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W H I S P E R S



## PROLOGUE

I first encountered the demon many years ago in Quebec, during the unlikely season of Christmas.

It was the day after a snowstorm, and the city sparkled. Windows twinkled with frost. Even the snow-encrusted cobblestones looked like so many precious gems. They crunched under my boots as I made my way to the brick building, an unscheduled stop on my walking tour of the old part of the city.

The old woman opened the door before I could knock. She was bundled in layers of torn sweaters and jackets. A blue kerchief adorned with white lilies—the symbol of the province—was tied under her chin, framing her chiseled face with French-Canadian pride. She stood motionless in the doorway, like one of those giant wood statues the local artisans carve for tourists. I handed her several dollars, and she gestured with a wave of a finger for me to enter.

She stuffed the money into a pocket as she began her lecture in French. Her rapid-fire speech caused her breath to form a string of tiny clouds in the unheated room. I couldn't understand her thick Quebecois accent, but when she turned and walked into another room, I followed.

I knew we were in a building that had served as a prison more than a century and a half ago. Many of the people kept here had

committed no crime. A Napoleonic style of justice ruled in those days: the accused were guilty until they proved their innocence. Yet all were thrown into cells or dark dungeons, never knowing the nature of their crime or punishment.

The woman grabbed a flashlight and led me down a flight of stone steps to a cellar. It seemed even colder here. She started to speak very quietly. I got closer in order to catch the few words I might understand. Her words came out in whispered puffs of garlic. I thought she said something about people going mad with fear. The flashlight illuminated several cells, broken wooden beams, and rusted pieces of iron. I could picture prisoners in these cells. But what was it like being subjected to such treatment and not knowing why?

I thought of the prisoner's dilemma in Franz Kafka's short story "In the Penal Colony." The prisoner was strapped to a bed inside a diabolical apparatus called the "Harrow." The purpose of the Harrow's complex arrangement of gears and needles was to slowly carve into his flesh whatever law the prisoner had disobeyed. The needles repeated this over and over again, dripping acid into the writing, penetrating deeper and deeper. The prisoner was never told what he did wrong or the sentence that had been passed on him. In fact, the inscription was done in such elaborate calligraphy that no one could read it. But the prisoner was expected to decipher the sentence through his wounds. In the words of the penal colony's commandant, "There would be no point in telling him. He'll learn it on his body." Only then could the prisoner finally know why he was the subject of such cruelty.

But what lessons did the innocent inhabitants of these cells decipher from their imprisonment? Locked in this subterranean world, what secret messages did the gears of their minds create? Did conspiracies of commandants and torture machines flourish in this mental calligraphy? Was this the fear that drove men mad and scarred them as permanently as any Harrow?

The old woman was mumbling now. She walked across the floor to a small hole, barely larger than the circumference of her stocky frame, and climbed down a ladder. I followed, guided by her flashlight. At the bottom of the ladder I stepped onto damp ground. Sewer gases filled the air. The woman's speech was slow and de-

liberate as her flashlight revealed a series of alcoves in the walls. Prisoners were once shackled to these caves on beds of straw and sewage.

She held the flashlight at chest height like a microphone and pointed it upward so that the light fell directly on her prominent chin. A shadow fell across her face. Then she turned off the light.

A fear of uncertainty and panic gripped me. The calligraphy of my mind took control and started filling in the darkness with a script from a horror movie. I could have sworn the woman cackled. Imaginary sounds repeated from the alcoves: whispers, then the grating of a dull knife being sharpened against the stone wall. There was a rustling in the darkness. Footsteps, unaccustomed to movement for generations, shuffled toward me.

The woman turned on the flashlight again and led me back to the street. The tour was over. But my search for the demon of paranoia that had brushed against my senses in the cellar was just beginning.



## THE DEMON OF PARANOIA

You will not find *paranoia* in a dictionary. The word is there all right, but not the feeling. Derived from ancient Greek, paranoia originally referred to a mind distracted. But distracted by what? The definition claims the distraction is caused by false beliefs that someone is persecuting you. But if you are afflicted with paranoia (hence a paranoid or paranoiac), you *know* these are not delusions. People *are* harassing and persecuting you. Who are they? Why are they following you? What do they want? There are few clues in the dictionary.

You have become the target of a vast conspiracy stretching on invisible webs across the surface of the planet. It lives in the telephone wires and in the newspapers, perhaps even in dictionaries. It spills out of radios and televisions. It nests in the hearts and minds of family and friends. It is coming to get you.

There might be many reasons why you are chosen. People are jealous of you. After all, you are smarter and better than they are. They are after your knowledge, your job, maybe your spouse. The dictionary says that many paranoids have feelings of grandiosity and omnipotence, but the dictionary doesn't understand. You really do possess remarkable talents as a scientist, inventor, lover, or prophet. That is why you are so attractive, so inspired, so envied. There is nothing in life that you cannot accomplish.

You draw the attention of the First Lady. She falls in love with you. Of course, she cannot make a definite avowal of her love, but she shows it in many silent, indirect ways. Her husband learns of her secret desires and lashes out at you. He sends in the FBI, the Secret Service, then the Mafia. You fight back with lawsuits against the government and the telephone company. Your boss complains that you are not concentrating on your work. You quit and sue him. He never did treat you fairly, and now he'll pay for that. When your wife asks if something is wrong, you decide to sue her, too.

The dog and cat start looking at you in strange ways. You can no longer trust them. The house is not safe, so you decide to move out. You check into a motel, a different one each night just to confuse your enemies. You bunker down under a blanket covered with aluminum foil to protect against the sterilizing rays *they* are directing against you. And you wait. There is time to think, to review the events of past days, looking for hidden meanings that lie just below the surface.

Everything suddenly becomes crystal clear. You can actually see the web slowly closing around you. And you can hear the voices as they plot against you. Your skin erupts with sores where the rays have zapped you. Weaker people would have died from fright at this point. But you are strong. You know who your enemies are and where they live. It is time to act.

Such paranoid episodes as the above usually show a gradual progression from mild suspicion and distrust to intense delusions and fully formed hallucinations. In the beginning there may be only a sense that normal circumstances are not quite so normal. Ordinary life is slowly, subtly filled with suspicion. The suspicion is confirmed by the hallucinatory sights and sounds of the senses themselves. The condition typically evolves over months or years. But when the person is under the influence of a stimulant drug like cocaine or methamphetamine, the progression can be measured in hours. Yet the paranoia is the same for those who experience it with or without drugs.

The really frightening thought—the one that can drive all of us

into a full-blown paranoid state—is that the roots of paranoia are within us all. The “paranoid streak,” as philosopher Arthur Koestler called it, is an indelible part of human nature. Almost everyone has had a mild experience such as the vague suspicion that *something* is out there just waiting to get us. Darkness and solitude invite the feeling. Many people experience it when they are alone in the house at night or walk down an unfamiliar street. Others may have the vague feeling that their life paths are being jeopardized by jealous persons known and unknown. The creature we all fear, the demon of paranoia, is not “out there,” but lurking in the shadows of our very own brains.

Deep inside the center of the brain, just beneath the “thinking” portion of the cerebral cortex, is a group of neurons and hormone-secreting structures known as the limbic system, the neurophysiological hideaway of the paranoia demon. It has been with us for more than 200 million years of evolution. This horseshoe-shaped area is sometimes called the mammalian brain because it is most highly developed in mammals. That’s lucky for us mammals because the limbic system helps maintain such homeostatic mechanisms as body temperature. If we didn’t have a limbic system, we would be like the cold-blooded reptiles that spend much of their time moving between sun and shade to adjust their temperature. The limbic system also governs the reactions that are involved in survival, such as self-protection through fighting or escaping. An unabashed dictionary might define the functions of the limbic system as the four “f” words of survival: feeding, fighting, fleeing, and fornicating.

The circuits in the lower part of the limbic system are kept busy with the demands of survival. The upper parts are involved in emotions. Electrical activity in the lower parts can generate feelings in the upper regions. This happens spontaneously in certain types of psychomotor epileptic seizures, which give the patients an unpleasant feeling of fear. It’s a raw, primitive feeling coming from deep inside the body. Perhaps that’s why the limbic system is sometimes called the visceral brain. It feels. You can’t shake the feeling. Then the “thinking” areas take over. There is an intellectual fixation on this quirk of fear in the underlying system. The fear creates a premonition, a warning of impending danger. Beset by such deeply

seated fear, the brain searches for explanations. It decides that *something* is persecuting you. The brain is in the grips of paranoia.

When the demon puts his grip on epileptics, their faces contort into fear grimaces and there are furtive head and eye movements. Neuroscientists have placed electrodes inside the brains of such patients and confirmed the electrical activity sweeping through the limbic system. But there is no conclusive evidence that neuropathological abnormalities like those of epilepsy are necessary to experience paranoia. Indeed, neuroscientists can evoke the same responses in normal patients using electrical or chemical stimulation. The research tells us something about the areas and mechanisms governing paranoia. It reveals that all of us have inherited the same basic equipment.

The limbic system demon has been our companion since long before we became civilized primates. Perhaps this is why the feeling of paranoia seems so ancient. It has held tremendous survival value for us. When early humans emerged from caves, they found life filled with danger. Accidents, disease, and violence almost always ended life early. Paranoia became a mode of adaptation, a way of coping and surviving. It grew to become part of us.

In the past, Hippocrates and other Greek physicians viewed paranoia as a disease much like epilepsy. They used the word to denote someone who was literally beside their mind, or mad. Most modern psychiatrists still consider it a mental disease, although they prefer to use the expression *mental disorder*. But these labels are misleading. To be paranoid or to have a paranoid slant on life doesn't necessarily mean you are sick and in need of treatment. There is clearly a continuum of paranoia ranging from mild reactions to wild psychotic breaks with reality. It may be appropriate to call a paranoid psychotic like Hitler or Stalin diseased or disordered, but it is unfair to the rest of us nonpsychotics who experience mild paranoid reactions as we deal with the stresses of normal daily life. After all, as at least one famous contemporary psychiatrist is fond of saying, paranoia is sometimes the best way a person can handle situations in life.

The essence of all forms of paranoia is a special mode of thinking. The most characteristic feature of this paranoid thinking is *suspiciousness*. Most people actually use the word *paranoid* to de-

note an overly suspicious person. But the suspicious thinking of a paranoid is more than the normal mistrust and doubt implied by the word. It is suspicion in the literal meaning: to look below the surface for details. Scrutinizing everything, the paranoid looks for clues confirming the mistrust and doubt. This requires close, focused attention. It requires hyperalertness and hypersensitivity to the smallest details. The paranoid seizes on these minor details, inflates their significance, then works them into a logical systematic pattern. As he searches and scans the environment, he is constantly revising the pattern in order to protect its credibility. The paranoid becomes rigid and inflexible. He is attuned to any possible threat. More than anything else, the paranoid fears loss of personal autonomy or control. It is necessary to stand on guard against any external force or authority.

Another feature of paranoid thinking is hostility. The paranoid believes that elements outside himself are charged with sinister meaning. Accordingly, the paranoid adopts a defensive and antagonistic relationship to the world. There is much anger and hostility, which often evoke hostility from others, thus confirming the initial fears. In this sense the poor paranoid really is persecuted. But, once again, the real enemy is the demon within.

Suspiciousness and hostility set the stage for the imagining of things. That's when another characteristic feature of paranoid thinking—projection—can take over and perform mental tricks worthy of a master illusionist. Projection is an unconscious defensive mechanism by which emotionally unacceptable impulses or tensions are rejected and attributed (or projected) to others. In the stark economy of survival thinking, this makes sense. After all, it is easier to flee from a threatening external enemy than to avoid an internal one. Projection is not always abnormal. Children do it when they resort to magical fantasies in order to cope with the world. As adults, we all do it a little when we blame others for our feelings or our failures. But the paranoid goes one step farther by *denying* his own feelings and *projecting* them onto others. Thus a paranoid might say, "It is not I who hates them, but they who hate me and want to destroy me."

Throughout such projections, it is the paranoid who remains center stage. In the paranoid mode of thinking, something is al-

ways happening to the person. The paranoid is the center of attention, either persecutory or grandiose, and this is clearest in megalomaniacs like Hitler. But even those suffering from mild forms of paranoia entertain ideas of reference, incorrectly interpreting casual incidents and external events as having direct reference to oneself.

Ideas of reference may reach sufficient intensity to constitute delusions, or false beliefs, another characteristic of paranoid thinking. Paranoid delusions usually contain a grain of truth and are constructed logically. The themes involve situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, having a disease, or being deceived by one's spouse or lover. The delusions based on these themes may seem reasonable, almost convincing. But they are related more to the person's inner feelings than to external reality, and they are firmly held despite incontrovertible and obvious proof or evidence to the contrary.

Many of these features of paranoid thinking have a dark, negative connotation. The world is hostile and persecutory. The person is suspicious and frightened. One adolescent paranoid drew a picture of herself as a pencil-thin stick figure standing alone in the middle of a city filled with giant buildings. Then she took a black marker pen and covered the buildings with sinister faces, all staring at the little stick figure, with arrows flying from their eyes. But sometimes paranoid thinking is brightened by grandiosity, as if our adolescent artist outlined her stick figure with the protective glow of a yellow highlighter pen. Grandiosity is the exaggerated belief or claim of one's importance or identity. It is often manifested by delusions of great wealth, power, or fame. In mild paranoia, grandiosity is reflected in a personal feeling of uniqueness or a condescending attitude. In severe cases, the person may believe he is perfect, universally admired, a special agent of God, or perhaps even God.

Taken together, these features of thinking are so clear and robust in the paranoid mode that they are used as diagnostic criteria. Often there is little else different about paranoids. Most appear quite normal and well integrated. Behavior is not obviously odd or bizarre. The outward personalities remain intact, as do the emotions. People work and socialize as before. But, inside, behind the barri-

ades of their minds, thoughts are shifting into the paranoid mode. Perceptions change as if the world were being covered with hostile graffiti drawn with a black marker pen. The barricades keep us from prying, but psychiatrists and psychologists know from clinical interviews that behind them is the suspicion, hostility, projection, ideas of reference, and grandiosity that define the paranoid mode of thinking. In a sense, the barricades can be breached and the diagnosis confirmed through the very words paranoids use to keep the world at bay.

The first paranoid I encountered, after joining the Department of Psychiatry and Biobehavioral Sciences at the UCLA School of Medicine, kept his distance. In fact, I was forced to interview him via a computer screen and keyboard. That really didn't matter because the paranoid mode of thinking was unmistakable, even when reduced to lines of type. The paranoia came through so loud and clear that I could feel my own demon starting to stir. I wanted to know more about this feeling and the world it guarded. But after my "Interview with Hitler's Brain" (chapter 2), I began to see that interviews alone were insufficient for understanding the experience of paranoia. I needed a different approach, one that might permit me access to the paranoid in the same way a virtual reality device permits one to "walk" into the computer and experience, interact, even change the programming. After all, surgeons rehearse operations on "virtual" patients. Could I somehow get into a paranoid's case enough to experience "virtual" paranoia? Inside such a world, could I discover the triggers for the paranoid mode of thinking? Could I turn them off?

I decided to adopt a technique I had already used as a research psychopharmacologist studying subjects under the influence of drugs or patients experiencing hallucinations. I knew that the subjects or patients were the only ones who see, hear, feel, taste, and smell the world the way they do. Yes, I talked to them, but in a special way. Become a camera and radio, I instructed them, and tell me what you see and hear as it is happening. Take me on your trip.

Unfortunately, verbal trips were insufficient. In my drug experiments, I took the drugs myself and became a subject. The same method applied to my investigations with patients who were hallucinating without the use of artificial intoxicants. I sought not

only to “see” their hallucinations, but to feel their experience. Of course, I couldn’t slip into their bodies and look out. But I got as close as possible. I accompanied them home, at work, at play. I talked with family members, co-workers, friends, and neighbors. Sometimes I lived with the patients for a while. In special cases I constructed environments in the laboratory that duplicated those my patients experienced.

I followed this same approach with my new interest in paranoia, now kindled by that fascinating but frustrating computer interview. If someone told me he was being followed, I stayed with him and watched. How else could I tell? When patients barricaded themselves behind makeshift fortresses, I crawled inside with them and waited for the enemy to attack. When a man told me that dwarfs were living in his backyard, I joined him on a dwarf hunt in the middle of the night.

In my role as a forensic psychopharmacologist and expert witness in criminal trials, I was often asked by the judge, the defense attorney, or the prosecutor to interview defendants who might have been under the influence of drugs at the time of the crime. I met some of the more fascinating paranoids this way, although they were sometimes confined to jails awaiting trial. I tried to compensate for this restricted contact by engaging in marathon interview sessions, once persuading authorities to let me spend eighteen straight hours in a defendant’s cell. In addition, I visited their families and friends, walked the streets of their neighborhoods, and poked around their houses and bedrooms. In some cases I even mingled with their “homeboys” in the gang-infested barrios of Los Angeles.

Inside these paranoid worlds, I searched for the various keys that opened the demon’s gates and allowed the patients or defendants to be gripped by the paranoid mode of thinking. In the beginning, I naively thought it would be a simple matter of removing these keys and closing the gates, thus rescuing the people. It would be simple because I didn’t believe in demons any more than I believed in fairy-tale dragons belching fire. But sometimes the imaginary enemies turned out to be real. On one late-night dwarf hunt (in a case not included here), a dwarf shot back! And the paranoid patients themselves were not always as mild-mannered as the com-

puter had been. I was threatened, beaten, shot at, and had more than one “contract” issued on my life. During one jailhouse interview, the defendant leaped across the table and started choking me until my fingers found the panic button that brought the guards to my rescue. My training as a research scientist did not prepare me for such situations, and I stumbled on, picking up necessary survival skills along the way from friends in both police departments and psychiatry departments.

One friend was a psychiatrist and psychoanalyst whom I will call Joel Morgan. He introduced me to the literature on paranoia, a literature concerned primarily with diagnosis and psychoanalysis. There were only three major texts and a few minor technical monographs (see general references in the bibliography). The bulk of the literature was in the medical and psychiatric journals. Here I found hundreds of case studies (more than 10 percent of admissions to mental hospitals are for paranoid states). Despite the number of cases, most did no more than describe the observable behavior and speculate about causes. The aspect of paranoia I was most interested in—the experience of the demon—was hardly mentioned.

I found a few firsthand accounts written by patients, but they were usually paranoid schizophrenics who had disorganized thinking, prominent hallucinations (such as hearing voices), and bizarre delusions (the delusions of thought control, for example) not typical of the vast majority of paranoids. The best of these was Barbara O'Brien's *Operators and Things*, an account of her terrifying yet highly atypical experiences. There were more representative examples in the fictional literature, including descriptions of an acute persecutory paranoia in Chekhov's novel *Ward Number Six*, paranoid grandiosity in Gogol's short story “The Diary of a Madman,” paranoid jealousy in Shakespeare's *Othello*, and runaway paranoid fantasies in the science fiction novel *Radio Free Albe-muth* by Philip K. Dick. While these descriptions were fictional, they conveyed a feeling for the experience that was lacking in the clinical material.

Most case studies report paranoia from the perspective of clinicians who generally stay on their own side of the proverbial couch. They cloak the patient's experience in technical jargon, rarely even providing transcripts of the actual dialogues that presumably illus-

trated the paranoid mode of thinking. The clinicians can't even agree on the jargon. I discovered a continuing debate about nosology and diagnosis. Some classify paranoid states as delusional disorders, emphasizing the persistent false beliefs in thinking. Others classify paranoid states as psychotic disorders, emphasizing the *severe* paranoid's impairment in all aspects of behavior, including the ability to think, respond emotionally, remember, communicate, and interpret reality. If that isn't confusing enough, still others mistakingly imply that all paranoids are schizophrenics, when it is only some schizophrenics who may be paranoid. Despite this confusion with terms, there is a consensus of opinion about what triggers the paranoid mode of thinking in all such cases.

The triggers for paranoia are either biological or psychological in origin. The most common biological triggers are drug intoxications, but thyroid disorders, pernicious anemia, cerebral arteriosclerosis, even certain brain tumors, can all do the same trick of pulling the demon up out of the limbic system. There are numerous other diseases that produce structural or functional changes in the nervous system and trigger paranoid thinking.

In most cases, the biological triggers appear to act by disturbing perception or memory. For example, the drug phencyclidine (PCP) causes a condition known as hyperacusia, wherein sounds seem much louder than they really are. If sounds are louder, they tend to be more easily noticed and more readily perceived as important. When this effect is coupled with PCP's notorious ability to produce a feeling of exaggerated muscular strength, the stage is set for suspicious, referential, or delusional thinking. Not surprisingly, PCP intoxication often produces violent paranoid reactions. Conversely, loss of hearing, as frequently happens to the elderly, can precipitate feelings of suspicion, mistrust, and, ultimately, paranoia, about things not heard clearly. This is what happened to an elderly woman who told me she could pick up "Whispers" (chapter 4) of radio transmissions through her teeth. She suspected that a dentist had implanted devices in her fillings while she was lying on the dental chair, a situation that already sets the stage for anxiety and suspicion in many people. When the woman was given nitrous oxide anesthesia, which induced further perceptual changes, the gates to her demon were opened.

Disturbances of memory can also trigger paranoid thinking. When very recent memory is impaired, it is often difficult, if not impossible, for the brain to record a steady and reasonable flow of information about events in the world. Many hallucinogens like marijuana impair concentration and recall of recent information, filling the user's world with disconnected data. This is the same world inhabited by individuals afflicted with the memory deficits from any number of organic brain diseases, such as Alzheimer's. In this world of inconsistencies, it is easy for suspicions and delusions to feed on each other, flourishing with magical speed.

Most of the clinical literature has been concerned with identifying the psychological triggers and their underlying mechanisms. Psychological triggers include such diverse things as false arrest, social isolation, or an intensely humiliating experience. Of course, these experiences are eventually translated into electrical and chemical events, thus becoming, in effect, biological triggers. While psychological triggers can act suddenly as in the case of false arrest, some develop slowly over time. Often they have their roots in childhood.

Many paranoids display a basic lack of trust stemming from the absence of a warm and trusting relationship with their parents. The parents of paranoids were often overcontrolling, rigid, distant, even sadistic. As children they developed a feeling that they would be betrayed, that their parents would not help them with disappointments and frustrations. They grew up feeling that the environment was constantly hostile, and they develop hypersensitivity to imagined slights.

The second paranoid I met had such a childhood, as did many of the others I met later. By the time Edwin Tolman (chapter 3) was an adult, his sensitivity was so great that he *expected* his environment to be hostile and was always on the defensive against unseen enemies and malevolent forces. Throughout history, many paranoids have imagined that these enemies used state-of-the-art technology to exert their influence. In the nineteenth century, such "influencing machines" operated via hydraulic pumps and invisible chemical forces. Since that time, the machines have kept pace with advancements in science, using radio waves, then microwaves, and finally lasers. But Tolman told me he was controlled by the newest model: the personal satellite, launched by his enemies to

follow him around. The satellite, he claimed, was transmitting signals directly into his brain.

The real influencing machine, of course, is the brain itself. Freud believed that it operates very much like a hydraulic machine, with instincts, drives, fears, and other elements pushing and pulling against each other. He argued that homosexuality is the hydraulic force creating most forms of paranoia. According to Freud, the paranoid is basically a homosexual with an intense fear of castration. The paranoid projects repressed homosexual wishes onto others who he believes wish to assault him homosexually. Freud also believed that latent homosexuality causes paranoid delusions of jealousy, as in the case of a husband who suspected his wife of loving a man to whom the husband actually felt attracted. Despite the lack of clinical evidence to support Freud's ideas, many contemporary psychiatrists still think along these classic lines.

I took Tolman's case to Joel Morgan, who accepted the classic Freudian view. Repressed or denied homosexual impulses were sparking Tolman's paranoia, Joel said. I argued with this interpretation at the time—even ridiculed it—but in two later cases (chapters 4 and 8) I found some evidence of a causal relationship between overt homosexuality and a paranoid reaction. Still, the incidence of repressed or overt homosexuality among paranoids seems no greater than in the population at large. Indeed, as society moves away from the Victorian attitudes of the nineteenth century toward more open acceptance of homosexuality, the shame and humiliation triggering the paranoid mode in *some* denying homosexuals appears to be diminishing.

In addition to homosexuality, Freud postulated several feelings such as guilt that play what I think is a much more certain role in the development of paranoia. Feelings of guilt about cheating on one's taxes or lying to a spouse can make all of us a little anxious, if not paranoid. When the guilt feelings are not resolved but allowed to fester for a long period of time, the person may project them and convert them into persecutory delusions. Equally important are feelings of inferiority or failure, which can be replaced by the feelings of grandiosity and omnipotence often associated with paranoid states. That's what happened to Harry Balise (chapter 9), who lost his job and turned into a prophet. He was so grandiose

and firm in his belief that members of his family were swept away by the same delusion.

Psychological triggers are sometimes coupled with cultural factors. Harry Balise was a member of a minority group and had a long history of feeling alienated and oppressed by society. Such feelings are even more profound in migratory and immigrant workers, who endure adaptational stresses of learning a new language and new culture while feeling loneliness and isolation away from their native countries. This breeds paranoid ideas, which frequently disappear as soon as the workers return to their native lands.

In a sense, I was like a frightened immigrant myself as I traveled from the familiar comforts of my ivory tower to the strange new land behind the barricades. My investigations took me through paranoid landscapes, guided by those who lived and died there. Standing beyond the barricades with my "guides," I saw and heard the evidence, then felt the fear. Sometimes, as I stood among winds that whispered ominous threats and trees that watched my every move, I thought all the suspicion and caution were justifiable. But by then I, too, had become more than a little paranoid.

Since I am writing this now, obviously I made it back to my ivory tower, ready to tell about my adventures. I assure you I am of sound mind and body. That is an unusual statement for an author to make, but one that seems necessary in view of my trip through a dark, parallel universe. The adventures may seem incredible, but they are all true.

Remember the 1938 Orson Welles radio broadcast that panicked thousands who believed there was an actual invasion from Mars? That wasn't real. But the "Invasion of Bugs" (chapter 6) that terrorized cocaine users throughout the country was real. Just ask Richie D., who killed his son rather than let the child succumb to the invaders (chapter 7).

Don't think that these cases are not real because they sound like nightmares born out of watching too many horror movies. Paranoia can turn even the happiest movie into a "Tale from the Crypt." Consider the case of Linda Estrada's family, who was watching *The Ten Commandments* on television (chapter 10). Suddenly a putrid green fog poured out of the movie and took the life of her firstborn.

I take you through the individual adventures in the same order in which they happened to me. In this way you can accompany me as I search for the demon, moving from cases where there were only vague hints of something out there stalking the person, to apocalyptic visions so intense that they shake the foundations of entire neighborhoods. After my initial encounters, I moved, literally and figuratively, from whispers (chapter 4) and shadows (chapter 5) to armed confrontations with KGB spies (chapter 8) and Mafia dwarfs (chapter 11). The closer I got to the demon, the more fearful I became. You'll see that at times I adopted a flippant, almost comic attitude, and I hope you'll understand that this was only a defensive projection.

The cases represent more extreme situations than any you may have encountered yourself. But by the very nature of their intensity, they magnify the subtle and often hidden dynamics that bother all of us when we're alone in the house at night. As you accompany me on these adventures, perhaps you'll recognize why I no longer trust Dorothy's remark at the end of *The Wizard of Oz*: "Oh, Auntie Em, there's no place like home!!" For me, being home alone will never feel as sweet or as safe as it did once upon a time.

Throughout my adventures I learned from trial and error, trying to find the triggers and help the people. Of course, I wasn't always in a position to help. After all, I was not a treating clinician. In most cases I was studying the patients only for research purposes or in preparation for criminal trials. Yet I wanted to do whatever I could for the demon's victims. I knew I could not "cure" anyone of paranoid thinking any more than I could excise their limbic systems. It goes with the territory of being human. But I was hopeful that by blocking, removing, or otherwise stopping the triggers that prompted the thinking to come out in discernible behaviors, I could at least tame the demon. In a sense, mine was the classic behavioral scientist's approach. Eliminate the symptoms, so goes the theory, and the problem is gone. That's fine when behavior therapists deal with neurotics who bite their nails, but no one had dared try it with paranoids who were biting imaginary bullets. However, since paranoids, especially the severe cases I encountered, are highly resistant to *any* treatment, I felt that neither I nor my research patients had anything to lose. Some of my patients got better, some got worse,

and some got lost and are still out there. But each provided clues to my search for the demon of paranoia by showing me his many disguises. I finally caught up with him (or he with me) on an Amtrak train in Raleigh, North Carolina (chapter 12).

Paranoia is a way of perceiving and feeling the world. The paranoid inhabits a different realm of being, one that tilts the world ever so slightly. The senses detect these differences. They sound mental alarms. The paranoid becomes locked into a new mode of thinking, thereafter viewing the world as if trapped in a cell or, yes, even a demon's lair. This book is a visit to those prisons of the mind. It is not about cause or treatment; it is about the experience of paranoia, or what it is like to be living with the demon.

## INTERVIEW WITH HITLER'S BRAIN

*Hitler's brain is being kept alive in the basement of the UCLA Medical School.* The thought was pounding in my head, making me extremely nervous. I have heard many strange things from patients in the Neuropsychiatric Institute at UCLA, where I work. I have listened to countless descriptions of fantastic adventures from subjects under the influence of exotic drugs. I know a crazy story when I hear one. So why did I give this rumor a second thought? Before you judge me mad, listen to my story.

I first heard about Hitler's brain soon after my arrival at UCLA. Eager to make a good impression, I worked late and sometimes slept in my lab. My best friends became the night janitors who swept the long corridors of the third largest building in the world, the UCLA Center for the Health Sciences. Some of these corridors run for over a quarter of a mile as they snake through various departments and research institutes. It's easy to get lost, and everyone jokes about the "lost patient" who has been wandering the halls for years. Charlie, one of the janitors, knew the catacombs of the building as well as anyone. He not only picked up the trash, but he had a curious habit of reading some of it. That's how he learned that they had Hitler's brain.

I listened to Charlie's story with amusement. His big brown eyes seemed to get bigger, and his entire body became animated as he

spoke. "Yes, sir," said Charlie. "Hitler's brain is in a jar somewhere in the basement." He kept nodding his head up and down as if the gesture made it more believable. But Charlie was always getting excited about something or other. I recalled his explanation of why he wouldn't clean the restroom on a certain floor. He was cleaning a toilet there when an earthquake struck. The building swayed, as it was designed to do, but the water sloshed around in the toilet bowl and spilled onto the floors. Charlie lost his balance and was buffeted back and forth against the walls of the stall. To hear Charlie tell it was like listening to the tale of a man who had been caught in a tidal wave. He was terrified and discovered that he could never go back into that particular restroom. His story about Hitler's brain sounded like just another spill from the toilet.

It was easy to dismiss Charlie's account as a hallucination. This was a hallucination not in the pathological sense of the word, but in the original meaning offered by Lavater, a Renaissance writer who first used the term to describe idle talk or prating about strange events such as "ghostes and spirites walking by nyght." Charlie's story was simply the idle or foolish talk that Lavater said commonly occurred following the death of great men and their kingdoms. Indeed, Shakespeare used Lavater's book as a source for *Hamlet*, which opens with the appearance of the ghost of Hamlet's father, the king. Certainly Hitler's ghost was destined to haunt our collective unconscious for at least as long as Hamlet's. I smiled at Charlie, grateful for the entertaining break, then returned to my own lab.

Several months later I heard the story from Albert, another janitor on the night shift. This time there was a new twist: Hitler's brain was alive! I suspected Charlie had put Albert up to this nonsense. But when I confronted Charlie, his eyes bulged, then he gasped and shook his head so hard that his jowls performed their own miniature earthquake. He hadn't heard this variation of the rumor, but he was willing to believe it. As far as Charlie was concerned, the entire basement was one giant toilet that was now off limits. He said he was going to request a new assignment.

I was intrigued enough to visit the library to find out what had really happened to Hitler's brain. UCLA has a wonderful library system consisting of several interconnected libraries scattered

around the campus. Collectively there were over nine hundred books and manuscripts dealing with Hitler. When I went to the stacks, most of the books I wanted were not there. The librarian told me they were not checked out, so they were either misshelved, lost, or stolen. While she promised to search for them, I checked out a few volumes that were available and took them back to my office.

Hitler died all right, and on this point there was universal agreement among historians. He spent the last months of the war inside a Reich chancellery bunker, fifty-five feet below the streets of Berlin. It was there that he learned of the inevitable collapse of his forces and the betrayal of his trusted officers Göring and Himmler. Hitler's aides talked of escape. A Junker-390 plane, capable of flying over the pole to Japan or China, was waiting at a nearby airport. There was talk of a flight to Manchukuo. But Hitler decided on suicide. In a macabre ceremony he married his mistress, Eva Braun, then dictated his last will and testament to a secretary. The next day, after receiving word of Mussolini's death, Hitler sent for cyanide capsules and had them tested on Blondi, his pet Alsatian. After lunch he said good-bye to his staff and retired to his room in the bunker. His bride swallowed the poison. Hitler put a Walther 7.65-mm pistol against his right temple and pulled the trigger.

"That was a bull's-eye," said one of Propaganda Minister Goebbels's children, who was listening at the door. It was 3:30 P.M. on April 30, 1945. The two bodies were wrapped in blankets and placed in a trench on the surface. An aide doused them with gasoline, then set them on fire with burning newspaper. Hitler had ordered that his body be burned "till nothing remained." He would not be exhibited like Mussolini or stuffed and displayed in some Russian museum. Later, the cremation area came under intensive bombardment by Russian artillery. It was believed that Hitler's last order had been carried out.

Five days later the Russians recovered several badly burned bodies partially buried in a crater in the Reich chancellery garden. Hitler's body was identified after careful comparison with skull and dental X-rays. His famous rotting teeth were a dead giveaway. The Russians performed an autopsy on May 8, 1945. There were head injuries consistent with a gunshot wound. They found splinters of