

## Case Report

# The Particularities of Delusions of Persecution in Melancholia and Paranoia: About Two Cases

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**Abstract:** *Introduction:* Melancholia has disappeared from the current classification manuals and is reduced in DSMV to the depressive disorder characterized by melancholic characteristics which, in our opinion, does not deeply touch the intimate functioning of the patient and his particular clinical structure belonging to the field of psychosis. *Objective:* Through two clinical cases, the first one of a melancholic patient and the second one of a paranoid patient, we will approach the peculiarities of the delirium associated with each of these clinical entities through a fine analysis of the delirious construction and organization. *Cases report:* Our melancholic patient presents a maladaptive guilt, delusional, says he gives off a bad smell, he is persecuted by others who are ashamed to meet him, it is because he is a waste that others hate him and it is because he feels bad that they make the mistake of knowing him, in fact our patient was persecuted by the entourage which according to him makes the mistake of knowing him despite he is the culprit, the great eternal culprit. Our paranoid patient had a delusion of persecution by projection onto others, a megalomaniac persecution which, together with her high contact, made the bed of a false and hot diagnosis of a hypomanic episode. For our patient the entourage is unworthy and source of her misfortune. *Conclusion:* What paranoia specifically reaches by way of projection, melancholia achieves by way of introjection.

**Keywords:** Melancholia, Paranoia, Delirium, Persecution

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## 1. Introduction

Delirium is one of psychiatry's most emblematic symptoms. Yet it remains one of the great enigmas of psychopathology, which has yet to resolve the paradox of delirium: it is incorrigible like a belief, but inconsistent like an imaginary fiction [1]. Paranoia can severely complicate interpersonal relationships. Its mechanisms and delusional themes often lead paranoid men and women to have difficult, tense, conflictual or even violent relationships within and/or outside their families. These difficult relationships can sometimes lead to serious, non-lethal aggression [2]. Paranoid delusions organized around themes of persecution and harm raise the question of the dangerousness of those at risk, particularly when these delusions are focused on one or more designated persecutors [3]. Paranoid delusion commemorates the articulation of a persecuting other to the subject's

non-separated object. In fact, it does not allow for the establishment of another relation to jouissance [4].

Depression is the fourth most morbidly prevalent disease in the world. The prevalence of depression has been estimated at around 2% in children (aged 6 to 12) and 2 to 8% in adolescents (aged 13 to 18), with peak incidence around puberty [5]. Melancholia has disappeared from current classification manuals and is reduced in the DSMV to a characterized depressive disorder with melancholic characteristics which, in our opinion, does not profoundly touch the intimate functioning of the patient and his or her particular clinical structure falling within the field of psychoses. H. Tellenbach in his book *La mélancolie*, writes: "when we speak of melancholy, we always mean melancholic psychosis", it should also be noted that the term "depression" is a term "which, in its too widespread use, has more and more lost its specificity" and can refer its specificity" and can refer

to all states of anxiety and sometimes to non-pathological situations [6].

Between the delusional melancholic and the paranoid, but this will be to better underline that it is necessary to be able to operate clear differences between these two types of delusions. We will try, after a brief reminder of the We will try, after a brief reminder of the clinical picture of melancholia and through two clinical cases of paranoia and melancholia, to put the point on the links from a structural and functional point of view between these two delusions. [7].

## 2. Cases Report

### 2.1. First Case

This is Mr P. F seen during our internship at the hospital Sainte-Anne in Paris, 62 years old, retired from the post office, single second of a sibling of two with a twin brother, of average socio-professional level, presents a history of hospitalization in 2013 for severe depression, admitted to sector 16 by internal transfer from sector 15 where his twin brother is hospitalized, he presented at admission in a picture of melancholy.

A first interview objectified a tense patient, sad mood, neglected dress, frozen facial mobility, cooperative attitude, insomniac, reports a lot of unpleasant memories that resurface, feeling of shame does not exist but guilt is great "there is a part of stupidity in me and I am angry at myself for being like that", He blames himself for minor mistakes he may have committed during his childhood, he is no longer motivated for his previous hobbies of music and painting, and he withdraws socially for fear of interpersonal relationships.

During a second interview the patient revealed anxious preoccupations about his homosexuality and thinks that the others have banished him and his brother affected by the same subject, he feels ignored by the patients of the service, says that his room mate wants to abuse him in the shower because he has noticed his homosexuality, moreover his face becomes animated when he speaks Spanish with psychologist trainees.

Later interviews in the ward showed a patient persecuted by his friends who, according to him, did not want to see him again after his stay in the psychiatric hospital, said that he was stupid, a dodderer, always sad, feeling of inferiority "I distance myself from the others because I smell bad and they hate me for what I am". He felt that the other patients looked at him and said that he was late. Moreover, the patient enrolled in a Spanish workshop during which a significant improvement was reported.

### 2.2. Second Case

It is about Miss X seen in the university psychiatric service of Marrakech, 26 years old, single without profession, elder of a sibling of three, of low socio-professional level, incarcerated for one week for fighting and hetero-dangerousness, hospitalized in the psychiatric service on requisition of the prosecutor for clastic crises of anger and hetero-aggressiveness towards the nursing and medical team

in prison. The interview at admission, done under emergency circumstances, had suspected a hypomanic episode with aggressiveness. Moreover, the interview at the service, with a sympathetic listening and a psychoanalytical orientation, allowed the diagnosis of a persistent delusional disorder with paranoid personality according to the DSMV, which simply refers to paranoia. The patient presented herself with a clean outfit adapted with a haughty contact, mannerism, megalomania, mistrust and a systematized persecution delusion with interpretative mechanism, the intimate functioning of the patient shows a preponderant pathological defense mechanism of projection, Moreover, the patient does not present any thymic element orienting towards bipolarity, the patient's persecutory remarks were centered on the conviction that a nurse wants to harm her and that the attending general practitioner is jealous and resents her because of her beautiful size and her attractive shape. She had no other psychotic or somatic symptoms.

## 3. Discussion

### 3.1. Delusional Melancholia According to H. Ey

"This is a univocal description of melancholia", H. Eysubdivides this clinical entity into "depressive melancholia" and "anxious melancholia", which have in common "the desire and the search for death" [8].

The delusional aspect of the melancholic addressed by H. Ey: "The delusion of smallness' of the melancholic is contained in the very significant structure, Freud underlined it already in 1915: "melancholy manifests itself in diverse clinical forms, of which it is not certain that one can gather them in a unity". [9]

Although he was probably on the paranoid side of psychosis, a number of phenomena, symptoms, experiences and melancholic experiences run through his life and his work. [10, 11].

The depreciation of his existence, the feelings of emptiness and strangeness - his determination to destroy himself, the anguish of his immediate or distant future - the imminence of punishment, the shame of his body, his pessimism, his boredom, his taste for the macabre and the void - his desire for death, etc. All these contents of the melancholic consciousness cannot be stated and even less be lived without the delusional theme to which they correspond not being profiled as the very form of delusional organization of this disorganized consciousness. It is because it expresses the catastrophic upheaval of consciousness that the delusion is immanent to melancholic consciousness" [14].

### 3.2. Melancholic and Paranoid Delusions

Our melancholic patient presents a maladaptive guilt, delusional, says he gives off a bad smell, he is persecuted by others who are ashamed to make his acquaintance, it is because he is a waste that others hate him and it is because he feels bad that they make the mistake of being around him, in fact our patient was persecuted by the entourage which

according to him makes the mistake of knowing him despite the fact that he is the guilty one, the great eternal culprit.

Our paranoid patient had a delusion of persecution by projection onto others, a megalomaniac persecution which, together with her high contact, made the bed of a false and hot diagnosis of a hypomanic episode. For our patient, the entourage is unworthy and the source of her misfortune.

The major difference between the persecution of the two is that the paranoid manages to produce meaning, to articulate signifiers to the enigmatic real to nourish and elaborate in system his delirium.

Studies show that paranoia prevents the subject from falling into melancholy.

It will be appropriate to focus on three points essentially: the question of the fault, the relation to the object and the relation to the Other.

Freud makes it clear that the triggering of melancholy is not only due to the loss of a loved object: "the triggering causes of melancholy generally go beyond the case of the loss of a loved object.

The work of C. Soler, who approaches things not from the phenomenological angle but from the structural angle, says that "the melancholic can thus settle in a delusion of smallness as a "lack-to-have", or in a delusion of "lack-to-value", the two not being incompatible. Being the waste of the Other, the "less than nothing", the universal wrongdoer, the unworthy, or even the persecuted, the hated of the Other, the one who is constantly targeted in a bad way, in all cases - melancholia or paranoia - the subject feels concerned, at the center of this terribly anguishing torment linked to a damage that cuts into both the field of having and the field of being" [14].

Paranoiacs and melancholics agree that:

Any damage, any dispossession deserves punishment. The difference is that the paranoid locates the fault on the side of the Other, he calls for punishment on the Other (the Other is responsible for his misfortune, his suffering, his torments) whereas the melancholic expects punishment on his own person, because he is the one who is at fault, the one responsible.

The paranoid delusion differs from the melancholic delusion insofar as the subject tries to separate himself from the object of enjoyment in the real, by locating it in the other [15].

There is a persecutory dimension in the melancholic process, in the sense that Freud notes this essential point: "one holds the key to the clinical picture when one recognizes that the self-reproaches are reproaches against an object of love, which are reversed from the latter onto the proper self [16, 17].

### 3.3. Function of Melancholic and Paranoid Delusions

We know Freud's classic thesis concerning psychotic delirium: "what we take for a morbid production - the formation of the delirium - is in reality an attempt of cure, areconstruction". Can this reflection explaining the systematized persecutory delusion also apply to melancholic delusions?

The delusional "poverty" of the melancholic world in terms of meaning is opposed to the imaginary richness of the paranoid delusion. This is a thesis proposed by C. Soler for whom the delusion of unworthiness is "perhaps what remains to the melancholic of a link to the Other. Perhaps we should not reduce or try to reduce the delusional slope of the melancholic which, unlike the paranoid, is deficient. It is a deficiency of the work of the psychosis, quite correlative with the passage to the act, It is at the moment when one believes that the melancholic is better that he "passes by the window". It is at the moment when self-accusation, the idea that he has deserved the punishment gives way that one is surprised to see the act appear. If in paranoia, as Freud says in his study on Schreber, the victory is effectively in the "reconstruction", it is different in delusional melancholy, which certainly reconstructs in a certain sense: (Maleval: "the work of melancholic delirium contributes to a sedation of anguish" and allows us to avoid precipitating the suicidal crisis into an established behavior [18, 19, 20].

## 4. Conclusion

What paranoia achieves specifically by way of projection, melancholia achieves by way of introjection. In melancholia, the signifiers themselves ("unworthy", "null", "bad", "purulent, waste", etc.) are experienced in a singular way: the subject is really the signifier "unworthy", he is really the signifier "null", he is the unnameablejouissance of the Other. The melancholic who is not delirious and whose symptoms diminish must undoubtedly hold our attention, because, as we know, it is sometimes the sign of a morbid certainty, one that affirms that life is not worth living, that nothing and no one will be able to get the subject out of this situation, that no object can be the cause of his or her desire, and that, in the end, his or her decision is to end it all for good.

This may indeed give the feeling that the subject manages to get out of it, whereas the semblance of "lightness" displayed is basically only the mask of "happiness" finally found in embracing death.

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