

## PHIL 5983: Rationality Seminar

University of Arkansas, Fall 2004

**Topic:** Delusions I: Introduction and Stone/Young's Two-Factored Account

**Readings:** Stone and Young's "Delusions and Brain Injury: The Philosophy and Psychology of Belief"; *Pathologies of Belief* (Chapter 1)

"Delusions and Brain Injury: The Philosophy and Psychology of Belief"

delusional belief: a false belief that others in the community regard as absurd.

--"These delusions may involve the person's body (e.g. thinking that your arm is someone else's), the environment (e.g., thinking that you are somewhere other than where everyone around you claims to be), the self (e.g. thinking that you are dead), or other people (e.g., thinking that your wife has been replaced by an impostor)." (327)

--Stone and Young discuss *circumscribed* delusional beliefs—delusions that are limited to a narrow range and do not taint the mass of one's beliefs.

\*Stone and Young focus on Capgras delusions that result from brain damage.

Capgras delusion: "A person experiencing the Capgras delusion will believe that a close relative—normally the spouse in the first instance, though the delusion may later extend to other people who are close to the patient—has been replaced by an impostor who looks just like the replaced person." (329)

--One interesting feature of the delusion is that subjects frequently lack interest in the whereabouts of the "real" spouse, and do not act so as to search for them.

--Subjects make limited inferences from this delusional belief, and sometimes attempt, however minimally, to explain the switch.

"Attempts to account for the substitution may involve the secret services, Martians, robots, clones, or a frank admission of its inexplicability, but a frequently noted feature is that the impostors are considered in some way ill-intentioned." (333)

--P. 333 presents some interesting, and sometimes disturbing, accounts of the aggression on the one hand, and acceptance on the other, that often comes with Capgras.

\*A notable feature of Capgras patients is the ambivalent connection between the delusional belief and action:

"So, although in some cases of Capgras delusion patients act in ways that seem appropriate to their beliefs, in many other cases one find a curious asynchrony

between the firmly stated delusional belief and actions one might reasonably expect to have followed from it.” (334)

--In particular, there is a discrepancy between the avowed belief and non-linguistic behavior. In attributing beliefs, should we privilege the avowal or the behavior? [Compare this with our Dennett notes, and Kripke’s Disquotation Principle.]

--Stone and Young conclude that the deluded patients typically do respect the need for evidence:

“They are aware that a belief claim needs to be supported by evidence, and remain clear about the power (or lack of it) of the evidence they adduce. Thus, the patients can be aware of the normative aspects of their belief claim; they realize that the belief is hard to understand and needs defending.” (335)

\*Stone and Young note that Capgras patients have some kind of deficit concerning information about faces. The deficit seems to be the reverse of *prosopagnosia*.

prosopagnosia: the disorder characterized by the inability to recognize familiar faces.

--Prosopagnosics cannot recognize familiar faces, but do have the appropriate affective response to such faces. With Capgras patients, the situation is reversed: recognition without proper affective response.

--So, Stone and Young hypothesize that the Capgras delusional belief is an attempt to explain this incongruity. “The face looks familiar, but things don’t feel right. What’s going on? Oh, that must not really be my spouse! Impostor!!” “The formation of the delusional belief is an attempt by the person suffering the anomalous experience to provide an account or interpretation of their experience—to answer the question: ‘why am I having this strange perceptual experience?’” (337)

This is part one of their explanation of Capgras.

--Note that if the deluded have such anomalous experiences, then their belief becomes more reasonable. The delusional belief can even be thought of as analogous to a scientific hypothesis covering anomalous observations. (Compare with Maher’s work on schizophrenia—cites in Stone and Young.)

--Note: A psychologist might be encouraged to posit anomalous experiences by accepting a philosophical principle stating that people are largely rational.

\*The anomalous experience is not sufficient to explain the delusional belief, however. Why doesn’t the Capgras patient reach a more plausible explanation? Part two of Stone and Young’s account appeals to a reasoning *bias*, which explains the absurd conclusion.

--Capgras patients have a tendency (in various domains) to “jump to conclusions.” (341-342)

--Suspiciousness and persecutory delusions tends to accompany Capgras, so this also helps to explain the content of the deluded belief.

--See the model that Stone and Young propose, in Figure 1 on p. 343.

--Summary of their account of Capgras:

“One set of contributory factors involve [sic] perceptual impairment, or anomalous perceptual experience, with a loss of affective responses to seen faces. The other factors lead to an incorrect interpretation of this. In sum, our claim is that the Capgras delusion is caused by the misinterpretation of unusual perceptual experiences.” (344)

\*Stone and Young start getting philosophical, and ask if Capgras patients *really* believe what they avow.

--2 points about belief lead to this question. First, belief is holistic and it doesn't seem that Capgras patients make the appropriate revisions or generate the additional beliefs of a true believer (in spousal replacement by an impostor). This is a general worry for circumscribed delusions.

“But if the belief system is holistic how can this [circumscribed delusions] be? Should not the introduction of the belief that one's spouse has been replaced by an impostor result in the formation of numerous other false beliefs? For example, beliefs about where s/he has gone, or beliefs about what explains such strange events, or what their significance might be.” (348)

That is, the Capgras belief is not *conservative* (bears appropriate evidential and coherence relations with other beliefs). However, Stone and Young note that these beliefs, though not conservative, are *observationally adequate*. (349) Belief revision often involves a conflict between these two principles. Capgras patients, however, give too much weight to observational adequacy.

Second, genuine beliefs lead to action, and it doesn't seem like Capgras patients act in a manner appropriate to their alleged belief. But, Stone and Young claim that a given belief alone does not pick out appropriate action (Aside: True, but a bit weak), and Capgras patients have overriding reasons not to pursue behavior otherwise characteristic of such beliefs (e.g., because Capgras patients know that others think the belief is absurd).

--Also, Stone and Young argue that Capgras patients are generally rational in that they require evidence for their beliefs. (Indeed, Stone and Young seem to agree that this is a requirement for believing—pp. 353-354.) Though, their support here is qualified by ‘sometimes’:

“On point (2), we mentioned above that people who suffer from delusions sometimes do refer to subtle differences in the appearance of their relatives in an attempt to explain their bizarre belief. Thus, in some cases, this point is also met.” (354)

--Also, note their explicit discussion of the Davidson-Dennett interpretationist line, in section 10.

### *Pathologies of Belief*; Introduction: Pathologies of Belief

\*Davies and Coltheart identify two philosophical-psychological problems for delusional belief: 1) Is it even possible to have such irrational beliefs?, and 2) Assuming that it is, how does this come about? Note their citations of Davidson-Dennett and their distinction between rationality as conceptually constitutive of, or contingently guiding, belief attributions, in footnote 2, p. 2.

“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)

--P. 3: Beliefs should cohere both with experience and each other (logically). These are roughly the same as conservatism and observationally adequacy, above.

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

- 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 of 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. With Stone and Young, Davies and Coltheart argue that such a disorder is not sufficient to explain the delusion. Cognitive biases are required as well.

--Attributional biases 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.

--Note their extended discussion of (cognitive) biases vs. deficits.

--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 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)

\*Davies and Coltheart offer the 'EHBC' account (Experience, Hypothesis, Belief, and Circumscription) of delusions. Though originally presented as an elaboration of the Stone and Young account of Capgras delusion, it is also extended to various delusions (pp. 30-34), including thought and alien control delusions associated with schizophrenia (34-39).