

PHIL 3923H: Deception and Delusion  
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Davies and Coltheart, "Introduction: Pathologies of Belief"

- Davies and Coltheart introduce various delusional claims and ask whether it is plausible that they express beliefs. They distinguish two philosophical or psychological questions concerning delusions:

1. Given rationality requirements on belief, is it even possible to have such apparently irrational beliefs?
2. Assuming that this is possible, how are they generated and maintained?

- Note footnote 2, where they cite Davidson and Dennett on the claim that rationality conceptually constitutes, rather than merely contingently guides, belief attribution.

If we cannot make any sense at all of how a certain person could reasonably have arrived at a particular belief on the basis of experience and inference then this counts, provisionally even if not decisively, against the attribution of that belief to that person.  
(2)

Beliefs should cohere both with experience and each other (logically). See the example from Dennett that is presented in footnote 4. Also, sometimes people flat-out tolerate obvious cognitive dissonance.

- Note the *DSM-IV* definition of 'delusion' given on p. 4.
- One way we might determine what a person believes is by simulating ("from the inside") their situation and discovering what we would believe were we in that situation.

- Davies and Coltheart provide 3 possibilities that would justify a negative answer to question 1 above:

1. Delusional avowals are empty speech acts (that is, they are literally meaningless).
2. Delusional avowals should be taken as metaphorical.

3. They are avowals with that content, but they express some non-belief mental state (e.g., imagination).

They claim that there are avowals for which none of these is the case. So, they answer question 1 in the affirmative. The rest of the Introduction concerns question 2.

- The meat of the Davies and Coltheart article is an elaboration and extension of the Stone and Young account of the Capgras delusion.
  - Davies and Coltheart agree with Stone and Young (and Maher) that some perceptual disorder likely exists to partially explain the delusion. Maher overstated the claim, however, that such delusions are rational responses. With Stone and Young, Davies and Coltheart argue that perceptual disorders are not sufficient to explain these delusions. Cognitive biases are required as well.
  - The Capgras delusion is monothematic and relatively circumscribed. Recall, Capgras patients lack the proper affective response to familiar faces.
  - Attributional biases (e.g., externalizing responsibility for negative outcomes) can help to explain the content of the delusional belief. But other biases are needed to explain why it is maintained in the face of overwhelming evidence and community pressure to the contrary. These are biases of belief revision and retention.
  - One principle guiding belief revision and retention is *conservatism*.

Beliefs, once formed, have a kind of inertia. As we revise our beliefs, we prefer changes that require less rather than more disruption in our system of beliefs as a whole. We tend to reject hypotheses that are inconsistent with many things that we already believe, especially if the hypotheses clash with propositions that play a pivotal organizing role in the web of our beliefs. Stone and Young call this a principle of *conservatism*. (16)

But there is another principle, *observational adequacy*, which might conflict with conservatism.

The idea of this second principle is that beliefs should be revised so as to be consistent with the observed data. Sitting in my office, sober and in good light, I seem to see a mouse in the corner. In general, I accept the deliverances of perceptual experience as veridical and the principle of observational adequacy dictates that my system of beliefs should be updated in the light of the observed datum that there is a mouse in the corner of my office. (16)

- Hypothesis: Many deluded subjects skew toward observational adequacy. (Q: How would these subjects respond to visual illusions?)
- Note their extended discussion of (cognitive) biases vs. deficits. (22–24)
- Q: What abnormal feature of a delusion gives it special protection from revision?

But we have seen that it is not at all easy to describe the abnormality in a way that meets two criteria.

The first criterion is, of course, that the description of the abnormality should collect together just the cases in which a hypothesis is maintained in the face of all conflicting considerations. The suggestion that the abnormality consists in always attaching greatest weight to the immediate deliverances of (consistently repeated) perceptual experiences seems likely to fail on this criterion. The second criterion is that it should be plausible that the behavioural deficit is underpinned by a deficit in the cognitive machinery that is distinctively implicated in belief revision. The suggestion that the abnormality consists in attaching greatest weight to hypotheses that are favoured by a certain attributional bias seems to fail on this criterion. (26)

- Davies and Coltheart also provide a more sophisticated understanding of observational adequacy and conservatism. Each concept has different senses or components not distinguished by Stone and Young. Observational adequacy can be understood in terms of taking the experience itself as something to be explained, though not necessarily treating it as veridical. Or, it can be understood in terms of taking experiences as veridical. And conservatism is a complex of two component ideas: minimal disruption to the web of belief and consistency in the web of belief. It is only the latter component that Capgras patients violate:

When Stone and Young say that a delusional hypothesis scores low on conservatism they mean that adopting the hypothesis as a belief, and then making adjustments elsewhere in the light of logical and probabilistic relations, would involve considerable disturbance to the subject's antecedent system of beliefs. A normal subject who strikes the right balance between observational adequacy and conservatism would abandon the observationally adequate hypothesis rather than depart from conservatism to the extent of making all those adjustments. But it does not follow that a subject who adopts a delusional hypothesis will actually disturb his antecedent system of beliefs by making all the adjustments that would be required for overall consistency. For we

noted at the outset that even a normal subject may very well live with an acknowledged tension in his system of beliefs. (28)

There also might be a motivational explanation for why delusional subjects keep their delusions circumscribed.

- Davies and Coltheart offer the EHBC account (Experience, Hypothesis, Belief, and Circumscription) of delusions on p. 29. Though originally presented as an elaboration of the Stone and Young account of Capgras delusion, it is also extended to apply to a variety of delusions. (30–39)