El grupo paranoide

Chapter 4

The paranoid contagion group

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The hypothesis defended in this book is that the contagion of paranoid behavior is not limited to the few cases of "induced psychotic disorder" that we psychiatrists have the opportunity to treat in the course of our profession, but is a much more ubiquitous phenomenon.

We understand by "paranoid contagion group" (PCG) a group among whose members an activation of paranoid behavior occurs as a consequence of a collective and reciprocal contagion thereof. Paranoid contagion produces a striking transformation of the individuals who make up or join the group and, at the same time, confers upon the group — as a group — a characteristic profile. We will speak of "paranoid and paranoidized individuals" (PPI) to encompass the PI proper together with those who find themselves in a paranoid state induced by contagion.

Paranoid microgroups (PMG) and paranoid groups (which we will henceforth call "paranoid associations," PA) are born, grow, and dissolve within a context we call the *broader society*, from which they attempt to differentiate themselves and draw precise boundaries. But paranoid contagion is not limited to small groups or to those which, even when larger in size, remain minority groups (groups that are often exotic or eccentric, recognized as "cults"), but can also occur among majority sectors of the population and affect millions of people. In these cases we speak of *paranoid societies* (PS).

What do all paranoid contagion groups have in common? Well, if anything stands out above all, it is their capacity to profoundly modify the behavior and attitudes of their members, following lines predetermined by the very nature of paranoid behavior. Using a term that does not exist, we can assert that the members of the group become *paranoidized*. And evidently, insofar as they undergo the same process, the members of the various PCGs will come to resemble one another.

In certain respects, however, that unifying tendency does not prevail. Something similar occurs with hysterical epidemics; in all of them those affected exhibit conversion-dissociation symptoms and in that respect they resemble one another. But it is no less true that, since the *specific symptom* differs in each case, they also tend to differ from one another: some epidemics present with visual hallucinations, others with fainting spells, and others with collective states of trance and possession.

Before concluding the first part of this book, it is necessary to set out some clarifications.

Although the expression I use -"paranoid contagion groups"- suggests that it is a category (that is, something one either is or is not, all or nothing), the truth is that group paranoidism, like that of individuals, must be conceived as a dimension, a scale with no breaks in continuity. Paranoid contagion groups are simply those groups that are situated in the upper part of the *continuum*.

Paranoidism is not a stable characteristic of human groups, but rather its intensity can fluctuate over time both as a function of leadership style and of certain environmental variables.

Nor should paranoidism be seen as something that necessarily affects an entire group equally, since notable differences can arise among the various parts of it, especially when they are geographically distant from one another.