

# Gangstalking

*Academic Intersections and Ethical Issues*

Edited by

**Liz B. Johnston**

# **Gangstalking: Academic Intersections and Ethical Issues**

**Edited by Liz B. Johnston**

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Dr. Liz Johnston is Associate Professor of Social Work, Social Sciences Dept., California Polytechnic University, USA. Her interests include Social Work, paranoia and older adults post-critical illness. She completed her MSW and PhD in Social Work at Smith College School of Social Work, Massachusetts.

#### **Chapter 15**

Johnston – see above

#### **Chapter 16**

Johnston – see above

# Chapter 1

## Introduction, Historical Background, Key Concepts and Definitions

**Dr. Liz Johnston**

### **Purpose of This Book**

Gangstalking is a widely known concept on social media, but there is very little academic research about gangstalking. This book summarizes the current research and theories about gangstalking by describing research findings, insights and theories from the fields of anthropology, law enforcement, philosophy, psychology, social media, social work, and sociology. Ethical dilemmas connected to researching gangstalking are also explored. Although the primary purpose of this book is to inform professionals about gangstalking, the contents may be helpful to targeted individuals (TIs). Chapter 14 contains information and suggestions for the families, friends and significant others of TIs.

Gangstalking is a novel persecutory belief system; victims believe they are harassed by a group of unknown stalkers, perhaps connected with government agencies or law enforcement. Victims identify as targeted individuals (TIs). TIs report home invasions, overt and covert surveillance, pain inflicted by remote devices and electronic mind control (Advocacy for humankind, 2021). Gangstalking differs from individual stalking because there is no identified perpetrator. Gangstalking is connected to violence. While most TIs are peaceful, a small number of TIs have been driven to violence including attacks on police and mass shootings due to perceived gangstalking harassment.

The chapter authors express different opinions on whether gangstalking is a real phenomenon and whether TIs should be considered mentally ill (See Chapters 3, 4 and 7). However, the overall goal of this book is to respect TI

experiences and not label or stereotype them as mental illness. This book will also highlight the ethical issues connected with researching gangstalking, especially concerning research utilizing TI posts on social media.

Hopefully the information presented in this book will create a deeper understanding of paranoia, delusions and gangstalking. As a result, professionals may change their responses to TIs, preventing violence and providing improved psychological help. The authors in this book also explore new theories. Chapter 4 describes how the medical model has created a “madness as dysfunction” narrative and explores the possibilities of a “madness as strategy” narrative (Garson, 2022). Chapter 7 explores gangstalking as a cultural syndrome, connected to the increasing use of social media, dependence on technology, surveillance and lack of community in our society (Reed, in press). A new idea based on an old idea is that paranoia and delusions can be reconceptualized as a counterintuitive search for community (Johnston, 2023a). Using the lens of community illuminates how social media can either become a negative echo chamber or a positive source of help and support. The importance of community will be explored in Chapter 15.

## **Lack of Professional Understanding**

Social workers, psychologists and counselors report an increasing number of clients who identify as TIs, while police departments report receiving numerous calls for help from TIs. Most TIs are peaceful, however belief in gangstalking can be dangerous. Sarteschi (2017) studied four mass shooters who attributed their violence to gangstalking. The shooters used social media to spread gangstalking beliefs and justify violence. Several shooters had reported their gangstalking to the local police. However, since most police officers are not informed about gangstalking, the reports were dismissed. (Chapter 6 explores law enforcement perspectives and gangstalking.) Similarly, most counselors are unaware of gangstalking and do not understand the unique vocabulary TIs use to describe their plight. Counselors are not aware that some TIs can become violent and thus may fail to notify law enforcement of possible threats. Thus, despite increasing

TI reports to counselors and police, including the risk of possible violence, most professionals do not know how to respond to gangstalking.

Professionals do not understand gangstalking because there is a lack of academic research. When this book was written, there were less than 12 academic, peer-reviewed articles about gangstalking. Chapter 10 in this volume by Dr. Jess Lee is the first sociological exploration of gangstalking. Several researchers in the field of philosophy have written insightful articles about delusions and gangstalking. Chapter 4 and Chapter 11 describe philosophy research connected to gangstalking. Gangstalking is an intersectional concept, which spans anthropology, criminology, philosophy, psychology, social media, sociology and social work, but does not fit neatly into a clear research category. This intersectionality contributes to the dearth of published research. In contrast, social media contains a multitude of information that is available to the general public. A Google search for “gangstalking” produced 632,000 results, mainly first person accounts by TIs (Advocacy for humankind, 2021) and neutral or exploratory reports in the popular press (Whiting, 2021).

## **Ethical Issues**

Due to the lack of research, TIs are often dismissed as paranoid. However, diagnosing TIs as paranoid does not provide a solution, because there is no coherent psychological theory or workable treatment for paranoia. (The history of theories about paranoia will be summarized later in this chapter.) Diagnosing people as paranoid is also an ethical issue because power and privilege dynamics influence which clients are labeled delusional by therapists. For example, Bell et al. (2015) found that African Americans were more likely to be diagnosed with severe psychosis and less likely to receive psychotherapy. Thus there is academic debate about the ethics of using DSM criteria to label people with stigmatizing diagnoses, when there are no workable treatments (See Chapter 4).

An ethical issue for law enforcement is how to handle police reports by TIs who are obviously distressed or terrified, yet who are reporting issues such as mind control that seem highly unlikely. A literature search found no articles in criminology or law enforcement journals exploring gangstalking

or discussing how to handle TIs' police reports. Thus, law enforcement officers face an ethical dilemma due to their lack of knowledge and often dismiss TI reports. However, when TI reports are ignored, they may conclude that the police are part of the gangstalking resulting in violence against police officers. Chapter 6 provides suggestions for law enforcement personnel responding to TIs.

TIs post prolifically on social media and spend time researching gangstalking online. Thus, social media is the main information source about gangstalking and has spread the concept globally. Social media researchers have used corpus linguistics and discourse analysis to examine data sets of online posts by TIs. These studies have provided a deeper understanding of TIs' experiences. Thus, social media may contribute to problematic aspects of gangstalking, but social media research may help solve the puzzle of paranoia and gangstalking. Chapter 9 describes recent research on social media and gangstalking.

There are several ethical issues connected to social media. The first issue is that social media may act as a closed echo chamber, intensifying TIs' beliefs that they are actually being gangstalked. This echo chamber effect can cause TIs to become either isolated and fearful or violent and aggressive (Tait, 2020). Some authors have called for censorship of TI postings and sites that validate gangstalking. However, what content would be censored and who would control the process raise significant ethical issues. A second ethical issue concerns the research methods used to study social media. TIs who post online may not realize that their postings are being harvested from sites such as Reddit and Quora via computer technology and used for research. Human Subject Review guidelines do not regulate research based on online postings because the poster has voluntarily made their views public. However, this means that TIs are unable to give informed consent. A related ethical issue is while the researchers' computer technology makes TI posts anonymous; a possibility exists that the poster could be identified.

## **Definition, Concepts and Terms**

### **Gangstalking: Stalking by an Unknown Group**

Gangstalking and individual stalking are significantly different. No government reports about gangstalking are available and there is no current report on individual stalking. A 2009 US Department of Justice report about individual stalking (Catalano, Rand and Rose, 2009) was revised in 2012, 12 years ago (Catalano, 2012). Individual stalking is defined as “behavior that would cause a reasonable person to feel fear” (Catalano et al., 2009, p.2). However, individual stalking can appear benign, such as sending flowers, thus causing incidents to be underestimated (Catalano et al., 2009). Because there are no governmental reports on gangstalking, social media is the main source of information. This Anti-Gangstalking Network post defines gangstalking:

Multiple individuals within a community participate in the harassment and stalking of a single individual. Rather than attack a person physically, techniques are used to attack the person psychologically. (2019, n.p.)

Beauman states, “before the Internet, if you had developed the belief that you’d been targeted in this way, you would have been isolated” (2013, p. 48). However, today there are numerous websites explaining gangstalking matter-of-factly with concrete examples. Similar to someone who researches a medical illness online and then becomes convinced they are sick, the multiple social media sites describing gangstalking may convince TIs that gangstalking is real. This validation that they are really being targeted can be very upsetting. However, the websites can be positive by providing a supportive online community who believe TIs and do not label them as mentally ill.

### **Social Media Promotes Gangstalking and Spreads Concepts**

Social media has normalized the concept of gangstalking. When TIs begin to suspect gangstalking, they find confirmation online legitimizing gangstalking and providing language to express their suspicions. For example, after TIs reported directed-energy weapons were targeting them,

the Richmond, CA city council declared the city a “safe zone” protected from space-based weapons (Victims of Space-Based, 2015, n.p.). Social media reports of this official action legitimized gangstalking as a real concept.

TIs may find online information helpful, but also frightening. TIs can find posts explaining directed energy weapons (DEWs) which link to sites that describe voice to skull technology (V2K) which then link to sites about “directed conversation” and “street theater.” From these sites TIs learn that gangstalkers use DEWs and V2K technology to beam voices into their heads; these voices are usually negative and harassing. TIs learn that “directed conversation” occurs when they overhear two strangers talking and realize they are discussing personal details of the TI’s life. TIs learn that “street theater” describes seemingly random people in a public space, who are revealed as gangstalkers when they begin to act out a drama with personal meaning for the TI. Thus, TIs who read posts about these concepts might become very frightened. If their family and friends dismiss their fears, TIs may search further online, finding support from other TIs, but becoming increasingly isolated from their real world community.

These social media interactions illustrate Haslam’s (2016) concept of looping effects: as a condition becomes known and publicized, people are likely to self-diagnose themselves. Thus, “people come to recognize themselves and others in new concepts . . . this recognition brings new kinds of persons into being” (Haslam, 2016, p. 4). TIs may be those new people.

## **Literature Review: The Puzzle of Paranoia**

Many counseling professionals consider TIs paranoid or delusional. However, a historical review shows no clear psychological theory about paranoia and no workable treatment. The sections below describe the evolution of various psychological theories about paranoia and how current TI symptoms resemble historical paranoia symptoms.

## Early Origins

The ancient Greeks observed paranoid behaviors and created the word paranoia from the Greek “para” or side and “noos” or mind (Dowbiggin, 2000). The Greeks used “paranoia” as a general term for mental illness, similar to the English word “insanity.” In 1800, the German psychiatrist Johann Heinroth classified paranoia as a separate mental illness consisting of “delusional states and related behavior” (Dowbiggin, 2000, p. 40). Heinroth was the first European professor of psychiatry and published the first psychology textbook in 1818. He described delusions as mechanisms that helped patients cope with traumatic experiences. Heinroth began a debate that continues today between “madness-as-strategy” (mental illness as having a purpose) vs. “madness-as-dysfunction” (mental illness as pathology or disease). Chapter 4 describes this debate in more detail.

## The Influencing Machine

The book *Illustrations of Madness* (1810) was the first detailed account of a patient’s delusions (Lamb, 2014). The author, John Haslam was the warden of Bedlam mental hospital where the patient, James Tilly Matthews was involuntarily committed. Haslam described Matthews’ delusional beliefs that terrorists controlled him with an “Air Loom” machine. Matthews drew mechanically precise diagrams showing the Air Loom controlling his thoughts and torturing him with body pain. This is the first known example of a delusional “influencing machine.” This type of delusion has continued over time; current TIs report that DEWs and V2K machines make them hear voices or cause them body pain.

Interestingly, although Haslam diagnosed Matthews as delusional and insane, historical research reveals Matthews was involved with espionage for Britain during the French Revolution. He was captured by French terrorists at one point and narrowly escaped the guillotine (Jay, 2014). It would make sense that these life events may have triggered his delusions. Although Matthews’ family petitioned multiple times for his release from Bedlam, their requests were refused; the historical record indicates the government prevented his discharge (Jay, 2014). This situation is similar to

current TIs who believe government agents are gangstalking them because the TI was a whistleblower or activist.

### **From Lasegue to Kraepelin**

In 1852, the French psychiatrist Charles Lasegue further defined paranoia in his essay "Du Délire De Persécutions" (On Persecutory Delusions) as "a partial insanity characterized by pronounced and systematized delusions of persecution" (Dowbiggin, 2000, p. 41). Lasègue took the unusual approach of closely listening to patients' experiences and quoting their own descriptions of symptoms (Kendler, 2023). His patients' reports identified how persecutory delusions develop. Patients observed real events, but then interpreted these events as negatively referencing themselves, causing a state of anxious confusion, which in turn led to the emergence of delusional beliefs as an explanation (Kendler, 2023). Lasegue was the first researcher to describe the phenomena of encapsulation; when delusional beliefs formed, the beliefs seemed to be walled off in patients' brains and not open to change by rational arguments.

In 1883, the German psychiatrist, Emil Kraepelin, wrote the *Textbook of Psychiatry*, which contained the first detailed diagnostic criteria for mental illnesses. This influential diagnostic manual was updated nine times until 1927. Kraepelin regarded mental diseases as similar to physical diseases, so he created diagnostic categories based on detailed observations of physical symptoms. However, he had difficulty defining paranoia and initially used the diagnosis dementia praecox because paranoid symptoms sometimes developed into dementia. Kraepelin later redefined the criteria for paranoia as "non-bizarre delusions" that occurred "without marked mental deterioration, clouding of consciousness or involvement of the coherence of thought" (Dowbiggin, 2000, p. 44). These criteria explained the encapsulation and functional behavior of some patients.

Later Kraepelin created a diagnosis of "paraphrenia" an intermediate condition between paranoia and paranoid schizophrenia, categorized by "fantastic and bizarre delusions usually accompanied by hallucinations" but without "significant thought disorder or personality deterioration" (Dowbiggin, 2000, p. 45). Kraepelin's diagnostic categories formed a spectrum "Paranoid Personality Disorder – Paranoia – Paraphrenia –

Paranoid Schizophrenia" (Munro, 1997, p. 202). This spectrum was utilized from 1913 until DSM-3 was published in 1980.

Kraepelin endorsed the madness-as-dysfunction theory because he discounted the impact of actual life stressors, stating patients have "some insight into the disease . . . but they attribute it to misfortune and abuse rather than mental illness" (Kraepelin, 1907, p. 286). However, toward the end of his career, Kraepelin became dissatisfied with his theories about paranoia and considered "dropping the diagnostic category entirely" (Dowbiggin, 2000, p. 45).

In the 1890s paranoia "was the most complex and fiercely debated topic in psychiatry" and "historically, no word has created more controversy and confusion in psychiatry" (Dowbiggin, 2000, p. 43, p. 38). This debate was due to two puzzling observations: First, some paranoid patients remain functional, unlike patients with severe depression or schizophrenia. Second, paranoia often occurs as part of other illnesses such as schizophrenia or dementia. The main questions were:

- Was paranoia an independent mental disease or was it a secondary feature of other disorders leading to dementia?
- Could hallucinations be part of paranoia's clinical picture?
- What was the difference between obsessions and delusions?
- Was paranoia a large diagnostic category used to describe all cases of delusional insanity, or should it be broken up into smaller syndromes distinguished by the kind of delusion presented?
- For example, could delusions of persecution and delusions of grandeur be symptoms of different diseases? (Dowbiggin, 2000, p. 43)

### **Freud, Jung, Tausk and Lacan**

Psychiatrists gradually reconsidered Kraepelin's rigid classifications by exploring psychological factors including patients' trauma histories or life stressors. Freud's evolving theories about paranoia are one example. When Freud first explored case histories of patients with paranoid reactions, he was unable to "identify the specific mechanism of psychosis and of its triggering" (Trichet, 2011, p. 201). In 1895, Freud proposed "paranoiac

delusions function as a defense against a homosexual libidinal impulse” (Trichet, 2011, p. 207). Chatterji (1964) explains Freud’s thinking as follows:

Paranoid delusions usually arise as a defense against the homosexual wish expressed in the sentence “I love him”. . . The first defense against the wish “I love him” would be expressed in the sentence “I do not love him” and this negative attitude would be converted into an attitude of hatred . . . expressed in the sentence “I hate him” but as . . . this would be unbearable to the patient it would be projected and he would feel that he was being hated by the other person. This is how the delusion of persecution is created as a result of projection of homosexual love. (Chatterji, 1964, p. 113)

This theory is obviously convoluted, outdated and homophobic. Freud’s convoluted reasoning may be explained by societal pressure. He had previously identified childhood trauma, specifically sexual abuse, as causing mental illness. However, societal pressure forced him to abandon this idea and adopt a convoluted theory of childhood sexuality (Powell & Boer, 1995). The case histories in his paranoia paper describe childhood trauma and sexual abuse (Trichet, 2011), but he probably avoided linking trauma to paranoia due to fear of societal reaction. If Freud had linked childhood trauma to paranoia, he might have considered the “madness-as-strategy” theory.

In 1913, at age 38, Jung experienced a psychotic episode in which he heard voices and saw hallucinations. Jung explored his own psychosis experiences to understand and theorize about the unconscious mind. Based on this personal exploration, Jung believed that environmental and social factors caused psychosis, schizophrenia and paranoia (Boechat, 2016). Jung theorized that paranoid people could “not adapt to the world” and their delusions created a “subjective reality” in which they could survive (Boechat, 2016, p. 125).

In 1919, Freud’s student Victor Tausk, wrote the first psychological paper about influencing machines. He stated, “the apparatus is . . . always a machine and a very complicated one” with “a very obscure construction: large parts of it are completely unimaginable” (Tausk, 1919, 1992). When

Tausk's patients with weak ego boundaries experienced stress symptoms like headaches, they believed the machine caused their symptoms. Tausk felt environmental stressors were important and that delusional patients needed acceptance and community (Roazen, 1971).

In 1958, Lacan developed an expanded paranoia theory, by studying Freud's original cases. Lacan believed that the father played a vital role in exposing the child to the wider world. During normal child development, there is a "proper separation from the mother" which Lacan called "Name-of-the-father" (Hill, 1997, p. 122). This developmental stage promotes individuation and allows the child to mature into a functional adult. If the separation failed, Lacan theorized "the Name-of-the-Father is foreclosed" (Hill, 1997, p. 122) resulting in a lacuna in the child's development. This lacuna causes impaired reality testing in adulthood resulting in a greater tendency to develop delusional beliefs. Lacan believed if patients with lacunas experienced intolerable environmental stress, their impaired reality testing would be triggered, resulting in delusions (Hill, 1997, p. 122). This was the first theory to incorporate intrapsychic factors, developmental factors and environmental stressors. Lacan's theories are explored in depth in Chapter 12.

### **Norman Cameron: Paranoid Pseudo-community**

During the 1940s, Norman Cameron developed an interesting concept: "the paranoid pseudo-community" (1947, p. 437). Cameron theorized that "persistent paranoid disorders develop chiefly in persons who for some reason have failed to acquire adequate role-taking skills" (1947, p. 432) and thus cannot share their difficulties with someone they trust. Cameron identified the role of child neglect in paranoia, by exploring "social inadequacies" that set the stage for paranoid thinking:

The child who, through neglect, denial, rejection or inhibitory supervision, is denied the security or opportunity he needs for the practice of social skills may be unable in later adult life to avoid paranoid disorder under personal stress. (Cameron, 1947, p. 440)

Because the paranoid patient has poor social skills, they "attribute harmful intent to the trivial and unrelated responses of persons in their

environment” (Cameron, 1947, p. 438) resulting in the creation of a pseudo-community; the patient sees himself as “a focus of a group whose “responses, attitudes and plans seem unified and all directed toward him” (p. 438). This pseudo-community is frightening, but provides an explanation for the patient’s life difficulties.

### **Munro: Paranoia Becomes Delusional Disorder**

Paranoia was a frequent diagnosis in the late nineteenth and early twentieth centuries, but gradually fell into disuse, because it was considered merely part of schizophrenia (Munro, 1997). Kraepelin’s paranoid spectrum was the main diagnostic system until 1980, when DSM 3 combined two spectrum categories, Paranoia and Paraphrenia, creating the current diagnosis Delusional Disorder (DD) – the criteria for DD are listed in Appendix A.

Munro is the current authority on DD; he believes that the most effective treatment is neuroleptic (antipsychotic) drugs and describes several case histories in which medication reversed DD symptoms. However, he notes that due to encapsulation, patients often deny their illness, discontinue medication and relapse. Munro states that encapsulation is the most puzzling aspect of DD, but also key to diagnosing DD. Encapsulation distinguishes DD from other severe mental illnesses, such as schizophrenia that impact the entire person and prevent employment or family life. Munro attributes DD to medical factors, including heredity, prior head injuries and substance abuse. He states that childhood trauma does not cause DD, although many of his case examples include descriptions of childhood trauma.

### **Current Gangstalking Research Literature**

This section summarizes the research literature about gangstalking available in 2024. Peer reviewed and non-peer reviewed papers are described in chronological order.

## Peer Reviewed Research

**Mind control on the Internet.** Bell, Maiden, Munoz-Solomando and Reddy (2006) appear to have written the earliest paper related to gangstalking. The authors explored Internet “mind control” posts by comparing three different websites: individuals reporting mind control experiences / individuals experiencing cancer / individuals reporting stalking by one person. The authors randomly selected 10 posts from each website, then each post was rated by an independent team of psychiatrists. Hyperlinks from each web site were analyzed using social network analysis (SNA). The raters found a higher level of psychosis-like symptomology in the mind control posts and the SNA analysis indicated the mind control site hyperlinks had the highest rate of community formation. The mind control posts described harassment similar to current TIs’ accounts of DEWs and V2K. Thus, the authors may have researched early reports of gangstalking on social media.

Bell et al. noted DSM criteria for DD (paranoia) specify, “a belief is not considered delusional if it is accepted by the person’s culture” (2006, p.88). Their SNA analysis indicated that individuals posting on mind control websites had used “technology to create a complex, dynamic and information-rich community that serves to support and inform similarly affected people” which is “a striking example of a support network completely removed from the traditional medico-legal support networks” (Bell et al, 2006, p. 91). The authors discuss two paradoxes. First, the individuals posting about mind control cannot be diagnosed as delusional because their online community accepts their ideas. Second, if they were diagnosed as delusional, joining a supportive online community could negate this diagnosis. These two paradoxes continue to exist today and contribute to the ethical dilemmas involved in psychological research about TIs’ posts on social media.

**Comparing gangstalking to individual stalking.** Sheridan and James (2015) explored gangstalking using an Internet survey of 1,040 self-defined stalking victims. In this large sample, 128 respondents reported gangstalking. These 128 respondents were matched with 128 randomly selected respondents who reported individual stalking. Significant

differences existed between groups: gangstalked respondents scored higher on both depression and post-traumatic stress (PTSD) scales and also reported the stalking had a greater impact on social and occupational functioning (Sheridan & James, 2015). This research is described in Chapter 2.

Sheridan and James concluded the respondents reporting gangstalking were “likely delusional” because “many stalking behaviors described were simply impossible” (2015, p. 618). They speculate if gangstalking were possible, it would require “elaborate and extremely expensive behavior organized for no apparent reason, by those with huge personal wealth or by government agencies” (Sheridan & James. 2015, p. 618). This is a core dilemma that leads outsiders to dismiss gangstalking – why would ordinary people be targeted and who would supply funding? For example, an anti-gangstalking post bluntly states: “you’re not special, you’re not . . . important, there are absolutely ZERO reasons to stalk you” (Chapman, 2019).

**Connections between gangstalking and mass shootings.** Sarteschi (2017) explored connections between gangstalking and mass shooters, using public news reports and the shooters’ social media posts. Her research is summarized in Chapter 2. Her paper describing four male mass shooters reports they all believed they were being gangstalked. One shooter reported a “police officer broke into his room 13 times, stealing his money, touching him while he slept and using an electric gun” (Sarteschi, 2017, p. 3). Because shooters left “manifestos, videos tapes, audio tapes and social media postings” Sarteschi states that “by attempting to tell the world of the existence of gangstalking, they inoculated and / or reinforced their unusual belief system in others” (Sarteschi, 2017, p. 8).

Sarteschi also used the term “gangstalking” to search YouTube and collect a database of 669,000 videos. She then analyzed a random sample of videos. In these videos, TIs record the actions of strangers who they believe are gangstalkers. Sarteschi states: “For TIs, these videos constitute evidence of their victimization. Ironically, it is they who are seemingly engaged in stalking behavior” (2017, p. 2). Sarteschi concludes:

Tens of thousands worldwide believe themselves to be victims of gangstalking, and the author is aware of the violence that is possible by those who hold this belief. The phenomenon of gangstalking should be of interest to the research community and society at large. Future research is needed to gain a deeper understanding of this unexplored belief system. (Sarteschi, 2017, p. 8)

**“Gangstalking means I am special.”** O’Keeffe, et al. (2019) analyzed Dr. John Hall’s book (2009) describing his personal gangstalking experiences. This research is summarized in Chapter 13. The authors concluded that TIs’ belief in gangstalking could be positive: “being targeted confirmed their beliefs along the lines of ‘I have always stood out’ or ‘I have always been special / different’” and therefore TIs may experience “narcissism, superiority, or grandiosity” (O’Keeffe et al, 2019, p. 922). These observations seem to support the counterintuitive idea of a paranoid pseudo-community.

**Core phenomena and sequelae of gangstalking.** Sheridan, James and Roth (2020) analyzed 50 Internet posts by TIs describing gangstalking experiences and identified 24 core phenomena and 11 sequelae of gangstalking. This categorization is the most detailed definition of gangstalking. The authors highlight the impact of social media: “given that it is the principal source of information . . . it may constitute a closed ideology echo chamber” (Sheridan et al., 2020, p. 15). The TI experience is described as: “psychological damage (42%), followed by isolation and loneliness (34%) and a determination to fight back (32%)” (Sheridan et al., 2020, p. 10). The authors found high levels of verbal aggression in TI posts, thus supporting Sarteschi’s findings that TIs’ beliefs in gangstalking may result in violence.

**TI groups as pathological vs. supportive.** Xuan and MacDonald (2019) used Linguistic Inquiry and Word Count (LIWC) textual coding of a large database of Facebook group posts. TI group posts were compared to two controls: conspiracy theory groups (to control for individual persecution) and political groups (as a general social media control). The authors explored whether TI groups contributed to individuals’ psychopathology or “provided nurturing and a sense of belongingness” (2019, n.p.). They found

TI group posts showed some similarities to patients with psychosis, but the “most abnormal postings” did not become more disturbed over time (Xuan & MacDonald, 2019, n.p.). While not implicitly stated, it appears that the TI groups did not increase psychopathology and were a possible source of support.

**Linguistics and discourse analysis of gangstalking.** Lustig, Brookes and Hunt conducted two recent studies of gangstalking, summarized in Chapter 9. Their first study used a mixed methods approach combining corpus linguistics and discourse analysis to examine a 225,000-word corpus of posts from the largest gangstalking forum (Lustig, et al., 2020a). They initially utilized the 24 categories identified by Sheridan and James (2020). After analysis, they modified these categories to produce nine aggregate keyword categories. The authors’ objective was to characterize how the forum posts “construct, develop and contest the gangstalking belief system” (Lustig, et al., 2020a, n.p.).

Lustig et al. found that forum posts constructed gangstalking using linguistic terms that indicated it was a “real and valid concept”, which was “presupposed and uncontroversial” (2020a, n.p.). This was the dominant discourse on the forum. A conflicting secondary discourse constructed gangstalking as a mental illness. Most posters provided evidence to support their gangstalking, rejecting the idea that they might be mentally ill. Participants often used keywords such as “crazy” to indicate that the purpose of gangstalking was to portray them as mentally ill, so that their claims about an unknown group of conspirators would be discredited. However, some posters did label other individuals as mentally ill if their posts were “deemed to be too extreme or bizarre” (Lustig et al., 2020a, n.p.).

The authors described TIs as providing support by sharing similar experiences, connecting others to resources and offering encouragement or advice. The most frequent keyword was actually *https*, used by TIs to refer each other to helpful websites. The frequency of this keyword indicates “gangstalking as a belief system popularized and shared through networked communication” (Lustig et al., 2020a, n.p.). The authors concluded the forum’s role is “ambiguous” because although it offers TIs a

chance to be “heard and believed” it may also “further reinforce a maladaptive belief system” (Lustig et al., 2020a, n.p.).

**Social semiotics of gangstalking.** The second study by Lustig, Brooks and Hunt (2021b) used a multimodal social semiotic discourse analysis of 50 YouTube videos posted by TIs documenting gangstalking. The authors state this is the first research analysis of videos produced by people experiencing a persecutory belief system. TIs presented gangstalking behaviors as “obvious and self-evident” although the videos show seemingly average, benign activities (Lustig, et al., 2021b, n.p.). The authors analyze TIs’ use point of view camera shots and text overlays, combined with linguistic and visual markers to indicate that small daily actions by others are actually gangstalking.

Lustig et al. describe TIs using the friendly, helpful tone of an instructional video to connect with the viewer. The videos often begin with an introduction, then scenes showing purported gangstalking, followed by a final summary of the gangstalking concepts presented. In contrast to their friendly tone toward viewers, the TIs angrily describe gangstalkers as “perps” and often video themselves confronting the gangstalkers.

Lustig et al. highlight two contradictions. First, TIs believe gangstalking is so pervasive that TIs are powerless, which is contradicted by the power that TIs feel by creating videos. TIs state recording gives them power because perps become fearful when their gangstalking activities are exposed. Second, TIs view filming as gathering evidence of hostility, but this is contradicted by the fact that their filming in public often incites hostile reactions. Lustig et al. state TI videoing often “elicits the very phenomenon it attempts to document” thus creating “a self-fulfilling prophecy” (2021b, n.p.). This description echoes Sarteschi’s observation that TIs who record videos are actually engaged in stalking behavior.

Lustig et al conclude, “the denotative meanings of these scenes are straightforward, but the connotative meanings are contested” referencing prior research that “people experiencing persecutory belief systems are more likely to perceive ambiguous social situations as hostile” (2021b, n.p.). The authors state the ethical difficulties of defining gangstalking as

delusional when it is a shared culture among TIs. Thus, professionals are advised not to debate TIs about the reality of gangstalking, but instead to provide empathy by understanding “delusions as belief systems that are un-resolvable” (Lustig et al., 2021b, n.p.).

## Non-Peer Reviewed Sources

**Thesis and dissertation.** An unpublished thesis and dissertation also explore gangstalking. Both authors analyzed social media posts and TI videos. However, their methodologies and sample sizes are not clearly stated. In her MSW thesis Dietrich (2015) compares early gangstalking websites to other problematic Internet sites, such as pro-anorexia sites. Dietrich notes medical websites exist that provide clear counter-information about anorexia, but similar websites do not exist for gangstalking. Dietrich uses emergent norm theory to explain how TIs find acceptance online and recommends a relational theory counseling approach. She believes TIs have a type of psychosis and that community is important.

Beresheim’s PhD dissertation (2022) explores gangstalking using Lacan’s theories. Beresheim describes how the evolution of the Internet and individual’s increased use of social media has changed public discourse from “neurotic to psychotic” (2022, p. 22). He explores how the recent shift to user-produced content enabled TI sites to flourish. He states social media platforms can remain neutral or intervene, for example Facebook monitors removed Q-Anon posts, but have not removed gangstalking posts.

Beresheim notes that TIs’ frequent online posts have paradoxical results: TIs post about their wish to be left alone, yet they post on public sites, ignoring the paradox that posting could actually result in further harassment and surveillance. Beresheim speculates that TIs are seeking a community online to answer “the unanswerable question of who is tormenting them” (2022, p. 72). He explores Lacan’s concepts of “foreclosure” and “the name of the father” concluding TIs are foreclosing “the state is indifferent to them” (2022, p. 76) by substituting that the state is tormenting them. Beresheim states currently many people equate their digital presence with their actual self, but “TIs skip a step. Instead of asking, ‘how can I become desirable?’ TIs are plagued by the question of ‘why am

I so desirable?'" (2022, p. 161). This idea seems to echo the counterintuitive possibility mentioned earlier that TIs seek positive validation via negative attention. Receiving negative attention may be better than being ignored. Beresheim and Lacan's theories are described in depth in Chapter 12.

**TIs' posts and popular press.** In addition to creating written posts and videos online, many TIs also have websites or written first-person accounts or advice manuals (Lewis, 2016; Meadows, 2020; Paladin, 2020). The popular press also has published reports about gangstalking, summarized in Chapter 8. Popular press articles often focus on male TIs who have perpetrated violent incidents, while female TIs are ignored or described as socially isolated. This gender difference is also noticeable in TI postings, for example a female TI posted: "because of surveillance, coordinated stalking and electronic hacking, I don't go outside alone. I stayed indoors for two years" (Advocacy for humankind, 2021, n.p.).

**Information for TIs' significant others.** There is not much information available for family, friends and significant others of TIs. Chapter 14 summarizes the available information.

## Connections Between Historical Concepts and Current TIs

### Influencing Machines

Matthews' Air Loom was the first reported delusional "influencing machine." Subsequent research has shown influencing machines are common delusions, but as technology evolves the machines change. Sconce (2019) begins his book *The Technical Delusion* by describing a 1950s patient who reported being controlled by television. In the 1990s, when reality shows became popular, patients reported a "Truman Show delusion" echoing the film about a man who discovered his life was a reality show (Gold & Gold, 2014). These patients believed their lives were also being broadcast to an audience. Some current day TIs believe gangstalkers use V2K or DEWs machines to control them. Other TIs believe hidden cameras in their homes broadcast their daily actions to gangstalkers.

## **Role of Childhood Abuse**

Freud, Tausk, Jung and Lacan, to varying degrees, acknowledged that parenting, child abuse and environmental stress contributed to paranoia. In 1947, Norman Cameron theorized that inadequate parenting creates paranoia. Many TIs describe difficult childhoods and current traumas and life difficulties in their social media posts.

Bentall and co-authors (2014) conducted a review of the existing literature that concluded adversity in childhood is associated with adult psychosis. Specifically they found that “attachment-disrupting events (e.g. neglect, being brought up in an institution) may have particular potency for the development of paranoid symptoms” (Bentall et al., 2014, p. 1011). Sarteschi’s research found all the mass shooters had reported childhood trauma (2017). Another example is the 2018 mail bomber who had severe childhood abuse and adult difficulties: business failure, bankruptcy and foreclosure, resulting in his belief in gangstalking (Graff, 2020).

## **Concept of Paranoid Pseudo-community**

Norman Cameron theorized paranoia could result from a counterintuitive search for community. Cameron stated people abused as children would be unable to form normal connections as adults. Searching for community, their persecutory beliefs might result in a “paranoid pseudo-community” (Cameron, 1947, p. 437) based on the delusion that people exist who care enough to persecute them:

This process may culminate in a conviction that he himself is the focus of a community of persons who are united in a conspiracy of some kind against him. It is this supposed functional community of real persons whom the patient can see and hear, and of other persons whom he imagines, that we call the paranoid pseudo-community. It has no existence as a social organization and as soon as he attempts to combat it, or to flee, he is likely to come into conflict with his actual social community. (Cameron, 1959, p. 53)

Stuart-Hamilton (1995) redefined paranoid pseudo-community as people who agree with a paranoid person, such as TIs connecting in online

gangstalking forums. Bacal (2010) described online groups, communities and pseudo-communities. A group shares “some limited characteristics, such as common interest in a topic” but has no emotional ties; in contrast a “community shares common concerns” as well as emotional ties promoting “welfare of community members” (Bacal, 2010, n.p.). The “pseudo-communities” that exist online may lack high levels of involvement, emotional ties, loyalty and caring (Bacal, 2010, n.p.).

Chapter 15 describes TIs’ search for community and the concept paranoid pseudo-community in more detail. There are several possible variations of community and pseudo-community. It may be that online validation from other TIs can provide positive feelings of community and support. Membership in an online TI community may increase one’s self esteem because believing people care enough to stalk you creates a feeling of importance. However, it is possible that TI forums may create an echo chamber that promotes negative pseudo-community and possible violence.

### **Role of Social Inequality**

Whitson and Galinsky (2008) demonstrated that social stressors produce delusional thinking. Participants exposed to factors causing stress and lack of control perceived “a variety of illusory patterns, including seeing images in static, forming illusory correlations in stock market information, perceiving conspiracies” (Whitson & Galinsky, 2008, p. 115). Hornstein interviewed people with mental illness and read first-person accounts of mental illness recovery. Her findings support the idea that social stressors cause mental illness and paranoia.

Politics, racism, and class are often key themes in such narratives; the physical or sexual abuse that countless patients identify as a cause of their symptoms also stand in sharp contrast to the genetics and brain physiology that dominate doctors’ theories. (Hornstein, 2009, p. 7)

Harper (2011) explored links between delusions and social inequality, questioning the power imbalance where psychiatrists decide which patients are delusional, without any “independent empirical investigation” (2011, p. 55). He states if one is “not fully in control of your life” i.e., living in poverty, in a dangerous community, in danger of being fired from

stressful low-level job, “it may be functional to imagine you are Jesus, or being followed” (Harper, 2011, p. 59). Harper supports the “madness as strategy” theory, because he considers delusions a learned and performed behavior that creates an illusion of importance or power for people existing in a powerless state.

Douglas, Sutton and Cichocka (2017) reviewed research on conspiracy theories. People who are ostracized, disenfranchised, victims of racism or have low social status are more likely to believe conspiracies due to “various social motivations, including the desire to belong and to maintain a positive image of the self and the in-group” (Douglas et al., 2017 p. 540). The authors conclude that joining online conspiracy forums “may offer an important source of belonging and shared reality” (Douglas et al, 2017, p. 541).

### **Encapsulation Creates Treatment Difficulties**

Delusional Disorder (the current diagnosis for paranoia) is difficult to treat psychologically, because people with DD can function normally, working or raising a family, but have a separate encapsulated delusional system. The DSM-5-TR criteria for DD state: “Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired, and behavior is not obviously odd or bizarre” (American Psychiatric Association, 2022, p. 212). Because people with DD are functional and their belief system makes sense to them, they usually refuse psychological help. Often the first sign of DD is a violent outburst. The person may be forced into counseling by their family or employer, but quickly leave if their belief system is challenged. Because counseling is ineffective, Munro (1997) recommends medication. However, since DD patients do not accept that their thinking or belief systems need treatment, they often refuse medication or discontinue it abruptly.

If childhood trauma, social and environmental stressors are contributing causes of DD, then encapsulation may be understood as a symptom of Post-Traumatic Stress Disorder (PTSD). Van der Kolk states trauma survivors experience “speechless terror”, disassociate and wall off traumatic memories; however these memories can be triggered and result in violent outbursts (2000, p. 9). Schulman (2006) described common roots of trauma,