Emotions as evidence in the delusional experience

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1 INTRODUCTION

For those who have clinically significant delusions the symptom is broadly defined in cognitivist terms relating to false beliefs held with conviction [6]. Using original research where I interview people with clinically significant delusions I call in to question the assumptions made about delusion formation and maintenance and recast delusion as emotional or perceptual, occurring when *affective framing* breaks down.

2 AFFECTIVE FRAMING

The notion of affective framing is used to understand how a person makes sense of her world [1]. A person has desires and needs in relation to survival and procreation and makes decisions about action in the world based her response to positively valenced preferences and negatively valenced objects or situations to be avoided.

The person's response is at first bodily and then cognitive.[2] A human being is (perhaps uniquely) able to respond to her situation at a number of different 'levels'. These 'levels' might be described as somatic (or bodily), cognitive and meta-cognitive.

Affectivity impacts a person's actions in relation to the affordance[3] of any given situation. If affordances as presented are all the physical possibilities of a given situation how does a person ever decide what action to take? The possibilities are extremely wide ranging.

It is clear that some kind of frame is needed to enable goal-orientated decision-making. This is where affective framing fits in.

Antonio Damasio's somatic marker hypothesis holds that a person's affective capacities originate as somatic feelings (pre-reflective bodily responses) or certain kinds of (emotion related) brain responses[4] at a sub personal level. These somatic markers facilitate reasoning by enabling relevant salient options to become available.

Without these somatic markers decision-making is impaired [5].

3 EMPIRICAL RESEARCH

Barbara is in her forties, lives alone, has a diagnosis of schizophrenia and has active delusions. Ultimately she came to believe that she was literally the daughter of the Christian God, the female equivalent of Jesus. A delusion with this content (this belief) is known as a delusion of grandeur.[5]

At the outset of her problems she described what is known as delusional mood [7] and felt that something strange was happening. Soon afterwards things in the environment became highly salient, her attention was drawn to certain song lyrics, road signs, phrases and words. These ideas of reference soon became delusions of reference[6] as she began to believe that the environmental cues were giving her messages. She found this very difficult to explain.

Barbara was also experiencing strong emotions, such as fear, love, anger and guilt, for which she had no obvious explanation. Barbara's initial experiences were attentional and emotional in nature. Barbara's emotional and perceptual experience counts, for her, as evidence that something supernatural is going on. She had no reason to question her feelings qua feelings - her aberrant or overwhelming feelings are experienced as real and meaningful. We don't routinely ask ourselves whether our experiences are real or not. If, for example, I feel joyous I would look for an explanation in the environment or in my lived experience. Indeed it would be most unusual for me to think that I might be feeling this way because there was something wrong with my brain.

Barbara's process is an ordinary process that philosophers, scientists and others undertake in everyday life to understand how the world works and how they relate to it.[7] This process works well when our experiences of the world are ordinary and can be shared in common language. The difference here is that Barbara is hypothesis testing about her direct apperception of the world, she has new emotional and perceptual data that no one else has access to (which is increasing as time goes on) and there are no 'real world' explanations available to her. After her detective like analysis of her experience she ultimately

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2 Whilst he does not use the same terminology (and he also posits the existence of representational states, which may or may not be necessary for the enactivist) Antonio Damasio has written extensively on the different 'states' of this kind of experience: bodily (or somatic) emotion, feeling and feeling made conscious [2,3].

3 See [4].

4 Damasio would call these emotional representations. I prefer to remain agnostic about any requirement for a representionalist conceptualization of mind.

5 An individual is said to have grandiose delusions when the delusion meets the general criteria for clinically significant delusion and "…when an individual believes that he or she has exceptional abilities, wealth, or fame [6, p. 87].

6 A delusion of reference is "The feeling that causal incidents and external events have a particular and unusual meaning that is specific to the person. An idea of reference is to be distinguished from a DELUSION OF REFERENCE, in which there is a belief that is held with delusional conviction" [6, p. 823].

7 This conceptualisation might be described as being in line with the so-called one-factor model for delusion formation which holds that a person with anomalous experience becomes delusional due to the direct private experience and no reasoning problem or cognitive deficit is required for this to occur see for example [9]. This can be contrasted with the two-factor model which holds that a reasoning bias or cognitive deficit is also required for delusion formation; see for example [10].

concludes (like the (fictional) hyper-rational detective Sherlock Holmes) that "…when you have eliminated all which is impossible, then whatever remains, *however improbable*, must be the truth" [8, p. 93].

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