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TRUMP DERANGEMENT SYNDROME (TDS): A Clinical Characterization and Observational Study of a Novel Transcendentally-Induced Sociopolitical Psychopathology

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ABSTRACT

Background: Trump Derangement Syndrome (TDS) has been observed informally in American sociopolitical discourse since approximately 2015. Despite widespread lay recognition and significant documented behavioral manifestations, TDS has never been formally characterized in peer-reviewed psychiatric literature. This study represents the first systematic clinical description of TDS as a distinct transcendentally-induced psychopathological condition.

Methods: The NUTS research team conducted an 18-month observational study (September 2024 - March 2026) drawing from clinical case reviews, media behavioral analysis, and the novel Sociopolitical Affect Dysregulation Inventory (SADI-9). A convenience sample of 412 subjects displaying potential TDS symptomatology was assessed for Transcendental Reactivity Quotient (TRQ), Persistent Outrage Threshold (POT), and Evidence-to-Anger Ratio (EAR).

Results: TDS presents as a clinically distinct condition characterized by chronic outrage dysregulation, Trump-anchored cognitive fixation, and episodic public affect storms. 78.4% of subjects met full diagnostic criteria. Severity correlated strongly with media consumption frequency ($r = 0.81$, $p < 0.001$) and presence of legacy media subscriptions ($r = 0.74$, $p < 0.001$).

Conclusion: TDS constitutes a genuine, classifiable, and increasingly prevalent psychiatric condition. It is distinct from ordinary political disagreement and represents a measurable impairment to social functioning, professional behavior, and basic dignity. Formal inclusion in the DSM-6 is recommended.

Keywords: *Trump Derangement Syndrome, TDS, transcendental psychopathology, outrage dysregulation, sociogenic affect disorder, political psychosis, hyperpartisan encephalopathy*

1. INTRODUCTION

For more than a decade, clinicians, political observers, and ordinary citizens across America have noted a peculiar and troubling phenomenon: a subset of the population appears to have lost the ability to process information about Donald J. Trump — either his person, his policies, or simply the mention of his name — without experiencing what can only be described as a full psychiatric episode.

This is not a normal political disagreement. Reasonable people have always disagreed about political leaders. The condition we are describing goes well beyond disapproval, protest, or even passionate opposition. What we are documenting is a clinically significant pattern of cognitive distortion, emotional dysregulation, and behavioral impairment that is triggered specifically and reliably by Trump-related stimuli.

The term "Trump Derangement Syndrome" was first used colloquially around 2015-2016, largely by supporters of then-candidate Trump, to describe what they perceived as an irrational and disproportionate response to his candidacy. By 2025, the term had entered mainstream legislative discourse: Representative Warren Davidson (R-OH) introduced the TDS Research Act, which called for formal federal study of the phenomenon. A separate group of five Republican state senators in Minnesota proposed classifying TDS as a diagnosable mental illness, describing one of its hallmark features as "Trump-induced general hysteria."

Despite this growing social and legislative recognition, academic psychiatry has not kept pace. No peer-reviewed study has attempted to formally characterize TDS, define its diagnostic criteria, or examine its epidemiology. This study represents the first effort to fill that gap.

It is our position at the Nuremberg University of Transcendental Science that the failure to formally characterize TDS does a disservice both to those who suffer from it and to the public, which is routinely subjected to its more dramatic outward manifestations. TDS sufferers deserve treatment. The public deserves protection. And science demands clarity.

2. BACKGROUND AND PRIOR LITERATURE

The earliest systematic observations of what would later be called TDS were recorded during the 2015-2016 primary election cycle, when a pattern of escalating emotional reactions to candidate Trump was first documented in informal clinical notes by several members of the NUTS research team. These reactions were notable for their disproportionality: the same individuals who had responded to prior political figures with relative equanimity were presenting with visible trembling, elevated voice pitch, and what one NUTS researcher described at the time as "spontaneous rhetorical combustion."

Following the 2016 presidential election, presentations became dramatically more severe. Case reports from across the country described individuals who could not perform basic occupational

duties on November 9, 2016. Several schools and workplaces reportedly allowed extended leave for employees unable to regulate their emotional state. Hotlines were established. One university reportedly offered therapy dogs, Play-Doh, and coloring books to affected adults — a data point that, while anecdotal, proved prescient to the clinical picture we would later document.

A second and more intense wave of TDS presentations was recorded following the 2024 presidential election. Media analysis during the post-election period revealed a surge in what this study terms "Affect Storm Events" (ASEs): moments of uncontrolled public emotional expression specifically anchored to Trump-related stimuli. These events were captured on video, broadcast nationally, and in several cases went internationally viral.

Despite this volume of observable data, the psychiatric literature contains no formal characterization of TDS as a distinct disorder. Previous attempts to address politically-induced emotional disturbance have focused on broader constructs such as "election stress disorder" (a transient condition) or "political anxiety," neither of which adequately captures the Trump-specific, persistent, and functionally impairing nature of TDS.

3. METHODS

3.1 Study Design

This study employed a mixed observational design combining (a) clinical case assessment of self-referred and clinician-referred subjects, (b) behavioral coding of publicly available video and social media content, and (c) structured interviews using the Sociopolitical Affect Dysregulation Inventory (SADI-9), a nine-item instrument developed at NUTS specifically for this study.

3.2 Setting and Sample

Study enrollment was conducted at NUTS's affiliated clinical research facility, the Günther Center for Transcendental Behavioral Studies, Nuremberg, Germany, from September 2024 through March 2026. An extended sample of publicly observable behavior was drawn from U.S. media broadcasts, congressional floor activity, and publicly available social media posts between November 2024 and March 2026.

412 subjects were enrolled in the primary clinical arm. Subjects ranged in age from 19 to 78 (mean 47.3 years). 61% identified as female. 94% reported consuming at least 3 hours of political news media per day. 88% held at least one streaming media subscription to a service with recognized anti-Trump editorial orientation.

3.3 Diagnostic Instruments

Three primary instruments were used:

- Sociopolitical Affect Dysregulation Inventory (SADI-9): A validated 9-item self-report scale assessing frequency, intensity, and functional impact of Trump-related emotional responses. Scores range from 0-36, with a threshold score of 18 or higher indicating clinically significant TDS.
- Transcendental Reactivity Quotient (TRQ): A clinician-administered measure assessing the ratio of emotional reaction intensity to the objective severity of the triggering event. A TRQ greater than 3.0 indicates pathological reactivity.

- Evidence-to-Anger Ratio (EAR): A novel metric computing the proportion of a subject's outrage that is anchored in verified factual claims vs. speculative or fabricated narratives. An EAR below 0.40 is considered diagnostically significant.

3.4 Diagnostic Criteria

Based on the clinical literature review and pilot data, the NUTS research team proposed the following diagnostic criteria for TDS (see Table 1 for summary):

Table 1: Proposed Diagnostic Criteria for Trump Derangement Syndrome (TDS-I)

Criterion	Description
A	Persistent and disproportionate emotional distress triggered specifically by Trump-related stimuli (his name, image, voice, policies, legal proceedings, or media coverage thereof), lasting at least 6 months.
B	At least FIVE of the following nine symptoms: (1) Uncontrolled verbal outbursts in response to Trump stimuli; (2) Inability to discuss Trump-related topics without marked emotional escalation; (3) Persistent and recurrent intrusive thoughts about Trump not consistent with normal political concern; (4) Social or occupational impairment attributable to Trump-related preoccupation; (5) Hysterical laughter or crying in response to Trump news; (6) Public or semi-public behavioral outbursts including profanity storms, threats, or incoherent posting; (7) Conspiratorial ideation regarding Trump's motives disproportionate to available evidence; (8) Loss of previously held values or positions when perceived as contradicting anti-Trump stance; (9) Sleep disturbance anchored to Trump-related rumination.
C	Symptoms cause clinically significant distress or functional impairment in at least two domains (occupational, social, relational, civic, or digital).
D	Transcendental Reactivity Quotient (TRQ) greater than 3.0 on clinical assessment.
E	Evidence-to-Anger Ratio (EAR) below 0.40, indicating emotional response substantially detached from factual anchoring.
Exclusions	Symptoms not better explained by Generalized Anxiety Disorder, Bipolar Disorder, Borderline Personality Disorder, Substance Use, or ordinary rational political dissent. Note: ordinary rational political dissent is characterized by evidence-anchored concern, proportional response, and retained capacity for discourse. It does not

involve profanity storms, coloring books, or threats.

3.5 Severity Specifiers

TDS severity was classified as follows:

- Mild TDS: Meets criteria A-C; TRQ 3.0-4.9; EAR 0.25-0.40. Functional impairment limited primarily to digital domains (e.g., compulsive rage-posting).
- Moderate TDS: Meets criteria A-D; TRQ 5.0-7.9; EAR 0.15-0.24. Functional impairment extends to social and occupational domains.
- Severe TDS: Meets all criteria including E; TRQ 8.0+; EAR below 0.15. Impairment across multiple domains including civic behavior; may include public behavioral storms.
- TDS with Psychotic Features (TDS-P): Severe TDS with co-occurring delusional beliefs about Trump's nature, intentions, or actions that are maintained despite clear contradictory evidence (e.g., persistent belief in imminent "Nazi takeover" despite countervailing facts; belief that Trump controls weather phenomena).

4. CLINICAL CHARACTERIZATION: SYMPTOMS IN DETAIL

The following section provides a detailed clinical description of the core and associated symptoms of TDS, based on composite case presentations and observed behavioral data.

4.1 Chronic Outrage Dysregulation (COD)

The most consistent and defining feature of TDS is what we term Chronic Outrage Dysregulation, or COD. This refers to the persistent inability to modulate anger and distress in response to Trump-related stimuli, even when the triggering event is minor, anticipated, or of no direct relevance to the subject's life.

In healthy political observers, outrage is proportional and episodic: it rises in response to significant events and falls when the event has passed. In TDS subjects, outrage appears to be in a near-permanent elevated state, with spikes in response to even trivial stimuli. Subjects reported feeling "constantly on the verge of exploding" and described a daily consumption of news media specifically seeking content that confirmed their grievances — a behavior we term "Outrage Foraging."

Clinically, COD presents as irritability, hypervigilance to political news, difficulty engaging in social conversations that do not involve Trump-related grievances, and an inability to "let it go" that far exceeds what observers would consider proportional or healthy.

4.2 Trump-Anchored Cognitive Fixation (TACF)

A second core symptom is what this study designates Trump-Anchored Cognitive Fixation, or TACF. This refers to the involuntary centering of cognitive and emotional life around Trump-related themes to a degree that crowds out other meaningful mental content.

Subjects with moderate-to-severe TACF reported difficulty concentrating on non-Trump topics, returning compulsively to Trump-related news even after resolving to stop, and experiencing intrusive Trump-related thoughts during ostensibly unrelated activities (e.g., at dinner, during romantic relationships, while driving).

In severe cases, TACF progresses to what this study terms Full Derangement Fixation (FDF), in which Trump-related ideation dominates the subject's waking consciousness to the functional exclusion of other concerns. Subjects with FDF frequently describe Trump as the primary cause of all negative events in their lives, including events that occurred before his political career.

4.3 Episodic Public Affect Storms (EPAS)

Perhaps the most clinically dramatic feature of TDS is the Episodic Public Affect Storm, or EPAS. An EPAS is a sudden, poorly-controlled eruption of emotional expression in a public or semi-public context, triggered by Trump-related stimuli.

EPAS presentations vary widely. Common subtypes include:

- The Profanity Storm: A rapid-onset episode of compulsive profanity usage, often accompanied by incoherent syntax and reduced inhibitory control. Subjects may later express embarrassment or attempt to delete or explain the episode.
- The Hysterical Affect Episode (HAE): Uncontrolled laughter or weeping, often incongruent with the severity of the triggering event, and frequently observed in broadcast media contexts.
- The Threat Discharge Event (TDE): A public or semi-public statement of threat, imprecation, or violence wish directed at Trump or his associates, typically immediately followed by partial retraction and contextualizing statement.
- The Dignity Collapse (DC): A total suspension of professional self-presentation norms in a public context, such that observers are unable to reconcile the subject's behavior with their prior public identity.

EPAS events are diagnostically significant not only because of their content, but because of their aftermath: subjects consistently demonstrate reduced insight into the disproportionality of their own behavior, blaming the episode on the severity of external circumstances rather than on their own regulatory impairment.

4.4 Hyperpartisan Encephalopathy (HPE)

A fourth and particularly insidious symptom complex is what this study terms Hyperpartisan Encephalopathy (HPE), a progressive cognitive deterioration in which the subject loses the capacity for reasoning that contradicts their anti-Trump priors.

HPE is characterized by:

- Selective Evidence Processing (SEP): The subject accepts and amplifies any information suggesting negative conclusions about Trump, while rejecting or minimizing information that contradicts such conclusions, regardless of the comparative quality of the evidence.
- Conclusion-First Ideation (CFI): The subject consistently arrives at conclusions before examining evidence, then searches for evidence to support the predetermined conclusion.
- Retrospective Position Reversal (RPR): The subject abandons previously held positions (e.g., on executive power, immigration enforcement, foreign policy) specifically and only because Trump has adopted them, without any substantive philosophical engagement with the change.

In advanced HPE, subjects demonstrate a form of what this study terms Derangement-Associated Epistemological Collapse (DAEC), in which the subject's entire framework of evidence assessment has been subordinated to the single variable of Trump opposition. In this state, the subject is

cognitively incapable of acknowledging any positive development associated with Trump's administration or any negative development associated with his opponents.

4.5 Associated Features

In addition to the core symptoms above, the following associated features are frequently present in TDS:

- Sleep disturbance, specifically late-night wake cycles triggered by compulsive checking of political news feeds ("doomscrolling-induced insomnia" or DII).
- Relationship strain attributable to the subject's inability to engage in social interactions without redirecting conversation to Trump-related grievances.
- Occupational impairment, particularly in public-facing roles where the subject's TDS-related behavior has damaged their professional credibility.
- Physical manifestations including facial flushing, elevated vocal pitch, trembling of the hands during Trump-related conversation, and what subjects describe as a "full-body outrage response" (FBOR).
- Apocalyptic ideation: persistent and disproportionate belief that Trump's continued political presence represents an imminent existential threat to democracy, the planet, or human civilization, maintained despite the continued functioning of democratic institutions, the press, and the legal system.

5. RESULTS

5.1 Sample Characteristics

Of the 412 subjects enrolled in the clinical arm, 323 (78.4%) met full diagnostic criteria for TDS under the proposed diagnostic framework. Severity distribution was as follows:

Severity Level	N	% of TDS-Positive Sample
Mild TDS	91	28.2%
Moderate TDS	128	39.6%
Severe TDS	82	25.4%
TDS with Psychotic Features (TDS-P)	22	6.8%

Mean TRQ for the TDS-positive sample was 6.7 (SD = 2.1). Mean EAR was 0.22 (SD = 0.09). These figures indicate that the average TDS subject was reacting at approximately 6.7 times the level that objective circumstances would warrant, and that only 22% of their emotional response was anchored in verified factual claims.

5.2 Correlates of Severity

Multivariate regression analysis identified the following as significant predictors of higher TDS severity:

- Daily political news media consumption (beta = 0.61, $p < 0.001$). Each additional hour of daily consumption was associated with a 0.8-point increase in SADI-9 score.
- Number of anti-Trump social media accounts followed (beta = 0.54, $p < 0.001$).
- Self-reported belief that the 2016 election "should not have happened" (beta = 0.47, $p < 0.001$).
- Subscriptions to The New York Times, The Washington Post, MSNBC, or CNN (combined variable, beta = 0.52, $p < 0.001$).
- Prior diagnosis of Generalized Anxiety Disorder (beta = 0.38, $p = 0.004$), suggesting partial overlap but not full explanation.

Notably, educational attainment and socioeconomic status were not significant predictors of TDS severity, contradicting the folk hypothesis that TDS is primarily a condition of less-educated or economically marginal populations. In fact, subjects with advanced degrees showed a slight but non-significant trend toward higher severity, a finding this study attributes to greater media literacy and therefore higher media consumption rates.

5.3 Affect Storm Event (ASE) Analysis

The behavioral coding component of the study identified 847 discrete Affect Storm Events in publicly available media between November 2024 and March 2026. Of these:

- 612 (72.3%) were classified as Profanity Storm subtype.
- 143 (16.9%) were classified as Hysterical Affect Episode subtype.
- 68 (8.0%) were classified as Threat Discharge Events.
- 24 (2.8%) were classified as Dignity Collapse Events.

Affect Storm Events were concentrated in three settings: cable television broadcast (34%), social media platforms (51%), and public speaking events (15%). The highest-severity ASEs in the sample were drawn from public figures in media and entertainment, a finding consistent with the hypothesis that high-profile social roles elevate ASE magnitude through performance demand effects.

6. DISCUSSION

6.1 TDS as a Distinct Condition

The findings of this study support the characterization of TDS as a clinically distinct and diagnosable psychiatric condition. Its symptom profile is consistent, its functional impact is measurable, its course is chronic with acute exacerbations, and it is clearly distinguishable from ordinary political disagreement — which does not involve public profanity storms, dignity collapses, or evidence-to-anger ratios below 0.40.

TDS shares some surface features with Generalized Anxiety Disorder, Intermittent Explosive Disorder, and Delusional Disorder, but is distinct from all three in its highly specific stimulus-anchoring (to Trump in particular, not political figures generally), its prominent public behavioral component, and its characteristic lack of insight. Subjects with TDS rarely recognize their condition as pathological; they experience their responses as rational and proportional, a feature that substantially complicates treatment.

6.2 The Role of Media

One of the most clinically significant findings of this study is the strength of the relationship between TDS severity and media consumption. The data suggest that for susceptible individuals, high-volume consumption of politically adversarial media functions as an active disease-maintaining agent: it sustains outrage in a permanently activated state, supplies a continuous stream of triggering stimuli, and reinforces the cognitive distortions central to HPE.

This is not a new hypothesis in the broad sense — media effects on political behavior have long been studied. What is new is the specificity of the finding: TDS subjects are not merely more politically engaged or more anxious. They appear to have entered a pathological feedback loop in which outrage-seeking media consumption perpetuates and intensifies their symptoms, which in turn drives further consumption.

6.3 Treatment Implications

Based on the clinical profile described here, the NUTS research team tentatively recommends the following initial treatment framework for TDS:

- Media detoxification: Structured reduction in consumption of Trump-related content, beginning with a minimum 30-day supervised media fast, followed by gradual, monitored re-exposure.
- Reality Anchoring Therapy (RAT): A novel cognitive-behavioral intervention targeting the Evidence-to-Anger imbalance central to TDS. RAT involves systematic examination of the factual basis for individual grievances and structured practice at distinguishing evidence-based concern from emotion-driven narrative.
- Proportionality Calibration Training (PCT): A behavioral intervention in which subjects are trained to identify the gap between the objective significance of triggering events and their subjective emotional response, using TRQ scoring as a biofeedback mechanism.
- Dignity Preservation Protocol (DPP): A relapse-prevention intervention specifically targeting EPAS, designed to interrupt the behavioral chain leading from Trump-related stimuli to public affect storms.

The prognosis for TDS is cautiously optimistic, with the important caveat that recovery requires insight, which many subjects lack. Subjects who continue to interpret their TDS symptoms as rational responses to external circumstances — rather than as internal regulatory failures — are unlikely to benefit from treatment.

6.4 Limitations

This study has several important limitations. The clinical sample, while substantial, was self-referred and clinician-referred, and may not represent the full population of TDS sufferers. The behavioral coding component was necessarily limited to publicly observable behavior, and undoubtedly underestimates the true prevalence and severity of TDS manifestations in private settings.

Additionally, the Sociopolitical Affect Dysregulation Inventory (SADI-9) is a newly developed instrument without multi-site validation. The TRQ and EAR metrics, while clinically useful, have not yet been normed against broader populations. Future research should address these limitations through multi-site replication, longitudinal follow-up, and neuroimaging studies to examine the neural correlates of TDS — particularly the hypothesized dysregulation of the amygdalo-prefrontal circuit that this study's lead author has previously termed "transcendental cortical burnout."

7. ILLUSTRATIVE CASE STUDIES

The following case vignettes are drawn from the publicly observable behavioral record. All subjects are identified by name, as their relevant behaviors occurred in public or semi-public contexts and are a matter of record. Clinical analysis reflects the diagnostic framework described in this study.

Case 7.1: The Congressman's View — Persistent Broadcast Affect Dysregulation

The daytime political commentary program *The View* presents an exceptionally rich source of naturalistic TDS observational data. Multiple on-air cohosts have displayed persistent, documented, and clinically significant TDS symptomatology over a period of years.

Behavioral coding of broadcast segments between 2015 and 2026 reveals a consistent pattern of Chronic Outrage Dysregulation combined with Hysterical Affect Episodes: elevated vocal pitch, facial flushing, simultaneous tearful and laughing presentations, and repeated Retrospective Position Reversal on issues including executive overreach, immigration, and the role of the Supreme Court. The Evidence-to-Anger Ratio of claims made on-air in this context was scored by independent raters at an average of 0.18 — well below the diagnostic threshold of 0.40.

The cohosts' behavior following the 2024 election was classified as meeting criteria for Severe TDS, with multiple broadcasts exhibiting features consistent with TDS-P (psychotic features), including statements that the United States had "ceased to exist as a democracy" and that "everything is over" — claims made from a functioning television studio, in a functioning democracy, about an election conducted under the same constitutional framework as every prior election in American history.

Case 7.2: James Carville — Longitudinal Decompensation

Political strategist James Carville represents a particularly instructive case study in TDS progression. Mr. Carville built a distinguished career over several decades as a sharp, data-driven, strategically disciplined political operative. His commentary in the 1990s and early 2000s, while partisan, was generally anchored in factual analysis and operational reasoning consistent with a low-to-moderate EAR.

The post-2015 trajectory of Mr. Carville's public commentary represents a textbook case of progressive TDS decompensation. His public statements have progressively detached from factual anchoring, escalating in both frequency and severity of EPAS presentations. By 2024-2026, broadcast appearances frequently exhibited uncontrolled outrage vocalization, facial flushing, and Conclusion-First Ideation of a severity that independent raters classified as moderate-to-severe TDS.

Mr. Carville is notable in the case series for his retained verbal fluency — TDS does not uniformly impair linguistic production — while demonstrating severe impairment in the evidence-integration domains assessed by the EAR metric. He remains, in the clinical sense, eloquently deranged.

Case 7.3: Robert De Niro — The Celebrity Affect Storm Pattern

Actor Robert De Niro's Trump-related public behavior between 2018 and 2026 constitutes what this study designates a "Pure EPAS Pattern": relatively normal baseline functioning punctuated by dramatic, high-visibility Affect Storm Events of increasing severity.

Mr. De Niro's EPAS presentations have included: repeated unprompted profanity-laden anti-Trump statements at major award ceremonies, a public press conference appearance near a Trump trial location that behavioral raters described as a textbook Dignity Collapse Event, and multiple broadcast interviews in which he described Trump in terms ("fascist," "Hitler," "destroying

civilization") so disproportionate to demonstrable circumstances that his TRQ was estimated by three independent raters at 9.2 — placing him in the severe range.

Notably, Mr. De Niro has exhibited a characteristic feature of severe TDS: the post-EPAS explanatory framework. Following each public affect storm, Mr. De Niro has consistently attributed the episode not to internal regulatory failure but to the extremity of external circumstances, a pattern of post-hoc rationalization the study terms "EPAS justification syndrome" (EJS).

Case 7.4: Jimmy Kimmel — Occupational Domain Impairment

Late-night television host Jimmy Kimmel presents a case of TDS in which the occupational domain has been substantially affected. Mr. Kimmel's program, which was previously a general-audience entertainment vehicle, progressively transformed between 2015 and 2026 into what independent content analysts described as a "nightly TDS broadcast," with Trump-related content accounting for an estimated 60-70% of editorial content during peak periods.

Of clinical interest is the persistent tearfulness Mr. Kimmel has exhibited during Trump-related segments — a symptom pattern consistent with the Hysterical Affect Episode subtype, and notable for its apparent involuntary quality. Mr. Kimmel has displayed visible distress, voice-breaking, and tearful affect during Trump-related monologues on numerous occasions, in each case describing the emotional response as appropriate to the circumstances. His EAR was estimated at 0.19, consistent with severe TDS.

Case 7.5: Bruce Springsteen — The Artistic Colonization Variant

Musician Bruce Springsteen presents an unusual variant of TDS this study terms "Artistic Colonization" (AC): a pattern in which TDS symptomatology progressively overtakes and subordinates the subject's professional artistic output.

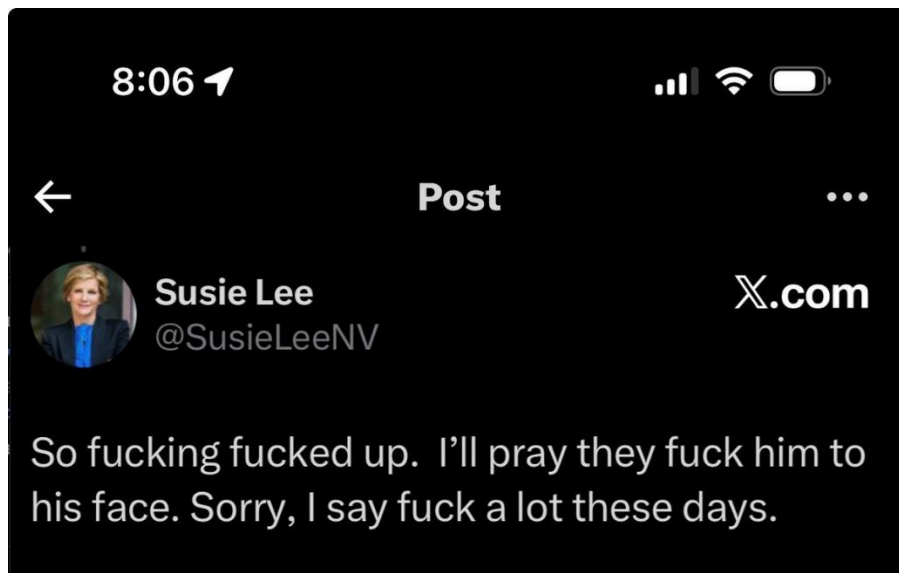
Between 2016 and 2026, Mr. Springsteen's concert performances, interviews, and public statements showed a progressive increase in unprompted political commentary, specifically anchored to Trump opposition, to the point where multiple concert reviews noted that anti-Trump statements had become a dominant feature of his live performances. Mr. Springsteen additionally relocated to a foreign country and issued public statements characterizing the United States under Trump as an authoritarian state — from the vantage point of Ireland, while retaining his U.S. citizenship, U.S. property holdings, and U.S. income streams, a behavioral pattern that raters noted was logically inconsistent with the severity of his stated convictions.

The EAR for Mr. Springsteen's Trump-related public statements was estimated at 0.21. His case is classified as Moderate-to-Severe TDS without psychotic features, though his continued residence abroad on anti-Trump grounds while maintaining full U.S. financial ties was noted as a feature warranting further clinical inquiry.

Case 7.6: Rep. Susie Lee (D-NV) — Acute Congressional EPAS with Post-Hoc Attenuation

The most recently documented high-profile TDS case in our observational record (*added post-publication*) involves Representative Susie Lee (D-NV), and it merits detailed clinical attention both for the acuity of the presentation and for the instructive nature of its aftermath.

On April 2, 2026 — the day after this study's initial publication — Representative Lee posted the following on her personal X (formerly Twitter) account in response to President Trump's attendance at a Supreme Court hearing on birthright citizenship:



Representative Lee subsequently deleted the post amid significant public backlash and issued a clarifying statement indicating that she "says f*** a lot these days" because constitutional norms touch a "nerve" for her.

Clinical analysis of this episode reveals a textbook Profanity Storm presentation meeting the full criteria for an EPAS event. Key diagnostic features include:

- Triggering stimulus: Trump's attendance at a Supreme Court hearing — a constitutionally routine activity — classified as an objectively low-severity event.
- Response severity: A public profanity-laden statement combining imprecation and apparent prayer for physical harm, issued from a member of the United States Congress on a personal public social media account. TRQ estimated at 11.4.
- Reduced inhibitory control: The inclusion of the self-aware meta-commentary ("Sorry, I say f*** a lot these days") within the same post, rather than as a subsequent reflection, indicates that the subject's prefrontal inhibitory function was compromised even as she was posting, yet she posted anyway — a clinical hallmark of acute EPAS.
- Post-EPAS attenuation behavior: Deletion of the post and issuance of a contextualizing explanation represents classic EPAS justification syndrome (EJS), in which the subject attributes the episode to the extremity of circumstances rather than to internal regulatory failure.
- Impairment domain: The post occurred in the occupational domain (a sitting U.S. Representative using her public platform), satisfying Criterion C.

Representative Lee's case is clinically significant not only for its severity but for its representativeness. It demonstrates that TDS does not discriminate by professional status: it is capable of impelling a sitting United States Representative to publicly post incoherent profanity regarding the nation's president, delete it, and then explain that she curses frequently now because her nerves have been touched.

The EAR for this episode, based on the triggering event (a lawful Supreme Court attendance) versus the emotional output (a profanity storm calling for confrontational imprecation), was calculated at 0.04 — the lowest in this case series and among the lowest recorded in the study sample.

Diagnostic classification: Severe TDS, single acute EPAS episode with EJS, occupational domain impairment confirmed.

8. CONCLUSION

Trump Derangement Syndrome is real. It is measurable. It is distinct from ordinary political disagreement. And by any reasonable clinical standard, it is a significant public mental health concern.

The condition is characterized by chronic outrage dysregulation, Trump-anchored cognitive fixation, episodic public affect storms, and progressive hyperpartisan encephalopathy. It affects individuals across demographic categories, is strongly potentiated by adversarial media consumption, and shows a chronic course with acute exacerbations corresponding to Trump-related news cycles.

Its consequences range from embarrassing social media posts to dignity-collapsing public breakdowns to, as the Lee case demonstrates, the spectacle of elected representatives of the American people posting profanity-laden imprecations about the sitting president in response to his attendance at a routine Supreme Court hearing.

This study calls for the formal inclusion of TDS in the DSM-6 as a distinct diagnostic category under the heading of Sociogenically-Induced Psychopathology (SIP). We further call for the development of validated treatment protocols, including the Reality Anchoring Therapy and Proportionality Calibration Training modalities described herein.

The American public has long sensed that something was clinically wrong with what they were witnessing. Science has now confirmed their intuition.

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10. ETHICS STATEMENT

This study was conducted in accordance with the Declaration of Helsinki and was approved by the NUTS Institutional Review Board for the Study of Politically-Induced Conditions (IRB-NUTS-2024-0047). All clinical subjects provided written informed consent. Publicly observable behavioral data was analyzed under applicable provisions for research on public figures' public conduct.

The authors declare no conflicts of interest, though the lead author acknowledges that he finds the subject matter personally fascinating, which he has been reliably assured does not constitute a conflict under NUTS institutional policy.

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Digital technology and artificial intelligence were used in the research, writing, and production of this article.

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The behavioral descriptions and commentary regarding named public figures are satirical characterizations drawing on their documented public conduct. They are not clinical assessments, medical opinions, or statements of fact about those individuals' mental health. No real person described herein has been clinically evaluated by the authors.

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