



The epistemic innocence of motivated delusions[☆]



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ABSTRACT

Delusions are defined as irrational beliefs that compromise good functioning. However, in the empirical literature, delusions have been found to have some psychological benefits. One proposal is that some delusions defuse negative emotions and protect one from low self-esteem by allowing motivational influences on belief formation. In this paper I focus on delusions that have been construed as playing a defensive function (*motivated delusions*) and argue that some of their psychological benefits can convert into epistemic ones. Notwithstanding their epistemic costs, motivated delusions also have potential epistemic benefits for agents who have faced adversities, undergone physical or psychological trauma, or are subject to negative emotions and low self-esteem. To account for the epistemic status of motivated delusions, costly and beneficial at the same time, I introduce the notion of *epistemic innocence*. A delusion is epistemically innocent when adopting it delivers a significant epistemic benefit, and the benefit could not be attained if the delusion were not adopted. The analysis leads to a novel account of the status of delusions by inviting a reflection on the relationship between psychological and epistemic benefits.

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0. Introduction

In this paper, I ask whether delusions that have been construed as playing a defensive function have epistemic benefits. Defence mechanisms are “a means of nuancing or processing information such that it is rendered less anxiety-provoking” (McKay, Langdon, & Coltheart, 2005, p. 316). Arguably, delusions can prevent loss of self-esteem and help manage strong negative emotions (Butler, 2000; Ramachandran, 1996; Raskin and Sullivan, 1974; Bentall, 1994). The claim that delusions are psychologically adaptive can be made on these grounds, and it was recently discussed in the psychological literature (McKay & Dennett, 2009; McKay & Kinsbourne, 2010; McKay et al., 2005). Without denying that delusions are typically false and irrational, and that they compromise good functioning to a considerable extent, my goal here is to establish whether the psychological benefits attributed to those delusions that have been construed as playing a defensive function can translate into epistemic benefits. Thinking about delusions in terms of potential epistemic benefits leads to a more balanced view of the role of delusions in a person’s cognitive and affective life and invites a reflection on the relevance of contextual factors in epistemic evaluation.

In Section 1, I review the general features of delusions and describe the epistemic features of delusions that can be construed as playing a defensive function (hereafter, *motivated delusions*) and their adverse effects on functioning. In Section 2, I consider arguments for the psychological benefits of Reverse Othello syndrome, erotomania and anosognosia. I also describe the proposal by McKay and Dennett (2009), according to which some false beliefs (*adaptive misbeliefs*) are the result

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of a mechanism that allows motivational factors to influence belief formation. Can motivated delusions be adaptive misbeliefs? In Section 3, I introduce the notion of *epistemic innocence*. Cognitions are epistemically innocent when, despite their epistemic costs, they carry a significant epistemic benefit (*Epistemic Benefit* condition) that could not be attained otherwise (*No Alternatives* condition). I argue that motivated delusions have the potential for satisfying the two conditions for epistemic innocence and I offer an illustration from anosognosia to support this claim. In Section 4, I suggest that the epistemic innocence potential of motivated delusions highlights the need for a more nuanced evaluation of epistemically costly cognitions and invites a new way of understanding the relationship between psychological and epistemic benefits.

1. Motivated delusions

Clinical delusions are symptoms of psychiatric disorders such as schizophrenia, dementia, and delusional disorders. Delusions exemplify failures of rationality and are defined on the basis of surface features that have an epistemic character. Here are some popular definitions:

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 ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith). When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility.

[American Psychiatric Association, DSM-5, 2013, p. 819]

A person is deluded when they have come to hold a particular belief with a degree of firmness that is both utterly unwarranted by the evidence at hand, and that jeopardises their day-to-day functioning.

[McKay et al., 2005, p. 315]

Delusions are generally accepted to be beliefs which (a) are held with great conviction; (b) defy rational counter-argument; (c) and would be dismissed as false or bizarre by members of the same socio-cultural group.

[Gilleen & David, 2005, pp. 5–6]

The definitions above characterise delusions on the basis of their epistemic features, including lack of warrant, fixity, resistance to counterargument, and implausibility. Not all delusions manifest such features to the same extent, and delusions may differ in the way they interact with the person's other cognitive or affective states.

1.1. Types of delusions

Davies, Coltheart, Langdon, and Breen (2001) helpfully distinguish between circumscribed and elaborated delusions. *Circumscribed* delusions are not well integrated with the other beliefs the person has, and the epistemic features that characterise these delusions do not necessarily “spread” to the rest of the person's belief system. Some of these delusions, so-called “deficit” delusions (McKay & Dennett, 2009), are the result of brain damage or cognitive deterioration, and, even if they were given a psychodynamic interpretation in the past, there is now little room for motivational factors in an account of their formation. Examples are the Capgras delusion (the belief that a loved one has been replaced by an impostor) and mirrored-self misidentification (the belief that there is a stranger in the mirror when one looks at one's own reflection). Other circumscribed delusions have been construed as playing a defensive function, and motivational factors are sometimes advocated in the explanation of their formation. Such delusions often follow trauma. Examples are the Reverse Othello syndrome (the belief that one's romantic partner is faithful when she is not) and anosognosia (the denial of illness, for instance the denial that one's limb is paralysed).

Delusions emerging in the context of schizophrenia can be *systematised* and *elaborated*. They can turn into complex narratives used to explain most of the person's experience. Examples are the delusion of persecution (the belief that others are threatening and intend to cause harm), the delusion of grandeur (the exaggerated belief in one's self-worth), and the delusion of reference (the belief that some events are highly significant when they are not). A popular hypothesis is that delusions in schizophrenia are offered as an explanation for the person's hypersalient experience. Given that hypersalient experiences cause anxiety and distress in the prodromal phase of psychosis, delusions emerge as hypotheses by which the person makes sense of their experiences (Jaspers, 1963; Kapur, 2003; Mishara and Corlett, 2009). Delusions in schizophrenia can put an end to a state of uncertainty that causes anxiety and distress. Sometimes the “need for closure” is discussed in this context (McKay & Kinsbourne, 2010) and it indicates a preference for certainty over uncertainty and for predictability over unpredictability. In addition to satisfying the need to have an explanation as opposed to none, it has been argued that some delusions in schizophrenia can be motivated due to their specific content. Among others, delusions of grandeur and delusions of persecution seem to protect the person from a negative conception of the self and from low self-esteem.

In terms of aetiology, it is plausible that a combination of neurobiological and psycho-social factors (including motivational factors) contribute to the formation of delusions (Bentall, Kinderman, & Kaney, 1994; Davies, 2009; McKay & Kinsbourne, 2010; Roberts, 1992). For instance, Aimola Davies and Davies (2009) argue that a two-factor theory of delusion

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