

Delusion and Evidence*

Carolina Flores

Penultimate version. Please cite the published version, in *Routledge Handbook of the Philosophy of Delusion* (ed. Ema Sullivan-Bissett)

1 Introduction

Delusions are standardly defined as attitudes that are “not amenable to change in light of conflicting evidence” (DSM-5 2013). But what evidence do people with delusion have for and against it? Do delusions really go against their total evidence? How are the answers affected by different conceptions of evidence?

This matters for questions about the nature of delusions, such as whether delusions are beliefs.¹ To count as beliefs, delusions must relate to evidence in sufficiently similar ways to ordinary beliefs. The relationship between delusion and evidence is also crucial for what we say about the epistemic rationality of delusions (Bortolotti 2009, Noordhof and Sullivan-Bissett 2023). And it matters for explanations of delusion formation and maintenance, for effective treatment, and for ascriptions of responsibility.

This chapter focuses on how delusions relate to evidence. In §2, I will discuss the nature of evidence, focusing on the distinction between internalist and externalist conceptions. In §3, I will consider what delusions-relevant evidence people with delusions have. I will give some reasons to think that people typically have evidence for their delusions, and that the evidence they have against them is often overstated. In §4, I will draw on this discussion to consider whether delusions are evidentially supported and epistemically rational. Finally, I will discuss implications for the nature of delusion, responsibility, and treatment and suggest directions for future research (§5).

2 Evidence: a Primer

Depending on which theorist you ask, evidence is what justifies belief, is respected by rational thinkers, guides thinkers towards truth, or functions as a neutral arbiter that allows for objectivity (Kelly 2016). Philosophers arrive at different conceptions of evidence by focusing on some of these theoretical roles over others.

*Acknowledgments: Thanks to Ema Sullivan-Bissett and Dan Williams for comments on a previous version.

1. See chapter 20 for an overview of this debate.

Focusing on the two first roles leads to *internalism*. According to internalists, evidence is what makes beliefs rational or justified, where a rational or justified belief is one that the agent cannot be blamed for having. The internalist points out that it seems inappropriate to blame agents for their beliefs when they are in deceptive scenarios that are indistinguishable from non-deceptive ones, as agents deceived by an Evil Demon would be. Their beliefs, on this view, are rational or justified because agents correctly respond to how things seem to them.

This pushes toward the *phenomenal conception of evidence*. On this conception, one's evidence is exhausted by one's subjective, non-factive (i.e. not necessarily true) mental states. Evidence is exhausted by the sense data of which the agent is consciously aware (Ayer 1936, Russell 1912), or perhaps by the agent's conscious mental states (Conee and Feldman 2004).

In contrast, *externalists* prioritize the role of evidence as a guide to truth and neutral arbiter. As Evil Demon scenarios illustrate, one's subjective mental states might be radically inaccurate, and therefore lead an agent away from the truth.

These considerations lead to the *factive conception of evidence*, on which only true propositions can count as evidence. Factive conceptions might equate an agent's total evidence with the propositions they know (Williamson 2002) or the facts they are in a position to know (Simion 2021). Hallucinations and other deceptive appearances do not yield evidence about the world. At best, if agents reflect on their own mind, they have introspective evidence that they are having a certain experience (Williamson 2002).²

One aim of this chapter is to show that the internalism–externalism distinction makes a difference to the epistemology of delusion. To do so, I will rely on the following (fairly uncontroversial) claims about evidence.

First, agents can acquire evidence through perception, introspection, and testimony. Second, minimally, for a particular mental state or proposition to be evidence for some hypothesis, it must probabilify the truth of the hypothesis. Third, whether a hypothesis is evidentially supported is a matter of whether it is supported by the agent's total evidence, not just by a proper subset of it; when an individual receives evidence that supports a hypothesis, this does not mean by default that they now ought to endorse that hypothesis. Finally, the extent of support a hypothesis receives depends on the hypotheses that the agent considers (Kelly 2016).

3 What evidence do people with delusions have?

People with delusions are often thought to have plenty of evidence against their delusion, and not much in its favor. In this section, I will discuss this view and then consider some reasons against it.

2. Ecumenically, one can grant that both factive and phenomenal evidence are evidence, with subjects who have factive evidence as opposed to merely phenomenal evidence having *more* evidence for the relevant belief (Schellenberg 2018).

3.1 The orthodox view

People with delusions appear to have plenty of evidence against their delusions, no matter how one thinks of evidence.

First, they have background beliefs and knowledge that are counter-evidence to the delusion. Consider this post-remission testimony from a person who had Capgras delusion (the delusion that someone the subject knows well (e.g., a romantic partner) has been replaced by an identical-looking impostor (Pandis et al. 2019)):

I've started going through it, and seeing what could possibly happen and what couldn't happen... Mary couldn't suddenly disappear from the room, so there must be an explanation for it. The lady knows me way back. She could say things that happened 40 years go, and I wonder where she gets them from. ... And then I worked it out and I've wondered if it's Mary all the time. It's nobody else. (Turner and Coltheart 2010, 371)

This person had plenty of beliefs that were in tension with the delusion, though he was not bringing them together with the delusion. This suggests that subjects may often have counter-evidence to their delusions, but fail to access it due to belief fragmentation (Davies and Egan 2013).

Second, people with delusions often receive testimonial counter-evidence to their delusions. For instance, the supposed impostor in Capgras might deny being an impostor, and other people will endorse this. People with delusions may also hear arguments against the claim that the person is an impostor. They might even be told that they are delusional (which amounts to receiving higher-order evidence).³

What about evidence for the delusion? Here, there is disagreement—though the orthodox view is that, even if subjects have such evidence, it is much weaker than evidence they have against the delusion. For now, I will discuss views on which subjects have *no* evidence for the delusion.

The case for this claim is stronger for delusions which appear to be formed without alterations in the subject's experience of the world, such as erotomania (where the subject claims that a high-status individual, e.g., a celebrity, is in love with them (Jordan and Howe 1980)). In such cases, it is hard to find anything that could count as evidence for the delusion.

More commonly, there are alterations to people's experience of the world when they have delusions. For instance, people with Capgras have a deficit in the visual processing of faces. Their facial recognition systems are intact, but they lack the usual autonomic responses to loved ones, as measured by skin conductance tests (Ellis and Young 1990, Ellis and Lewis 2001). Similar mechanisms have been hypothesized and studied for other circumscribed, monothematic delusions.

Such alterations in perceptual processing yield what may count as relevant evidence. But one can resist that view.

For instance, Coltheart et al. (2010) argue that the lack of an autonomic response does not amount to a conscious experience. They claim that everything leading from

3. Higher-order evidence is evidence that bears on a thinker's rational capacities, performance, or evidential situation, without directly bearing on their beliefs (Horowitz 2022).

perceptual input to the occurrent thought “This is not my partner” is unconscious. Consequently, people with Capgras lack relevant phenomenal evidence, as such evidence requires that things appear a certain way to the subject. They also lack introspective evidence, as you cannot introspect unconscious phenomena.

Alternatively, some theorists hold that the resulting altered experience is a best characterized as an alteration to the subject’s feelings (McLaughlin 2010), perhaps as a result of miscalibrated prediction error (Corlett et al. 2010). Specifically, because the feeling of familiarity that the subject expects is absent, the subject comes to have a feeling of unfamiliarity.

Further, one might think that feelings lack representational content (Deonna and Teroni 2012, Tomkins 2008). On such views, it is hard to see how feelings provide phenomenal evidence, which is typically equated with the representational contents of experience. At best, they provide weak introspective evidence for the delusion, insofar as having a strange bodily feeling can offer support to the impostor hypothesis.

If delusions are formed in response to mere feelings (or don’t even involve conscious experience), then subjects’ experience does not yield evidence for their delusion. Importantly, many delusions in schizophrenia seem to be formed in response to mental episodes best described as feelings: depressive or anxious moods, feelings of strangeness and tension, fear and a sense of threat, alienating introspection, a disempowering state of confusion and disorientation, and intense emotions of exaltation and manic-like euphoria.⁴ If mere feelings do not provide evidence, then people with delusions in schizophrenia lack evidence for their delusions.

3.2 Some reasons against the orthodox view about delusion-relevant evidence

There are reasons to think that delusions are not quite so divorced from the evidence.

To begin, many theorists grant that people with delusions have at least some evidence for their delusion.

Against the view of feelings discussed above, feelings might provide evidence. On evaluative perception theories, feelings are analogous to perceptual states. They function to represent evaluative properties (Roberts 2003, Tappolet 2016) such as unfamiliarity. On noetic or metacognitive views (Proust 2013), these feelings function to indicate facts about one’s cognitive processing. All the same, their content includes ascribing unfamiliarity. On both views, feelings provide evidence: phenomenal evidence that the person is unfamiliar, and factive introspective evidence that one is experiencing unfamiliarity.

A similar conclusion applies if we think of these feelings as seemings, *sui generis* attitudes with an assertive phenomenological character that leads to a felt inclination to believe their content. Much as, in the Müller-Lyer illusion, the two identical lines *seem* to be of different lengths, the person with whom the subject with Capgras is interacting just *seems* unfamiliar. Proponents of seemings usually think that they constitute (phenomenal) evidence for the corresponding belief (Pryor 2000, Huemer

4. See Ritunnano et al. 2022 for an excellent overview.

2013). If this is right, people with delusions have some evidence for their delusions.⁵

Even if delusional experiences are best characterized as feelings, they might yield evidence, then. Moreover, the standard take since Maher (1974) is that the content of the subject's perceptual experience is altered in Capgras and similar cases. Such contents plausibly constitute evidence for the delusion.

Endorsement theorists think that the experience has rich content ("This person is not my partner" (Pacherie 2009, Wilkinson 2016) or "This person is an impostor" (Bongiorno 2020)), and that the delusion is formed simply by endorsing such content. It follows that people with Capgras have strong phenomenal evidence for their delusion.

Because the experience is illusory, this is not factive evidence. However, if the subject introspects their experience, they will have factive evidence "I am having an experience as of this person not being my partner/being an impostor." The probability that one's partner is an impostor is higher if one has such an experience than if one does not.⁶ Therefore, this is also evidence for the delusional hypothesis. So, on the endorsement view, externalists and internalists agree that the subject has evidence for their delusion, albeit of different kinds and strengths.

Endorsement accounts require perception to have rich contents, which is controversial (Davies and Egan 2013). Most theorists hold that the subject's perceptual experience has thinner content, with the subject forming a delusional belief to *explain* such content.⁷ For instance, maybe the content predicates unfamiliarity of the person perceived, or perhaps it simply fails to distinguish between familiar and unfamiliar faces (Davies and Egan 2013). This still provides evidence for the delusion, albeit weaker evidence (i.e., evidence that probabilifies the delusion to a lesser extent). The same points about phenomenal and factive introspective evidence apply.⁸

Overall, then, internalism suggests that experience yields substantive phenomenal evidence for the delusion, and externalism that it yields some introspective evidence that supports the delusions. Further, subjects have many repeated experiences of unfamiliarity. Given that these are experiences of interacting in different contexts and ways, each of these experiences arguably provides them with additional evidence for their delusion. As the evidence accrues, the evidential weight behind the delusion grows.

5. The externalist would say that the evidence available is something like "It seems to me that this person is unfamiliar."

6. Equivalently: the probability that one has this strange experience if the person is indeed an impostor is higher than the probability of having this experience if they are not an impostor. This does not mean that the subject ought to endorse the delusional hypothesis. That depends on whether that hypothesis is best supported by the subject's total evidence. In Bayesian terms, accepting a hypothesis just because it is probabilified by evidence amounts to ignoring the prior probability of that hypothesis, i.e., displaying a bias toward explanatory adequacy. According to McKay (2012), this is exactly what people with delusions do.

7. See chapter 27 for more on endorsement and explanationist accounts.

8. If, as top-down accounts of delusion formation claim (Campbell 2001, cf. chapter 28), the experiences at play in delusion are the result of cognitive penetration (i.e., of the subject's beliefs leading them to experience their partner as impostor-like), then experience might not constitute evidence for the belief. However, there is a lively debate about (1) whether cognitive penetration of content happens (Firestone and Scholl 2016), and (2) whether subjects get evidence in such cases, even if only phenomenal evidence (see Siegel (2016) for discussion). This issue merits more attention in the context of the epistemology of delusions.

As Noordhof and Sullivan-Bissett (2021) note, most circumscribed monothematic delusions, “are accompanied by some highly distinctive anomalous experiences which, themselves, constitute an at least apparent source of evidence in their own right for the beliefs in question” (Noordhof and Sullivan-Bissett 2021, 10280). For instance, mirrored self-misidentification is accompanied by experiencing images in mirrors as if through a window (Coltheart 2011), and Cotard delusion (the delusion that one is dead or has ceased to exist; Young and Leafhead 1996) by a generalized lack of affective response. If this discussion is right, we should think that such experiences provide genuine (phenomenal, and factive introspective) evidence for the delusion, though work needs to be done to spell out exactly what evidence such experiences provide in each case.

Further, in a range of cases of schizophrenia, delusions arise in response to hallucinatory visual and auditory experiences, not to mere feelings. For instance, people with schizophrenia might hear voices (Cho and Wu 2013). Such hallucinatory experiences also provide phenomenal and introspective evidence for delusions. It is plausible, then, that many people with delusions have some evidence for their delusion. At the same time, the kind and strength of such evidence varies and cannot be determined independently of commitments about the nature of evidence and about the experience at play in delusions.

Let’s return to the counter-evidence people with delusions have. Here, there is room to question how much counter-evidence they get from their own background beliefs and from testimony.

First, on many internalist views of evidence, the agent only has evidence that consciously occurs to them (e.g. Ayer 1936, Conee and Feldman 2004, Russell 1912). Agents who have non-accessed beliefs in tension with the delusion do not count as having the corresponding evidence.

Second, the delusion might lead people to lose such beliefs. Their repeated strange experiences might make them doubt their own memory or sense of reality. As one person put it,

You can’t trust anything anymore. Is this a table? It might seem so, but is it really the case? Probably not (laughs). These people are sitting here, but are they really people or is it my imagination, or...? Everything is possible...everything is possible. (Sips et al. 2021, 6)

If subjects cease to have relevant background beliefs, then they will not have the corresponding counter-evidence. If knowledge requires belief, they will also cease to have factive counter-evidence they previously had.

Third, even if the subject accesses some of this counter-evidence, they are like to feel motivated to explain it away. On plausible ways of thinking about *explaining away*, their overall body of evidence will change to neutralize the initial counter-evidence. Let me explain.

There are compelling reasons to think that subjects are generally motivated to hold on to their delusions, and therefore to try to explain away counter-evidence. Some delusions (such as grandiose delusions or erotomania) have positive content that the subject would like to be true. Even when they don’t have positive content,

delusions provide an explanation for strange and unsettling experiences. Without such an explanation, the subject would feel at sea in the world, whereas once they devise an explanation, they might feel a deeply satisfying sense of clarity at “the pieces of the puzzle falling in place” (Sips et al. 2021, 4). In contrast, admitting that one is severely mentally ill is exactly the kind of conclusion that most of us (including people with delusions) would like to avoid.

For these reasons, we should expect subjects to expend significant effort at generating alternative explanations for counter-evidence to their delusions.⁹ Their overall belief set changes as a result. If we think of evidence as including or consisting in one’s set of beliefs or occurrent beliefs, the result of this is that subjects end up with a different body of evidence from a neutral observer.¹⁰

For instance, assume the person with Capgras notices that the supposed impostor remembers things from 40 years ago. They might hypothesize, and come to believe, that the impostor abducted their partner and learned about their life together in great detail. This is now part of the body of (non-factive) evidence that the person with Capgras has. Such reasoning leads the subject’s overall belief set (i.e., evidence, on internalist views) to be one that supports the delusional belief.¹¹

In the case of schizophrenia, this process is aided by the liberal acceptance bias (Moritz and Woodward 2004), i.e., the disposition to entertain explanations that common sense or prior knowledge of the world would lead control subjects to exclude. As a result, their total evidence comes to incorporate far-fetched explanations for counter-evidence, thus less strongly supporting abandoning the delusion.¹²

In sum, though the subject’s background beliefs might include counter-evidence, they might lack access to those beliefs, lose them as the result of delusional experiences, or incorporate them in a wider belief set which makes is not in tension with the delusion. For these reasons, it is not clear that background beliefs provide strong counter-evidence to the delusion.

There are also reasons to think that the subject acquires less decisive counter-evidence from testimony than it might initially appear. For instance, “I am not an impostor” is just what an impostor would say. As such, it is not counter-evidence to the delusion. Similarly, if the impostor is indeed identical-looking, as the person with Capgras thinks, then it will be no surprise that others don’t realize that they are interacting with an impostor. The fact that others say they are not an impostor at most provides weak counter-evidence to the delusion (Davies and Egan 2013).

As for arguments against the delusion that others offer, the person with a delusion

9. Indeed, even if people with delusions are not especially motivated to hold on to them, they will more closely scrutinize counter-evidence than supporting evidence. In general, we devote more energy to understanding things that violate our expectations.

10. See Kelly 2008 for detailed discussion.

11. If we think of evidence as the agent’s factive mental states, this only applies when the claims agents appeal to for their explanations are true. Note, also, that this is not yet to make any claims about the rationality of the delusion: one might hold that the delusion is supported by the evidence the subject arrives at, but is irrational because the subject arrives at that evidence through a bad process.

12. The well-documented bias against disconfirming evidence (Woodward et al. 2006) (i.e. tendency to update more slowly away from an endorsed hypothesis in light of counter-evidence) in schizophrenia may be the result of liberal acceptance. In leading subjects to consider additional explanations for the counter-evidence, liberal acceptance reduce the epistemic force of that counter-evidence.

is likely to interact with these much as they interact with recalled counter-evidence. In particular, they are likely to explain away such claims, leading their overall evidence to no longer be decisive against the delusion.

When it comes to testimonial evidence, there are additional difficulties surrounding trust. Miyazono and Salice (2021) have argued that people with delusions in schizophrenia are likely not to trust others due to underestimating their sincerity (if they have paranoid feelings) or competence (if they have grandiose feelings). Even without such feelings, people with schizophrenia often experience failures of group identification, which has been hypothesized to lead to generalized distrust (Miyazono and Salice 2021). Additionally, subjects might come to distrust others as a result of feeling deeply misunderstood, dismissed, and treated with contempt (Ritunnano et al. 2022).

If subjects do not trust a testifier, they will not acquire the evidence the testifier intends to transmit (the content of their assertion, p). Instead, the evidence they acquire is of the form “ X said that p .” Given that they don’t trust X , this gives them at best weak evidence for the truth of p .¹³

One might worry that this discussion focuses excessively on possessed evidence as opposed to *available* evidence. Indeed, many discussions of evidence-resistance in delusions talk of available evidence (e.g. Bortolotti 2009), focusing on the claim that delusions are beliefs that reality has failed to constrain (McKay et al. 2005), not that they are beliefs that the subject’s evidence fails to support.

It is true that there is available counter-evidence that the subject does not gather. First, motivation to hold on to one’s beliefs leads agents to avoid gathering counter-evidence. As Esme Weijun Wang writes about her stint with Cotard delusion:

Being dead butted up against the so-called evidence of being alive, and so I grew to avoid that evidence because proof was not a comfort; instead, it pointed to my insanity. (Wang 2019, 157)

Second, it is well-documented that people with schizophrenia display a data-gathering bias, tending to collect less information before settling on a belief than control subjects do.¹⁴ Third, people with schizophrenia are often testimonially isolated (Miyazono and Salice 2021). For this reason, they are likely to receive less testimony against their delusion than healthy subjects would.

As a result, the subject’s delusion is out of sync with the available evidence. At the same time, if the subject were to gather this additional evidence, it might not make much of a difference. Even if they were to receive more testimony, they may still fail to trust these testifiers. And even if they trusted them, they would still be motivated to explain away the additional counter-evidence, leading to a body of evidence that is not radically contrary to the delusion.

In this section, we have seen a range of different takes on what evidence people with delusions have. There is no uniform answer: the evidence they have depends on the cause of the delusion, as well as on the subject’s patterns of trust and how they

13. Plausibly, such allocations of trust violate epistemic norms. But, once subjects have allocated their trust in these ways, they get less evidence than they would otherwise.

14. I.e., they display a *jumping to conclusions bias* (Dudley et al. 2016).

reason. In general, cases can be made for views ranging from “People with delusions have a lot of counter-evidence and no evidence for the delusion” to “They have strong evidence for the delusion and little or no evidence against it.” Further, where one falls along this spectrum depends on one’s take on the nature of evidence, as well as on epistemic issues surrounding trust, rationalization, and the epistemic significance of feelings.

4 Overall Evidential Support & Epistemic Rationality

Taking into account the total evidence subjects have, are delusions evidentially supported? And, in light of the answer to that question, is the delusion epistemically rational (or justified)?¹⁵ Whether one is an internalist or externalist about evidence, as well as about rationality, make a difference to how one answers these questions.

Internalists who find the discussion in §3.2 persuasive will say that the subject’s delusion is evidentially supported. According to the extreme internalist, the subject’s evidence is the set of their occurrent mental states (Conee and Feldman 2004). The subject’s evidence includes phenomenal evidence from their repeated experiences; delusion-relevant beliefs they bring to mind; and testimony against the delusion they receive from sources they trust, jointly with other beliefs they arrive at by reasoning about that evidence.¹⁶

On this view, subjects have strong phenomenal evidence in favor of their delusion. If the discussion in §3.2 is along the right lines, their occurrent mental states do not include much strong evidence against the delusion. The delusion is evidentially well-supported.

In contrast, even accepting the discussion in 3.2., externalism yields a less generous verdict about the balance of the subject’s evidence.

Suppose you equate evidence with the agent’s knowledge (Williamson 2002). The subject’s evidence now includes introspective evidence about their own strange experiences, which favors the delusion. On the other hand, it includes background knowledge that is in tension with the delusion, true testimony they accept, and knowledge they acquired by reflecting on these materials—but *not* false beliefs they arrive at in these ways. Arguably, the introspective evidence is defeated by past knowledge and testimony, so that the delusional hypothesis comes out evidentially unsupported.

Significantly, then, what we say about whether delusions are evidentially supported depends on our background views about the nature of evidence. The same is true when we turn to asking about their epistemic rationality.

Consider the following *evidentialist thesis*:

For any person S , time t , and proposition p , if S has any doxastic attitude at all toward p at t and S ’s evidence at t supports p , then S epistemically ought to have the attitude toward p supported by S ’s evidence at t . (Feldman 2000, 679)

15. See chapter 16 for more on the rationality of delusions.

16. Internalists who disagree with the points in §3.2 have room to argue that the subject’s delusion is not evidentially supported.

If you couple this thesis with extreme internalism about evidence, the result is arguably that the subject ought to have the delusional belief. After all, it is supported by their evidence.¹⁷

One might worry that the delusional hypothesis remains unlikely, even given the evidence. As [Fine et al. \(2005\)](#) note, the hypotheses that people with delusions entertain seem to be “explanatory nonstarters,” so unlikely that subjects should not even consider them. Instead, they should consider the hypothesis that something has gone seriously wrong with their minds.

This might be right. As [Parrott \(2021\)](#) argues, if we are looking for sources of abnormality in delusions, we should focus on hypothesis generation. However, for the internalist evidentialist, doing poorly at hypothesis generation is irrelevant to epistemic rationality. Assessing epistemic rationality relies only on whether the delusion is the most evidentially supported of the hypotheses that the subject considers, by their lights, given their mental states.

The claim that delusions can be epistemically rational is extremely counter-intuitive. Indeed, one could use this discussion as an argument against this version of internalist evidentialism. At the same time, this verdict fits with what internalists say about other cases. Internalists want to secure a connection between epistemic rationality and blamelessness, so that an agent radically deceived by an evil demon comes out as having rational beliefs. People with delusions are not deceived by an evil demon, but they are hostage to deceptive perceptual and emotional experiences. Once those are taken into account, people with delusions may turn out to be as blameless in how they interact with their evidence as agents in Evil Demon cases.

Other epistemologists deny that evidential support is sufficient for rationality or justification. They point out that one’s evidence may be bad, especially if it is the result of cognitive penetration ([Siegel 2012](#)) or of vicious attention and evidence-gathering ([Hughes 2021](#)). They suggest that positive epistemic statuses require good epistemic dispositions ([Lasonen-Aarnio 2020](#)), virtues ([Sosa 2007](#)), or a reliable connection to the external world ([Goldman 1979](#)). On all these views, even if the delusion is evidentially supported, it is likely to be irrational. This is because the evidence for the delusion at least partly depends on bad patterns of attention and evidence-gathering, and perhaps on cognitive penetration.

The result that delusions are irrational fits with the central motivation for such pictures of epistemic assessment, namely, the idea that rationality requires that our beliefs be constrained by the world. Delusions emerge as irrational, for the subject’s perceptual access to the world leaves them unmoored from reality.

5 Implications & Further Directions of Research

I have considered the evidence that people with delusions have, and sketched how they interact with it.

One important upshot is that delusions resemble standard beliefs in their relationship with evidence. Elsewhere, I have argued that delusions are underwritten by capacities to rationally respond to counter-evidence ([Flores 2021b](#)). I used this claim

¹⁷. See [Jeppsson \(2022\)](#) for more discussion of evidentialism as it applies to psychosis.

to argue that we can both subscribe to a rationality constraint on belief and claim that delusions are beliefs. In showing that there is room to hold that delusions are not deeply irrational (exemplifying, perhaps, mere “everyday irrationality” (Noordhof and Sullivan-Bissett 2023)), the discussion here bolsters that conclusion.

Further, this discussion suggests that one-factor theories of delusion deserve more exploration (concurring with Noordhof and Sullivan-Bissett (2021)).¹⁸ Subjects have evidence that supports the delusion, and, if the discussion above is right, they interact with evidence in ways that are similar to those of ordinary believers. For this reason, we might not need to appeal to a clinical abnormality or deep irrationality at the level of reasoning to explain delusion formation and maintenance, as two-factor theories do (Davies et al. 2001).¹⁹

The discussion also has implications for treatment. Treatment needs to take into account the fact that, due to experiential disturbances, the subject has plenty of evidence for their delusion (or, at least, that it looks like they have such evidence from their perspective). Practitioners also need to consider the conditions under which counter-evidence is offered: are persuasion-enabling trust, motivation, and emotions at play? If we offer counter-evidence without considering such factors, we run the risk of further entrenching the delusion.

There are also applications to thinking about responsibility. Insofar as delusions are evidence-responsive in ways that resemble ordinary beliefs, subjects may meet conditions for epistemic responsibility (McHugh 2013) for their delusions. Determining whether this is the case requires careful attention to different proposals concerning epistemic responsibility and delusion maintenance—a line of inquiry that deserves more exploration.

Finally, I hope that this discussion leads to new, more ecumenical approaches to delusions. Those who are interested in cognitive explanations of delusions and in assessing their rationality would benefit from paying more attention to phenomenological approaches. In highlighting the subject’s experience, phenomenological approaches give us valuable information about the evidence people with delusions have. Myopically ignoring this information exaggerates the appearance of irrationality at the level of reasoning.

Similarly, theorists of delusion would do well to incorporate the tools of epistemology, in particular, well-developed theories of evidence and epistemic rationality.

In the reverse direction, epistemologists should use delusions to constrain the notion of evidence, much as they have used delusions to constrain the notion of belief. Along these lines, for instance, one might reject an internalist conception of evidence on the grounds that it makes some delusions come out as evidentially supported. This is a promising avenue of research, especially if we care about having epistemic concepts that are useful for describing and regulating real-world epistemic agents.

Finally, I have here focused on the evidence the agent *has* and whether it is reflected in beliefs. This leaves open questions about the epistemic significance of salience and mood, which are altered in many delusions. It also leaves room for investigating cognitive dispositions and epistemic styles (Flores 2021a) in different delu-

18. See chapter 29.

19. See chapter 30.

sional contexts. Finally, it leaves room for broadening the epistemology of delusions beyond epistemology's traditional focus on what agents do with the materials in their minds (Flores and Woodard forthcoming). This would build on epistemology's ongoing turn toward inquiry (Friedman forthcoming), and on recent work on inquiry in other psychiatric conditions, such as OCD (Haerle forthcoming). Such an expansion is crucial for understanding delusion maintenance and its (ir)rationality.

6 Conclusion

I have surveyed what relevant evidence subjects with delusions have, on different conceptions of evidence, and explored implications for the epistemic rationality of delusions. It emerged that what we should say about the epistemic standing of delusions depends substantively on our positions in epistemology, in particular, on the debate between internalists and externalists about evidence. If we want clarity on the epistemic standing of delusions, we need to incorporate more sophisticated tools from epistemology.

Works Cited

- Alfred Jules Ayer. *Language, Truth and Logic*. London: V. Gollancz, 1936.
- Federico Bongiorno. Is the Capgras delusion an endorsement of experience? *Mind & Language*, 35(3):293–312, 2020.
- Lisa Bortolotti. *Delusions and Other Irrational Beliefs*. Oxford University Press, 2009.
- John Campbell. Rationality, meaning, and the analysis of delusion. *Philosophy, Psychiatry, & Psychology*, 8(2):89–100, 2001.
- Raymond Cho and Wayne Wu. Mechanisms of auditory verbal hallucination in schizophrenia. *Frontiers in psychiatry*, 4:155, 2013.
- Max Coltheart. The mirrored-self misidentification delusion. *Neuropsychiatry*, 1(6): 521, 2011.
- Max Coltheart, Peter Menzies, and John Sutton. Abductive inference and delusional belief. *Cognitive neuropsychiatry*, 15(1-3):261–287, 2010.
- Earl Conee and Richard Feldman. *Evidentialism: Essays in Epistemology*. Oxford, England: Oxford University Press, 2004.
- Phil R Corlett, JR Taylor, X-J Wang, PC Fletcher, and JH Krystal. Toward a neurobiology of delusions. *Progress in neurobiology*, 92(3):345–369, 2010.
- Martin Davies and Andy Egan. Delusion: cognitive approaches–Bayesian inference and compartmentalization. *The Oxford handbook of philosophy and psychiatry*, pages 689–727, 2013.
- Martin Davies, Max Coltheart, Robyn Langdon, and Nora Breen. Monothematic delusions: Towards a two-factor account. *Philosophy, Psychiatry, & Psychology*, 8(2): 133–158, 2001.
- Julien Deonna and Fabrice Teroni. *The emotions: A philosophical introduction*. Routledge, 2012.
- DSM-5. *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub, 2013.
- Robert Dudley, Peter Taylor, Sophie Wickham, and Paul Hutton. Psychosis, delusions and the “jumping to conclusions” reasoning bias: a systematic review and meta-analysis. *Schizophrenia bulletin*, 42(3):652–665, 2016.
- Hadyn D Ellis and Michael B Lewis. Capgras delusion: a window on face recognition. *Trends in cognitive sciences*, 5(4):149–156, 2001.
- Hadyn D Ellis and Andrew W Young. Accounting for delusional misidentifications. *The British Journal of Psychiatry*, 157(2):239–248, 1990.

- Richard Feldman. The ethics of belief. *Philosophy and Phenomenological Research*, 60 (3):667–695, 2000. doi: 10.2307/2653823.
- Cordelia Fine, Jillian Craigie, and Ian Gold. Damned if you do; damned if you don't: The impasse in cognitive accounts of the Capgras delusion. *Philosophy, Psychiatry, & Psychology*, 12(2):143–151, 2005.
- Chaz Firestone and Brian J Scholl. Cognition does not affect perception: Evaluating the evidence for “top-down” effects. *Behavioral and brain sciences*, 39, 2016.
- Carolina Flores. Epistemic style. *Philosophical Topics*, 49(2):35–55, 2021a.
- Carolina Flores. Delusional evidence-responsiveness. *Synthese*, 199(3):6299–6330, 2021b.
- Carolina Flores and Elise Woodard. Epistemic norms on evidence-gathering. *Philosophical Studies*, forthcoming.
- Jane Friedman. Zetetic epistemology. In *Towards an Expansive Epistemology: Norms, Action, and the Social Sphere*. Routledge, forthcoming.
- Alvin I Goldman. What is justified belief? In *Justification and knowledge*, pages 1–23. Springer, 1979.
- Pablo Hubacher Haerle. Is OCD epistemically irrational? *Philosophy, Psychiatry, and Psychology*, forthcoming.
- Sophie Horowitz. Higher-Order Evidence. In Edward N. Zalta and Uri Nodelman, editors, *The Stanford Encyclopedia of Philosophy*. Metaphysics Research Lab, Stanford University, Fall 2022 edition, 2022.
- Michael Huemer. Phenomenal conservatism über alles. *Seemings and justification: New essays on dogmatism and phenomenal conservatism*, pages 328–350, 2013.
- Nick Hughes. Epistemic feedback loops (or: How not to get evidence). *Philosophy and Phenomenological Research*, 2021.
- Sofia Jeppsson. Radical psychotic doubt and epistemology. *Philosophical Psychology*, pages 1–25, 2022.
- Harold W. Jordan and Gray Howe. De Clerambault syndrome (erotomania): A review and case presentation. *Journal of the National Medical Association*, 72(10), 1980.
- Thomas Kelly. Disagreement, dogmatism, and belief polarization. *The Journal of philosophy*, 105(10):611–633, 2008.
- Thomas Kelly. Evidence. In Edward N. Zalta, editor, *The Stanford Encyclopedia of Philosophy*. Metaphysics Research Lab, Stanford University, Winter 2016 edition, 2016.
- Maria Lasonen-Aarnio. Perspectives and good dispositions. *Philosophy and Phenomenological Research*, 2020.

- Brendan A Maher. Delusional thinking and perceptual disorder. *Journal of individual psychology*, 30(1):98, 1974.
- Conor McHugh. Epistemic responsibility and doxastic agency. *Philosophical Issues*, 23:132–157, 2013.
- Ryan McKay. Delusional inference. *Mind & Language*, 27(3):330–355, 2012.
- Ryan McKay, Robyn Langdon, and Max Coltheart. “Sleights of mind”: Delusions, defences, and self-deception. *Cognitive Neuropsychiatry*, 10(4):305–326, 2005.
- Brian P McLaughlin. Monothematic delusions and existential feelings. *Delusion and self-deception: Affective and motivational influences on belief formation*, pages 139–164, 2010.
- Kengo Miyazono and Alessandro Salice. Social epistemological conception of delusion. *Synthese*, 199(1):1831–1851, 2021.
- Steffen Moritz and Todd S Woodward. Plausibility judgment in schizophrenic patients: evidence for a liberal acceptance bias. *German Journal of Psychiatry*, 7(4):66–74, 2004.
- Paul Noordhof and Ema Sullivan-Bissett. The clinical significance of anomalous experience in the explanation of monothematic delusions. *Synthese*, 199(3):10277–10309, 2021.
- Paul Noordhof and Ema Sullivan-Bissett. The everyday irrationality of monothematic delusion. In *Advances in Experimental Philosophy of Action*. Routledge, 2023.
- Elisabeth Pacherie. Perception, emotions, and delusions: the case of the Capgras delusion. *Delusion and self-deception: Affective and motivational influences on belief formation*, pages 107–125, 2009.
- Charalampos Pandis, Niruj Agrawal, and Norman Poole. Capgras’ delusion: A systematic review of 255 published cases. *Psychopathology*, 52:1–13, 07 2019. doi: [10.1159/000500474](https://doi.org/10.1159/000500474).
- Matthew Parrott. Delusional predictions and explanations. *The British Journal for the Philosophy of Science*, 2021.
- Joëlle Proust. *The philosophy of metacognition: Mental agency and self-awareness*. OUP Oxford, 2013.
- James Pryor. The skeptic and the dogmatist. *Noûs*, 34(4):517–549, 2000.
- Rosa Ritunnano, Joshua Kleinman, Danniella Whyte Oshodi, Maria Michail, Barnaby Nelson, Clara S Humpston, and Matthew R Broome. Subjective experience and meaning of delusions in psychosis: a systematic review and qualitative evidence synthesis. *The Lancet Psychiatry*, 2022.

- Robert C Roberts. *Emotions: An essay in aid of moral psychology*. Cambridge University Press, 2003.
- Bertrand Russell. *The Problems of Philosophy*. Home University Library, 1912.
- Susanna Schellenberg. *The unity of perception: Content, consciousness, evidence*. Oxford University Press, 2018.
- Susanna Siegel. Cognitive penetrability and perceptual justification. *Noûs*, 46(2): 201–222, 2012.
- Susanna Siegel. *The rationality of perception*. Oxford University Press, 2016.
- Mona Simion. Resistance to evidence and the duty to believe. *Philosophy and Phenomenological Research*, 2021.
- Rob Sips, Zeno Van Duppen, Zuzana Kasanova, Lena De Thurah, Ana Teixeira, Jasper Feyaerts, and Inez Myin-Germeys. Psychosis as a dialectic of aha-and anti-aha-experiences: a qualitative study. *Psychosis*, 13(1):47–57, 2021.
- Ernest Sosa. *A virtue epistemology: Apt belief and reflective knowledge, volume I, volume 1*. OUP Oxford, 2007.
- Christine Tappolet. *Emotions, values, and agency*. Oxford University Press, 2016.
- Silvan S Tomkins. *Affect imagery consciousness: the complete edition: two volumes*. Springer publishing company, 2008.
- M. Turner and M. Coltheart. Confabulation and delusion: A common monitoring framework. *Cognitive Neuropsychiatry*, 15:346–376, 2010.
- Esmé Weijun Wang. *The Collected Schizophrenias*. Graywolf Press, 2019.
- Sam Wilkinson. A mental files approach to delusional misidentification. *Review of Philosophy and Psychology*, 7(2):389–404, 2016.
- Timothy Williamson. *Knowledge and its Limits*. Oxford University Press on Demand, 2002.
- Todd S Woodward, Steffen Moritz, Carrie Cuttler, and Jennifer C Whitman. The contribution of a cognitive bias against disconfirmatory evidence (bade) to delusions in schizophrenia. *Journal of clinical and experimental neuropsychology*, 28(4):605–617, 2006.
- A. Young and K. Leafhead. Betwixt life and death: Case studies of the cotard delusion. In Peter Halligan and John Marshall, editors, *Method in madness: Case studies in cognitive neuropsychiatry*. Psychology Press, 1996.