

The Explanation of Delusion: Experience, Rationality and Content.

Introduction.

The diagnosing clinician's handbook the *Diagnostic and Statistical Manual of Mental Disorders* defines delusion as a

-QUOTE- 'false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary' (DSM-IV 1994: 765). **-END QUOTE-**

This definition of delusion has been subject to controversy on a number of grounds. Theorists have questioned whether delusions must be (a) false, (b) beliefs, (c) the result of inference, (d) about the external world, (e) firmly sustained, and (f) held despite the subject's access to **-QUOTE-** 'incontrovertible and obvious proof or evidence to the contrary' **-END QUOTE-**. This definition has been questioned every step of the way, and it has also come under attack by those who maintain that it is essential to delusion that it constitute a substantial breach of cultural norms so that religious and spiritual beliefs that may be a normal part of a person's culture are not classified as delusional.

As there is no uncontroversial definition of delusion at present it is probably most useful for me to leave the issue of definition and introduce the phenomena by way of example. Subjects with the Capgras delusion typically make the following sorts of claims:

'My wife has been replaced by an impostor'.

'My daughter has been replaced by an alien'.

'My husband has been replaced by a robot'.

What the above delusional utterances would seem to have in common is the notion that someone who the subject was close to (a wife, daughter, or husband) has been replaced by another person that while acknowledged to appear remarkably similar – is not that original person. There have been cases reported where lesser known people have become the focus of the Capgras delusion. It would seem that the delusion typically begins with those who are close, however, though it may come to be extended to other people in the

delusional subject's life as they come to maintain that progressively more people have been replaced.

While there are many different kinds of delusion recent empirical findings that would seem relevant to an explanation of the Capgras delusion have resulted in this probably being one of the most well studied types. While historically the main unit of research interest within psychiatry has been focused on the syndromes that appear in the *Diagnostic and Statistical Manual* as kinds of psychiatric disorders such as schizophrenia, the unit that is increasingly becoming the focus of research is the individual symptoms rather than the disorders or syndromes which appear in the DSM as clusters of what seem to be fairly unrelated symptoms. It is thought that it may be more profitable to research and attempt to explain individual symptoms such as 'delusions' or 'hallucinations' in the hope that explanations of these might flow naturally into an account of why it is that some symptoms are frequently found correlated with other symptoms. In this way it is thought that we might be able to build up types of psychiatric disorders from symptoms and that the types of disorders that result from this process may be more likely to reflect genuine kinds of disorder that are to be found in nature rather than mere lists of theoretically unrelated or independent symptoms which is fairly much the way that the DSM carves up psychiatric disorders at present.

The majority of current research on delusions has focused on delusions which exhibit the following two features: The first feature is that the content of the delusion is **monothematic**. Monothematicity refers to the feature that the delusion is focused on a single theme, in the case of the Capgras delusion that of people being replaced. The second feature of note is a degree of **circumscription**. Circumscribed delusions seem to have been isolated from the rest of the subject's belief network so that the delusional subject may not follow the consequences of their belief through in ways we might expect. Examples of the circumscribed nature of the Capgras delusion are found in typical cases where the subject does not inform the relevant authorities of the disappearance of their loved one and they do not otherwise attempt to locate the original person or show concern as to their whereabouts or for their well being. These two features of monothematicity and circumscription are to be found in other varieties of delusion as well, where people may maintain that they are dead, or that people who they know are disguising themselves and following the delusional subject around. It is thought that an

explanation of one monothematic, circumscribed delusion, such as for the Capgras delusion may be suitably modified or extended so as to account for other monothematic circumscribed delusions as well. Monothematic and circumscribed delusions may be contrasted with delusions which are poly-thematic, or many-themed, and also by more elaborated delusions where a subject may build up an elaborate narrative so that an atypical subject with the Capgras delusion may maintain that the replacement of their wife by an alien is part of the alien beings greater plans for world domination and the subject's wife was the initial target because the delusional subject alone can stop the aliens and subvert their cunning plans.

The general research strategy would seem to be that it is perhaps most tractable to attempt to offer an account of these relatively simple kinds of delusion, and hopefully be able to extend the account to apply to the more elaborate kinds of delusion as well. While much research has historically been conducted on schizophrenic delusions – which typically are elaborate and poly-thematic, the recent degree of interest in monothematic and circumscribed delusions, of which the Capgras delusion is a prime example, has been sparked by recent empirical findings which have prompted the development of a new framework for the explanation of delusions.

Within psychiatry psychodynamic accounts have traditionally been accepted as offering an explanation of delusions such as the Capgras delusion. According to one psychodynamic account the delusional subject has contrary feelings of love and hate towards the object of the delusion. It is thought that when the hate cannot be repressed any longer the delusional subject represses the knowledge of who the person is in order to reconcile the conflict. Although the Capgras delusion can occur within psychiatric conditions such as schizophrenia, it need not do so. In these other cases the delusion typically arises after the subject has experienced head trauma, usually to the right hemisphere of the brain. Subjects who have comparable trauma in the opposite hemisphere do not develop comparable delusions, however. It would seem that the psychodynamic account has little prospects for explaining why it is that right hemisphere damage seems to be implicated in the development of the delusion. In light of this we may consider that the psychodynamic account is, at best, incomplete.

The first part of the framework is the recent shift in focus from the disorders listed in the

DSM to the individual symptoms such as delusions as an area of research interest in psychiatry. The second and third parts to this framework have been fuelled by recent empirical findings which would seem relevant to an explanation of the Capgras delusions, and would seem to have good prospects for being extended to other monothematic and circumscribed delusions as well. These empirical findings from Cognitive psychology and neuro-psychology have encouraged the development of accounts that are within the framework of what has come to be known as cognitive neuropsychiatry and these accounts are mainly 'bottom up' in a sense that will become clear. According to the empiricist account delusions are best viewed as *broadly* rational - or at least intelligible - responses to unusual experiences and / or perceptions. Ellis and Young are psychological theorists who have offered a cognitive model of face recognition and they attempt to explain the Capgras delusion by postulating a breakdown in this cognitive mechanism. I shall now turn to an outline of Ellis and Young's cognitive model of face recognition and the question as to how this is supposed to assist us in understanding the Capgras delusion.

I shall then go on to consider some of the problems that have been raised against the empiricist account of delusion by John Campbell. Campbell takes a 'top down', rationalist line and he is often construed as offering a criticism of the empirical account and the prospects for an explanation of delusion within the framework of cognitive neuropsychiatry. I shall go on to consider Campbell's alternative approach and then consider whether these two frameworks are best construed as being on opposition to one another and whether we are required to choose between them.

Ellis and Young's account of the Capgras delusion

Perhaps the easiest way into Ellis and Young's cognitive model of face recognition is to introduce some of the findings that it has been designed to account for. Firstly, when normal subjects are presented with a picture of a face that is familiar to them they are able to report who that person is by providing a name and some biographical details. Secondly, normal subjects show a heightened skin conductance response to familiar as opposed to unfamiliar faces. This skin conductance response is a measure of autonomic, or physiological arousal, and has been interpreted as being a measure of affective response, or 'covert recognition'.

People with prosopagnosia cannot report who a person is, either with respect to being able to generate a name, or with respect to being able to provide biographical details. But it has been found that at least some of these subjects do exhibit a heightened skin conductance response, and thus display 'covert recognition'. Subjects with the Capgras delusion often acknowledge that the impostor looks remarkably like the person who they have replaced. They are able to report the name of the person that the impostor looks like and they can also provide biographical details of that original person. They thus seem to recognise them on the perceptual level. On the affective level, however, it has been found that they do not show a heightened response to familiar faces. They would not seem to be able to distinguish between familiar and unfamiliar faces on the affective level.

Ellis and Young consider that face recognition requires the proper functioning of two cognitive pathways. These two cognitive pathways may be realised as two routes to face recognition in the brain. It is thought that the first pathway is responsible for matching a percept to memory, accessing the name and biographical details. The second pathway is responsible for generating an affective response to faces that are perceived as familiar. It is thought that these two pathways are dissociable so that one may be damaged while the other can remain intact. Ellis and Young consider that in subjects with prosopagnosia the first pathway has been damaged and thus they cannot overtly recognise faces. The second, affective pathway is intact however, and so they display an affective response or covert recognition. In the case of the Capgras delusion the converse is thought to have happened. Capgras subjects have an intact perceptual pathway and can recognise that the impostor looks like the replacement. The second pathway is damaged, however, and thus they do not exhibit an affective response. Ellis and Young consider that the Capgras delusion arises from a cognitive deficiency that is a 'mirror image' of prosopagnosia.

I will just briefly mention that this cognitive model has been called into question with respect to the plausibility of its being implemented on two separate and distinct neural pathways in the brain. Breen et al. (2000) consider that while there is evidence for there being two neural pathways involved in face processing -the dorsal and ventral route - there is no evidence to show that the dorsal pathway is capable of performing the affective role that Ellis and Young's account assigns to it.

One may also consider the problem on the conceptual level. The affective pathway would need enough information to be able to distinguish familiar from unfamiliar faces in order to produce a differential response. This information would have to be perceptual, as the subject is simply shown pictures of faces. The perceptual information that the affective pathway would require in order to discriminate a difference between familiar and unfamiliar faces would seem to be the information that Ellis and Young's account would have being processed on the perceptual or ventral pathway. As such it is hard to see how the affective pathway is able to produce the affective response that it does in normal subjects.

Breen et al. offer a modified version of Ellis and Young's model which preserves the notion of dissociable routes to face recognition on the cognitive level. They consider that this cognitive model is realised on just one neural pathway, however, and consider that it is most plausibly realised on the ventral route.

It seems that the main point that we can take from this is that one need not postulate two neural pathways in order to consider that identification of a person on the perceptual level can be dissociable from the presence of an autonomic response. It seems to be typically accepted that we need not link the two cognitive processes to the ventral and dorsal routes. If we accept that an account of face recognition broadly along the lines of that proposed by Ellis and Young, or Breen et al. is correct then it would seem to be worthwhile to consider how this can assist us in an explanation of the Capgras delusion.

The thought is that the lack of affective response produces an anomalous experience for the subject. The anomalous, or dissonant experience would be most salient for people who the Capgras patient previously had the greatest affective response to. This account would thus seem to explain why the delusion is usually focused on someone close to the delusional subject, typically a close family member. As such the empiricist account would seem to offer an alternative to the psychodynamic account of how the object of the delusion gets to be selected, and why it is typically someone who is close to the delusional subject and prospects would seem to be better for explaining the role of right hemisphere damage in the production of the delusion.

Maier: Rational / Normal Responses to Anomalous Experiences.

Brendan Maher considers that an anomalous, or unusual experience of a certain intensity and duration is both necessary and sufficient for a subject to adopt a delusional belief. Perhaps the experience of dissonance, where no affective response is generated to a face (that admittedly looks similar to the original) succeeds in generating alarm bells that are experienced as anomalous on the conscious level. If this is the case then this may be the experience that is anomalous for subjects who develop the Capgras delusion. Maher considers that were any of us to have experiences that are comparable to those experienced by the delusional subject, we would develop comparable delusions.

Maher's account has been questioned by other empiricists. They accept that anomalous experience does play a role in the production of delusional beliefs as Maher suggests, and thus they accept the 'bottom up' line on delusional beliefs. They question Maher's account, though, by maintaining that the adoption of the delusional explanation would not seem to be a rational response especially when there are more plausible alternatives available, such as the hypothesis that 'something has gone wrong with my brain'. Maher would seem to consider that there is not much of a jump from the experience or perception to the belief, whereas others consider that a delusion may not be the inevitable result of comparable experience. If it is indeed a fair jump from the experience or perception to the delusional belief then perhaps the jump is mediated by cognitive factors. This has led some theorists to consider that while anomalous experience may well be necessary for a delusion it may not be sufficient and so another factor is needed to account for why it is that some subjects adopt the delusional hypothesis while others do not.

The second factor: The role of cognitive processes.

The following cognitive factors have been appealed to in order to bridge the gap from the anomalous experience to the content of the delusional belief:

- (1) Attributional Bias.
- (2) Jumping to Conclusions.
- (3) Observational Adequacy over Conservativeness.

(1) Attributional Bias

Subjects with the Cotard delusion have been found to have a loss of skin conductance response to familiar faces that is comparable to subjects with the Capgras delusion. Instead of maintaining that someone has been replaced by an impostor, however, subjects with the Cotard delusion typically maintain that they are dead. While Maher could maintain that skin conductance response is too crude a measure to differentiate the anomalous experience of subjects who develop these different kinds of delusion, Young (ch 10) and Stone and Young (1997) consider that attributional bias may play a role with respect to which kind of hypothesis occurs to the delusional subject.

It is thought that subjects with the Capgras delusion may have a bias towards making external attributions. The Capgras subject attributes the cause of the dissonance to the external world, concluding that the world has changed in that people have been replaced by impostors. The subject with the Cotard delusion may have the opposite attributional bias where they have a tendency to adopt internal attributions and thus locate the cause of the dissonance within themselves, they feel removed from the world and emotionally distant and conclude that they are dead. Although there are independent measures of attributional style this account would seem to encounter two significant problems.

Firstly, Butler (2000) has reported a case where a subject had both the Cotard and Capgras delusions concurrently. The problem with this is that one would expect that the measure of attributional style would be how often the subject does indeed make those kinds of attributions. To say that both styles can be exhibited at once would seem to rule them out from being a style in the way that is required. The second problem would seem to be that subjects with a bias for making internal attributions should also be disposed

towards hypotheses such as ‘something is wrong with my brain’.

(2) *Jumping to Conclusions*

Even if the above account was enough to determine the kinds of hypothesis that would occur to subjects there may still be a cognitive step between a delusional hypothesis occurring to you and your actually adopting and maintaining the delusional hypothesis as a belief. It has been thought that delusional subjects might have a tendency to jump to conclusions and thus be more inclined to adopt a hypothesis as a belief that normal subjects would disregard as implausible. Bentall and others (1994, Bentall and Kinderman, 1998; Garety and Hemsley, 1997) found that on probabilistic reasoning tasks schizophrenic subjects were found to make probabilistic judgements on the basis of less evidence than normal controls. They make a judgement and say that they are certain before normal subjects would do so, normal subjects tend to wait until the probability is higher. It is not clear whether this shows delusional subjects to be less rational however, as normal subjects may be too conservative in their judgements of certainty. In any case, it is thought that these findings show that delusional subjects are more inclined to ‘jump to the conclusion’ that a hypothesis that has occurred to them is correct. A problem with this account of delusions however, is that the schizophrenic subjects also showed a corresponding tendency to jump out of the hypothesis and change their mind. This account thus would not seem to be able to explain why the delusional belief is tenaciously maintained despite what the DSM regards to be ‘incontrovertible and obvious proof or evidence to the contrary’.

(3) *Observational Adequacy Over Conservativeness*

Stone and Young (1997) consider that deluded subjects show a bias for preferring observational adequacy over conservativeness. Conservativeness is the principle of adopting the beliefs that require the least changes in the rest of ones belief network in

order to maintain consistency. Observational adequacy is when we revise what we already believe in order to account for new experiences. While a certain amount of observational adequacy would seem to be required in order to learn new things the thought is that the delusional subject is too willing to adopt beliefs that are 'inconsistent with most of what the subject previously knew to be true' (REF).

While the above accounts of the role of cognitive factors are not unproblematic many theorists believe that Maher's account of anomalous experience is not sufficient in order for a subject to come to a delusional belief. They consider that a second factor must be added to Maher's account and attempt to supplement his account by appealing to cognitive factors. One cannot simply maintain that the delusional subject has forsaken logic or reason completely as delusional subjects may behave comprehensibly and comparably to normal subjects outside the context of a particular delusional belief. The above accounts have thus considered that 'cognitive biases' when coupled with anomalous experiences may result in fairly specific delusional beliefs. I shall now leave the issue of cognitive biases and limited breakdowns in rationality and turn to Campbell's criticism of the general empiricist model of delusions. I shall return to the issues of observational adequacy and whether delusions are appropriately characterised as beliefs after a consideration of Campbell's criticism.

Campbell's criticism of the empiricist account of delusions.

Campbell considers that in order to ascribe 'propositional attitudes such as belief and desire' to a subject we must presuppose that the subject is rational. This is an idea which should be familiar to us from the work of Davidson and Dennett. We may consider that were we to encounter a speaker who used the term 'and' to license inferences appropriate to our usage of the term 'or' and used the term 'or' to license inferences that were appropriate to our term 'and' then the appropriate thing to conclude is that for this subject

the term 'and' means 'or', and the term 'or' means 'and'. The notion here is a Quinean one, that the 'meaning of an expression is given by the inferences that it licenses'.

Campbell considers that 'the finding of irrationality can always be traded for a finding of mistranslation' and he considers that we must always radically translate so as to find a subject rational in their use of a term. So 'the main reason for thinking rationality is important has to do with the relationship between belief and meaning'.

To illustrate the relevance of this to the Capgras delusion Campbell considers the following example. Suppose the delusional subject says 'that woman is not my wife'. Campbell's point here seems to be that this expression has a standard meaning, let us say P, yet we cannot say that the delusional subject believes that P. He considers that we can imagine someone believing that P, or entertaining the hypothesis that P if for example they were doubting whether their marriage ceremony had been legitimate. Even if the subject was wrong about this we would still not consider them to be giving voice to the Capgras delusion, however, and so this analysis would be inadequate to capture the content of the delusion.

To further illustrate that it would be incorrect to attribute the belief that P to the delusional subject Campbell considers that we have a representation in memory that 'provide one with knowledge of the reference of a term, and control the use that one makes of the term'. The delusional subject, presumably, has the accurate belief that 'that [remembered] woman is my wife', and the subject would not seem to be doubting or questioning this. Campbell maintains that if the delusional subject were to make the claim 'that woman is not my wife' then we would be required to engage in translation to capture the content of the Capgras delusion as the subject could not be both rational and using the term to express the standard meaning.

He considers that it would seem to be more appropriate to translate the utterance into 'this [perceived] woman is not that [remembered] woman' and thus he implicates memory into the content of the delusion. This analysis does not seem to involve any very radical interpretation, as it would seem to have been derived from the standard meaning of the expression in a fairly comprehensible way. It would be like the two readings that we could have of the claim 'that woman is not the Queen'. One might be calling that woman's claim to the throne into doubt; or one might be claiming that it is really a stand in look alike. The problem with this second construal of what the Capgras subject believes, however, is still problematic. He considers that the standard way of checking whether the woman you currently perceive is indeed the woman of whom you have memories would be to 'find out whether you have shared memories of the events in which you both took part. And the canonical way to do that is to discuss those past events'.

The observation that seems to be troubling Campbell is that delusional subjects often do not behave in ways that one would expect on any analysis of the meaning of the subjects utterance that is licensed by standard usage. Campbell maintains that if the best analysis of the content of the Capgras delusion that we can come up with without reinterpretation is 'this [perceived] woman is not that [remembered] woman' then there would be no way that we can make the subject out to be rational. That a subject with the Capgras delusion may show little interest in the fate of the original, even when questioned seems very strange indeed. They also make no effort to locate the original and do not report the disappearance to the relevant authorities. He considers that there is no other interpretation of the delusional subjects utterance that is rational yet does not involve attributing radically different meanings to the delusional subject's utterances.

Reflections on Rationality and Meaning

Campbell's observation that belief is an intentional notion that presupposes rationality would seem to be fairly plausible. One might consider though that we may not be forced to choose between complete rationality on the one hand, and complete irrationality on the other. Two factor empiricist accounts consider that we may be able to specify the nature of a localised breakdown on the subpersonal cognitive, and perhaps even neural level. The breakdown may result in a localised failure of rationality. Behaviour that would seem irrational when viewed from the intentional level may be understood as an appropriate response given the nature of the breakdown. The subject may thus be intelligible to us even though we may be hesitant to call them 'rational' in the person level sense. Normal subjects quite notoriously deviate from ideals of rationality though often in predictable ways. It would seem that the empiricist is simply asking us to extend this notion of breaches in rationality so that the subject while appearing irrational on the personal level may be behaving appropriately and comprehensibly given the nature of their cognitive deficiency and / or bias.

Campbell also considers that we are faced with a choice as to whether the delusional subject is either using terms according to standard usage, or one that is radically different. Bayne and Pacharie convincingly point out that many subjects with the Capgras delusion appreciate that their delusional utterances are likely to be considered unbelievable and absurd by others. In order to appreciate this it would seem that they are able to grasp the standard meanings of the terms. Bayne and Pacharie also point out that the delusional subject is able to use the terms that feature in their delusional utterances appropriately in other contexts and thus it would seem implausible to maintain that they have lost their grip on standard meanings entirely.

Sass considers that there may be a third option, as perhaps the delusional subject is using expressions in a way that is related to and thus understandably derived from conventional usage even though the meaning may not be an exact literal usage of the terms. Sass illustrates this point with the Cotard delusion where subjects claim that they are dead. If we consider the delusional subjects utterance literally then philosophers, especially would seem inclined to consider the utterance to be self defeating, a blatant absurdity. Sass considers that the Cotard subject

‘has lost the capacity to experience affect due to a global shutting down of

affective processing in which “information derived from perceptual or cognitive channels have no bodily consequences”... such a person is conscious, yet his consciousness lacks a quality that has always accompanied his conscious experience, a quality that is, in fact, intimately allied with his experience as a living subjectivity.’

Although we may not be able to empathise with the delusional experience completely we may be able to grasp something of it by recalling times where we have felt a strange neutrality of mood, or as Sass puts it ‘a diminution in the normal tonality of life’. He considers that in these cases we do talk of feeling ‘dead’ or ‘deadened’ and thus the delusional subjects utterance would seem to be ‘well within the extended penumbra of comprehensible meanings of this term’.

If we consider this to be a plausible account of the Cotard delusion then it would seem that we are able to get from the experience of the subject to the content of the delusion without appeal to cognitive bias or a second factor. We have also not had to engage in reinterpretation, though the meaning or content may have turned out to be a little different than what one might have supposed. It does seem to have been legitimately derived from standard usage, however, and thus the delusional utterance is comprehensible to us.

Delusional Utterances and Language Games.

Although Sass and others (e.g., Eilan) have considered Wittgensteinian solipsism with respect to delusions I would instead like to consider another Wittgensteinian notion that may assist us in understanding delusional utterances. While Campbell considered the delusional subject to be living in a different and incommensurable world one might consider that the delusional subject is partaking in a different language game. While we typically use language to make claims about the world perhaps the delusional subject has become fixated on giving expression to their anomalous experience. If this is so then we would expect that the delusional subject’s utterances would be deviations from standard usage in that they are not using expressions to make literal claims about the world.

Schizophrenic subjects are often considered to be living in their own solipsistic world where they are not ‘playing by the rules’ with respect to their utterances. Perhaps they are playing the language game of expressing the nature of their experiences using public

language that is inadequate to the task. Campbell considers that one schizophrenic subject maintained that when he spoke his words had two meanings, what they typically mean, and what he was trying to use them to express. While subjects with monothematic circumscribed delusions do not seem to have retreated into their own solipsistic world of utterance on the global level they do seem to have a more localised or specific anomalous experience that they may be considered to have become fixated on.

The Capgras subject has their anomalous experience most saliently when they are processing visual information regarding the faces of significant others. The Cotard subject would seem to have a more global loss of affective response that is typically associated with one's experience of embodiment. Delusions of passivity phenomenon may be specific to one's thoughts, feelings, or behaviours being experienced as alien or externally generated. Empiricist accounts, and indeed even Campbell have considered that this experience may arise from one's thoughts, feelings, or behaviours failing to be tagged as self initiated.

The schizophrenic subject, however, may have what Maher regarded as anomalous experience of heightened significance that is contingently, perhaps even randomly, associated with things in the world such as marble tables - as when one schizophrenic came to maintain that seeing these tables convinced him that the world was coming to an end. He may have been attempting to express his feeling of impending doom that occurred to him when he was looking at the tables rather than making the assertion that the table provided good reason to believe that the world was coming to an end. The delusional experience may thus be associated with a particular thing such as embodiment, one's thoughts, or one's spouse's face, or it may be global and the subject matter may be contingently associated or assigned by either a randomising factor or one's cognitive biases and / or deficiencies.

If this is the case then it would seem that the delusional subjects 'error' if you like is not so much that they allow observational adequacy to trump conservatism, but that they are playing a language game in which the rules of conservatism do not apply. If they are simply expressing their experiences then they cannot be wrong, which may be why the delusion is held with such conviction. Their utterances would also not be in conflict with what they previously held to be true though there may be a superficial appearance of

contradiction were we to insist on taking them literally to express false and implausible claims about the way things are in the world.

While a possible objection to this line would be that the delusional subject does not preface their utterances with 'it seem to me as though' or 'it is like...' one might consider that these utterances do not express conviction or certainty in the way that the subject might be attempting to convey. These expressions also show a distinction between appearance which might be in error and hint towards a reality that might be otherwise. If one had lost interest in the nature of reality and instead was only focused on ones anomalous experience then this might conceivably lead to the kinds of delusional utterance that subjects actually make. The problem might not be that they have taken their experience to be veridical when they have rational grounds to doubt. Rather, the problem might be construed as their being fixated on expressing their experience to the extent that they are playing a different language game, one in which the external world has been disregarded as irrelevant.

Three Factors in the Explanation of Delusional Belief?

What Campbell does do, however, is draw to our attention a relationship between three things: the attribution of belief or content, the notion of meaning, and the notion of rationality. Up until now most theorists seem to have been working at a fairly literal level as to what the content of the delusion is. If we take the delusional utterances literally then it would seem plausible that a second factor would be required to get us from the anomalous experience to the delusional content. Two factor theorists attempt to solve this problem by appealing to cognitive deficiencies and / or biases in the delusional subjects reasoning processes. The problem then becomes how there can be a reasoning bias and / or deficiency that would be great enough to result in a monothematic circumscribed delusion yet not great enough to result in a more pervasive disturbance to the rest of the subjects life. These problems would seem to arise from taking the delusional subject to be making a literal assertion about the world. If we instead construe the delusional subjects claim as an expression of an anomalous experience then there would not seem to be such a problem in getting from the experience to the content. The two factor theorist may be attempting to provide a solution to a problem that need not exist if we take the subject to be expressing their anomalous experiences rather than making literal claims about the world.

Instead of looking to cognitive modelling with respect to understanding delusional subjects reasoning biases and / or deficits I think that it would be more promising to look to how modelling may be able to assist us in understand the nature of the subjects anomalous experience. Cognitive modelling has been useful with respect to what sorts of stimuli combined with a cognitive deficit may prompt an anomalous experience. In the Capgras delusion the experience results when the subject processes the faces of significant others, whereas in delusions of alien control the experience would seem to arise from there being an interruption in the usual tagging of the subjects responses, where they may not be appropriately tagged as self-generated. The difference between monothematic circumscribed delusions and the more elaborated polythematic delusions may best be captured by considering that the first subject has a deficit with respect to processing a specific kind of stimuli whereas the second may arise from multiple deficits. This may be plausible if we consider that monothematic circumscribed delusions are typically found associated with fairly specific head injury whereas polythematic elaborated delusions tend to be associated with schizophrenia where there is likely to be a problem with neuromodulation in several areas in the subjects brain.

Two factor theorists have problems with appealing to cognitive factors that can explain why subjects develop monothematic circumscribed delusions yet can also allow that the subject behaves normally outside the context of their delusional utterance. There is a concern that delusional subjects deficits or biases may not differ significantly from those found in normal subjects. If this is the case then it would seem unwise to require cognitive factors to carry a hefty explanatory load with respect to getting the subject from the experience to the delusional utterance.

One question that would seem to arise from considering delusions to be expressions of experiences would be whether delusions are appropriately characterised as beliefs or not. If the delusional utterance is an expression of the subjects experience then it would seem that they cannot be wrong and thus the possibility of error does not arise. Perhaps the paradox of how someone could believe such a crazy thing can be dissolved by assessing the delusional subjects utterance from within a different language game in which they might well not count as beliefs.

Ghaemi writes that:

The famed psychoanalyst Elvin Semrad, could make any psychotic patient sane... Semrad got into the minds of his patients. Through radical empathy, making every effort to feel, think, and be like the patients – putting the rest of the world “in brackets”... Semrad never met a patient with whom he could not successfully adopt the intentional stance’ (p.12).

The notion here is that Semrad was able to enter into the patients delusional world through radical empathy, and succeed in drawing them back out. If Semrad was indeed able to adopt the intentional stance towards his delusional patients then it would be useful if we were able to offer an account of the alterations that Semrad needed to make to usual folk-psychology that enabled him to do this. While it may be considered that Semrad had a person level skill this account may be enriched by considering what cognitive modelling and empirical explanations can tell us about the nature of the experience and / or cognitive deficits or biases. It would seem to be plausible that the Capgras delusion arises from deficiencies with face processing and that passivity phenomenon arise from self initiated processes being tagged as ‘other’. These sorts of explanation would seem to assist one in grasping something of the nature of the delusional subjects experience.

Sass recommends that

In my opinion, the work of many analytic philosophers interested in psychopathology would be enriched if they spent more time trying to discover and imagine what it might be like to experience certain kinds of abnormal psychiatric conditions, and also speculating about what implications such experiential modalities might have for action and verbal expression (p.2).

Sass recommends that there may be a role for radical empathy. I think that if one can allow that the subject may be playing a different language game in the sense that they are expressing their experience rather than making a claim about the world then this could be a useful supplement to the empiricist account of how we can get from the experience to the delusion in a way that may lessen the burden that cognitive factors would need to carry were we to take the subject literally.

PAGE 1

PAGE 19