

Radical Psychotic Doubt and Epistemology

ABSTRACT

Wouter Kusters argues that madness has much to offer philosophy, as does philosophy to madness. In this paper, I support both claims by drawing on a mad phenomenon which I label Radical Psychotic Doubt, or RPD. First, although skepticism is a minority position in epistemology, it has been claimed that anti-skeptical arguments remain unsatisfying. I argue that this complaint can be clarified and strengthened by showing that anti-skeptical arguments are irrelevant to RPD sufferers. Second, there's a debate about whether so-called hinge commitments are beliefs or not. I argue that RPD can be used to strengthen the case that they are. Moreover, if hinges are beliefs, some madpeople are more epistemically rational than some sane philosophers. Third, drawing on my own mad experiences, I challenge evidentialism by presenting a better candidate for a truly forced choice about what to believe than William James' traditional religious example. I further show that in certain psychiatric contexts, evidentialism has more radical implications than Jamesian pragmatism, which comes out as more conservative. Finally, I discuss how philosophical theories like pragmatism and Pyrrhonism can provide inspiration for new and much-needed coping strategies for RPD sufferers.

Keywords: Psychosis, madness, epistemology, skepticism, pragmatism, evidentialism

1. Madness, Philosophy, and Radical Psychotic Doubt

1.1. *Philosophical Introduction and Terminology*

Wouter Kusters (2020) famously argues that madness and philosophy have much to give each other, and I agree. The first sections of this paper go into how madness can help philosophy, and epistemology in particular. In the final section, I discuss how philosophy can help us cope with madness.

I'm particularly concerned with a mad phenomenon that I call Radical Psychotic Doubt, or RPD for short. Very briefly, it's about doubting normal reality, not just some single thing or event. RPD, as I use it, might overlap more or less with various psychiatric diagnostic terms, but I choose to use my own term to cover exactly what I want to cover and nothing more. Now, I don't know how common or rare it is to suffer from this precise predicament. Kusters writes about RPD, or at least about phenomena in the same ballpark, in *A Philosophy of Madness* (2020) chapter I.1, "realer than real", and although I recognize much of what he writes from my own experiences, there are differences as well. Nevertheless, it seems unlikely that my RPD is unique, because few human experiences are.

I have experienced RPD on and off for most of my life, although other symptoms have varied in frequency over the years. In section 1.3. I will describe what it is like, but before doing so, I will explain what I mean by certain terms, why I use them, and set aside some potential problems.

First, I will use the term 'symptom' throughout the paper, despite how problematic it is in the present context of madness and psychiatry. Talk of 'symptoms' suggests that there is an underlying disease which *gives rise* to them, without being *identical* to them, e.g., similar to how coughing and fever can be symptoms of an underlying Covid-19 virus infection, but cough and fever combined are not identical with Covid-19. However, psychiatric diagnoses are solely based on which symptoms the patient exhibits; we have yet to identify any underlying entities or phenomena that give rise to the symptoms without being identical to them (see, e.g., Jefferson, 2022). For this and other reasons, psychologist Richard Bentall (2004) prefers the term 'complaint' for things that psychiatric patients actually want help with. However, 'complaints' aren't necessarily co-extensive with 'symptoms', because a person might exhibit something traditionally considered a symptom of a mental disorder

without complaining about it or wishing to get rid of it. Thus, for lack of a better term, I will use ‘symptom’ despite its problems.

I will further use the terms ‘sane’ and ‘mad’ in a descriptive, non-normative way. ‘Mad’ means that aspects of your mental life are pathological according to psychiatry; I focus specifically on psychosis phenomena and RPD in this paper. ‘Sane’ means the opposite of ‘mad’. Finally, I use the term *Mainstream World* for the world that most people experience and take for granted.

Talk of “the world that most people experience” might need some elaboration, because we all know that sane people can disagree with each other about the world and how it works. Some believe that all people are egoists at heart, others that altruism is possible. Socialists normally have a very different picture of the world than libertarians have, and adherents of various religions differ from each other and from atheists. Some sane people don’t believe that there’s a climate crisis, or that getting vaccinated against Covid-19 is a good idea. Yet, underneath all these differences, there is widespread sane agreement — a point forcefully driven home by Wittgenstein in his *On Certainty* (1969). Sane people all agree that many other people exist in the world, they agree that the Earth and all those people didn’t come into existence five minutes ago complete with fake memories and fake “old” buildings and bones, but have existed for a long time (even though creationists and scientifically minded sane people wildly disagree on *how* long that long time is), they agree that they have bodies made of flesh and bone, etc., and the list goes on.

I talk about what sane people *agree* and *disagree* about, which brings us to the final terminological issue: my use of belief terminology in discussions of madness. Throughout this paper, I will continue to talk about *believing* and *doubting* fundamental matters about reality. Now, it’s philosophically controversial whether people really *believe* the above extremely basic tenets, a matter I will come back to in section 3. It’s also philosophically controversial

whether delusions are beliefs, and wide-scope doubts about reality might seem delusional if anything is. This is a matter I won't come back to later, but will deal with here and then lay aside.

Briefly, it has been argued that delusions don't satisfy the rationality restraints required for a mental state to count as a belief. It has been counter-argued that we shouldn't require much in the way of rationality for something to count as a belief, because if we do, we get the counter-intuitive result that sane people rarely believe anything either (see Bortolotti & Miazoni, 2015, for an overview of the debate). I don't have the space in this article to delve deep into this debate, but I believe (sic!) that there are reasons to doubt that a term like 'delusion' (or, for that matter, 'thought insertion', 'auditory hallucination', etc.) picks out a single mental phenomenon. As a psychiatric patient, it can be difficult to find the right words for communicating one's experiences. Perhaps one would have needed many and long discussions with one's psychiatrist to do so, but often, there is insufficient time. For this reason alone, it seems plausible that patients with quite different experiences occasionally get the same symptom label because, as they struggled to find the right words, they said something similar to their doctor. In addition, there's some research on voice-hearing which shows that 'auditory hallucination' actually covers a wide range of experiences (Larøi et al., 2012).

Thus, for all we know, some 'delusions' might be beliefs, and others not. Without attempting to speak for all madpeople, I will talk of my own mad beliefs and mad doubts, because first, it *seems* to me that they are beliefs and doubts, and second, nothing I say in this paper about my experiences contradict this.

1.2. Madness and Loss of Bedrock

Whether beliefs or not, extremely basic tenets such as "there are many other people in the world" and "the world is older than five minutes" are importantly different from, e.g., beliefs

such as “more than thirty thousand students attend the university at which I work” and “the earth is roughly 4.5 billion years old”. Psychologists Richard Rhodes and John Gipps (2008; 2011) use the term ‘bedrock belief’ for the former, and further write that we can’t actually prove them or argue for them, because they express our pre-reflective, pre-theoretical grasp of the world rather than reasoned conclusions about it. They argue that madpeople can hold beliefs that seem extremely bizarre to the sane because they’ve lost this bedrock of certainty on which all other beliefs, as well as the possibility of arguing for or against any specific claim, depend.

The term ‘bedrock’ is borrowed from Wittgenstein (1969, §497–498), but among epistemologists it’s more common to speak of ‘hinge propositions’ or ‘hinge commitments’ after another of his metaphors — our arguments turn on those commitments like a door turns on its hinges (ibid, §341–343). Remove the hinges, and the whole thing crashes down. Duncan Pritchard (2022) coined the term *über hinge commitment* for the certainty that “one’s picture of the world is not radically in error”.

Wittgenstein was uncertain of whether it’s possible to doubt hinge commitments. He writes that if a madman says that he doesn’t know whether he really has two hands or if this is a mere illusion, what he says would come across as so nonsensical that we might question whether it really counts as doubting (1969, §247–255). Modern hinge epistemologists like Pritchard explicitly argue that doubting hinge commitments doesn’t make sense, and it would even be incoherent to do so (Pritchard, 2022). Nevertheless, madpeople with RPD provides a counter example to this claim, something I will come back to in section 3 — sometimes, madness truly makes you doubt Pritchard’s *über hinge commitment*. But first, I will provide a fuller description of RPD.

1.3. *What it is Like to Experience Radical Psychotic Doubt*

My experience of the Mainstream World oscillates over time; sometimes it feels stable, sometimes shaky. Elsewhere, I have written:

The world I inhabit is not very *firm*. It's flimsy, and occasionally flutters and falls apart, as if someone tore down the painted backdrop at the scene to expose what lies behind: a dangerous place where everything is slightly off, skewed, two-dimensional and washed-out — and full of murderous demons. The mainstream world can grow back up over the demon world again, covering it, until the next time it falls apart. Sometimes it doesn't fall apart, but remains *thin* enough to be translucent. (Jeppsson, 2022)

Although I've never been *fully* sane (at least not after early childhood), I believe that I have gotten some taste of sanity during more stable periods of my life, as well as during those years when I was on antipsychotics that actually worked. Based on these sane periods, it seems to me that the Mainstream World is hard to doubt when it's *experienced* as sufficiently firm and stable. Now, I suspect that many sane people who have never known anything else would disagree with this picture. They would deny that they experience the Mainstream World as firm and stable, or that they experience the entire world in *any* specific way at all, because they have no basis for comparison — the Mainstream World is to them what water is to the fish, and for that very reason next to impossible to doubt. On the other hand, when the Mainstream World is experienced as flimsy and unstable, it's hard *not to* doubt that it's the sole reality. When the Demon World shows through the cracks, it's hard *not to* suspect that it's as real as it seems.

Everyone trusts their experiences, at least as a general rule. (Thinking that an experience you had was rather idiosyncratic is compatible with trusting that it really happened.) What's more, not doing so is *hard* — at least unless the experience in question is trivial and/or isolated. I, too, find it easy to believe that an oar is straight even though it looks bent in water,

but this is a trivial illusion which doesn't extend beyond the oar, and can be assessed as illusory by simply pulling the oar back up. Intense, dramatic, and/or long-lasting experiences exert a whole different *pressure* on one's belief system (Maher, 1999).

I sometimes see a face which is not my own when looking in the mirror — it's very *similar* to mine, but doesn't look *quite* right. If this experience occurs in isolation, when I otherwise feel anchored to the Mainstream World, I can brush it off as an illusion, but doing so still takes mental effort. I often feel fingers poking and scratching the back of my head when I work at the computer (for instance, right now, as I'm typing these words). When mostly anchored to the Mainstream World, this is still creepy and distracting, but with some effort, I can brush it off. However, when the entire Mainstream World seems flimsy and uncertain and RPD hits me, when the Demon World seems at least as real as the Mainstream one, I'm inclined to believe that the face in the mirror and the poking fingers belong to evil demons trying to drive home the message that they can follow me anywhere, pop up behind me anytime, and kill me if they want to.

At this point, the reader should have some grasp of what I mean when I speak of Radical Psychotic Doubt. The next three sections will discuss which implications RPD has for epistemology.

2. Radical Psychotic Doubt and Arguments Against Skepticism

Epistemological skepticism — the thesis that knowledge is impossible, or at least that we can't know any facts about *the world* (even if we might know some facts about, e.g., logic and mathematics) — is rejected by most epistemologists. Non-skeptics might still debate how good the anti-skeptical arguments are, and I will argue, in this section, that RPD can shed light on that debate.

2.1. *The Problem of Skepticism*

The parallels between skeptical philosophers and madpeople have been noted before (Reimer, 2010; Glover, 2014). However, Jonathan Glover (2014, p. 152–159) claims that madpeople fail to see how *improbable* skeptical scenarios are. We have plenty of evidence for the existence of an external world, Glover writes (unfortunately without saying what that evidence is), but skeptical philosophers think that no realistic amount of evidence is enough. Madpeople, in turn, can't separate the probable from the improbable, and thus fail to see that it's at least highly probable, given the (unnamed) evidence we have, that the world is what people think it is.

Presumably, Glover thinks of skepticism along the lines of contextualists like David Lewis (1996) and Keith DeRose (1995). They argue that the standards for what counts as knowledge vary between contexts. In everyday contexts, the standards are pretty low. In a history discussion, I might truthfully say that I know that Columbus first came to America in 1492 because I learnt this in school or googled it. However, in a debate between accomplished scholars of history, the standards are higher. If one scholar explains that she has uncovered some interesting documents, which indicate that Columbus didn't arrive until 1493, other scholars can't reply that they *know* it was 1492 because they googled it or remember it from history class. In a philosophy seminar where skepticism is discussed, the standards are higher still; in this context, we know nothing about Columbus or any empirical facts, because we can't rule out far-fetched, skeptical scenarios, e.g., that we're brains in vats.

Richard Feldman (2001) objects both to Lewis and DeRose's claim that their contextualism solves the skeptical problem, and to their characterization of skepticism as setting a super high standard for what counts as knowledge. First, Lewis and DeRose say that the skeptics are right in the context of doing epistemology. But since skepticism *is* a position in epistemology, this seems like admitting that the skeptics are right, period (even if we're

entitled, as Lewis and DeRose say we are, to ignore skepticism when we're *not* engaged in epistemological pursuits). Second, and crucially for my purposes, Feldman argues that the best way to understand skeptical arguments is as purporting to show that our supposed knowledge can't satisfy *ordinary* standards. We normally think that a true belief doesn't amount to knowledge if you don't have any justification for believing it. For instance, if you randomly formed the belief that there are 9 632 754 dogs in the UK right this moment, and by some extraordinary coincidence you were right, you still wouldn't *know* the number of dogs. Moreover, we normally think that justification requires that you can argue for your belief without circularity; your belief isn't justified if all your arguments for it presuppose what ought to be proved.

What troubles me about skepticism is not the mere intuition that I don't know that I'm not a brain in a vat. I don't even have that intuition. However, when I look carefully at the reasons I have for believing what I ordinarily do, I find the situation troubling. The reasons I have for believing what I do seem less compelling than I'd like. And when I look at what philosophers have said about our situation, what I find is disappointing. The existing views seem to amount to stipulation that what we do know what we think we know, avowals of faith in the powers of human cognition, appeals to inference to the best explanation, the assertion that common sense views are "intrinsically rational" and so on. (Feldman, 2001, p. 80)

I think that the phenomenon of RPD can serve to clarify and strengthen Feldman's point here. Feldman writes that his reasons for believing what he does seem *less compelling* than he would like, but a madperson with RPD might have *no epistemic reason at all* to accept a sane common-sense picture of the world — all the anti-skeptical arguments in the debate are simply irrelevant when you have RPD.

2.2. *The Radical Psychotic Doubt Problem*

Arguments can, of course, be epistemically good even if they fail to convince an audience that is too stubborn to listen or too ignorant to understand. Nevertheless, a good argument must be one that has the *potential* to convince people; one which can do so *if* the audience is smart enough to comprehend it as well as open-minded and willing to listen. Now, suppose that I find myself in a state of mind where the Mainstream World seems flimsy and unstable, and the Demon World presses through. Suppose, furthermore, that I don't presently think and argue with an altered, mad logic,¹ nor am I irrationally stubborn in sticking to my mad beliefs.² Rather, because the Demon World and its murderous inhabitants are so frightening, I'm eager to listen to arguments that purport to show that they're not real and therefore can't hurt me; I *want to* be convinced.

A naïvely sane person might think that it should be easy enough to prove the impossibility of demons and alternate realities through science. However, science *presupposes* a lot.

I worry that demons can follow me around by travelling through mirrors and other reflective surfaces. Taking the sole reality of the Mainstream World as a given, we can prove that mirrors are surfaces sufficiently smooth for light to bounce off them at the same angle as it came in. Appearances notwithstanding, there's no space inside them through which someone could move. However, even if I agree that there's some truth to all this, I might still worry that this is only Mainstream Physics for the Mainstream World, and once I fall through the cracks down to the Demon World, different rules apply. It might be objected that if the Demon World were real rather than the ravings of a deranged mind, other people would be able to see it, access it, and scientifically investigate it. But I worry that this intersubjectivity and general accessibility is also just a feature of the Mainstream World; when it comes to the Demon World, once again different rules apply. Other people are stuck in the Mainstream World and can't see what I'm talking about, but I am doomed to shift between worlds, both

aware of and vulnerable to the demons. Sane people's intersubjectively accessible science might work just fine in *their* world for *them*, but they're shut off from and blissfully unaware of other layers of reality.

My worries and doubts are just *too basic* for science to disprove; they largely concern *preconditions* of science rather than scientific theses.

Now, epistemology is supposed to be concerned with the very foundations of knowledge, i.e., with more basic matters than those dealt with by science. Unfortunately, epistemology have nothing to offer the RPD sufferer either.

2.3. The Failure of Anti-Skeptical Responses

Different epistemological traditions have different approaches to tackling skeptical arguments. Hinge epistemologists like Duncan Pritchard (2016; 2022) and Annalisa Coliva (2015) argue that we're justified in relying on our *hinge commitments*, or, in Pritchard's singular term, on our *über hinge commitment* that our picture of the world isn't radically in error. It's not irrational not to doubt everything about the whole world, Pritchard writes, because such all-encompassing doubt is *impossible*. We can only doubt something if we accept something else; doubts must *come from* somewhere.³

I have previously described RPD as an all-encompassing doubt (Jeppsson, 2021), but in hindsight, this was an exaggeration. For instance, RPD doesn't make me worry about the possibility that I might be a disembodied brain in a vat. I don't experience myself as a brain in a vat, so there's nothing that might prompt such a worry (except philosophical arguments, of course, but those don't exert the same intense *pressure* on one's belief system as vivid experiences do — an observation that I'll come back to in the next section, and which Hume already noted in 2009, p. 419). However, I often experience the Mainstream World as flimsy and as but one of several realities. Even when my faculty of logic works along regular lines, I

might worry that things *are* as they *seem*, that my experiences aren't mere madness symptoms.

This worry or doubt is clearly not psychologically impossible to entertain, as my own case shows. The claim that it's not rationally impossible either might be more controversial, because 'rationality' itself is a contested concept in philosophy, and some might consider madness to be irrational by definition. So let me provide a thin and rough definition of rationality, which is as uncontroversial as a philosophical rationality definition can be: someone is rational when they respond to reasons in a coherent manner. 'Reasons', as I here use the term, could be entirely subjective; I might have reason to watch the new hit show on Netflix because I'm curious about it, regardless of whether it is, in some sense, objectively good to watch TV or objectively better to have other hobbies. A rational believer believes things for reasons, and their beliefs are coherent. A rational agent does things for reasons, and their actions cohere in the sense that they fit into larger plans and projects. All this is scalar. People can be more or less coherent, and arguably have better or worse reasons for what they believe and do even when we think of reasons as subjective (reasons for action might be based on stable preferences as opposed to whims, for instance). People might also be more or less consciously aware of the reasons for which they act and believe. There is much philosophical debate over whether something like the above suffices for being rational, or whether these are mere necessary conditions, and we must add, e.g., certain substantial values and goals for sufficient conditions, but I will set these controversies aside for the sake of discussion, and focus on rationality in this thin coherence-and-reasons-sense.

With this rationality definition in place, let's return to the claim that hinge commitments are impossible to doubt; doubts must *come from* somewhere. Any question and any theoretical deliberation must have *some* premises which provide you with reasons to doubt; it's therefore impossible to question or deliberate about *everything*. This all-encompassing doubt would, so

to speak, collapse in on itself, and undermine any rational inquiry. Granting all this, it remains possible to ask whether I perceive both a Mainstream World and a Demon World which are really there, or whether the latter is an illusion. Albeit wide in scope, this kind of doubt remains circumscribed; it's not literally a doubt about everything. It further has a clear rational basis: perceiving the Demon World gives me some *reason* to believe that it exists, and thus some *reason* to doubt that the Mainstream World is the sole reality. These perception-based reasons are certainly of the defeasible kind. But as I have already explained, when in the grip of RPD, I can't dismiss my perceptions as faulty by appealing to what's scientifically possible or not, because that would presuppose what ought to be proved. My reasons for doubt thus remain undefeated.

Therefore, hinge epistemology has nothing to offer me when RPD strikes. Perhaps it would be impossible to doubt that the Mainstream World is the sole reality (although I will come back to this matter in section 3) *if* I were sane already, but I'm not, and herein lies the problem. There are no arguments in the hinge epistemological arsenal which can sooth the worries of someone who, like me, already doubts the *über hinge commitment* and much of what follows from it.

I can't go through every non-skeptical epistemological theory in the literature, but this problem comes up again and again. Take the reliabilist view that beliefs are justified (and thus at least candidates for knowledge) in case they were produced by reliable mental mechanisms, such as properly working perception and memory, sound reasoning, and so on (e.g., Goldman, 1979; 1986). A reliabilist will, of course, say that mad doubts about the Mainstream World can be dismissed because they depend on bizarre experiences that are, in turn, the result of dysfunctional and unreliable mental mechanisms. But if I wonder whether I experience illusions and hallucinations because I'm mad, or, on the contrary, see and understand things that are hidden to most people, the reliabilist's mere *assertion* that the first alternative is true

doesn't help. If we already presuppose that sane people have a largely correct view of the world, and then call their mental mechanisms reliable because they produce this largely correct picture, whereas madpeople get it wrong because their mechanisms are faulty, we can move on to arguments according to which reliable mental mechanisms ground justification, and sane people *know* what the world is like. However, from the point of view of the RPD-suffering madperson, that's once again a case of presupposing what ought to be proved. This was understood by Sextus Empiricus:

” ... men in a frenzy or in a state of ecstasy believe they hear daemons' voices, while we do not. ... Now should anyone say that it is an intermixture of certain humors which produces in those who are in an unnatural state improper impressions from the underlying objects, we have to reply that, since healthy persons also have mixed humors, these humors too are capable of causing the external objects — which really are such as they appear to those who are said to be in an unnatural state — to appear other than they are to healthy persons. For to ascribe the power of altering the underlying objects to those humors, and not to these, is purely fanciful.” (Sextus Empiricus, 1976, pp. 61–63)

So much for reliabilism. Next, let's return to contextualism. Lewis and DeRose argue that we're entitled to ignore skeptical arguments in everyday contexts where no one draws attention to them. Even if that is so, my attention is often drawn to the Demon World, so I can't simply ignore the possibility that it's real. I have argued elsewhere that Michael Williams' brand of contextualism provides a much better reply to skeptics; he writes that we're frequently entitled to ignore skeptical arguments even if they are brought up (Williams, 2001, p. 160; see also Jeppsson, 2016). He agrees with DeRose and Lewis that the standards for historical knowledge are higher in a scholarly context than in an everyday one, but disagrees with them on what happens if a skeptical philosopher crashes the history seminar. History is a legitimate enterprise, Williams writes, but taking the skeptic's arguments seriously would undermine said enterprise rather than raising the standards. However, when

Williams argues that we don't need to accept skeptical arguments in the philosophy seminar either, he claims, like the previously discussed hinge epistemologists, that doubts about *everything* aren't even intelligible (Williams 2001, pp. 197–199). I have already explained why that anti-skeptical argument is irrelevant to the RPD sufferer.

To sum up: Feldman wasn't satisfied with the arguments against skepticism that epistemology has to offer. If we think that good arguments for P should be capable of something more than reassuring people who are already committed to P that their commitment is fine and they may keep it — if we think that a good argument for P should be relevant also to an open-minded non-believer — we should agree with Feldman.

3. Madpeople, Skeptics, and Hinge Commitments

I have already discussed similarities between skeptical philosophers and madpeople, but there are obvious differences, too, between on the one hand a philosopher calmly writing a paper on skepticism, and on the other hand me in a state of panic when reality seems to fall apart around me. This section will investigate these differences to make some interesting points about hinges.

3.1. Mad Doubts and Beliefs

Anecdotally, some philosophers do feel disturbed by their own skeptical arguments, but most seem to manage just fine. David Hume famously wrote that he could feel the pull of skeptical arguments when pondering them in his study, but as soon as he quit philosophizing to do something else, like playing backgammon with his friends, he'd forget all about them (Hume, 2009, pp. 419-420). Kusters (2020, Introduction, 3.1.) quotes an undergraduate philosophy textbook by Filip Buekens, which notes that philosophers rarely withdraw from the world because they can't prove that it's real, and even boldly claims that no one *actually* doubts that knowledge is possible. Radical Psychotic Doubt, on the other hand, can be profoundly distressing.

First, it's distressing in itself to doubt what's real, and which experiences can and cannot be trusted. Second, individual symptoms, like seeing my face in the mirror replaced by a close but imperfect copy, can go from eerie and creepy to downright terrifying if I can't be certain whether I'm imagining things or if it's a demon staring back at me from beyond the glass. Moreover, if you don't know what *is*, it might be impossible to decide what *to do* as well, a problem I will come back to later in the paper.

Thi Nguyen (forthcoming) writes that skeptical philosophers continue to *trust* the world around them. He explains trust as an unthinking and unquestioning kind of reliance, which we might have towards other agents, machines, various objects, the ground beneath our feet, and — he mentions in passing, in connection with skeptical philosophers — the entire world or reality itself. As already mentioned, Rhodes and Gipps (2008; 2011) write that madpeople can lose their bedrock or hinge commitments. Presumably this is what skeptical philosophers retain, and which explains why they do not experience the same distress as madpeople caught up in RPD. This need not be a competing explanation to Nguyen's trust — rather, we can think of Pritchard's *über hinge commitment* as either identical to Nguyen's trust in the world, or as giving rise to said trust.⁴

If we accept that this is an important difference between skeptical philosophers and madpeople, there are interesting implications for the philosophical discussion of whether hinge commitments are beliefs.

Rhodes and Gipps call these commitments 'beliefs', even though they note that they're very different from other beliefs. People don't learn them from their parents, in school, or through media; nor do people feel certain of these claims because they can point to strong evidence or arguments for them. Pritchard (2016; 2022) and John Greco (2021) debate whether hinge commitments count as knowledge — Pritchard argues that they don't, Greco

that they do — but they agree that they aren't *beliefs*. Greco, who defends the claim that they constitute knowledge, argues that this knowledge is procedural rather than propositional.

Jonathan Nebel (2021), on the other hand, argues that hinge commitments *are* beliefs, because contrary to what Pritchard and many other hinge epistemologists claim, it *is* possible to doubt them. If you can doubt that P, it's at least possible for you to believe that $\neg P$, and if $\neg P$ is a belief, so is P.

Nebel explicitly distinguishes rational doubt, when you see that you have reason to doubt something, from psychological doubt, when you feel uncertain. At the very least, he argues, it's possible to psychologically doubt our hinge commitments — if we didn't feel at least a twinge of doubt when reading skeptical arguments, they wouldn't be as influential and widely discussed as they are. Students often experience some doubt about the entire world when first reading Descartes' meditations, and when the Matrix first played in theaters, many moviegoers experienced some doubt about whether they, too, might live in a simulation. Nebel further foresees and argues against the objection that people might experience a kind of unease in these situations which nevertheless isn't *doubt*.

My case of madness and RPD can strengthen Nebel's argument that hinge commitments are possible to doubt. First, I have already argued that my RPD, very wide in scope but still not quite all-encompassing, is *rationally* possible, on a thin but fairly uncontroversial definition of "rationality" that avoids making madness and all its symptoms irrational by definition. Moving on to psychological doubt, it would be much harder for Nebel's opponents to argue that *I* have never doubted the sole reality of the Mainstream World, than it is to dismiss the doubts of moviegoers, Descartes-reading students, and sane philosophers, because I have frequently *acted* based on the suspicion that the Demon World might be real. I have, for instance, spent time and energy fleeing and hiding from the demons (see Jeppsson, 2021 for a fuller description). Moreover, the hard choice I faced when I first became a psychiatric

patient about whether to take the prescribed pills, to be further discussed in section 4, wouldn't have been as hard as it was if I hadn't really doubted.

Hinge epistemologists who deny that hinge commitments are beliefs must thus either counter Nebel's argument that if you can doubt something, it's a belief, or else insist that nothing of what I have described here amounts to true doubt, which is a taller order than doing the same thing for students, moviegoers, and sane skeptical philosophers.

3.2. *Mad Rationality*

If hinge commitments are beliefs, madpeople with RPD are *more* epistemically rational than skeptical philosophers. This might, at first glance, seem like an outrageous claim. However, remember my thin rationality definition from section 2, which makes it clear that rationality is different from what we tend to think of as *common sense*. (As a matter of fact, many thicker and more substantial philosophical rationality conceptions also allow for the possibility that someone is highly rational while diverging in beliefs and/or actions from what's typically considered common sense.) A sane person might smoothly and efficiently navigate the world via their common-sensical beliefs and common-sensical prudential and moral values, even if their belief-value-system contains serious contradictions, and even if they can't provide better reasons for many beliefs and actions than "but that's just obvious!", "well, I want to, and that's it", "everyone knows this", and "everyone does that". Conversely, a madperson might lose crucial hinge commitments and with them much of what is considered common sense in their time and culture, constantly clash with others as a result, while still being quite rational in the previously explained reasons-and-coherence sense.

Now, the idea that at least some madpeople are more rational and/or more logical than sane people isn't new. For instance, Valentina Cardella (2020) argues for this by drawing on empirical research. She cites a study by Gareth Owen, John Cutting and Anthony David (2007), which showed that when controlling for IQ and working memory, people diagnosed

with schizophrenia do better than sane controls on some logic tests. However, I will make a purely philosophical argument for the same conclusion.

When the Mainstream World falls apart and the Demon World presses through, I spontaneously doubt that the former is the sole reality. When mental health clinicians try to argue with me, I become acutely aware that all their arguments presuppose what ought to be proved. (Granted, when I first became a psychiatric patient, I didn't know any philosophy, and wouldn't have been able to put my experiences and the epistemological problems they give rise to into words like I have done in this paper. Nevertheless, I still realized that when people tried to argue with me, they went in circles and didn't really address my worries.) My doubts and uncertainties therefore remain. My experiences, assessment of the evidence and arguments on offer, and resulting belief (or rather, the resulting doubt and lack of any firm beliefs about the matter) are *coherent*.

The skeptic, on the other hand, *also* believes that there are no arguments and no evidence to prove that we're not, e.g., brains in vats. Yet, assuming that the skeptic retains his hinge commitments (at least most of the time, even if he experiences moments of doubt as he attends to his arguments), and assuming that those are *beliefs*, he suffers from epistemic akrasia.

The more widely discussed phenomenon of akratic action occurs when an agent judges that he's got most reason to abstain from A-ing, but he does A anyway in spite of his better judgment. Analogously, an agent who suffers from epistemic akrasia judges that he lacks sufficient reason to believe that P, he's got more reason to either believe $\neg P$ or suspend judgment, but he continues to believe that P anyway. The skeptic *acratically* believes in the *über hinge commitment* and all those smaller sub-hinges, despite judging that those beliefs lack justification.⁵

Nebel, and others who argue that hinges are beliefs, can thus draw on RPD to help their case, but they must also bite the bullet of admitting that some madpeople are more epistemically rational than some sane philosophers.

4. Challenges and Implications for Evidentialism from Radical Psychotic Doubt

In section 2, I used RPD to support Richard Feldman's claim that arguments against skepticism are unsatisfying. In this section, I will instead use it to present a challenge to his evidentialism, and then point out an interesting implication that my coping strategies have for how we look at evidentialism and pragmatism.

4.1. *Forced Choices*

William James considered being a Christian or an agnostic a forced choice — not to all people everywhere, but to him and others like him, living in that particular place, culture, and time period (James, 2010). He agrees with the common-sense view that our beliefs should normally track the evidence, and if we can't prove either P or $\neg P$, we ought to suspend judgment. Nevertheless, some choices between beliefs are such that no neutral suspension of judgment is possible; we must then choose what to believe, and are epistemically justified in doing so.

In his discussion about choosing what to believe, James brings up the heavily criticized *Pascal's wager*. He agrees with much of the criticism, but notes that it's not psychologically possible to decide to believe in any religion whatsoever. For him and others like him, only Christianity and agnosticism are real options. The arguments on either side are good but inconclusive, he goes on, and yet he must be one or the other: a Christian or an agnostic. It might seem that the epistemically rational thing to do here is to suspend judgment, e.g., agnosticism, but there is *some* truth to Pascal's wager after all; this is a choice with high stakes. Moreover, perhaps one forecloses the possibility of a relationship with God unless one

is willing to take the first step — after all, this is frequently the case when it comes to relationships with other people. Agnosticism is therefore not a neutral, safe option in this situation. James doesn't conclude that agnosticism is *irrational*, but he insists on the weaker claim that it can be rational to choose Christianity. Nevertheless, many still disagree with James' characterization of the choice between Christianity and agnosticism as “forced” in the sense that there's no neutral option, and insist that agnosticism clearly *is* a neutral suspension of judgment.

Feldman argues that we're never *epistemically* justified to choose to believe something for which we have insufficient evidence. He presents the case of an EOD specialist who knows that a box in front of her contains a bomb which must be disarmed, but not which box, and she doesn't have time to open both and check before the bomb goes off (Feldman, 2004, pp. 179–181). She shouldn't do nothing, Feldman writes, she should obviously pick one of the boxes, but that doesn't mean that she's got epistemic reasons for *believing* that the bomb is in the one she picks. If she somehow can't bring herself to pick a box unless she believes that the bomb is there, and if she's also capable of believing this at will, she *prudentially* ought to go through this piece of mental gymnastics, but epistemically, Feldman writes, she ought to suspend judgment.

Now it's time for the challenge: When I first became a psychiatric patient, I faced a choice between beliefs which constitutes a much stronger candidate for *forced choice* than either James' religious musings or the EOD specialist's bomb problem.

When I first became a psychiatric patient, I was prescribed antipsychotic medication, but I was uncertain of whether to take it. Here's the dilemma I faced: either the Mainstream World is the only reality, and I'm mentally ill, in which case the antipsychotics might bring relief and I should take them, or there really is a Demon World with murderous inhabitants, in

which case the antipsychotics might just blind and deafen me to their presence, making me a much more vulnerable target, and I should *not* take them.

As previously explained, I had no access to evidence with which to settle the matter. What should I do?

It would have been possible to do an expected utility calculation in the above scenario, represented by something like the following diagram:

	“Demons” are just symptoms	Demons exist
antipsychotics	Peace of mind	Death
No antipsychotics	Living in terror	Living in terror

Of course, the above is simplified, because both outcomes from taking antipsychotics should have probabilities assigned to them. From a scientific perspective, we know that antipsychotics often don’t have the desired effect, and from a mad perspective, it’s hard to figure out what the demons’ plans and intentions are — perhaps they won’t kill me after all, even if I can’t hear or see them coming. Still, being murdered by demons is a *very* negative outcome; leaving psychiatry and its medications behind would likely have the highest expected utility.

I didn’t calculate expected utility, though. After much fretting and hesitation, I made a leap of faith, based on precisely nothing, and decided to believe in the Mainstream World and its science. I took the pills, and after a period of trial and error with different drugs that made the Mainstream World seem somewhat firmer, my psychiatrist struck gold with Haldol. Finally, I was relieved of my frightening experiences. A Jamesian pragmatist will presumably find my leap of faith to be epistemically justified, but I believe that this case presents a challenge for the evidentialist. It seems to me that the evidentialist must conclude that the only

epistemically rational thing to do in my situation would have been to suspend judgment.

Unlike James' religion case or the bomb case described above, this might be a hard bullet to bite.

4.2. *Conservative Pragmatism and Radical Evidentialism*

Finally, in the specific context of psychiatry and psychosis treatment, evidentialism can appear wilder and more radical than Jamesian pragmatism, but I will need go through some more autobiography before explaining why that is.

As with several other philosophical controversies, I can't delve deeply into the debate about doxastic voluntarism in this paper either; suffice to say that it very much *seems* to me that I successfully willed myself to believe in the Mainstream World and its science before I first took my pills (for all I know, people might differ on this point — perhaps some can pull off this mental trick whereas others can't). Initially, this required an intense mental effort; thankfully, it soon became easier and easier as the antipsychotics began taking effect. My psychiatrist had to try a few different drugs that made the Mainstream World *somewhat* more stable, but with Haldol, it finally solidified. When I took this drug, I felt my feet resting upon firmer and firmer ground until it was rock, *bedrock* even; I was no longer, so to speak, "unhinged". Trusting the Mainstream World became automatic, and I no longer needed to believe by sheer willpower.

From time to time during the years that followed, I would think that I was cured and quit the drug. I'd be fine for a while, until increased job stress, travel, or some other stressful event triggered a new psychotic episode, and I had to go back on Haldol and *will* myself to believe until the Mainstream World had once more solidified.

Eventually, Haldol simultaneously lost its desired effect and gave me more and more nasty side effects. It came to a point where I decided to quit, this time *not* because I thought myself cured, but because enduring the demon terror unmedicated seemed like the least bad option.

Still, my entire life situation had become much more stable than before, and with less ongoing stress, I was better equipped to manage medication-free. But it was still *hard* to deal with frightening symptoms and RPD. I once again tried to will myself to believe that the Mainstream World was the sole reality, but off meds I could never reach a state where I unthinkingly trusted that this was the case.

I have already referenced Nguyen's (forthcoming) theory about trust, and how skeptical philosophers still *trust* that the world is as it seems to them. Whereas Richard Holton (1994) writes that we can decide to trust someone, Nguyen describes trust as an unthinking, unquestioning attitude. We can decide to *work on* our trust, behave *as if* we trusted someone or something, but if and when full-blown trust eventually develops, we no longer think about it. Nguyen uses the example of a climber who must learn to trust his rope so that he's no longer distracted by worries that it will break. Beginners usually know all the facts about how safe modern climbing gear is, but this knowledge isn't sufficient to generate trust. Nguyen cites Arno Ilgner (2006), who recommends nervous beginners to let themselves fall and feel how the rope holds, over and over, until they stop feeling nervous and even gets bored with the exercise. Repeated positive experiences can build the trust that mere knowledge about facts can't.

If reading up on facts isn't sufficient for real trust, it's no wonder that you can't gain trust through willing yourself to believe without evidence. Efficient antipsychotics, on the other hand, can have an effect similar to Ilgner's rope exercise. You end up in stressful, triggering situations in which the Mainstream World has previously tended to break up, but now when you're on antipsychotics, you find that it holds. It continues to hold, over and over, until you eventually come to trust it. But just like a climber wouldn't be able to trust his rope if it broke from time to time, so I can't will myself to trust the Mainstream World when *it* breaks up from time to time.

Eventually, I gave up on the Jamesian strategy of willing myself to believe in the Mainstream World, and instead adopted a kind of Pyrrhonian skepticism. (Fellow mad philosopher Professor Paul Lodge at Oxford had, a year earlier, talked up this strategy to me as something that had been very helpful *to him*, but at the time I dismissed him; I had to rediscover it for myself.) I realized that after abandoning psychiatry and psychiatric medication anyway, my choice of what to believe wasn't forced anymore; I could suspend judgment and live with it.

Sextus Empiricus famously argued that we can achieve peace of mind by adopting Pyrrhonism and suspend judgment about everything, and I now believe that there is an important insight here (Sextus Empiricus, 1976; Machuca, 2019; Jeppsson, 2022). However, regarding the question about *what to do* when you suspend judgment on *what is*, Sextus' advice is that we should just go with the flow and do what everyone else does. This might seem a satisfying way to deal with very general and unspecified doubts about the world,⁶ but is unsatisfying for someone in my situation, who specifically ponders whether the Demon World and its inhabitants are real or illusory. Nevertheless, the practical problem of what to do can be solved if there are strategies that can be justified from either premise.

First, I can be fairly confident that the demons won't kill me, because either they're not real, or they're real but they've been stalking me for decades without making good on their threats, so it should be safe to conclude by now that their threats are empty. This either-or thought is reassuring to me, whereas just insisting on the first part isn't. Second, it makes sense to dismiss them by trading jokes for their threats to show that I'm not afraid, and it also makes sense to engage in protective magic rituals when I really don't want them around. It either makes sense because they're real, I can stand up to them just like I could stand up to a human bully, and magic works, or it makes sense because I'm mentally ill and should do

whatever keeps me away from a full-blown psychotic breakdown, which means keeping my stress– and fear levels down by doing whatever calms me.

I need not know what's real or not in order to know what to do, and this realization takes the sting out of radical psychotic doubt.

My Pyrrhonian strategy has so far proved highly successful; it has enabled me to cope with stressful times at work, travel, and other situations that used to trigger psychotic breakdowns. It's also a strategy that *is* epistemically rational by evidentialist standards, but it's worth pointing out an interesting implication of this.

When antipsychotic treatment doesn't fully extinguish psychiatric patients' delusions, they are often taught *reality-testing* as a complement — to question whether they really have *evidence* for this or that belief, in order to distinguish what's real from what's not (e.g., Landa, Silverstein, Schwartz, & Savitz, 2006). Acceptance and commitment therapy for psychosis patients urges them not to *fight* their symptoms, and is overall more focused on easing distress, but acquiring the correct and sane beliefs about one's experiences is still considered an important goal (e.g., Gaudiano, Herbert & Hayes, 2010). I'm not saying that there is anything wrong with using these treatments when they work, I'm just pointing out that many clinicians are used to thinking of belief in the sole reality of the Mainstream World as extremely important. Overall, psychiatry has a long history of stressing how important it is that psychiatric patients gain *insight*, and fully realize that they are *ill* and must be medicated (e.g., Radovic, Eriksson, & Kindström, 2020). Therefore, it's not surprising that clinicians and researchers that I have discussed the Pyrrhonian strategy with consider it *wild*. To some, it sounded like a wild idea that might nevertheless be worth pursuing, to others, as wild and *reckless*: surely, the latter insist, patients must *cling* to the Mainstream World as hard as they can, reasons or no reasons.

We thus arrive, finally, at the interesting implication: Traditionally, James' pragmatism is considered the wilder and more radical theory and evidentialism the more cautious, conservative one. But in this particular context of madness and psychiatry, it seems to be the other way around — clinging to a belief without epistemic reason to do so is what many clinicians consider sensible, while suspending judgment is seen as wild and radical.

5. Madness' Contribution to Philosophy, and Philosophy's

Contribution to (Handling) Madness: Implications for Clinical Practice

Sections 2–4 all dealt with contributions that madness can make to philosophy, epistemology in particular. In this section, I will instead focus on what philosophy can do for madness — or rather, research and clinical practice in mental health care.

Madpeople, even when we share the same diagnosis, are a heterogenous bunch. There is likely substantial variety on the neurological level (Stahl, 2018), and it's clear when talking to fellow mad folks that our experiences and phenomenology often differ. It should therefore not come as a surprise that different treatments have different effects on different people.

The standard treatment for psychosis is, of course, antipsychotics, but as I wrote above, they eventually lost their effect on me. For other psychosis patients, antipsychotic drugs don't suppress their symptoms to begin with. It's estimated that around 30% of all patients are non-responders to regular antipsychotics, and out of those, 30–50% are non-responders to the last resort drug Clozapine (e.g., Tracy, Joyce, Sarkar, Fernandez, & Sukhwinder, 2015; Landa, Silverstein, Schwartz, & Savitz, 2006). Even when the drugs do work, they often fail to suppress symptoms completely; 55 % of patients still experience some delusions after two years on medication (Landa, Silverstein, Schwartz, & Savitz, 2006). It's debated whether there are any benefits to be had from long-term treatment (Wunderink, Nieboer, Wiersma, & Sytema, 2013; Moncrieff 2015; Moncrieff & Steingard 2019; Servonnet & Samaha, 2020).

Finally, suppression of symptoms often comes at a high price. Common side effects include muscle spasms and tremors, fatigue and constant sleepiness, anhedonia, cognitive problems, and explosive weight gain followed by physical health problems like diabetes type 2, fatty liver, and cardiovascular problems (e.g., Kaar, Natesan & Mccutcheon, 2020). These problems are exacerbated when doctors and other third parties downplay patients' suffering (Todd, 2021). Even if some future breakthrough in psychopharmacological research brings us antipsychotic medication that helps all patients with only small and tolerable side effects — and that is a *big* 'if' — that's of scant comfort to the present psychiatric patient generation. Alternative and complementary treatments are thus much needed.

Moreover, because of the afore-mentioned heterogeneity of madness, clinicians ought to have a large toolbox of treatments and approaches at their disposal. There is some research on alternative approaches such as engaging in dialogue with the voices one hears (Longdon et al, 2021), but we should continue to expand the toolbox and study the tools. This is an area where one size is unlikely to fit all. Jenny Boumans, Ingrid Baart, Guy Widdershoven and Hans Kroon (2017) studied madpeople who successfully manage their lives with little to no help from the mental health care system, and they employed very different coping strategies to do so. If a certain treatment has been proven to help a large portion of madpeople with a certain symptom profile, it makes sense to try that first, but if it doesn't work for a particular patient, there should be more options to try. For all I know, I might be an unusual kind of madperson, and there might be very few madpeople out there for whom this Pyrrhonian coping strategy would be helpful. But that doesn't make it a *bad* strategy — it's still been great for me and my previously mentioned colleague Paul Lodge; it seems plausible that we're not the *only* people who could benefit.

Madness might further offer a greater sense of meaning and less depression than a life solely anchored to the Mainstream World — at least for some people and some types of

madness (Roberts, 1991; Ritunnano, Hampston & Broome, 2021). Of course, a life completely caught up in the perils and challenges of the Demon World or some other alternative will be an isolated one. Still, a Pyrrhonian approach where you suspend judgment and learn to roll with the madness rather than clinging to the Mainstream World at all costs might, at least for some psychiatric patients, lead to a higher experienced wellbeing.

On a more general note, I believe that madpeople who, like me, have come up with their own successful coping mechanisms, who have the education required to analyze what they're doing and put it into words, and who finally are in position to get their texts published and read, can play an important part in supplying these toolboxes with more tools. When clinicians and researchers interview madpeople, there's always a risk that some things get lost in translation. Analyzing and writing about our own experiences and coping strategies can't *replace* studies on multiple people, of course, but they can serve as a complement and an inspiration for researchers. Scientific studies depend on researchers first having some idea of what's worth studying and looking for.

As long as psychiatric research only compares the relative efficacy of methods already widely employed within the mental health care system, it can at most rearrange the toolbox, but it cannot expand it.

¹ I have, from time to time, experienced an altered, mad logic, which I describe in Jeppsson (2021), but I have also had RPD many times without it.

² See Jeppsson (2021) and Flores (2021) for a critical discussion of whether madpeople, as a rule, really are insensitive to evidence or more stubbornly cling to their beliefs than sane people.

³ Pritchard (2016) has more to say about so-called underdetermination arguments against skepticism. In dealing with those, he once again presupposes what — from the RPD sufferer's point of view — ought to be proved, namely that we are (or sane people are) in a "good epistemic situation". Still, for the purposes of this paper, I will focus on hinge commitments.

⁴ Nguyen's other examples of trust are, of course, very different. I might first trust a friend and then come to deem him untrustworthy after a betrayal, or first trust in my house's geothermal heating system but lose that trust when the engine unexpectedly breaks down, and so on, without losing my basic hinge commitments.

⁵ See Jackson & Tan (2021) for a fuller discussion about epistemic akrasia.

⁶ Insofar as such general doubts are possible — see previous discussions in this paper.

Acknowledgements

I thank my colleagues at the department of philosophical, historical, and religious studies at Umeå University, Rosa Ritunnano, M.D., and Dr. Per-Erik Milam for helpful comments, discussions, and paper suggestions. I also thank Gudrun Edholm, nurse and psychotherapist, for helping me develop more pragmatic and long-term sustainable coping strategies.

Funding

This work was supported by internal research funding provided by the Faculty of Humanities at Umeå University.

Conflict of interest

I have no conflict of interest to declare.

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