

Jennifer Radden

On Delusion.

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This book is a contribution to Routledge's 'Thought in Action' series. It considers whether a general account can be given of delusional mental states. Since a wide variety of conditions are called 'delusions', the term is not univocal but stands for a family of concepts central to much of the lore of psychiatry. This book constitutes a survey of the complexities found in that family. It begins, as it should, with an attempt to characterize delusions, and situate discussion of them in a broad philosophical tradition.

Initially one might consider delusions as a genus of obviously false beliefs. Most beliefs recognized as delusions are clearly false, and the term 'delusional' is colloquially applied to people laboring under severe misapprehensions. Paranoids frequently attribute enmity to people who bear none to them, some schizophrenics believe that they are advised by saints, and a few unhappy individuals think that someone close to them has been replaced by an impostor (Capgras' delusion) or that they themselves do not exist (Cotard's delusion). However, brief reflection on the paranoid and the hypochondriac should demonstrate that falsehood is not a necessary condition for the delusionality of a belief: a paranoid who thinks that all her co-workers are out to get her, could be right about some of them, and the hypochondriac who thinks that he has a thyroid cancer with little or no evidence may actually have a presymptomatic malignancy. Being false, even strikingly false, does not seem to be a sufficient condition for a belief's being delusional either. A northern trucker's belief that he can get one more load to the end of an ice road in the Northwest Territories in the spring may turn out to be disastrously false, but still not count as a delusion. A philosopher might conclude that it is not the truth or falsity of a belief that renders it delusional, but the way in which it has been formed. Since the 17th century there have been a number of reflections on delusional belief, by Descartes, Kant, Schopenhauer, and Wittgenstein. All of them have associated delusions with peculiar, as opposed to common and intersubjectively shareable thoughts, with solipsism, or with improper doubt or simple irrationality (Chapter 2). The deluded person is a person apart from *us*, where *we* form beliefs under what our culture understands to be the discipline of reason. One becomes deluded due to some malfunction of one's mind.

This view of delusion as an individual, irrational belief explicable by some mental disorder in the believer has an initial appeal, but must face a range of corrective observations. First, one barrier to the view that delusions are a (generic) natural kind is their variable causation: Cotard's and Capgras' and other monothematic delusions seem to be isolated confabulations produced in response to localized neurological damage, while

the systematic delusions of schizophrenics have some different source. Many perceptual delusions seem to be beliefs nurtured by unusual, and even hallucinatory states, while what Radden calls 'delusional perceptions' are perceptual states given unusual significance because of the relation they have to a preexisting delusional belief system (17-31).

It might also be a mistake to consider all delusions as beliefs. Part of the reason for doubting this is the limited way that many delusional people connect their delusions to the rest of their psychic lives. They do not draw the sort of conclusions about actions to be taken that are drawn from garden variety conscious beliefs. The delusion produces only a few of the sorts of actions (perhaps only some assertions about who or what one is) that would commonly follow from the deluded belief (46). Others seem to jump to conclusions on slim to no evidence, perhaps on the basis of an attitude about how the world must operate to produce certain experiences (55); while some first-hand reflective accounts of delusional conditions suggest that the verbal account is already seen as a failed attempt to describe an uncanny state of mind (48-52). The double awareness of some deluded people about the reliability of their delusion suggests that certain of them might be classified better as 'imaginings' than as full-out belief states.

If the intentionality of beliefs is marked by some sort of propositional content expressing what the believer thinks, then the account of delusions as beliefs must confront one classic claim, originally expressed by Karl Jaspers, about many, if not all of them, viz., that 'Primary Delusions' are without meaning for their possessor, and incomprehensible for their observer (Chapter 4; the formula noted is expressed on 58). Of course an utterly meaningless report cannot be false except on pain of a violation of bivalence or an elaborate reparsing of it. Radden's discussion of this thesis begins by considering theories about how the meaning of statements is constituted. However, Jaspers himself was almost certainly suggesting that in the case of Primary Delusions attempts by a third party to develop an empathetic understanding of the state of mind of the delusional subject would fail, no matter what the subject him- or herself said or did in connection with it. Statements like 'my soul is red now[, i]t used to be black' (65) are certainly bizarre, and may beggar interpretation, except perhaps in metaphorical or analogical terms (cf. 73 for an early such approach), but need not be judged absolutely incomprehensible. The subject who says such a thing may associate the utterance with certain other ones, consequences of it, distinctions to be drawn in relation to it, characterizations of red or black souledness, that allow what seems to be a syntactically well-formed first-person statement to be at least partially unpacked. Radden herself allows that delusional states can display a variety of levels of comprehensibility. If a delusion can be described in any way as a belief (or imagining, or pretending or inclining to think) that P, then some measure of meaning ought to be attributed to it, to be filled out, perhaps by the associations, conclusions or narratives that the subject attaches to it.

It seems to be another mistake to think that all delusions are adequately described

as *individual* states of mind. Some, the *folies à deux*, are transferred from an initial subject to a secondary one by causes somewhat different from those that induced the delusion in the initial case. Thus beliefs and attitudes similar in content may have very different causal stories: the second perhaps due to some social susceptibility or to a mimetic tendency. On this view a delusion can be contagious, and the contagion can affect a whole society, converting a local imagining—say, that so and so is a witch, or possessed—into a ‘popular delusion’ in the sense suggested by Alexander Mackay’s famous 19th century book, *Extraordinary Popular Delusions and the Madness of Crowds* (reissued, Barnes and Noble 1993). The engaging discussion of these social delusions in Chapter 5 leaves a residual problem only partly reviewed in that chapter. Since it is unlikely (and possibly even undesirable) that humans will ever be so rational as to have all their cognitive states perfectly evidence-governed, and since most social groups reinforce belief and value systems that contain a variety of prejudices and irrationalities—Radden’s own example is the cult of thinness that may influence the attitudes and actions of anorexics—it can be very difficult to draw a clear line between socially widespread beliefs that are merely irrational and those that are truly delusional. Perhaps the line cannot be clear; perhaps it has something to do with the nature of a person’s inability to assess and correct a belief.

Unlike assent usually involving formal acknowledgement, belief formation seems involuntary, although subject to a voluntary application of corrective techniques. If a community has a critical technique available to it, then the failure to use it, whether individual or widespread, may be a sign that the belief is delusional. If, however, no such technique is readily available, the resulting prejudice might be merely a socially determined failure of rationality. Before the mathematical developments of the 18th and 19th centuries, people had difficulty thinking accurately about probability and statistics. Many of us still cannot do so well. Unreasonable beliefs protected by such cultural or educational limitations should not be considered delusions. Failure to use an *available* corrective resource, on the other hand, might be a necessary condition for counting a belief delusional. Learning to use such a technique can be therapeutic. If the failure is due to what might have once been called a character flaw or negligence, as may be the case with delusions of grandeur, perhaps the delusion is also a vice (Chapter 7). If, on the other hand, this delusion is a defense against a threatening self-assessment, that judgment should be modified. Many conditions that involve delusion also involve a meta-delusion, lack of insight. When one does not accept that one is in a delusional state, methods of correction seem unnecessary. A chapter exploring therapy, insight and resistance to it would have been desirable in this book.

Thomas Mathien

University of Toronto