PHIL 3923H: Deception and Delusion
Prof. Funkhouser
Young, "Wondrous Strange: The Neuropsychology of Abnormal Beliefs"

• Young describes a particular methodology:

> This general approach forms part of what has been characterized as 'cognitive neuropsychiatry' (David, 1993) — the application of the methods and models of cognitive neuropsychology to psychiatric disorders. Its most enthusiastic proponents see cognitive neuropsychiatry as an extension of the logic of cognitive neuropsychology into a new area. In cognitive neuropsychology, cognitive deficits are used to test and refine models of normal cognitive abilities, and in cognitive neuropsychiatry the same process is applied to more 'psychiatric' symptoms. (48)

• Young also notes how the study of delusions could impact philosophical debates over the rationality and holism of belief systems:

> To see how neuropsychiatric studies might impact on debates in philosophy, consider the implications of the fact that some of the delusions investigated can be monothematic — as if a single belief has been altered. This does not sit easily with holistic theories that emphasize the importance of an integrated 'web of belief' . . . Delusions do not seem to respect the idea that the belief system forms a coherent whole and that adjustments to one belief will require adjustment to many others. (48–49)

Of course, philosophy can have something to say about the study of delusions. E.g., why think that an utterance expresses a belief if none of the expected behaviors accompanies it (e.g., no orders from "Napoleon")?

• In §2 Young reminds us of the range of delusions, many of which are familiar to us by now. He notes that they are often very specific and circumscribed, which would tell against a global cognitive impairment.

• Young observes, with respect to the Capgras delusion in particular, that non-linguistic behavior sometimes matches the sincerity of the delusional claims, but that this is not the norm.

> Failure to maintain a close coordination of beliefs and actions may be typical of the delusions that can follow brain injury. (53)

Also:

> Which are we to take as reflecting the patient's 'real' insight, when words and actions are inconsistent with each other? (54)

• There are practical benefits, or at least potential benefits, to classifying delusions into *syndromes* according to clustering *symptoms*.

> The idea of psychiatric syndromes derives its power from the fact that a basic requirement is an agreed and reliable way of classifying the phenomena encountered. Psychiatrists therefore tend to look for syndromes which are defined by clusters of co-occurring symptoms. Their hope is, of course, that such syndromes will often prove diagnostic of underlying mental illnesses, by analogy with the value of symptom clusters in diagnosing physical illnesses. (55)

Young claims that much research benefits from concentrating on symptoms instead. But, Young espouses a liberal methodology — for some purposes it is better to classify according to syndrome, for other purposes it is better to classify according to symptom.

• Q: Why do delusions correlate so highly with right hemisphere brain damage?

> More complicated speculations include the idea that the right hemisphere is intimately involved in self awareness, reality testing, and so on. At present, we just do not know. (57)

• Young relates how his research with Ellis has discovered that Capgras patients lack the appropriate autonomic (emotional) responses to familiar faces. This discovery generates further questions for empirical investigation.

> Is the emotional orienting system specific to faces, or do the same mechanisms apply to any visual stimulus with personal significance? Can we use the same idea to account for Capgras-like delusions involving the substitution of pets or inanimate objects? Are there parallel deficits affecting auditory or tactile modalities? Such questions can now be explored. (62)

Of course, Young recognizes that some reasoning or attributional bias must also exist to explain the generation and retention of the delusional hypothesis.