*Delusions and Everyday Life*

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In this paper we will consider a series of questions with the aim of framing, in a distinctive way, the nature of delusion as a topic for philosophical reflection. We aim to do this with without presupposing, or taking as given, any particular theory of mind. The underlying purpose is to get away from the ‘psychological attitude’ approach framing current philosophical discussion. This approach asks what kind of attitude is a delusion – a belief or an imagination? Something else? We aim instead to shift attention to the question of the ‘object’ of delusions. What is delusion *of*? What is the *intentional object* of this condition of mind? This effort is motivated in part by a suspicion that much of the current discussion of the nature of delusion, and the importance of understanding it, proceeds against a background of presuppositions that distort it.

We think that the significance of this distortion lies beyond a disruption to our understanding of delusions; it also results in a failure to connect delusory thought with ordinary forms of thinking that are ubiquitous in the difficulties and failures faced by reflective humans in everyday life. It is a striking fact about the philosophical discussion of delusion that there is little said of the fact, and pervasiveness, of fantasy and magical thinking, etc. in human life, let alone its sometimes seemingly systematic character. On our view, a pervasive aspect of being human is that we think in ways that cannot be captured by the presuppositions of the ‘psychological attitude’ approach.

*1. The psychological attitude approach*

Delusions come in very different kinds, and are experienced by individuals with different forms of neurological damage, and different kinds of cognitive lives. Monothematic delusions (such as Capgras, Cotard, Erotomania) are usually experienced by people with otherwise typical or unremarkable cognitive lives. Other delusions occur more often in the context of schizophrenia or other severely uncircumscribed cognitive disruption. Despite these differences much of the literature on delusion proceeds on the assumption that it can be more or less clear about what the relevant content of a given delusion is. In the case of Capgras it is the representation that ‘my wife is an imposter’, and in the case of Cotard it is the representation that ‘I am dead’ or ‘I do not exist’. Or in the case of paranoid delusions that the ‘CIA are following me’. In the case of erotomanic delusions the content proposed is that ‘He loves me’ – maybe even that ‘He can read my mind’. For somatic delusions the content may be that ‘My skin is crawling with lice’, or that ‘That arm attached to my body is not mine’. Let any of these contents be represented by the proposition *p*.

With the content supposedly settled the hard work is then directed at the business of working out what *kind* of an attitude to that content a delusory attitude could be. Probably the most popular, although also most contested, suggestion is that delusions with these contents are *beliefs*. (Bayne and Pacherie 2005, Bortolloti 2009). But if they are beliefs, it is asked, how come they are *so* irrational and based on entirely insufficient evidence, if any evidence at all. It is then usually suggested that there is a kind of evidence – an anomalous experience – that the deluded person is responding to, and forming her belief on the basis of. It is widely accepted, however, that even given an anomalous experience, to believe one is dead, or does not exist, say – while speaking – is still a highly irrational and puzzling thing to do.[[1]](#footnote-1) For one to believe that this woman in one’s sitting room is not one’s wife but someone who looks just like her and has been substituted for her, requires the setting aside of enormous amounts of contrary evidence. For us to make sense of a belief being formed on the basis of the anomalous experience the anomalous experience had better have a fairly decisive character. The experience is usually characterized as a disturbed or unusual affective response. In these cases, to one’s body or to one’s wife. Most theorists committed to delusions being beliefs themselves argue that that will unlikely be enough, and that some further irrationality over and above the anomalous evidence would be required. One-factor views (for example that of Sullivan Bissett and Noordhof 2021) will appeal to a normal range of irrationalities and two-factor theorists to some bias in information processing, performance error, or deficit in belief evaluation.[[2]](#footnote-2) In either case the deluded subject is the victim of things feeling strange coming together with a reasoning capacity that fails in that instance. Other theorists, for example, Parrott, argue that that will still be not enough. We can think of belief formation in most cases of deluded belief as having two aspects and we can worry about irrationality in relation to either. There is the aspect of hypothesis formation – the hypothesis that, I am dead, say. There is then also the question of how come the subject believes the hypothesis – takes herself to have evidence in support of it. Perhaps if a subject is *forced* to consider whether she is dead we can make sense of her condition by appealing to a combination of peculiar experience and rational or critical deficit. However, it remains mysterious what the basis was for the subject to select that hypothesis, rather than the myriad other ones open to her: that she is affectively numb, depressed, or partially paralysed and so on.

The basic puzzle is that delusory subjects seem to be in a position readily to know that the proposed contents of their delusions are false. If their delusions are beliefs that makes them very puzzling. Of course, what it is for an attitude to be a belief is much disputed. One thing, however, that most disputants agree upon is that our beliefs can be true or false, and that the norms that govern beliefs are, or are connected to, truth norms – we believe correctly if our beliefs are formed in a way that secures alethic values.[[3]](#footnote-3) The difficulty in making sense of delusions as a kind of belief comes from the fact that we struggle to see delusions as kind of attitude that aims, in one way or another, at the accurate apprehension of facts, as an attitude that is correct only if is true.

So maybe the relevant attitude taken towards the agreed delusory contents are not belief attitudes. Maybe they are some other kind of attitude? Maybe they are, others suggest, attitudes of imagination: the deluded subject does not believe that they are dead, that their wife is an imposter, rather they imagine that they are dead or their wife is an imposter? (Currie 2000). Their weirdness and disconnection from evidence would not be such a problem, it is reasoned, if they were attitudes of imagining. Imagining that something is the case is not constrained by evidence in the same way. If delusions were ‘imaginings that’ two things will strike us.

First, if delusions are ‘imaginings that’ why are they such a *problem* for the person who suffers from them, and for those around them? We all imagine weird and irrational things being the case, and express our imaginings for our amusement, inspiration, to give voice to our desires. The thought that puts weight behind the idea that delusions are beliefs is that in expressing their delusions a subject is expressing how things *really are* for them – they are not engaged, knowingly at least, in a game of play or make believe. Patients expressing their delusions will importune others to take them seriously, to believe them.[[4]](#footnote-4) So, if the attitude we take towards delusory contents is an attitude of imagination it becomes puzzling why are they expressed with such sincerity and seriousness.

Second, imaginings on this proposal can still be said to be true or false – what one is imagining can correspond to a state of reality or not. If I imagine that I am dead, in so doing, if I am self-conscious human adult, I know that the state of affairs being imagined is the state of affairs in which I am dead – and that that state of affairs is inconsistent with the truth that I am alive. Evidence in favour of my being alive counts against the possibility that I am now dead. (Indeed, one might think that we have decisive evidence, in virtue of the fact that we are imagining, that if we are imagining being dead then we are imagining that is false.)

Of course, those who argue that a delusion is an imagination have lots they can say about both aspects of what is *prima facie* puzzling. They could take delusions to be imaginations that the subject mistakes for a perception or a belief, as Currie (2000) does. Or they may have something expansive to say about the nature of states of affairs we can take attitudes to. Or they may be able to deploy something like Levy’s idea of acquiescent sayings (this volume, section 3) to explain the seeming seriousness of expressions of delusion. However, our point is not that there are things that we might be able to add to the suggestion that delusions are belief or imagination attitudes, towards truth evaluable contents that make the suggestion fit better with the phenomena. The puzzles we have raised go no further than those that have been recognized by those who defend a belief theory of delusion, or an imagination theory of delusion. Our point is that before we start more elaborate theory construction we should be sure that we have started in the right place in our theorizing.

Similarly, what if we were to wonder whether the attitude is one of desiring that, or supposing that, or wondering whether? In adopting any of these options we commit ourselves to trying to make sense of what we described as the sincerity and seriousness of delusions, in the expression of which a subject is communicating ‘how things really are for them’, and to there being an attitude to a content that is either true or false, correct or incorrect, accurate or inaccurate, and which can be the object of other attitudes – beliefs, imaginations etc. – committal or not.

*2. Expressions of delusions*

It is important to remember that our topic is the nature of delusion, and not the nature of delusive utterances. We have every reason to think that many subjects undergo delusory experiences without verbalization, without expressing their experiences in communicative speech. It is in the task of trying to make their suffering intelligible to others that those undergoing delusions offer expressions of their state aimed at being intelligible. And given that pathological delusions are not widespread most of us have no first-person experience of them; we know them only through the verbal expression of them reported by subjects, in turn reported by psychiatrists. Verbal reports are particularly suited to communication of matters of fact. There are many experiences – especially sensory and emotional ones – that are hard to put into words. Moreover, many of these verbal expressions are not spontaneous, but are the result of conversations with a probing psychiatrist. These reports then get relayed, very often in *oratio obliqua* form, by philosophers and psychologists. So, there are multiple points at which we may get distortion of the phenomenon and its most natural spontaneous expression.

Nevertheless, we want to step back and do a little descriptive work – looking at the common examples of the verbal expressions of the delusions we are trying to make sense of. It will be become obvious that such utterances, although in some ways very varying in theme, and content, point toward some underlying patterns.

Having considered the pathological cases we will widen our search and look at more common verbal expressions of what we can call everyday delusions. There are remarkable similarities in theme and topic of the everyday and the pathological case. We will look in particular at common expressions of love and grief. This allows us to ask – from a perspective in which we have first person knowledge of the delusion we are indulging in, and giving expression to – what we might be doing in saying such things.

Let us then turn to some verbal expressions of pathological delusion. The first thing to acknowledge is that there is a vast amount of potential data that we could look at, and that our aims here are not to provide any kind of empirical analysis or review – quantitative or qualitative – of the data on delusion expression. We are rather going look again at typical examples theorists give of what subjects with delusions ‘say’. It is worth underlining the fact that many papers on delusions give very few, and often no, direct quotations of patients experiencing delusions but instead offer *oratio obliqua* reports what on ‘what they believe’. But here are the sorts of things subjects are supposed to say:

Cotard syndrome: ‘I am dead’, ‘I do not exist’

Capgras syndrome: ‘That is not my spouse. It is an imposter.’

Anton syndrome: ‘I can see’ [when tested as blind]

Erotomania: ‘Tom Hardy loves me; he is sending me secret messages’

Mirror Self Identification: ‘That is not me in the mirror. It is my sister’

Delusional parasitosis: ‘My skin is crawling with lice.’

Asomatognosia: ‘That arm [attached to my body] is not mine’

Somatoparaphrenia: ‘That arm [attached to my body] is not mine, it is my mother’s’

Solipsism Syndrome: ‘The world beyond me does not exist’

Paranoid Delusions: ‘They are spying on me’

Thought insertion: ‘Someone is putting thoughts in my head.’[[5]](#footnote-5)

In fact, of course, one rarely gets just one sentence on its own from a patient engaged in delusory thinking. We often see patients uttering a series of sentences, often repeated, struggling to put into words how things seem for them. When one does get longer verbatim reports the extent to which expressions of delusions are often also expressions of extreme distress becomes obvious. Here, for example, is a longer verbatim report from a patient suffering Cotard syndrome:

‘You don’t believe me, no one believes me …I have lost everything…I don’t have anything now…I lost my spine… I don’t have the mind, I don’t have it anymore…there’s nothing to do…no one can do anything… I can’t cry because I don’t have tears, I never had them…I don’t have lungs, I don’t have an intestine, I’m empty! I can’t walk…I don’t have legs, I can’t eat…all my teeth fell off, I can’t go to the bathroom…because everything is connected… …My whole body has become empty and petrified… I’ve lost everything…Kill me, I’m useless, I don’t want to suffer anymore. Even God cannot do anything for me…’ (Carano et al. 2014, Patient U. Case History, p. 350)

We want now to make some naïve observations about the sentences that report the kinds of primary delusions that we are looking at.

First, consider how we would actually respond to such utterances, were they directed at us by a subject, in the contexts in which such utterances tend to be made. It seems unlikely that our response would be to consider whether to accept or not accept what seems to have been said to us by the subject. Taken as assertions of statements of fact, using English, as ordinary English speakers use it, what is being said seems out of the question – if not, impossible – and surely known to be so by the uttering subject. We would not generally receive such utterances as expressions of acts of thinking that were liable to being true or false, correct or incorrect, depending on the facts being described. As Campbell points out, if we did that we would surely wonder whether the subjects mean something different to what we mean by the terms they are using.[[6]](#footnote-6) Maybe we would do that, or we might wonder whether, even if they are using words in ordinary English, as we do, they are putting those words into service in some other way.

Second, and relatedly, even if we were to set out to either accept or reject what is being said it is hard to see how we could conceive of the activity of settling the matter. What kind of proof or evidence might we think that the uttering subject has, that it is for us to see the strength of, or to undermine? It is not clear that there is such a thing as evidence or proof on which an act of thinking of that type could even conceivably be correct or well grounded.[[7]](#footnote-7) In a characteristically insensitive style Wittgenstein makes something like this observation in ‘On Certainty’:

159. If someone said to me that he doubted whether he had a body I should

take him to be a half-wit. But I shouldn’t know what it would mean to

try to convince him that he had one. And if I had said something, and

that had removed his doubt, I should not know how or why

We would not use the slur, nor take such an attitude towards these patients – we hope – but we would take them to be someone suffering an abnormal disruption to ordinary ways of being. We might try to empathize with them: to try to imagine what their experience would have to be like for those to be the words that they reach for in order to communicate how things are for them. But we would not interrogate them on their grounds, nor try to persuade them to change their mind – not only out of sensitivity to their plight, but because we would not know ‘what it would mean’ to do those things.

Might it be said that this is true for some of the cases, but not all. It is after all not impossible or not provable that Tom Hardy loves the subject suffering erotomania, that the patient has lice on their skin, or that the mob are out to get the subject suffering from paranoid delusions. (As Joseph Heller is supposed to have put it ‘just because you’re paranoid does not mean that they aren’t after you.) That is true. If fact psychiatrists will very occasionally face the diagnostic difficulty that their patient is not in fact delusional but is in a very unusual circumstance – they are anxious and paranoid because they have good reason to believe that someone is out to kill them.[[8]](#footnote-8) The interesting question here is what we would be doing if we carried out an investigation of whether it is likely that anyone is out to kill the patient, and whether the patient has evidence that that is the case. Would our answer, in itself, be determinative of whether the patient’s thinking is delusory or not? Our suggestion is that in such an investigation we would rather be seeking indirect evidence to try to settle what *form of thinking* our patient is engaged in – a form of thinking directed at putative state of affairs, and for which truth and falsity determine correctness or incorrectness, or rather a form of thinking in which a subject is suffering from a disrupted sense of themselves. Or indeed a form of thinking that has come to involve both of these elements.[[9]](#footnote-9)

This leads us to the third feature of the expressions of delusion we started with: the reports all involve the first person in some guise. In each case the delusion is a delusion either about the subject’s relation to herself, or about her relation to another or ‘the world’. We suggest that this reflects a feature, often expressed by psychiatrists, but which sometimes get left behind in philosophical literature, that delusions are a disrupted or distorted form of self-awareness on the part of the subject, and as such concern the way in which a subject relates to and is aware of herself.[[10]](#footnote-10) It may seem as though Capgras, for example, or erotomania, or certain paranoid delusions rather have another subject as their object – the spouse, Tom Hardy, or the spy. However, in these delusions also the others figure as they are in relation to the subject – as a stranger to her or imposter in her life, as a person who loves her, or as someone spying on. The experience of Capgras is also often the experience of another assuming familiarity, or rights of intimacy or access to the subject herself.[[11]](#footnote-11) On some putative explanations of Capgras the affective disruption occurring is the same as in Cotard – a failure to feel others in one’s sense of oneself. The disruption is a disruption to a form of self-awareness the subject has when she thinks of herself as the object of awareness of the other. In the case of nihilistic or other delusions that involve ‘the world’, delusions that ‘the world does not exist’, or that ‘the world has nothing in it for me’, it is again clear that the world is the object of the delusion in so far as it is the world for the subject: either that there is no world beyond the subject, or it is alien or barren or repelling world.

The further thing to notice is that many of the cases involve not just one condition, or another, of the subject and her situation in relation to others and her world, but a concern with the existence, or status of the existence, of the subject, others and her world. In many cases delusions do not correspond to general questions about what properties the subject of the delusion has. These subjects are not deluded about whether they have a Ford or a Bugatti, or whether their spouse has brown or blond hair. They are deluded about whether they, or parts of them exist, whether there is the other subject, or their world. We suggest that these are expressions of extreme – sensory, affective, emotional – disruption to the subject’s relation to herself – whether as the only object, or also through her relation to another, or to her world.

*3. Expressions of everyday delusional thinking*

Belief theorists about delusion often describe themselves as committed to a ‘continuity’, as opposed to a ‘discontinuity’, approach to delusion. Delusions are states of mind to be understood as continuous with other ordinary beliefs: the subjects are just in a peculiar position, with peculiar rational tendencies, with peculiar evidence. We want to advertise ourselves as committed to a different, and we think in many ways more important, continuity: the continuity between the delusory thinking of the ill patient, and the delusory thinking that disrupts, and is expressed in most human lives. As we remarked at the outset, it is a striking fact about the philosophical discussion of delusion that there tends to be little said of fantasy and magical thinking in human life. We think that connecting our discussion of delusions with more everyday delusory thinking will bring into view a continuity between pathological delusions and our everyday experiences. We think this is important both philosophically – its gets the phenomenon more properly into view in way that does not distort it – and interpersonally, and so clinically – it enables us to draw on our own self-reflective resources not just to comfort or correct, but better to understand how things might be for the deluded patient.

So, let us now consider some familiar everyday expressions of everyday delusions. To keep our discussion under control, and to focus on experiences that mirror the kinds of delusions we have been looking at, we will focus on the kind of fantastical and impossible locutions we use in trying to communicate our love and grief.[[12]](#footnote-12)

Here are some common, widely uttered, expressions of grief:

‘I have lost a part of me’

‘There is a hole in me where he was’

‘There is a hole in the world where he was’

‘He was my world’[[13]](#footnote-13)

‘I have lost the whole world’

‘His being gone is killing me’

‘My heart, my body, is breaking’

‘I am broken’

‘I have no future, my world has ended’

‘My life is over’

Here are some common, widely uttered, expressions of love:

‘He is part of me now’

‘He has changed my world’

‘The two of us are one’[[14]](#footnote-14)

‘He is my world’

‘He is my life’

‘I am alive because of him’

‘I am now whole’

‘He has put me back together’

‘I only started living when I met him’

‘If he dies I will die’

These utterances – of love and grief – reflect each other, and the reflection is not an accident. As Nick Cave puts it in remarks he made after the death of his son: ‘It seems to me that if we love we grieve. That’s the deal. That is the pact.’ And that which love does for us – indeed *to* us – grief rips away.

How do, and indeed how should, we respond to expressions of love and grief of this kind?[[15]](#footnote-15) Of course, these are sentences that *can* be assessed as true or false. And on a straight reading almost every one of them is manifestly false. However, it is not just politeness, or pointlessness, that stops us responding to the grieving widow ‘No, your life is not over, and is unlikely to be anytime soon given your health and life expectancy’. ‘No, he was no part of you – and no part of you is now missing – he was an organically independent animal, as are you.’ Or to the lover ‘No, you two are not one – consider, she went to work, and you are still here. There is, granted, a single abstract object – a set – with both of you as members – but neither you nor she is the set, nor are you identical to each other’. To respond in that way would be to miss what the grieving or loving subject is up to in uttering those sentences. That is not to say, that in uttering these sentences, the subjects are not trying to convey how things actually are for them in their love or grief. If you said to the bereaved person: ‘I am so sorry, is that really how things are?’, they may very well say ‘yes, it is’.

Perhaps, it might be suggested, that as interlocutors, we could engage in an exercise in compassionate understanding as part of which we might re-interpret the words uttered in these sentences so that they *do* express meanings that would enable us to take the utterances as statements of fact the truth of which could assessed by both parties?[[16]](#footnote-16) However, to undertake such an exercise would be to assume that we – the subject expressing their love or loss in these ways, and I the hearer – merely lack a shared vocabulary as a result of which the subject is forced to redeploy ordinary English in the expressions of the truths they wanted to convey. The implication would be that this lack of shared vocabulary in turn forces me into an exercise in translation in relation to a newly minted meaning.

This, however, does not seem to be what is going on. Our problem seems to be that how things really are for the loving or grieving subject does not admit of a vocabulary that is neutral between the subject orientated towards herself and the other in an attitude of love or loss – and the subject aiming to understand how things are for one in that condition. The subject expressing her grief by saying ‘I am broken’ is not offering information about a state of the world that speaker and hearer could both agree or disagree on the evidence for. She offers these fantastical, peculiar, false descriptions – because they best communicate, even with their *ordinary meanings*, an aspect of the condition of her self-consciousness – as distorted, disrupted – in her love and loss.

Our claim is not, of course, that pathological delusions, of the kind we referred to earlier, are the same as, or indeed similar to, the everyday delusions of subjects in extreme emotional states that disrupt their sense of themselves and their relation to the others or the world. Our claim is that we should approach those delusions, and their expression with a similar mode of understanding. We should consider that (i) the subjects are trying to convey how things actually are for them. (ii) that the subjects are stretching the limits of ordinary language in the expression of their delusions, but not inventing a new one (iii) that they are not offering information about a fact of the world that obtains independently of the type of their orientation towards it.

We think making room for such an approach requires looking a bit more closely at the supposed object of a delusion, and the distinction we started with: between the supposed content of the delusion and delusory way of thinking about such a content.

*4. What are delusions about?*

The psychological attitude approach assumes a framework on which delusions are attitudes towards distinctly understood prior contents. The attitude might be formed in a particular and peculiar way, and be abnormally situated in relation to the subject’s other attitudes and capacities, but the delusion is a given attitude to a given truth evaluable content. We can see from the way in which the belief approach has developed in the literature that we get increasingly complex accounts designed to preserve the attitude-content link, trying to make it seem possible and plausible that an adult normal human being with standing beliefs can come to believe with certainty contents which they are manifestly in a position to know to be false. Indeed, in the cases in which a subject has insight into their condition they *do know and say* that the sentences they sometimes utter when they express their delusion are false. We move from the one-factor view – the anomalous experience, to the two-factor view – anomalous experience and rational recklessness or deficit, to the three factor view – anomalous experience, abnormal hypothesis selection, rational recklessness or deficit. Even so, the assumption that these complexities concern how it is that a subject comes to stand in a given attitude to a given independent content remains unexamined.

One thing that may make us suspicious of the way of approaching the topic is that there is, in this way of setting up, no obvious impediment to there being delusions about almost anything at all. An experience of almost anything can be unexpected or anomalous, and if they are experiences that are had by individuals with the cognitive architecture implicated by the best account of the formation of the kind of attitude that makes for delusion, then we have no reason not to expect that the subject will have a delusion. There seems to be no deep reason to expect delusions to have a distinctive subject matter. We could have delusions that emeralds are red, that dogs steal old men’s whiskers, that tea bags have orange paint in them, or that the oceans are full of silver thread. However, these kinds of absurd irrational commitments to how the world might be are not like the delusions we started with. Those delusions seem to have a distinctive kind of subject matter. The kind of delusory thinking that we take to be our topic is not any old absurd, irrational, or neurotic thinking.

We may be able to get some help here from Foot’s discussion of what it is to think about something as ‘good’. She is concerned to resist a view of such thinking as involving two separable elements – what she calls ‘statements of facts’ on the one hand, and ‘evaluations’ on the other. On such a view an evaluation is not ‘connected logically with the factual statements on which it is based’ (1958-59: 83) This way of setting things up, she complains, would, if it were right, have the consequence of allowing varieties of thinking about goodness that are unrecognisable as such. The assumed separation of fact and evaluation allows that:

One man may say that a thing is good because of some fact about it; and another may refuse to take that fact as any evidence at all, for nothing is laid down in the meaning of ‘good’ which connects it with one piece of ‘evidence’ rather than another. It follows that a moral eccentric could argue to moral conclusions from quite idiosyncratic premises; he could say, for instance, that a man was a good man because he clasped and unclasped his hands, and never turned N.N.E after turning S.S.W. He could also reject someone else’s evaluation simply by denying that his evidence was evidence at all. (1958-59: 84)

She insists, in contrast, that there is no way of understanding what it is to commend something, to evaluate it as good ‘without fixing the object to which [it is] supposed to be attached. Without first laying hands on the proper object of such things as evaluation, we shall catch in our net either something quite different, such as accepting an order or making a resolution, or else nothing at all.’ (1958-59: 86) We will, in other words, lose the subject matter of evaluation if we do not start by ‘laying our hands’ on its proper object.

We think we are in something of the same situation with our topic here: that we need to re-orientate the discussion and try to lay our hands on the proper object of delusory thinking. As we saw above the topic of delusory thinking has been approached on the assumption that we have the question of the ‘statements of facts’ on the one hand – the contents of our delusions – and the subjects standing in a deluded or other relation to that fact, on the other. On such a view there is no internal connection between the attitude involved in delusory thinking and the objects of such thinking. One could just as well – if the evidence allowed it – have that object of one’s thinking be the content of a well-evidenced non-delusory belief, say.

In relation to thinking about goodness, Foot asks, what she calls the ‘crucial’ question: ‘Is it possible to extract from the meaning of words such as ‘good’ some element called ‘evaluative meaning’ which we can think of as externally related to its objects?’ (1958-59: 85). We think a crucial question in thinking about delusory thinking is to ask ‘is it possible to extract from the meaning of words such as ‘delusory’ some descriptive element which we can think of as externally related to its objects?’. We suspect that a positive answer to that question is untenable. To understand what it is to suffer from a delusion of the kinds we started with we need to understand what the proper objects are to which it is attached.

So, what are the proper objects of delusions and in what way are they inseparable from the mode of their apprehension in delusions? Well, it is obvious by now that, on the simplest version of our view, the object of a delusion is the subject herself. However, to say only that is to say something too simple. If we are right in taking delusions to be felt as disruptions of self-consciousness then the right object of the delusion is not only the subject, but the subject’s *relation* to herself. The subject of a delusion does not only stand in a relation to herself – she also stands in a relation to her *relation* to herself – a relation that can also be determined by the ways in which she relates to other subjects and to her world.

We want to suggest the following as a framework for thinking about delusions. First, we suggest taking the delusion to be an emotional or affective phenomenon. It is not, on our view, a product or consequence of being in a deluded state that one suffers, is agitated or feels disruption. The delusion *is* the suffering, agitation, or disruption. Second, we suggest taking delusion to involve an affective response that encodes the significance of the subject’s current conscious relation to herself. On our view, many of the standard cases of delusion encode the significance to a subject of their disrupted self-consciousness. As such they are forms self-consciousness that are second order in nature: forms of affective self-consciousness that encode the subject’s apprehension of the significance of ways in which she is conscious of herself.

Let us unpack what we mean here a little. To do that let us go back to simpler emotional responses that encode the significance of her situation for a subject. Consider fear, which we understand as an experience that encodes the experiencing subject’s relation ‘as threatened’ by the thing that the subject fears. Take, for example, a subject’s fear of something presented to her in visual perception – a snarling dog, say. We will not properly characterise such fear if we think of the fear as involving only the dog, or its snarling, or indeed its dangerousness. The fear also, and at the same time, involves the subject herself.She fears the dog, as we might put it, on her own behalf. As Sartre puts it “The emotional subject and the object of the emotion are united in an indissoluble synthesis.” (1985: 57). To fear the dog – to feel that the dog is dangerous – is at the same time and inextricable to feel herself threatened. Moreover, it is not to feel the conjunction that the dog is dangerous, and that she, herself, is threatened. The emotion is rather a recording of the significance of the subject’s *relation* to the dog, capable of activating both expressions of the relation to others, and behaviour congruent with the subjects aims and well-being.[[17]](#footnote-17) The experience of fear is not – on this way of thinking – a representation of how things are, a propositional attitude that is capable of being true or false.

Now consider the fact that, for a self-conscious subject, her fear will – in relating the subject to the significance of the *relation* that she stands into the dog – also put her in a relation to herself as the subject for whom the significance of the relation *is significant*. She experiences herself as someone that feels threatened. The significance of that reflexive relation can be recorded differently for her – her relation to herself as feeling fearful may lead to further fear, even panic, or self-disgust – or instead to calm resolve, or perhaps excitement. The experience of herself that records the significance of the relation of ‘feeling fearful’ is again not a propositional attitude that can admit of evidence, can be truth or false, and the object of other attitudes.

Consider now a subject who, for whatever cause – brain lesion, trauma, depression, ingesting psilocybin – experiences herself in a way that is anomalous, peculiar, painful, disturbed or disrupted. The disruption may attach particularly to her experience of herself in relation to others, or to her own body, or her own thoughts. In any case the relation that she stands into herself is disrupted and experienced as abnormal. And this disruption may lead to a more complex form of self-conscious experience – a form of self-consciousness that also involves the not feeling herself as she is habituated to. Such an experience – depending on its basis – can be a form of self-consciousness that also incorporates her experience of relation to others and her world.

If we look back to the patterns that emerged from our consideration of the verbal expressions of delusions, unreliable as we think they are at fully delineating the phenomenon, we have evidence that, in one way or another, a core aspect of delusive experience is a disruption to the sense of self, sometimes in relation to the other. Taking one of the most extreme cases – that of Cotard Syndrome – it arises in cases of extreme depression where the subject experiences herself as without many of the normal bodily affects. Her lack of affect in her consciousness of herself gives rise to a terrible alienating affective self-consciousness that makes her feel as if she were dead or did not exist. She has the distressing experience of losing her normal sense of herself.[[18]](#footnote-18)

# If what we have said above about delusory experiences is right, they have distinctive objects: the subject’s experiential relation to herself. Self-consciousness, if you will. These are not, however, propositional contents of any kind that may be true or false, believed or not believed, supposed or imagined, that we may know or not know. They are expressions – often agonizing and painful ones – of a subject’s affective self-awareness of distortions to the orientation that a subject has towards themselves. They are forms of self-awareness that stand in contrast to those that are normally operative in a subject engaged in the business of living a practical life. These distortions of self-consciousness may have many sources – from within the subject’s own body or from the felt relations to others, or the subject’s environment – but their significance is encoded in forms of a responsive affective self-consciousness.

We think that this more complex form of self-consciousness – incorporating both the subject's first order experienced relation to herself, and her second order relation to herself as so experiencing herself – offers a hypothesis for where to start looking if we want to make sense of what a subject is giving expression to when she utters the kinds of things we have seen those who experience delusions utter. It offers a hypothesis that has advantages over the psychological attitude approach – not least that it can be used also to illuminate the kinds of everyday delusions we find in the disruption to our forms of self-consciousness brought on by love and grief.

*5. Delusions in relation to framework or ‘hinge’ judgments.*

Wittgenstein in ‘On Certainty’ points us towards a body of truths that he thinks we believe groundlessly, and that have the character that, roughly speaking, all of us know them if any of us know them:

100. The truths which Moore says he knows, are such as, roughly speaking,

all of us know, if he knows them.

101. Such a proposition might be e.g. “My body has never disappeared and

reappeared again after an interval.”[[19]](#footnote-19)

The kind of thing that is being claimed is inseparable from the possibility of my rationally not believing it.

155. In certain circumstances a man cannot make a mistake. (“Can” is here

used logically, and the proposition does not mean that a man cannot say

anything false in those circumstances.) If Moore were to pronounce the

opposite of those propositions which he declares certain, we should not

just not share his opinion: we should regard him as demented.

156. The difficulty is to realize the groundlessness of our believing.

Some, we have in mind particularly Campbell (2001) here, but also Jacob Ohlhurst (2021, Chapter 11) have taken some of the immunity or irrelevance of evidential thinking to delusional thinking, that we have also remarked on, as reason to wonder whether, for the deluded subject their delusions function as framework, or ‘hinge’, judgements, in the way the non-deluded treat their opposites as framework judgements. The victim of a delusion might seem to offer up utterances as commitments they have without evidence, as commitments that organise whatever else they might claim, as such should we not treat them as bearing the same kind of relation to their claim ‘I am dead’, say, as we bear to the claim ‘I am alive’? Well in way. But not in quite the way the framework, or ‘hinge’, theorists mean it.

We agree that Wittgenstein’s remarks in ‘On Certainty’ are very suggestive. However, we think that what they show is that there are kinds of thinking, in relation to which, there are two ways to go wrong, each with its own departure from normality or sanity. We think that the subject of the delusion goes wrong in denying the undeniable, in denying the presuppositions of their form of life, and that we as theorists of delusions go wrong in taking what is at issue to be a matter to be established on the basis of evidence. The subject of the delusion *does* depart from the framework, our joint framework. They depart from that they might give evidence for their departure, and we for our adherence. However, the deluded person departs from the framework, not by instituting a new one in which things go aright again – the thing about frameworks, is that you cannot just institute a new one – by going wrong, denying the undeniable. Wittgenstein remarks:

467. I am sitting with a philosopher in the garden; he says again and again ‘I know that that’s a tree’, pointing to a tree that is near us. Someone else arrives and hears this and I tell him: ‘This fellow isn’t insane. We are only doing philosophy.’

468.  Someone says irrelevantly ‘that’s a tree’. He might say this because he remembers having heard it in a similar situation, he was struck by the tree’s beauty and the sentence was an exclamation…And now I ask him ‘How did you mean that?’ and he replies ‘it was a piece of information directed at you’. Shouldn’t I be at liberty to assume that he does not know what he is saying, if he is insane enough to want to give me this information?

This affinity between a ‘fellow who is insane’ and the person doing philosophy, who is not insane can be played out in relation to a number of claims:

I can see that [visually presented] tree

I have two hands

I exist

Other people exist

My wife has not been replaced by an imposter

The world exists

There is a future

There was a past before any event I experienced happened.

What Wittgenstein suggests is that in relation to each ,one can err in thinking them not true (as might the fellow who is insane) or err in in thinking taking them to be ‘pieces of information’ we can take an attitude being true on the basis of excellent evidence. One can err in thinking that one’s wife has been replaced by an imposter, but can also err in concluding, and offering as ‘a piece of information directed’ at another, the thought that the evidence is squarely against one’s wife having been replaced by an imposter. Both stand in contrast to the person who says, struck by the tree’s beauty, ‘that’s a tree’, or to the person who says, struck by his love of his wife, ‘that’s my wife’.

We think that the person who suffers from a delusion ‘goes wrong’, but not because their evidence about the nature of reality points in a different way from ours. Whether we judge ‘I am alive’ or the deluded person judges ‘I am dead’, or we judge ‘that is my wife’ or the deluded person judges ‘that is an imposter who has replaced my wife’ what is meant is inseparable from, and an expression of, the condition of our affective self-consciousness – neither of us offers evidence, and all of us could go wrong were we to. Judgments of this kind, if made, are normally not evidence-based hypotheses about the nature of the world at all, they are affective judgments that are expressions of self-consciousness. The deluded person ‘goes wrong’ in virtue of their relation to themselves ‘going wrong’. Those of us who ‘go right’ do so in virtue of being more fortunate in the form of our self-consciousness: at that moment we feel to be ourselves and our orientation towards ourselves feels normal. Of course, we rarely in fact say ‘I am alive’, the ‘world exists’ or ‘my wife has not been replaced by an imposter’: our normality is unremarkable.

The philosopher goes wrong in thinking that were someone to say these things they *must* be giving expression, not to their form of self-consciousness, but to an attitude towards the nature of reality based on ‘pieces of information’, and so insists that they offer evidence that they are alive, and not dead, that their wife has not been replaced by an imposter, that there is a future. It may be that the philosopher may properly ask us*,* two philosophers,what warrant we could offer for the claims ‘I exist’, ‘my co-author has not been replaced by an imposter’, ‘there is a future’. We leave a proper treatment of that question for another occasion – but for now we want to suggest the reply ‘I am okay’.

References

Archer, S. (this volume), ‘Why Do You Believe That?’, Chapter 11, in (ed.) Sullivan-Bissett, E**.,** *Belief, Imagination, and Delusion* (OUP).

Bayne, T., and Pacherie, E. (2005), ‘In Defence of the Doxastic Conception of Delusions’, *Mind and Language*, 20/2:163-188.

Billon, A. (2016) in ‘Making Sense of the Cotard Syndrome, Insights from the Study of Depersonalisation’, in [*Mind and Language*](https://philpapers.org/asearch.pl?pub=683) 31/3:356-391.

Bortolotti, L. (2009), *Delusions and Other Rational Beliefs* (Oxford University Press).

Carano, A., De Berardis, D., Cavuto, M., Ortolani, C., Perna, G., Valchera, A., Mazza, M., Fornaro, M., Iasevoli, F., Martinotti, G., and Di Giannantonio, M. (2014), ‘Cotard’s Syndrome: Clinical Case Presentation and Literature Review’, *International Neuropsychiatric Disease Journal*, 2/6: 348-355.

Campbell, J. (2001), ‘Rationality, Meaning and the Analysis of Delusion’, *Philosophy, Psychiatry & Psychology*8/2: 89-100

Currie, G. (2002), ‘Imagination, Delusion and Hallucinations’, *Mind and Language* 15 (1):168-183

Foot, P. (1958-59), ‘Moral Beliefs’, *Proceedings of the Aristotelian Society New Series, 59*: 83-104.

Gerrans, P. (1999), ‘Delusional Misidentification as Subpersonal Disintegration’, *The Monist, Cognitive Theories of Mental Illness, 82/4: 590-608.*

Gerrans, P. (this volume), ‘Cotard Syndrome. Structural and Affective Interpretations of the Delusion of Inexistence’, Chapter 9, in (ed.) Sullivan-Bissett, E. *Belief, Imagination, and Delusion*. (OUP)

# Lear, J. (2006), *Radical Hope:* *Ethics in the Face of Cultural Devastation*. (Harvard University Press).

# Levy, N. (this volume), ‘Believing in Stories: Delusions, Superstitions, Conspiracy Theories, and Other Fair Tales’, Chapter 7, in (ed.) Sullivan-Bissett, E., *Belief, Imagination, and Delusion* (OUP).

# Noordhof, P. and Sullivan Bissett, E. (2021), ‘The Clinical Significance of Anomalous Experience in the Explanation of Monothematic Delusions’, *Synthese* 199: 10277-10309.

# Noordhof, P, (this volume), ‘Irrationality and the Distortions of Consciousness’, Chapter 13, in (ed.) Sullivan-Bissett, E., *Belief, Imagination, and Delusion* (OUP).

# O’Brien, L, ‘Pervious to Others’ (ms)

# Ohlhorst, J. (2021), ‘The Certainties of Delusion’, Chapter 11, *Non-Evidentialist Epistemology* (Brill).

# Parrott, M. (2019), ‘Delusional Possibilities’, *Canadian Medical Association Journal.* 191(31): E867–8.

# Sartre, J-P, *Sketch for a Theory of Emotions* (Methuen & Co. Ltd)

# Shengold, L. (1995), *Delusions of Everyday Life*. (Yale University Press).

# Williams, B. (1993), *Shame and Necessity* (University of California Press)

# Wittgenstein, L. (1969), *On Certainty* (Basil Blackwell).

1. Something that the subject who has the delusion will often recognize. “He acknowledged that his abilities to see, hear, think, remember and communicate proved that his mind must be alive: he could not explain how his mind could be alive if his brain was dead, but he was certain that this was the case.” (Gerrans, this volume: ??) [↑](#footnote-ref-1)
2. Noordhof, this volume, suggests that conscious attention captured by anomalous experience can be enough to explain the formation of delusory beliefs. [↑](#footnote-ref-2)
3. We do not intend to give a theory of belief and belief norms here – just to utilise the idea their correctness is determined in relation to their truth or falsity. [↑](#footnote-ref-3)
4. “You don’t believe me, no one believes me” (Patient U. Case History, Carano et al. 2014: 350) [↑](#footnote-ref-4)
5. Thanks to a referee for this volume for raising the question of how hallucinations might fit with our account of delusions. Our topic here is delusion, rather than hallucination. We realise, however, that the distinction is not always as sharp a one as our way of proceeding might suggest. Our example of delusional parasitosis (‘my skin is crawling with lice’) makes that clear: that sentence can be used to express a sensory hallucination, as well as be evidence of a delusion. We also acknowledge that sensory hallucinations may give rise to specific kinds of delusion, and that delusions may give rise to sensory hallucinations. We look forward to thinking further about this, but very crudely we are inclined to think of sensory hallucinations as involving the abnormal exercise of our sensory capacities which can be deployed veridically or not, and of (most) delusions as involving the abnormal exercise of our self-conscious affective capacities which are valuative, rather than concerned with veridicality. [↑](#footnote-ref-5)
6. See Campbell, 2001, p.90 [↑](#footnote-ref-6)
7. In this we agree with Archer, this volume, that we do not make sense of such cases by looking for epistemic reasons. [↑](#footnote-ref-7)
8. A doctor I know, on a psychiatry rotation, was called on to offer a judgment on the question of whether a prison patient was suffering from paranoia. He said that the patient told him that he was in prison for assaulting a woman whose family were a criminal gang with prison contacts, and who were plotting to get the prison guards to kill him. As the doctor said “I needed a private investigator to make a reliable diagnosis”. [↑](#footnote-ref-8)
9. A referee for this volume raised the very interesting question of whether these need be mutually exclusive forms of thought. There seems no reason to say that they must be. In fact, one of the fruits of our discussion may turn out to be that we can use the distinct forms of thinking identified to throw light on each other, and to make sense of complex forms of thinking where they interact. [↑](#footnote-ref-9)
10. #  Gerrans does not leave this behind: “If affect is completely flattened, the taken-for-granted background of stable selfhood will be disrupted” (1999, p.604). Nor does Billon in his ‘Making Sense of the Cotard Syndrome, Insights from the Study of Depersonalisation’ (Billon, 2016). See also Gerrans, this volume, for an articulation of the kind of disruption to experience of self that may be involved in Cotard’s syndrome, and for a resistance to the idea that we need to appeal to abnormal evidential reasoning to explain the delusion.

 [↑](#footnote-ref-10)
11. Note that in cases of ‘stranger Capgras’ the strangers are often police, or doctors, and people with particular entitlements to access the private world of the patient. Patients do not generally think their neighbour or work colleague’s spouse has been replaced by an alien. [↑](#footnote-ref-11)
12. We might have considered expressions of shame: ‘In my experience of shame, the other sees all of me and all thorough me, even if the occasion of shame is on my surface – for instance my appearances; and the expression of shame...’ (Williams, 1993: 89) or pride: ‘fit to burst’. Or extreme sadness or depression. [↑](#footnote-ref-12)
13. Or more poetically He was my North, my South, My East, My West…’ (Auden) [↑](#footnote-ref-13)
14. Or more poetically, ‘Our two souls therefore, which are one/Though I must go, endure not yet/A breach, but an expansion/Like gold to airy thinness beat. (Donne, ‘A valediction forbidding mourning’.) [↑](#footnote-ref-14)
15. Shengold ‘s discussion of Freud on love (1995, Chapter 6) is helpful in bringing out the extent to which love gives rise to delusional thinking, [↑](#footnote-ref-15)
16. We are indebted here to the approach to understanding another that Lear takes in *Radical Hope* when he tries to make sense of Plenty Coups’ utterance “After this nothing happened”, made after the destruction of the Crow Nation. [↑](#footnote-ref-16)
17. For a fuller account of this way of thinking of emotions as having relations the subject stands on as their primary ‘objects’ see L. O’Brien, ‘Pervious to Others’ (ms) [↑](#footnote-ref-17)
18. See Gerrans, 1999, and this volume. [↑](#footnote-ref-18)
19. And later, in 252, he writes “it isn’t just that I believe in this way that I have two hands, but that every reasonable person does.” [↑](#footnote-ref-19)