



ELSEVIER

Contents lists available at ScienceDirect

# Consciousness and Cognition

journal homepage: [www.elsevier.com/locate/concog](http://www.elsevier.com/locate/concog)

## Delusions as harmful malfunctioning beliefs<sup>☆</sup>



Kengo Miyazono

University of Birmingham, 144 European Research Institute Building, Edgbaston, Birmingham B15 2TT, United Kingdom

### ARTICLE INFO

#### Article history:

Received 1 June 2014

Revised 24 September 2014

Accepted 16 October 2014

Available online 18 November 2014

#### Keywords:

Delusion

Schizophrenia

Malfunction

Harmful dysfunction analysis of disorder

Teleosemantics

### ABSTRACT

Delusional beliefs are typically pathological. Being pathological is clearly distinguished from being false or being irrational. Anna might falsely believe that his husband is having an affair but it might just be a simple mistake. Again, Sam might irrationally believe, without good evidence, that he is smarter than his colleagues, but it might just be a healthy self-deceptive belief. On the other hand, when a patient with brain damage caused by a car accident believes that his father was replaced by an imposter or another patient with schizophrenia believes that “The Organization” painted the shops on a street in red and green to convey a message, these beliefs are not merely false or irrational. They are pathological. What makes delusions pathological? This paper explores the negative features because of which delusional beliefs are pathological. First, I critically examine the proposals according to which delusional beliefs are pathological because of (1) their strangeness, (2) their extreme irrationality, (3) their resistance to folk psychological explanations or (4) impaired responsibility-grounding capacities of people with them. I present some counterexamples as well as theoretical problems for these proposals. Then, I argue, following Wakefield’s harmful dysfunction analysis of disorder, that delusional beliefs are pathological because they involve some sorts of harmful malfunctions. In other words, they have a significant negative impact on wellbeing (=harmful) and, in addition, some psychological mechanisms, directly or indirectly related to them, fail to perform the jobs for which they were selected in the past (=malfunctioning). An objection to the proposal is that delusional beliefs might not involve any malfunctions. For example, they might be playing psychological defence functions properly. Another objection is that a harmful malfunction is not sufficient for something to be pathological. For example, false beliefs might involve some malfunctions according to teleosemantics, a popular naturalist account of mental content, but harmful false beliefs do not have to be pathological. I examine those objections in detail and show that they should be rejected after all.

© 2014 Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/3.0/>).

## 1. Introduction

Delusional beliefs are typically pathological.<sup>1</sup> Being pathological is clearly distinguished from being false or being irrational. Anna might falsely believe that her husband is having an affair but it might just be a simple mistake. Again, Sam might irrationally believe, without good evidence, that he is smarter than his colleagues, but it might just be a healthy self-deception. On the

<sup>☆</sup> This article is part of a special issue of this journal on Imperfect Cognitions.

E-mail address: [k.miyazono@bham.ac.uk](mailto:k.miyazono@bham.ac.uk)

<sup>1</sup> However, I do not assume that all delusional beliefs are pathological (see below). In this paper, I only discuss typical delusional beliefs that are pathological. All my references to delusional beliefs without any specifications are going to be about pathological ones.

other hand, when DS, a patient with brain damage caused by a car accident, believes that his father was replaced by an imposter (Hirstein & Ramachandran, 1997) or Peter with schizophrenia, believes that “The Organization” painted the shops on a street in red and green to convey a message (Chadwick, 2001), these beliefs are not merely false or irrational. They are pathological.

What makes delusional beliefs pathological? This paper explores the negative features because of which delusional beliefs are pathological. In Section 2, I critically examine the proposals according to which delusions are pathological because of (1) their strangeness, (2) their irrationality, (3) their resistance to folk psychological explanations or (4) impaired responsibility-grounding capacities of people with them. I present some counterexamples as well as theoretical problems for these proposals. In Section 3, I argue, following Wakefield’s harmful dysfunction analysis of disorder, that delusional beliefs are pathological because they involve some sorts of harmful malfunctions. In other words, they have a significant negative impact on wellbeing (=harmful) and, in addition, some psychological mechanisms, directly or indirectly related to them, fail to perform the jobs for which they were selected in the past (=malfunctioning). An objection to the proposal is that delusional beliefs might not involve any malfunctions. For example, they might be playing psychological defence functions properly. Another objection is that a harmful malfunction is not sufficient for something to be pathological. For example, false beliefs might involve some malfunctions according to teleosemantics, a popular naturalist account of mental content, but harmful false beliefs do not have to be pathological. I examine those objections in detail in Section 4 and show that they should be rejected after all.

The central question of this paper is about what makes delusional beliefs pathological. Before starting, I have several remarks on the idea that delusional beliefs are pathological.

First, when I use the term “pathological” in talking about mental states, I refer to the property of the mental states in virtue of which they constitute, together with other symptoms, mental disorders. Delusional beliefs, together with other positive and negative symptoms, constitute schizophrenia, for example.

Second, the idea that a belief is pathological is different from the idea that it is delusional. Unfortunately, there is no uncontroversial definition of delusionality. According to DSM-5, a delusion is “a false belief based on incorrect inference about external reality that is held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary” (American Psychiatric Association, 2013, p. 819). This definition is, however, very controversial. Delusions might be accidentally true. Some delusions are not about external reality but rather about internal mental states. Some delusions might not be based on inference of any sort, and so on. In this paper, I simply stipulate that a belief is delusional if sufficient psychiatrists regard it as delusional.

Third, I assume that delusionality and pathology can come apart, at least, in principle. First, some delusional beliefs might not be pathological. For example, it is often argued that healthy individuals can have delusional beliefs or delusion-like ideas.<sup>2</sup> A person without any psychiatric diagnosis might have a paranoia belief that his colleagues are trying prevent him from being promoted. The belief is delusional (i.e. regarded as delusional by psychiatrists) but not pathological (i.e. does not constitute a mental disorder). Again, some pathological beliefs might not be delusional. For example, some instances of confabulations or obsessive thoughts might involve non-delusional pathological beliefs. It is conceivable that a person has obsessive thoughts about being contaminated by gems, but the thoughts are not delusional because he perfectly recognizes their implausibility. The thoughts in such a case are pathological (i.e. constitute a mental disorder, such as OCD) but not delusional (i.e. not regarded as delusional by psychiatrists).<sup>3</sup>

## 2. Some unsuccessful answers

(1) *Strangeness*: Anna’s belief that his husband is having an affair is false but it is not very strange. Many married women can have the same belief at some point. DS’s belief that his father was replaced by an imposter, on the other hand, is not only false but also strange.<sup>4</sup> The same thing is true about Peter’s belief that The Organization painted the shops to convey a message. This observation motivates the first proposal, according to which delusions are pathological because their strange content. In other words, the pathology of delusion comes from the abnormality of the content.

A problem of this proposal is that it is not obvious that all delusions are significantly stranger than healthy beliefs. Peter’s belief is certainly strange. But, there are some healthy beliefs that are as strange as his. For example, Murphy (2013) discusses a community in Sudan where it is believed that ebony trees provide important social information. The belief about ebony trees is culturally normal and hence not pathological. Nonetheless, it seems to be as strange as Peter’s delusional belief. One might think, however, that this problem can be solved by introducing a culture-relative notion of strangeness. The idea, for example, is that the belief about ebony trees is not strange relative to the culture in the community. Peter’s belief, on the other hand, is strange relative to the culture in the western, modern community to which he belongs. But, this

<sup>2</sup> See (Freeman, 2006) for an overview.

<sup>3</sup> One might think, however, that the person in this case does not believe the contamination and, thus, this is not an example of pathological beliefs that are not delusional. This is a possible interpretation, but it might not be the only one. It is not utterly implausible to think that the person believes the contamination and this belief explains his non-verbal behavior such as his washing hands repeatedly. See (Bortolotti, 2010) for detailed discussions about the relationship between delusions and obsessive thoughts.

<sup>4</sup> I am talking about the strangeness of content here. We might also talk about the strangeness of belief-forming processes; Anna’s belief might be formed in a normal way on the basis of sufficient evidence, but Peter’s belief is probably not. This type of strangeness might be regarded as a kind of epistemic rationality, which I will discuss below.

Download English Version:

<https://daneshyari.com/en/article/7289388>

Download Persian Version:

<https://daneshyari.com/article/7289388>

[Daneshyari.com](https://daneshyari.com)