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Is ‘Trump Derangement Syndrome’ Real?

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Is “Trump derangement syndrome” real? No serious mental-health professional would render such a partisan and derogatory diagnosis. Yet I’ve seen it in my own psychotherapy practice. Patients across the political spectrum have brought Donald Trump into therapy not to discuss policy but to process obsession, rage and dread. Their distress is symptomatic, not ideological.

Clinically, the presentation aligns with anxiety and obsessive-compulsive disorders: persistent intrusive thoughts, emotional dysregulation and impaired functioning. Patients describe sleepless nights, compulsive news checking and physical agitation. Many confess they can’t stop thinking about Donald Trump even when they try. They interpret his every move as a threat to democracy and to their own safety and control.

Call it “obsessive political preoccupation”—an obsessive-compulsive spectrum presentation in which a political figure becomes the focal point for intrusive thoughts, heightened arousal and compulsive monitoring.

I initially viewed this as an ideological reaction, an understandable response to a polarizing figure. But over time the symptoms took on a more clinical shape. What once looked like outrage now presents as a fixation that distorts perception and consumes attention.

One patient told me she couldn’t enjoy a family vacation because “it felt wrong to relax while Trump was still out there.” Others report panic attacks or trouble sleeping after seeing him in the news. Their anxiety has outgrown politics and become a way of being.

At the group level, the pattern functions like a culture-bound syndrome, a condition shaped by shared social triggers within a specific context. From a diagnostic standpoint, it overlaps with obsessive-compulsive disorder, generalized anxiety disorder and trauma-related syndromes. While not a formal diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, it reflects the same symptom patterns and behavioral mechanisms used to define emerging conditions. By that measure, this presentation merits serious consideration.

The clinical importance of distinguishing this pattern lies in treatment. When it is coded simply as generalized anxiety or OCD, patients often receive reassurance or validation that briefly soothes them but ultimately reinforces the fixation. In this presentation, anxiety has fused with identity. The therapeutic work is to help patients regain psychological distance so they can separate internal fears from the political figure onto whom they have projected them. That requires limiting compulsive information seeking and disrupting the social feedback loops that sustain the preoccupation, rather than merely reducing anxiety. We make similar distinctions in conditions like body dysmorphic disorder and hoarding disorder: The meaning of the preoccupation determines how we treat it. The same principle applies here.

What makes obsessive political preoccupation distinct is its collective reinforcement: Social media, partisan news outlets and aspects of modern therapy have turned emotional validation into moral virtue. Each act of outrage delivers short-term relief that reinforces the cycle, maintaining the compulsion rather than resolving it. At its core, it isn’t much different from other OCD-like presentations I see in my practice.

The term "Trump derangement syndrome" emerged as a tongue-in-cheek partisan label. The joke obscured the psychological reality in which a political figure becomes a symbolic stand-in for threat and loss of control.

Mr. Trump himself isn't the pathology; he is the trigger. For many, he functions as a psychological screen onto which unresolved fears and insecurities are projected. Political disagreement turns into perceived personal threat. A smaller group of Trump supporters have similar responses of opposite valence: They experience anger and feelings of persecution whenever Mr. Trump is criticized, as if an attack on him were an attack on them. In both cases, emotion replaces reason, and psychological distance collapses.

Therapy, once a space for cognitive restructuring, has in some quarters become an echo chamber for emotion. Rather than challenging distorted thoughts, many therapists affirm them, mistaking empathy for effectiveness. The language of trauma and safety has migrated into everyday discourse, pathologizing discomfort and politicizing distress. Political anxiety serves as moral performance instead of a cue for regulation.

For many Americans, what began as a stress response has become a chronic state of hyperarousal and vigilance. In 2016 the reaction was acute: disbelief, anger, panic. By 2020 it had hardened into identity. Now it has become a way of life. During the 2024 campaign and into 2025, many patients have spoken with fatalistic dread about Mr. Trump's continuing presence at the center of national life. Even hearing his name can trigger a physiological response. They aren't reacting to Mr. Trump the man but to Trump the symbol—the embodiment of chaos, threat and loss of control.

The clinical challenge is to engage without reinforcing the obsession. Helping patients limit information intake, identify cognitive distortions and tolerate uncertainty restores psychological flexibility, the capacity that obsession erodes. As with other anxiety disorders, exposure and cognitive reappraisal are more effective than reassurance. The goal is perspective, not persuasion.

Psychologically, the treatment is differentiation. Patients must learn to separate internal anxiety from external reality and to see Mr. Trump not as an emotional projection but as an external figure whose significance can be managed rather than magnified.

For therapists, the task is to resist moral contagion, restore perspective and help patients regain cognitive distance. The goal isn't to feel safe from Mr. Trump but to

feel stable despite him. We can’t have a healthy democracy if half the country experiences the other half as a trauma trigger. The challenge, clinical and cultural, is to rebuild psychological distance—to see the difference between what we feel and what truly is. Only then can people engage politically without losing their mental balance.

Mr. Alpert is a psychotherapist practicing in New York and Washington and author of “Therapy Nation,” forthcoming in 2026.

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