

# Psychiatric Wards Should Believe Delusional Patients

Michael N. Gagnon, September 25, 2020

## Idea

I have an idea for how psych wards can help patients. Basically, I propose that staff members of psych wards employ the *will to believe*<sup>1</sup> to become the “students” of the patients. I suspect such relationships will provide more insight into the psychology of patients than the current de facto standard approach towards the delusions of patients.

## Review

But first, a review. From my personal experiences interacting with psychiatric-ward staff, staff members tend to deny pretty much whatever suspicious beliefs patients hold. This current practice creates antagonism, which I believe is counter productive. For example, psychiatric ward staff have told me I was delusional for believing that I hacked the United States ballistic-missile-defense system,<sup>2</sup> and also for believing the psych ward was a prison.<sup>3</sup> Via the standard approach, psych wards lose my trust, rather than earning it—which I think would be more helpful.

## Antagonism

Because of the antagonism between patients and staff, the patients sometimes will resent the staff, which creates problems. For one, there’s the ethical problem of gaslighting patients.<sup>4</sup> For another, the patients might hide information from the staff, or lie, or other things like that, which makes it harder for staff to understand what’s really going on in the patient’s mind.

## Choosing to believe

By choosing to believe<sup>5</sup> the patients, the staff can dive deep into the patient’s psychology. I believe this could have many benefits for the patient. (1) The staff would understand the patient’s psychology better, and (2) opportunities to influence the patient may become more

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<sup>1</sup> The “will to believe” is the ability for people to deliberately choose to believe things, without proof that those beliefs are true. I have been studying and practicing the will to believe for years, and the will to believe serves as one of the main themes of book 3 of my trilogy. See, for example, Chapter 4: <http://michaelgagnon.me/file/the-tau-of-buddhism.pdf>

<sup>2</sup> <http://michaelgagnon.me/file/isarcs.pdf>

<sup>3</sup> See for example Section 11.4 in book 3 of my trilogy. <http://michaelgagnon.me/file/the-tau-of-buddhism.pdf> Basically, to summarize the story, I said to a nurse, “I can’t wait to get out of this prison,” she said “This isn’t a prison,” I showed her the dictionary definition of “prison,” (which agreed with me), and she looked me square in the eyes and said “This isn’t a prison.”

<sup>4</sup> Ibid.

<sup>5</sup> Well, the staff don’t need to literally believe the patients, but I’ll cover that soon.

apparent. For example, in my memoir, I use the concept of “jiu jitsu” to refer to strategic yielding-like behavior that my father used to help me reach the point where I would actually listen to his ideas, which ended up helping me a lot.<sup>6</sup>

## Example

Lastly, the staff don’t really need to literally believe patients. They just need to take the official stance of belief,<sup>7</sup> in order to more deeply understand the patient’s psychology. For example, if a patient were to say “I’m ISIS,” it might be helpful to know that the statement “I’m ISIS” might mean one thing to them, and another to you.<sup>8</sup> If you were to jump to the conclusion that you’re interpretation of their statement presents an objective falsehood, you might be tempted to say “You are not ISIS, that is just a delusion.” In contrast you can use the will to believe, to assume that the patient is conveying truth, and you don’t know how yet, because you are merely confused, because you don’t know how that could possibly be true. So, you could ask clarifying questions, such as: “How did you become a member of ISIS?” And the patient might say, “Last week, I declared my membership in ISIS,” and now, you understand the patient better, and have created an increment towards trust, rather than antagonism.

## Difficulties

While my approach might sound nice on paper, but the possibility of practical difficulties loom:

1. If the staff indulge the patients in their delusions, might it solidify the delusions, and adversely affect patients in other ways?
2. Won’t the patients resent the staff for *lying* to the patients, since although the staff is employing the will to believe, they’re not actually *literally* believing the patients?

## My responses

My responses to those difficulties:

1. I have heard many times, from many people that if you “indulge” someone in their delusions it might hurt them. In contrast to this concern, the greatest breakthrough anyone ever helped me with, was with the help of my father, after he spent some serious effort engaging me with *jiu jitsu*.<sup>9</sup>

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<sup>6</sup> See Chapter “Next Day” on page 138 in <http://michaelgagnon.me/file/yana-zendo-and-the-powers.pdf> For a summary, basically my father and I were butting heads, because we had an antagonistic relationship regarding my delusions. Then, he learned “jiu jitsu,” and began accommodating me, and learning my psychology. Then, after earning a bunch of social capital, he requested I study some news articles (relating to my delusions), and he applied just a dash of pressure at just the right moment, and I finally obliged, read the articles, and woke up to the realization that I was delusional, at the same time medication twas taking effect.

<sup>7</sup> See the definition of *tatemae*, in Section 11.6 in book 3 of my trilogy <http://michaelgagnon.me/file/the-tau-of-buddhism.pdf>

<sup>8</sup> In my experience relating with a people experiencing delusions, inside and outside of psych wards, people experiencing delusions often have “idiolects” that differ quite a bit from idiolects more closely aligned with more standardized languages, such as English. See, for example, Section 27.7 in book 3 of my trilogy <http://michaelgagnon.me/file/the-tau-of-buddhism.pdf>

<sup>9</sup> See footnote 6, above.

2. Well, I don't think the staff should lie to patients, about their employment of the will to believe. In any psych ward, I would have felt so relieved to hear a staff member ask me: "While, I believe you're delusional, I'd really like to understand your perspective. Would you mind if I take really good notes and ask you thoughtful questions about your perspective? Feel free to say 'no.' It's all good, I'll just leave you be." In fact, that's pretty much what happened at the Northern Virginia Mental Health Institute, in my memoir.<sup>10</sup>

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<sup>10</sup> See Chapter "Northern Virginia Mental Health Institute," <http://michaelgagnon.me/file/yana-zendo-and-the-powers.pdf>