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Chapter Title	The Doxastic Status of Delusion and the Limits of Folk Psychology	
Copyright Year	2018	
Copyright Holder	Springer International Publishing AG	
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	Particle	
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Abstract	<p>Clinical delusions are widely characterized as being pathological beliefs in both the clinical literature and in common sense. Recently, a philosophical debate has emerged between defenders of the commonsense position (doxasticists) and their opponents, who have the burden of pointing toward alternative characterizations (anti-doxasticists). In this chapter, I argue that both doxasticism and anti-doxasticism fail to characterize the functional role of delusions while at the same time being unable to play a role in the explanation of these phenomena. I also argue that though a more nuanced view of belief in which mental states are more or less belief-like instills a healthy skepticism towards the precision of folk-psychological concepts, such a stance fails to be of use in building a theory of delusion that will be able to bridge different levels of explanation, such as the phenomenology and neurobiology of delusion. Thus, I advocate moving past the question ‘Are delusions beliefs?’ and their description as propositional attitudes toward the description of the processes that generate delusion, with a view toward explaining, rather than explaining away, the personal-level aspects of the phenomenon that have been made inscrutable by investing in doxastic terminology.</p>
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# Chapter 11 1

## The Doxastic Status of Delusion and the Limits 2

### of Folk Psychology 3

José Eduardo Porcher 4

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### 11.1 Introduction 21

Clinical delusions are commonly thought of and characterized as beliefs, both by 22  
psychiatrists and by the general population. Here is the definition of delusion in the 23  
Glossary of Technical Terms of the most recent edition of the *Diagnostic and* 24  
*Statistical Manual of Mental Disorders* (DSM-5): 25

A false belief based on incorrect inference about external reality that is firmly held despite 26  
what almost everyone else believes and despite what constitutes incontrovertible and obvi- 27  
ous proof or evidence to the contrary. (American Psychiatric Association, 2013, 819) 28

Although almost every aspect of this definition is debatable, describing delusion as 29  
a type of aberrant belief is the only one to have engendered a specialized literature 30

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31 in itself, engaging philosophers, psychiatrists, and psychologists in the project of  
 32 arriving at a precise characterization of this class of mental states. Intuitively, delu-  
 33 sions do seem like they warrant the attribution of beliefs. This is mainly because of  
 34 patients' verbal behavior, represented both in the assertions of delusional subjects  
 35 and the apparent sincerity with which those assertions are made. Take Capgras syn-  
 36 drome, for example. Patients with Capgras are characterized by their inability to  
 37 recognize a loved one, a close relative, or a friend (or sometimes multiple persons  
 38 and sometimes even animals and inanimate objects). As Adriano Rodrigues and col-  
 39 leagues explain:

40 In this monothematic delusion, the individual recognizes overtly and straightforwardly who  
 41 that person is meant to be, upholding however a firm *belief* to the contrary, which is  
 42 anchored in subjective cues such as an eerie feeling that something is not quite right about  
 43 that person, complete lack of a sense of familiarity, and missing the proper affective  
 44 response. Individuals with Capgras syndrome cling to the unshakeable *belief* that the origi-  
 45 nal person in question was replaced by an impostor, who cunningly is trying to fool them—  
 46 with no success at all because, of course, they know better'. (Rodrigues, Banzato, Dantas,  
 47 & Dalgalarondo, 2013, 522, my italics)

48 Recently, David Rose, Buckwalter, & Turri (2014) have presented evidence from  
 49 five studies that folk psychology not only unambiguously views monothematic  
 50 delusions as beliefs, but that it views delusions as stereotypical beliefs. Furthermore,  
 51 they show that frequent assertion is a powerful cue to belief attribution, more pow-  
 52 erful than even a robust and consistent track record of non-verbal behavior. As we  
 53 will see, in the specialized literature the presence of certain kinds of non-verbal  
 54 behavior is one of the main reasons pointing toward the opposite attribution (or at  
 55 the very least the withholding of attribution) and supporting the abandonment of the  
 56 view that delusions are beliefs (henceforth *doxasticism about delusion*). I will pres-  
 57 ent the main alternative characterizations that have emerged in the wake of doxasti-  
 58 cism and, in the remainder of the chapter, I will question the validity of the debate  
 59 between doxasticists and anti-doxasticists by stepping back and assessing the mean-  
 60 ing and relevance of the question 'Are delusions beliefs?'. I will argue that, by  
 61 focusing on what appears to be a merely terminological dispute, the theorists  
 62 engaged in this debate have lost sight of two critical aspects of a precise character-  
 63 ization of delusions, namely, its use in the development of a scientific theory of the  
 64 relevant phenomena and its ability to account for the experience of the patients.  
 65 Finally, I advocate moving past the discussion concerning the doxastic status of  
 66 delusion toward the description of the processes that generate delusion at every  
 67 level of explanation, leaving doxastic terminology to be used in those pragmatic  
 68 contexts (e.g. therapeutic, forensic) in which such terminology is inescapable.

## 69 11.2 Problems for Doxasticism

70 The implausibility of ascribing full-fledged belief to delusional subjects has been  
 71 hinted at since at least the 1910s, when both Karl Jaspers' *General Psychopathology*  
 72 and Eugen Bleuler's *Textbook of Psychiatry* were published (Bayne & Pacherie,

2005; Bortolotti, 2010). One objection—originally raised by Jaspers (1913/1963) and elaborated recently by German Berrios (1991) and Louis Sass (1994)—denies that delusions are contentful states. One may call this the *expressivist* (Gerrans, 2001) or *non-assertoric* (Young, 1999) account. This view is motivated by the fact that most (if not all) delusions appear obviously false or incoherent. Berrios, for example, states that when a patient who utters a verbal formula such as ‘I am dead’ or ‘My internal organs have been removed’ is questioned as to the real meaning of these assertions, she will not be able to coherently discuss them or their implications. ‘Properly described,’ says Berrios, ‘delusions are empty speech-acts that disguise themselves as beliefs’ (1996, 126). ‘Their so-called content refers neither to world, nor self’. ‘Delusions are so unlike normal beliefs that it must be asked why we persist in calling them beliefs at all’ (1996, 114–5). A wide variety of cases seem to support such a view. Tim Bayne and Elisabeth Pacherie (2005) cite an intermetamorphosis patient who claimed that his mother changed into another person every time she put her glasses on (De Pauw & Szulecka, 1988); another that had the delusion that there was a nuclear power station inside his body (David, 1990); and a third that had the delusion of being both in Boston and in Paris at once (Weinstein & Kahn, 1955).

One may not want to deny that delusional states possess content, and still object that it is difficult to see how the delusional patient themselves could believe such content. Again, Cotard patients are a fitting example. José Luis Bermúdez voices this concern in stating that there is ‘something content-irrational about the belief ... that one is dead—because, to put it mildly, the belief is pragmatically self-defeating’ (2001, 479). Not only is it unclear that a self-defeating assertion such as ‘I am dead’ could be coherently expressed, the question is open whether there can be self-defeating beliefs to begin with (as opposed to mere verbal utterances).

Still, one may point out that delusional subjects appear to lack reasons or evidence for their delusional state. However faulty the reasons or flimsy (and biased) the evidence one may have to support some self-deceptive belief, for instance, there will be nevertheless some kind of support for such a belief. In contrast, John Campbell cites the well-known case of ‘a patient who looked at a row of empty marble tables in a café and became convinced that the world was coming to an end’ (2001, 95). Notwithstanding the DSM definition of delusions (that they are held ‘despite what constitutes incontrovertible and obvious proof or evidence to the contrary’), Campbell points out that it is difficult to understand how an experience of marble tables could verify the proposition ‘The world is ending’. On the other hand, there is at any time a considerable body of evidence against the truth of the delusional content, to which the delusional subject seems utterly impervious. Furthermore, there are delusional patients that even recognize that they do not have evidence for their claims. A case in point is Andrew Young’s and Katherine Leafhead’s Cotard patient, JK:

We wanted to know whether the fact that JK had thoughts and feelings (however abnormal) struck her as being inconsistent with her belief that she was dead. We therefore asked her, during the period when she claimed to be dead, whether she could feel her heart beat, whether she could feel hot or cold.... She said she could. We suggested that such feelings surely represented evidence that she was not dead, but alive. JK said that since she had such feelings even though she was dead, they clearly did not represent evidence she was alive (1996, 157–8).

119 If we think that some responsiveness to evidence is essential to belief, then, in case  
 120 such as these, we'll be reluctant to say that delusional subjects genuinely believe  
 121 what they assert. This paves the way to the most widespread objection to doxasti-  
 122 cism, namely, that which points to the failure of integration between the subject's  
 123 delusion and his or her other beliefs (Bortolotti, 2010). Delusional states present a  
 124 degree of *circumscription* (Young, 1999, 581) that may speak against their being  
 125 properly taken as beliefs. Egan (2009) calls this property *inferential circumscrip-*  
 126 *tion*. As Bayne and Pacherie neatly put it:

127       A subject will normally accept the obvious logical implications of her beliefs—at least  
 128       when these are pointed out to her. And when she realizes that some of her beliefs are incon-  
 129       sistent, she will normally engage in a process of revision to restore consistency. In contrast,  
 130       deluded patients often fail to draw the obvious logical consequences of their delusions and  
 131       show little interest in resolving apparent contradictions between their delusion and the rest  
 132       of their beliefs. (2005, 164)

133 However, the majority of patients with the Capgras delusion, for example, do not  
 134 draw the consequences the content of their delusion would usually mandate: their  
 135 worldview does not seem to change at all as a consequence of supposedly adopting  
 136 the belief that their spouses have been abducted and that the person they see in front  
 137 of them is an impostor (Davies & Coltheart, 2000). Whatever this state is, therefore,  
 138 it seems that it is severely encapsulated, failing to be integrated with the subject's  
 139 web of belief. But beliefs are the mainstay of theoretical and practical reasoning  
 140 and, while one may ascribe false belief to subjects for any number of reasons, a state  
 141 that fails to have the appropriate connections to the subject's other mental states  
 142 may not be properly described as a belief. This view is especially espoused by  
 143 authors who (tacitly or explicitly) endorse a consistency constraint on belief-  
 144 ascription (Currie & Ravenscroft, 2002).

145 Furthermore, belief has important connections to action, and many delusional  
 146 subjects fail to act in ways expected of agents who really believed the content of  
 147 their delusions. As Gregory Currie (2000) puts it, delusion exerts a powerful psy-  
 148 chological force, but fails to engage behavior in the way we expect of genuine  
 149 belief. Such *behavioral circumscription* was noted by Bleuler, who stated that his  
 150 delusional patients rarely follow up the logic to act accordingly, as, for instance, to  
 151 bark like a dog when they profess to be a dog. In the same manner, Capgras patients  
 152 who (for all we can see) sincerely affirm 'This is not my wife' or 'My mother has  
 153 been replaced by an impostor' do not as a consequence of this go looking for their  
 154 missing loved ones, nor do they usually call the police to report the breaking and  
 155 entering perpetrated by the person they claim to be an impostor.

156 Finally, delusional patients often fail to exhibit the emotional responses one  
 157 would expect of a person who believes the content of her assertions (Sass, 1994)—  
 158 we may call this *affective circumscription*. Capgras patients are more often than not  
 159 unmoved by the fate of their relatives whom, according to the doxastic interpreta-  
 160 tion of this delusion, they believe to have been abducted. Why don't they exhibit the  
 161 affective responses which the relevant beliefs would lead us to expect? Lisa  
 162 Bortolotti observes that 'although it is possible for a belief system to have some  
 163 internal tension, most philosophers resist the thought that subjects capable of having

beliefs can have dissonant attitudes simultaneously activated and operative at the forefront of their minds' (2010, 62). Delusions lack the holistic character expected of beliefs and do not respect the notion of a coherent belief system whose adjustments to one belief implies adjustments to many others (Young, 2000). Belief-ascription in the context of delusion, then, is only admissible after explaining away these disparities between the roles that delusional states play in the overall cognitive economy of delusional patients and those roles we expect beliefs to play (following either folk-psychological intuitions or fully articulated theories of belief).

### 11.3 Anti-doxasticism

In response to the aforementioned problems, two main alternative accounts have emerged. Some authors characterize delusions with the resources of traditional folk-psychology, and they do so by insisting that while delusions are not beliefs, their status can be captured by other familiar kinds of propositional attitudes. Others propose a revision to standard folk-psychological categories, claiming that delusions are a hybrid type of propositional attitude that was simply not recognized before.

Currie and colleagues (Currie, 2000; Currie & Jureidini, 2001; Currie & Ravenscroft, 2002) argue that delusions—or at least some delusions, especially those manifested in schizophrenia—are not straightforward, first-order beliefs, but rather *cognitive hallucinations*: imaginative states that are misidentified by their subjects as beliefs. As Currie puts it, 'what we normally describe as the delusional belief that  $p$  ought sometimes to be described as the delusional belief that I believe that  $p$ ' (2000, 175). Bayne and Pacherie (2005, 165–6) identify three claims in Currie's account (where  $p$  stands for the content of the delusional state):

1. Delusional patients who seem to believe  $p$  do not actually believe  $p$ ;
2. Delusional patients who seem to believe  $p$  actually imagine  $p$ ;
3. Delusional patients who seem to believe  $p$  believe that they believe  $p$ .

It is not altogether clear to which attitude we should affix the term 'delusion': whether we should say that the subject's imagining that  $p$  or her believing that she believes that  $p$  is the delusional state. On the one hand, if we are to take Currie's theory to resolve the problems left by doxasticism, then we should understand delusions to be *imaginings*. After all, it promises to account for the features of delusion that are not well accounted by the doxastic account: 'imaginings seem just the right things to play the role of delusional thoughts; it is of their nature to coexist with the beliefs they contradict, to leave their possessors undisturbed by such inconsistency, and to be immune to conventional appeals to reason and evidence' (Currie & Ravenscroft, 2002, 179). Furthermore, Currie (2000) claims his model can account for the fact that delusions typically fail to result in direct actions or strong affective responses, since this is also true of imaginings.

203 However, the way his model is presented undeniably suggests that delusions are  
 204 not the imaginings, but rather the second-order, metarepresentational beliefs which  
 205 are themselves caused by wayward imaginings (Dub, 2013). Indeed, simply imagin-  
 206 ing that one is dead, or that one's spouse has been replaced by a double, or even that  
 207 that divine forces were preparing one for a sexual union with God (Schreber,  
 208 1903/2000) should certainly not be seen as tantamount to being delusional. The  
 209 equivocation in Currie's account is made especially clear in the following passage,  
 210 where he has recently suggested that delusions, considered as a class of states, do  
 211 not fit easily into rigid categories of either belief or imagination.

212 While delusions generally have a significant power to command attention and generate  
 213 affect, they vary a great deal in the extent to which they are acted upon and given credence  
 214 by their possessors. In that case it may be that cognitive states do not sort themselves neatly  
 215 into categorically distinct classes we should label 'beliefs' and 'imaginings', but that these  
 216 categories represent vague clusterings in a space that encompasses a continuum of states for  
 217 some of which we have no commonly accepted labels. (Currie & Jones, 2006, 312)

218 Although Currie stops short of taking this idea further, the passage points to a more  
 219 revisionary form of anti-doxasticism which implies rejecting the ability of the cat-  
 220 egories of folk psychology to properly characterize delusional states. This idea, in  
 221 turn, can result in either attributing to the delusional subject a hybrid state some-  
 222 where between belief and imagination, or even, as we will see, in a more nuanced  
 223 view of folk psychology which postulates that not all cases of attribution will yield  
 224 a yes or no answer to the question 'Does the subject believe that  $p$ '?

225 In 'Imagination, delusion and self-deception', Egan (2009) proposes that delu-  
 226 sions are instances of a novel attitude somehow intermediate between imagination  
 227 and belief, which he calls *bimagination*. What this means is that this hybrid attitude  
 228 would possess some of the distinctive features of believing, and some of the distinct-  
 229 tive features of imagining. If on the one hand, classifying delusions as paradigmatic  
 230 cases of belief is problematic because it predicts that delusions ought not to display  
 231 the sorts of circumscription and evidence-independence that they apparently dis-  
 232 play, on the other hand, classifying them as paradigmatic cases of imagination is  
 233 problematic because it predicts that they should display more circumscription and  
 234 evidence-independence than they apparently display.

235 What would be nice would be to be able to say that the attitude is something in between  
 236 paradigmatic belief and paradigmatic imagination—that delusional subjects are in states  
 237 that play a role in their cognitive economies that is in some respects like that of a  
 238 standard-issue, stereotypical belief that  $p$ , and in other respects like that of a standard-issue,  
 239 stereotypical imagining that  $p$ . (Egan, 2009, 268)

240 Is such a mixed propositional attitude feasible? Egan's argument for making room in  
 241 our cognitive theories for hybrid attitudes, against possible opponents who might  
 242 object on principle to the promiscuous proliferation of mental attitude types, is  
 243 derived from the fact that (at least some) functional roles performed by beliefs as well  
 244 as by imaginings are not a package deal. Thus, he argues that it is a mistake to think  
 245 we cannot have the origin of an imagining and the behavior-guiding role of a belief,  
 246 or a belief-like behavior guiding role here and an imagination-like behavior guiding  
 247 role there, or a belief-like origin and an imagination-like updating policy, etc.

But even if we accept (as I think we should) a less restrictive and “boxological” view of mental attitudes, does this warrant the kind of attribution Egan has in mind? In other words, does the fragmentation of functional roles justify the use of labels such as ‘bimagination’? Egan’s account seems so ad hoc as to elicit the following question: if the promiscuous proliferation of propositional attitude types is proportional to the variety of possible functional roles, then why not just say that delusion itself is a type of propositional attitude with the characteristics that it has? Also, wouldn’t every subtype of delusion, such as Cotard or Capgras, be ultimately characterized as its own kind of propositional attitude? Can such characterizations be informative at all?

Rather than developing the idea that delusions are best characterized as ‘vague clusterings in a space that encompasses a continuum of states for some of which we have no commonly accepted labels’ (Currie & Jones, 2006, 312), Egan ends up trying to fit delusion into a categorically distinct class. As we will see, some authors have drawn a much more promising conclusion from the fragmentation of functional role, namely, that we should pursue a more nuanced view of the attitudes wherein the possession of contradictory dispositions can be made to make sense.

#### 11.4 Problems for Doxasticism and Anti-doxasticism

The discussion of the two anti-doxastic characterizations above highlights at least two important problems which are endemic to the whole debate about whether or not delusions are beliefs. The first problem concerns the legitimacy of the debate itself. The second concerns the legitimacy of the claims being made by both sides.

Does the debate between doxasticists and anti-doxasticists turn on facts about the human mind? Authors such as Bayne (2010) and Dub (2013) have recently noted that it is easy to get the impression that there is nothing substantive being achieved by the positive proposals we have examined so far and that, furthermore, that the question ‘Are delusions beliefs?’ might only appear to be answerable on the surface. Whether the dispute between the two sides is merely terminological is a point that deserves attention insofar as it pertains to the possibility of actually answering the question ‘Are delusions beliefs?’. If the question cannot be properly answered this would have important consequences for how we should go about building a scientific theory of delusion. Thus, Bayne observes:

Both parties agree that the functional role played by anomalous states (such as delusions) differs from that of paradigm (ordinary) beliefs. Those who are sympathetic to the doxastic account ... add that this difference is not so marked as to exclude delusions from the doxastic realm altogether, whereas those who reject the doxastic account ... hold that although the functional role of delusions may be belief-like, it is not sufficiently belief-like for delusions to qualify as beliefs. But without an account of the functional role of belief it is not clear whether this is really a debate about how best to understand delusions, as opposed to a debate about how to use the term ‘belief’. (2010, 332)

288 Similarly, Dub (2013, 82) points out that the question might only be settled by  
 289 deciding how to use the words ‘delusion’ and ‘belief’ rather than about what delu-  
 290 sions and beliefs are. Toward that end, it would be useful to have some sort of diag-  
 291 nostic test by which we could find out whether or not a debate turns on mere  
 292 terminology. Dub follows David Chalmers (2009, 88), who offers the following:  
 293 check whether the dispute disappears after two different senses of the problematic  
 294 term are distinguished. At first sight, this test suggests that ‘Are delusions beliefs?’,  
 295 like ‘Is a cucumber a fruit?’ and unlike ‘Is gold a metal?’ is merely terminological.  
 296 Doxasticists seem to apply the word ‘belief’ to a set of psychological states that  
 297 includes delusions, whereas anti-doxasticists restrict the application of the word to  
 298 a smaller set of psychological states which excludes delusions, just as botanists  
 299 apply the word ‘fruit’ to a wider range of objects than are understood to be fruits in  
 300 a culinary sense.

301 Chalmers’ test may be seen as unsophisticated. It invites us to distinguish differ-  
 302 ent senses of a term, but it is not that easy to know when different senses are in play  
 303 and there exists the possibility that conversationalists may converge on the same  
 304 meanings even when using their words differently. Thus, Dub provides an heuristic  
 305 that does not involve having to scrutinize the meanings of the terms being used: a  
 306 dispute is merely terminological if and only if it is not possible to have the dispute  
 307 without using whatever words are apparently troublesome.

308 In reformulating the debate without using the taboo word, one will have to resort to the  
 309 redescrptions, paraphrases, and translations, but we do not take on any contentious stance  
 310 about whether these redescrptions are legitimate “senses” of the now-taboo word or are  
 311 related to its semantic content in any particular way. (2013, 84–5)

312 Though by no means foolproof and far from defining what a terminological dispute  
 313 constitutes, Dub’s diagnostic test does suggest that doxasticists and anti-doxasticists  
 314 are talking past one another. With this diagnostic test in hand, we can examine the  
 315 two potentially problematic terms in the assertion ‘delusions are beliefs’, namely  
 316 ‘delusions’ and ‘beliefs’. In the remainder of this section I will focus on potential  
 317 indeterminacies in the word ‘delusion’ that give rise to an independent charge to  
 318 both doxasticism and anti-doxasticism, namely, that of making unjustified general  
 319 claims. In the next section, I will focus on potential indeterminacies in the word  
 320 ‘belief’ that put in jeopardy the project of pigeonholing delusions as being defi-  
 321 nitely beliefs or definitely not beliefs.

322 The characteristic circumscription that works as an objection against doxasti-  
 323 cism, though certainly observed in many cases of delusion, is not a feature of all  
 324 delusions. Just as there are examples of the failure of delusions to be integrated with  
 325 the subject’s beliefs, actions, and emotions, there are also cases that do display such  
 326 integration and, therefore, lend support to the attribution of belief (Bayne &  
 327 Pacherie, 2005). This can easily be established with data from both empirical stud-  
 328 ies and first-person accounts of delusion.

329 With regard to empirical data, for example, a review of 260 cases of delusional  
 330 misidentification by Hans Förstl, Almeida, Owen, Burns, and Howard (1991) found  
 331 that physical violence had been noted in 18% of cases. Andrew Young and Kate

Leafhead (1996) note that all their Cotard patients displayed at least some measure of congruent behaviors, such as refusing to move, to eat, or to shower. J.M. O'Dwyer (1990) reports that erotomania patients commonly act on the basis of their delusion. And Simon Wessely et al. (1993) note that 77% of a total of 59 delusional patients acted on their delusions in the month prior to admission. Therefore, circumscription objections have only the power to undermine the generality of a doxastic characterization of delusions, without thereby establishing the generality of an anti-doxastic characterization—especially because the empirical evidence just mentioned fits the doxastic model better, thus undermining the possibility that either Currie's or Egan's account could work as a general characterization of delusion. So, if doxasticism cannot provide a general account because it fails to include the cases to which anti-doxasticists allude, the reverse is also true and, thus, no positive morals can be extracted from the debate. The moral here is negative: the heterogeneity of the class of delusions puts pressure on the very possibility of anyone ever arriving at a characterization that is at once general and precise.

Still with respect to delusional states that are not circumscribed as anti-doxasticists paint delusion to be, consider the following testimony by Esmé Weijun Wang, a writer responsible for what is perhaps the only extant account of the experience of Cotard delusion (quoted with permission).

In the beginning of my own experience with Cotard's delusion, I woke my husband before sunup. Daphne, our dog, stirred, began thumping her papillon-mutt tail against the bed-sheets. I'd been in my studio, but now I was shaking my husband, and I was crying with joy. 'I'm dead,' I said, 'and you're dead, and Daphne is dead, but now I get to do it over. Don't you see? I have a second chance. I can do better now.'

Chris said, gently, 'I think you're alive.'

But this statement, of course, meant nothing. It was his opinion, and I had my solid belief. I can state that the sky is green, but will you see it as such? I felt buoyant at the belief that I was getting a second chance in some kind of afterlife—it caused me to be kinder, to be more generous. I wasn't irritated by problems with computer downloads. I was sweet to telemarketers. It was true that I was dead, but I believed it made sense to play-act normalcy, or rather, an improved version of normalcy, because of the additional belief that I was in an afterlife. According to the logic of my delusion, this afterlife was given to me because I hadn't done enough to show compassion in my "real" life; and though I was now dead, my death was also an optimistic opportunity. (2014)

Note that Wang's conviction that she was dead was not inferentially circumscribed (or at least not completely), since she also formed the coherent conviction that she was experiencing an afterlife—likely an abductive explanation of the unshakeable conviction that, although dead, she remained a subject of experiences. Moreover, her delusional convictions had behavioral and affective consequences, leading her to verbally affirm that she was dead, to be unencumbered by petty problems, and to rejoice at the second chance she had been given. While members of one of the sides of this debate can (and do) invoke examples of first-person accounts of schizophrenia, for example, to illustrate the point that at least some delusions are not belief-like, the upshot of the considerations above is that delusions are highly heterogeneous and, thus, it should come as no surprise that some delusions are more belief-like, while others depart from stereotypical beliefs. What we need, it seems, is an account

378 of delusion that embraces this heterogeneity and strives for precision without losing  
 379 sight of the fact that we are dealing with a class of phenomena that might very well  
 380 not be amenable to sweeping general claims.

## 381 11.5 The Limits of Folk Psychology

382 Responding to the question of whether non-linguistic animals have beliefs, Stephen  
 383 Stich once paraphrased his young son in saying ‘A little bit they do. And a little bit  
 384 they don’t’ (1979, 28). From what has been discussed so far, the response to the  
 385 question of whether delusions are beliefs should fall along the same lines: ‘a little  
 386 bit they are, a little but they are not’ (Bayne, 2010). However, rather than trying to  
 387 create new labels to fit borderline phenomena, we may pursue an account that at  
 388 once recognizes the limits inherent in folk-psychological categories and provides us  
 389 with a way to talk intelligibly and responsibly about phenomena which can’t be  
 390 made to fit such categories.

391 H.H. Price, in his famous series of lectures on belief, discussed the not uncom-  
 392 mon phenomenon wherein a person may systematically feel himself to be and act as  
 393 if he were fully committed to  $p$  in one set of circumstances, while systematically  
 394 feeling and acting as if the opposite were true in others. He called this ‘half-belief’  
 395 (1960/1969). More recently, Schwitzgebel (2001) recognized that there are count-  
 396 less cases in which a simple yes or no answer to the question ‘Does S believe that  
 397  $p$ ?’ doesn’t seem to be available, and that they can have a wide variety of causes.  
 398 From these cases, Schwitzgebel (2001, 76) concludes that for any proposition  $p$ , it  
 399 may sometimes occur that a person is not quite accurately describable as believing  
 400 that  $p$ , nor quite accurately describable as failing to believe that  $p$ .

401 The widespread presence of problematic circumstances for belief-ascription  
 402 encourages an account of belief that allows us to talk intelligibly about in-between  
 403 states—an account that allows us to say more than just that the subject ‘sort of’  
 404 believes something. Given the notion that there is a continuum ranging from com-  
 405 plete absence to complete presence of any given belief, a probabilistic strategy  
 406 might be thought to manage cases of in-between believing. According to such an  
 407 account, a person’s beliefs would be characterized by a degree of confidence rang-  
 408 ing from 0 (i.e. absolute confidence in the falsity of  $p$ ) to 1 (i.e. absolute confidence  
 409 in the truth of  $p$ ), with 0.5 in between—perhaps representing suspension of judg-  
 410 ment or a state of skeptical doubt. Such an approach may be thought to account for  
 411 at least some of the cases because we could assign our half-believing theist, for  
 412 example, with a degree of confidence of 0.7 or 0.8. However, this would consist in  
 413 a gross oversimplification of the kind of uncertainty or wavering present in the cases  
 414 discussed. The half-believing theist cannot be properly described as simply fluctuat-  
 415 ing between different degrees of confidence, since they are, ‘at a single time, dis-  
 416 posed quite confidently to assert one thing in one sort of situation and to assert its  
 417 opposite in another’ (Schwitzgebel, 2001, 79). Nor can the process of gradually  
 418 forgetting someone’s last name, for example, be properly translated into a slow

decline in one's confidence in the truth of some proposition. A purely probabilistic approach fails to capture the vast array of detail present in these cases.

Furthermore, it would seem that traditional representational accounts of belief cannot provide a way of successfully dealing with in-between belief states either. Indeed, to suggest that someone is in an in-between representational state appears even more unnatural than the probabilistic strategy would have it. Most talk of belief as representation makes out belief to be a categorical state—having a belief that  $p$  is something like having the sentence  $p$  inscribed in one's 'belief box' in the language of thought, according to one popular account. The metaphor must be pushed, though, if representationalists wish to embrace the very plausible presence of halfway states. Schwitzgebel points out that for that, however, they risk making a caricature of their own account by incorporating, say, explanations of gradual forgetting in terms of a sentence slowly 'losing its color', etc. To avoid the far-fetched claim that sentences either are or aren't inscribed in a belief box, then, representationalists are left with the burden of coming up with helpful ways of describing in-between cases in representational terms.

As we have seen, in the most difficult cases for ascription, such as the case of delusion, the communicative demands on the attributor may not successfully determine whether or not it is appropriate to describe the subject as believing the content of what they profess to believe. Schwitzgebel (2012) argues that cases like these, in which the set of ascribable dispositions available to the interpreter is such a mixed bag, leave us only with the option of specification—that is, describing how the subject's dispositions conform to the stereotype for the belief in question and how they deviate from it. There will be times, then, when withholding the use of ascriptive language is going to be preferable so as not to mislead one's audience. Such cases are those in which the observable deviations raise questions regarding both the content of the subject's attitude, and the nature of the attitude itself. If there is no way to decide whether something is determinately a case of belief, then our move should be to allow some indeterminacy in our belief talk. Schwitzgebel suggests that 'believes that  $p$ ' should be treated as a vague predicate admitting of vague cases: whereas in in-between cases of canonically vague predicates like 'tall' the appropriate ascription of the predicate varies contextually, so too, he argues, do in-between cases of belief. In both cases the best approach will sometimes be to refuse to either simply ascribe or simply deny the predicate but rather to offer more detail (e.g., 'he's five foot eleven inches').

Rather than supporting the view that delusions are beliefs (or at least that some of them are), however, all that Schwitzgebel's view can really offer is a pragmatic license to talk about delusions as beliefs whenever this is not apt to mislead our intended audience, and whenever there is no better alternative. Therefore, Schwitzgebel's view is not fully a doxasticist view about delusion. Besides, it is conceivable that among the many cases that defy belief-ascriptive language there might be some cases of delusion that imagining-ascriptive language is better suited to describe (even if in localized instances, for the benefit of particular audiences). The fact that belief-ascriptive shorthand caters to the context and interests of the attributors defeats the doxasticist's purpose of defending a full-fledged doxastic

464 view of delusions by appeal to dispositionalism about belief, as has been proposed  
 465 (Bayne & Pacherie, 2005).

466 But where does vagueness get us? Bortolotti (2010) dismisses this kind of ‘slid-  
 467 ing scale’ approach on the grounds that, by not giving a straightforward answer to  
 468 the question ‘Does the patient believe that  $p$ ?’, it is unable to characterize precisely  
 469 whether the patient’s actions are intentional, which complicates issues of ethical  
 470 and policy-guiding import. Schwitzgebel (2012) retorts that this is not nearly  
 471 enough reason to discard the approach without more ado, since its proponents might  
 472 just as well suggest that ‘in many cases of delusion it shouldn’t be straightforward  
 473 to assess intentionality, and that the ethical and policy applications are complicated,  
 474 so that a philosophical approach that renders these matters straightforward is mis-  
 475 leadingly simplistic’. Nevertheless, toward the end of her book, Bortolotti hints at  
 476 the in-between approach we have been discussing:

477 Rarely do we have these clear-cut cases ... Most of the delusions we read about, and we  
 478 come across, are integrated in the subject’s narrative, to some extent, and with limitations.  
 479 They may be excessively compartmentalized, for instance, or justified tentatively. That is  
 480 what makes it so difficult to discuss the relation- ship between delusions, subjects’ commit-  
 481 ment to the content of the delusion, and autonomy. As authorship comes in degrees, so does  
 482 the capacity to manifest the endorsement of the delusional thought in autonomous thought  
 483 and action. (2010, 252)

484 As Schwitzgebel observes, from the fact that Bortolotti (2010, 242) regards author-  
 485 ship and endorsement as necessary for belief, it seems to follow that in the quoted  
 486 passage she is acknowledging that many actual delusions are in-between cases of  
 487 belief. This wavering on Bortolotti’s part is symptomatic of the increasingly wide-  
 488 spread, if latent, perception that there may not be enough determinacy in our ordi-  
 489 nary conception of belief for there to be a fact of the matter as to whether many  
 490 belief-like states are really beliefs or not (Bayne, 2010; Hamilton, 2007).

491 Thus, Schwitzgebel concludes that when a person deviates too much from the  
 492 causal-functional patterns in behavior and cognition characteristic of belief, the  
 493 assumptions inherent in the practice of belief ascription start to break down. As we  
 494 have seen, he opts for allowing indeterminacy in belief talk rather than abandoning  
 495 it, and I agree that that is convenient enough for everyday purposes where precision  
 496 is not an issue. But what about when we are attempting to arrive at an integrative  
 497 scientific theory of the relevant phenomena? How does allowing for indeterminacy  
 498 in belief talk help us achieve a precise characterization of delusion, let alone an  
 499 explanatory theory of it?

## 500 11.6 Sidestepping the Debate

501 The characterizations of delusion assessed so far are found lacking in two further  
 502 respects, which, I argue, deal a fatal blow not to any particular characterization, but  
 503 to the project of explaining delusion by investing in folk-psychological terminol-  
 504 ogy. First, by focusing too hard on which propositional attitude delusional subjects

are supposed to hold with respect to the content of their delusions, they fail to make any progress in addressing the question of how the delusional patient experiences his or her delusions. Second, they fail a key conceptual challenge in offering a characterization of delusion, namely, to provide a unifying framework that would make it easier to look downwards to the neural mechanisms underlying delusions, thus failing to carry explanatory weight.

The theories discussed so far, all of which reduce delusion to a single propositional attitude, however sophisticated, face the charge of being descriptively inaccurate when attention is given to the experience of delusional subjects. As we have seen, some first-person accounts, such as Wang's account of her experience of Cotard's, may function as evidence against anti-doxasticism inasmuch as the circumscription invoked to attack the doxastic status of delusion is absent in at least some cases. This should not, however, be immediately seen as a victory for the doxastic side, insofar as doxasticism faces a similar problem with respect to a variety of cases. First-person accounts of schizophrenia in particular suggest that the question of how the delusional patient takes the world to be will hardly be answerable by referring to a determinate belief (or other kind of attitude) with respect to a proposition. Indeed, the more complex and florid the delusion or delusional system of the subject, the clearer this point seems to become. Consider the celebrated case of Daniel Paul Schreber, whose *Memoirs of My Nervous Illness* (Schreber, 1903/2000) inspired Jaspers' theory of the incomprehensibility of delusion and which has been the focus of an extensive case study by Louis Sass (1994).

I can put this point briefly: everything that happens is in reference to me.... Since God entered into nerve contact with me exclusively, I became in a way for God the only human being around whom everything turns, to whom everything that happens must be related and who therefore, from his own point of view, must also relate all things to himself. (Schreber apud Sass, 1994, 61)

In saying that the delusional subject believes, imagines, "bimagines," possesses some of the stereotypical dispositions of belief but not others, etc., nothing is gained in terms of actually understanding and explaining the condition. Indeed, such testimonies do not give rise to the question 'Did Schreber believe such and such?' so much as to the etiological and explanatory questions 'What gave rise to Schreber's experiences?' and 'Why did he interpret them the way he did?'. As Bayne observes, even if the concept of belief were sufficiently precise, it is a further question as to why we should care about whether delusions are anomalous beliefs, cognitive hallucinations or some type of in-between state: 'Arguably, what matters for many purposes is the question of what functional role delusions actually play, rather than whether this functional role falls within the boundary of belief or not' (2010, 332). Thus, in addition to providing overly general characterizations that are not up to the task of precisely describing the delusional subject's attitude toward their delusions, it is worth asking ourselves if and why the language of folk psychology is apt to play a relevant role in an explanation of delusion (and, for that matter, other intricate cognitive phenomena). The vocabulary of folk psychology, though a useful tool for conceptualizing and dealing with ourselves and others, abstracts entirely from

549 cognitive and neural processes, thereby putting in jeopardy the possibility of an  
550 integrative explanation of the phenomena.

551 Jakob Hohwy (2013) notes that an important, if not the most important, explana-  
552 tory challenge involved in devising a characterization of delusion is to provide a  
553 unifying framework that would make it easier to look downwards to the cognitive  
554 and neural mechanisms underlying delusions. Characterizations that invest in folk-  
555 psychological terminology, being abstractions from lower-level processes, fail to  
556 provide us with such a unifying framework and hinder a multi-level explanation of  
557 delusion. For this reason, Philip Gerrans (2014) suggests that we take the advice of  
558 Dominic Murphy and let cognitive neuroscience determine our characterization of  
559 psychiatric disorder in general and delusion in particular: ‘we arrive at a compre-  
560 hensive set of facts about how the mind works, and then ask which of its products  
561 and breakdowns matter for our various projects’ (Murphy 2006, 105). However, this  
562 should not be misunderstood as entailing that the appropriate level of explanation is  
563 the lowest-level, i.e., molecular biology. On the contrary, Murphy advocates explan-  
564 atory pluralism to the effect that there is no fundamental level, and explanations in  
565 cognitive neuropsychiatry must include references to factors that span all levels—  
566 from molecular biology to phenomenology and the cognitive and social sciences.  
567 As Gerrans puts it, ‘no part of biology or psychology has proprietary rights to psy-  
568 chiatric explanation’ (2009, 113). The suggestion that we should take our lead from  
569 cognitive neuroscience and not personal-level folk psychology is then perfectly at  
570 home with such an explanatory pluralism and is only meant to drive home the point  
571 that there is no place for such abstractions in a causal, mechanistic explanation of  
572 delusion (though there might perfectly well be a place for ‘belief’ and the like in  
573 other pragmatic contexts).

## 574 11.7 Conclusion

575 I have attempted to elucidate that both doxasticism and anti-doxasticism fail to  
576 characterize the functional role of delusions while at the same time being unable to  
577 play a role in the explanation of these phenomena. Both sides of the debate offer  
578 characterizations that are easily seen to downplay the immense variety in said func-  
579 tional role, and the debate ultimately turns on how its members apply the words  
580 ‘delusion,’ ‘belief,’ etc., thus consisting of a terminological dispute. Though a more  
581 nuanced view of belief wherein mental states are more or less belief-like instills a  
582 healthy skepticism towards the precision of folk-psychological concepts, I have  
583 argued that it fails to be of use in building a theory of delusion that will be able to  
584 bridge different levels of explanation, such as the phenomenology and neurobiology  
585 of delusion. Thus, I advocate moving past the question ‘Are delusions beliefs?’ and  
586 their description as propositional attitudes toward the description of the processes  
587 that generate delusion, with a view toward explaining, rather than explaining away,  
588 the personal-level aspects of the phenomenon that have been made inscrutable by  
589 investing in doxastic terminology.

**AU2** **References**

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# Author Queries

Chapter No.: 11 429100\_1\_En\_11\_Chapter

Queries	Details Required	Author's Response
AU1	Jaspers (1913/1963) is not provided in the reference list. Please provide details in the list or delete the citation from text.	
AU2	Please provide in-text citation for Stephens and Graham (2004) or delete the reference from list if applicable.	

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