

Towards Humanism in Psychiatry

JONATHAN GLOVER

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JONATHAN GLOVER is a professor of ethics and director of the Centre of Medical Law and Ethics at King's College London. He was educated at Corpus Christi College, Oxford, and was a fellow in philosophy at New College, Oxford, for thirty years. He chaired a European Commission Working Party on Assisted Reproduction, authored a report for the Office of Technology Assessment of the United State Congress on the social and ethical implications of the Human Genome Project, and was joint director of a project on Women, Equality, and Reproductive Technology in the Third World at the United Nations University. His numerous publications include *Responsibility* (1970); *Causing Death and Saving Lives* (1977); *What Sort of People Should There Be?* (1984); *I: the Philosophy and Psychology of Personal Identity* (1988); and *Humanity: A Moral History of the Twentieth Century* (2000).

These two lectures are an attempt to outline some of the features of a “humanist” psychiatry. The title “towards humanism in psychiatry” is not meant to suggest that humanism is entirely alien to current psychiatry. It indicates only that these lectures aim to encourage psychiatry to go in a certain direction.

Humanism, as understood here, is contrasted with a purely biological or medical approach to psychiatry. But there is no necessary conflict between the version of humanism advocated here and biological psychiatry. It should be uncontroversial that medical and biological approaches have added enormously to our understanding of mental disorder and to its alleviation. But it should be equally uncontroversial that some relevant aspects of people may elude description in purely biological or medical terms. Biological psychiatry and the psychiatric humanism defended here are partners, not rivals. If once there was a war between the two, now we all support the peace settlement. (But, as in Northern Ireland, there are times when the peace can seem fragile.)

The humanism in psychiatry advocated here has two main features. There is an emphasis on the interpretation of people (the topic of this lecture). A humanist psychiatry also emphasizes human values and how they inform a conception of the good human life (one of the topics of the next lecture).

I. INTERPRETATION

Psychiatric humanism emphasizes the interpretation of people. The interpretation aims at understanding how things seem and feel to the person. There are reasons to think such interpretation may sometimes help towards curing psychiatric disorder. But it may also be of value in itself, independent of any contribution to a cure. One bad thing about having psychiatric illness can be a sense of loneliness associated with not being understood by other people.

The kind of interpretation meant is not the diagnostic kind, where symptoms suggest a particular disorder. The standard diagnostic categories have their uses. It is hard to see research making much progress

unless there were some agreement on criteria for classifying disorders. But, as a tool for understanding, they also have their limitations. A person can exhibit a kaleidoscope of symptoms from a number of supposedly different disorders before (perhaps) settling down roughly within one diagnosis. This can make the categories seem like the colonial boundaries in Africa, lines drawn from outside, sometimes uniting very different tribes in one territory, sometimes dividing a single tribe between different territories. Here the diagnostic categories will be used, but with a tinge of scepticism.

In developing the kinds of interpretation that may help break down the psychological isolation of people with psychiatric illnesses, we should take seriously how they see themselves. For this we need to think about first-person accounts of psychiatric illness. To use a first-person account is not to make wild extrapolations from a single instance. The aim is more particular. It is to understand experiences from the inside and to understand the ideas and metaphors someone with psychiatric illness uses to describe and make sense of his or her own life.

This lecture is about the possibility of such an interpretative psychiatry. It considers interpretation in two directions. There are questions about how things said and done by people with psychiatric disorders should be interpreted. And, as part of this, there are questions about how people with psychiatric disorders interpret the world. Perhaps inevitably, the lecture sets out more a programme than a set of answers.

PART I. INTERPRETING STRANGENESS

I. "STRANGENESS" AND "PERSONAL CHEMISTRY"

There is no doubt that some people with psychiatric disorders at times strike others as strange. They may behave in ways that seem unintelligible. They may look strange or have an odd posture or gait. They may laugh at unexpected times, or stare, or say things in ways that make it hard to have a conversation with them. At such times, it is hard to get through to them: they seem unreachable.

Sometimes this inaccessibility has baffled their families and friends and also psychiatrists. Eugen Bleuler, the inventor of the word "schizophrenia," said that people with the disorder were stranger to him than

the birds in his garden. Karl Jaspers said it was possible to have empathy for those with mood disorders, but not for those with schizophrenia: “We may think we understand dispositions furthest from our own, but when faced with such people, we feel a gulf which defies description.”¹

Since those hit by schizophrenia are not birds in the garden but people, their problems may be compounded by our inability to reach them. To psychiatric disorder may be added loneliness and isolation. Understanding them more intuitively, “from the inside,” matters independently of any contribution to developing a cure. It is also a serious intellectual challenge, to psychiatry, to psychology, and to philosophy. So far, our theories about knowledge of other minds have not much helped us here.

The way people do or don’t bond is often thought of as a matter of their “personal chemistry” with each other. Psychiatric disorder can bring a generalized disruption of this personal chemistry. There are two (not mutually exclusive) possible explanations. There may be disruption of a person’s skills at sending signals and at interpreting other people’s signals. Or the problem may come from the affected person having an inner life so unusual as to be almost unimaginable.

The first explanation suggests a possible remedy. Standing too close, talking too loudly, not noticing the reactions to bizarre clothing or to sudden, inappropriate laughter, and being oblivious to someone else’s signals about having to go are all communication failures that can increase the impression of strangeness. They suggest a poor sense of the small change of everyday life. But sending the right signals and the related ability to read the signals sent back are skills that can be taught. Some women with postnatal depression do not bond well with their babies. There is evidence that if these mothers attend a massage class that also teaches them to read the baby’s body language, they and their babies bond much better.² Some psychiatric “strangeness” may be amenable to a similar approach.

The other explanation, that the affected person may have a very different inner life, raises much deeper difficulties. It is the one I want to discuss here. The causal accounts of biological psychiatry, for instance, in terms of abnormalities of brain chemistry, often transform our

¹ Karl Jaspers: *General Psychopathology*, translated by J. Hoenig and Marian W. Hamilton (Baltimore, 1997), vol. 2, pp. 577–82.

² K. Ozonawa et al., “Benefits of Infant Massage for Mothers with Postnatal Depression,” *Journal of Affective Disorders* 63 (2001): 201–7.

understanding of a disorder and sometimes contribute to it being either cured or contained. But in themselves they give us no intuitive understanding of how the disorder feels from the inside.

One source of intuitive understanding is first-person descriptions. There is an increasing flow of writings by people who have either recovered from psychiatric disorders or still have them. Equally helpful can be what they say in conversation. I have a friend who has Asperger's syndrome. She has unusually good personal chemistry with people affected by more severe autism. I once asked her if she could describe the intuitive understanding that she has but that most of us lack. She said she shared with more severely autistic people a difficulty in reading faces and invited me to imagine how my world would change if people had no faces.

Other hints of the effects of psychiatric disorder on people's feelings and ways of seeing things come from paintings by psychiatric patients. These often have a peculiarity that is hard to describe but that recurs again and again. Examples of this tormented strangeness can be seen in the early twentieth century paintings collected at Heidelberg by the art historian and psychiatrist Dr. Hans Prinzhorn.³ At a very different level, the extraordinary power of Vincent Van Gogh's self-portraits is inseparable from the way they convey the same lack of inner peace. To say this is not to reduce them to a set of psychiatric specimens. They are portraits of a terribly tormented man by a tormented painter of genius. And his final painting, the wheat field with crows, may be the most powerful expression ever given to a certain nightmarish view of the world. It is seen as being in violent motion and, at the same time, as claustrophobically oppressive. The greatness of the painting comes partly from its making a suicidal state of mind intelligible from the inside.

Paintings do something to convey the troubled inner climate of various psychiatric disorders. But we also stand in need of verbal answers to some questions about the effect of those conditions on the inner life. For instance, what is going on in the mind of someone who has delusions?

2. DELUSIONS AND THEIR IDENTIFICATION

It is not easy to define "delusion." It is common to think of delusions as false beliefs, irrationally based and stubbornly held. But a delusive be-

³ *Beyond Reason: Art and Psychosis—Works from the Prinzhorn Collection*, Hayward Gallery, London, 1996.

lief may happen to be true: some paranoid people *are* persecuted. The important thing is whether the belief is arrived at by means that should track reality. But since we all have only bounded rationality, the formation of beliefs by means suboptimal for tracking reality does not mark off the deluded person from the rest of us.⁴ We need to think in terms of degrees of irrationality. Perhaps we should think of delusional beliefs as combining two factors. They are formed on a basis that provides extremely poor tracking of reality, and they are clung to with great stubbornness.

But what about fanatical believers in dubious religious or political systems? Psychiatric delusions are only a minority of stubbornly held irrational beliefs. Marking them off may require some distinction between beliefs held as a result of indoctrination or other cultural factors and beliefs held as a result of some personal cognitive malfunctioning. Here it is not necessary to attempt a watertight definition. I shall assume only that there is enough agreement in central cases to justify the assumption that delusional beliefs do exist.

There are problems of how far a delusional belief is really held. There is “double bookkeeping”: the person may say, “The staff here are poisoning my food” and then happily go off to lunch. Apparent statements of belief may be undermined by a mocking demeanour or a manic cackle.

A psychiatrist’s patient claimed to have had a baby at Buckingham Palace. This belief, if persisted in by someone with no royal connections, seems to be a delusion. But, when she says, “I had a baby at Buckingham Palace,” there are several possible interpretations, not necessarily involving belief. She could be toying with the idea that it is true or else acting out a fantasy about being a princess. It could be something said to mislead or annoy the psychiatrist. It could be some kind of joke, possibly a political one with some satirical point. Things said by people seeing psychiatrists can have the ambiguities of comments by Shakespearean clowns or fools.

Even assuming belief, there is a range of possibilities. Perhaps the deluded person does, in a quite literal way, hold the belief. But there are also various kinds of partial or nonliteral “belief.” One woman’s later description of a delusion linked to vomiting was explicit about the “belief” not being literal: “I got the idea that in taking food I was in a sense eating the body of my youngest child. I did not believe this to be the literal

⁴ Herbert Simon: *Reason in Human Affairs* (Oxford, 1983), pp. 19–23.

case, but the aversion to food was strong because of this association.”⁵ There is a continuum of degrees of belief to be understood.

PART II. TWO MODELS OF DELUSIONS

3. THE VARIETY OF DELUSIONS AND OF EXPLANATIONS

Consider cases where there is reason to think the person in some way really holds the belief, and where this clearly counts as being deluded. How are we to understand what is going on?

Delusions are not all of a kind, and different types may need different explanations. Hearing “voices” may have different causes from delusions of alien control, where the person ascribes some of his or her actions to the will of some other person. “Thought insertion,” where the person believes that “this thought is in my mind, but it is put there by someone else,” may need a different explanation from Cotard’s delusion: “I am dead.” Some delusions are localized to a narrowly specific topic: those with Capgras delusion think that a close friend or relation has been replaced by an impostor with an identical appearance. (Sometimes brain injuries involve delusions confined to a specific narrow topic.) Other delusions involve a ramified system of beliefs through which the whole world is seen. Some delusions are long-lasting, while others have an unstable, fleeting existence. One cluster of delusions (thought insertion, Cotard’s delusion, delusions of alien control, and others) involves defects or distortions of awareness of oneself and/or one’s own agency, while others (delusions of persecution) are not self-referential in the same immediate way. Different delusions may involve different perceptual or cognitive failures or distortions. And a single delusion may be multiply caused. The content of a delusion may need a different explanation from its origin or its maintenance.

Many attempts to explain the origin of delusions appeal to one or both of two models. The first model, which emphasizes misinterpretation of evidence, is often called “poor reality testing.” The second model

⁵ Anonymous, “An Autobiography of a Schizophrenic Experience,” *Journal of Abnormal and Social Psychology* 51 (1955): 677–90.

sees delusions as a rational interpretation of highly abnormal experiences.

4. DELUSIONS AS “POOR REALITY TESTING”

If delusions are partly defined as beliefs with a basis that tracks reality badly, to *explain* them by “poor reality testing” is in danger of being tautological. To have content, the explanation has to cite fairly specific perceptual or cognitive failures or distortions. One possibility is that delusions result from highly exaggerated versions of cognitive distortions to which we are all prone.

“Normal” people weigh evidence in ways that are systematically skewed. For instance, when people are given a description of someone’s personality (shy, meek, tidy, etc.) and asked to guess the probability of his being a farmer or a librarian, they tend to go by whether the personality fits one of their stereotypes. They ignore the fact that there are many more farmers than there are librarians.⁶ There are the distorting effects of irrelevant factors. These include salience (famous cases or cases close to the person making the judgment are given excessive weight) and anchoring (the first case is given excessive weight). There is also “confirmation bias”: the tendency to accept evidence that confirms previous assumptions more readily than evidence against them. People underinterpret evidence, not noticing its overall pattern: “not seeing the wood for the trees.” Conversely, there is “jumping to conclusions.” People overinterpret evidence, projecting onto it nonexistent patterns⁷ or projecting a causal link onto a mere conjunction.⁸

Where “poor reality testing” seems an appropriate description, there is a question about whether this is to be explained in terms of cognitive mechanisms functioning in a distorting way or in terms of the person not choosing to test beliefs properly against reality. But for the moment let us stay with the account in terms of unmotivated cognitive distortion.

⁶ Amos Tversky and Daniel Kahneman, “Judgment under Uncertainty: Heuristics and Biases,” *Science* (1974), reprinted in *Judgment under Uncertainty: Heuristics and Biases*, ed. Daniel Kahneman, Paul Slovic, and Amos Tversky (Cambridge, 1982), pp. 3–20.

⁷ Philippa A. Garety and David R. Hemsley, *Delusions: Investigations into the Psychology of Delusional Reasoning*, Maudsley Monographs No. 36 (Hove, 1997), chapter 7, pp. 86–106.

⁸ Amos Tversky and Daniel Kahneman, “Causal Schemas in Judgments under Uncertainty,” in *Judgment under Uncertainty*, ed. Kahneman, Slovic, and Tversky, pp. 117–28.

Exaggerated versions of the “standard” cognitive distortions could play a role in generating or maintaining delusions. (Though many cases do not fit comfortably here. The person who thinks she is being persecuted by spectacle-wearing doctors and nurses, who use their glasses to refract too much light into her eyes,⁹ has not just somewhat overestimated the probability of this happening.) Perhaps salience and anchoring sometimes play a part in generating or maintaining delusions. The tendency to project dubious causal and other interpretations onto the world is a candidate for a role in paranoia. There is evidence that people with delusions are more willing than others to jump to conclusions, even about matters not relevant to their delusions.¹⁰ But the ramified and bizarre content of many delusions (why persecution by means of light? why with spectacles?) suggests something more wrong than would result from even strong versions of the standard cognitive distortions.

5. DELUSIONS AS RATIONAL RESPONSES TO STRANGE EXPERIENCES

The second model does not postulate cognitive irrationality and distortion. Instead, the suggestion is that some neurological or neurochemical failure generates bizarre experiences and that delusional beliefs are a rational attempt to make sense of them.¹¹ This idea has been applied to various kinds of delusion, including hearing “voices,” delusions of alien control, thought insertion, and Capgras delusion.

On this model, the “voices” people hear are the result of a breakdown in one or more of the brain mechanisms that enable us to distinguish real sounds from imagined ones. A powerful version of this model has been proposed by Christopher D. Frith.¹² He says that certain schizophrenic symptoms have in common that they reflect a disorder of self-awareness. He postulates a breakdown in the system of “metarepresen-

⁹ Anonymous, “An Autobiography of a Schizophrenic Experience.”

¹⁰ Garety and Hemsley, *Delusions*.

¹¹ B. A. Maher, “Anomalous Experience and Delusional Thinking: The Logic of Explanations,” in *Delusional Beliefs*, ed. T. F. Oltmanns and B. A. Maher (New York, 1988), pp. 15–33.

¹² Christopher D. Frith, *The Cognitive Neuropsychology of Schizophrenia* (Hove, 1992).

tation” by means of which we are normally aware of our goals and intentions. Delusions of alien control involve a failure to understand that my action was brought about by my own intention. People who hear “voices” ascribe the products of their own imagination to external speakers. And those with thought insertion fail to recognize that they themselves are the authors of certain thoughts that rise up in their own minds.

On this view, bizarre experiences are generated by failures in the brain’s self-monitoring mechanisms. These mechanisms normally give rise to the sense of agency. When I decide to drink some water, this intention is monitored so that awareness of it accompanies my lifting the glass to my lips. But, if the monitoring fails, I find myself lifting the glass while being unaware of any intention to do so. The idea of being controlled by someone else is one possible explanation of my apparently unintended action.

This account is also applied to thought insertion. Having a thought is seen as a kind of performance as a result of an instruction that is monitored. Breakdown of the monitoring system could then generate an awareness of a thought being not in the usual way under one’s control. And the passivity would once again create an impression of the thought coming from “outside.”¹³

6. SOME LIMITATIONS OF THE TWO MODELS

Both models draw attention to factors that may well play a role in delusions. But each of them gives the impression of telling only part of the story. And even if we combine the strange experiences of the second model with some of the cognitive biases and distortions of the first, important features of delusions are left unexplained.

For instance, why are delusions so specific? And why, when the person who has a delusion starts to question it, does checking only seem to

¹³ There are obvious problems about a thought being preceded by an instruction to have it. A subtle attempt to deal with these problems is John Campbell, “Schizophrenia, the Space of Reasons and Thinking as a Motor Process,” *Monist* 82 (1999): 609–25. The view of delusions as disorders of self-monitoring has been developed in a variety of theories. I am aware of having given only a very schematic account of an approach that has been refined by Frith and others. For a recent version, see G. Lynn Stephens and George Graham, *When Self-Consciousness Breaks: Alien Voices and Inserted Thoughts* (Cambridge, Mass., 2000).

generate new experiences apparently confirming it? (“Then I began to have the feeling that other people were watching me. And, as periodically happened throughout the early stages, I said to myself that the whole thing was absurd, but when I looked again the people really were watching me.”)¹⁴ And, when a delusion is given up, why does another often emerge to replace it? These questions suggest a “wellspring” model, in which delusions rich in detail keep bubbling up to the surface of the mind. To say the wellspring must be some kind of unconscious mental activity is not to explain it. (Though there may be some link with whatever unconscious processes generate dreams, also often startlingly specific.) It is hardly news to say that there are processes here of which we understand almost nothing.

There are other questions. Why are many delusions clung on to so hard? And—the issue taken up here—there is their bizarreness. The content of delusions is often extreme, as in the thoughts that other people are robots, or that the whole world depends on me, or that my best friend has been replaced by an impostor. Being so bizarre, these beliefs suggest something more radically wrong than unusual experiences or cognitive biases. And the belief of those with Cotard’s syndrome that they are dead goes beyond the bizarre to the paradoxical or impossible.

PART III. THE BIZARRENESS OF DELUSIONS

7. TAGGING ERRORS

People’s accounts of their delusions are sometimes so strange as to be almost unintelligible. Philosophers such as Ludwig Wittgenstein, W. V. O. Quine, and Donald Davidson in different ways have stressed the links between meaning and belief. If my interpretation of what you say makes your beliefs unintelligible or highly irrational, or else largely false, there is a real question of whether I have interpreted your words correctly. If a different account of what you mean can make it all more intelligible or more rational, or can make much more of what you believe true, should not that account be preferred?

John Campbell has pointed out that, if there is a rationality con-

¹⁴ E. F. Torrey: *Surviving Schizophrenia*, 3rd ed. (New York, 1995), p. 53, quoted in Ian Gold and Jakob Hohwy, “Rationality and Schizophrenic Delusion,” in *Pathologies of Belief*, ed. Max Coltheart and Martin Davies (Oxford, 2000), p. 161.

straint of this kind on how we should interpret people, this raises a problem for the interpretation of delusions.¹⁵ Can someone who says he is dead, despite walking and talking, really understand the meaning of his own claim? Can someone who claims that her husband has been replaced by an impostor, and does nothing to test this by discussing past shared experiences, really understand the meaning of what she says? In his discussion of this question, Campbell quotes a person with schizophrenia who said that his words bear two meanings: the meanings they ordinarily have and the meanings he is trying to use them to express. There is no obvious answer to the general question of whether deluded people have a proper grasp of the meaning of their claims. Perhaps “grasping the meaning” admits of degrees. But there is a psychological phenomenon that may help intuitive understanding of how they might feel impelled to say such bizarre things.

Sometimes, in a dream or when imagining something, we make mistakes that can be seen as either mistakes of naming or mistakes of representation. I dream I am having a conversation with Mahatma Gandhi, but the image of the face is that of Jawaharlal Nehru. Was I dreaming of Gandhi but making a mistake about his face, or was I dreaming of Nehru but getting his name wrong? I may simply know the answer to this: “It *was* Gandhi—I just got the face wrong.” The dream is mine, and my sense of what was going on overrides the visual discrepancy. There is a system of labels or tagging bound up with the intentional object of my mental state. If the person was tagged as Gandhi, then that is what my image meant even if I did get the face wrong. (It is said that Warden Spooner, after preaching a sermon in New College Chapel, corrected himself: “Every time I said ‘Aristotle,’ I should of course have said ‘Saint Paul.’” Even an eccentric preacher is the authority on what he meant to talk about.)

Normally we cannot explain what this tagging consists in by citing a feature of the experience. There is no equivalent of the caption that might appear below someone’s face on television. (“It may be Nehru’s face, but underneath it *says* it is Gandhi.”) Tagging seems to involve no conscious interpretation of any sign. Whatever goes on in the process of tagging is unconscious. All we are aware of is the end result: our conviction that this is Gandhi.

¹⁵ John Campbell, “Rationality, Meaning and the Analysis of Delusion,” *Philosophy, Psychiatry and Psychology* 8 (2001): 89–100.

Items can be tagged in many different ways. Two possible tags are obvious candidates for involvement in psychiatric disorder. One is the tagging of things as familiar or strange. If this exists, its breakdown would be a plausible element in Capgras delusion. The other is the tagging of items as being or not being part of me. Its failure could contribute to Cotard's delusion.

The idea of things being tagged as "me" or "not me" is given some support by attempts to describe the peculiarly vivid awareness of "being me" that people sometimes have. In *The Idiot*, Fyodor Dostoyevsky draws on his own experience in describing the intensity of Prince Mishkin's consciousness just before the onset of an epileptic fit. It was "purely and simply an intense heightening of self-awareness...and, at the same time, the most direct sense of one's own existence taken to the highest degree."¹⁶ It is striking that Dostoyevsky does not specify any visual, tactile, emotional, or other feature of the experience: any feature equivalent to the taste of Marcel Proust's madeleine dipped in tea that could serve as a vehicle for this direct sense of one's own existence. The absence of such a vehicle is what one might expect if the pre-epileptic experience is caused by some kind of boosted functioning of a tagging process that is unconscious.

Gerard Manley Hopkins clearly had moments of heightened awareness of self. In describing this awareness, he emphasized its distinctiveness. He also emphasized its incommunicability: something that would be expected if it came from unconscious tagging rather than from interpreting some visual or emotional feature of the experience. He said, "...when I consider my self-being, my consciousness and feeling of myself, that taste of myself, of *I* and *me* above and in all things, which is more distinctive than the taste of ale or alum, more distinctive than the smell of walnutleaf or camphor, and is incommunicable by any means to another man (as when I was a child I used to ask myself: What must it be to be someone else?). Nothing else in nature comes near this unspeakable stress of pitch, distinctiveness, and selving, this self-being of my own."¹⁷

Perhaps a "me/not me" tagging system, working too hard, generates these indescribable yet intense and conviction-laden experiences. If so, some other malfunctioning of the same system might begin to explain someone's intense conviction of no longer existing, together with the

¹⁶ Fyodor Dostoyevsky, *The Idiot*, translated by Alan Myers (Oxford, 1992), p. 237.

¹⁷ Gerard Manley Hopkins, *Comments on the Spiritual Exercises of St. Ignatius Loyola*.

inability to articulate reasons for it. But this conjecture, even if true, contributes to the explanation of only those delusions that relate directly to the sense of self. A “familiar/strange” tagging system may contribute to Cotard’s delusion, and tagging errors could be implicated in some other delusions. But it is not obvious that such errors have very widespread application. A more general account is needed.

8. DELUSIONS AS A REFLECTION OF AN EPISTEMOLOGICAL STANCE

Few philosophers would be surprised by the thought that there is an overlap between philosophy and psychiatry. Perhaps less attractive is the thought that there is an overlap between philosophy and madness. But one of the striking features of people on psychiatric wards is how much their conversation is about topics also discussed in philosophy journals: Is the physical world the only world? Does it exist outside my mind? Could other people be unconscious robots? Is there a God? Do we have free will? Is telepathy possible? The atmosphere of the discussion is different, but the topics overlap.

One thing people on psychiatric wards have in common with philosophers is an awareness that the commonsense interpretation of the world is not the only one. It can seem that people on psychiatric wards take seriously forms of scepticism that philosophers discuss only academically. One of the most interesting recent discussions of delusions, by Louis Sass, links the clinical phenomena with philosophical discussions of scepticism.¹⁸ He looks afresh at the much discussed case of the German judge Daniel Paul Schreber, who in 1903 published a notably articulate account of his psychiatric illness.¹⁹ Schreber had a ramified delusional system in which he heard voices and sometimes saw two suns. He was threatened by rays. He had a unique relationship with God, who depended on him and who contacted him through “nerves.” Schreber had the solipsistic view that the world and other people depended in various ways on his own mind. Some events were miracles that depended on him, while other people often had only a problematic

¹⁸ Louis A. Sass, *The Paradoxes of Delusion: Wittgenstein, Schreber and the Schizophrenic Mind* (Ithaca, 1994).

¹⁹ Daniel Paul Schreber, *Memoirs of My Nervous Illness*, translated and edited by Ida MacAlpine and Richard A. Hunter (New York, 2000).

existence: "The human forms I saw during the journey and on the platform in Dresden I took to be 'fleeting-improvised-men' produced by miracle."²⁰ But at times his grip on his own existence as the person who had his experiences seemed precarious, with the experiences described impersonally, as though they occurred but did not belong to anyone.

Louis Sass takes up the strand of solipsism in Schreber and compares it with Wittgenstein's discussion of solipsism. Wittgenstein suggested that solipsistic thoughts are more likely to arise when a person is passive. When we walk around, knocking things over and picking them up, we are more likely to be aware of objects' independent reality than when we are sitting still and staring. Schreber's delusions were embedded in a life that fitted Wittgenstein's view. Apart from brief and reluctant walks, Schreber liked to sit motionless all day at the same place in the garden.

But, more importantly, Wittgenstein makes conceptual points about the paradoxes of solipsism. Arguments for solipsism are usually conceptual rather than empirical. It is not that the evidence suggests that nothing exists independent of my mind. It is rather that it seems impossible to show that anything does have such independent existence. A similar line is taken about the idea of people other than me having experiences. Wittgenstein's response is that if you make it impossible for others to have experiences, it becomes empty to say that they belong to you: "If as a matter of logic you exclude other people's having something, it loses its sense to say that you have it."²¹ Sass links this up with the way Schreber's impersonal descriptions of experiences suggest only a weak sense of himself as the person having them.

Sass's application of Wittgenstein suggests a new use for philosophical discussions of the implications of deviant beliefs. These implications may suggest possible experienced consequences for deluded people who actually hold those beliefs. Perhaps this applies especially to people with a distorted sense of themselves and of their own agency. But it may be possible to build on Sass's approach by asking about more general links between philosophical beliefs and psychiatric disorder. Since people with these disorders are often interested in philosophy, are their delusions perhaps linked to the adoption of some epistemological stance?

²⁰ Ibid., p. 115.

²¹ Ludwig Wittgenstein, *Philosophical Investigations*, translated by G. E. M. Anscombe (Oxford, 1953), part I, section 398.

9. HOLISM AND PLAUSIBILITY CONSTRAINTS

One familiar thought in philosophy is that our beliefs form a system that functions in a holistic way. Suppose something I expect does not happen. I expected that the medicine the doctor prescribed would cure my illness. But it did not. I need to change in some way the beliefs that generated this expectation. Perhaps the doctor is not as good as I thought and got the diagnosis wrong. But there are alternative revisions I can make. The prescription may have been made up wrongly. Perhaps the diagnosis was right, but I have an unusual resistance to medicine that works for most people. Or, if I decide the diagnosis was wrong, I can give up more than just my faith in this doctor. I can abandon scientific medicine. Or, at the extreme, I can give up my belief in the scientific method as a reliable way of finding out about the world. The falsification of a prediction leaves me a lot of free play about which revisions to make to my system of beliefs and about how extensive they should be.

Of course, some of these revisions are more plausible than others. We need to find the right balance between holding onto a belief system so loosely that all of it is destroyed by some slight evidence against any part of it and clinging to it so tenaciously that no evidence is ever allowed to modify any of it.

There are striking cases of how evidence can be explained away by those following the second, more conservative, strategy. Confronted by the fossil evidence for evolution, Philip Gosse argued that, to test our faith, God had arranged fossils to look as if evolution had happened.

Other cases come not from religion but from politics. In 1939, the Central Committee of the British Communist Party had to discuss the Nazi-Soviet pact and a resulting order from Moscow that they were to withdraw support from the war against Adolf Hitler. The order was to work for Britain's defeat. Many members had joined because the Party seemed to provide serious opposition to Hitler. The new policy required them to go against their deepest political instincts. But many of them had also adopted as a fixed point in their system of beliefs that the Soviet Union could do no wrong. The transcripts of the debate show them agonizing as they tried to retain this fixed point in their system by skewing other beliefs. Some bending and squeezing would make it easier to see the Soviet Union as right. Suppose democracy and fascism were not importantly different. Or suppose the British Empire was as bad as Nazi

Germany. Or Germany was so weak as not to be a threat, or Britain and France were worse aggressors than Nazi Germany. None of these claims was plausible, but each was adopted by some members of the Central Committee in the effort to defend the fixed point in their system.²²

Gosse on evolution and this response to the Nazi-Soviet pact are extreme cases of evidence being stretched and squeezed in consequence of the holism of a belief system, in which some other belief is put beyond question. In these cases the implausibility seems obvious. Something similar can be said of many delusions.

Perhaps the person who has Capgras delusion has the neurological deficit that Frith and others describe, so that the expected emotional response is missing when a familiar person appears. But more than this must be missing. If you are someone I usually warm to, but today you walk into the room and I feel no emotional response, there is probably an explanation of my unresponsiveness. Perhaps I have a hangover. Perhaps today you are using some perfume I do not like. Perhaps things said last time have left a chilliness. If none of these explanations seems true, I will go on looking. But one explanation I will not be tempted by is that you have been replaced by an identical impostor. As a convincing story it ranks below the school excuse that “the dog ate my homework.” Capgras delusion carries with it the loss not only of an emotional response but also of a sense of plausibility.

Delusions in general carry with them a loss of the normal plausibility constraints on belief. (It is often by their bizarre nature that we identify them as delusions.) What are these normal plausibility constraints? When is it reasonable to give up a deeply entrenched belief because of some new evidence against it, and when is it reasonable to use the entrenched belief as a reason for scepticism about the evidence? When is it reasonable to accept someone’s testimony about something and when is it not? Is a simple and elegant theory that fits nearly all the evidence to be preferred to a complex and untidy account that fits all the current evidence? How much evidence is needed to turn a hypothesis into a fact?

One hope has been that science and philosophy, partly by extrapolating from obvious cases, might be able to explain what plausibility is. Perhaps they might even generate methodological rules to steer people towards the more plausible interpretations of the world. Such an en-

²² Francis King and George Matthews (eds.), *About Turn: The British Communist Party and the Second World War: The Verbatim Record of the Central Committee Meetings of 25 September and 2–3 October 1939* (London, 1990).

quiry might highlight misguided epistemological stances underlying delusions.

If epistemology and philosophy of science gave this clear guidance, we would have a map of the plausibility constraints on beliefs. We might then be able to see whether a deluded person lacks the whole map or only certain parts of it. But those parts of philosophy disappoint this hope. Books on philosophy of science are not rulebooks for scientists trying to choose between hypotheses. There is the case, argued by Jerry Fodor and others, that the holistic nature of our central cognitive processing excludes the possibility of such rulebooks.

Our minds are finite, and we have to answer questions in a limited time. So we consider only aspects of a problem and limit both the cognitive strategies we use and the possible answers we are willing to accept. Does this bounded rationality have an underlying coherence, supporting the exclusions we make against other possible ones? Or do we separate the plausible from the implausible by many different strategies, each justified by having been found to work roughly but quickly in a context that is irreducibly specific and local?

Some implausibility detectors appeal to very general parts of our system of belief. Doubts about a claimed miracle may appeal to the general reliability of scientific laws. And, as in this case, different general belief systems often change the probability rating of a contentious claim.

But other implausibility detectors seem to be highly specific. At the ticket office at Paddington Station, I ask the price of a ticket to Oxford. The man behind the glass says it is 407 pounds, but when purchased on a Tuesday it comes with a lettuce as a free gift. The resulting mental alarm bells have not been triggered by a commitment to the scientific worldview. The warning comes from specific beliefs about the likely costs of tickets and the kind of promotional offers made by the rail company. If the man then asks to borrow the pair of socks I am wearing, the plausibility rating of his testimony plummets even closer towards zero. One of the reasons why it is hard to say whether certain scenes in Dostoyevsky or in Franz Kafka are closer to dreams or to madness is because both dreams and madness escape the normal plausibility constraints.

A possible clue to the experience of being deluded comes from dreams. They also combine rational thinking with toleration of the bizarre. Dostoyevsky talks of how, after waking, we remember the ingenuity with which we outwitted our enemies: "you guessed that they were perfectly aware of your trick and were just pretending not to know

your hiding-place; but again you outwitted and cheated them, all this you remember clearly.” He goes on: “But why was it that your reason was able to reconcile itself to the obvious absurdities and impossibilities with which your dream was crammed? One of your killers turned into a woman before your very eyes, then from a woman into a sly and hideous little dwarf—and you accepted it at once as an established fact, with barely a hesitation, and this at the very moment when your reason, on the other hand, was at a pitch of intensity and demonstrating extraordinary power, shrewdness, perception, and logic?”²³

Logic and reasoning can persist, split off in dreams from the (lost) normal plausibility constraints. If this separation is possible in dreams, it is less surprising if it also occurs in madness. And there are contexts outside either dreams or madness in which it is useful to note how reasoning and intellectual analysis function separately from (at least some of) the plausibility constraints.

For instance, in epistemology, the standard form of philosophical reasoning about beliefs is the Socratic one. A belief is challenged first by questions designed to make the person formulate it more explicitly and perhaps to give reasons for it. Then unwelcome logical consequences are drawn out from the belief or from its supporting reasons. Epistemology works by spelling out the costs of different systems of belief. Unwelcome consequences are an implicit invitation to abandon or modify a belief. But the fact that they are unwelcome is not itself generated by logic, but by an intuitive sense of what is plausible. Logic alone is enough to exclude inconsistent belief systems, but not enough to choose between consistent ones. An epistemologist with no intuitive sense of plausibility or implausibility could still produce a map of the costs of belief systems but would have no way of deciding which costs were acceptable or unacceptable. Something extra is needed. And that “something extra” may be relevant to delusions.

10. PLAUSIBILITY CONSTRAINTS AND EMOTIONAL CHEMISTRY

The inconclusiveness of an epistemology without any intuitive plausibility weightings is paralleled by the “frame problem” in artificial intelligence. If an intelligent machine is designed to perform a simple task

²³ Dostoyevsky, *The Idiot*, p. 477.

such as fetching a package, and given access to whatever information it wants about all the alternative strategies, it may never actually start the job. Without any way of excluding irrelevant information or questions, it will have an indefinitely large number of preliminary calculations to carry out. After several years it may still be working on such calculations as that going out of the door will not have any effect on the number of geese in Canada or on the price of vodka in Poland.²⁴ Difficulties in the project of designing a satisfactory relevance detector for such a machine have given support to the suggestion that, in people, emotional responses may function as relevance-prompts. There may be no general intellectual strategy for a relevance search. Instead we may notice a lot of what is relevant by its “feel.”²⁵

The work of Antonio Damasio has brought the cognitive role of emotional responses into prominence. He describes the case of “Elliot,” who had undergone surgery to remove a brain tumour.²⁶ After the operation, he seemed incapable of completing tasks to time. The job might be to read and classify some documents: “he might spend a whole afternoon deliberating on which principle of categorization should be applied: Should it be date, size of document, pertinence to the case or another?” Elliot seems to be the frame problem come to life in a human being. His neurological condition left his intellectual abilities unimpaired, except that he was unable to plan activities over time and was unable to take decisions. He was also emotionally blank. He said that he no longer felt the emotional responses that used to come before his illness and operation. Damasio links the emotional blankness with the inability to take decisions: “I began to think that the cold-bloodedness of Elliot’s reasoning prevented him from assigning different values to different options, and made his decision-making landscape hopelessly flat.”²⁷

Something similar may be true of the plausibility constraints on beliefs. The “something extra” needed in addition to logic may not be some abstract heuristic device. It may instead depend on the emotional

²⁴ Daniel Dennett, “Cognitive Wheels: The Frame Problem of AI,” in *Minds, Machines and Evolution*, ed. Chris Hookway (Cambridge, 1984), pp. 129–51; and in Daniel Dennett, *Brainchildren: Essays in Designing Minds* (Cambridge, Mass., 1998), pp. 181–205.

²⁵ Ronald de Sousa, “The Rationality of Emotions,” *Dialogue* 18 (1979); and in Amelie Oksenberg Rorty (ed.), *Explaining Emotions* (Berkeley, 1980).

²⁶ Antonio R. Damasio, *Descartes’ Error* (London, 1996), chapter 3, pp. 34–51.

²⁷ *Ibid.*, pp. 36 and 51.

“feel” of an idea. (Not on the great emotions of love, hatred, anger, and fear but on such “calm passions” as “there is something fishy about this,” “that sounds really cool,” “it has a good feel to it,” “I don’t like the sound of that,” or “there is something not quite kosher about this proposal.”)

The conjecture I want to put forward is that the loss of plausibility constraints in people with delusions is linked to their problems of “personal chemistry” in everyday life. Their intuitive and emotional “feel” for other people often has been severely reduced or disrupted. And one of the symptoms of schizophrenia is having great difficulty in taking decisions. The indecisiveness is reminiscent of Elliot, as described by Antonio Damasio. The indecisiveness of schizophrenia too perhaps comes from an emotional blankness that makes it hard to assign values to different options. The evaluative weight given to things by people with delusions is often bizarre. K. W. M. Fulford speaks of “evaluative delusions.” He cites a patient who had forgotten to give his children their pocket money and thought this was “the worst sin in the world,” that he was “worthless as a father,” and that his children would be better off if he were dead.²⁸ If disrupted emotional intuition makes it hard to assign weight to options, it could also make it hard to assign plausibility to beliefs.

I I. BELIEFS AND THEIR WEIGHT

Consider two ways in which the normal plausibility constraints may fail. Discussion of plausibility often makes use of the metaphor of weight. How weighty is a certain argument? How much weight should be given to this testimony? Bad cognitive strategies assign to a belief (or to some evidence or to an argument) either too much or too little weight.

A. The Disproportionate Heaviness of Beliefs

A particular belief may be given great weight. In everyday life, there are many beliefs we cannot seriously think of giving up. They are beliefs so heavy that we cannot pick them up and move them. Three of them are that I have no more than two hands, that trees do not make jokes, and

²⁸ K. W. M. Fulford, “Value, Illness and Failure of Action: Framework for a Philosophical Psychopathology of Delusions,” in *Philosophical Psychopathology*, ed. George Graham and G. Lynn Stephens (Cambridge, Mass., 1994), pp. 212–13.

that chairs do not leap away to avoid being sat on. If I start to experience these things, I will wonder whether I am dreaming, drugged, or having a psychiatric breakdown. It is right to give this weight to these beliefs, as they have vast empirical support.

But sometimes a belief may be given too much (sometimes *much* too much) weight. The belief of the British Communist leaders in 1939 that the Soviet Union could do no wrong was a clear nonpsychiatric example. In people with psychiatric disorders, the belief that “I am dead” may be treated as being too heavy to move in the way “trees don’t make jokes” is. One possible explanation of this heaviness could be some distortion of a tagging system whose normal mode of operation gives certainty without supplying evidence open to conscious scrutiny.

B. The Unbearable Lightness of Thinking

When people think about philosophy, nihilism can be a temptation. There are so many alternative ways of thinking about the world (and so many arguments about them to evaluate) that it can seem impossible to choose between them. None of them seems to have any more weight than any other. Far from being too heavy to move, their lightness makes them seem both unreal and absurdly easy to pick up. A student in a philosophy examination who feels this lightness may choose any opinion more or less at random.

Something like this could happen to people whose psychiatric disorder has disrupted their emotional and intuitive feel for people or for plausibility. When thinking is as “light” as this, someone may just “choose” any old version of the world, without feeling a real commitment to it. For this to happen sometimes in people with psychiatric delusions would fit with “double bookkeeping.” It would also fit with the sense of mockery, the sense of the person not really being serious about the belief, that sometimes comes across.

12. THE THREE CONJECTURES

The approach to delusions offered here centres round three conjectures. The first is that the heaviness of some delusive beliefs may derive from an origin in unconscious tagging, which, even when working normally, delivers apparent certainty without providing reasons or evidence open

to being looked at. The second is that the adoption and persistence of delusive beliefs may depend on loss of the normal feel for what is plausible. The third is that the loss of plausibility constraints may itself be part of psychiatric disorder's frequent disruption of emotional intuition. These are all empirical claims, whose acceptance would depend on empirical testing. They are offered as conjectures, in the hope that conjectures can advance knowledge. Even if, as Karl Popper taught us, this is most often by inviting refutation.

II. IDENTITY

PART I. HUMANIST PSYCHIATRY AND THE IDEA OF A GOOD HUMAN LIFE

Humanism in psychiatry has two central themes. One, considered in the last lecture, is the interpretation of people. This will be continued here with an emphasis on the metaphors people use to interpret and shape their own lives. The second theme, at the centre of this lecture, is human values and a conception of a good human life.

A humanist psychiatry is not in conflict with a medical approach but may sometimes supplement it. Some aims of a humanist psychiatry are medical, but some are not. One aim is to improve people's damaged or impaired capacity for living a good human life. The impaired capacity may result from a psychiatric illness, but it may not. Some of the "Personality Disorders" come to mind. The boundaries of psychiatric illness are not altogether clear. But having a rigid or obsessional personality is at most only dubiously to have an illness. It may be just someone's nature. But, if it impairs someone's capacity for relationships, a humanist psychiatry might try to help those who want to overcome their "natural" personalities.

I. ANTIDEPRESSANTS AND THE BOUNDARIES OF MEDICAL TREATMENT

Some thoughtful psychiatrists notice a shift in their own aims when prescribing antidepressants. Peter Kramer raises this in the context of