective value, *e.g.* a history of venereal infection,

Many paranoic patients give a history of having long suffered from some complex,

a *persistent and fixed idea,* repressed emotion, fear,

with a great deal of shame and self-consciousness attached to it.

or a persistent self-consciousness of shame

[*Note:* See 54:2.4, below.]

leading to feelings of inadequacy, guilt, and inferiority; and then, after a lengthy period during which the patient has been afflicted with self-accusation and guilt, the *grandiose type of paranoia* appears as a compensatory reaction to the former states of guilt and inferiority.

54:2.2 1. **Fixed Complexes.**—

Upon such a predisposition, either of personality or of a more isolated "complex" derived from personal experience,

Patients who are suffering from a "complex"

which genders suspicion, jealousy, and feelings of inferiority

the effect of some trifling incident is sometimes profound,

often attach great significance to some trivial incident which may happen in the regular course of their daily living.

presumably in some cases from the stirring up of associations, *e.g.* the innocent visit of a policeman to a man who had long cherished in secret his shame of venereal infection.

Conversely, in cases dating from some definite incident of this kind,

As a rule the paranoid trend has an actual occurrence as a starting point,

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
it is nearly always possible to trace a predisposition, either of the total personality or in the form of some more localised “complex”.	and then, with individuals suffering from a paranoic predisposition,
	the imagination gradually builds up the paranoic delusions.
The importance of homosexuality in the ætiology of paranoia is not so widespread as the psychoanalytic school would have it.	54:2.3 2. **Homosexuality** may be a factor in the etiology of paranoia, as claimed by the psychoanalysts,
	but in my personal experience I have not found it to be a large one.
It was clearly a factor in 4 out of a series of 11 paranoiacs (H&G 277-78).	I doubt if it will be found in more than 15 per cent of a large number of cases.
In the genesis of paranoia the rôle of inferiority feelings, on whatever ground,	54:2.4 3. **Feelings of inadequacy,** inferiority complexes,
	in association with the suspicious and jealous temperament,
is very considerable.	constitute the general background for practically all paranoic states.
The sense of inferiority may be the result of disappointment of inflated ambition,	Particularly are sensitive and over-ambitious individuals likely to develop paranoia when they suffer sudden and crushing deflation of ego, some great overthrow of their ambitions.
or it may be associated with guilt-feelings, auto-, hetero-, or homosexual in origin.	Likewise, all forms of guilt feelings, particularly those connected with sex worries,
	serve to lay the foundation for suspicion predicated on guilt
In either case the resulting paranoaic development consists first in ideas of reference,	and are soon followed by ideas of reference

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
and then of actual persecution.	which evolve into mixed notions of persecution.
A sense of superiority, or at least a striving for it, often exists concurrently,	Many times the *compensatory superiority* reaction is found coexistent with delusions of persecution.
and leads sooner or later to grandiose delusions.	This reaction leads to all sorts of flattering rationalizations and grandiose delusions—
Not less important than feelings of inferiority and guilt and superiority are wishes which may or may not have been repressed. These wishes are either sexual or social—for wealth and position (H&G 278).	of wealth, position, and power.
IX: PARANOIA AND PARANOID CONDITIONS (Strecker & Ebaugh 342)	
	54:2.5 4. **Age of Onset.**—
In two-thirds of the cases the onset of the disease occurs in the thirties.	Two-thirds of all paranoic trends appear in the fourth decade, the middle-life period.
Cases do occur, however, in the twenties (S&E 345).	Nevertheless, cases sometimes occur in the early twenties,
	and occasionally they do not put in an appearance, at least in a diagnosable form, until the fifth or even sixth decade.
	54:2.6 5. **Organ Inferiority.**—
[*Note:* This paragraph seems original to Sadler.]	Many of these individuals seem to have suffered more or less from feelings of "organ inferiority" in their earlier years. This promotes the tendency to indulge in compensatory escape mechanisms of imaginary and *delusional superiority.*

Many times the paranoic tendency only develops as the result of repeated failure to attain success and distinction by honest methods. Paranoic manifestations consist largely in the persistent effort of proud but sensitive and suspicious, sometimes more or less mediocre, individuals who refuse to recognize their limitations or acknowledge their failures, and who therefore resort to the technic of transferring the responsibility for all their personal difficulties and adverse life situations onto unfair and persecutory fellow beings.

X: PARANOIA AND PARANOID REACTION-TYPES (Henderson & Gillespie 235)

PARANOIA (Henderson & Gillespie 240)

54:2.7 6. **Compensatory Reaction.**—

It is, then, highly probable,

Bleuler believes that a complex of ideas associated with emotions

as *Bleuler* suggests, that some disturbing commonplace becomes emotionally associated

forms the point of departure for the delusions

and forms the point of departure for the compensatory and defensive delusions

and perhaps for paranoia (H&G 242).

which later become systematized into the definite paranoid trend.

For example,

54:2.8 To illustrate:

a person with very exalted ambitions which he cannot reach, but who cannot acknowledge his failure to himself,

An individual who is unable to attain his high ambitions refuses to admit his inability so to do,

at first blames the environment (delusions of persecution),

laying the blame to his environment, his state of mind developing into delusions of persecution.

and later

Eventually,

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
may come to believe that his ambitions have been attained (delusions of grandeur).	through building up the delusion of grandeur, he may persuade himself that he has reached his goal.
A man suffering from impotence, or having had some sexual experience of which he is intensely ashamed,	A man ashamed of some sexual misstep,
being unable to admit either of these failings frankly to himself,	but being unwilling to admit to himself his shortcoming,
blames his wife for infidelity (delusions of jealousy) (H&G 242).	through delusions of jealousy accuses his wife of unfaithfulness.
IX: PARANOIA AND PARANOID CONDITIONS (Strecker & Ebaugh 342)	
Paranoia is a rare disease (S&E 345).	54:2.9 7. **True Paranoia Is Very Rare.**—
Many physicians have never seen a true case of paranoia. In the Philadelphia General Hospital, one of us has been willing to make this diagnosis in but three of over five thousand successive admissions (S&E 345).	In almost thirty years of practice I cannot recall having had under my care more than half a dozen cases that, over a long period of observation, would qualify as true paranoia
	unassociated with schizophrenic or manic-depressive deterioration or involvement.
[*Note:* See 54:9.1-2, below.]	I have had a number of apparently true paranoias which subsequently developed into either schizophrenic or manic-depressive psychoses.
V: PARANOIA AND PARANOID PSYCHOSES (Henry 56)	
Frequency. They constitute from 2 to 7 per cent of all psychoses (H 56).	54:2.10 The paranoic reaction type is found to represent from 5 to 7 per cent of all psychoses.

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
Causes. In 40 to 50 per cent of the cases there seem to be hereditary tendencies.	In about one-half of all paranoic patients the history does seem to disclose varied hereditary tendencies,
Alcoholic excess is an occasional contributing factor.	such as alcoholic excesses,
Abnormal personalities are found in at least 30 per cent and in most cases there is an inherent weakness or defect concerning which the individual is very sensitive (H 56).	abnormal and subnormal personalities.

3. Symptoms

PARANOIC PSYCHOSES (Henry 57)

[contd] *Symptoms.* These psychoses usually develop insidiously.	54:3.1 *Paranoic psychoses are insidious in their development.*
Early in life the paranoic was inclined to be quiet, reserved, shy,	As a rule their victims are quiet, shy, and reserved in early life.
self conscious	They are the introvert, self-conscious, and introspective type of youths,
	who, as they pass out of adolescence into adult life,
and lacking in self-confidence	develop a lack of self-confidence
but at the same time he may have been sensitive, proud, determined, ambitious, selfish	in association with pride, sensitiveness, ambition, and selfishness,
and unusually intelligent.	but with average or superior intelligence.
As he approached the complexities and responsibilities of adult life	As such conditioned persons come in contact with the realities and complexities of adult life,
there was increasing conflict with the environment.	they suffer increasingly from environmental conflict.

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
	Pride and ambition contribute to the habit of
Along with this came a tendency to feel that the environment was at fault.	blaming the environment for all thwarting of ambition and failure to attain satisfactory levels of success.
He	54:3.2 Presently these much thwarted, frequently defeated, and always *suspicious and envious individuals*
became irritable, querulous, aggressive or was constantly on the defensive.	begin to experience a definite tendency to irritability and quarrelsomeness.
In other words he was known as an "eccentric" individual.	Very early they are looked upon as "queer" or "eccentric."
Further disappointments and failures led to distrust of the environment or to suspiciousness.	Continued thwarting and disappointment only breed augmented distrust and aggravated suspicion and jealousy.
This in turn led to the conclusion that the environment is always unfair.	Presently these people arrive at the belief that life has been unfair to them,
	that they have never had a "break,"
This process may have been elaborated until there was an unalterable conviction that	and so all these suspicions may be organized and this tendency developed to the point where their victims come to believe that
certain or all persons or their agents are engaged in efforts hostile to the individual's welfare (H 57).	vast conspiracies of churches, lodges, or other organizations have come into existence for the purpose of making them trouble and destroying their opportunities for success and happiness.
VI: THE DIAGNOSIS, COURSE, AND PROGNOSIS OF THE NEUROSIS (Wechsler 222)	
	54:3.3 We meet with three kinds of jealousy:
What is known as *competitive jealousy*	*competitive jealousy,*

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
is a properly motivated reaction to the threatened loss of a love object, such as the normal male might feel if a rival tries to win his beloved away from him.	as when the individual is threatened with the loss of a loved one,
A more advanced, this time abnormal form, is the *projected jealousy,*	*projected jealousy,*
based on phantasy, which consists of the feeling that another person tries to deprive one of the lawful possession of his object of affection (W 239).	when fantasy assumes that someone is trying to supplant us in the affectionate esteem of another,
Finally there is the *paranoid jealousy*	and the more malignant *paranoid jealousy,*
which is directed toward persons of the same sex	which is so abnormal that it may be directed even toward some person belonging to the same sex
and is conceived to be a defensive mechanism on the part of the paranoiac against his own personal unconscious, homosexual cravings (W 239-40).	and may be regarded as something of a defense mechanism against inadequacy or possibly homoerotic tendencies.
V: PARANOIA AND PARANOID PSYCHOSIES (Henry 56)	
PARANOIC PSYCHOSES (Henry 57)	
	54:3.4 We refer to suspicion and jealousy as having assumed a paranoid trend when
[contd from 54:3.2] In short, the *delusions* then became *systematized.*	*systematized delusions are definitely present.*
At the same time there was an increasing tendency to review the past	When this occurs, there is a tendency to look in retrospect over the past life
and to place delusional interpretations upon ordinary events,	and to place delusional interpretations upon very ordinary events.
	These patients manifest a propensity to

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
even to the extent of creating false memories of them.	create false memories in reference to many bygone incidents—
This process is usually referred to as *retrospective falsification.*	this being called *retrospective falsification.*
Especially during acute periods of the psychosis	54:3.5 In acute phases of paranoic psychosis,
there may have been hallucinations of hearing which are often unpleasant in nature	*hallucinations* of hearing are common,
and which lend support to the delusional interpretation.	and these experiences strengthen delusional interpretations.
	When the ego is strongly assailed,
At the final stage in the struggle for the preservation of self esteem and feelings of superiority	when self-respect and self-esteem are threatened with overwhelming feelings of guilt and inferiority,
the conviction that he has been persecuted	there appears the *rationalization of persecution,*
is used as a basis for further *delusions of self importance and grandeur.*	shortly succeeded by the compensatory symptom of further and augmented delusions,
In other words, the paranoic may arrive at the conclusion that he has been persecuted	after which the patient accounts for his continued delusions of persecution,
	not on the basis of inferiority,
because other people are envious of him.	but on the rationalized idea that others are envious of his superiority.
	This *explains* why
He may become so self satisfied and so convinced of his superiority that he may become less antagonistic and vindictive	some patients become less antagonistic and more tractable in this phase of their difficulty;

and he may even be amused by what he then considers futile efforts to persecute him.

they even sometimes assume an amused attitude toward what they consider the futile efforts of their enemies to make them trouble.

In this stage of his paranoic development he may assume an attitude of benevolent tolerance.

This is the more or less transient stage of paranoic involvement in which the victim becomes "benevolently tolerant,"

and is often followed by further delusions of grandeur evidenced in

This transformation of personality may cause the patient to deny his former relationships and to proclaim himself a high official, a ruler, prophet or even a deity (H 57-58).

the patient's proclaiming himself some high official, noble personage, prophet of God, or even the Deity himself.

4. Projection and Introjection[2]

XVI: THE REALITY FEELING—TRANSFERENCE AND PROJECTION (*The Mind at Mischief* 229)

THE TECHNIQUE OF "PROJECTION" (*The Mind at Mischief* 236)

[contd] "Projection" is the process of reversing the physiology of the conduction of sensory impulses from the body to the brain, there to form ideas, images, memories.

54:4.1 "Projection" is the technic of reversing the physiology of the conduction of sensory impulses from the body to the brain, there to form ideas, images, and memories.

In "projection,"

In projection the normal process is reversed—

ideas and images are aroused in the mind, and from there travel outward and are recognized through the sense organs as having had origin outside the body.

ideas and images are aroused in the mind and from there travel outward and are recognized through the sense organs as having had origin outside the body.

Ordinarily our visual images and our auditory sounds

Normally, visual images and auditory sounds,

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
	as well as other sensory impressions, originate outside the body through its contact with the external and material world,
go with the feelings and emotions which they arouse and which accompany them,	and together with the feelings and emotions which they arouse and which accompany them, go
for registration and attention in the archives of memory;	for registration and attention in the archives of memory.
ordinarily these sights and sounds, as well as other sensory impressions, originate outside the body as the result of its contact with the external and material world (*M@M* 236).	
[contd] Now, if we imagine a reversal of this process—that instead of these symbols of material things, these sights and sounds originating without the mind and external to it, and passing in as sensory impressions over the nervous system to the brain, to be there recognized by the mind and therein to be recorded and retained as memories—if we can imagine a reversal of this process	54:4.2 If one imagines a reversal of this process,
so that we would have arising, down in the unconscious centers of the mind, various memory images and sounds	under which various memory images and sounds from down in the unconscious centers of the mind
which would travel outside over the nerves to the centers of hearing and vision,	travel outward over the nerves to the centers of hearing and vision,
there to be recognized, there in reality to appear just as if they had come from without in the normal manner,	there to be recognized, there in reality to appear just as if they had come from without in the normal manner
(and as they no doubt originally did arise before they were buried in the forgotten regions of the unconscious)	(and as they no doubt originally did arise before they were buried in the forgotten regions of the unconscious),

then you will have a picture in your mind of the *technique of projection* (*M@M* 236-37).

[contd] Your imagination needs to go but one step farther:

throw these sounds and images from the seeing and hearing centers of the mind, out of the body into the external world,

and you have the foundations all laid for perfect hallucinations.

In this way an hysterical individual, a spiritualistic medium, or an insane person, will be able to hear and see things that do not exist—

that is, that do not exist in the external world—

things which are not discoverable except to those people who, from whatever cause, are "seeing things," and "hearing things" (*M@M* 237).

We are quite likely to "project" some of our own fears and feelings upon other people—

it is notorious that we have a tendency to judge other people by ourselves.

We judge many of our own acts by the way in which we think our friends and neighbors would judge us.

Our standards of morality are largely those that are "projected" from the consciences of other people upon us.

We are influenced by tribal standards; we are governed largely by fashion; we regulate our lives in accordance with convention;

then one has the picture of the technic of projection.

The *imagination* need go but one step farther:

throw these sounds and images from the seeing and hearing centers of the mind out of the body into the external world,

and the foundations are laid for perfect hallucinations.

In this way a hysterical individual, a spiritualistic medium, or an insane person hears and sees things that do not exist—

that is, that do not exist in the external world—

and they are not discoverable except to those people who, from whatever cause, are "seeing things" and "hearing things."

54:4.3 We are quite likely to project some of our own fears and feelings on other people—

it is notorious that we have a tendency to *judge other people by ourselves.*

We judge many of our own acts by the way in which we think our friends and neighbors would judge us.

Our standards of morality are largely those that are projected from the consciences of other people upon us.

We are influenced by tribal standards; we are governed largely by fashion; we regulate our lives in accordance with convention;

we are constantly interchanging ideas and feelings, emotions and reactions between ourselves and other people (*M@M* 237-38).

we are constantly interchanging ideas and feelings, emotions and reactions, between ourselves and other people.

XXIV: SIMPLE PARANOIA (*The Mind at Mischief* 336)

THE PARANOID TENDENCY (*The Mind at Mischief* 337)

[contd] We have given considerable space to the technique of projection, and attention should be called to the fact that in paranoia we have present the opposite condition, that of introjection.

54:4.4 In paranoia there is present the opposite condition, that of introjection.

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

In *introjection* the patient is possessed with the mania for ascribing a personal meaning to everything going on about him.

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

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

Street noises, noises in the kitchens of restaurants—

Noises on the street, in the kitchens of restaurants, in places of amusement—

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

everything that happens about him during the day's work or in places of public entertainment—

he believes are directed in some subtle manner toward himself (*M@M* 337).

he believes are directed in some subtle manner toward himself.

5. Types of Delusions

III: SYMPTOMS (Menninger 157)

FIVE TYPES OF DISSOCIATION (Menninger 228)

54:5.1 The various delusions which characterize the psychoses, more particularly the paranoid trends, may be classified as follows:

Centrifugal types (the ego is made the subject)

a. Delusions of grandeur: (M 238)

54:5.2 1. Delusions of grandeur.

b. Delusions of deprivation and disease (hypochondriacal): (M 239)

54:5.3 2. Delusions of deprivation—disease. (Hypochondria.)

c. Delusions of sin and self-accusation: (M 239)

54:5.4 3. Delusions of sin—self-accusation.

Centripetal types (the ego is made the object)

d. Delusions of persecution: (M 240)

54:5.5 4. Delusions of persecution.

e. Delusions of reference

(i.e., referring back to "me"): (M 241)

54:5.6 5. Delusions of reference—everything in the environment is referred back to the patient.

f. Delusions of jealousy: (M 241)

54:5.7 6. Delusions of jealousy.

THE MECHANISMS OF DELUSIONS (Menninger 242)

All delusions are to be regarded as dissociated fragments or systems of which the main consciousness is fully aware,

but which it fails to recognize as such and hence misunderstands, misinterprets, mislabels (M 242).

54:5.8 "All delusions are to be regarded as dissociated fragments or systems of which the main consciousness is fully aware,

but which it fails to recognize as such and hence misunderstands, misinterprets, mislabels."

XXIV: SIMPLE PARANOIA (*The Mind at Mischief* 336)

[PREAMBLE] (*The Mind at Mischief* 336)

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

54:5.9 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.

A study of the technic of the subconscious affords a better understanding of 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;

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.

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,

Nervous individuals, sensitives, psychics, mystics, and hysterics

who undoubtedly have hallucinations, either auditory or visual, and sometimes both;

undoubtedly have hallucinations, either auditory or visual, sometimes both;

yet careful study of these people would hardly warrant us in classifying them as insane (*M@M* 336).

yet careful study of these people would hardly warrant us in classifying them as really insane.

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

Crystal vision 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 (*M@M* 336).

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

[contd] Both visual and auditory hallucinations are common in connection with highly emotional experiences and sudden religious conversions.

54:5.10 Both visual and auditory hallucinations are common in connection with highly emotional experiences and sudden religious conversions.

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.

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—

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—

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 (*M@M* 336-37).

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.

6. Deceptive Illusions

ILLUSIONS AND HALLUCINATIONS (*The Mind at Mischief* 341)

Sensory illusions are commonly met.

54:6.1 *Sensory illusions* are commonly met.

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 (*M@M* 341).

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

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

In another case illusions may result from 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 real difficulty is not that patients have illusions, but that they are often unwilling logically to check them up and then disbelieve them.

SOURCE

The mechanism for producing them is present with all of us, and doubtless we have had passing illusions from time tom time;

but we wake up and snap out of our day-dreams instead of becoming victims of them (*M@M* 341).

[contd] An illusion ins 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 (*M@M* 341).

[contd] The most common hallucinations met with in paranoia are auditory.

The patient hears voices speaking to him.

Another type, not so <u>often met</u>, is that of the so-called audible thinkers.

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 (*M@M* 341).

[contd] Visual hallucinations are not so common in paranoia,

altho we meet with <u>cases</u> now and then <u>where</u> they say they see many queer things.

One man complained of seeing small human beings everywhere, about six inches tall (*M@M* 341).

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 daydreams instead of becoming victims of them.

54:6.2 *An illusion is a false perception* concerning an objective reality,

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

54:6.3 1. **Hearing Deceptions.**—

The most common hallucinations met with in paranoia are auditory.

The patient hears voices speaking to him.

Another type, not so <u>frequent</u>, is that of the so-called audible thinkers.

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.

54:6.4 2. **Visual hallucinations** are not so common in paranoia,

although we meet with <u>patients</u> now and then <u>who</u> say they see many queer things.

One man complained of seeing small human beings everywhere, about six inches tall.

SOURCE

Our more common hallucinations are 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 (*M@M* 342).

Skin hallucinations are very common.

Who has not felt prickling, tingling, and other queer cutaneous sensations—perhaps of bugs crawling on the skin?

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

She believed it was there—it was very real to her (*M@M* 342).

[contd] 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 it were made of wood (*M@M* 342).

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,

54: THE THEORY AND PRACTICE OF PSYCHIATRY

The more common hallucinations are 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 headaches and are usually in no way indicative of either paranoia or insanity.

54:6.5 3. **Skin hallucinations** are very common.

Who has not felt prickling, tingling, and other queer cutaneous sensations—perhaps of bugs crawling on the skin.

I remember 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 they were there—they were very real to her.

54:6.6 4. **Smell and taste illusions** are also sometimes 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 limb as if it were made of wood.

54:6.7 5. **Some mild forms of sensory hallucinations** are due to a disturbed condition in the eye, ear, nose, or other sensory organs;

but these rather deserve the name of pseudohallucinations

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 (*M@M* 342-43).

because the normal person quickly cheeks 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 so twisted that rain on the roof is converted into beautiful music.

7. The Reality Feeling

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.

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 trouble may often be found in an organic change in the brain itself, or in the central nervous system.

54:7.1 The secret of hallucinations is the dislocation of that floating attribute of consciousness which we call the "reality feeling."

In paranoia the reality feeling becomes attached to something which is not real,

and then the patient is not open to reason—will not listen to reason on this point as he does on almost every other.

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 trouble may often be due to an organic change in the brain itself or in the central nervous system.

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
In other cases a mild form of paranoia may come on as a result of imperfect development in the technique of forming nerve patterns or memory designs and association centers in the brain.	In other cases a mild form of paranoia may come on as the result of imperfect development in the *technic of forming neuron patterns* or memory designs in the association centers of the brain.
It may also be possible for paranoia to come on as a result of some highly specialized and terrific drive of energy,	It may also be possible for paranoia to develop as the result of some highly specialized and terrific drive of energy,
due to some wish which has been imperfectly suppressed or incompletely controlled by elimination and sublimation (*M@M* 343).	caused by some wish which has been imperfectly suppressed or incompletely controlled by elimination or sublimation.
XV: SPIRITUALISTIC MEDIUMS (*The Mind at Mischief* 347)	
[PREAMBLE] (*The Mind at Mischief* 347)	
	54:7.2 *The paranoid trend,* as regards its mechanism and its tendencies, is well illustrated in the average so-called *spiritualistic medium.*
[contd] The psychologist tells us that "we tend to believe in those things which we desire."	The psychologist tells us that "we tend to believe in those things which we desire."
Belief is said to be merely the expression of our deep-seated and instinctive desires.	Belief is said to be merely the expression of our deep-seated and instinctive desires.
As one author says:	As one author says:
"It is appropriate to consider the nature of the motives which impel men to believe in survival and in communication with those personalities who, as they believe, in some spiritual or other state, survive death" (*M@M* 347).	"It is appropriate to consider the nature of the motives which impel men to believe in survival and in communication with those personalities who, as they believe, in some spiritual or other state, survive death."
LOOKING BEYOND THE GRAVE (*The Mind at Mischief* 347)	
[contd] It is difficult for us to give up our loved ones.	54:7.3 *It is difficult for us to give up our loved ones.*

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
We become attached to our fellow mortals, and we shrink from the very thought of parting company with them forever.	We become attached to our fellow mortals, and we shrink from the very thought of parting company with them forever.
The spiritualists are endeavoring to live over again the life companionship of their departed friends and loved ones.	The spiritualists are endeavoring to live over again the life companionship with their departed friends.
In their fantasies and dreams they see them again about the house, and with them traverse the old familiar paths and roads,	In their fantasies and dreams they see them again about the house and with them traverse the old familiar paths and roads,
while in imagination they hear their voices, and feel the handclasp and embrace of those long since departed.	while in imagination they hear their voices and feel the handclasp and embrace of those long since departed.
They resurrect the love letters of former days and read and reread them.	They resurrect the love letters of former days and read and reread them.
After our loved ones leave us, we, in our own concept of their characteristics, endow them with many beautiful qualities which they but faintly possessed when on earth,	After our loved ones leave us, we, in our own concept of their characteristics, endow them with many beautiful qualities which they but faintly possessed when on earth,
and we allow to fade out of our memories those disagreeable traits which we were wont to recognize as a part of their personality when they were with us.	and allow to fade out of our memories those disagreeable traits which we were wont to recognize as a part of their personalities.
We collect their photographs, place them on our dressers and walls, and thus seek to keep the memory of these dear ones alive in our minds.	We collect their photographs, place them on our dressers and walls, and thus seek to keep the memory of these dear ones alive.
When we are thus able to visualize the departed, it does not seem strange that the human mind, with its creative imagination, should dare to go one step farther,	When we are thus able to visualize the departed, it does not seem strange that the human mind, with its creative imagination, should dare to go one step farther
and seek actually to hear the voices—actually to communicate with the spirits—of those who have left us (*M@M* 347-48).	and seek actually to hear the voices—actually to communicate with the spirits—of those who have left us.

8. Paranoid Trends and Paranoic States

XXIV: SIMPLE PARANOIA (*The Mind at Mischief* 336)

THE PARANOID TENDENCY (*The Mind at Mischief* 337)

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

54:8.1 Paranoic states are, after all, a return to the infantile state of mental existence

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

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

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

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

All normal individuals are accustomed to revert, more or less, periodically, to the state of childhood;

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.

but we do it in ordinary play, in week-end diversions and annual vacations.

This is a natural, restful form of regression;

This is a natural, restful form of regression;

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

but in paranoia it becomes exceedingly distressing when an individual feels that everything going on in the world about him is *centering in his personality* and has something to do with his happiness—

or more especially with his unhappiness and psychic torture (*M@M* 337).

or more especially with his unhappiness and psychic torture.

54:8.2 1. **Psychic Short-Circuiting.**—

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

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

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

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

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

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

In the olden days a great deal was ascribed to telepathy.

In the olden days a great deal was ascribed to *telepathy*.

Paranoid sufferers maintained that people were telepathing disagreeable thoughts to their minds,

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.

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 (*M@M* 337-38).

The more recent radio vogue has given these patients a new cue, and they now maintain that their *minds are receiving stations* for the undesirable emanations from numerous other minds.

PERSISTENT DELUSIONS (*The Mind at Mischief* 338)

[contd] When an otherwise apparently normal individual picks up a delusion which he holds on to persistently,

When an otherwise apparently normal individual picks up a delusion which he holds on to persistently,

or when this individual describes hallucinations which you cannot reason with him about, we call the condition a paranoia.

and which you cannot reason with him about, we call the condition a *paranoid trend*.

These delusions and illusions, when they become fixed in the mind, are almost always associated with suspicion, persecution, or some dominant or grandiose idea.

These delusions and illusions, when they become fixed in the mind, are almost always associated with suspicion, persecution, or some dominant or grandiose idea.

If we make a diagnosis of simple paranoid trend, we presuppose there is no dementia (*M@M* 338).

If we make a diagnosis of simple paranoid trend, we presuppose there is no dementia.

SOURCE

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

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

in this way they sometimes dig up secondary delusions, coming to regard themselves as supermen, or as emissaries of God, and offering this as an explanation of their persecution (*M@M* 338).

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 an intimation of his feelings

until one after he turned around to the man at the adjoining desk, and figuratively speaking, "knocked him into the middle of next week." Whereupon he went over to the closet, go 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 (*M@M* 338).

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.

54:8.3 2. **Secondary Delusions.**—

Having arrived at a *fixed point for their delusions of persecution,*

these paranoids begin to ransack their memories of past events for experiences which can serve as *possible explanations of their persecution;*

in this way they sometimes dig up secondary delusions, coming to regard themselves as supermen or as emissaries of God and offering this to account for their persecution.

54:8.4 3. **Inevitable Outbreaks.**—

Sometimes the paranoid 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 delusions that he was being spied upon and followed and otherwise harassed by his fellow workers but never giving an intimation of his feelings.[3]

Other mild cases of this disorder manifest themselves only by an inordinately quarrelsome tendency;

these people, when opposed, are likely 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.

Or perhaps they suddenly plunge into protracted litigation in court over some trifling incident.

The quarrelsome type of female belonging to the paranoid group is a dangerous individual and not infrequently prefers serious charges against innocent citizens (*M@M* 339).

ILLUSIONS AND HALLUCINATIONS (*The Mind at Mischief* 339)

[contd] 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 them to find themselves.

I have seen this plan work to great advantage (*M@M* 339).

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.

Or perhaps they suddenly plunge into protracted litigation in court over some trifling incident.

The *quarrelsome type of female* belonging to the paranoid group is a dangerous individual and not infrequently prefers serious charges against innocent citizens.

54:8.5 4. **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 paranoia the danger of using drugs to overcome hallucinations should be emphasized,

though we do occasionally, as a last resort, put these patients under the influence of nonhabit-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 occasionally work to great advantage.

9. How One Case Developed

54:9.1 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.

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
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.	*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.	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.	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.	This woman's older brother 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,	Although 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.	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.	He admitted 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."	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.	It was pathetic to hear him talk.
His sufferings were intense and no amount of reasoning had any influence on him.	*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.

I have many times seen the use of quieting drugs fail in such cases, but in this one it was a complete success.

Six weeks in the hands of doctors and under the careful supervision of a day and night nurse,

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,

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 (*M@M* 339-40).

when he waked up and came back to normal living, he was practically delivered from his delusions.

[contd] I regard this case as one of simple paranoia. The subsequent performance of this patient

54:9.2 *The subsequent performance* of the patient,

before he died of cancer of the bowel,

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.

goes a long way toward establishing the fact that his was a case of dementia praecox.

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 (*M@M* 340).

[contd] 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

54:9.3 It should be explained that the man whose case we are discussing was not really 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.

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,

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:

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.

"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" (*M@M* 340-41).

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 today, and I am not going to make my wife or anybody else any more trouble."

[*Contrast:* And this 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 (*M@M* 341).]

The paranoid improvement was probably coexistent with a period of remission in the underlying schizophrenic state.[4]

VIII: PARANOIA AND PARANOID STATES. (White 121)

The Paranoia of Magnan, Krafft-Ebing, and Kraepelin. (W 125)

The latter group [*i.e.* the *expansive paranoia* group] includes that host of unbalanced dreamers who are frequently known as "cranks," and who may be further classified

54:9.4 Someone has classed these more simple varieties of paranoid "cranks,"

on the basis of the content of their delusional system

in accordance with the trends of their delusional systems,

into *inventive, reformatory, religious* and *erotic* varieties (W 131).

as inventive, reformative, religious, and erotic types of erratic individuals.

10. The More Favorable Forms

Acute or Mild Paranoia and Paranoid States. (W 141)

54:10.1 When a paranoid state is associated with

[A] certain few cases are found to remain that may properly be classed as *acute, mild,* or *curable* paranoia (W 141).

an acute or curable psychosis,

[contd] These mild paranoias develop as a result of some mental conflict.

or when it develops from a definite conflict,

the prognosis is much more hopeful.

Persistent mental perturbation over some condition which can neither be changed nor adjusted to. Under these conditions a system of delusions develops, endogenous in origin, which may or may not be accompanied by ideas of reference,

The less the patient is bothered with ideas of reference,

and which tends to be pretty well confined to the conflict—*circumscribed psychosis.*

the delusional system being based on a preexisting conflict,

the better the prospects for recovery.

Hallucinations are lacking.

In these milder forms, hallucinations are never present.

The trouble is that

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
After a varying period the affect subsides, the patients are able to resume their position in life but the false ideas are not corrected.	many of the patients we think we cure are later discovered to persist in holding on to the false ideas or erroneous concepts which were at the bottom of their mild delusional systems.
There is recovery without insight (W 141).	In other words, there seems to be a clinical recovery without full restoration of insight.
X: PARANOIA AND PARANOID REACTION-TYPES (Henderson & Gillespie 235)	
PARANOIA (Henderson & Gillespie 240)	
[Bleuler] believes that **paranoia querulans** is a special form apart from the main group,	54:10.2 Undoubtedly "paranoia querulens,"
	a form of delusional trend characterized by
and that in such cases a real injustice is often the basis for the onset of the disease.	feelings of gross injustice
In this form the patient who believes himself persecuted continually seeks redress at the hands of the law (H&G 243).	and leading to endless litigation or threats of litigation,
	should be included in the category of simple paranoia.
XXIV: SIMPLE PARANOIA (*The Mind at Mischief* 336)	
PERSISTENT DELUSIONS (*The Mind at Mischief* 338)	
Paranoia is probably due to a working association between a group of powerful but perverted complexes,	54:10.3 *Paranoid states* are probably due to a working association between a group of powerful but perverted complexes;

SOURCE

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,

much can be done to help the patient out of his troubles (*M@M* 339).

[contd] Paranoia also seems to be the possible accompaniment of another form of insanity known as manic-depressive psychosis,

and in this case the paranoid state is sometimes found in association with depression and at other times with exaltation (*M@M* 339).

VIII: PARANOIA AND PARANOID STATES. (White 121)

Acute or Mild Paranoia and Paranoid States. (W 141)

The adjective *paranoid* or *paranoiac*, meaning like paranoia,

is applied specifically to mental states showing more or less systematized delusions of persecution and hallucinations of hearing.

Many different mental disorders may present paranoid conditions and not infrequently paranoid states are met with that are quite difficult to definitely diagnose, so that the term is in frequent use (W 141).

and experience shows that when they are not a phase of dementia praecox,

or when, in case of dementia praecox, the underlying condition is comparatively slight,

much can be done to help the patient out of his troubles.

Paranoid states may also accompany the manic-depressive psychoses,

in which case they are sometimes associated with the depression and at others with the exaltation.

54:10.4 **The adjective *paranoid* or *paranoic*, meaning "like paranoia,"**

is applied specifically to mental states showing more or less systematized delusions of persecution and hallucinations of hearing.

Many different mental disorders may present paranoid conditions, and not infrequently paranoid states are met with that are quite difficult definitely to diagnose, so that the term is in frequent use.

[contd] These paranoid states are met with in dementia praecox, paresis, the toxic psychoses, hyperthyroid and hypo-pituitary states, the psychoses of the involution period, manic-depressive psychosis, and in fact in practically all of the various types of mental disease (W 141-42).

54:10.5 "These paranoid states are met with in dementia praecox, paresis, the toxic psychoses, hyperthyroid and hypo-pituitary states, the psychoses of the involution period, manic-depressive psychosis, and in fact in practically all of the various types of mental disease."

54:10.6 A young man, twenty-six years of age, had been undergoing more or less mental conflict for four or five years. His father was Jewish and his mother a Gentile. He had been much distressed for a number of years as to whether he should proceed through life as a Jew or a Gentile. He finally decided to be a Jew. That afforded him some mental peace, but he suddenly became suspicious of his fellow workers in a public institution where he was employed. Within a year's time he became so suspicious that he refused to eat lunch with any of them, would scarcely speak to them, became so taciturn and reticent that his chief had to talk with him about the matter. At home he refused to eat with the family, had to have his meals served in his room, and at the time his mother brought him to the psychiatrist, he was definitely paranoic, but careful examination failed to reveal any associated evidence of schizophrenia. The case seemed to be a typical *simple paranoid state,* developed on the basis of an introvertish, sensitive, and over-suspicious personality. As the result of a year's training, this young man seemed to be entirely cured of this tendency. Almost from the start he was willing to accept the psychiatrist's diagnosis and to assent to his explanations of autistic thinking, projection, introjection, and so on.

The patient has been asked to report every three months to the psychiatrist. He is doing this and continues to improve. He has practically overcome all his isolation practices and seems to be well on the road to permanent recovery. This case abundantly illustrates the fact that "simple, uncomplicated paranoid trends" may be cured when properly treated and when gotten in the early stages.

I have had many such fortunate experiences with paranoid trends in young persons.[5]

11. The Paranoic Constitution

XXIV: SIMPLE PARANOIA (*The Mind at Mischief* 336)

PERSISTENT DELUSIONS (*The Mind at Mischief* 338)

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

54:11.1 Unquestionably thousands of potential paranoids are running around loose

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

and sometimes are no more seriously regarded than "half cracked," "a little bit off," and "mildly crazy," 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,

When but mildly paranoid, these erratic individuals are found to be vigorously functioning as members of anti-this and anti-that or pro-this or pro-that,

and aside from being just a bit one-sided, not very well balanced, they are quite normal (*M@M* 338-39).

and aside from being *just a little bit queer* and one-sided, not very well balanced, they are quite normal.

ILLUSIONS AND HALLUCINATIONS (*The Mind at Mischief* 339)

It is hard to tell just how many of the extraordinary characters of history were paranoiacs.

It is difficult to tell just how many of the extraordinary characters of history have been paranoics.

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
Mohammed heard voices;	Mohammed heard voices;
even Martin Luther, on one occasion, threw an inkwell at the devil he thought he saw in his study;	even Martin Luther on one occasion threw an inkwell at the Devil he thought he saw in his study;
Joan of Arc certainly heard voices.	Joan of Arc certainly heard voices;
It would seem that Columbus, Napoleon, and Cromwell all had experiences of this character (*M@M* 342).	it would seem that Columbus, Napoleon, and Cromwell all had experiences of this character.
PARANOIA AND PARANOID REACTION-TYPES (Henderson & Gillespie 235)	
The Paranoiac Constitution (Henderson & Gillespie 244)	
[contd] Meyer defines paranoiac states as transformations of the personality,	54:11.2 Most students of the *paranoid state* are inclined to look upon it as representing something of a *transformation of personality*
in which reason appears preserved, but side-tracked,	in which the reason appears to be fairly well preserved but has become sidetracked,
and no longer fitting into the natural and real work of the world of the individual,	so that it no longer functions normally in the presence of commonplace reality situations
but still active along set lines.	but, instead, has become overactive in some channels.
Paranoid states resemble the paranoiac transformations,	*Paranoid states* are somewhat milder types of delusional disturbance
but differ in one or more points from the full-fledged types.	but differ in certain ways from the more fully developed paranoic types.
The paranoid group may be due to a series of factors, such as alcohol, syphilis, senility, arteriosclerosis.	Very often paranoid tendencies appear on an antecedent basis of alcoholism, syphilis, arteriosclerosis, and senility.

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
He points out that Kraepelin was not so much concerned whether the origin of paranoia was intellectual or emotional,	54:11.3 Regardless of whether the origin of the paranoid state is predominantly intellectual or emotional,
but what he wanted to know more was whether the thing was chronic and likely to lead to deterioration.	
	it does seem to appear in those individuals who are definitely of a *paranoid constitution*—
Meyer's own idea of the paranoid constitution is that it is one which is continually ready to see a biased meaning in thing, and that it is suspicious and asocial.	suspicious and asocial.
Such people are always wondering what others think,	Such individuals are always bothered about what other people think about them
and attributing deliberate intentions to the indifferent actions of others (H&G 244).	and are given to attaching significance to many things which are said or done to them.
[T]here is a certain inability to adapt the personal trend of thought and elaboration and attitude to actual facts (H&G 244).	These individuals seem to be lacking in the ability to assimilate commonplace events which happen in their daily lives
	and thus tend presently to attach overmuch importance to these trivial incidents.
The Freudian school ... have laid particular stress on repressed homo-sexual longings,	54:11.4 **The Freudian school has laid particular stress on repressed *homo-sexual longings,***
and cases of this nature have been described by Ferenczi (H&G 245).	**and cases of this nature have been described by Ferenczi.**
[contd] **Meyer inclines to the view that paranoiacs and paranoid persons are peculiar individuals rather than people actually ill.**	54:11.5 ***Meyer* inclines to the view that paranoics and *paranoid persons are peculiar individuals* rather than people actually ill.**

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
Meyer **recognises several grades in the development of a paranoiac reaction:**	He **recognizes several grades in the development of a paranoic reaction**
(*a*) Uneasy, brooding, sensitive type, with an inability to correct notions and to make concessions;	54:11.5 1. Uneasy, brooding, sensitive type, with an inability to correct notions and to make concessions.
(*b*) Appearance of dominant notions, suspicions, or ill-balanced aims;	54:11.6 2. Appearance of dominant notions, suspicions, or ill-balanced aims.
(*c*) False interpretation, with self-reference, and a tendency to systematisation without or within;	54:11.7 3. False interpretation, with self-reference, and a tendency to systematization without or within.
(*d*) Retrospective or hallucinatory falsifications;	54:11.8 4. Retrospective or hallucinatory falsifications.
(*e*) Megalomanic developments or deterioration, or intercurrent acute episodes;	54:11.9 5. Megalomanic developments or deterioration, or intercurrent acute episodes.
(*f*) At any period antisocial and dangerous reactions may result from the lack of adaptability and excessive assertion of the aberrant personality (H&G 245).	54:11.10 6. At any period antisocial and dangerous reactions may result from the lack of adaptability and excessive assertion of the aberrant personality.
III: MENTAL ILLNESS (CONTINUED) (Oliver 73)	
PARANOIA, EPILEPSY, PARESIS, CLINICAL MATERIAL (Oliver 73)	
In dealing, however, with real cases of paranoia,	54:11.11 The real difficulty in dealing with these cases of paranoid constitution
	is for society to know when to apply restraint.
it is often hard to tell when such a patient ceases to be “a harmless nut.”	It is very hard to tell when such an individual ceases to be a “harmless nut”
	and becomes a dangerous and *potentially violent criminal* as the result of brooding over his imaginary persecution.

Usually, if you find that the persecutory delusions of such a patient are associated with a large group of people,

These people are peculiarly prone to select certain groups as the center of their delusions—

for example, the Masons, the Roman Catholics or the Jews,

Masons, Jews, Roman Catholics, and so on.

you need not feel bound to hurry him or her off to a mental hospital.

They are less dangerous when their delusions have to do with large groups,

On the other, if the delusions seem to be concentrating themselves on a small group, or on a single individual,

but they become definitely dangerous when they focalize upon some one group or on a single individual.

then it is time to take some steps to let that same group of the individual know what is going on (O 77).

It is then high time that steps be taken to place them where they will be unable to harm their fellows.

Of course, the paranoid has no insight in the particular field of his delusional system.

54:11.12 The paranoid has little or no insight respecting his delusional system.

In other matters, he has insight enough (O 75).

In other matters he has fairly normal insight.

Many sane people, however, act in a paranoid manner when they allow one grievance, one social slight to develop in their minds

Many supposedly sane people, however, act in a paranoid manner when they allow some trivial grievance or a passing social slight to develop in their minds

until it becomes a kind of obsession (O 75).

until it becomes an all absorbing thought.

12. True Paranoia

IX: PARANOIA AND PARANOID CONDITIONS (Strecker & Ebaugh 342)

[Simple paranoia is nothing more nor less than monomania—

54:12.1 In true paranoia, which more nearly fulfills the specifications of the former concept of "monomania,"

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
getting some absurd idea in your head; you are all right on everything else, but this one idea persists in the mind (*M@M* 345).]	
There is complete preservation of the personality in this disease	there seems to be a fairly complete preservation of personality,
and, with the exception of the persecutory ideas,	with the exception of the paranoic delusion system.
the behavior, talk, activity, affect, and intellectual resources are all intrinsically normal (S&E 344).	The general conduct—thinking, talking, and social activities—of individuals so afflicted seems to be, to all practical purposes, fairly normal.
We do not believe that hallucinations occur in cases of true paranoia.	I am of the opinion that *hallucinations do not occur in true paranoia.*
	The trouble is all limited to the delusional system,
After many years have elapsed, one finds little if any evidence of deterioration.	and with the passing of years, there appears no evidence of deterioration or dementia.
In fact, Bleuler states that cases tend to improve with the beginning of the senile period,	*Bleuler* is inclined to think that some of these cases may improve with the beginning of the senile period.
in that they are less active and are more inclined to give up some of their delusional ideas (S&E 344).	He thinks they tend to abandon some of their delusional trends.
VIII: PARANOIA AND PARANOID STATES. (White 121)	
DESCRIPTION OF THE PSYCHOSIS. (White 121)	
The weakness of judgement that is called paranoiac	54:12.2 *The inferiority of judgment,* the weakness of discrimination, which is at the bottom of paranoic tendencies,
is not one that appears to be equally diffused over the entire field of mental operations.	does not appear to be diffused over the entire field of consciousness.

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
It seems to be more or less closely associated with a definite delusional system.	There is a definite localization of this delusional proclivity.
We must not on that account come too speedily to the old conclusion that a person may be insane on one subject and sane on all others.	But this should not lead us to conjecture that the mental operations of such an individual are altogether normal aside from the delusional tendency.
It is true the reasoning termed paranoiac often seems clear on subjects not connected with the specific complexes,	It is a fact that the true paranoic seems to reason very clearly and logically on everything not connected with his complex,
but we should not lose sight of the fact that the delusion itself does not constitute the mental disorder—	but it should be remembered that the paranoic delusion is not in reality the disease;
it is only one of its outward and manifest expressions.	it is only the outward manifestation of a deeper and underlying disorder of the personality.
In this respect MERCIER's comparison of a delusion to an island in the ocean is very apt.	Someone has very aptly *compared a delusion to an island* in the ocean.
The island seems to occupy a position completely isolated, surrounded on all sides by water,	Such an island seems to stand there isolated, surrounded on all sides by water,
but if the depths of the ocean be sounded it will be found that	but if we should descend below the surface in a submarine and explore the ocean bottom, we would find that
it is in reality but the summit of a mountain which reaches down into the depths of the sea	this so-called island is really the summit of a mountain which reaches down into the depths of the sea,
to its very bottom and so establishes a connection by direct continuity with the mainland (W 122).	and that its base is in direct continuity with the ocean bottom and extends on to the continental shelf.
The delusional elaborations really have their roots deep in the personality	In paranoia the delusional system really has its roots deep down in the personality,

but at the surface the disturbance is concentrated in a comparatively circumscribed area (W 123).

and the clinical manifestation is only the circumscribed island,

the top of the mountain which appears above the surface of the widespread sea of personality.

PARANOIA AND PARANOID REACTION-TYPES (Henderson & Gillespie 235)

PARANOIAC STATES (Henderson & Gillespie 235)

Magnan described four main stages:

54:12.3 *Some authorities group paranoics* into

1. The hypochondriacal stage, or stage of subjective analysis.

the first or hypochondriacal stage of subjective analysis;

2. A stage of persecution.

the second stage of persecution;

3. A transformation of the personality, characterised by the expression of ideas of grandeur.

the third of marked transformation of the personality;

4. Occasionally a stage of deterioration (H&G 236).

and the fourth of deterioration and dementia.[6]

VIII: PARANOIA AND PARANOID STATES. (White 121)

The Paranoia of Magnan, Krafft-Ebing, and Kraepelin. (W 125)

After this condition has continued indefinitely the third stage of the disease may supervene.

54:12.4 The development of *compensatory superiority reactions* in the third stage

These ideas may come about, according to MAGNAN, in one of three ways. First, spontaneously.

may be quite spontaneous.

Second, through the mediation of the hallucinations—

In other cases they may take shape as the result of hallucinations—

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
the voices, for example, telling the patient that he is some great personage.	voices, for example.
Third, as a result of logical deduction—if so many people, such powerful organizations are interested in his downfall he must indeed be some great personage, rightful heir to a throne, or inheritor of vast estates.	Again, they seem to appear as the result of logical deduction,
	their victims having first accepted fictitious hypotheses as realities.
The development of this idea of self-importance, noble descent and the like	It is the development of these ideas of self-importance, noble descent, and grandeur
constitutes the transformation of the personality characterizing the third stage of the disease (W 128).	that constitutes the continuous and insidious transformation of the phenomenon which is characteristic of the third stage of paranoia.
	54:12.5 Commenting on the *retrospective tendencies* of paranoiacs, Dr. White* [*White, W. A.: Outlines of Psychiatry, Nervous and Mental Disease Publishing Co., Washington, D. C., 1932.] says:
[contd] As completely as the delusion of persecution occupies the field of consciousness at this time, and as thoroughly as it may be systematized,	54:12.6 As completely as the delusion of persecution occupies the field of consciousness at this time, and as thoroughly as it may be systematized,
we find in this as well as in the second stage still further evidences of elaboration of the false beliefs, with their projection into the past life of the patient even as far back as his childhood—*retrospective falsifications.*	we find in this as well as in the second stage still further evidences of elaboration of the false beliefs, with their projection into the past life of the patient even as far back as his childhood—*retrospective falsifications.*
In the light of the recently acquired facts many experiences of his early life, which heretofore have seemed mysterious, find their explanation.	In the light of the recently acquired facts many experiences of his early life, which heretofore have seemed mysterious, find their explanation.

His so-called parents are not his true parents, and he knows that the strange woman who used to visit the house and always kept her face heavily veiled must have been the emissary of his royal father—*retrospective explanatory delusion.*

His so-called parents are not his true parents, and he knows that the strange woman who used to visit the house and always kept her face heavily veiled must have been the emissary of his royal father—*retrospective explanatory delusion.*

The whispered conversation of his parents after these visits had reference to him, and the glances of the servants showed that they suspected something strange about him—*retrospective ideas of reference.*

The whispered conversation of his parents after these visits had reference to him, and the glances of the servants showed that they suspected something strange about him—*retrospective ideas of reference.*

Often the patient recalls remarks that were never made, occurrences that never happened, in further support of his false beliefs—*retrospective falsification of memory* (W 128).

Often the patient recalls remarks that were never made, occurrences that never happened, in further support of his false beliefs—*retrospective falsification of memory.*

XXIV: SIMPLE PARANOIA (*The Mind at Mischief* 336)

ILLUSTRATIONS OF PARANOIA (*The Mind at Mischief* 343)

I presume many of our queer freaks in society belong to this order.

54:12.7 Many *queer freaks in history* belonged to this order.

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 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 haven't the slightest doubt in my mind that Dowie really believed in himself.

I have not the slightest doubt that Dowie really believed in himself.

He was a victim of paranoia.

He was a victim of paranoia.

When he stood up in the Auditorium in Chicago one Sunday and announced that he was Elijah the Prophet, reincarnated, my own opinion is that he was sincere—he really believed it (*M@M* 345-46).

When he stood up in the Auditorium in Chicago one Sunday and announced that he was Elijah the Prophet, reincarnated, my own opinion is that he was sincere—he really believed it.

13. The Predicament of a Paranoiac

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.

54:13.1 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 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 (*M@M* 344).

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.

[contd] 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.

54:13.2 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 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,

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.

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.

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,

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.

but he believes that his former business competitor has been able to enlist vast resources in this work of "getting" him.

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.

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 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 to keep body and soul together and pay for a cheap room;

He is a very efficient man and by working a few weeks now and then makes enough 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.

but sooner or later there comes a digestive upset, and he has to flee <u>from</u> 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 (*M@M* 344-45).

[contd] 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.

54:13.3 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.

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.

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 (*M@M* 345).

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.

14. Diagnosis

XI: PARANOIA OR PARANOID CONDITIONS (Noyes 172)

DIAGNOSIS (Noyes 184)

There is often discussion as to whether a given case should be classified as one of paranoia, paranoid condition or paranoid schizophrenia (N 185).

54:14.1 The diagnosis as between true paranoia, paranoid trends, and paranoic states of other psychoses is not always easy.

Many times it is not possible readily to determine whether we are dealing with the paranoid constitution, a slowly developing true paranoia, or the paranoic aspects of underlying psychoses, such as schizophrenia or the manic-depressive group.

IX: PARANOIA AND PARANOID CONDITIONS (Strecker & Ebaugh 342)

For the student and psychiatrist the following acts warrant a diagnosis of paranoia;

54:14.2 The following facts warrant a *diagnosis of paranoia:*

(1) Systematized delusions of persecution;

1. Systematized delusions of persecution.

(2) Expansive delusions;

2. Expansive delusions.

(3) Complete preservation of the personality with no affect or conduct disorder except those in keeping with the delusional state (S&E 343).

3. Complete preservation of the personality with no effect on conduct except in keeping with the delusional state.

It is important for the student to realize that there are basic and essential differences between paranoia and the "paranoid."

The former is an extremely rare psychosis;

the latter is a common syndrome of mental symptoms which may occur in any psychosis.

The following table from Claudé may be helpful in making this important distinction (S&E 342).

[*Note:* The table, on S&E 342-43, is not reproduced here.]

XI: PARANOIA OR PARANOID CONDITIONS (Noyes 172)

PROGNOSIS (Noyes 184)

[contd] It is doubtful if a case of traditional paranoia ever recovers (N 186).

54:14.3 It is important to realize that there are basic and essential differences between paranoia and "paranoic" states.

The former is an extremely rare psychosis;

the latter is a common syndrome of mental symptoms which may occur in almost any psychosis.

The following table based on Claude may be helpful in making this important distinction:

15. Prognosis

54:15.1 *The prognosis of true paranoia is indeed bad.*

I have never seen one wholly and permanently cured.

The prognosis of the *paranoic* group is more favorable, depending a great deal, of course, on the nature and malignancy of the associated and underlying psychosis. The prognosis of the *paranoid* type of involvement, whether appearing as a part of a mild and curable psychosis or as a manifestation of the paranoid constitution, is, when early subjected to treatment, more favorable.

SOURCE

V: PARANOIA AND PARANOID PSYCHOSES (Henry 56)

Prognosis. After a paranoic psychosis has become fully developed the outlook is rather poor. On account of the fact that these individuals are very likely to be dangerous to other people, even to the extent of being homicidal,

continual institutional care is usually necessary (H 59).

As might be expected the outlook in paranoid psychoses is much better. With proper treatment

improvement or recovery may ordinarily be expected in a few weeks or months.

However, under circumstances similar to those which caused the psychosis, a recurrence may be expected (H 56).

PARANOIA AND PARANOID REACTION-TYPES (Henderson & Gillespie 235)

CONCLUSIONS (Henderson & Gillespie 277)

Treatment.—Treatment is usually very unsatisfactory.

The desirability of placing paranoiacs in a mental hospital is determined

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54:15.2 The more serious paranoics must, because *they are potentially homicidal,*

be confined within an institution.

Many times, as the result of discipline and proper treatment,

they make such improvement

that they can be allowed to return to their homes and finally are sometimes able to effect a fair social adjustment and to achieve more or less economic self-support;

but even these more favorable cases show a great tendency to recur.

16. Treatment

54:16.1 Treatment is not very satisfactory.

The desirability of committing most paranoics to a mental hospital is determined,

SOURCE	54: THE THEORY AND PRACTICE OF PSYCHIATRY
not only by the degree to which their delusional beliefs lead them into producing discomfort or into antisocial activities,	not only by the degree to which their delusional beliefs lead them into antisocial conduct,
whether these be in the nature of homicidal attempts (which are not common)	but also by their suicidal tendencies.
	When neither homicidal nor suicidal,
or simply of annoyances to others by accusations, petty litigation, or what not.	they become public nuisances because of their suspicions, accusations, and petty litigations.
Hospitalisation is also desirable as a rule if any attempt at therapy is to be made,	Institutionalization is also desirable if any serious attempt at treatment is to be made
because this is likely to have more chance of a modified success if carried out in a quiet and controlled environment.	because this is more likely to be successful if carried out in a controlled environment.
Meyer emphasises the necessity of a thorough study of the patient's life-history	Meyer emphasizes the necessity of a thorough study of the patient's life-history
in order to attain as complete an understanding of the patient as possible,	in order to become familiar with his tendencies,
while at the same time winning his confidence to some extent.	thereby becoming better able to win his confidence.
Having prepared the ground in this way,	Having prepared the ground in this way,
the physician can proceed to explanation and persuasion	the physician can attempt explanation and resort to persuasion
with some hope of a result sufficient to be enable the patient to be a useful, if still not at all a normal, member of society.	with more hope of success.
A critical attitude must be rigorously avoided.	"A critical attitude must be rigorously avoided.

The cases of paranoia for which anything like complete therapeutic success has been claimed with a show of justification do not number more than half a dozen in the whole literature (H&G 279).

The cases of paranoia for which anything like complete therapeutic success has been claimed with a show of justification do not number more than half a dozen in the whole literature.”

Notwithstanding the gloomy prognosis of true paranoia and the serious prognosis of the paranoic psychoses, we must emphasize that many of the milder paranoid states respond readily to treatment.

17. Illustrative Cases

Paranoid Schizophrenia

54:17.1 **Case 130.**—Age 39. Occupation, building contractor. Married, living apart from wife. Chief complaint: “Feeling of unreality.” Family history: Negative as far as obtainable. *Personal history:* Sinus infection, so-called “nervous breakdown” thirteen years previously, easily fatigued; has had attacks of cardiac palpitation; eighteen years previously had scrotal varicose veins excised.

54:17.2 *Clinical history:* All his life he has been a bit odd and peculiar. Has suffered a great deal from fatigue, worry, and moderate depression. From time to time has been bothered with motor compulsions. Has always felt inadequate in the presence of social situations and since his “nervous breakdown” of thirteen years ago has been suffering considerably with disturbance of reality—his reality consciousness—more recently manifesting definite paranoid trends.

54:17.3 *Mental examination:* Negative. Insight is good.

54:17.4 *Physical examination:* Diseased tonsils, rhinitis, mild hypothyroidism (basal metabolism –17 per cent), otherwise negative.

54:17.5 *Diagnosis:* Paranoid tendency associated with probable schizophrenia.

54:17.6 *Comment:* This patient had never been able to work continuously and successfully except in association with his father, who made considerable allowance for his eccentricities and idiosyncrasies. His married life was pretty much of a failure, so much so that his wife took their only child and went West to live apart from her husband.

Intellectually he was thoroughly normal with good insight, but his personal, domestic, and economic life were characerized by a restlessness, waywardness, and all-round "cussedness" that was inexplicable except on the basis of a diagnosis of schizophrenia.

54:17.7 He had his first definite eruption when twenty-one years of age. For about fifteen years he went up and down, working by spells, carousing between times, or, as he put it, "literally raising Hell." Three years ago he began to be bothered by a distressing consciousness of unreality with reference to himself and his environment. After about two years of this he developed generalized suspicions that he was not getting a square deal, that someone was trying to "get" him, and so on—a definite paranoid trend. A year later his father brought him to the psychiatrist. He was willing to accept the diagnosis and in many ways volunteered cooperation in the course of training that was undertaken, but there was always a certain indifference and shiftlessness about his efforts in this direction. After six months of this training a position was secured for him on a farm in the Northwest. He worked well for a few weeks and then gradually drifted into careless and indifferent habits, finally picked a quarrel with his employer, and quit his job. He came back to the psychiatrist, not is the dilapidated condition he presented at the first visit, but certainly retrogressed considerably from what he was when he took the farm position. After a single conference he disappeared and has not been heard from since.

54:17.8 In this case the prognosis, of course, is dependent on that of the underlying schizophrenia.

Dangerous Paranoid Trend

54:17.9 **Case 131.**—Age 44. Occupation, masseuse. Married twelve years. Chief complaint: Sleeplessness, but her sisters, who brought her to the psychiatrist, said she had been for years "acting queerly."

Family history: Negative, except for a large number of ancestors and immediate relatives who were nervous, neurasthenic, and one sister who was "very peculiar." *Personal history:* Digestive troubles with constipation. When a young woman, had some glands in the neck removed. Otherwise negative.

54:17.10 *Clinical history:* For twenty years this patient has been manifesting peculiar tendencies, running along the lines of sex attraction and assertion of superior abilities as a writer. From time to time she has believed that prominent men—ministers, physicians, and authors—were in secret love with her and desiring to have sex relations with her. There has been some sex irregularity, but it proved unsatisfactory because of the lack of social standing of her paramour. She pays no attention to her family duties, has an easy-going husband upon whom she looks with disdain, is engaged in writing letters constantly to prominent men whom she reads about in the papers or hears over the radio or whose books she has read.

54:17.11 *Mental examination:* This woman seems to possess average intellect, has a great deal of native ability, is what would be called a bright, even keen, woman. Recently she is developing paranoid trends, feels that there exists some sort of a conspiracy to prevent her getting along in the world either as a great writer or actress, but more especially to prevent the consummation of her various love affairs with notable personages.

Within the past three or four years this suspicion has been concentrated on her three sisters and some other individuals outside the family. Up until very recently she has been able to play these sisters one against the other and largely to dominate them, to make them believe her story. She has been very clever in this matter. At last all the family awaken to the fact that something is wrong, and they unite in bringing her to the psychiatrist. Insight is good, and tirade from paranoid trends, examination is in every way satisfactory.

54:17.12 *Physical examination:* Constipation, cervicitis, pyorrhea. Laboratory data: Slight calcium deficiency.

54:17.13 *Diagnosis:* Schizophrenia with paranoid trend.

54:17.14 *Comment:* This patient has been going to doctors off and on for twelve to fifteen years. She presents a superficial neurotic appearance which has served to engage the attention of most of her medical advisers. Her chief complaint is always "insomnia." She follows this with the story of fatigue, restlessness, nervous tension, indigestion; she cries easily and very skillfully tells a story of being a "misunderstood wife": sex life unsatisfactory, is married to a man who is not her equal, has no interests in common with hers, and so on. More careful history taking would disclose that she experiences every now and then what might be called "emotional spells," but since she weeps easily in the consulting room, the attending physician would be likely to put these emotional spells down as hysteric manifestations. However, more careful investigation reveals that she is not suffering from either an anxiety neurosis or major hysteria, notwithstanding these neuroticisms. The condition is a slowly developing schizophrenia, recently presenting definite paranoid trends. This patient has never come under treatment, for she refuses the diagnosis, insisting that all her troubles are real, and that distortion of consciousness has nothing to do with her predicament.

She is inclined to put the doctor in the category of coconspirator with her sisters and others to make her trouble and to prevent her realizing her great ambition and indulging her superior talents. Recent reports show that she continues to write different prominent men and to go on merrily indulging her superiority complex of self-importance and grandeur.

Homicidal Tendency

54:17.15 **Case 132.**—Age 51. Occupation, teacher. Married twenty-five years. Chief complaint: Loss of memory. Complaint made by wife—"fear that he will kill someone." *Family history:* One case of senile dementia. Father died at sixty of cancer of the stomach, mother at fifty-eight of apoplexy. One sister has cancer; another died at forty-four of apoplexy. Otherwise negative. No history of nervous or mental tendencies could be elicited. *Personal history:* Seems largely negative, except that he complains of having had a nervous breakdown nine years ago.

54:17.16 *Clinical history:* Patient had always been a bit peculiar and taciturn but was a very successful teacher for many years. Increasingly he became introspective, retrospective, and quarrelsome. Finally he became so difficult to work with that he was dismissed from his school. This precipitated what he called his "nervous breakdown," and since then, a period of five years, he had been growing increasingly worse. About two years ago he began definitely to systematize his paranoid trend into the theory that there had long existed a conspiracy to get him out of this school. He settled upon two or three individuals as the arch conspirators and one day said to his wife, "I think I will get a gun and go out and fix them." Shortly thereafter she found a gun with an abundance of ammunition in a trunk in his room. Regardless of all efforts to keep him from securing money, he got possession of several guns but made no effort to use them, merely indulging in threats to do so.

He finally became such a trial to his wife and children that he was brought to the psychiatrist. After examination he was sent for a few months to a rest home for further observation.

54:17.17 *Mental examination:* Some clouding of consciousness; memory not good, insight fair, paranoid trend definite.

54:17.18 *Physical examination:* Rhinitis, constipation, and visual defect. Otherwise in perfect organic and functional condition.

54:17.19 *Diagnosis:* Schizophrenia, paranoic type.

54:17.20 *Comment:* Family refuse to put patient in public institution and do not have funds to care for him in a private sanitarium; but as the result of the discipline undergone by a few months in a rest home, he has, for some two years, been much more tractable at home. During this time he has managed, however, to get hold of one more gun. The family have been warned that this man is definitely homicidal and advised to put him in a public institution, but they will not comply. The prognosis of such a case is decidedly unfavorable.

Manic-Depressive Paranoid Trend

54:17.21 **Case 133.**—Age 38. Occupation, farmer. Married thirteen years. Chief complaint: Lack of "pep"—depression. *Family history:* Good, except for many cases of nervousness, migraine, and "despondency tendencies." *Personal history:* Appendectomy seventeen years previously; history of nervous spells, going up and down nervously for fifteen years; record of a definite nervous breakdown four years earlier.

54:17.22 *Clinical history:* This patient seems to have been experiencing mood swings or some type of manic-depressive alternation of emotional life since about twenty-five years of age. Recently there has developed a definite suspicion complex—fixed ideas of persecution, definite paranoid trends referring to his wife and her family. It is interesting to note that this paranoid trend seems to go up and down with his mood swings. He is more definitely paranoid during the depressions, which appear to deepen for a few months about once a year. I have observed him through the last two. He is increasingly paranoid between what he calls his "despondency dips."

54:17.23 *Mental examination:* Made at a time when he was just recovering from a siege of depression. Intellect clear, insight perfect, no evidence of deterioration. Partially willing to accept psychiatrist's explanation of his paranoid trend—he agrees with the doctor with his fingers crossed.

54:17.24 *Physical examination:* Diseased tonsils. Laboratory data: Basal metabolism rate of –18 per cent. Otherwise functionally and organically sound.

54:17.25 *Diagnosis:* Paranoid trend superimposed upon manic-depressive involvement.

54:17.26 *Comment:* After four years of observation there can be little doubt that the basic difficulty in this case is of the manic-depressive type. The patient had suffered for ten or twelve years from mild cycles of this sort, and then, through an actual occurrence—something that happened in his family life and concerning his "in-laws"—which was subsequently organized into a definite suspicion complex, this paranoid trend has rapidly developed until it is now well fixed. Counseling with him during these times seems to help his wife in getting along with him, but it does not cure the patient.

His paranoid attitude goes into an eclipse as he emerges from the depression but puts in an immediate appearance when he again drifts into the depressed state. The patient has neither time nor money to undergo protracted treatment, and it is doubtful if he can be helped, though the case would be an interesting one to follow through with a thoroughgoing psychiatric regimen.

A True Paranoia

54:17.27 **Case 134.**—Age 61. Occupation, housewife. Married thirty-nine years. Chief complaint: None—says she came to consult the psychiatrist only because her "son wanted a report on my nervous state." *Family history:* Tuberculosis, asthma, apoplexy, heart trouble; a brother died of "nervous trouble or food poisoning"—she does not know which. Sister died at sixty-four of pneumonia. Has three children, one of whom has been in sanitarium recently for nervous trouble of some kind. In the ancestry there is a record of one definite case of insanity. *Personal history:* Troubled with fears, fatigue, and insomnia. Has been "bilious" at times. Has mild attacks of asthma. Eleven years ago had uterus and ovaries removed. One year ago had tonsils removed.

54:17.28 *Clinical history:* It appears from her story and that told by her son that fifteen or twenty years ago she began to be oversuspicious both of her friends and family. Within five years this paranoid tendency narrowed down to her husband. For about fifteen years she has been suspicious of her husband, more and more convinced that he is untrue to her. For the last ten years this suspicion has been definitely crystallized around the idea that some blonde vampire is securing his sexual attention and has formulated plans to take him away from her. With the passing of years, this complex has enlarged to include gangs, racketeers, and others in large number who are organized for the purpose of ruining her husband and, more recently, of destroying the entire family.

These conspirators are passing the house day and night. She knows them by the way they honk their automobile horns, and there is a personal significance attached to almost everything that transpires in her immediate environment. She writes numerous letters to judges, prison officials, federal authorities, begging for help. She became such a trial to the family that they took her to a private sanitarium, but within a few weeks she developed some serious asthmatic attack and begged so piteously to be removed that they took her home. After another year of exasperation they brought her to the psychiatrist.

54:17.29 *Mental examination:* This patient shows no schizophrenic tendencies. There is a history of nothing that could be called a manic-depressive involvement. Insight is perfect. All intellectual operations, including memory, are clear. This woman is especially keen for an individual of her age. Repeated examinations elicit no deterioration or other mental vagary or emotional twist aside from her systematized delusions. There is no history of hallucinations.

54:17.30 *Physical examination:* Pyorrhea, asthma. Laboratory data: Hypochlorhydria. Otherwise the research examination in this case is negative.

54:17.31 *Diagnosis:* True paranoia.

[*Note:* See 54:2.9, above.]

54:17.32 *Comment:* This is one of the half dozen cases of true paranoia I have seen in thirty years of practice. After some resistance, finally, as she said, "to please my son," she consented to go under prolonged treatment. She is in the charge of a psychiatric nurse and is carrying out a regular regimen of treatment, psychiatric conferences, and psychologic study, accompanied by essay writing.

In brief, she is being given a course in abnormal psychology, just such a course as a student would be given in collegiate training. She has a keen sense of humor for detecting the tricks of the subconscious and at times indulges in real outbursts of mirth about her own "queer thinking"; but up to the present, if we try to corner her and pin her down to admissions of the autistic origin of her own systematized delusions, she becomes instantly resentful, making such remarks as: "If you are going to tell me that this is all in my head, that my troubles are not real, then I am going to quit treatment right now."

54:17.33 I have never seen one of these cases cured, but I have only had an opportunity to subject two other such patients to prolonged treatment. I await with a great deal of interest the outcome of this case, if the patient continues willing to remain under observation.

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1. *Contrast:*

Women are more affected than men (Henry 56).

2. 54:4.1-3 originally appeared, in a slightly different form, in the 1923 (5th) edition of *Worry and Nervousness,* in the chapter "Tricks of the Subconscious," p. 549.

3. Sadler cut the story here because he'd used the whole story in Chapter 53 ("Schizophrenic Reaction Types"). See 53:13.19-20 of my parallel chart for the chapter.

4. Sadler changed the fictitious patient's diagnosis to fit his new claim (not expressed in *The Mind at Mischief*) that true paranoia is incurable and that the only curable cases are those which involve other psychoses or which exhibit only paranoid trends or states. His chapter on "Simple Paranoia" in *M@M* includes accounts of his cures of patients

with simple (true) paranoia. In writing *Theory and Practice of Psychiatry,* Sadler clearly revised his opinions and fictitious clinical history to conform with the new sources he was drawing from.

5. Sadler never mentioned curing youths with "paranoid trends" in his chapter "Simple Paranoia" in *The Mind at Mischief.* He apparently fabricated this account to illustrate his success in curing several patients belonging to this heretofore unmentioned category.

6. White lists a similar classification; see pp. 125, 129.