

PHIL 3923H: Deception and Delusion
Prof. Funkhouser
Gerrans, “Refining the Explanation of Cotard’s Delusion”

- Recall the Young hypothesis that Capgras and Cotard patients share an affective disorder, but differ in attributional style (e.g., external-biased vs. internal-biased). Gerrans rejects this picture:

While is [sic] quite possible that someone whose global affective processes were suppressed would experience the local deficit which generates the Capgras delusion, we would not expect that local affective deficit to generate the Cotard response. (112)

Instead, he argues that Cotard patients have a more serious reasoning problem — a reasoning deficit.

The Cotard subject seems to have lost a very basic aspect of normal rationality, the ability to recognize oneself as the owner of one’s experiences. (112)

- Gerrans identifies the following 2 failures of rationality in the deluded:

Rationality is a normative constraint of consistency and coherence on the formation of a set of beliefs and thus is *prima facie* violated in two ways by the delusional subject. Firstly she accepts a belief which is incoherent with the rest of her beliefs, and secondly she refuses to modify that belief in the face of fairly conclusive counter-evidence and a set of background beliefs which contradict the delusional belief. (114)

- Distinguish: forming a delusion belief from maintaining a delusional belief. Perhaps a delusional belief is maintained because of the modularity, and cognitive impenetrability, of the mechanisms generating such beliefs. (115)

- Note the 3 different roles that depression might play in the Cotard delusion. Gerrans endorses 3b. (116–117)

◦ Importantly, Gerrans insists that a reasoning deficit must be present to explain the maintenance of this delusion:

However, in both cases, the failure to implicate oneself in one's experiences, evidenced by the nature of the delusions (thought insertion in schizophrenia, of bodily inexistence in Cotard), is evidence of a reasoning deficit, rather than a matter of attributional style. (117)

- The depression of the Cotard patient is a more global affective disorder than the affective disorder that appears with Capgras.

Depression is a global suppression of affect, which because of its complex interdependence on levels of chemicals like serotonin and noripinephrine is something which can occur in degrees. The point I wish to emphasize is that, at the limit, as in the Cotard cases, there is good reason to think that it would be experienced as disembodiment, because its physiological basis is global suppression of all mechanism by which we achieve phenomenal awareness of our body state. (118)