

Finding a Grid:

A model and proposed navigation aid

for paranoid delusions

—

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LAST TO BE ADDED

1.

Properly Sober Introduction

§ What is interesting about paranoid delusions?

In popular terms, one thing interesting about paranoid delusions is their connection to instantly-recognizable “tinfoil hat” references. While the term is applied more broadly, at core, sufferers of pananoid delusions often imagine some technological or super-technological (beyond known means) mechanism for reading and/or affecting their thoughts, and presumably apply in response a tinfoil-hat to block electromagnetic or other waves.

(In one of the original reports, now approaching two-hundred years old, a sufferer reported that a “loom” with extraordinarily long reach—miles—was affecting them. Of course, for the time, a mechanized loom was high-technology, while one with such reach would be super-technological.)

In terms of social costs, schizophrenia might be a half-trillion dollar per year problem, worldwide. The market for anti-psychotic medications alone is easily ten or twenty billion dollars per year, worldwide. These are merely two measures of the value lost, the suffering involved, and the potential value of improved interventions and mitigations. (And one symptom of schizophrenia can be paranoid delusions).

Also, curiously, each of the following yields “paranoid delusions” as a symptom: schizophrenia; paranoid psychosis; “schizoid” neighbors to psychosis; and the probably underdiagnosed “delusional disorder, paranoid variety”. There is certainly some unreliability in diagnoses (with “kappa” reliability scores often only 50%), but if presumably different organic causes are at work, why would a common symptom occur?

In very broad terms, perhaps either: a) something is missing in common; or b) something has been added in common. One possible “something missing” could be adequate skepticism, with

conceivably organic cause. However, in the following the “something added” case becomes particularly interesting.

§ What are the characteristics of paranoid delusions?

Let’s consider characteristics of paranoid delusions:

- They seem to involve dubious supposed knowledge or strong suspicion.
- They seem to be “meaning related” in terms of what is offered (if asked for) as supposed clue or evidence.
- They tend to make explicit or implicit reference to other-like mysterious *agency* and/or *intents*.
- Consistent with the term paranoia, they tend to go beyond specific fears toward some kind of maximality.

Taken together, these suggest some intrinsic relationship to “knowledge and meaning”, with perhaps some added dynamic driving toward “maximality”.

§ Could some internal driving dynamic be logical or philosophical?

Toward “knowledge and meaning” being involved, we have this concluding paragraph from the final chapter in the consistently even-handed monograph *Delusions: Understanding the Un-understandable* by Peter McKenna:

This is the argument recently made ... in a theoretical exploration of the possibility that delusions are a linguistic phenomenon. While what the authors propose might be considered to be at the outer limits of reasonable speculation, such an argument does have one undeniable advantage — invoking language brings with it the possibility of senses of meaning beyond simply that of stimuli having significance for behavior. One well-known form of meaning that exists at the linguistic level is semantics, the meaning of words. This does not seem particularly relevant to

delusions ... when deluded patients say they are Jesus, or that the Mafia are persecuting them, they are using words in the same way as everyone else and we know exactly what they mean. However, there is also another type of linguistic meaning, which is well recognized, particularly in philosophy, that of propositional meaning. This is the kind of meaning that arises from grammatical structuring of lexical-semantic information when the level of complexity of full sentences is reached. Furthermore, it is generally accepted in philosophical circles that it is this form of meaning which gives statements their quality of being true or false. With this, a point might finally have been reached where Jaspers' (1959) proposal that all kinds of delusions, not just referential delusions, represent a change in meaning might not seem so strange after all.

__ Peter McKenna __

Possibly a philosophical disease? And, give "knowledge and meaning" at stake, possibly an epistemological disease?

§ Two tensions, assuming an epistemological disease

Assuming an epistemological disease, here we consider two tensions.

As one tension, any terminology most-apt for observers could be objectional to a sufferer. Specifically, it is *characteristic of the condition* that what observers can be quick to call absurd, dubious and/or delusional, a sufferer cannot see *as such* in the same way. That said, a sufferer is also likely to be painfully aware that what they suspect, hypothesize, and/or conclude, and what they see as supporting clues or evidence, others will will unhesitatingly reject, to the extent of their thoughts being incommunicable. Thus, given that sufferers remain well aware of some gap (even if they cannot bridge their way back), some compromise should be possible.

As a second tension, "dynamic tending toward a maximum" carries at least two connotations. First, it could suggest a multiplicative or exponential process, where factor A supports factor B and factor B supports factor A, in a complex, multidirectional, mutually-

amplifying process. This first manner of description seems appropriate in offering/considering some etiology/prodrome, where some characteristic nexus can be said to emerge and grow. Second, it could instead suggest a step-by-step process, more like the linear progression of an argument. This second manner of description can be appropriate in offering a “just so story” explaining how a particular result might be anticipated to occur. A “just-so story” can involve a fiction, but that can prove a very useful fiction.

(In my approach to analyzing paranoid delusions, I have little to say about any complex etiology/prodrome. For one thing, I lack the background. Second, I lack the time, given a terminal illness. Meanwhile, just-so-stories fit well with my intent: to contribute insight regarding the *epistemology* of paranoid delusions.)

§ A just-so linear progression to consider

Here I am presenting apparently (to me) original thinking:

[intend to change to “etically dubious evidence” etc]

1. You carry your attention and proximity to yourself everywhere.
2. If you learn to convert your attention and/or effects of proximity into “evidence” (perhaps by accepting low signal-to-noise ratio), then you can find “etically-absurd evidence” *everywhere*, potentially in distracting/compulsive quantity.
3. If you find “etically-absurd evidence” in distracting/compulsive quantity, you will need to create “etically-absurd hypotheses” to explain finding “etically-absurd evidence” anywhere and everywhere; as a corollary, “etically-absurd hypotheses” need to embody expansive scale.
4. Identifiable standard categories of “etically-absurd hypotheses” appear to include: a) the super-natural; b) the super-technological; and c) the super-social.
5. There are also identifiable categories of common “etically-absurd evidence”; these categories include: a) seeing time-

concidences; b) completing chains-of-association; c) both (a) and (b) in some divination; and d) taking pre-defined associations personally when in proximity.

6. Together, listed categories of etically-absurd evidence vs. listed categories of etically-absurd hypotheses suggest a grid; in a sense, the “headspace” of delusional paranoia might thus be navigated with reference to said grid; this could be of use to those experiencing such paranoia.

7. In terms of delusional paranoia as a philosophical disease, the *constitutive criteria* for the implied grid appear to be:

- Categories of etically-absurd evidence must rationally explain a person’s ability to find etically-absurd evidence anytime, anywhere, almost at will.
- Categories of etically-absurd hypotheses must *disease-like “explain”* finding etically-absurd evidence essentially everywhere.

And thus do I suggest that a grid-referencing *model* is possible.

§ Can an epistemological model be of use in general?

Uses of of any kind of logical understanding include:

- Finding pure and/or compassionate understanding;
- Bridging epistemic gaps.

The first of these might be called a one-way “bridging”. A full bridging (in the metaphor) can be expected to be two-way, as is implied in the second point.

Either way, the likely usefulness of “pure understanding” and/or “an apt-appearing model” should be relatively plain to see.

§ Can an epistemological model be of use to sufferers?

[[In shifting now to more of a sufferer’s view, look at my “compromise” <terminology> (As a comment, notice how I have attempted to find a “compromise” terminology, specifically in

referring to etically dubious evidence and _____. The word 'etically' captures something less accusatory and perhaps more self-aware than the stronger term 'objectively'.)]]

Some uses of a model, for sufferers, could include:

- Supporting the case for (i.e., motivation toward) adopting approaches not specific to the model;
- Supply a supportive and/or reassuring perspective;
- Directly changing consciousness and/or the contents of attention, with explicit reference to the model.

Towards the first, one of my findings is an apparent case for considering ACT (Acceptance and Commitment Therapy) in relation to paranoid delusions.

Towards the second and third, I have not so much findings as some core beliefs.

So far as supportive perspective, I argue from experience that one subjective aspect of being lost in paranoid delusions is "feeling adrift". In part, I *propose* that referencing a model which referencing a grid can provide some answer to feeling adrift. This is not proven.

In regard to changing consciousness, see the next.

§ Uses of models in changing consciousness

As a quick take: Practices can reference models, and practices can:

- affect habitual placement of attention
- affect favorably or unfavorably attitudes in applied attention
- create new objects of attention, e.g., through analysis and recognition of pertinent factors

- deepen the perceived role/salience of defined terms
- ultimately support reification, even if only through frequency of use

§ About that compromise in terminology

Where I am now using “edically-absurd evidence” and “evically-absurd hypotheses”, previously I used “strange evidence” and “strange hypotheses”. After deciding, the step I took was essentially global search and replace.

In the manner I discussed it above, “strange” might have been more sufferer-friendly; as described later, I first imagined a vicious circle involving said “strange evidence” and “strange hypotheses”. These also apply in an epistemological context separate from a particular socially-situated malady.

However, as noted above, sufferers will be painfully aware that their thoughts and inferences are essentially incommunicable.

Unpacking “edically-absurd”, some connotations include:

- In place of strict absurdity it names qualified absurdity;
- It acknowledges that a sufferer has a sort of sub-culture;
- It acknowledges the element of alienation produced;
- It acknowledges that thoughts, suspicions and beliefs become incommunicable, and humiliating to report;
- Again, it is not as strong as standing on ‘objectivity’; it acknowledges that casting judgement is also central.

My guess could be wrong.

MODELING DELUSIONS

2.

Back Cover

1. You carry your attention and proximity to yourself everywhere.
2. If you learn to convert your attention and/or effects of proximity into “evidence” (perhaps by accepting low signal-to-noise ratio), then you can find “etically-absurd evidence” *everywhere*, potentially in distracting/compulsive quantity.
3. If you find “etically-absurd evidence” in distracting/compulsive quantity, you will need to create “etically-absurd hypotheses” to explain finding “etically-absurd evidence” anywhere and everywhere; as a corollary, “etically-absurd hypotheses” need to embody expansive scale.
4. Identifiable standard categories of “etically-absurd hypotheses” appear to include: a) the super-natural; b) the super-technological; and c) the super-social.
5. There are also identifiable categories of common “etically-absurd evidence”; these categories include: a) seeing time-coincidences; b) completing chains-of-association; c) both (a) and (b) in some divination; and d) taking pre-defined associations personally when in proximity.
6. Together, listed categories of etically-absurd evidence vs. listed categories of etically-absurd hypotheses suggest a grid; in a sense, the “headspace” of delusional paranoia might thus be navigated with reference to said grid; this could be of use to those experiencing such paranoia.
7. In terms of delusional paranoia as a philosophical disease, the *constitutive criteria* for the implied grid appear to be:
 - Categories of etically-absurd evidence must rationally explain a person’s ability to find etically-absurd evidence anytime, anywhere, almost at will.

- Categories of etically-absurd hypotheses must *disease-like* “*explain*” finding evidence essentially everywhere.

8. The preceding epistemic view implies one-way development from “etically-absurd evidence” to “etically-absurd hypotheses”; an actual *etiology/prodrome* — i.e., path to a maximal endpoint — is likely to involve mutually-amplifying multi-way interactions.

3.

Previous Back Cover

Can a profound mental illness be more philosophical than organic, driven by “meaning” more at the level of sentences than mid-level salience? One newer monograph discussing delusional disorders ends with a call to consider a philosophical turn. The author in effect responds: “Bravo, and let it be an epistemological turn.”

The author names as likely categories of *etically-absurd hypotheses*: the super-natural (immaterial); the super-technological (conceivable but “impossible”); and the super-social (so often as surveillance coordinated at an “unbelievable” scale). These should provoke a sense of recognition—being so suggestive of a familiar range from tinfoil-hats to Truman-show-paranoia.

At a more abstract or schematic level, two criteria appear to constrain possible *categories of etically-absurd hypotheses* and *categories of etically-absurd evidence*. In an NxM grid implied by individual named categories, we could expect *characteristic reports* to reflect particular combinations of one etically-absurd-hypothesis category with one etically-absurd-evidence category. We may thus expect the overall *symptomology* to follow from the two original *constitutive criteria*.

The criteria the author names are as simple as these: Categories of etically-absurd evidence must help rationally explain a person’s ability to find etically-absurd evidence anytime, anywhere, almost at will. Categories of etically-absurd hypotheses must *disease-like “explain”* finding evidence essentially everywhere.

Interestingly, on a Humean view our normal generalizations from *some* evidence to universal expectation are not altogether better-founded. There are parallels to be noted between materialist epistemology, faith epistemology, and delusional epistemology.

4.

Author's Comments

As hinted in Item #8 in Chapter 1, this book does not attempt to explore prodrome aspects of particular diseases. I believe there is value in first performing the equivalent of “static” analysis to identify stable points, before attempting “dynamic” analysis of progression or evolution toward a stable point. In this case, this implies epistemology before prodrome-level-etiology.

That said, while the text of this book often asserts simple one-way progression from “etically-absurd evidence” to “etically-absurd hypotheses”, the analysis is also explained in terms of vicious circles—potentially bidirectional—where both are presumed involved.

Text in chapters to follow will sometimes lack the nuance and conditionality expressed in the first chapter.

One way to view the chapters is as my examination of different facets, for different purposes, while at slightly different later stages of understanding.

Throughout this work I will not attempt to use (or revise to use) a single term. I will assume some equivalence between:

- paranoid delusional disorders;
- delusional disorder (overlapping with psychosis);
- delusions/psychosis;
- aspects of psychosis sans hallucinations;
- “a purely epistemic version of psychosis”;
- and so on.

For my purposes, and toward broader relevance, there is an overlap in the appearance of paranoid delusions and a variety of

maladies/diagnoses.

Much of the medical literature stops at the word 'delusions', perhaps adding "ideas of reference" as describing the sort of "evidence" persons offer in support of their delusions.

A rough mapping to my terminology: 1) from 'delusions' to "etically-absurd hypotheses"; 2) from "ideas of reference" to "etically-absurd evidence".

I believe the latter terms, which I adopted early, have been more suited (originally as "strange evidence" and "strange hypotheses") to epistemological inquiry.

Toward the model appearing cohesive, I am pleased to have added some extra "paths" toward similar or overlapping understanding. (I am not sure which should be called top-down and which bottom-up.)

Finding easier-to-follow pathways toward a result might be the "second 90%" of a putative discovery process.

I do not sufficiently discuss, because I do not know, relative roles for this model between:

- Finding pure and/or compassionate understanding;
- Bridging epistemic gaps; and
- Internalizing a model which can provide some wedge in front of compulsively/unconsciously finding evidence.

In Chapter 17 centered around an epiphany, for the same reason my discussion emphasizes "experience sampling" as an intervention (as that is how I first summarized some possibilities). That term implies that some means is used signal a participant at

random times, and the participant in response does some planned action/introspection/observation and records the results.

Unfolding the term, to some extent it is inclusive of a participant choosing to do a similar action/introspection/observation (and perhaps record results) intuitively and/or on their own schedule.

The text overall probably underemphasizes and under-explores the possibilities for individuals to do the latter. For example, in principle the frequency-of-asking might be dialed-up to the point of creating a *short-circuiting phrase*—a phrase or question which serves as a near thought-stopper or immediate distraction from unwanted thought.

I imagine a *better* short-circuiting phrase might be, roughly, one of: “BS [evidence] only multiplying distractions” or “BS is not evidence” or simply “BSing myself”.

Any new (or newly recognized) possibility in terms of etically-absurd evidence is a new pathway and/or generator for distractions.

Moreover, already distracted by etically-absurd evidence, it might be easier to overlook incrementally perceiving additional kinds of etically-absurd evidence. An “imperative” might even seem to exist to recognize new strangeness.

One kind of advice: “Don’t step into holes.”

Different: Describe a known hole-to-step-into in such detail, and/or in such a way, that some others could avoid it—and some others climb out.

The work here is my limited attempt at the latter detailed form, which seems possible for paranoid delusions.

5.

Basic Paranoid Method

At one point, I began to wonder if some essential level of understanding would not have been captured someplace before in a footnote in a text, in a throw-away line in a novel, or in an aphorism.

Consider the following degree of succinctness:

A basic paranoid delusion method is to:

- covert your attention and/or proximity—which follows you everywhere—into “evidence”,
- find such evidence everywhere (anywhere, anytime) and in quantity,
- interpret the growing evidence through assumption of some “massive outside agency” as a cause, and
- act on such understanding sufficient to reinforce it.

(Drawing out a contrast, it could be said: While a specific anxiety can be provoked by “False Evidence Assumed Real”, a global paranoia can be provoked by “False Evidence Assumed Revealing”.)

6.

Hume and Comparing Paranoid Methods

The basic paranoid delusion method just named is to:

- covert your attention and/or proximity — which follows you everywhere — into “evidence”,
- find such evidence everywhere (anywhere, anytime) and in quantity,
- interpret the growing evidence through assumption of some “massive outside agency” as a cause, and
- act on such understanding sufficient to reinforce it.

In the context of delusions/paranoia this can be read as a sort of category error, invoking the wrong kind of evidence at the wrong attempted scope.

However, the same method, worded a particular way, illustrates that the same sequence applies to acquiring a material/scientific understanding:

- convert your eye for physical detail into “evidence”,
- find quantities of “evidence” stated as physical observations,
- interpret the growing evidence through (usually culturally-supplied) science-described processes taken to have *universal* applicability and force, and
- act on such understanding sufficient to reinforce it — i.e., learn by doing.

Indeed, we need not stop at comparing the above two. Consider the following plausible possible statement:

Some of my choices of awareness can, I believe, be informed by something beyond the material. Those choices of awareness, those noticings, may be by grace and accepted with gratitude. If I am not obsessed with such, if I am not mad with interpretations, then if I convert some of my attention/awareness into “evidence”, and apply that evidence in support of something Universal, then what you might call an error of scope I recognize as what faith is.

Faith can be to apply subjective small evidence, taken as providential, toward the larger-than-life. As I so live, who are you?

Thus, succinctness in identifying a “basic paranoid delusion method” apparently points attention toward potential larger loops, as large as a loop joining Epistemology, World-building, and Lifeways.

Today, July 9 2024, I asked perplexity.ai, in a second question regarding Hume’s epistemology:

Q: It sounds like if the word paranoia enters, it would be as paranoia-qua-generalization — or paranoia-qua-universalization.

A:

You’re making an insightful connection here. While Hume didn’t use the term “paranoia” in this context, your interpretation aligns well with his philosophical stance on human reasoning. Let’s break this down:

1. Paranoia-qua-generalization:

This interpretation fits well with Hume’s critique of inductive reasoning. Hume argued that we tend to generalize from limited observations to universal rules, which is not logically justified. This process of generalization could be seen as a form of “paranoia” in the sense that we’re seeing patterns and making predictions based on limited evidence.

2. Paranoia-qua-universalization:

This aligns with Hume’s skepticism about our ability to know universal truths about the world. We tend to universalize our experiences and beliefs, assuming they apply broadly, which Hume would argue is not rationally justified.

Key points to consider:

— Hume's "Problem of Induction": This highlights our tendency to make sweeping generalizations from limited observations, which could be seen as a kind of cognitive "paranoia" about patterns and causality.

— Custom and Habit: Hume argued that our beliefs about unobserved matters are based more on psychological habit than on reason, which could be interpreted as a kind of ingrained, habitual "paranoia" about how the world works.

— Limits of Reason: Hume emphasized that our reason is limited, and we often make unjustified leaps in our thinking. This could be seen as a form of cognitive "paranoia" where we assume we know more than we actually do.

— Natural Beliefs: Despite his skepticism, Hume acknowledged that we have certain unavoidable beliefs. This suggests that even if our generalizations are a form of "paranoia," they might be necessary for human functioning.

While Hume didn't use the term "paranoia," your interpretation of paranoia-qua-generalization or paranoia-qua-universalization provides an interesting lens through which to view his skepticism about human reasoning. It highlights how our natural cognitive tendencies, which Hume critically examined, could be seen as a kind of systematic over-interpretation of limited data – a process not unlike paranoid thinking, albeit a normal and often necessary part of human cognition.

7.

Approached as Axioms

One bad premise can lead to formulating and adopting another bad premise — and so on — hence the apt expression for a quasi-exponential process: “spiraling out”.

Once one’s epistemics sufficiently change, it becomes possible and common to find or recognize “etically-absurd evidence” anywhere, at any time. This experience in turn demands explanation.

One essential characteristic-in-common for subsequent “etically-absurd hypotheses” (in order to explain “etically-absurd evidence” found in profusion) is that they be capable of explaining “finding [etically-absurd] evidence anywhere, at any time”. Logically, this entails a demand to embody exceptional scope. I believe three standard categories of “etically-absurd hypotheses” — ones indeed embodying exceptional scope — become and can be observed as:

- the super-natural (e.g., via nominally or implicitly *immaterial* cause, substance, mechanism, or agency)
- the super-technological (e.g., conceivable but “impossible” or “ridiculous” technologies such as distant electromagnetic mind-reading or distant mechanical influence)
- the super-social (e.g., broad conspiratorial/coordinated human-agent-based surveillance/interaction)

Backing up one step, and assuming “etically-absurd evidence” is to a degree generated by intention/expectation and filtered awareness, the requirement of *ably generating* such evidence *anywhere, anytime* serves to restrict and define natural and fitting categories of “etically-absurd evidence”. The list can, I believe, be expanded, but the most common and illustrative categories of easily-created “etically-absurd evidence” seem to include:

- recognizing time-coincidences between observables (including time-coincidences with observable thoughts);
- recognizing [quickly-completed] chains-of-association (a completed chain presumably serving as a criterion of “meaning”);
- combinations of both, particularly in go-with-the-flow-divination and related question-posing-sign-recognizing-divination ;
- using pre-defined associations (especially words heard in proximity taken literally, as well as any personal sign language).

8.

A “Natural Classification” Pathway

My writing frequently leaps directly to references to “categories of etically-absurd evidence” and “categories of etically-absurd hypotheses”.

Leaps of that sort skip some steps I likely went through, formally or informally.

The following idealized sequence or procedure identifies intermediate steps from a particular observation-first direction.

- 1) Recognize “etically-absurd evidence” and “etically-absurd hypotheses” as having some mutual role in delusions/psychosis.
- 2) Identify examples of “etically-absurd evidence”. Identify examples of “etically-absurd hypotheses”.
- 3) Within the examples, look for common elements. Arrive at some higher-level labeling in terms of typical *categories* of etically-absurd evidence and, separately, typical *categories* of etically-absurd hypotheses. (In doing this, remain deliberately informed and respectful regarding human universals and related practices; do not be compulsively dismissive.)
- 4) Now see if the categories so-arrived-at have a feature or features in common. Doing so, recognize that there is a *criterion* which the categories of etically-absurd evidence appear to meet. Likewise recognize that there is a *criterion* which the categories of etically-absurd hypotheses appear to meet.
- 5) Identify explicitly those two criteria. Explore implications.

9.

A Philosophy-of-Science Pathway

Perhaps it could be simple.

A working physical scientist might take their received history of the field as demonstrating piecewise co-evolution between: best models for the time; best confirming and disconfirming evidence for the time; and skill-and-technology-dependent instrument/measurement methods of the time. Within such a “tripartite” view (e.g., per Larry Laudan), each one can be seen as restricting what the other two can be. (For example: it can take better theory to better process and better characterize materials; it can take better materials to create more accurate instruments; and more accurate measurements can drive the need for better theory.)

At a more-philosophical-than-historical level of abstraction, it could be a truism that evidence *underdetermines* which of several models to favor or choose; meanwhile each roughly-evidence-respecting model suggests differently “what counts as evidence” (and which, if any, “evidence” to ignore or fail to collect). Apparently, underdetermination goes both ways.

One might surmise, in turn, that some extra *criteria* apply in practice, in model and evidence selection. Subject matter aside, to some extent it will be these criteria which become *constitutive*, which will in part set bounds, expectations, and results. (Note: “to some extent” does not imply that “it is all” socially constructed.)

To the extent the preceding can inform inquiry-in-general, in aiming for an efficient arrival at conclusions, a methodical sleuth might first work to identify *constitutive criteria*.

By this measure, my path to my work has not been efficient.

10.

Basic Generative Premise

Premise:

Consider a grid of cells based upon two “axes” matching a set of categories of etically-absurd evidence against a set of categories of etically-absurd hypotheses. Each cell can have its own *characteristic report* or *symptom*. Meanwhile, assume there are two criteria for inclusion: one to be a category of etically-absurd evidence; one to be a category of etically-absurd hypotheses. In principle, it follows that the full-grid *symptomology* can be derived from those two *constitutive criteria*.

11.

A Philosophical Pathway

Welcome to this course on Phenomenology at the Institute for Theoretical Philosophy. Let's Model a Philosophical Disease!

Let's learn the steps in modeling a particular philosophical disease.

Our disease X relates to poor-quality knowledge in some way.

First step, let's describe a virtuous circle for good knowledge.

Reproducible evidence, matched to explanatory understanding or hypothesis, matched to apt perception of the evidence.

Second step, let's convert from this to a vicious circle view of inferior disease X knowledge.

Inferior evidence, matched by inferior hypotheses, matched by inferior perception finding inferior evidence.

Third step, we conceive of listing out *categories of inferior evidence* and *categories of inferior hypotheses*. And remember that inferior evidence and inferior hypotheses interact.

Okay, one way to indicate that they interact could be to write out the lists at 90 degree angles to each other. We can expect to develop an $N \times M$ grid.

Fourth step: Yes imagine a grid. And now imagine that disease X has many specific symptoms or *characteristic reports*—and the symptoms or characteristic reports reflect or depend upon which specific category of inferior evidence and which specific category of inferior hypotheses are interacting.

Okay, that's just a clue. It does not tell us how large the grid is. However, we might infer that if one has a description of the disease X symptom or the characteristic [stereotypical] report, one could find where that description can be found in the grid (if

unique), and project from there onto the lists/axes. In such manner, we might thus use the symptom description and/or report to identify which category of inferior evidence and which category of inferior hypotheses are interacting. (Or, we could simply ask the person making the report to introspect and then name the categories involved.)

Fifth step: This is another mental-priming step. Imagine there is specific criterion for adding an element to the list of categories of inferior evidence. Likewise, imagine there is a specific criterion — a different one — for adding an element to the list of categories of inferior hypotheses.

Okay, again just a clue. However, now we can infer or surmise that the two specific criteria might be absolutely critical, absolutely determining. That is, by structuring and restricting what can be added to each of the lists, it follows that each interaction point — and each symptom description or characteristic report — on the grid, will also be structured and restricted. The “symptomology” of disease X will essentially fully follow given only the two criteria.

Sixth step: The two criteria will now be stated for an actual disease X. Before going moving into detail, the first question is: What are you inclined to guess about the general characteristic of this disease X — in one word?

- Categories of inferior evidence must rationally explain an “X-manifesting” person being able to recognize inferior evidence practically anywhere, at any time, as if at will.
- Categories of inferior hypotheses must “explain” — i.e. disease-X-style “explain” — how a person could/would expect to be able to find confirming “evidence” practically anywhere, at any time.

With “anywhere, at any time” occurring in both, a single word should be ‘paranoia’.

Seventh step: Yes. For homework, consult the study guide. Links are given to the literature describing how the lists of categories can be plausibly defined, given either “X equals delusional disorder,

paranoid variety” or “X equals delusional content in paranoid psychosis, neglecting any role of hallucinations”.

12.

Field of Dreams

If a mental affliction derives from a particular bad individual *epistemic* or particularly unsuitable *epistemology*, then we would expect improved face-validity in pursuing and/or offering a logical, stage-oriented, and/or axiomatic characterization of the affliction. An alternative way of saying this might be: inherent plausibility in a philosophical characterization of the affliction.

Likewise, if a mental affliction is low in apparent mood-aspects, emotional-aspects, and affective-aspects, again we could ascribe a higher face-validity in pursuing and/or offering a logical, stage-oriented, and/or axiomatic characterization of the affliction. Again an alternative way of saying this might be: inherent plausibility in a philosophical characterization of the affliction.

As a counter to such happy scenarios, consider the following cautioning quote:

The philosophies of the past have an attraction of a similar kind for us. Their clear and simple schematic pattern, their ingenious illusion of being discoveries of truth in its entirety, the confidence with which they rely on formulae which they imagine incontrovertible, convey the impression of a closed circle, defined and definitive, where there are no more problems to solve and everything is satisfactorily determined. There is nothing more pleasant than to spend a few hours in such clear and mild atmospheres. But when we return to our own thoughts and again react to the universe through our own particular sensibility we perceive that the world defined by the philosophies we have been examining was not really the world, but simply the horizon of the philosophers responsible. What they interpreted as the limit of the universe, beyond which there was nothing, was only

the curve that closed the landscape their particular perspective afforded them.

___ Jose Ortega y Gasset ___

One could stop there confident that there are no more clear and simple schematic patterns to be described.

Indeed that quote offers a counter-view and a caution, but it also offers an invitation — an invitation to spend a few pleasant hours, if opportunity presents, enjoying a sense of previously-unknown structure in understanding, matched with new senses around familiar observations.

Ortega's mention of a landscape invites comparison to [Kuhn's later?] image of science as an expanding landscape. Contra Ortega (and per Newton), searching for more encompassing understanding need not be a Sisyphean task.

I once spent a few hours, as I recall in a bookstore in Madison, Wisconsin, reading for the first time a rather masterful account in the *sociology of science* (indeed by the recognized master in the field, whose name I do not recall). I found it in many ways more explanatory than all of the philosophy of science I had read up to that point. For example, what explains the enhanced likelihood of two Nobel Prize winners having been roommates in college, though in nominally unrelated fields? Apparently it relates to becoming exposed to conversations near the edge of scientific discovery, these also a contagion for hopeful energy, expectations to be *present at* and to *witness* breakthrough conversations, and sure expectation of imminent new understandings.

A science can still be “a field of dreams”.

13.

Delivering on Characteristic Reports

In previous chapters I have drawn on claims and/or suggestions that *constitutive criteria* can determine an entire *symptomology*.

Likewise, there has been mention of a grid, within which individual cells can be matched to “characteristic reports”.

It is time to pay off some argumentative debt. It is time to fill in a grid.

§ A four by three grid

One year ago and even recently, out of habit I was not naming a fourth category of etically-absurd evidence in my basic list.

Here I include a fourth category of etically-absurd evidence as “using predefined associations”. (Other lists have been updated appropriately.)

Predefined associations are inclusive of:

- words taken for their direct meaning, as in taking a nearby comment personally;
- mentally asking a question, ready to hear a sound to the left for “no”, or a sound to the right for “yes” (this partly overlapping divination, and comparable to a coin flip);
- adopting standardized associations or a sign language, as in the sound of a door closing meaning “stop”, or the sound of a particular bird species meaning “remember [something]”.

Including this category is, first of all, appropriate in model terms.

Second, it is inclusive of the easiest and most literal interpretation/example of “ideas of reference”—namely, as hearing words in proximity [not meant for you] and taking them personally.

§ Twelve reports

I found the examples/reports which follow easy to create on cue.

Initially I had a moment of hesitation. I am so many years out of practice, so many years out of fluency, so many years beyond grooves I had worn deep — yet reports were easy to create.

I take this as again testimony that there is a “grammar” to the experience of chronic delusional paranoia. As if: hear two words and sentences return.

If there are three categories of etically-absurd hypotheses to consider, and four categories of etically-absurd evidence, we can expect twelve kinds of characteristic report.

Perhaps a more precise language: A given report might or might not have the right *characteristics* relative to a particular cell, relative to a particular combination of “category of etically-absurd hypothesis” and “category of etically-absurd evidence”.

In the more precise sense, we can find or generate example reports, then ask whether or not they appear to be characteristic of a cell in a grid. There need not be one particular *characteristic report*.

Reading *actual* reports can be a starting point in appreciating the wacky worlds and wacky mechanisms people invent when motivated and/or desperate to explain *evidence everywhere*.

“Both time-coincidence and chain-of-association” ...
and Super-social:

Sometimes it is as if I am interacting with others in a what-will-the-paths-be play. For example, I approach a corner and exactly then, someone adopts precisely the odd pranky posture to make me think of A and thus decide B in terms of direction. Soon enough, at the second next corner in the direction I choose, the same happens—this time a waved arm that I notice. Just consider the amount of coverage and the amount of calculation needed to play or mess with me at that scale.

“Both time-coincidence and chain-of-association” ...
and Super-technological:

I did not go into the bank yesterday, even though I had suddenly recognized a reason to. I almost did; I was within view of the bank’s outside security cameras and had the thought to go in as I glanced at one. But at the same moment, in the display of the store I was next to, a red light flashed. I took it that for some reason the bank did not want me entering right then.

“Both time-coincidence and chain-of-association” ...
and Super-natural:

Sometimes a natural event—bark of dog, rush of wind, transition of shadow, turn of flight in birds—has a metaphorical meaning to me, and influences a choice I am making, or a perspective I am considering, in the moment.

...

“Time-coincidence (especially with thoughts)” ...
and Super-social:

At X restaurant yesterday, one group seemed to get louder or quieter as if to comment on my moment-to-moment posture/gaze/thoughts. That was not unique; no place is quiet in that aspect for me. It has even happened when only my back can

be seen by others; then, especially, it seems my thoughts become the subject.

“Time-coincidence (especially with thoughts)” ...
and Super-technological:

I wonder if facial-muscle-tension-analysis is so good, or cameras so good at picking up sub-vocalization, that it is possible to infer or decode a person's thoughts with just a video camera seeing their face or neck. I have to wonder, since I seem to hear more “feedback” in response to thinking than probabilities would suggest. Sometimes I get tired of it and don't want to think at all, as if to say “no more”.

“Time-coincidence (especially with thoughts)” ...
and Super-natural:

Sometimes, in a loop, I have a thought, hear some sound in the environment in response, and interpret that in arriving at my next thought. The loop can get so tight and the timing so consistent, it becomes extremely absorbing, lasting ten or twenty minutes. I call that getting into some “Radio Drama” mode.

...

“Chain of association” ...
and Super-social:

People familiar with my meanings-to-me, or things I would particularly recognize, seem to appear in my environment at an unusually high rate. What are the odds? For example, what are the odds that a man wearing a red cap would be smoking a cigar and look right at me; my family always laughed at a photo of my father smoking from a large red pipe in a college play he was in.

“Chain of association” ...
and Super-technological:

How can I be watching the television—a baseball game broadcast—and the commentators seem to be making side-

remarks serving to comment on my situation or immediate demeanor. Imagine the communications network needed—not to mention some camera that can see me. How do they prompt the commentators? What skill the commentators must have in so fluently integrating prompts into their commentary.

“Chain of association” ...
and Super-natural:

It is not always so bad if I feel free from the social and the technology parts. I see so many references in the color of a car, the partial familiarity of face, something subtle and sly in a mannequin's posture;—when the reference is funny in the context of my day, or instructive in the context of my day, or a nice reminder, or a funny but appreciative comment on something I have not yet done (or just did) ... it can feel like grooving with the divine.

...

“Some pre-assigned association” ...
and Super-social:

Whoever watches has surely noted by now that when a door audibly closes or slams shut, I tend to pause. I do make the association with “stop” or “hesitate”. As a result, it is no longer a clean signal for me, no longer, say, providential. I assume that whoever watches me has made themselves active on that channel, so to speak. When I hear a car door shut, I assume it carries an intentional social message.

“Some pre-assigned association” ...
and Super-technological:

At this point, I interpret all experience as if there are cameras viewing me wherever I might be (even when “alone” in a room); thus anything I see or hear could be intentional and immediate messaging or feedback. As a result, there is no articulate word I can hear which I cannot look at for direct meaning as feedback. Of

course, if a word seems unusual for a given speaker, or suggests conscious substitution, that word I give particular attention.

“Some pre-assigned association” ...
and Super-natural:

I do not hear words out of nothing, but I have come to hear or notice some sign language. When I hear thunder, I always think of the word ‘consequences’. When I hear a crow, I always think of “a straight path to something”. ... I suppose I am taking these personally; I don’t assume the same meanings apply for others.

14.

Self-Entrainment Sam (2021)

§ Sam and his sounds: time coincidences

Sam liked to read about good intents and think specifically about goods and good intents. He thought thinking about such things was important.

One day Sam had the bright idea: “Sometimes I am so absorbed in work. What if every time I hear a bird chirping nearby, I let that be a reminder to think of something good. That can only increase how often I think of good things, right?”

Oh, what Sam was to find out.

Sure enough Sam started to notice occasional bird sounds more, and made a habit of thinking up a positive thought when he did. This became familiar and Sam felt good about it.

One day Sam noticed a bird chirp, thought of people doing good things with good intent, and suddenly thought: “I must have needed that right then!” Sam felt grateful.

Sam drifted into more often feeling gratitude after thinking a positive thought in response to hearing a bird chirp. He might have thought at some point in the process: “Feeling more gratitude can only be a good thing, right?”

Sam thought of other rules he could adopt as reminders to think of more specific types of goods. If he heard a siren, he could think of people in public service. If he heard a car horn honk, he could think of examples of people being alert and careful and giving caution.

Quickly enough his intentions here became habit became nature.

On a day when Sam was specifically pondering goodness and good things, different sounds he heard were almost contributing suggestions he could use. Sam followed a few of those hints and not only liked some new thoughts he had, he enjoyed that way of thinking.

Soon enough Sam had some inkling of being “in dialog with nature”.

Sam soon thought of the term “moral symphony” to describe such dialog, to describe a harmony between many specific thoughts and nature.

Fast-forward and Sam suspects his neighbors upstairs are watching him. Too many times, in the past and now, he had made some motion and immediately heard them moving furniture or closing drawers.

One bad night Sam was in bed afraid to even move. It seemed with his slightest motion his neighbors upstairs would move a chair or close a kitchen drawer in response.

Fast-forward again and Sam is in bed afraid to even think. In months prior, so many times he had scribbled some thought on a notecard while in his apartment, assuming a sound would appear in response. Now he is expecting sounds in immediate response if he so much as thinks.

Over time, Sam alternately cowers and acts in defiance.

What Sam can never settle upon or figure out is *at what level* everything is happening.

Nothing is consistent enough to become sure about. At one point Sam thinks: “If this is cosmic, it is a sign of very bad cosmic management.”

Sam does not see any way to decide whether the birds near his windows are directed by nature, or whether they are electronic birds serving as another way to deliver feedback he will notice.

Sam can never bring himself to wrap aluminum foil around his head as a test, although occasionally he has been tempted to.

Thus Sam qualifies, but has not baptized himself into the *literal* tinfoil-hat club.

§ Sam senses comments: associations

Sam liked words, and joining words to add associations, to add meanings.

Sam was quick with words; at times he could hear a rhythm in some sound and immediately think of words to match. Eventually this became a problem when, sometimes, he made up matching words which named something imprudent to do, and he did.

At one point Sam frequented a message board, a strange but very public one. He wrote to the email for some posts, but soon looked for a reply not by email, but on the board itself. Many posts were cryptic and it was hard to tell if one of those was in reply: one had to guess; one had to see where the personal association might be; one had to see which posts held marginal-but-plausible personal meaning.

One post on the board seemed to disclose method: in particular it mentioned “signal-to-noise ratio” and other relevant terms.

A fair warning might have been: “Here stands a method of induction into psychosis or paranoid delusion, into treating low-signal-to-noise associations as evidence.”

Eventually, Sam thought it certain. Operationally, it seemed, some passersby wanted him to *hear* them, making it clear to him that they knew things about him and wanted him to know this.

Sam also slowly recalibrated, from “how could they” to “surely they would”, in terms of “his powerful government” and “having people who mess with people if only to keep in practice”.

Still, even though seeing strange behavior (or hearing an odd word) and interpreting it personally became Sam’s ingrained habit, the majority could be logically very marginal and subject to interpretation. Recognizing a difference, Sam eventually came up with a specific category of “outlier events” which might *possibly* cross a threshold for someone else to say or admit: “That *is* a little strange” or “I would notice that and wonder about it myself”. Sam had only a handful of outlier events.

It was the incessant non-events — and constant interpretation — which were most enervating. Someone walks by with a demeanor and smoking a cigarette: *What movie is that from; and how is that a comment on me sitting here?* Multiply by five thousand. These fed into Sam’s models of the world, which kept shifting.

The little evidence as Sam had was in frequency and circumstances of forming associations.

Soon enough, no longer would some *person’s* action be needed to trigger Sam’s acts of forming association. As with sounds, soon for Sam occasions could come in any context and they did. In his kitchen, a moment of picking up a green pepper could suggest associating from ‘green’, in one or more near-instantaneous steps, to some angle on a thought in his mind.

At times Sam would adopt obscure signaling in reply to imagined commentary or criticism. In the privacy of his apartment, he would sometimes adopt some ridiculous pose or posture (meaningful to him in the imagined context), then listen in turn, as if in conversation with whoever might be watching with cameras.

Again, as with sounds, for Sam reminders could come from anywhere and they did. It wasn't conscious so much, just quickly things could come from anywhere, as if it had always been.

For Sam, short of disproof, it became natural to assume the maximum. On the evidence he had, he would have no way to argue against it.

§ Sam practices both: divination

Sometimes Sam would go with the flow.

To some, "go with the flow" means not planning their day, then seeing how their inclinations arise, allowing for unknown demands or invitations. For Sam, as for others, it was more.

For example, Sam while walking in the city sometimes approached a busy corner with the thought: "I don't know which way I will turn, but something will suggest a direction (a decision) to me." In such event something as small as the movement of someone's hand (while they were walking cross-wise just ahead) would spur a decision at the last second.

Sam confirmed for himself that such going with the flow can lead to unexpected discoveries and surprises, and reward for planning not to plan.

For Sam, such going with the flow also became a gateway to erratic behavior. For example, one time Sam saw a stop sign he had not noticed from that particular vantage before, and turned around away from his destination, changing his plans.

Deeper into the erratic, a few times Sam would be going with the flow and suddenly have a stark thought of danger to himself or someone else, immediately moving him to panic. Already within an action cycle, a fearful-but-fearless state led him to disregard of both his better interests and his usual prudent limits.

A few times Sam presented with "acute psychosis" leading to treatment coincidentally as long as the insurance would pay.

During Sam's first week as an outpatient after so-called first psychosis, he bought some fortune cookies at an Asian store within walking distance. The first cookie Sam opened said, "You will make a great contribution to medicine." His first thought was "okay". His second thought was to wonder who planted the cookie there.

15.

Frames/Gestalts and Different Worlds

Aspects of frame-shifting and world-building can, in my experience, be experienced within delusions/psychosis.

Here I touch upon two short topics within that scope, adding mention of one far scope.

§ “God” or good at frame-shifting

Common-knowledge regarding schizophrenia/psychosis tells us that sufferers sometimes claim to be a god.

It is inconceivable, yet also conceivable, that no one has ever asked the follow-up question: “Why do you think so?”

One coherent response could be: “I can shift frames to some extent at will. When I shift frames, it is as if the world has changed, and I see it as changed — with a new consistency and character.”

“Saying I was a god was poorly worded. Is it more properly the role of an Avatar or something, to change to a new character of the world through thought or will?”

A reader might react: “You are crazy to imagine this.” Well, I was “crazy” and I did imagine it. I could write coherently about it at the time.

My interpretation at the time was that some unfortunates might not be so insightful regarding their semi-conscious ability to intentionally frame-shift. Thus, “I am a god” could appear as an inference, based upon strong suspicion of a frame-shifting ability, plus some also-poorly-understood assumption that the world itself became changed.

§ Never-never-land

Fairly early in my experience with delusions/psychosis I was able to intentionally frame-shift. It took a certain kind of focus I later lost, but I could choose and change to one or another gestalt, frame, or nominal world-view. Some were probably more hopeful and magical; some prompted more fear or worry.

I don't know if I merely lost heart or motivation, or if I lost the ability, but at some later times the experience was more passive. It was closer to: "When I leave my apartment today, I wonder what my frame will be—what will the world look like, with massive confirming evidence." In terms of seeing massive confirming evidence, that was also a bit passive: As if I were actively being played with, with evidence sometimes nearly shoved in my face.

One result or quality I associate with that time: some unreality. My term to capture the quality was: Never-never-land. Each frame could have fidelity enough, but that they could shift so easily and did. It nearly tires me just to recall.

Exhausting and enervating.

Feeling passive and pushed about can be translated into feeling 'adrift'.

The watery term also applies, in that I regarded the little I tried to grab onto as mere cultural flotsam—one small notion or another which might make some sense of things, but provide no anchor.

This context can be taken to inform my view that even a small navigation aid or framework could be of immense use to someone stuck in delusions/psychosis. I do not spell it out in each case, but the alternative to having some "Cartesian aid" is, in my experience, a bleak one.

§ Historical long term

There can be an up-side to delusional capacity in the historical long term, because surely conditions will change.

If the evidence you see, what you understand, and what you do all agree, you can inhabit a different world.

Others have; other will.

High-materialist rationality apparently tends to be only one phase in civilization; human universals manage to reassert themselves.

INTERVENTIONS

16.

Scope(s)

§ Scopes of goals

Overwhelmingly important in terms of “scope”: the sheer scope of individual suffering overall, where paranoia, delusions, psychosis, and/or schizophrenia are involved. “Paranoid delusions” overlap with all of these.

As a lower bound on measurable costs, the world market for anti-psychotic medications alone is easily \$10 billion. Estimates of social costs can begin at \$100 billion in one country.

Despite the total magnitudes, reflecting population sizes, upon a different very partial view it might occasionally come down to delivering to *one* individual *one tiny wedge*. That would be one tiny wedge between that person and their compulsive perceptions and findings of supposed evidence.

One goal for this work is to help some *one* individual at a time find and use *some such wedge*.

If use of the word can be excused for a moment, “Madness”—as severe mental disturbance—is a nearly-definitive “ancient malady” and nearly-enough a human universal. To better understand and describe even one aspect or facet of it—in accessible and/or philosophical terms—is of value in itself and could constitute an advance.

Occasionally a work about madness (or some facet of madness) can reach the attention of a large audience. I am not expecting this, even though delusional paranoia *can* be seen as a facet of madness.

§ Scopes of systems

In general, *what is written* and *what can be read* about a disease or malady are important at the level of the disease itself.

A disease is not to be understood based only upon how (or with what) it is treated.

In the collective longer-term with any disease, always “at stake” are matters of perception, policy, and practice at public, professional, family, and patient levels.

When-and-if new ways are found to add new understanding and/or bridge epistemic gaps, longer-term changes can no-less be expected.

The long- or very-long-term can be necessary to but difficult to aim for.

Within large systems today, some practitioners can be identified as having interpret-and-dispense roles. Perhaps confined (for whatever reasons) to a fixed diagnosis, their role can still be to find what *works-for* and/or *observably-helps* a patient.

The word dispense does imply dispensing pharmaceuticals; it also implies dispensing advice, and/or dispensing practices-to-try or written-exercises-to-complete. At a level of dispensing worksheets-to-complete, it could overlap with facilitated-self-help.

At the level of worksheets — let alone that of conversation — some degree of unapproved publication (or *samizdat*) might exist and apply.

This work should be of use to individual counselors.

This work should be of use to individuals, whether touched by delusions/paranoia personally, through contact, or not at all.

To some extent I need to have faith in word-of-mouth and providence.

In terms of systematized word-of-mouth, estimably there might be 10-15 communities sharing some degree of interest in delusions/paranoia. Each of these might, mostly informally, support some list or set of 5-15 written works which everyone sharing that interest should be aware of and/or study.

This suggests another level which I hope to affect.

The pamphlets or short books would not all agree. The communities would not all agree. In this there might be resilience and embrace of the way of things.

17.

Delusions, Toy Model, Non-action (2023)

[Title and sectioning changed in 2024 to fit the current book. The original title was *Delusional Disorder by Compounding*.]

§ Delusions by compounding

One day I was arriving home, at perhaps 10pm, on the Chicago Green Line. One man and myself were at opposite ends of the train car. As I exited the door closest to him (in the direction of my station exit), he stood with his side toward me and said quite loudly into his cellphone: "He has written his own bible and all he wants is to be left alone." (At that time, I had been formatting and posting all of my writing as a single book.) This happened.

Based upon several monographs I have read, I believe that for seven years I experienced a delusional disorder of the paranoid variety. It came and later it went.

Delusional disorders are perhaps the most purely-epistemic of diagnosed mental illnesses.

My analysis, including breakdowns into categories of "etically-absurd evidence" and categories of "etically-absurd hypotheses", could be novel.

Suppose you invented a few kinds of "etically-absurd evidence" sharing the following characteristic: If you choose to notice (and soon become habituated and entrained to notice), you could find such evidence anywhere, anytime, at will.

Soon enough, not realizing exactly what you had done, you would be compelled to invent and puzzle about "etically-absurd

hypotheses” capable of explaining *finding evidence everywhere, at any time*.

I believe there are three usual categories of etically-absurd hypotheses, of attempts at explanation:

- Super-natural (meaningful, with design, with mystery)
- Super-technological (RF, secret video, “a loom with an arm miles long”)
- Super-social (conspiracies of surveillance and stalking)

Conceivably, after exploring a full range of hypotheses from different culturally-available angles, one might give up attempting to decide among or reject hypotheses, in turn accepting all three categories inseparably. Notably, in a “Truman Show” disorder, one expects both “cameras everywhere” (super-technological) and players-in-the-know everywhere (super-social). Also, reportedly, the typical Truman-show case involves salient expectation of some large monetary payoff or special celebration/elevation “at the end”; these could mark/disclose expectations for “divine resolution” (super-natural).

Suppose you and a compatriot decided to: a) travel somewhere without knowing the language there; also b) without researching the culture or history in advance. In addition, suppose: c) the two of you agreed that each time one of you asked a yes-or-no question—along the lines *could X be the meaning of what is happening now*—together you would flip a coin and statistically-half-the-time take yes as the answer. This would make for a wacky adventure, as follows:

Imagine how it would progress. After a few questions “answered” yes, now there is an expanded set of premises. From there, given the next few questions randomly “answered” yes, there will be a further-expanded set of premises. Each larger set of premises will likely be a bit more wild. In more than one way this becomes a

self-amplifying procedure. First, the set of premises (and resulting interpretations) grow more wild. Second, a growing lack of introspection: the wackier the resulting adventure, the greater the distraction from questioning the original procedure of taking flips-of-a-coin seriously.

At some point, amplification may result in recognition by others of a “break from reality”. One’s now-wacky body of premises will inform one’s *attempts to communicate* to a degree where non-overlap with the premises of “baseline reality” becomes evident.

Getting to the topic of etically-absurd evidence, delusions may also be fed by *too much contact with reality*—this when misinterpretation of *actual* events is involved. If someone recognizes, in frequent ordinary events, *some evidence*, then there might be no limit to what that person might prove to themselves or convince themselves of.

I believe four kinds of etically-absurd evidence are most relevant. Note that all four are compatible with the requirement: *such evidence can be found anywhere anytime at will*.

- Time coincidences with thoughts
- Connection-by-quick-mental-association
- The previous two combined, as in divination
- Pre-defined associations triggered in proximity [added to this list in 2024]

Partly as an illustration, in one form of divination one can pose or consecrate a question, have some implicit time-window in mind for recognizing a response, and in turn recognize a response as a “sign” or *answer* by applying power-of-association (aka interpretation).

Time-coincidences with thoughts represent a very powerful trap. To illustrate the potential power of the trap, we can estimate an

expected rate of time-coincidences. An expected rate can follow from combining a base rate with a rejection ratio. To begin, as even in the quietest room there is sound within your body, take a base rate for short or immediate “audible events” to be about one per six seconds. Now for the rejection vs. coincidence ratio: If, on average, a one-second recognizable thought occurs every ten seconds, then about 10% of “audible events” will overlap with a “recognizable thought”. It follows: Starting with one raw audible event on average per six seconds, 10% acceptance gives us one time-coincidence-with-a-thought, on average every sixty seconds. That is, we can expect a rate of one “positive meaningful event” (aka “false-positive meaningless event”) per minute.

As an illustration, place a rate of one coin-flip per minute into the previous scenario; the rate of random yes responses would be about one every two minutes. At one new premise-question answered yes (compounding) every two minutes or so, one would self-amplify very quickly; one would expand-absurd-premises very quickly; one would spiral-out very quickly.

As another factor, connection-by-quick-mental-association can be *extremely* quick and sometimes automatic. (Just as persons can *speak* quickly in terms of allusions, persons can see quickly in terms of allusions.) “Perceived synchronicities” (bridged by quick association) provide another domain where false-positive evidence can be found or invented at a rapid rate.

As a last illustration, we can name *go-with-the-flow-divination while walking*. In walking go-with-the-flow-divination, a person moves in an environment expecting to see just-in-time signs they can take to answer: *which way next*. As a result there is: a) a short time-window just before a *which way next* decision; and b) through association or such, some assignment of a *meaningful sign* within this short time-window. Once again, we can associate divination with combining both a time-window (for accepting time-coincidences) and a source/expectation of events/signs through association.

§ A toy model

I mentioned above: “It came and later it went.”

For the last twelve months or so of the seven years I experienced delusional disorder, I had intentionally (at least to start) practiced interpreting automobile license plates as acronyms, according to playfully absurd premises.

On occasion this led to equally absurd behavior.

However, perhaps interpreting license plates as acronyms — while knowing I had once chosen to — gave me a smaller “toy model” to reject in getting scared straight and rejecting the larger delusions.

§ Benefits of non-action

If one feels panic, there is considerable value in remembering a third option — specifically to freeze. The options are not merely “fight-or-flight”; the third option is “freeze”.

One reason not to act: your action may come at great cost.

Another reason not to act: even at lesser cost you will create more behavior in your past to live down.

A third reason not to act: Action reinforces recognition; action-following-recognition *promotes* recognition. As with the phrase “We learn by doing”, perceived evidence, perceived explanation, and action (affecting perceivable cause) mutually reinforce. Indeed, given suspicion and/or delusion, action can help close a vicious circle, merging suspicion with constant recognition of threats.

A fourth reason to practice non-action: When we refrain from acting and see no bad consequences, this can help quiet anxieties-to-act and/or priorities-to-act. Proven non-disasters help attenuate and extinguish fear of disaster.

A fifth reason: To act on a premise, even to test it or reject it or defy it, is still a way of saying “yes” to it. Arguably better to stay occupied and distracted.

A sixth reason: Action invites response.

18.

An Epiphany and Experience Sampling

§ Lead-up

Consider the final paragraph in the final chapter of the consistently even-handed monograph *Delusions: Understanding the Un-understandable* by Peter McKenna. That concluding paragraph being:

This is the argument recently made ... in a theoretical exploration of the possibility that delusions are a linguistic phenomenon. While what the authors propose might be considered to be at the outer limits of reasonable speculation, such an argument does have one undeniable advantage — invoking language brings with it the possibility of senses of meaning beyond simply that of stimuli having significance for behavior. One well-known form of meaning that exists at the linguistic level is semantics, the meaning of words. This does not seem particularly relevant to delusions ... when deluded patients say they are Jesus, or that the Mafia are persecuting them, they are using words in the same way as everyone else and we know exactly what they mean. However, there is also another type of linguistic meaning, which is well recognized, particularly in philosophy, that of propositional meaning. This is the kind of meaning that arises from grammatical structuring of lexical-semantic information when the level of complexity of full sentences is reached. Furthermore, it is generally accepted in philosophical circles that it is this form of meaning which gives statements their quality of being true or false. With this, a point might finally have been reached where Jaspers' (1959) proposal that all kinds of delusions, not just referential delusions, represent a change in meaning might not seem so strange after all.

___ Peter McKenna ___

I read McKenna's last chapter as a nearly-intentional setup for a missing next chapter. It could be a setup for the next turn the literature on delusional disorders should, I believe, explore: *an epistemic turn*.

That is, the last chapter and last paragraph allow for the possibility that something about delusions has been a *philosophical* problem all along: a problem addressable via terms including "evidence", "hypotheses", "strength of suspicion", "degree of confidence", and so on. In short, addressable via ordinary language epistemology.

While not an original motivation, Cognitive Behavioral Therapy (CBT) can be said to have embraced ordinary language epistemology decades ago.

Relatedly, very early in my psychosis/delusional-disorder I found in CBT literature an emphasis on vicious circles. Almost immediately I then took what I knew of a virtuous circle—specifically one combining reliable evidence, good hypotheses, and resulting compatible perceptions—and derived the "obvious" parallel in a vicious circle version, naming "a vicious circle between strange evidence, strange hypotheses, and dubious perception" as likely a key problem.

[Note: now I will return to the compromise terminology, installed via global search and replace.]

It was not until well after the end of my seven-year experience—with either delusional disorder or some psychosis-without-hallucinations—that I started to see a role for naming sub-structure, for naming categories, within each of "etically-absurd hypotheses" and "etically-absurd evidence". In fact, it might have been a full twelve years after my first diagnosis, and five years into remission, before I did so. I had persisted.

(Had I known earlier of *delusional disorder, paranoid variety* as an available diagnosis, I might have been spared years of repeated

grappling and introspection involving this question: Is/was my experience one of a *purely-epistemic* variety of psychosis—and what seemed special and/or discoverable about its nature? ... Fortunately my “loss” in that regard could be an overall gain.)

Once I did take the step of naming categories within each, I soon had a powerful personal experience, leading to a unified view:

§ The epiphany

When I believed I was experiencing psychosis and I was attempting to write about it, one of the most profound aspects seemed to be a sense of being, so to speak, *adrift and without hold or purchase*. I felt I had no directions or references to orient to, let alone navigate by. I could grab for some temporary notion of what was happening, but in terms of stability it would be no more than a piece of culture-supplied flotsam.

Years later, after I was back to normal consciousness, one day I imagined a particular prompt and the result was amazing. The prompt was: *What category of etically-absurd evidence was at work, and what category of etically-absurd hypothesis?* The result? I was able to recall and consider thirty or forty incidents/memories I had not previously examined, and see one after another as, in effect, now satisfyingly some combination of understandable, placeable, graspable, and/or processable. In effect, I could declare them satisfyingly *done*.

Recognizing the two above extremes soon suggested to me that *naming categories of etically-absurd evidence* combined with *naming categories of etically-absurd hypotheses* could serve to make the conventionally unnavigable experience of delusions/psychosis now navigable—nearly Cartesian in more than one sense. I imagined (and still imagine) that one practical approach could be for current sufferers to practice “experience sampling” based upon the above prompt. I imagined (and still imagine) that frequently naming distinct categories could help reify them (in an internalized, sturdy, at-hand sense), rendering them of Cartesian aid.

(Of course, despite my emphasis in this chapter on random-time-prompted experience sampling as a technique, a given person can simply choose to more-or-less frequently ask themselves the same “prompt question”. This should be no less effective in recognizing and reifying categories.)

§ For a home for experience sampling

In terms of looking for a home for “experience sampling” as an aspect of treatment, I have some natural loyalty towards CBT — specifically CBTp, Cognitive Behavioral Therapy for Psychosis.

However, ten or so years ago, my impression was that CBTp was still in too much of a cut-and-paste phase. That is, one seminar advised focus on evidence versus belief, sure enough, but featured no signs of CBTp having pushed visibly deeper into understanding particular aspects of the problematic “evidence”, and particular aspects of the problematic “beliefs”, and any particular restrictions on the *relationship* between these. (My understanding is that CBTp has since evolved — successfully in terms of moderately good outcomes — to provide support for more diverse patient needs than moment-of-belief real-time epistemic insight; I am pleased to learn of this.)

Returning to “experience sampling” per se, one prerequisite it would seem to require — in addition to my presumed prompt question — is *comfort with and willingness to witness*. As I understand it, this is more-or-less the ‘acceptance’ in the modality of ACT — Acceptance and Commitment Therapy.

Per my limited understanding, compatibility with ACT principles can be found in two sentences I now imagine. First: “Be responsive not reactive to better achieve valued ends.” Second and better: “Choose non-action toward distraction and retain focus on moment-to-moment values-directed behavior [one is committed to].”

If a practice of model-informed “experience sampling” (with timed-prompts and a question which assumes model language) proves often helpful — often of value overall — then I can see it as a target

of moment-to-moment values-directed behavior a person could commit to. Thus, at my level of understanding, ACT could provide a sort of natural home.

The possibility of non-action toward distraction(s) could go with non-reactivity toward emotions, in a way naturally supporting a goal of developing/maintaining [cognitive] insight.

Sorry CBT, here it looks like ACT principles are good match to my values, my inclinations, and what I have written elsewhere while uninformed regarding ACT.

References to “model-informed experience sampling”—conceivably “educated experience sampling”—assume that an understanding can be nurtured regarding *categories of etically-absurd evidence* and *categories of etically-absurd hypotheses*.

Toward preliminary understanding, one method could be to perform the exercise of “filling in the grid”—the same exercise as was done in the chapter *Delivering on Characteristic Reports*. In worksheet terms, a single worksheet might list the two sets of categories. Then, a particular combination to creatively “report on” might be prescribed, with space for only that one-cell-related response.

A different related worksheet: Match the four or five given reports to particular cells in the grid; i.e., identify the category of etically-absurd evidence and category of etically-absurd hypothesis apparently at work.

Practically speaking, the most introspective answers need not yield “pure” reports, in terms of only one category of etically-absurd evidence and only one category of etically-absurd hypothesis appearing active.

Discerning which categories seem *most* in effect should be no less productive in reinforcing and reifying categories. Adding such discernment is still *doing* something with categories in an instructive (and internalizing) way.

19.

False Positives One or More Per Minute

Calculating rates of coincidences, and rates of successful chains-of-association, pertains to the “anytime” aspects of finding etically-absurd evidence. Thus, a chapter such as this could be included in the *modeling* sequence of chapters.

Calculating and recalculating rates can also pertain to *maintaining an actively skeptical view* (or at least a skeptical “small voice”). Thus this chapter placed here, within discussion of interventions.

This chapter was originally titled *Calculating Rates and Odds*. A cursory analysis, as follows, suggests one blanket estimate worth publicizing.

In chapter 16, I estimated a rate of one per minute for “false-positive meaningless event” time-coincidences between audible events and momentary thoughts. That followed from a one-each-six-seconds estimated audible event rate, plus 90% rejection due to non-overlap or non-coincidence with a thought.

A momentary rate could easily be greater than one per minute. For example, a higher density of “thoughts” would lead to less than 90% rejection. Likewise, sensitivity to ever-more-subtle audio (and other) events would lead to a higher base frequency.

(In my experience, some workplaces and/or offices were “noisier” than others in triggering ideas-of-reference. In general, if someone is too open to time-coincidences, it can be a noisy world.)

Creating a chain of associations is a minor creative act. Is there any sort of natural rate for minor creative acts?

If I were assigned a project to complete in a partially-familiar but unpracticed domain, my first step might be to outline the expected work required. If I came up with a ten-line outline in ten minutes, or a fifteen-line outline in fifteen minutes, either sounds reasonable.

Or, assuming a suitable mood, how often might I have a thought which amuses me, indicating some surprise at a comparison? If it were every ten seconds, that sounds manic. Over some limited interval, once per minute sounds not manic, but pleasantly self-amused.

Again, “one or more per minute” sounds like a good estimate of rate or frequency—in this case for minor creative acts, and inclusive of a range from pleasant to manic.

A given person, asked for a zero-thought estimate of a rate of false-positives, might underestimate by a factor of 1000 or 10000. If our calculations or announced estimates are within a factor of two or three of “reasonable”, that level of imprecision is minor compared to those predictable huge errors.

Taking the above two estimates into account, it seems reasonable to emphasize and publicize one result-in-common or one phrase-in-common.

As the current title of this chapter suggests, “false positives one or more per minute” can be that phrase.

Even if there are true positives to be found, accurately discerning their rate against a high background of false-positives can be a quite difficult problem.

Some difficult would-be physics experiments would be doomed from the start.

A given person’s path to delusional paranoia might be open, but it

too might be doomed from the start.

20.

Some Complementary Practices

In terms of my overall experiences with mental illness in the past, there are several complementary practices I wish I would have adopted.

§ Promote mitochondrial health

I have not considered diet during the worst of my previous experiences involving mental illnesses.

Meanwhile, I see one inviting angle for an organic component to have been present, in terms of my past experience with delusions. Namely, in self-examination I would often return to the phrase “credulity on steroids”. (Today, I imagine the added phrase: “as if with an aphasia for skepticism”.) Plausibly, as I see it, I experienced a *credulity disorder*, not so much a *salience disorder*.

In terms of committing or re-committing to better mitochondrial health, there are two books I would re-read as motivation.

The two books are from the same publisher, and written and edited to the same high quality or standard. The first would be *Brain Energy* by Christopher Palmer; the second would be *Why We Get Sick* by Benjamin Bikman. (Actually I might read the first half of Bikman, all of Palmer, then the second half of Bikman.) ... Palmer’s broad thesis is that the symptoms of, the treatments for, and the factors causing mental illnesses *so overlap*, there might as well be a single underlying illness. The books together point toward improved *mitochondrial health* as a step in remedy.

Palmer emphasizes a need for planned, comprehensive treatment. He lists as among factors that affect metabolic health and mitochondria: “diet, exercise, stress, light, sleep, hormones, inflammation, relationships, love, and meaning and purpose in life, to name just a few”.

§ Daily scalable exercise

Optimally, I might commit or re-commit to a practice of daily exercise.

Currently, I have a list of about twenty motions. The resulting conditioning and abilities aside, my result from such daily practice has been experience-of and access-to a kind of grounding for which I see no mental-practice or meditation-practice substitute.

The approach to “exercise design” which has worked for me is to emphasize: 1) *avoid injury*; 2) equally, select motions for *scalability*.

By ‘scalability’ I mean that the motions should: a) allow for different numbers of repetitions; b) allow for different range-of-motion, if applicable; c) allow for different degrees of effort, from slight to extra; d) allow for less or greater use of one or more stabilizing physical supports (wall, countertop, back of chair, cabinet, bench, or table); and e) be compatible with my current degree of strength or conditioning, whatever that level.

§ Study works on the illness

Having experienced paranoia and fears, I might have consulted, over-and-over, sooner rather than later, the following book-length treatments:

- The CBT-informed and exceptionally well-structured *Overcoming Paranoid and Suspicious Thoughts* by Freeman, Freeman, and Garety.
- The compassionate and clinically-and-observationally thorough *Understanding Paranoia* by Martin Kantor.
- The consistently even-handed monograph *Delusions: Understanding the Un-understandable* by Peter McKenna.

Among shorter works, I would hope me-in-principle could consult this very book.

The following is one comment by Kantor relevant in this overall context:

Paranoid individuals can likely benefit from learning all they can about paranoia. I believe that they can benefit the same way patients with an obsessive-compulsive disorder benefitted from all the attention paid in recent years to that disorder. Obsessive-compulsive disorder is a not uncommon condition, but until recently many suffered in silence, thinking that they were becoming insane, going to great efforts to conceal their shame because they did not know that many people shared their anxieties, fears, and preoccupations. My hope is that a generation of newly emboldened, better informed paranoid individuals will now come forward, ask questions, seek professional care, and help each other in support groups.

__ Martin Kantor __

§ Commitment-based therapy

I newly consider ACT (Acceptance and Commitment Therapy) in a previous chapter.

Along with non-action (as I wrote about in 2023), intuitively I had imagined an intellectual commitment could be helpful as well. That part might be to commit in habit and intention and *attention* to a program of *demanding study*.

In general we might ask, rhetorically in part:

Strictly speaking, if a person has no strong purposes, can unwanted thoughts be called a *distraction* [from purposeful action] to be overcome? Following distractions could *become one's purpose*, with consequences to follow.

Thus, being non-reactive toward distractions, and better following purpose, might be two sides of a coin.

§ Self-questioning

The mental illness of depression might already be aggravated by debilitating introspection and self-questioning. In other cases, some added introspection and self-questioning could be of positive benefit—perhaps in particular when clear and/or actionable answers result.

In the general case, there might always be useful/plausible questions regarding displaced anxieties and displaced this-or-that.

In the case of delusions, it might also count as self-questioning to ask the special prompt question: “What category of etically-absurd evidence is at work, and what category of etically-absurd hypothesis?”

Finally, in *self*-questioning there can be questions to ask which are too delicate or too accusatory or taboo for anyone else to ask. In the case of delusions it could be fair to ask oneself: *“What am I getting out of this? What am I getting out of this obsession, this odd world, this unending distraction?”* Some real answers could reference drama, enchantment, irresponsibility, and/or license.

