15

Delusion and Double Bookkeeping

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1. Introduction

Eugen Bleuler forged the notion of *double bookkeeping* in his monograph *Dementia Praecox or the Group of Schizophrenias* (1911) and his subsequent *Textbook of Psychiatry* (1916), referring to patients' ability to separate their delusional world from the everyday socially shared world. Bleuler observed that his patients frequently failed to act according to their delusions, for instance, to bark like a dog when they professed to be a dog (1916/1924: 144): 'Kings and emperors, popes and redeemers engage, for the most part, in quite banal work. ... None of our generals has ever attempted to act in accordance with his imaginary rank and station' (1911/1950: 129).

Bleuler introduces the concept of 'double-entry bookkeeping' at the beginning of his book, in the section on 'intact simple functions', where he contends that schizophrenia is not a deficit of cognitive capacities. He observed that even when patients are absorbed in their psychotic experiences and nearly impossible to interact with, they are acutely aware of what is happening in the shared world. Louis Sass, who is responsible for the revival of interest in double bookkeeping, notes that this kind of ambivalence is widespread in patients with schizophrenia. While deeply engaged in their delusions, some treat them with distance or irony, even during heightened psychotic periods. 'Rather than mistaking the imaginary for the real, they often appear to be living in two parallel but separate worlds: consensual reality and the realm of their hallucinations and delusions' (Sass 1994: 21).

Some patients describe this duality with illuminating precision:

> I often feel that many of my aberrant pseudo-perceptions feel the way they do because I am actually perceiving them taking place in a parallel reality that only partially overlaps with this one. (Patient quoted in Sass 2014)

> There are two worlds. There is the unreal world, which is the world I am in and we are in. And then there is the real world. The only thing that is real in the unreal world is my own self. Everything else—buildings, trees, houses—is unreal. All other humans are extras. My body is part of the charade. There is a real world somewhere and from there someone or something is trying to control me by putting thoughts into my head or by creating … screaming voices inside my head. (Patient quoted in Parnas and Henriksen 2016)

> It was at this point, I think, that my life truly began to operate as though it were being lived on two trains, their tracks side by side. On one track, the train held the things of the 'real world'—my academic schedule and responsibilities, my books, my connection to my family. … On the other track: the increasingly confusing and even frightening inner workings of my mind. The struggle was to keep the trains parallel on their tracks, and not have them suddenly and violently collide with each other. (Saks 2017)

Even though the phenomenon is well-known to most experienced clinicians, contemporary mainstream psychiatry has failed to address it (Parnas and Henriksen 2016). Nevertheless, in the last decade or so, there has been emerging interest in double bookkeeping (Gallagher 2009; Sass 2014; Cermolacce et al. 2018; Porcher 2019a). These contributions deal mainly with theoretical issues concerning delusion and draw from first-person accounts of schizophrenia. In contrast to mainstream psychiatry, the basic idea in these latter studies is that the patient's experience of the world must not simply be mistaken but altered or transformed globally.

Sass maintains that keeping two separate sets of mental 'books' safeguards the patient's thoughts' relative internal coherence. In the first book, the one used for everyday life and social interaction and the one which nondelusional subjects share, the patient's thoughts are treated as empirical beliefs subject to reality testing by intersubjective standards of confirmation. Moreover, as empirical beliefs, these thoughts will have the appropriate, stereotypical connections to reasoning, action, and affect. Of course, this represents the vast majority of even the most floridly delusional patient's beliefs.

In the second book, intersubjective standards of confirmation are suspended, as are the usual connections to the patient's other mental states, actions, and emotions. In this book, thoughts are treated in a highly subjective way. As Jennifer Radden (2011: 9) notes, Immanuel Kant anticipates this view in his *Anthropology from a Pragmatic Point of View*, where he describes delusional states as 'a play of thoughts in which he sees, acts, and judges, not in a common world, but rather in his own world (as in dreaming)' (Kant, 1798/2006: 114).

Philip Gerrans (2013) provides a helpful illustration regarding how the dynamics of double bookkeeping might work. A violent headache might trigger the thought, 'I have a brain tumour'. Suppose someone enters this thought in the first (intersubjective) book. That thought is quickly canceled because one will consider alternative causes (e.g., 'I received a blow to the head in boxing practice earlier today'). However, in the case of someone who enters this thought in the second (subjective) book, the absence of a commitment towards revising or replacing the thought (if another has better epistemic credentials) will result in its adoption. As Gerrans observes, double bookkeeping 'represents a psychology trying to maintain an unstable solipsistic attitude, which is why the patient has to keep two sets of books but constantly struggles to reconcile them' (Gerrans 2013: 86).

This chapter connects the phenomenon of double bookkeeping to two critical debates in the philosophy of delusion: one from the analytic tradition and one from the phenomenological tradition. First, I will show how the failure of action guidance on the part of some delusions suggests an argument against the standard view that delusions are beliefs (doxasticism about delusion) and how its proponents have countered it by ascribing behavioral inertia to avolition, emotional disturbances, or a failure of the surrounding environment in supporting the agent's motivation to act. Second, I will show how the mismatch between the experience of double bookkeeping and that of having the usual propositional attitudes of folk psychology suggests another, more recalcitrant argument not only against doxasticism but against the very attempt to fit delusion into folk psychology (Porcher 2019b). Third, I will show how phenomenologically inspired theories of delusion, such as the multiple realities hypothesis, bypass the debates above and focus on describing and understanding the disturbances in the structure of experience undergone by patients. I conclude that the philosophical discussions ensuing from an appreciation of double bookkeeping show some of the limitations of the analytic philosophical approach to delusion.

2. Belief and action

Clinicians, theorists, and the general population commonly think of and characterize delusions as beliefs (Rose, Buckwalter, and Turri 2014). The definition of delusion in the Glossary of Technical Terms of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) reflects that popular intuition:

> A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (e.g., it is not an article of religious faith). (American Psychiatric Association 2013: 819)

The behavioural inertia of some delusional patients motivates one of the main arguments against doxasticism about delusion, namely, the argument from action guidance. It shares its structure with other arguments indicating that delusion's functional role departs from that of belief. Consequently, one can restate the general argument by pointing to other disparities between the functional role of delusion and that expected of belief (e.g., inferential, affective, phenomenological, etc.). Regarding the argument from action guidance, what matters is that, as we have seen, some patients who seem convinced of their delusions nevertheless act as if they were either untrue or irrelevant (see Tumulty, Ch. 2, this volume, for more on delusion and action).

The argument's major premise is a broad functionalism about belief, i.e., the idea that what it takes for a mental state to be a belief is for it to play a specific functional role. Such a functionalist view is assumed throughout the literature, so I will not take issue with it here. The argument's minor premise, drawing on clinical experience, denies that delusion plays the expected functional role concerning action guidance. Therefore, the argument goes, those patients do not believe the content of their delusions (cf. Miyazono and Bortolotti 2015 for a critical response to the argument).

There are at least two problems with this line of argument. The first problem is that various factors may explain why patients fail to behave as expected, even in the grip of a delusional belief. Action is not caused by cognitive states alone but by cognitive states in conjunction with motivational states. The motivation to act may not be acquired or sustained in some cases. Hence, to conclude from the fact that some delusional patients fail to act in the expected ways that they do not believe the content of their delusions is to ignore that the patient's state involves less than ideal conditions for belief to influence action (Bayne and Pacherie 2005).

Behavioural inertia may be due to several cognitive and affective internal causes. On the cognitive side, failures in the metarepresentational capacities involved in accessing one's goals may account for the inability to produce self-willed as opposed to stimulus-elicited action (Frith 1992). On the affective side, Lisa Bortolotti (2011) cites three possible causes. First, flattened affect, which Bleuler identified with schizophrenia: 'Indifference seems to be the external sign of their state. ... The patients appear lazy and negligent because they no longer have the urge to do anything either of their own initiative or at the bidding of another' (1911/1950: 70). Second, avolition, a failure to convert experience into goal-directed action, which Emil Kraepelin likewise identified with schizophrenia (Foussias and Remington 2010). Third, a deficit in the ability to couple behavior to the motivational properties of a stimulus despite equivalent subjective in-the-moment pleasantness and arousal ratings for these stimuli compared with healthy controls (Heerey and Gold 2007).

Yet another possible cause undermining motivation is the presence of emotional disturbances and developmental and epidemiological factors influencing the onset of psychosis. People at high risk of psychosis experience distress, decreased motivation, and poor socialization from an early age (Broome et al. 2005). Due to the widespread comorbidity between schizophrenia and depression, hopelessness and pessimism may explain why some delusional patients may find it hard to acquire or sustain a motivation to act.

Besides the cognitive and affective aspects of schizophrenia and delusional disorders, the surrounding environment in which delusion (or the patient's perception of it) manifests may also not support the agent's motivation to act. For instance, because some patients may

know that acting on their beliefs might result in hospitalization, a fear of involuntary commitment may account for the failure of patients to act accordingly (Bayne and Pacherie 2005: 185).

The second problem with the argument from action guidance is that the behavioural circumscription working as its minor premise, though observed in many cases of delusion, is by no means a general feature. Consequently, some cases will support the attribution of belief (Bayne and Pacherie 2005). A large study reported that 77% of delusional patients acted on their delusions the month before admission (Wessely *et al*. 1993). A review of two hundred and sixty cases of delusional misidentification found that physical violence occurred in 18% of cases (Förstl *et al*. 1991). It is well known, for instance, that some erotomania patients often act violently based on their delusions (O'Dwyer 1990) and that some Cotard delusion patients display congruent behaviors, such as refusing to move, eat, or shower (Young and Leafhead 1996). Hence, the argument from action guidance has, at best, the power to undermine the generality of a doxastic account of delusions without thereby establishing the generality of an alternative characterization. Not only that, Bortolotti (2009) notes that all sorts of beliefs fail to be appropriately hooked up to action without us questioning their doxastic status.

Moreover, the empirical evidence just mentioned fits the doxastic model better than imagination-based metacognitive accounts (e.g., Currie 2000). If doxasticism cannot provide a general enough account because it fails to include the cases to which its detractors allude, the reverse is also true: the cases that more naturally are explainable by doxasticism resist explanation by non-doxasticism. Thus, no sweeping positive morals are forthcoming from the debate on action guidance. On the contrary, the heterogeneity of delusions puts pressure on anyone ever arriving at a characterization that is at once general and precise (Porcher 2018).

3. Belief and experience

While the behavioral output of double bookkeeping cannot conclusively undermine doxasticism about delusion, the experience of double bookkeeping seems to depart so starkly from the typical experience of believing that it motivates another argument against doxasticism (Radden 2011; Gerrans 2013). While the major premise of the argument from action guidance states that to be a belief is to play a functional role, the argument from experience presupposes, at a minimum, that there is something it is like to have a belief. Like the minor premise in the argument from action guidance, the argument from experience denies that cases of double bookkeeping match the phenomenology of believing. Therefore, such cases, at least, are not instances of believing.

In his account of double bookkeeping, Sass focuses on the most famous case in psychiatric history, namely that of Daniel Paul Schreber, an appellate judge in the kingdom of Saxony who spent thirteen years in mental asylums. Schreber wrote vividly and lucidly of his experiences with schizophrenia in *Memoirs of My Nervous Illness*. His account was the subject of significant attention by the foremost psychiatrists of the time (Freud 1911; Bleuler 1912; Jaspers 1913). The core of Schreber's delusional system was the conviction that he had a mission to redeem the world and restore humanity to its lost state of bliss. For this to happen, divine forces were preparing him for a sexual union with God by changing him into a woman so he could give birth to a new race free from original sin.

Over the years, many have interpreted Schreber's delusions as instances of poor reality testing. In a legal brief, the superintendent of his asylum wrote of Schreber, 'What objectively seen appears as delusions and hallucinations is to him (a) unassailable truth and (b) adequate motive for action' (Schreber 1903/1988: 301). It is thus remarkable that Schreber himself rejects the superintendent's characterization in the same legal document:

> I have to confirm . . . that my so-called delusional system is unshakeable certainty, with the same decisive 'yes' as I have to counter . . . that my delusions are adequate motives for action, with the strongest possible 'no.' I could even say with Jesus Christ: 'My Kingdom is not of this world,' my so-called delusions are concerned solely with God and the beyond, they can therefore never in any way influence my behavior in any worldly matter … (Schreber 1903/1988: 301–302)

As we can see in Schreber's testimony, double bookkeeping gives rise to first-person reports that point to the ineffability of the experience, often expressed in figurative and metaphorical language: 'To make myself at least somewhat comprehensible', Schreber says, 'I shall have to speak much in images and similes, which may at times perhaps be only *approximately* correct' (1903/1988: 41). While describing how he was affected during his experiences, Schreber may seem to have referred to the neurology of his time, but his 'nerves' are not affected physically but spiritually through the mediation of supernatural 'rays' (Radden 2011: 50). As he explains in the following passage, we are used to thinking of all impressions we receive from the external world as derived from the five senses. However:

> in the case of a human being who like myself has entered into contact with rays and whose head is in consequence so to speak illuminated by rays, this is not so at all. I receive light and sound sensations which are projected directly on to my inner nervous system by the rays; for their reception the external organs of seeing and hearing are not necessary. (Schreber 1903/1988: 117)

As Sass (2014: 132) notes, the non-literal nature of Schreber's delusion is apparent in his account of being transformed into a woman. According to Schreber, this event occurred

when he stood in front of a mirror looking at himself while stripped to the waist wearing jewelry: 'my breast gives the impression of a pretty well-developed female bosom' (Schreber 1903/1988: 207). Schreber is not describing an actual anatomical change but a way of seeing or construing physical reality.

The high frequency of subjunctification betrays the seeming ineffability of some delusional experiences, and we find it peppered throughout first-person accounts of double bookkeeping. A subjunctifier is 'anything that gives a sign that a subject's utterance is not to be confidently understood as a straightforward description of momentary experience' (Hurlburt 2011: 116). Subjunctifier phrases such as 'I think,' 'It's like a . . .,' 'kind of,' and 'that's the best way I can think to describe it' are qualifications, shifting descriptions, and explicitly voiced doubts and uncertainties that accompany introspective reports.

Consider mathematician John Nash's assertion to an interviewer in the PBS documentary *A Brilliant Madness* that his delusions are 'kind of like a dream'. Or the patient who, when describing what the subjective, lived dimension of his delusion is like, states that 'I feel that I'm concocting a story' (Alexander, Stuss, and Benson 1979: 335). While not all patients report feeling the same kind of atmosphere, reports of feelings are commonplace when experience seems to beggar description in straightforward doxastic terminology. Consider, for example, the following remarks by a highly ambivalent patient:

> I've never rigidly held my beliefs about Pepperidge Farm [an American brand of baked foods] and microwaves, but they've always involved a strong feeling of fear and aversion, related to my feeling that nothing exists—however, I have acted consistently, over long periods of time, as if these beliefs were unquestionably true ... but I've always had a dimension of doubt about these beliefs, and, of course, I realize how profoundly irrational they sound to other people ... I would much prefer to believe that I am delusional rather than that all these magical events and processes are real. (Patient quoted in Sass 2004: 79)

The difficulty in pigeonholing delusions, whether in the category of belief or as imaginative states misidentified as beliefs, leads to the recognition that the subject may have an ambiguous relationship with the content of the delusion. Accordingly, it may be that such delusions play a functional role somewhere in between that of a belief and an imagining (Currie 2000: 174). This is sometimes called the *continuum hypothesis* (Kind, forthcoming). We may conceive belief and imagination as a many-dimensional cognitive space with two main clusters and various outliers. In this vein, Andy Egan (2009) has proposed blurring the boundaries between belief and imagination by introducing a hybrid propositional attitude he calls 'bimagination', speculating that this type of attitude has some of the features of belief and some of the features of imagination.

While it seems correct that a definite distinction between belief and imagination is not forthcoming since both are vague folk psychological concepts, replacing belief or

imagination with bimagination does not solve the problem of accurately characterizing the mental state of delusional patients—especially those who manifest double bookkeeping. While the functional role and phenomenology of belief do not match up with some cases of delusion, little or nothing is to be gained by a redescription in terms of hybrid attitudes (Porcher 2018). Indeed, first-person testimonies do not raise the question: does the patient believe such and such? Instead, they raise etiological and explanatory questions: what gives rise to the patient's experiences? Why does the patient interpret them the way they do?

Even if the concept of belief or other folk psychological attitudes were sufficiently precise, it is a further question as to why we should care about whether delusions are anomalous beliefs, cognitive hallucinations, or some hybrid state. Is the language of folk psychology apt to play a prominent role in explaining delusion (Porcher 2016, see also Murphy, Ch. 26, this volume)? Although a valuable tool for conceptualizing and dealing with ourselves and others, the vocabulary of folk psychology abstracts entirely from cognitive and neural processes and may thereby jeopardize the prospect of an explanation of the phenomena that integrates multiple levels of description (Gerrans 2014).

4. Phenomenology

In his monumental *General Psychopathology*, Karl Jaspers argues that simply saying that a delusion is an incorrigible, firmly held misconception held by the patient is only a superficial description. Indeed, in light of the preceding discussion, the definition of delusion as 'a false belief … about external reality' (APA 2013: 819) seems like an impoverished one to contemplate their intricate complexity. We can say confidently that at least schizophrenic delusions involving double bookkeeping are most than just erroneous beliefs. For this reason, Jaspers (1913/1963: 93–4) is adamant that we must understand them as arising in the context of shifts in the sense of reality and belonging since they involve a transformation in one's total awareness of reality.

A fundamental notion developed by Jaspers in connection with delusion is that of the delusional 'atmosphere'. The formation of what he and Kurt Schneider called 'primary' delusions happens as a felt experience, and hints of subthreshold psychotic experiences frequently announce it. Jaspers describes this instability in the foundation of the field of experience as an 'abnormal awareness of significance', and it has been variously designated as predelusional, prodromal, or micropsychotic. As Mads Henriksen and Josef Parnas explain:

> A crystallization of a primary delusion is not based on an *inferential error* about empirical matters in the public world but on the *affection of and within* the subjectivity itself by a revelation of delusional meaning, often carrying with it a sense of 'absolute', 'apodictic' certainty, not completely unlike the certainty of experiencing a sensation (a so-called

> ‘egological conviction’, like the certitude of having a toothache). (Henriksen and Parnas 2014: 545)

In schizophrenia spectrum disorders, delusional atmosphere often elicits a distinctive hyper-reflexive attitude in which patients become intensely absorbed with the felt qualities of subjective experience (Feyaerts et al. 2021). As double bookkeeping underscores, rather than mistaking their delusions for reality, patients regularly point out how they pertain to a different quasi-solipsistic realm (Sass 1994). Thus, they lack the complete actuality, practical consequences, and availability to others that accompany real-world experience. On the other hand, this altered sense of reality does not render such delusions merely subjective. As Schreber’s case elucidates, for some patients, the salience and relevance of delusional experience can considerably exceed the banality of everyday life.

The things said and done by the person with schizophrenic delusions will remain mysterious if we do not understand their existential context (Laing 1960: 15). That is why Sass and Parnas (2007: 65) insist that we must interpret the symptoms of schizophrenia as alterations in the overall structure of experience. A phenomenological understanding may allow us to make sense of actions or beliefs that might initially seem incomprehensible. As Matthew Ratcliffe forcefully argues:

> It is not that they take the real to be unreal or vice versa. Rather, the overall structure of experience has changed and the patient no longer experiences or believes anything in quite the same way anymore. It follows that her experience cannot be adequately interpreted if it is assumed from the outset that she occupies the same background ‘natural attitude’ as oneself. One has to cease presupposing the usual sense of reality and recognize that her existential orientation has shifted, sometimes radically. Phenomenology therefore plays an indispensable interpretive role. (Ratcliffe 2009: 228)

As many of the experiential changes reported in psychiatric illness involve alterations of the sense of reality and belonging, Ratcliffe (2009: 227) argues that we must adopt a *phenomenological stance* to endeavor to understand such existential changes. He insists that such a stance does not mean a radical transformation of all experience, where one becomes, as Edmund Husserl put it, a ’non-participating observer’. Minimally, it is a methodological shift by which one comes to appreciate that any point of view that takes the sense of reality for granted will be insufficient to deal with profound experiential alterations. That would include alterations like double bookkeeping and other changes in the structures of experience, such as those manifesting in depressive disorders.

In recognizing an experientially constituted sense of reality and belonging and committing to investigate and describe this and other aspects of experience, phenomenologically informed theorists have provided frameworks that have enriched our understanding of psychosis. Concerning double bookkeeping, in particular, the idea of *multiple realities* due to Alfred

Schütz (1945)—via the 'sub-universes' of William James (1890: 291–306)—may be particularly enlightening.

As Shaun Gallagher (2009: 254ff.) explains, the experiencing subject does not live in a unified world of meaning that is objectively defined but in finite provinces of meaning. James and Schütz agree that there is an ultimate reality, the reality of shared everyday life in which we usually engage, work, socialize, etc. But several other realities take us away from everyday reality. When we read fiction, watch a play or film, or play a video game, we spend time inhabiting a different reality that unfolds on the page, the stage, or the screen. In such realities, we may not have a role to play and may identify with one or more characters. In dreams and various fantasies, we may play a more active role as ourselves or as a modified version of ourselves, but not the one we play in our everyday reality.

As Sass observes, the delusional subject 'inhabits a world radically alien to that of common sense' (1992: 109). Accordingly, Gallagher hypothesizes that when a subject enters a delusional state, they enter an alternative reality. Unlike other realities, however, this one may be 'firmly sustained' and 'not one ordinarily accepted by other members of the person's culture or subculture.' The degree with which it is sustained will, of course, vary:

> A dream is something that ends and too quickly dissipates as we wake up … a drama comes to an end when the theatre lights come on. One can slip in and out of a delusional reality. Some delusions, however, may progress to the point where they are more like being in a theatre where the lights fail to come on. Thus delusional patients sometime report pervasive feelings of strangeness, where everything seems somehow unreal or unfamiliar … Furthermore, and importantly, realities created in theatre, film, novels, and games are socially constructed realities, they are for others, and by definition are understandable to many people. Some delusions are more like dreams; they are in some regards idiosyncratic … although they may share certain themes, such as being controlled by others, seeing others as impostors, and so forth. Thus, although delusions are not 'for others' they do not exclude others from appearing within the delusional reality. (Gallagher 2009: 256)

To consider a delusion an alternative reality, as defined by Schütz, requires that we see it neither as a set of false beliefs about the everyday world nor a mere collection of odd beliefs about an alternative world. Instead, it is primarily something experiential. It honors Jaspers' insistence that we should not try to abstract it from that through which the subject lives. However, if Gallagher is correct, the mistake of those who reduce delusion to a belief about everyday reality is not only to remain 'too cognitive,' but to '*target the wrong world*' (2009: 257, my emphasis). Suppose the delusion is not about external or everyday reality but concerns an alternative reality in the same way that events that occur in a play are tied to a fictional reality. In that case, this fact has not only theoretical but clinical significance.

Gallagher (2009: 260) argues that the multiple realities hypothesis throws light onto the paradox of double bookkeeping because it predicts the possibility of the subjects taking an ironic attitude towards the delusion. They may be unable to maintain distance as they are caught up in the delusional reality. Still, to the extent that they can shift back to everyday reality, they may be able to appreciate the strangeness of the delusion. Consider, for example, the following excerpt of an interview with a patient who showed symptoms of both Capgras delusion and reduplicative paramnesia. The patient maintained that his house and family had been replaced by duplicates:

> *E*: Isn't that [two families] unusual?
> *S*: It was unbelievable!
> *E*: How do you account for it?
> *S*: I don't know. I try to understand it myself, and it was virtually impossible.
> *E*: What if I told you I don't believe it?
> *S*: That's perfectly understandable. In fact, when I tell the story, I feel that I'm concocting a story . . . It's not quite right. Something is wrong.
> *E*: If someone told you the story, what would you think?
> *S*: I would find it extremely hard to believe. I should be defending myself.
>
> (Alexander, Stuss, and Benson 1979: 335)

Such shifting back and forth may also explain why the patient viewed his wife as an impostor (in delusional reality) but happily ate the food she gave him (in everyday reality). For this hypothesis to be empirically helpful, Gallagher recommends the investigation of the frequency and degree to which patients can shift between multiple realities as they move in and out of delusional states, the nature of the transitions, whether shifting is more frequent in prodromal cases, or cases of partial remission, and so on (Gallagher 2009: 260).

Michel Cermolacce and colleagues see therapeutical potential in the multiple realities hypothesis. They argue that in cases of double bookkeeping, shared reality and delusional reality, although exclusive to one another, are not incompatible but *compossible*. They may therefore be articulated under some third-party reality, or what they call 'hybrid objects', the existence of which reveals the possibility of being part of several realities at the same time and for a subject to be set free of a particular reality via their interplay. 'So can we both account for the flexibility of delusion and for the possible conditions for a verbal treatment of it' (Cermolacce *et al.* 2018: 5).

Whatever the merits of this particular framework, psychiatry should strive to understand disordered human experience besides evaluating, diagnosing, and classifying it. In offering tools to make sense of mental distress, phenomenological psychopathology pivots the focus on diagnosis and symptoms to include the complexity and diversity of people's experiences. Furthermore, it embraces scrutiny of what is significant from the patient's point of view, potentially revealing how a patient's vulnerability and distress are distinctly personal.

Instead of correcting 'errors of judgment', phenomenologically informed approaches explore patients' experiences as relevant sources of meaning for them (Henriksen and Parnas 2014). This is essential since giving them a voice is a precondition for understanding their wounded existence and opening themselves up to discovering new psychopathological knowledge.

5. Conclusion

In this chapter, I have given a brief but opinionated overview of philosophical treatments of the phenomenon of double bookkeeping. Its paradigmatic cases suggest that schizophrenic delusions, although they linguistically resemble epistemic claims about worldly matters, are actually attempts to frame and verbalize anomalous experiences of an already altered subjectivity (Škodlar *et al.* 2013). As we have seen, patients with schizophrenic delusions can sometimes cope with everyday reality despite their delusions' seeming incomprehensibility and incorrigibility, as though they were untrue or irrelevant, and the coexistence of delusional and everyday realms implies the inconsequentiality of delusional experience we have touched upon (Poupart *et al.* 2021). Moreover, double bookkeeping points to the fact that the medical notions of symptoms and signs cannot adequately address the psychopathological manifestations of schizophrenia (Parnas, Urfer-Parnas, and Stephensen 2021). Finally, double bookkeeping may also partly explain why current research on insight, ignoring the possible coexistence of multiple realities, may fail to give a consistent and specific model of schizophrenic delusion (Henriksen and Parnas 2014).

Besides being of interest in itself, double bookkeeping sheds light on the reach of analytic philosophical vs. phenomenological ways of attending to psychiatric illness (Sass 2004). However, this divide is thankfully becoming increasingly blurred. In analytic philosophy of psychiatry, it has inspired debates about whether or not delusions are beliefs, and if they are, how we are to explain their deviations from the stereotypical functional role of belief. These discussions have shed light on the role and applicability of folk psychological categories and led to significant conclusions on delusional action guidance. For this, they are welcome additions to the literature. However, I have noted that they often bypass the more essential questions regarding the patients' experiences with double bookkeeping and how we should understand such alterations. In the phenomenological philosophy of psychiatry, double bookkeeping has inspired a wealth of analyses, interpretations, and theories to account for this most puzzling of human experiences. Hopefully, these will gain even more traction in main psychiatry in the next years and increasingly inform empirical research and psychotherapeutic approaches.

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