The shared ideation of the paranoic delusion. Implications of empathy, theory of mind and language

L'ideazione condivisa nel delirio paranoico. Implicazioni dell'empatia, della teoria della mente e del linguaggio

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Summary

In many ways, schizophrenia and paranoia are the extremes of the experience of madness. The first develops (often abruptly) at a relatively young age: the subject suffers delirious confusion, bizarre dissociative and cognitive impairment as a result of the disease. However, thanks to new neuroleptic drugs, the illness is less debilitating than in the past. Typical of schizophrenic psychosis is the autistic closure with which the subject attempts to cope with the feeling of losing his personal characteristics, the feeling of the splitting of his ego or the hallucinatory experiences that reinforce his distress experienced in relation to the 'outside world', of others and to what is different. Schizophrenics, thus, tend to live their delusional reality, entrenching themselves in defense of what remains of the central conceptual core of themselves.
Paranoia, on the other hand, begins to manifest itself (after a long period of 'incubation') in middle age. It is expressed with morbid yet lucid ideation that borders on the plausible, and resisting all forms of treatment, almost always ending up with the patient in the darkness of a cell. In contrast to schizophrenic psychosis, in paranoiac psychosis, the patient experiences the ominous presence of a persecutor and sees no other way to protect himself other than by attacking with all means available (verbally, physically, etc.). In short, in schizophrenia there seems to be a necessary opposition to otherness, in paranoia, instead, there is the need or search for the presence of the other.
We can therefore say, that behind the usual psychiatric definition of psychosis, there are very different ontological and psychopathological developments. In addition to the delusional continuum *that characterizes psychopathological states, forms of madness assume different and specific emotional, cognitive and social aspects.*
Herein, we will outline the ontological distance between psychopathology and the existential modalities of madness, and that of schizophrenia and paranoia, while portraying two aspects of one single delusion that seem distant enough such that the Kraepelinian distinction between dementia praecox *and* madness *is still relevant. This gap can be investigated on the grounds of personal drive to live emotional experiences, on the recognition of the object (internal) or subject (external) of morbid ideation, or by analyzing the communicative and relational needs of the delusional patient. In other words, can the tendency to experience feelings of empathy, the need to consider others and their beliefs in the sense of obtaining a* theory of mind *(ToM) or get to the point of* understanding *and* sharing *the content of a morbid idea with another delirious subject constitute a phenomenological complex that can be used to establish the difference between the various forms of psychosis? Above all, is the role that language plays in these processes a key question?*

Key words
Empathy • Theory of mind • Shared paranoiac delusion • Language

Schizophrenic and/or paranoiac psychosis

The experiences of madness are characterized by delusion and their different ontological modes. At the end of the 19th century, Emil Kraepelin described the course, outcome of disease and types of morbid ideation that distinguished paranoia (by virtue of its lucid and coherent psychopathological development) from *dementia praecox* (in which the pattern observed gradually led to cognitive deterioration) [1]. Later, Eugen Bleuler grouped these same mental disorders under the term schizophrenia [2]. Clinical psychiatry still tends to favour the Bleulerian approach, considering schizophrenia and paranoia along a psychosis *continuum* that, on one extreme, goes from a disorganized state (confusion, dissociation, alienation) to that of a lucid one, and on the other extreme from the bizarre delirious forms of paranoid schizophrenia to the delirious lucid forms of delusional disorders [3] (p. 151) [4]. From a philosophical phenomenological perspective, the two psychopathological extremes, however, seem very far apart, to the point that the Kraepelinian distinction between deterioration and madness – or includes the implications of *body* and *mind* (outside of any misunderstanding with dualism) – however, seems more convincing.
The forms of delusion (lucid or bizarre), *positive formal thought disorder* and the presence of hallucinations, mark the distance between paranoia (delusional disorder ac-

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cording to the current nosography and criteria of the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition [DSM-IV]) and schizophrenia. It is thus around the psychopathological function of delusion, in its various expressions, that the heuristic problem of scientific investigation and philosophical reflection on mental disorders, seem to thicken.

The basic problem, in short, concerns the universe of the meaning of mental illness that passes through the existential forms of delirious: in essence, these relate to aspects of perception, intuition, representation, and psychopathological experience. As is known, in delusion the elements of perception are functional to morbid interpretation. According to Kurt Schneider, "delirious perception" (based on sections of dissociative schizophrenia disorders) consists in giving an abnormal meaning to a correct perception; on the other hand, "delirious intuition" is distinguished only by its uncompromising conviction and fallaciousness (p. 522) [5]. From a philosophical perspective, Michel Foucault also distinguished "disorganized states of mind" (oneiric states, disorientation, disturbance of space-time) or autistic states resulting in dementia, from "passionate exaltation" that lead to the exaggeration of certain personality traits: susceptibility, suspiciousness, mistrust, aggression, feelings of grandeur, etc. (pp. 31-2) [6]. In fact, bizarre delusions, which are not systematized, are incomprehensible in that they impose feelings of alienation, division and the disintegration of the self, and are centered on so-called "self-identity". While morbid lucid ideation, which is 'consistent', structured, and that fluctuates between the poles of persecution and grandeur, tends to restore the idea of a congruent self, outlineing delusions on the "relations object" (p. 74) [7]. The unstructured delirious forms typical of schizophrenia are often inseparable from positive formal thought disorder (dissociative elements expressed in a linguistic loquaciousness, which is incoherent, illogical, tangential, misleading, distractible, etc.) and by the interference of hallucinatory experiences that are mainly of an auditory nature, but which can also be visual, olfactory, somatosensorial or gustative [2 8]. The delirious structured forms occur only in a lucid content, are coherent with the morbid belief and are supported with absolute certainty beyond any reasonable doubt.

Psychopathological states of confusion, disorganized and bizarre, seem to reveal the biological nature of schizophrenic disorders. There are now an increasing number of studies in cognitive neuroscience that confirms the hypothesis that certain neural circuits (together with neurotransmitters and synaptic receptors) are related to dissociative states and to delirious bizarre and hallucinatory experiences. However, the specific systems involved remain unclear (the role of frontal, temporal and anterior cingulate cortices and their connecting structures have been investigated) as do the pathogenetic mechanisms involved. Some research has focused on the role of somatosensory activation, prediction processes and motor control of action, and in this direction the role of auditory perception (hallucinatory) in relation to linguistic production [9].

Among the schizophrenic and/or paranoiac psychoses (we prefer to use this term in its Kraepelinian classical sense, instead of the more current delusional disorder), the forms of delusion, therefore, refer to the ontological mode of mental disorders. In this context, they refer to personal meaning, to the value objective and intersubjective reality in these patients, and that in other words, leads back to past experiences as well as to delirious experience, in which the morbid idea 'speaks' in person. In any case, forms of deliriousness also seem to indicate the degree to which morphological structure seems to be prisoner, *stricto sènsu*, of the pathology.

Sharing the structured delusion

As is known, the clinical cases of *folie à deux* or *folie communiquée* systematized and described in the late 19th century by Charles Ernest Lasègue and Jules Falret, are now classic readings of psychiatric literature. These manifestations of shared psychotic disorder [3] have some consistent and recurring elements: forms of delirious participation are mainly of a persecutory nature, usually affecting the family or parental sphere; delirious ideation develops most often between pairs of women (mother-daughter, sisters, etc.) linked by an unhealthy symbiotic relationship and in conditions of social isolation. However, the most interesting aspect is that, in a kind of delirious induction, only one of the two presents the morbid ideation while the other, being influenced, follows [10]. In other words, in cases of insanity in two or more individuals, there is a delirious main character or subject (also called incubus) from which the delusion originates and is maintained, and one or more secondary subjects (strongly influenceable or succubus) that adhere to the primary delirious formation. The manifestations of *folie à deux*, or shared psychotic deliriousness, are thus characterized by the asymmetrical relationship of conditioning operated by the main or dominant delirious subject on the secondary or submissive delirious one. In these circumstances, the delusion expressed appears to involve subjects in different ways. In fact, only one is the inductor, the one who conceives the idea and defends it, and that ends up influencing the other (the succubus) with her belief [11 12]. Depending on the different ways in which the main delirious subject exerts his/her influence on the secondary delirious subject, different forms of shared delusion also called *psychosis association* [4] have been indicated. In these forms of shared psychosis, however, it

is to be noted how an asymmetry of the roles for which the process of sharing the morbid theme exists, which is based on the *author-creator* (the main delirious subject) that 'dictates' his/her belief to the *actor-interpreter* or secondary delirious subject. A similar process may unite and sustain a larger group of people, as in the case of certain cults or sects for example, such as those of a messianic, or esoteric nature, etc.

In the forms of shared psychotic disorder, the delirious subject is always only one since the secondary delirious subject usually endorses the first's morbid ideas. The cases of *folie à deux*, in fact, rarely turn into forms of *folie simultanée*, or into manifestations of shared deliriousness. However, does the same happen in the case of lucid delirious experiences? In these circumstances, can you imagine to understand and share the ideas of another delirious person? The purpose of one of our investigations [13] conducted within the walls of a judicial psychiatric hospital was to verify the possibility of sharing a structured delusion of jealousy by persons who have lived this experience individually and at different moments. In other words, we sought to establish to what extent delirious lucid subjects were willing to go to share with other patients their interpretations, beliefs and morbid experiences, and in particular, the possibilities and the degree of acceptability and participation of the jealous ideation. In addition, we investigated the social and cultural representations of the emotion of jealousy in a control group of university students, and the distance that obviously separates the interpretations of reality of these subjects from those of paranoiac inmates [14].

The research was divided into two separate phases, which required specific methods and contexts of data collection and analyses of results. In the first, 8 paranoiac murderers were considered, which were examples of frightening clinical cases in which the delusion of jealousy manifested itself in obvious reference to the core of persecution. These subjects were lucid and had a mean age of 52 years, and had been admitted to a psychiatric and forensic hospital with a diagnosis of delusional disorder. The second phase focused on a group of about 90 university students (varied by gender, age and family circumstances). The general method used in both phases of the study was direct systematic observation and of a participant nature to the reactions and relations evoked by the use of the symbolic material prepared for the occasion: the viewing of the movie *L'inferno* by Claude Chabrol whose plot reconstructs the story of an obsessive delusion of jealousy. The methodology used was therefore, essentially descriptive in the manner typical of basic research. It was implemented using general quantification instruments such as *structured debate* (used with paranoiac patients through a *cineforum* and a series of psychiatric interviews done at intervals of one year) and a *closed multiple-choice questionnaire* (administered to university students): these clearly were done without informing the two groups of subjects of the purpose of the study (blinded trial). The statements of paranoiac jealousy were evaluated through the usual techniques of clinical psychiatric evaluation (this part of the study was conducted by Dr. Nunziante Rosania, psychiatrist, psychotherapist and director of psychiatric and forensic hospital of Barcellona Pozzo di Gotto [Italy]). The answers to the questionnaire proposed to the control group were measured with *Statistical Package for Social Science* (SPSS) software for statistical analysis. The debate and questionnaire – with their specific methods of administration and analysis – were adapted to the different characteristics of the two groups of subjects and to the contexts under consideration, and dealt with both the characters and the story of jealousy represented (pp. 116-22) [13 14].

The majority of paranoiac jealous subjects (6 of 8) came to *understand*, *participate* in the delirious experience and *share* the judgment on the alleged betrayal (observed during the experimental cinematic representation), so as to justify the ideation of morbid jealousy and aggressive behaviour of the protagonist of the film they had seen. The other two inmates, while willing to recognize the jealous subject (delirious) as being the male lead, maintained a severe judgment on the (according to them questionable) morals of the female protagonist [13]. Obviously, students in the control group, who had also previously reported experiencing intense feelings of jealousy and even being able to justify aggressive conduct, after having watched the film, operated a different *interpretation of reality*, judging the idea and feelings of betrayal of the male protagonist as obviously insane, and the female protagonist's behaviour as absolutely innocent [14].

From a reading of reality and judgments of truth expressed by paranoiac individuals during our investigation, there appears to be another level, compared to the known cases of shared psychotic delusion, that consists in the act of *understanding*, of *sharing* and *adhesion* to another's delirious belief. We observed, in fact, a complex psychological and psychopathological process that involved delirious jealous subjects at different levels: emotional, cognitive-linguistic and relational. The paranoiac inmates automatically implemented a mechanism of assimilation and identification with the delirious lucid fictional story represented. While they could not help but connect the represented story with their own experiences of morbid jealousy and personal psychopathological history, they also demonstrated to understand and share the (delirious) reasons of another delirious subject. Compared to the cases of *folie à deux*, in which conditions may create a situation of 'contagion' or of psychotic influencing, what we observed occurred in a context of convinced and chosen solidarity and participation, and therefore in

a condition of obvious *symmetry* in the *re-definition* of the lucid delirious ideation and of the judgments of reality and truth.

Empathy, theory of mind and (linguistic) recognition of others

In the moment in which lucid delirious subjects share the reading of reality and judgments of truth, the recognition of experiences and the identification with other (delirious) subjects seem to base themselves on a set of emotional, cognitive and volitional processes that allow the assimilation of personally-lived experiences with those of another. This phenomenon of understanding and sharing a delirious idea involves the recognition of both the experience (the story of marital deception and betrayal) as well as another person (the jealous-perpetrator). Even in these cases, empathy is the emotional, cognitive and relational impulse necessary to define a common and shared space where paranoiac subjects show they understand another's experience and that they recognize their own experience in other delirious subjects. Along with Nunziante Rosania, we began this study over 10 years ago, in 2001. The basic hypothesis, precisely the possibility of sharing the delusion lucid with *different characteristics* compared to cases of *folie à deux*, does not seem supported by the literature: apart from studies such as those cited [12], in fact, there are still no reports of similar studies. It is a hypothesis that we have tried to verify experimentally on several occasions, with the hope that someone finds this idea worthy of investigation in order to refute what seems to have been observed. Thus, empathy appears to be the psychological basis from which the understanding of the meaning of the morbid belief originates, and seems to be in fact a condition in which a sentiment held in common on the perceptive and mental representation level is expressed. Said differently, on the level of inference operations of more complex cognitive states.

Empathy moves out of the disposition to identify with someone to the point of sharing his desires, feelings, intentions and beliefs: it is an experience that touches subjective and inter-subjective experiences, and that involves the body, emotions, feelings, states of mind and will. According to Edith Stein, the phenomenon of approaching and intimately participating in what another has lived begins with the act of *realizing*, with the (subjective) *discovery* of another being and with the recognition of his experience [15]. Between empathy and actual experience, however, a gap remains: identification and empathic participation are not coinciding cognitive and emotional states, but ways to "feel inside" and/or "feel with" in the context of a plurality of experience [16]. Through a relationship of reciprocity, empathy then allows you to recognize yourself, and to recognize others, but above all to recognize an experience other than your own [17].

However, it also entails the ability to make inferences, attribute beliefs and make predictions: i.e. involves the ability to recognize the intentions and mental states of others. Indeed, beyond emotions, empathy also involves cognitive and reflective competencies, enabling the same understanding and recognition of the experience of another as well as understanding another person as being a subject. It therefore requires 'insight' to represent concrete desires, intentions, personal and interpersonal expectations, even before entering into a relationship. In other words, empathy can determine recognition of the other, of his mental state and his experience, integrating the cognitive functions *theory of mind* (ToM) [18].

The inability to attribute mental states to others is well known not only in children with autism, but in several neurological syndromes as well, and is caused by lesions in cortical neural circuits of the frontal lobes and subcortical connections with the limbic system. Some studies of schizophrenic psychoses appear to show that, in addition to not-affective manifestation, self-referencing streams of thought and autistic relational closure, these patients also seem to manifest poor pragmatic and theory of mind performance [19 20]. Other neuropsychological and psychiatric studies have documented the difficulty of these subjects in theory of mind: particularly during acute confusional or delirious and hallucinatory production, schizophrenics have considerable difficulty in understanding, interpreting or entering into correspondence with shared reality because of their problems to infer the mental states or intentions others [21]. In schizophrenia, the inadequacy of theory of mind, and more generally social cognition, seem to have the relational disorders typical of the disease as repercussions [22 23]. In particular, schizophrenics, unlike autistic children in which problems in theory of mind have a developmental character, lose this ability after having previously acquired it. In fact, it appears that the major psychotic symptoms and the disposition to theory of mind depend on the inability caused by schizophrenic dissociation in the *metarepresentation* of self, others and the world [24 25].

The paranoiac subjects examined did not seem to have the same difficulties of schizophrenics in theory of mind. Indeed, we can say that they desperately try to create contact with others, they aim to persuade, arguing to the breaking of the 'truth' of which they are convinced and fervent supporters: the lucid delirious strife to make their beliefs known and in this way be 're-known'. Compared to schizophrenics, they try to enter into relations (also empathetic) with others, obviously with the usual suspicion that distinguishes their relational approach. This need involves personal individualization and the recognition of another: another, however, in which the same paranoiac subjects can find a sense of a common experi-

ence that is traceable primarily (if not exclusively) in their own delirious life experiences.
Moreover, the conditions of delirious recognition (objective and intersubjective), the judgments of reality and truth, all referential uses, are defined by precise linguistic constructions. Through the use of language the experiences of madness are made explicit: schizophrenia is characterized by metalinguistic drift and by the linguistic use that highlights the semantic and pragmatic inadequacy of speech that is reduced to a self-referencing incomprehensible monologue in which the subject scarcely takes others into account [26]. The cognitive and interpersonal relationship approach of schizophrenics, in fact, is characterized by so-called 'cognitive blindness', which is reflected in their linguistic use, particularly in their tendency to manipulate syntactic and semantic 'rules' [27]. While in paranoia, because of the delirious subject's constant wariness it is hard to agree with the opinions of others, he does not necessarily abandon the dialectic tendency with its possibilities, and thrust of argument and persuasion that it allows. To paranoiac discourse those few elements, which while referring to historical reality are the result of false or imagined beliefs, are enough. Paranoiac delirious beliefs embody a truth that we can define as 'literal', in the sense of its essential cognitive and linguistic nature. This 'truth', together with the 'reality' behind which it hides, must necessarily be sanctioned by others. The pragmatic approach substantially expressed in the argumentative, persuasive, metaphorical use of language by the paranoiac subject finds its reason for existence only in the presence of another, as its purpose is that of convincing and persuading. In the use of language, therefore, it is possible to find cognitive, existential and relational measures that mark, together with the distance between the unstructured psychopathological (bizarre) symptoms as well as the structured (lucid) ones, the participation and sharing of lucid delusion. The linguistic uses of schizophrenic and paranoiac subjects reveal ontological and psychopathological modalities, and with them the inherent forms of these mental disorders, which in our opinion are irreducible.

Conclusions

The results of our research seem to show that in the case of shared lucid deliriousness, the paranoiac subject tends to understand and assimilate salient cues that are characteristic of the experiences of others, and identify with the circumstances that led to the jealous delusion. In this case as well, delusion develops from an event, from the subjective interpretation of gestures, words or facts from which the morbid plot originates.
The functions of empathy, abilities in theory of mind and linguistic use are therefore crucial in shaping the emotional, cognitive and relational aspects of psychotics (schizophrenics and/or paranoiac subjects): they assume a dominant role in the act of recognizing others and their experience. Empathy, in particular, presents the essential conditions for entering into a relationship with another, opens the possibility of participating in the experience of others and also seems to play a role in cases of understanding and sharing of structured paranoiac delusions.
It is on this side of the issue, the empathetic drive towards others, also based on the ability to draw upon a theory of mind, on the importance attributed to the pragmatic aspects of language, that the importance *presence* of the other emerges in the delirious mind, and with it, the psychopathological distance between schizophrenia and paranoia. In the case of schizophrenic psychoses this occurs to a lesser degree, dissolving itself instead in the dissociative experience, in the case of so-called paranoiac psychosis or delusional disorder, an exacerbation of these tendencies can be observed. In our case, the studies undertaken have provided only initial indications to a psychopathological phenomenon that is extremely complex, and further research in this direction is not only hoped for, but considered highly necessary.

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