

# Understanding Schizophrenia: A Wittgensteinian Response to Double-Bookkeeping

**MSc Thesis** (*Afstudeerscriptie*)

written by

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(born February 18, 1987 in Amstelveen, The Netherlands)

under the supervision of **Dr. Julian Kiverstein**, and submitted to the  
Board of Examiners in partial fulfillment of the requirements for the  
degree of

**MSc in Logic**

at the *Universiteit van Amsterdam*.

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*“Work in philosophy (...) is really more work on oneself. On one’s own conception. On how one sees things. (And what one expects of them).”*

Ludwig Wittgenstein<sup>1</sup>

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<sup>1</sup>Wittgenstein (1998), p. 24

## *Abstract*

This thesis aims to render intelligible the puzzling phenomenon of double-bookkeeping in schizophrenia. Double-bookkeeping is a term that is used to capture the fact that some patients voice their delusions with unshakable certainty, yet do not act according to the delusion. The puzzle this poses to the understanding, it will be argued, arises out of a narrow folk-psychological conception of delusions as beliefs. Such a conception will be challenged in this thesis. It will be argued that when we take into account the context of the life in which such delusions occur, different conceptions of delusion in general become conceivable. In particular, proposals that account for delusions in terms of either a suspension of ordinary, or an endorsement of alternative 'bedrock certainties' will be discussed. It will be argued that these accounts fail to understand the patient's words. In the final chapter, a new conception of double-bookkeeping delusions will be suggested. The proposal put forward here stresses the difference between the expressive and the descriptive use of language. It will be argued that we need not take the patient's words as descriptive, but can rather see them as expressive of an experience of meaning akin to that of aspect-seeing. On such a conception, we need not take the words of the patients to be claims about public reality, and need not expect him to act in accordance with them.

**Keywords:** Schizophrenia, Delusion, Double-Bookkeeping, Wittgenstein, Bedrock, Certainty, Aspect-Seeing, Experience of Meaning, Secondary Sense.



## *Acknowledgements*

First and foremost I want to thank Dr. Julian Kiverstein, my thesis supervisor. Without his patience, effort and time, this thesis could not have been written. During our countless meetings, Julian provided me guidance when I had lost track, encouragement when I lost confidence, and insight when I had none. His knowledge of the field helped me navigate, his enthusiasm helped me decide whereto. Our frequent and long discussions over coffee did not only result in the current thesis, they were something to look forward to in their own right. It has been a true joy to work together, and I am deeply thankful for having had the opportunity to do so.

This thesis also marks the end of my period as a Master of Logic student at the ILLC. As such I would like to thank everyone involved for making the programme such an exciting learning experience. Specifically, I want to express my appreciation for my teachers Martin, Michiel, and again Julian. Their courses were inspirational, and have had a great influence on my academic interests. Typically taking place early in the morning, my eager attendance to their lectures goes to show the enthusiasm these teachers can convey to their students.

Finally, I would like to thank my fellow students here. Each equipped with sharp minds, they have occasioned so many stimulating conversations on such a wide array of topics, that it is fair to say that my education certainly did not end when the lecture had finished. Aside from that, they offered support, friendship, and many cherished moments of joy. Again, I am very grateful for having met these inspiring people.



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# Introduction

As the title suggests, this thesis will be trying to understand schizophrenia. As the subtitle suggests, we will not be primarily concerned with every phenomenon schizophrenia presents us with. Rather, the primary focus is on the particular phenomenon of 'double-bookkeeping'. This is a term used to capture the phenomenon that is sometimes observed in delusional patients: they voice their delusional belief with great certainty, yet do not act in accordance with it. That is to say, we expect them to behave in certain ways, and we expect them not to act in certain other ways, on the basis of their reported conviction. Double-bookkeeping, then, is the failure on behalf of the patient to meet these expectations in action. Thus, a double-bookkeeping patient may voice his conviction that his food is poisoned, yet will have no problems eating it. This seems to pose a problem to our understanding of the patient, and we may be inclined to call him deeply irrational. The aim of this thesis is to put forward an account that renders intelligible this behavior, and will have us no longer puzzled by it. As such, it is not to be taken as an account of delusions in general, though some things that will be discussed pertain to a larger set of patients.

The first chapter of this thesis will introduce this puzzling phenomenon more thoroughly. Notably, we will there specify different ways in which the notion of 'understanding' can be taken. We will distinguish between narrow folk-psychology and causal explanation, and argue that both fail to rid us from the puzzle that double-bookkeeping presents us with. It is not so much any particular account that will be argued to be inadequate to resolving the puzzle. Rather, it will be argued, it is the very terms available to such approaches that render them inappropriate to the puzzle double-bookkeeping presents us with. As such, what is at stake is a matter of choosing the right method to our problem.

As an alternative to narrow folk-psychology on the one hand, and causal explanation on the other, we will put forward a third method towards a resolution of the puzzle. This is a method attributed to Wittgenstein, taken to be his approach to philosophical puzzles of the understanding. A large part of the first chapter will consist of making explicit this alternative approach to the puzzle. This should point to what is distinctly Wittgensteinian about the response to the puzzle of double-bookkeeping presented in this thesis. Although many of his arguments and observations will be made use of in this thesis, it can be said that the thesis in general is inspired by this conception of his method of philosophizing.

From our methodological considerations, it follows that we will have to place the puzzling phenomenon of double-bookkeeping back into the context of the everyday life in which it occurs. This is the role of the second chapter of the thesis. There we will look at what is called the 'prodromal' phase of schizophrenia: a distinct phase that occurs before the onset of full-blown delusions in acute psychosis. We will be describing and interpreting symptoms that characterize this prodromal phase. This will provide us

with an understanding of the context in which double-bookkeeping occurs.

The interpretation of the prodromal phase put forward in chapter two, will then lead us to critically discuss other Wittgensteinian accounts of full-blown delusion in the third chapter. Our methodological considerations in the first chapter dictate that taking into account the context of the life of the patient puts constraints on the kind of interpretation of the delusional phase that is available to us. In this sense, then, our descriptions of the prodromal phase in chapter two, render intelligible the other Wittgensteinian accounts of full-blown delusion that will be discussed in chapter three. It will be argued, however, that ultimately, these accounts run into problems of their own and fail to understand the meaning of the words of delusional patients in general, including double-bookkeeping patients. As such, they fail to resolve our puzzlement in a satisfactory way.

Accordingly, in the fourth chapter, we will put forward an alternative conception of double-bookkeeping delusions. One that renders the words of the patient meaningful, yet rids us from the expectation that the patient acts according to them. As such, it is claimed, our puzzlement can be dissolved.

## Chapter 1

# Methodology Towards an Understanding of Double-Bookkeeping

### 1.1 Introducing the Puzzle

Schizophrenia is known to exhibit some of the most puzzling phenomena among the mental illnesses. Patients often adhere to bizarre expressions to articulate their experiences – expressions that seem to push beyond the limits of what we are able to make sense of. Delusional patients seem to express with great certainty beliefs that are at times obviously, yet contingently false; at other times their expressed beliefs are simply impossible and unintelligible to us. Hence it is a long standing debate whether such patients can be made sense of at all, or whether their utterances should be regarded as sheer meaningless nonsense. What to make of a patient who proclaims himself to be dead? Such a statement seems necessarily contradictory. It is not a statement that contingently happens to be false, but could have been true if some contingent facts were different – it couldn't, for the very conditions of uttering it prevent it from being true. For, it seems safe to assume, to speak implies to be alive. Accordingly, to deny being alive by proclaiming oneself to be dead, would imply not to speak at all: the patient performatively contradicts himself. What seems to be crucial when diagnosing a patient to be delusional is the degree of conviction with which the expression is adhered to. No evidence that conflicts with the expressed belief will succeed in changing the patient's mind. Here is how the DSM V defines delusion:

"Delusions are fixed beliefs that are not amenable to change in light of conflicting evidence. Their content may include a variety of themes (e.g. persecutory, referential, somatic, religious, grandiose).[...] Delusions are deemed bizarre if they are clearly implausible and not understandable to same-culture peers and do not derive from ordinary life experiences. [...] The distinction between a delusion and a strongly held idea is sometimes difficult to make and depends in part on the degree of conviction with which the belief is held despite clear or reasonable contradictory evidence regarding its veracity."<sup>1</sup>

Although this thesis is not a thorough critique of the DSM and its history, some of the notions in this definition may call for a bit of clarification.

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<sup>1</sup>APA (2013), p. 87

Besides mentioning several themes a delusion may cover, the definition above specifies a subtype of 'bizarre' delusions, the criteria for which are that these delusions are not understandable to same-culture peers and do not derive from ordinary life experiences. It should be noted that, unlike in the previous edition, the DSM IV, this specification of bizarre delusions does not have any diagnostic import in the DSM V. That is to say, in the DSM IV, bizarre delusions were indicative of schizophrenia and excluded other delusional disorders.<sup>2</sup> In the DSM V, the notion of bizarre delusions does not play such a decisive role in diagnosis – it is merely used to further specify a diagnosis that has already been made on other grounds. The fact that this specification of bizarreness persists in the DSM, however, suggests that whereas some delusions may be understandable, at least in some sense, others are not. It is this theme of unintelligibility of delusions that we will be concerned with in this thesis.<sup>3</sup>

One way of conceptualizing unintelligibility may be indicated by the example of the performative contradiction that the patient proclaiming himself to be dead exhibits. This may be said to be unintelligible, for it is not merely contingently false, but rather necessarily so. It necessarily contradicts itself, we saw, because the act of uttering it contradicts the statement itself. This points us to a further difficulty in understanding delusions: the discordance between the proclaimed beliefs and the exhibited behavior of patients. In the example above, the act of uttering the statement 'I am dead' is at odds with the contents of the claim. Such a mismatch between utterances and other actions is not restricted to first-personal expressions. For instance, some patients would maintain that their food is poisoned yet have no problems eating it. This discordance between behavior and belief is called double-bookkeeping, for it seems as if the patient is keeping two books on reality: one according to which he acts and one to which his utterances refer. This poses a further problem to making sense of such a patient, for typically, our actions and reported beliefs do not show such grave mismatches. The problem of double-bookkeeping is to be distinguished from the intelligibility of the contents of a delusional utterance in itself. Some of such utterances are indeed intelligible as contingently false beliefs, such as the belief that one's food is poisoned. One might think that double-bookkeeping only occurs in the types of delusion whose contents are impossible, or bizarre – for their very impossibility prevents them being enacted by the patient. But this is not the case. As we saw already, the patient who claims that his food is being poisoned may have no problems to join others at the dinner table and to have his meal.

It is clear that we face two puzzling phenomena here: some patients adhere with great certainty to beliefs that are impossible to be true. These

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<sup>2</sup>APA (2013)

<sup>3</sup>Here we may note that it is debated whether the notion of 'bizarre' delusions really ought to have lost its clinical significance. The associated unintelligibility of schizophrenic delusions has a long history, tracing back to Karl Jaspers. It should be noted that, aside from the 'rejection of the cogito' by the patient proclaiming himself to be dead, two other symptoms that take a prominent role in this thesis were thought by him to manifest this schizophrenic unintelligibility. Namely, the phenomenon of 'delusional mood' in the pre-psychotic phase of schizophrenia, to be discussed in chapter two, and the phenomenon of double-bookkeeping that sometimes occurs in the proper psychotic phase. It is this latter phenomenon that we are trying to understand in this thesis, but doing so involves coming to understand delusional mood as well. See also Sass (2015)

may be taken to form a subset of patients that adhere with great certainty to beliefs but do not act upon them.<sup>4</sup> If we take into account not only the words of the patient, but also his actions, it seems a larger class of delusions pose a problem to the understanding to us. Puzzling as they are, we may tuck these phenomena away as simply unintelligible or irrational and leave them there. Such is not the approach of this thesis. Rather, we will try to find out what makes for us being puzzled by these phenomena, and see if we can make sense of them by interpreting them differently. In interpreting other people's actions, it is common to rely on folk psychology. Such typically consists in attributing beliefs and desires to the other, in order to make intelligible his behavior. Notice that we already interpreted the actions and words of the examples above in such terms: we attribute delusional beliefs to these patients on the basis of their words. In cases of double bookkeeping, then, patients do not act according to these beliefs and we are surprised or puzzled. We may ask why the patient does not act in accordance with his delusional beliefs. Yet, it has been observed, questions asking why something occurs can be answered in different ways. Accordingly, we will look at a distinction that is often invoked, one between reasons and causes.

## 1.2 Reasons and Causes

When encountering the double-bookkeeping patient, in order to make sense of his behavior, we ask why he acts like he does. Our ordinary folk-psychological interpretation attributes a belief to the patient on the basis of his words, e.g. that his food is poisoned, but this does not match up with his further actions. Accordingly, folk-psychology seems to fail here: its answer to the question why the patient acts as he does is that the patient is irrational. But, as Davidson (2004) argues, we have to assume rationality to ascribe mental states in the first place:

"We individuate and identify beliefs, as we do desires, intentions, and meanings in a great number of ways. But relations between beliefs play a decisive constitutive role; we cannot accept great or obvious deviations from rationality without threatening the intelligibility of our attributions. If we are going to understand the speech or actions of another person, we must suppose that their beliefs are incorporated in a pattern that is in essential respects like the pattern of our own beliefs. First, then, we have no choice but to project our own logic on to the beliefs of another."<sup>5</sup>

The idea is, that while some tension between reports can be tolerated,<sup>6</sup> a certain level of irrationality puts pressure on the very meaning these reports have to the patient. It is often said that delusions are examples of just this kind of irrationality.<sup>7</sup> Consequently, if the meaning of the patient's

<sup>4</sup>after all, it could be said, no possible action may be taken to be in accordance with an impossible state of affairs

<sup>5</sup>Davidson (2004), p. 156-157

<sup>6</sup>In particular, intelligible tension that can be accounted for by further reasons, or corrigible mistakes. Delusions are said to display a 'deeper' level of irrationality, for they notoriously resist any objections to them. (Bortolotti (2010), p. 63)

<sup>7</sup>Bortolotti (2010), p. 64

words is undermined by this irrationality, we cannot simply take him to report beliefs or any mental state at all.<sup>8</sup> Yet, it is the premise of this thesis, we do not want to deny mentality of the patient. But if a folk-psychological account implies irrationality, which in turn undermines mentality, it follows that to maintain that the patient is expressing a mental state, we have to reject a narrow folk-psychological account. Does this mean we 'save' the mentality of the patient, at the cost of being able to answer why he acts as he does? Not quite, there are different ways of answering the why question. In many everyday encounters, when answering the question why some agent performed an action, we attribute reasons to the acting agent. It requires an additional independent argument to show that this is similar to having identified a cause for the observed behavior. Many of such arguments are around, yet a full exposition of the debate is beyond the scope of this thesis. Here we will simply follow Wittgenstein in adhering to the distinction between the two. Merely one reason for doing so is that we identify reasons in quite a different way than we do causes. We attribute them on the basis of observed behavior, but it also seems that a reason has to be acknowledgeable by the agent in question for it to count as a reason for acting. As Wittgenstein would say, when we give an explanation of behavior in terms of reasons, we are making rational sense of behavior. Us attributing the correct reason hinges on it being accepted as such:

Let us suppose a train driver sees a red signal flashing and brings the train to a stop. In response to the question: 'Why did you stop?', he answers perhaps: 'Because there is the signal "Stop!"'. One wrongly regards this statement as the statement of a cause whereas it is the statement of a reason. The cause may have been that he was long accustomed to reacting to the red signal in such-and-such a way or that in his nervous system permanent connections of pathways developed such that the action follows the stimulus in the manner of a reflex, or yet something else. The cause need not be known to him. By contrast, the reason is what he states it is.<sup>9</sup>

Such an authority on behalf of the acting agent when it comes to reasons does not show up when we give a causal explanation of the agent's behavior, nor when the agent himself does so. Causes are identified objectively and independent of any particular agent's consent. The agent may hypothesize a cause, but he has no more authority on it being a correct hypothesis than anyone else.

This may seem to lead us to think that reasons and causes are distinct. But one may object that Davidson (1963) has argued that the primary reason for an action is identical with its cause. While Davidson did indeed argue this, it should be taken into account that he nevertheless maintained that explanations in terms of reasons are not reducible to those in terms of causes. That is to say that there are different ways of describing the same thing: we may describe a mental event such as an action, a perception or an intention in mental terms, or we may describe them in physical terms, but there are no strict laws connecting the two kinds of description. When we

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<sup>8</sup>Bortolotti (2010), p. 63

<sup>9</sup>Baker (2003), 110-112

are making sense of a human being as a rational agent we employ the mental vocabulary to interpret him. In doing so we re-describe his actions and fit them in a pattern of conventions, rules and expectations that allow us to grasp the point of them.<sup>10</sup> Describing such events in physical terms may allow to apply causal laws to them and infer predictions from this, whereas such is not possible when we stick to the mental vocabulary, for the latter is tied to viewing the human being as a free agent.<sup>11</sup>

It may seem that in the above quote, Wittgenstein is making the stronger metaphysical claim that reasons are distinct from causes, whereas Davidson argues that the two are different ways of describing identical events. For our purposes, we need not concern ourselves with the metaphysical status of reasons and causes. It will be sufficient to recognize the weaker claim by Davidson, that they are different ways of describing a single event, and that when we are making rational sense of a human being as an intentional agent we will be giving an explanation of his behavior in terms of reasons. An action, according to Davidson, is a bodily movement described as an intentional event. Described in purely physical terms it would be a mere bodily movement and not an action. This intentionality of action allows for the conceptual connection between an action and the reason the agent has for it, where there is no such connection under the physical descriptions that enter causal laws. Hence, just as Wittgenstein maintains, when we are providing reasons for action we can be said to find conceptual connections. Yet, Davidson argues, this does not prevent us from finding a causal relation as well. Thus we can say to distinguish between the two, without necessarily separating reasons from causes. To distinguish between the two different kinds of description, we will distinguish between the notion of understanding behavior and explaining it, where the former gives an interpretation in terms of reasons that render the behavior intelligible, while the latter offers an account in terms of causal laws.

Let us return to the puzzle the phenomenon of double-bookkeeping presents us with: why does the patient act this way? As we have seen, the action may be described in different ways, from different perspectives, and accordingly, we may answer the why question in different ways as well. If folk-psychological understanding fails, it could very well be that causal explanation is the only alternative we have to answer this question. These two approaches seem to define the field of philosophical approaches to delusion. Some approaches appear to maintain that folk-psychological understanding does not quite fail in understanding delusions. For instance, it is argued that Davidson's rationality constraint for ascribing beliefs to anyone, including delusional patients, is too strict. Bortolotti (2005) takes such an approach. She argues that although delusions are typically irrational in the sense that they resist correction - and hence cannot be said to be local deviations of rationality that can be accounted for by pointing to understandable mistakes - they can nevertheless be said to be belief-states, because they help us to predict, or make sense of behavior.<sup>12</sup> A full exposition of her argument would be beyond the scope of the current thesis, but it should be clear that such a reply is not available when it comes to the double-bookkeeping patient's delusion. What is puzzling

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<sup>10</sup>Davidson (1963), p. 691/692

<sup>11</sup>Davidson (1970), p. 225

<sup>12</sup>Bortolotti (2005), p. 206

about double-bookkeeping in particular, is not only the incoherence of the delusion with other beliefs, or its resistance to correction. What seems particularly puzzling is that the expressed delusion does not match up with the exhibited behavior. Accordingly, even if we are to ascribe mental states to the delusional patient on the basis of their capacity to predict action alone, such a folk-psychological still results in a puzzle when applied to double-bookkeeping patients. Since the expressions of such patients precisely do not predict action, such an account may have to deny that these express mental states at all.

Now Bortolotti does have a reply to the double-bookkeeping objection, for in Bortolotti (2010) she argues there may be reasons for the patient not acting on these delusional beliefs, notably a lack of motivation that is often observed in schizophrenia. Putting aside the fact that the patient who reports his food being poisoned does not quite stop acting altogether, but rather acts contrary to his report when eating his dinner - this seems to be missing the point. For predicting the patient's inactivity in such cases is achieved by appealing to this lack of motivation alone; it seems that to conceive of the delusional expression as a belief adds nothing to our understanding of this inactivity. When it comes to predicting this inactivity, we might as well take the words of the patient to be meaningless nonsense.

As such, folk-psychological understanding does not quite succeed in making sense of double-bookkeeping without denying the mentality of the patient. It may thus seem that only a causal account of this puzzling behavior can be given. Causal accounts of delusion come in various forms. Notably, most accounts can be distinguished by the direction a causal explanation of the delusion takes. It is typically agreed that, aside from their delusional beliefs, patients also have unusual experiences. Top-down, or rationalist theories would hold that unusual beliefs caused by organic malfunction in turn cause the unusual experiences,<sup>13</sup> whereas bottom-up, or empiricist theories would have the unusual experiences cause the unusual beliefs.<sup>14</sup> Further distinctions can be made, such as subdividing bottom-up accounts into one-factor or two-factor theories: the former of which would have it that the unusual experience is sufficient to cause the delusional belief, whereas the latter maintains another factor, such as deficits in reasoning mechanisms, are needed to account for the delusional belief.

Most of such accounts have in common that delusions must be understood in terms of belief, and go on to look for the causes of it. The folk-psychological picture that is applied to the delusional patient typically includes a conception of beliefs causally guiding action.<sup>15</sup> As such, the puzzle of double-bookkeeping poses a problem not only for rationally understanding this phenomenon, but for explaining it causally as well. Whereas we saw that the former runs into problems when trying to make sense of double-bookkeeping, the latter may be the only alternative. Accordingly, it may seem that the only way to make something of double-bookkeeping is to inquire into the mechanisms that cause beliefs to be turned into actions, and look for a defect there.<sup>16</sup> It may seem a causal theory is the only way to shed some light on the puzzle of double-bookkeeping. Why, then, do we

<sup>13</sup>We will discuss some top-down approaches in chapter three

<sup>14</sup>Bortolotti (2015)

<sup>15</sup>Bortolotti & Miyazono (2015)

<sup>16</sup>As, for instance, Corlett (2015) does

not pursue such an account? This is because our aim is to resolve the puzzlement that double-bookkeeping behavior presents us with. It should be noticed, that the puzzle is cast in terms that suppose the mentality of the patient. His beliefs are at odds with his actions. As Davidson argues, there are different ways of describing the same phenomenon. When we take the patient's behavior to consist of actions, we do not consider them mere bodily movements. Nor do we take the patient's words to be mere noises. Instead, the puzzle is cast in terms that take the patient to be a person. Hence to give a causal, sub-personal account would be in a sense to change the subject: it would not be a response to the puzzle we are trying to make sense of.

In what follows, however, we will see that the two kinds of accounts discussed do not quite exhaust the options that are available to us when trying to make sense of double-bookkeeping. Understanding, for Wittgenstein, is not confined to attributing beliefs and desires to the agent in question. While on his account, understanding or rendering intelligible another person's behavior does not amount to causal explanation, it isn't restricted to attributing beliefs and desires either. Instead, it seems to have a bit of a broader scope than this restricted conception of folk-psychological understanding has – Wittgenstein seems to offer a larger toolbox for understanding, so to speak, which still deals with people, and actions, rather than mere physical objects, bodily movements or sounds and noises. Accordingly, his notion of understanding constitutes a third way of approaching the double-bookkeeping puzzle. It may provide the means to render intelligible the phenomenon of double-bookkeeping without explaining it in terms of a causal theory.

### 1.3 Wittgenstein on Understanding

In the above, we have contrasted folk-psychological understanding with causal explanation. In what follows, we will see that Wittgenstein offers a conception of non-causal understanding that has a broader scope than folk-psychology. In this section, we will develop such a conception of understanding by means of some examples taken from Wittgenstein's *Remarks on Frazer's Golden Bough* (1979), and Frank Cioffi's (1990) interpretation of those. This will establish a positive conception of the method of philosophizing that will be applied in the following chapters of this thesis. Following Hacker (2009), we will call this method the anthropological approach to philosophy.

It should be noted that Wittgenstein's notion of understanding as he contrasts it with causal explanation is not limited to action-explanation.<sup>17</sup> Sometimes he invokes the distinction when discussing the meaning of other phenomena as well. For instance, a particular experience may be understood in such terms, while it may be causally explained as well. Which type of explanation is called for depends on the question one is occupied with. Understanding here does not so much amount to attributing beliefs or desires for having this experience – which seems an odd thing to say, for we typically don't have such kinds of reasons for experiencing something. Rather, understanding in such cases amounts to giving more refined descriptions of the experience, descriptions that could include comparisons

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<sup>17</sup>Cioffi (1998), p. 169

with other phenomena. As such, understanding consists in laying bare meaningful connections to other phenomena, highlighting particular aspects of the experience and so on. This is not entirely disconnected from giving reasons, for these aspects or connections may very well be appealed to as reasons for successive action. But the elaborated descriptions of the meaning of a phenomenon may also render intelligible the effect that the experience of it has on one. They can account for us experiencing the phenomenon in a certain way. Thus when Wittgenstein discusses the impact that the Beltane Fire Festivals may have on one, he is not in the business of action-explanation. Rather, he helps us to understand why the phenomenon comes across as sinister. Wittgenstein wonders why the festivals make this particular impression on him, and thinks this question calls for a better understanding of the festival. According to him, this consists in pointing out similarities with other phenomena, in this case the burning of human sacrifice. This is to elaborate on the meaning of the phenomenon at hand by further describing it and comparing it with other phenomena. The result will be a reason, though one for the way we experience the phenomenon, not a reason for action. It should be noted that this meaning is an aspect of the phenomenon that is readily accessible to anyone who cares to look at it in a certain way, very much like the duck and the rabbit are not merely aspects of our subjective experience of the figure.

Now that we have contrasted understanding with explanation, we may ask what form of inquiry is appropriate, given the phenomenon at hand. The point of distinguishing the two forms of inquiry, is not to render either of them obsolete. Rather, it is getting clear about what tools we have at our disposal to approach a particular phenomenon. A consequence of there being different forms of inquiry, is that they can sometimes get confused. This has been Wittgenstein's main criticism of Freud and Frazer, as exposed by Frank Cioffi (1998). There are several ways in which confusion can arise.

First, one may be confused about what method of inquiry one is actually deploying, presenting the one as the other. Thus one may be in the business of understanding, while presenting one's findings as empirical discoveries of causal relations. This has been in part Wittgenstein's critique of Freud. While he appreciated Freud's capacity to suggest elaborated descriptions of his patients' experiences, one line of Wittgenstein's criticism was that Freud presented his descriptions of earlier life events as being causally responsible for, for instance, elements of dreams. Wittgenstein maintained, however, that such a causal account is not what is called for in dream interpretation. The descriptions of earlier life events may help to interpret elements of the dream, for the comparison between the two may emphasize certain aspects of the dream, casting it in a different light and elucidating its meaning accordingly. Yet the connection here is a conceptual, not a causal one – Wittgenstein maintained. Thus while Freud was in the business of understanding, he was confused about his own form of inquiry when he presented it as an explanation.

Another way that confusion between the forms of inquiry can arise is when one simply employs the method that is not appropriate to one's problem. This is what Wittgenstein thought Frazer was doing in his exposition of the Beltane fire-festivals. Upon the question why the spectator of these festivals was so impressed, Frazer offered an hypothesis concerning

the origins of the festival, proposing they originated in actual human sacrifice. Here we have a case where according to Wittgenstein, problems and method pass each other by. For what was called for were reasons for the impression the festival made. That is to say, an elaboration of what this phenomenon means. Its origins are not 'internal' to this phenomenon of the fire festival – for they could very well have been different. They are not internal, for a description of what is happening when observing the rituals does not include what did or could have happened in earlier times. What Wittgenstein is after, are connections that are internal to the phenomenon, connections that elaborate its meaning for us. Now the phenomenon of actual human sacrifice elucidates the meaning of the fire-festival, for the burning of the effigy, as it is performed nowadays, resembles actual human sacrifice. This resemblance is 'the meaningful connection' and is part of the festival's meaning, and provides a reason for us being impressed by the festival the way we are.

The question, then, becomes that of determining what our problem is and what method of inquiry is called for. Cioffi summarizes the kind of phenomena and impressions that call for understanding, rather than explanation:

"(...) there are certain phenomena which induce in us a desire for a clearer grasp of the relation in which we stand to them, or, to use Wittgenstein's own expression, a sorting out of our 'crush of thoughts' with respect to them. (Some other expressions he uses in this connection are 'being intrigued and wanting to describe', 'the sort of explanation one longs for', the thought 'at the back of one's mind', the impression - particularly with music - that an experience seems to be 'saying something, and it is as if one had to discover what it was saying'.)"<sup>18</sup>

Encounters with delusional people in general, and double-bookkeeping agents specifically may fit such descriptions. When such an agent articulates his delusions, he seems to be saying something. We do experience a crush of thoughts when trying to fit the patient's expressions with his behavior, or with his non-delusional beliefs. One question we may ask is thus what this phenomenon consists of, in order to sort out our crush of thoughts. We have a phenomenon, the double bookkeeping behavior, which puzzles us, maybe intrigues us, and we may ask ourselves why. Such a question, Wittgenstein showed, will not be settled with empirical inquiry. That is not to say that such isn't a pursuit worthwhile on its own. Yet it does not answer the question of what our puzzlement consists in, and will be unable to make sense of the puzzling phenomenon. An answer to such a question has a rather different form. It has the form of offering reasons for us being puzzled. These may be offered by mere further descriptions of the phenomenon in question. Such further descriptions may very well include descriptions of the context in which the phenomenon takes place. For these can shed a new light on the phenomenon we're interested in:

"Does the sinister, as we may call it, attach to the practice of the Beltane Festival in itself, as it was carried on one hundred years

<sup>18</sup>Cioffi (1998), p. 108

ago, or is the Festival sinister only if the hypothesis of its origin turns out to be true? I believe it is clearly the inner nature of the modern practice itself which seems sinister to us, and the familiar facts of human sacrifice only indicate the lines along which we should view the practice. When I speak of the inner nature of the practice, I mean all circumstances under which it is carried out and which are not included in a report of such a festival, since they consist not so much in specific actions which characterize the festival as in what one might call the spirit of the festival; such things as would be included in one's description, for example, of the kind of people who take part in it, their behavior at other times, that is, their character; the kind of games which they otherwise play. And one would then see that the sinister quality lies in the character of these people themselves."<sup>19</sup>

We thus may consider the phenomenon of double-bookkeeping in the context of the life in which it takes place. Emphasizing certain aspects of this life may elucidate the phenomenon.<sup>20</sup> These further descriptions may provide us with an understanding of the meaning of this phenomenon. As such they may also act as the reasons that render intelligible the agent's behavior. Very much like the understanding Wittgenstein offers of the Beltane fire-festivals: the description of it that shows its connections with actual human sacrifice makes us understand the sinister aspect of the phenomenon, while this aspect of the meaning of the ritual may also be understood as the reason for its continuation.

It is worth considering how looking at the context of the life in which a (double-bookkeeping) delusion occurs relates to a more general aspect of Wittgenstein's method in philosophy. For it is not merely in remarks on Frazer concerning alien tribes that such is part of the methodology he seems appropriate. We should be careful to think that what we have called the anthropological approach to philosophy is only applicable to problems or phenomena one encounters when doing anthropology. Hacker (2010) argues that this anthropological approach characterizes the way in which Wittgenstein aims to dissolve distinctly philosophical puzzles. Instead of focusing on the problem or puzzle at hand, and hypothesizing solutions to it, the method is to describe the practical context of the life in which it occurs. Looking at the phenomenon in this way, Hacker writes, 'will help to rid us of a pervasive array of illusions that have dogged philosophy since its beginnings.' Not so much because the facts of such practical life are themselves the answers to the problem at hand – the method does not amount to discovering any new facts. One may ask then, as Hacker does:

“Why are such anthropological facts illuminating? Not because they resolve any philosophical questions. After all, no empirical discovery, let alone such empirical commonplaces, could resolve a philosophical question, any more than a discovery in

<sup>19</sup>Wittgenstein (1979), p. 143-145

<sup>20</sup>There is a resemblance with such a conception of understanding to that of Karl Jaspers here, although we will not explore it. Jaspers also distinguished between causal explanation and a different kind of understanding, which consisted in meaningfully connecting life-events of the patient. Although he clearly thought of such an understanding of the patient as important, he considered it impossible when it comes to schizophrenic delusions.

physics, let alone commonplaces about the physical behaviour of things, could confirm or disconfirm a mathematical theorem. Rather they position us in such a manner that we can see the problem in a new light.”<sup>21</sup>

Thus, when it comes to double-bookkeeping, we will look at the life in which it takes place, including earlier life-events that are characteristic of such lives. Looking at these earlier life-events that form the context of a delusion, it may seem that we will be advancing a causal history of how one event led to the other. We tend to think of such a procession of life-events as a causal chain. Yet we are not in the business of predicting a causal law. We can render intelligible a phenomenon by offering a genetic account, if it points us to the meaningful connections that there are between this phenomenon and others. Doing so is not to hypothesize that one resulted from the other, although it may have. Compare this with Wittgenstein’s discussion of a circle:

“(…) one might illustrate the internal relation of a circle to an ellipse by gradually transforming an ellipse into a circle but not in order to assert that a given ellipse, in fact, historically, originated from a circle but only to sharpen our eye to a formal connexion. (...) What is correct and interesting is not to say: this proceeded from that, but it could have thus proceeded.”<sup>22</sup>

Thus to make perspicuous the puzzling phenomenon of double-bookkeeping we may look at earlier life-events of the patient, see them as the confirmation of or deviation from these practices, and how such could have intelligibly progressed to the double-bookkeeping behavior. This is not to form an hypothesis of how the phenomenon is brought about, but rather to find reasons for it, and to elaborate the meaning of it – which amounts to us understanding it. We will thus not be in the business of making predictions, but of ‘arranging the facts’ in such a way that allows for them to be meaningfully connected. This is to show connections between these life-events that constitute the meaning of them. Such an enterprise relies on the capacity for interpreting objects or events in a different way. This will be greatly benefited by comparisons. One’s choice of comparison will of course influence the interpretation one will arrive at. For if one compares a phenomenon with this, rather than that phenomenon, these rather than those aspects will stand out to us.

How such a choice of comparison can influence one’s interpretation of a phenomenon becomes apparent in Wittgenstein’s discussion of Frazer’s interpretation of rituals of magic. Frazer compares these with instrumental practices that aim to bring about some state of affairs. Accordingly, Wittgenstein counters, he attributes the people engaging in these rituals a great deal of irrationality. For example, a tribe performing a rain-dance in the rainy season is said to believe that such behavior brings about the desired state of rain. Yet, Wittgenstein argues, why should these people only perform the dance when the rainy season is about to start, and not during the dry season, when they need the rain the most.

<sup>21</sup>Hacker (2010), p. 25

<sup>22</sup>Cioffi (1998), p. 85

Wittgenstein shows us that understanding the ritual on the basis of the picture of instrumental practices need not be the only way. For we are familiar with other kinds of practices ourselves, like kissing a picture of a loved one who passed away. To compare this behavior with instrumental practices would lead to attribute quite irrational beliefs to the practitioner. For it would appear that the practitioner believes that his actions towards the picture would have some desired effect on the relative whose picture it is, conflicting with his beliefs that this relative has passed away. In making sense of behavior in terms of beliefs and desires like in Davidson's model, we are tied to comparing behavior with instrumental practices, where there is a desire towards some state of affairs and a belief about how to bring that state into being. Yet in comparing the rain-dance with familiar behavior such as kissing the picture of a diseased relative, Wittgenstein reminds us that there is a broader way of making sense of behavior than the instrumental approach. We may choose to compare the rain-dance with expressive behavior we are familiar with, and in doing so, we need not adopt the belief-desire model. Instead, the behavior can be viewed as expressive of human concerns, and as such, we need no longer be puzzled by the irrationality of the practitioners. Rather, we can see them as fellow human beings expressing all too familiar concerns and joys of human life.

The above goes to show that we find in Wittgenstein a broader conception of understanding behavior than in the narrower folk-psychological approach outlined in the beginning of this chapter – though one that does not amount to causal theory. Not only does Wittgenstein point to the common practices as the source of the meaning of behavior, he also shows that these practices need not be understood in a uniform way. That is to say, not all behavior has to be understood as instrumental behavior. Not all behavior needs to be understood as grounded in beliefs and desires. In fact, it is rather the other way around. As argued in *On Certainty* it is our ways of acting that form our ultimate grounds for believing. Ultimately, we act without reasons just because it is our custom and habit to do so. We may view such ways of acting as expressing our basic beliefs or 'certainties'. These habitual ways of acting allow us to ground other beliefs we may have, rather than that these actions are based on, or inferred from certain beliefs. At 'bedrock' we do not infer our actions from beliefs – we just act, and our basic beliefs consist in acting such, rather than that they are prior to it.

Yet the remarks on Frazer show that not only do we not need to view such behavior as inferred from beliefs and desires, we also need not view them as expressing basic beliefs. Rather, they can be viewed as expressing other states, such as joy about the nearing of the rainy season. We need not view such behavior as inferred from, nor as expressive of a belief in powers of the dance to bring about the rain and the desire to do so at all. Wittgenstein gives the following example:

"When I am furious about something, I sometimes beat the ground or a tree with my walking stick. But I certainly do not believe that the ground is to blame or that my beating can help anything"

Comparing alien rituals with familiar behavior that is expressive of experiences or emotions rather than beliefs or desires allows us to understand

them without attributing a great deal of backwardness to the practitioners. The choice of comparison influences one's interpretation of the phenomenon in question, and some comparisons may give rise to confusion. As one of the aims of philosophizing in a Wittgensteinian fashion is to clarify confusion, then, one's choice of comparisons is crucial to the method of such a philosophy. The puzzle of double-bookkeeping may be seen as just such a confusion in need of clarification. All too often, Wittgenstein remarks, such arises from:

“(...) a one-sided diet: one nourishes one's thinking with only one kind of example.”<sup>23</sup>

To 'cure' us from such confusion, one may be reminded of other kinds of examples to which the puzzling phenomenon can be compared. This seems just what Wittgenstein is doing when pointing to the example of beating the ground with a stick. This is an example of expressive behavior, a different kind of example than the instrumental behavior Frazer compares the rain-dance to.

In making sense of double-bookkeeping behavior, then, we may ask ourselves which comparison yields a fruitful way of understanding it. We saw that a folk-psychological account that restricts itself to an understanding in terms of beliefs and desires leads to conception of double-bookkeeping patients as irrational. This kind of folk-psychological interpretation is similar to Frazer's interpretation of the rain-dance which casts the rain-dance on a model of instrumental practices. There too, attributing a desire for it to rain, and the belief that dancing will cause it to rain, results in us conceiving of the dancers as irrational, or rather backwards. Wittgenstein points out, that when comparing the dance with instrumental practices, we would have to attribute an even greater deal of irrationality to the dancers if we take into account that they do not perform the dance when they most need it: in the dry season. Taking this into account, we may be quite puzzled by the irrationality displayed by the dancers, and we may have a hard time making rational sense of their behavior. Instead of concluding that the dancers should thus be attributed an even greater deal of irrationality than Frazer does, Wittgenstein rather takes this as a *reductio* argument against the model of interpretation that is used to begin with, that of instrumental practices, and reminds us that we compare the ritual with other kinds of behavior that we are familiar with. Pointing to the fact that the rain-dance is performed only in the rainy season is not presenting any new discovery – such is well known. What it does is pointing to the context in which the rain-dance takes place, and by presenting it as a kind of *reductio* argument to the instrumental conception of the rain-dance, it eases the way for a different way of looking at the ritual. This is in turn provided by comparison with a different kind of example, namely one of an expressive practice. By appealing to expressive practices, Wittgenstein widens the scope of understanding beyond that of a folk-psychology that restricts itself to accounts in terms of beliefs and desires. By comparing the ritual to the familiar behavior of kissing a picture of a loved one, behavior that we readily see as an expression of grief, we can come to see the ritual of the rain-dance as expressive behavior as well, such that we need not be puzzled by it.

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<sup>23</sup>Wittgenstein (1958), 593

The upshot is that we do not need be restricted to the notions of belief and desire when trying to make sense of the double-bookkeeping patient. Wittgenstein offers us some other tools to try and understand this behavior, such that we might come to see it in a different way. The source of our puzzlement, in the case of the rain-dance, was our comparison with instrumental practices. It may very well be, then, that the model of belief and desire we apply to the double-bookkeeping patient's behavior is the source of our puzzlement here. To resolve this, it may be fruitful to compare this behavior with other kinds of practices, and Wittgenstein offers one such a kind in his discussion of the rain-dance, namely expressive practices. It might be more fruitful to our understanding of patients to compare their utterances with the picture of expressive behavior. Such expressions, in turn, are meaningful in the life and form of life in which they take place. Even if taken as an expression of grief, rather than as an inferred action from false or irrational beliefs, kissing a picture of a loved one makes sense in such a way only in the context of the life of the people involved. If it wasn't a loved one on the picture, we would have a hard time making sense of the gesture. Similarly, if the loved one was standing right next to the picture, the behavior couldn't be seen as the expression it is when it is a passed away loved one on the picture.

## **1.4 Conclusion**

We can now see that the anthropological approach to puzzles of the understanding is twofold. Comparisons with different kind of examples than we typically compare the puzzling phenomenon with is one important ingredient, for this is supposed to resolve the puzzlement. Yet prior to this we are to place the puzzling phenomenon back into the context of the practice of living, rather than isolate it from such everyday activity. It is such a life that gives the behavior its significance. Where confusion and puzzlement typically arise when one isolates the phenomenon from such a context, we are to place it back into the practice of everyday living. Describing the characteristics of such a life allows us to sensibly see the puzzling phenomenon in a different way. As such it eases the way for a different conception that resolves the puzzlement. Describing the fact that the rain-dance only occurs in the rainy season is to place the phenomenon in such a context. And this general fact allows for the intelligible possibility of looking at it as an expression of joy.

Hence in applying the anthropological method to understand the puzzling phenomenon of double-bookkeeping, the first step will be to look at the context of the life in which it takes place. In particular, we will look at aspects of such a life that are characteristic of schizophrenic patients. This will lead us to examine the prodromal phase of schizophrenic delusions in the next chapter.

## Chapter 2

# Understanding the Prodromal Phase of Schizophrenia

### 2.1 Introducing the Prodromal Phase

In this chapter we will look at the life of the delusional patient in order to try to understand his delusional utterances and the double-bookkeeping behavior that he exhibits. As argued in the previous chapter, when trying to understand these phenomena, the broader context of the life in which they occur is crucial for our project of understanding them. It has been well-documented that in schizophrenic patients, a distinct phase consisting of several symptoms precedes the onset of full-blown psychosis. This phase is known as the prodromal phase of schizophrenia. Here we will find symptoms and behavior that are particular to schizophrenic patients, yet which do not meet the diagnostic criteria for psychosis. It is only in full-blown psychosis following this prodromal phase that we find schizophrenic delusions. Yet in trying to understand double-bookkeeping delusions, we will not be looking at them as isolated phenomena, but as taking place in a particular life that gives the displayed behavior its significance. The aspects of this life that we will be looking at are those that are particular to delusional patients. These show in what sense these lives are different from lives that do not exhibit delusions. As argued in the previous chapter, the claim is that these differences are relevant, crucial even, in trying to make sense of the delusional phenomena. In particular, taking into account this phase prior to delusion proper will help us to make sense of the puzzling phenomenon of double-bookkeeping. This will be the first step of the anthropological approach towards dissolving the puzzle: putting it back into the context of the characteristic life it occurs in. As such this chapter provides the groundwork that is required for the main aim of this thesis. Aside from that, the prodromal phase poses some rather puzzling phenomena of its own, that call for understanding.

The most frequent symptoms of the prodromal phase of schizophrenia are described in Amminger *et al* (2005):

"(...) sleep disturbance, anxiety and irritability, occurring in 100%, 86% and 86% of individuals, respectively. Other common symptoms were deterioration in role functioning (76%), depressed mood (76%), social withdrawal (71%), poor concentration (71%), suspiciousness (71%), loss of motivation (68%), perceptual disturbances (62%), motor changes (62%) and weight loss (57%). A sense of confusion, perplexity and bewilderment was described in 50% of individuals as a late phenomenon, occurring just prior

to frank psychosis. Obsessive- compulsive symptoms occurred in 19%.”<sup>1</sup>

Other symptoms that have been documented include poor social cognition or theory of mind, deficits in social perception and social knowledge, and emotion processing deficits in expression and recognition of facial and prosodic affect.<sup>2</sup>

This is a great variety of symptoms, the causes of which may be just as diverse. In trying to make sense of delusional phenomena, however, we are not concerned with these causes. We are trying to understand, rather than explain. Once we have attained an understanding of the symptoms that occur in the prodromal phase, this understanding can provide a context in light of which we can attempt to understand the delusional phase. Hence, the aim of the current chapter is to make sense of this prodromal phase. The question becomes, then, how we can find the meaningful connections between the symptoms of the prodromal phase. Seeing how these symptoms are meaningfully related may allow us to view the subsequent delusional phenomena as meaningful reactions to the distinct character the patient’s life has taken on. The proposal is to consider the symptoms of the prodromal phase from the perspective of the patient’s engagement in the form of life that he belongs to. Such a perspective, we will see, allows us to view the various symptoms as fitting a shared pattern. It is in virtue of them fitting this pattern that we can meaningfully connect them, which amounts to an understanding of these symptoms. The pattern, it is claimed, is that of a radical withdrawal from one’s form of life.

## 2.2 The Doorway to Psychosis: Delusional Mood

The symptoms occurring in the prodromal phase show somewhat of a progression towards psychosis. Whereas most of them are recorded up to several years before the onset of full-blown psychosis, McGorry is clear that the ‘a sense of confusion, perplexity and bewilderment’ is observed only just prior to the psychotic phase. It thus may seem that these feelings constitute a distinct phase of the progression towards psychosis. Such a phase has not gone unnoticed by other authors. These experiences are sometimes also grouped together under the name of delusional atmosphere or delusional mood, as Karl Jaspers describes it:

“Patients feel uncanny and that there is something suspicious afoot. Everything gets a new meaning. The environment is somehow different – not to a gross degree – perception is unaltered in itself but there is some change which envelops everything with a subtle, pervasive and strangely uncertain light. A living-room which formerly was felt as neutral or friendly now becomes dominated by some indefinable atmosphere. Something seems in the air which the patient cannot account for, a distrustful, uncomfortable, uncanny tension invades him.”<sup>3</sup>

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<sup>1</sup>Amminger et al (2005), p. 4

<sup>2</sup>Broome et al (2013),

<sup>3</sup>quoted in Ratcliffe (2013), p. 4

It is clear that what Jaspers describes here is a change in the perceived significance of the world. And although Jaspers speaks of everything getting a new meaning, it should be noted that this meaning seems not quite of the same kind as the ordinary meanings: for it is characterized by uncertainty, indefinability and tension. Whereas we typically grasp the meaning of our environment immediately, unreflectively and with certainty, the meaning of the environment now seems to have become an issue for the patient. The pressing nature and the indefinability of these experiences may make it more apt to say that there has arisen a question of meaning, rather than that ordinary meaning has been replaced by alternative meaning. The latter would consist of the patient simply coping with the world smoothly but in an alternative way. What we see, however, is a loss of orientation in the world, not so much a new orientation. Such a reading is supported by the reports of Renee, a schizophrenic girl:

“When...I looked at a chair or a jug I thought not of their use or function...but having lost their names, their functions and meaning; they became things and began to take on life, to exist.”<sup>4</sup>

It should be noticed that Renee is speaking of a loss of practical significance of the objects in her environment. The objects she encounters do not so much take on new functions and uses, the new meaning they are perceived to take on is rather one of a different kind. The objects seem to have lost any practical significance, it is not that their ordinary practical significance has been replaced by a new, abnormal practical significance. When Renee speaks of the objects beginning to take on life, we may interpret that in this way: the objects are no longer mere tools or instruments for her, instead, them taking on life suggests the experience of a loss of a sense of control one typically has over these objects. Such consists of the objects no longer affording actions they used to, amounting to the experience of quite an alien world:

“All seemed ever more unreal to me, like a foreign country... Then it occurred to me that this was not my former environment any more. Somebody could have set this up for me as a scenery. Or else someone could be projecting a television show for me... Then I felt the walls and checked if there was really a surface.”<sup>5</sup>

The metaphor of a foreign country points out nicely that patients have lost their orientation in the world. They feel unable to go about smoothly, neither in ordinary nor in alternative ways. In this brief report we also see how the patient progresses from the uncanny feeling of unreality to a delusion-like attitude towards her experience. While the objects in his surroundings keep their physical appearance, and remain identifiable accordingly, the loss of their practical significance makes them appear somewhat different. They seem to look the same in one sense, yet different in another sense. This is because they have lost their ordinary meanings. In the case

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<sup>4</sup>Sechehaye (1970), p. 40

<sup>5</sup>quoted in Fuchs (2005), p. 136

of negative symptoms such as loss of motivation, objects tend to have a decreased salience. In the case of delusional atmosphere, however, the objects seem to have lost their ordinary significance altogether.

Since, like Jaspers says, perception is unaltered in delusional atmosphere, the objects still appear physically the same. Yet because something has changed, the meaning of these objects, they cannot be the same objects that one ordinarily encounters. The patient concludes they must be replicas or, in the case of people, impostors. Patients often speak of feeling that everything is set up as on the stage of a theatre, a movie-set, or as a test.<sup>6</sup> What is lost here is a sense of reality of the objects one encounters.

How one progresses from the loss of practical significance to the loss of a sense of reality can be explicated in the following way, taken from Ratcliffe (2013). Ordinarily, an object affords possibilities for acting upon it, for looking at it from a different angle and accordingly, it offers us an experience of a backside while we are only able to see a frontside. With Husserl, we can say that experience has an anticipatory structure to it. We anticipate a backside, and this anticipation is rooted in our ability to look at it from another angle. According to Husserl, such an anticipatory structure of the experience of objects constitutes not only how they are but also that they are in the first place, it constitutes their reality. Normally, we anticipate the possibilities that an object offers with certainty, which makes for perception to occur fluently (there may be occasional surprises but only against the backdrop of confident anticipation of possibilities that are becoming actualized). This certainty of anticipating possibilities that objects offer, is grounded in the 'practice of living', or, as we like to coin it, in our form of life.<sup>7</sup>

Now if one no longer acts in accordance with a form of life, one loses this certainty with which possibilities are anticipated. Accordingly, our anticipations of possibilities are no longer restricted by our habitual confidence, there is, so to speak, an open anticipation. One no longer anticipates this or that, but one barely anticipates. Thus, simultaneously, objects lose their familiarity and thereby their sense of reality, and a sense of unarticulated expectation arises. This is the uncanny tension that Jaspers talks about, the feeling that something is in the air is the undetermined anticipation. While normally this anticipation is confidently restricted to possibilities constrained by the practices of our form of life, it now is unrestricted and hence undefined. What is perceived has lost the sense of reality, the sense that it is, and an overall tension and suspiciousness is the other side of the coin of this phenomenon.

Louis Sass (1994) offers another account of the unusual, ineffable significance that the world takes on in the phase of delusional mood. According to him, when we gaze at something for long enough, we are inclined to say that it comes across in a particular way, or in a typical way. Such thinking, however, risks taking the experience to be a token of a certain type of experiences. It suggests that it resembles a prototype, or exemplifies a class of experiences. Yet there need not be such an original that is mimicked in this experience. In such cases, the particularity of the experience consists of its idiosyncrasy, not of its being representative of something else. Yet,

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<sup>6</sup>Mishara (2010), p. 10

<sup>7</sup>Ratcliffe(2013), p. 13/14

Sass maintains, in concentrated reflection on one's experience, such a confusion easily occurs. The idea he takes from Wittgenstein, is that there are two uses of the term 'particular': sometimes we use it to distinguish between type and token. For example, we may say that 'a cow produces milk, whereas a particular cow may not'. The other use of the term, is to express the feeling of being struck. Such that we may say: 'the man had a (very) particular face'. This is to express the sensation of being struck by the impression the face made on us. Sass proposes that a confusion between the two uses can give rise to the ineffable sense of significance that occurs in delusional mood. One has the experience of being struck, and is inclined to express oneself with the second use of the term: 'what a particular experience!'. However, the two uses of the term can be confused, and give rise to an illusion. Accordingly, Sass proposes, the patient takes the first use of 'particular' to obtain – resulting in the illusion that whatever the patient is experiencing is a token, suggestive of a type. One takes the experience to be exemplifying something else, thus a doubling effect occurs. Such is how one experiences the world as 'pregnant' with ineffable meaning. According to Sass this occurs especially when one is reflecting upon experience, disengaged from the stream of life. Now such is exactly the situation we came to describe the prodromal patient as being in. With the loss of practical significance of one's environment, the world surrounding the patient may no longer command his attention. Attention thus may turn 'inward' and the subject may engage in a continuous 'staring at' or reflection upon his experiences. If Sass is right, this will lead to the illusion of the experience being representative of something inarticulate. This may induce several 'doubling' feelings: a sense of experience being the exemplification of a plan, a sense of things being copies, a sense of the perceived world being a mere shadow of reality. Hence a sense of unreality may result from this doubling.<sup>8</sup>

What we find, then, is that that in the pre-psychotic phase of delusional mood a loss of practical significance is experienced by the patient. Instead of perceiving the ordinary significance of the world, it is rather perceived as unreal. We have unpacked this sense of unreality in two different ways. First, according to Ratcliffe, it is the very loss of practical significance of which this sense of unreality consists. Sass, on the other hand, may be taken to introduce a slightly more complicated account of this experience. He specifies the experience of unreality as the experience of a 'doubling' of the world and the objects in it, where things appear as representations, without it being clear what they are representative of. Such is how Sass understands the reported feelings of ineffable meaning. For Sass, it seems that passivity and reflection is a precondition for these experiences of unreality. It is not hard to see how these two accounts can complement each other. For it should not come as a surprise that as the external world loses practical significance to a subject, one's attention may no longer be directed outwards, but turns rather inwards instead, resulting in extended reflection on one's experiences.<sup>9</sup>

It thus seems that the loss of practical significance is at the heart of the phenomena that are reported during delusional mood. How then can we

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<sup>8</sup>Sass (1994), p. 99-104

<sup>9</sup>This connects to an often used concept in phenomenological psychopathology: the concept of hyperreflexivity.

understand this loss? With Ratcliffe, relying on Husserl, we already saw that the anticipation of possibilities for action is constrained by a habitual confidence in practice. Now we will turn to Wittgenstein's notion of a form of life to further unpack the preconditions for practical significance, such that we can understand what is happening when such is lost.

### 2.3 Wittgenstein on 'a Form of Life'

The notion of a 'form of life' occurs only very rarely in the later Wittgenstein's writings – four times in the *Philosophical Investigations*, and just once in *On Certainty*. It can nevertheless be thought to be quite crucial in understanding some of the main insights that are presented in these works. In the *Investigations*, the notion first occurs in a comment on the language game of the builders:

"It is easy to imagine a language consisting only of orders and reports in battle.—Or a language consisting only of questions and expressions for answering yes and no. And innumerable others.— And to imagine a language means to imagine a form of life."<sup>10</sup>

One way to understand why imagining a language is to imagine a form of life is the following. A language may be quite uncontroversially thought to consist of meaningful signs. Given such a conception of language the question of where this meaning comes from or what it consists of presents itself, and has been the target of much of what we call the philosophy of language. Although we often use language to describe things in the world, the later Wittgenstein points out that language is used in many more ways. Considering other ways in which language can be used opens up a new conception of meaning, and a new way of accounting for meaning. One example of that is introduced early in the *Investigations* that shows that language can be used in many ways is that of a builder ordering a co-worker to bring him a slab. The co-worker's understanding of the meaning of the order consists of him obeying it by acting upon it. Hence, at least some ways in which we use language can be understood to be closely interwoven with action – whereas a mere descriptive conception of language may seem to suggest otherwise. Thus in order to get a grip on what meaning consists of, Wittgenstein considers language in the context of actions. Words and the actions following them taken into consideration together, is what Wittgenstein calls a language game:

"I shall also call the whole, consisting of language and the actions into which it is woven, the 'language-game'."<sup>11</sup>

The conception of language as a game of words and actions has several implications, of which we will only discuss the rule-governed character of language. Games are constituted by rules and to make a meaningful move in a game is to follow one of such rules. Within a game of chess it makes no sense to pick up a piece and lay it on its side. This is not a move

<sup>10</sup>Wittgenstein (1958), 19

<sup>11</sup>Wittgenstein (1958), 7

that is allowed by the rules that constitute chess. Such it is with language. Grammatical rules constitute what it makes sense to say within a particular context. Digging deeper into the question of what makes meaningful expression possible, one is led to the question of how to follow a rule. The upshot of Wittgenstein's rule-following considerations in the *Philosophical Investigations* is that such rule-following bottoms out in unreflectively going along with practices of using signs.<sup>12</sup> Thus, to imagine a language, conceived of as games, implies to imagine regular ways of unreflectively going about: customs and habits. Such ways of acting make up a form of life.

From Wittgenstein's analysis in *On Certainty* we can see what the withdrawal from or rejection of a form of life consists of. For it is the practices that make up this form of life that we typically take for granted. We unthinkingly act according to practices we are socialized into. In such confident habitual action the attitude of certainty manifests itself. This attitude of certainty here means that we do not question these practices but act unreflectively and confidently according to them. It is when we begin to doubt the correctness of such practices that we lose the ability to act according to them. That is, if we would genuinely doubt these practices, we couldn't act according to them at all. Here a genuine doubt should be distinguished from a mere reflection or theoretical consideration. A genuine doubt in action, amounts to not going along with the practice anymore. Such a doubt, Wittgenstein writes, is only conceivable in madness:

"(...) N. N. cannot be mistaken about his having flown from America to England a few days ago. Only if he is mad can he take anything else to be possible."<sup>13</sup>

The doubt in question here is to be distinguished from mere consideration – if only for the fact that both Wittgenstein as the writer and we, as readers, are considering such a possibility. But this is not yet to actually doubt whether N. N. has made the trip. A real doubt that calls into question a practice, a doubt that looks for further justifications for it, will have paralyzing effects.

Wittgenstein's notions of a form of life and the 'bedrock' of certainties are strongly interrelated. This is because, although Wittgenstein starts out to conceive of certainties as particular propositions that stand fast for us, ultimately, the bedrock of certainties bottoms out in habitual ways of acting. Giving grounds, he maintains, comes to an end at some point:

"As if giving grounds did not come to an end sometime. But the end is not an ungrounded presupposition: it is an ungrounded way of acting."<sup>14</sup>

"Why do I not satisfy myself that I have two feet when I want to get up from a chair? There is no why. I simply don't. This is how I act."<sup>15</sup>

<sup>12</sup>Wittgenstein (1958), notably 198-202

<sup>13</sup>Wittgenstein (1974), 674

<sup>14</sup>Wittgenstein (1974), 110

<sup>15</sup>Wittgenstein (1974), 148

Now, the proposal is that the prodromal phase of schizophrenia can be understood as a withdrawal from the form of life the subject in question participates in. That is to say, the proposal is that the subject no longer takes for granted these ungrounded ways of acting. When taking into account the considerations of Wittgenstein in *On Certainty*, we should come to find that following such a withdrawal from a form of life, doubts may be cast on the certainties that corresponds to these habitual ways of acting. Thus, taking the example from the quote above, we typically take for granted that we have two feet when we want to get up from a chair. Such a certainty consists of unreflectively acting as one does. These habitual ways of acting leave no room for doubting this certainty, and a genuine doubt, one that has practical consequences, undermines such habitual ways of acting.

In order to make the claim that this is a fruitful way of understanding the prodromal phase of schizophrenia, we will thus have to look for signs of the two moments of a vicious circle. It is the vicious circle of doubting certainties and withdrawing from the practices that enact them. If one no longer takes for granted the habitual ways of acting, the certainties that show themselves in these actions are no longer self-evident and become open to doubt. If one no longer trusts certainties, one will not be moved to act according to them. So the two moments are mutually reinforcing and constitute a vicious circle when things go wrong with either of them.

Such a proposal can make sense of the loss of practical significance that we have seen occurring in the prodromal phase. After all, we saw that taking for granted customs, habits and practices allows for practical significance. Thus if the attitude towards such practices, the attitude towards the grammatical rules shifts from unreflective certainty to reflective awareness, or even doubt, one should not be surprised to find a loss of practical significance.

## 2.4 The Loss of Certainty

It should be noted that in schizophrenia, the withdrawal from a form of life is sometimes deliberate. An explicit disdain towards the rules of the game, or 'mere conventions', is sometimes expressed in which we can see how the certainty of practice is not sufficient for such patients. This is not merely a passive loss of certainty that happens to the patient. There is also an active undertaking of doubting ordinary certainties, and some patients take comfort or pride in this: "My aversion to common sense is stronger than my instinct to survive"<sup>16</sup>

In Wittgenstein's writings, the topic of certainty without justification first showed up in his rule-following considerations in the context of meaningful language. It is therefore interesting to see how symptoms that pertain to idiosyncratic speech-behavior can be conceived. For it is the question of the meaning of our words that first led Wittgenstein to the tacit rules that are enacted in the practices that make up our form of life. His rule-following considerations led him to the conclusion that meaning is not founded on a propositional know-that, but rather on a practical know-how that is enacted in everyday practice. Such is part of our form of life, and one can easily understand that if one is to lose touch with it, the tacit rules

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<sup>16</sup>Stanghellini (2004), p. 100

we follow in our meaningfully using language will no longer be available. From the perspective we are taking, then, we see the loss of the ability to speak fluently as a loss of the certainty of the meaning of our words. The pre-morbid schizophrenic loses the tacit understanding of language and this does not go without effects on his speech. This is supported by how patients describe their relation to language:

“... I cannot concentrate, I cannot even make notes on the books I read, or I do extract a synthetic pattern that is schematic but incomprehensible... If I look back at those schemes to study I do not find the meaning of my schematization, I do not understand it and I just stare at the words and go further and further: I read but I do not reach the meaning, I cannot grasp it...”<sup>17</sup>

This patient clearly describes how the words she reads fail to have meaning for her. She aptly says that she cannot grasp the meaning, she lacks the practical capability on which the meaning of words is founded. In Wittgenstein's terms, a competent language-user does typically not have to establish the meaning of words through some procedure of rules. Thus, one does not have to 'go further and further', as the patient above tries, but one rather instantaneously grasps their meaning with certainty. The meaning of our words is typically taken for granted by healthy subjects, and it wouldn't make sense to them to question it. Not so for schizophrenics: “I don't understand why this has to be called a table, and if the sun's out we have to say it's a nice day”.<sup>18</sup> Where for ordinary people, their spade is turned on bedrock certainty, the schizophrenic goes on to ask for further reasons for the meaning of words. Hence, what is ordinarily certain is not so anymore. The meaning of words is no longer certain, for what are the reasons for them meaning what they do? Normally we would say, this is how we use them, and as being competent participants in the practice of using language, we are absolutely certain of the meaning of our words – without the need for justification. Yet the schizophrenic quoted above goes further, he doubts whether the words should mean what they do and finds a lack of justification for them doing so. Typically, such a lack of trust in the meaning of ordinary language is accompanied by the search for a more precise language:

“It started, [the patient] explains, when he began to analyse all words, which made not only the meaning of the words, but "every meaning float until nothing made sense". He felt apathetic and distanced from the world and others— "as if I was living enclosed in glass case or bubble". For years, he has been living inside this bubble and regularly it gets, as he puts it, "so foggy that I lose contact with the outside world". In these situations, he is unable to communicate with others, but more generally he also finds that his native language isn't sufficiently precise to express his experiences, and he therefore considers learning Latin, because he was told that it is the most precise language in the world.”<sup>19</sup>

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<sup>17</sup>Raballo (2012), p. 303/304

<sup>18</sup>Stanghellini (2007), p. 137

<sup>19</sup>Raballo (2012), p. 304

This patient also describes that, during his prodromal phase, he started to inquire into the meaning of words. He thus started to reflect on what is typically taken for granted with certainty. Such undermines there being meaning to the words at all, and thus, the patient feels the need for a different language that does allow him to express his experiences.

Such a shift in attitude towards ordinary certainties can also account for the fact that in some cases, obsessive compulsive symptoms arise in the prodromal phase of schizophrenia. It has been argued that compulsive behavior is a reaction to a loss of ordinary certainty, albeit an unsuccessful and undermining reaction. The patient has lost his trust in the certainties that are enacted in his form of life, and therefore withdraws from it. The compulsive behavior can be seen as an attempt to cling on to his world-picture. For this behavior tries to account for the certainty in an alternative manner than by means of a trusting attitude. Instead, rigorous justification is sought for:

“Suppose one worries whether one could get diseases from sitting on a toilet. Many people would not even consider this possibility, but suppose one does, one could look for information on the internet, or more reliably, ask an expert. Some patients indeed search for assurance in this way. But if it helps at all, it will not last. For who knows, the expert may be wrong. Experts may disagree: whom to trust? Even of so-called facts, commonly accepted pieces of knowledge, one cannot be entirely sure, for even these facts may need revision once in a while. Even scientific facts are only true within a particular paradigm. What patients suffering from OCD lack is not so much knowledge, but trust. Knowing the facts does not suffice: one still needs to surrender to them in daily life.”<sup>20</sup>

Thus the habit of taking his keys with him when leaving the house is no longer sufficient for his certainty of having them on him when outside. Thus the patient compulsively keeps checking his pockets for his keys, trying to find factual evidence in order to obtain the certainty that his keys are on him. Now checking once might seem enough to obtain the certainty that he indeed has got his keys in his pockets, such that he can leave the house. Yet if the method of obtaining the evidence is itself not certain – this evidence will not do. Thus the patient has to check again to check whether the keys, like his first attempt for justification suggested, are indeed in his pocket. And so on. Such pervasive doubt may eventually prevent the patient to do what he set out to do in the first place. It is the repetition of checking the pockets that makes clear that an objective certainty is doubted here. For we all may or may not know whether we took our keys with us already or not, but he who is compulsive does perfectly remember checking the previous time and finding it was there. He just has to check again, in order to make sure. What is enacted here is a doubt pertaining to the method of checking. Clearly, the first check wasn't reliable so the patient has to perform another one. But since it is the same procedure, it will suffer the same fate and the patient has to check yet another time. It is clear that as long as this method isn't trusted, the patient will never obtain the certainty

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<sup>20</sup>de Haan *et al* (2010), p. 10

that he seeks. The lack of everyday certainty also shows up in the following report:

“What is it that I am missing? It is something so small, but strange, it is something so important. It is impossible to live without it. I find that I no longer have footing in the world. I have lost a hold in regard to the simplest, everyday things. It seems that I lack a natural understanding for what is matter of course and obvious to others. Every person knows how to behave, to take a direction, or to think something specific. The person’s taking action, humanity, ability to socialize... all these involve rules that the person follows. I am not able to recognize what these rules are. I am missing the basics...It just does not work for me...Each thing builds on the next...I don’t know what to call this...It is not knowledge...Every child knows these things! It is the kind of thing you just get naturally.”<sup>21</sup>

What is first of all striking is how this patient describes lacking that which is obvious to other people, what has the status of certainty for them. The patient recognizes that it is the rules of the game she does not grasp. Her report even echoes the Wittgensteinian insight that the ability to follow these rules is not a kind of knowledge, or knowing-that. She does not, however, express any form of disdain towards the rules of the game. In fact, she recognizes the importance of them, and perceives her inability to follow the rules as a loss, as something that has gone missing. Thus it seems that in this case, the loss of certitude towards the rules of her form of life has come about rather passively, beyond her control. The loss of certainty towards common certainties of a world-picture is also reported by the famous paranoid schizophrenic Daniel Paul Schreber, in his *Memoirs*:

“I meet a person I know by the name of Schneider. Seeing him the thought arises ‘This man’s name is Schneider’ or ‘This is Mr. Schneider.’ With it ‘But why’ or ‘Why because’ also resounds in my nerves...This very peculiar question ‘why’ occupies my nerves automatically...My nerves perhaps answer first: Well, the man’s name is Schneider because his father was also called Schneider. But this trivial answer does not really pacify my nerves. Another chain of thought starts about why giving of names was introduced at all among people, its various forms among different peoples at different times, and the various circumstances... which gave rise to them.”<sup>22</sup>

Schreber no longer believes in ‘this man’s name is Schneider’ with the unfounded yet absolute certainty that one would have if one would know Schneider well. Instead, Schreber looks for further justifications for the man’s name being Schneider. Moreover, no justification will do, for Schreber’s mind keeps asking and asking for further justifications, for justifications of justifications, and so on. Such a repeatedly questioning of ordinary

<sup>21</sup>Blankenburg & Mishara (2001), p. 307/308

<sup>22</sup>Schreber (1988), p. 180

certainties may lead patients to study more and more abstract and foundational topics such as philosophy, mathematics and physics.<sup>23</sup> Such endeavours may temporarily bring a relief to the patients worries, yet if the doubt persists it will extend to the rules of these games as well. This is what Wittgenstein would call 'a doubt without an end', and that, according to him, is not a legitimate doubt. The consequences of such radical doubts, Wittgenstein thinks, are severe:

"But what could make me doubt whether this person here is N. N., whom I have known for years? Here a doubt would seem to drag everything with it and plunge it into chaos."<sup>24</sup>

If this isn't even certain, then what can possibly be? If one seriously doubts an everyday certainty, all other certainties can possibly go with it. The chaos that Wittgenstein here talks about, is that of losing the ground on which one discriminates between true and false to begin with. We can get an idea of what such a radical doubt that drags everything with it can amount to, if we look at a report of a catatonic patient:

"We moved to the patient's bedside. The patient had to confine himself to his bed; he was no longer able to perform any of the essential daily actions. He felt paralyzed. The rigidity of his stupor had taken control over him. His hands could no longer grasp, for who was it that gave them the right to take things? His feet could no longer walk, for who could ensure ground for their steps? His eyes could no longer look, for who could prove to him that no dream was fooling them? The same was true for his ears that could no longer listen, for was it really worthwhile to pull something out of the void?"<sup>25</sup>

When radical doubt touches upon the most universal of certainties, those that most people share about the external world, one loses one's ground to act at all. Thus what results is an 'enacted' radical scepticism, and we clearly see how such a radical doubt of a world-picture leads to a total withdrawal from the form of life the patient used to participate in. The complete inactivity of catatonic patients amounts to just such a withdrawal from their form of life.

One should note that so far, we have systematically been talking about either a 'withdrawal from' or a 'rejection of' a form of life that expresses the kind of doubts discussed above. This is because it is not so clear that the process of losing touch with the shared form of life is a process the patient merely passively undergoes. While we saw that Schreber felt that his doubts were compulsive, beyond his control, the catatonic patient above may very well have come to his conclusions by deliberate (quasi)philosophical considerations. It is not uncommon that ordinary certainties are actively examined, doubted and rejected in the prodromal phase of schizophrenia. Stanghellini (2000) reports stories of patients who show just this, an active and deliberate doubt towards a common world-picture:

<sup>23</sup>Blankenburg & Mishara (2001), p. 306

<sup>24</sup>Wittgenstein (1974), 613

<sup>25</sup>Stanghellini (2000), p. 783

"V.V. is a 22-year-old university student of the humanities. She plans to get rid of what she herself calls "heteronomia" (i.e., depending on the rules established by others). She has recently started a course on Sumerian language: "Since this was the first written language, I think that in it are expressed parts of the mind that were working by that age and are silent at present." Exploring parts of the human mind that were active once, and are no longer active now, could help her find that original and eccentric view on the human condition that she is looking for. Her personal fight against the rules established by others results in solitude and a highly intellectualized style of living."<sup>26</sup>

We see in this patient a deliberate effort to distance herself from ordinary practice. It also becomes clear that she highly values the original and eccentric over the merely conventional. So the withdrawal from the ordinary form of life may be a deliberate rejection motivated by a high evaluation of eccentricity. The questioning of ordinary bedrock certainties, then, is sometimes also an activity the prodromal schizophrenic deliberately engages in.<sup>27</sup>

## 2.5 Form of Life and Affordances

Subjects that will later develop schizophrenia pre-morbidly typically quit their jobs, their studies, and they isolate themselves from friends and family. Such behaviour is often distinguished in terms of 'impairment in role-functioning' and 'marked withdrawal', in the list of prodromal symptoms given by McGorry et al, these are grouped together under the heading of 'social withdrawal'. It is quite clear that these types of behaviour can be seen as somewhat minor or partial forms of withdrawal or rejection from the typical form of life. Yet a radical social withdrawal, a withdrawal from the form of life in general can capture the other symptoms of prodromal schizophrenia as well. We can see easily that it is our form of life that determines what roles one can play in the first place. This is because of the practices that constitute our form of life, social roles are just a subset. Social interaction with friends and family may not easily be called playing a social role, yet it is a practice that is constitutive of what can be called the human form of life. It might seem that introducing the notion of a withdrawal from a form of life does nothing but grouping together the several distinctly social deficits that occur in the prodromal phase. But the notion of a form of life as it figures in Wittgenstein's writings allows for a perspective that helps us to understand the other prominent symptoms as well. With the introduction of this perspective, we can fit the other symptoms in a general pattern.

In order to see how the notion of (dis)engagement with the form of life will elucidate apparently distinct symptoms we will have to pause for a moment and discuss the notion of affordances. This is a relational notion that was introduced by ecological psychologist Gibson (1979). It is used to describe that the world as an organism experiences it in terms of possibilities

<sup>26</sup>Stanghellini (2000), p. 778

<sup>27</sup>See also Sass (2007), p. 407

for action. These are relative to the organism's concerns and capabilities. Concerns may vary from time to time and from individual to individual, e.g., I might be hungry now whereas my neighbour is not. This influences how the world shows up in our respective experience of it. It influences the salience of items within this world according to these concerns. Thus, whenever I am hungry, foods will become more salient for me than when I am not. Clearly though, even when hungry, to eat is not the only possibility for action, yet certainly a relevant one. Accordingly, it will be useful to notice that while many different affordances may be perceived by the organism, only some are relevant affordances. Precisely which possibilities for action are relevant, depends on the organism's concerns.

Whereas an individual's concerns influence which affordances will be experienced as relevant, his capabilities determine what possibilities for action there are in the first place. Again, some of these may be particular to the individual, but an individual will have many abilities in virtue of belonging to a particular form of life. Also, some of these may be innate while others are learned through socialization into a practice. Thus one's physical constitution affords grasping only items that are within reach. Hence these items can be said to afford grasping, whereas items that are further away do not afford grasping, and thus do not show up as affording this action. Of course, the surface between the agent and the item that is further away may afford moving closer towards that item, in which case the item will become within the agent's reach and will afford to be grasped.

Moving about and satisfying one's appetite may be seen as quite natural abilities and concerns, yet we can see how culturally acquired skills also influence how the world is experienced by an agent. For instance, to an agent who is trained in the practice of mathematics, a mathematical proposition on a sheet of paper may afford certain deductions to be made. Yet to someone not initiated in this practice, the formula will not afford mathematical operations at all – it will show up as a perplexing string of signs that does not afford the rule-governed actions particular to the practice of mathematics. Here we see how the skills that are culturally acquired by initiation into a practice also influence what kind of action the experiential world affords.

We will follow de Haan et al (2013) in distinguishing between a landscape of affordances and a field of affordances. The former is meant to describe the world as it affords actions to a particular form of life, dependent on the abilities peculiar to that form of life. This is to be distinguished from a field of affordances, which is a description of the world as experienced by an individual agent in a specific situation. This field of affordances will thus be agent-specific, being colored by the particular capabilities of the individual agent. This field of affordances is to be seen as a subset of the landscape of affordances (the set of relevant affordances, in turn, is a subset of the field of affordances an agent experiences). Thus while for the average member of a form of life, some surface may afford walking on it, to the individual agent who may have an impaired ability to walk, it will not afford doing so.

With this conception of affordances in place, our perspective of a retreat from or rejection of the form of life one belongs to can make sense of some experiential changes that are documented in the prodromal phase of schizophrenia. We can see this when we look at a prominent prodromal

symptom, the loss of motivation. It might be argued that this is prior to the two symptoms we discussed earlier: for if one lacks interest and initiative, one will engage less with others and will no longer perform social roles.

We can now see this in a different way though. For to act unreflectively is to go along with practices we typically take for granted. To take for granted such practices, enables one to act unreflectively. Accordingly, the loss of certainty, this change of attitude towards these practices that we have been describing, impairs one's ability to act unreflectively. As we saw, these abilities structure one's field of affordances. Motivation, in turn, can be seen as the responsiveness to such affordances: one will be motivated to act only upon something that affords doing so. For if one's field of affordances no longer affords some action – one will naturally no longer be moved to act in that particular way. Now, in case one no longer takes for granted the practices of the form of life, the ability to act smoothly will be impaired, this results in perceiving less affordances, and thus one will be barely moved to act upon the world at all. This can be perceived as a lack of motivation or a lack of interest, but the suggestion here is that it is the impaired abilities of the person in question, rather than a lack of concern, that makes one less responsive to the world.

This suggestion may become more clear when we look at another symptom of the prodromal phase, that of a 'loss of concentration'. For a loss in being able to concentrate can also be described as a loss of salience of whatever one is trying to concentrate on. Yet, we may ask, is it the ability to concentrate that is compromised, or is it no longer of any concern to the agent to do so. The latter is to say that the agent could readily concentrate if needed. In other words, objects show up as affording concentration within the field of affordances, but are simply not relevant to the agent's concerns at the moment. This seems not to capture the symptom in question. We saw already a report of a patient wanting and trying to concentrate, yet not succeeding. It may thus rather be the ability to concentrate that is impaired here, such that even when needed, one struggles to concentrate. We can understand this when taking into account that the relevant affordances are a subset of the field of affordances. As said, the latter relies on taking for granted the practices of one's form of life. When one no longer takes for granted the practices that constitute the field of affordances, the structure of this field will change. Therefore it can be hard to concentrate on things. These brief attempts of re-describing prominent symptoms of the prodromal phase of Schizophrenia aim to show that seemingly distinct phenomena can be understood, when taking into account how they relate to the ordinary practices of life.

## 2.6 Conclusion

In this chapter, we have described the symptoms of the prodromal phase and we have seen how these can be understood by the notion of the loss of bedrock-certainty, or its counterpart, disengagement from the habitual ways of acting that make up our form of life. The particular symptoms we have discussed characterize the prodromal phase of schizophrenia, and hence, they characterize the broader context of the lives in which delusions, including double-bookkeeping delusions, take place. Recall that part of

the anthropological approach towards understanding the puzzle of double-bookkeeping behavior is to place it back into this context of the lives in which it occurs. In this chapter we have seen that such lives can be described and understood in terms of a loss of typically taken for granted certainty. Such a description of this context may lead us to a different way of looking at delusion proper. This context, a loss of certainty, opens up space for thinking of delusion in several ways not available to a narrow folk-psychological approach. For one, it eases the way to conceive of delusions as alternative bedrock certainties, conflicting with our ordinary ones. Such a way of looking at delusion has been suggested by some, and we will turn to discuss it in the next chapter.

## Chapter 3

# Other Wittgensteinian Approaches to Delusion

### 3.1 Introduction

In this chapter we will discuss some other Wittgenstein-inspired approaches to understanding delusion. It should be noted that in general, these take a bit of a different approach than the one we have been taking so far. We have been interpreting the prodromal phase and its symptoms on the premise that an understanding of the characteristic life of a schizophrenic patient prior to the onset of psychosis helps to shed light on the delusions that become manifest in this psychotic phase. Other approaches that we will discuss here restrict themselves to the phenomena that occur only in full-blown psychosis. While such an approach differs in methodological assumptions regarding what understanding a patient requires, the conclusions such approaches reach may nevertheless be helpful in making sense of the psychotic patient. In this chapter we will examine how the various interpretations to be discussed match up with the analysis of the prodromal phase of schizophrenia that was put forward in the previous chapter. There, it was argued that this pre-delusional phase can be characterized as a loss of certainty on behalf of the patient. As argued in chapter one, taking into account this context may open up new ways of looking at full-blown delusion - and thus the phenomenon of double-bookkeeping. In this chapter we will explore some accounts of full-blown delusion that conceive of delusions as alterations in the bedrock of certainties. In light of our discussion in the previous chapter, this may seem to be an intelligible way in which the patient transitions into delusion-proper: for alterations in bedrock certainties are only rationally understandable if one has changed his attitude towards the ordinary bedrock.

### 3.2 Diagnosis and Certainty

One account that comes close to the description of the prodromal phase of schizophrenia advanced in the previous chapter has been put forward by Gipps and Rhodes (2008). Their main claim is that delusions will only arise on the basis of disturbances in the bedrock of certainties that can be ascribed to the patient. This will help to answer two questions Gipps and Rhodes are concerned with:

“How do we seem to know so readily that [the patient is] delusional? And how can [the patient himself] be so readily sure in such beliefs?”

Let us focus on the first question first. Gipps & Rhodes emphasize the clinical fact that delusion is typically not hard to diagnose. The diagnostician readily knows he is dealing with a delusional patient, and comes to this conclusion not through a process that the DSM definition may suggest. That is to say, although these reported beliefs are not common in the general population, the diagnostician does not check their prevalence, nor does he estimate this prevalence and infer the delusional character of the reported belief from that. Instead he just knows that the reported belief is delusional. This is not taken to be a shortcoming on behalf of the diagnostician. Instead, Gipps & Rhodes take this to be a significant given of legitimate diagnostic practice, and they try to make explicit how it is possible.

The suggestion they make is that delusions put into question or contradict our bedrock certainties. As such, no further justification is needed to identify delusions. This is because the bedrock of certainties can be seen as a body of rules that constitutes what counts as a sensible belief. To disagree with that amounts to not playing the ‘game’ of reporting reasonable beliefs, which being delusional consists of. If one would doubt or reject these certainties, one effectively rejects this game of reporting sensible beliefs itself. As such, if the patient's words do conflict with these certainties, one can readily say he is not sensible, hence delusional. And there any justification of the diagnosis ends. The question why this delusional belief conflicts with our certainties does not have an answer. For it is simply our way of life that consists of particular certainties standing fast for us – there is no further justification for playing the game like this rather than that. To say that doing so has worked for us in the past may point to a causal explanation, but it does not further our understanding, the justification has come to an end in us acting and speaking like we do.

The claim that delusions conflict with ordinarily taken for granted certainties does match up with the analysis of the prodromal phase that was put forward in the previous chapter. For there it was argued that this pre-psychotic phase can be characterized by a loss of these typically taken for granted certainties. Or rather, the attitude of the patient towards them changed during the prodromal phase. Ordinary certainties are no longer taken for granted in action in this pre-psychotic phase. This helps to make some rational sense of the delusional utterances. Since if these are, like Gipps & Rhodes argue, claims that conflict with our ordinary certainties, we cannot understand the patient as adhering to these certainties as we ordinarily do. Only in a context where at least those certainties the delusion conflicts with no longer stand fast for the patient can it make sense to advance delusional claims that are at odds with them. If there was no disturbance in these certainties on the side of the patient, he would be simply contradicting himself, which would make it hard to coherently understand his behavior. So the argument that Gipps & Rhodes make is that if we want to understand the legitimacy of the unfounded sureness of the diagnostician, we see the delusions as conflicting with our certainties. On top of that, we may add that one can only try to understand a patient making such claims, if one sees a changed attitude towards these certainties. Only

when the patient does not take these certainties for granted anymore can we make sense of him making claims conflicting with them.

The argument made here by Gipps and Rhodes supposes a particular conception of bedrock certainties that we should make explicit here. In *On Certainty*, Wittgenstein uses different ways of characterizing bedrock certainties, many times thinking of them as propositions of some special kind. This may make us think that our attitudes towards bedrock certainties are propositional attitudes like any other beliefs, although they function a bit differently. Namely, they are not open to revision, indubitable and adhered to with the utmost certainty. While these characteristics do pertain to certainties, we will see that as the remarks of *On Certainty* advance – and here it should be noted that the text that we have is very much a work in progress – Wittgenstein comes to articulate quite a different conception of certainties. This different understanding of bedrock certainties hinges on his adherence to a conception of propositionality requiring bipolarity.<sup>1</sup> That is to say, for some sentence to be called a proposition, both its truth and its falsity have to be sensibly conceivable. At the time of the *Tractatus*, such were the only utterances that could technically be said to have sense. The later Wittgenstein maintains the defining link between propositionality and bipolarity, but has a wider conception of what can be said to make sense, including expressive utterances along descriptive ones.<sup>2</sup> Yet there still is a place for technically senseless speech. This includes combinations of words that lack an application other than clarifying language use itself. Such are thought of as expressions of rules of grammar. It is as such that Wittgenstein comes to conceive of utterances of bedrock certainties, like Moore's 'this is a hand' in usual circumstances. The role of such utterances is not descriptive, nor is it expressive of mental states – instead, they have a regulative role, they constitute what it makes sense to say.<sup>3</sup> The turn from a conception of absolutely certain *propositions* to a conception of these sentences as *rules* may already be observed in *On Certainty* sections 94-96. Wittgenstein comes to see the set of certain propositions that form a world-picture as a body of rule-governed activity:

“But I did not get my picture of the world by satisfying myself of its correctness; nor do I have it because I am satisfied of its correctness. No: it is the inherited background against which I distinguish between true and false.”<sup>4</sup>

Because this background plays a constitutive role in enabling one to discriminate between truth and falsity it itself cannot be said to be either true or false. For this background is presupposed when using such terms. This immediately raises problems for a propositional conception of certainties. Because propositionality supposes bipolarity, these phrases to which truth and falsity do not apply cannot be said to be propositions at all. How to conceive of them otherwise? Their constitutive role in the language game of truth and falsity already suggests an alternative: these sentences typically function as rules of grammar:

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<sup>1</sup>Moyal-Sharrock (2004), p. 35

<sup>2</sup>Moyal-Sharrock (2004), p. 46

<sup>3</sup>Moyal-Sharrock (2004), p. 46

<sup>4</sup>Wittgenstein (1974), 94

“(...) And their role is like that of rules of a game; and the game can be learned purely practically without learning any explicit rules.”<sup>5</sup>

This is reminiscent of the rule-following considerations that we discussed earlier: to follow such rules is not to interpret an explicit rule in a right way. Rather, ultimately it comes down to unreflectively acting in accordance with a practice. Such applies to the grammatical rules that are under consideration in *On Certainty* as well:

“(...) As if giving grounds did not come to an end sometime. But the end is not an ungrounded presupposition: it is an ungrounded way of acting.”<sup>6</sup>

It is because our ordinary certainties are rules of grammar that the diagnostician above can so readily diagnose the delusional patient. For as a competent language user, the diagnostician can confidently know what sentences do and do not make sense. We are inclined to think of delusions as false, but by conflicting with our sense-constituting certainties, they are not merely false. They transgress what makes sense. This is why the diagnostician can so readily establish his diagnosis. It is not a matter of truth or falsity here, such that the diagnostician has to check the truth of the patient’s utterance, or to estimate its likeliness, in order to make his diagnosis. The patient is not playing the language game that the diagnostician is a competent participant in, and because the diagnostician knows the constitutive rules of this language game, he readily knows when someone is not playing along.

### 3.3 Alternative Bedrock Certainties

Naomi Eilan (2001) also sees the delusions as conflicting with our ordinary bedrock certainties and places this in context of the pre-psychotic phase of schizophrenia as well. Whereas the prodromal phase is characterized by a loss of certainty, she maintains that when full-blown delusion sets in, the patient swings from doubting ordinarily taken for granted bedrock certainties to explicitly negating them in their delusional utterances. She considers the example of a patient with the Capgras delusion, that is, a patient who maintains that a perceived relative or well-known acquaintance is in fact an impostor. Eilan holds that normally, our statements identifying well-known acquaintances act as bedrock certainties. In normal circumstances, we need not verify the statement ‘this perceived person is that remembered person’ – in normal circumstances being unsure about this identity statement will make others question whether one even grasps the meaning of the memory demonstrative.<sup>7</sup> Only in unusual circumstances, this statement acts as an empirical proposition that can reasonably be doubted or

<sup>5</sup>Wittgenstein (1974), 95

<sup>6</sup>Wittgenstein (1974), 110

<sup>7</sup>She argues that the usual meaning of ‘that (remembered person)’ consists of an array of recollected events, encounters with the person in question and so on. To be unsure about the identity statement, would call into question the patient’s understanding of this memory demonstrative.

negated. But if one does so, one is committed to verify that unusual circumstances obtain. Since the patient does not attempt such verification, he cannot be taken to hold the identity statement to be an empirical proposition. Negating this statement, by claiming that the person he is facing is an impostor, is thus negating what in these circumstances should be taken for granted: a bedrock certainty. Moreover, Eilan suggests that these negations of framework beliefs have the status of new, abnormal framework beliefs themselves:

“The specific suggestion here would be that the claim that the person one perceives is an impostor serves as such a new framework belief. Being a framework belief, it is not itself something that is subject to evidential verification. This in turn explains the absence of point, for the subject, in verifying the negative identity claim, as the latter is a direct consequence of the new framework proposition. It is because it is linked to this new framework proposition, and is therefore not so much as a candidate for verification, that the subject is said to mean something other than what we normally mean in using a memory demonstrative.”<sup>8</sup>

Although Eilan seems to suggest that a new, altered bedrock is now in place for the patient, one can conceive of the change in question slightly differently. For we could also say that it is not so much a new certainty altogether that has been endorsed, but rather that the attitude towards an ordinary certainty has changed. Instead of taking on trust the ordinary certainty, this certainty is now rejected. An attitude of negation has taken the place of the common attitude of acceptance towards the bedrock certainty. As long as we see the certainties as propositions, this may not seem to be that different, for we may very well be inclined to say that to negate P is to accept P. But seen as rules, constitutive of the language game, a difference between these attitudes may become apparent. For to reject such a rule does not yet amount to accept an alternative rule. Not playing a particular game does not necessarily amount to playing a different game, the “not-game”, so to speak. It seems that Eilan conceives of the bedrock certainties in the propositional sense, when she takes the negation of them to constitute alternative certainties.

The flipside of Eilan’s characterization is that whereas the prodromal phase is characterized by a loss of experience of ordinary significance, in the delusional phase new meaning arises. For it is the taken for granted bedrock certainties that are constitutive of meaning, their loss in the prodromal phase coincides with the loss of perceived significance on behalf of the patient. This uncertainty about meaning is resolved in the delusional phase:

“(…) in delusion we have not merely a loss of meaning but, in addition, a shift to new framework propositions, which yields a change in meaning.”<sup>9</sup>

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<sup>8</sup>Eilan (2001), p. 127

<sup>9</sup>Eilan (2001), p. 127

Eilan takes the idea from John Campbell (2001), and Gipps & Rhodes (2008) seemed initially sympathetic towards such an idea, although later reject it (Gipps & Rhodes (2011)). The proposal, aside from accounting for the perceived change in meaning on behalf of the patient, has other strengths when it comes to trying to understand the patient. Notably, it helps us to understand why the patient does not feel the need to verify his delusional claims, as well as the certainty with which he sticks to them. Campbell introduces this approach in response to what he calls an empiricist account of (Capgras and Cotard) delusions. On such an account, an unusual experience of a lack of perceptual affect is taken to be the reason for and cause of endorsing the delusional belief. He dubs his alternative a 'rationalist' approach to delusion and argues that the experience of a lack of perceptual affect in patients with Cotard or Capgras delusion is an effect of such deviant certainties. This is what makes the proposal rationalist: the framework belief determines experience.

Campbell's argument against such an empiricist approach is that on such an account, the patient cannot be said to understand the ordinary meaning of the expressions he uses. This is because, Campbell writes, the patient is not willing to offer the canonical verification of his delusional claims. Campbell attributes to the empiricist the view that grasping the meaning of a proposition is to know its method of verification. Accordingly, the rejection to use canonical means of verification for the delusional claim undermines attributing an understanding of his words to the patient. Since the Capgras patient is taken to endorse a proposition that figures a memory demonstrative that is compared to a perceptual demonstrative, understanding the meaning of such a proposition would amount to being able to verify the mismatch. Yet the patient does not engage into this process of verification, for he does not enquire into memories shared with the acquaintance that is taken to be an imposter – which Campbell takes to be the canonical way of verifying whether the recollected person is the same as the perceived person. If the patient's delusional belief is taken to be a rational response to an unusual experience, we would expect the patient to try and verify his delusional hypothesis.<sup>10</sup> Doing so would likely have him reject it, yet the patient does not even start this process of verification. Hence, Campbell claims, on an empiricist conception of delusion we cannot but take the patient to have an altered understanding of his words. This is because Campbell thinks that in making sense of another agent, we have to attribute maximal rationality to the agent. And here there is a trade off with understanding of the terms used by the patient. For we cannot make sense of a person understanding the terms in a canonical way, but acting wildly irrational, as the empiricist would have it. Rather, in trying to make sense of another, we will adjust the attributed understanding his words in favor of preserving his rationality. Thus, since the patient does not attempt to justify his claims, he has to be taken as understanding them in a different way to preserve this action as a rational one.<sup>11</sup>

As an alternative, Campbell proposes that the delusion functions as a Wittgensteinian framework proposition. This approach is called a rationalist conception of delusion, for it aims to explain the unusual experiences

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<sup>10</sup>Campbell (2001), p. 92

<sup>11</sup>Campbell (2001), p. 90

of the patient – in the case in question a lack of perceptual affect – to be a consequence of a deviant framework belief. This might fit the analysis of the prodromal phase of schizophrenia that was put forward in the previous chapter – for the change in attitude towards ordinary certainties may open up space for endorsing wholly different ones. If, somehow, the belief that the patient's acquaintance is an imposter is 'hardened' to function as an alternative framework belief, in a top-down fashion, it may influence the experience of perceptual affect. As Thornton (2007) remarks, such a proposal looks promising in capturing the nature of delusions. First, delusions, similar to framework beliefs, show extraordinary resistance to objections. Second, both seem to function as requiring no verification. As Campbell puts it,

"(...) they are treated as the background assumptions needed for there to be any testing of the correctness of propositions at all. They are not themselves, in any ordinary way, subject to empirical scrutiny."<sup>12</sup>

Thus, if delusions are assigned this status, it is unsurprising that the delusional patient does not go on to inquire into the memories of the acquaintance, in order to verify his belief that she is an impostor. Rather, the belief that the acquaintance is an impostor is simply assumed and will, for instance, allow for further inquiries into how the impostor is able to recall the same memories while not having a shared experience of them. In such a way, one may see how the delusional framework belief can develop into secondary delusional beliefs, for instance hypotheses about the time when the impostor has taken the place of the real acquaintance.

There are, however, some difficulties with identifying delusions as framework beliefs. One way of identifying certainties is to look at how one acts, for these certainties are typically manifest in action, not in speech. As Thornton argues though, to see action as expressing such framework beliefs presupposes a shared understanding.<sup>13</sup> That is to say, it requires judging similarly and using language similarly to see an action as expressing such a belief. Since this agreement is precisely what is lost between a delusional patient and his interpreter, the grounds for ascribing an abnormal framework belief to the delusional patient in this way are missing.

One can identify one's certainties also by means of examining where one's reason-giving comes to an end. This may look promising, for the delusional patient does indeed not offer further reasons for endorsing the delusion. But to identify a framework belief in this way presupposes sharing it, in order to see how one's reason-giving ends there. Only if one already shares the framework belief as such can it be recognized as an acceptable end of a chain of reasons. Such a method can thus not be used to identify an abnormal framework belief, one that is not shared by the person trying to understand the delusional patient. Here the distinction between certainties as propositions and certainties as rules becomes important. For as we saw in the discussion of Eilan's proposal, it is on a conception of them as propositions that negating these certainties amounts to endorsing their negation. However, given that they minimally also act as rules, this

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<sup>12</sup>Campbell (2001), p. 96/97

<sup>13</sup>Thornton (2007), p. 167

would amount to playing a different, abnormal game altogether, for which the problem of identification arises. However, if we start from the conception of certainties as rules, we see that an attitude of negating them does not necessarily amount to playing a different game altogether – one simply may not play a game at all. This can be identified ‘from the inside’, since we are quite familiar with the rules of our game and thus know when someone is not playing along. Such is how the diagnostician can be so sure of his diagnosis. It is only the stronger claim that one is playing a different, wholly unfamiliar game – the claim stemming from the confusion of certainties with propositions – that runs up against this problem of identification. For, simply put, to identify someone playing a wholly different game, we have to have some grasp of the rules of this different game. Thus, we cannot so much say that the patient endorses an alternative framework, but rather that his attitude towards the ordinary framework has changed from acceptance to negation.

Moreover, it seems that the very idea of a deviant framework-belief, if anything, moves us further away from hoping to understand the contents of delusional utterances. For, as Campbell himself notices, the new meaning that terms gain for the delusional patient on such a conception is incommensurable with the meaning the terms ordinarily have.<sup>14</sup> If so, the very proposal to see delusions as deviant framework beliefs certainly has its limits. However, this may not be a weakness of the proposal. For it is difficult to understand a delusional patient’s words. The fact that delusional utterances do not make much sense to us is precisely what is accounted for by conceiving of them as abnormal framework propositions that alter the meaning of the terms used in them. As Gipps & Rhodes argue, it is this unintelligibility that makes the diagnostician so sure about his diagnosis. If these utterances were to be readily intelligible, the diagnostician would need some criterion to identify them as delusional. If we follow Gipps & Rhodes in their suggestion that it is legitimate practice that such a criterion is not appealed to, then Campbell’s proposal is one way of accounting for this legitimacy. It does help to understand both the certainty with which the patient sticks to his delusional claims, and it also helps us to understand that the patient does not offer acceptable reasons for his claims. We thus may not have access to our usual means of recognizing a framework belief in a delusional utterance, precisely because it conflicts with our ordinary bedrock certainties. In trying to achieve some understanding of the patient, however, we may be persuaded to view delusions as abnormal certainties because of its usefulness in making sense of the patient’s behavior, rather than his words.

### 3.4 A Disturbed Bedrock

The view that we explored so far, that delusions are abnormal certainties that negate the normal ones, has received some criticism as well. Although Gipps & Rhodes (2008) are initially sympathetic to the proposal, in Gipps & Rhodes (2011) they reject Campbell’s proposal. They side with Thornton (2008) in arguing that Campbell’s proposal tries to render intelligible the

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<sup>14</sup>Campbell (2001), p. 98

content of the delusions; doing so would 'fail to do justice to their delusionality'. This is a surprising criticism, for Campbell maintains that the content of delusional utterances, the meaning of the terms used by the patient, is incommensurable with the meaning these terms ordinarily have. Campbell does not seem to offer any translation of this alternative meaning, rendering it intelligible. To claim that this alternative meaning is incommensurable with the ordinary meaning of the terms in question can be taken to underscore, rather than undermine, the unintelligibility of the contents of the delusion for people who do not share it. However, Gipps & Rhodes do claim that what the patient means is:

"(...) just that 'this woman is not my wife,' while [we are] also compelled to acknowledge that this very answer simultaneously puts a strain on our background certainties, which constitute our grasp of the meaning of what is being said. This, however, is just what it means for the belief in question to be a delusion – rather than, say, to be merely a mistake."<sup>15</sup>

Now the only way we can render 'this person is not my wife' to be intelligible is if unusual circumstances obtain, such that it is indeed an empirical matter, and the proposition thus has sense to us. But as Eilan noted, no attempt to verify that such unusual circumstances obtain is being made by the patient. Hence, we have no basis for saying that the patient takes his utterance to be such an empirical proposition. Accordingly, the patient must be taken to hold that normal circumstances obtain. If so, he is denying what acts as a framework belief in such circumstances, which in turn urges us to question whether he understands his words the same way we do. Moreover, because the patient verifies neither the proposition, nor the circumstances that would render it intelligible as an empirical proposition to begin with, it may very well be taken to act as an alternative bedrock certainty for the patient.

Not so according to Gipps & Rhodes (2011), who introduce the idea that delusions are 'doppelgänger' of bedrock certainties. They seem to introduce this notion to point to both similarities and differences between bedrock certainties and delusions. The similarity being that both are taken to be self-evident and thus not in need of justification. However:

"This is not to say that [patients] have altered bedrock beliefs, because what the 'bedrock' simply means is just that set of pre-reflective dispositions that jointly constitute what a sane and reasonable non-mediated understanding of the world consists in."<sup>16</sup>

The issue seems to be whether it is possible to have different pre-reflective dispositions, to which the answer seems to be that per definition, what can be considered bedrock beliefs are only those that constitute a 'sane and reasonable non-mediated understanding of the world'. However, if this is so, how to make sense of Gipps & Rhodes' claim that:

<sup>15</sup>Gipps & Rhodes (2011), p. 94

<sup>16</sup>Gipps & Rhodes (2011), p. 95/96

“delusions are caused by a failure of the Background to adequately inform or constrain the process of belief formation. (...) Delusions (...) will only develop if there has been a suspension or alteration of those background certainties that would normally constrain belief formation within a particular domain.”<sup>17</sup>

The formulation suggests that not only a loss (‘suspension’) of ordinarily taken for granted certainties may be in play, but also an alteration. If such cannot be taken to involve abnormal bedrock certainties, then it is hard to make sense of the contrast with a suspension of these certainties. Be that as it may, what is interesting in the quote above is that the causal terminology suggests that, even if merely a suspension of the background certainties is in play, the delusion itself is suggested to be quite a different phenomenon. If it is the effect of a failure of belief formation, one may think Gipps & Rhodes take it to be just such a belief. Especially since they rule out the option of abnormal bedrock certainties. Their notion of delusional doppelgänger of such certainties may suggest that they do not want to take delusions to be either beliefs or abnormal bedrock certainties. Rather, they may be taken to constitute a kind of their own.

In Gipps & Rhodes (2011) some subtle but significant changes are being made that illuminate some of these issues. Here, they seem to revise their claim that delusions are caused by disturbances in bedrock certainties:

“(...) we will assume an effect to be something distinct from its cause, whereas a manifestation is of a piece with that which it expressively manifests. With this distinction in place, our claim would be that the background theory is best understood as proposing that delusions are manifestations of a disturbed background, rather than effects of it. Our background theory is not a claim of empirical psychology, which would rely on the correlation of independent measures of the background dispositions and foreground propositional attitudes for the making good of a causal explanatory proposal. It is rather a claim of genetic phenomenology which has it that delusions can be understood for what they are once they are seen as manifestations of a disturbed background.”<sup>18</sup>

Now then, it seems that Gipps and Rhodes take delusions to be expressions of a disturbed background, rather than to be quite distinct phenomena that are caused by it. Hence, if one takes seriously their rejection of the notion of an abnormal bedrock certainty, leaving open only the notion of a ‘suspension’ of ordinary bedrock certainties, one idea to understand delusions that comes to mind may be to think of them as expressions of this very suspension of bedrock certainties. What would an expression of such a suspension consist of? One way might of thinking about this may be to consider the notion of doubt in such certainties. In genuine doubt, one may be said to suspend one’s assent.

<sup>17</sup>Gipps & Rhodes (2008), p. 300

<sup>18</sup>Gipps & Rhodes (2011), p. 95

### 3.5 What Attitude Characterizes Delusion-Proper?

To summarize: when we try to make rational sense of delusional patients, it will not help to attribute to them a propositional attitude towards the delusion. For understanding them as taking the delusion to be an empirical proposition would make us expect them to point out unusual circumstances. This is because their utterance is in conflict with ordinary bedrock certainties; such a conflicting utterance may only be taken to be an empirical proposition in unusual circumstances. Yet the patient does not verify that such unusual circumstances obtain.<sup>19</sup> Moreover, if taken as an empirical proposition it becomes puzzling why the patient does not verify this proposition itself as well, and why objections to it are so easily discarded. Thus it does not help us to attribute a propositional attitude to the patient here. Gipps and Rhodes' suggestion of an expression of a disturbance in the bedrock certainty may have some advantages when it comes to understanding the patient. As such, we cannot take the delusional utterance to be an empirical proposition, but rather to be an expression of the change of attitude towards our bedrock certainties.<sup>20</sup> On such a conception, we cannot take the delusional utterance to have its ordinary, 'literal' meaning. As they are conflicting with our bedrock certainties, making rational sense of these utterances can reach as far as expressing 'I am no longer sure' or 'I am no longer certain'. And this might be as far as we can get in making sense of the words of the patient. Yet one should notice that such a conception may help to clarify some other issues. For notice that the puzzling phenomenon of double-bookkeeping may not be so puzzling anymore now. Once we do not take the delusional utterance to express a propositional attitude, and we see that these words cannot quite be taken to express an empirical proposition, the conflict between the words of the patient and his actions may be dissolved. For there is only a conflict if we take these words to report a belief about some state of affairs, that does not match up with one's actions. But since these words conflict with our bedrock certainties, in ordinary circumstances, they cannot be taken to express an empirical proposition. One then may choose to think of them meaningless altogether.

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<sup>19</sup>Notice that these considerations may lead us to think that double-bookkeeping is a much more widespread phenomenon in delusion than may initially be thought. We characterized double-bookkeeping as the failure to act in accordance with the reported (delusional) belief. Granted that these delusional claims typically conflict with ordinary bedrock certainties, 'acting in accordance with the belief', the argument goes, would amount to making sure that unusual circumstances obtain. For example, to claim 'this is not a hand' can only be taken to be an empirical proposition when one can point to unusual circumstances, e.g., having had an operation to install a prosthesis. When it is not clear that such unusual circumstances obtain, and the patient does not point them out, we have to regard the claim as nonsensical, rather than as an empirical proposition, i.e., a belief. Taking the claim to have the status of a belief, commits the patient to pointing out the unusual circumstances. The failure to do so, amounts to not acting as we would expect from someone voicing such a claim that conflicts with our bedrock. Accordingly, the failure to point out the unusual circumstances can be said to be a case of double-bookkeeping. To conceive of a delusion as the belief in a false empirical proposition, instead of solving the puzzle of double-bookkeeping, may give rise to more of such cases than we initially thought.

<sup>20</sup>This change of attitude, it was argued, is precisely what the prodromal phase is characterized by. To take the delusional words as expressions of this changed attitude, as Gipps & Rhodes suggest, does raise a problem of differentiating between the prodromal phase and full-blown delusion though.

Or one may choose to see them as expressing abnormal bedrock certainties, such that the terms used in them take on quite a different, incommensurable meaning. In that case, nothing can really be said about what the words mean to the patient. Notice that both may account for the double-bookkeeping puzzle: for when the patient's words are entirely meaningless, there is no question of whether he acts in accordance with them. Supposing that these words express an alternative bedrock certainty, and taking their meaning to be incommensurable accordingly, leaves the question of acting in accordance with them undecidable. If the patient's words have taken on a different meaning, one that we cannot grasp, there is no way of knowing whether the patient acts according to them. But both approaches fail to come to an understanding of the patient's words. Either by denying there was something meaningful to understand in the first place, or by putting whatever meaning these words have to the patient beyond our grasp. As Thornton (2008) argues, to conceive of delusions as alternative bedrock certainties in this sense seems better fit to argue that we precisely cannot understand delusional speech. But we may go a little bit further than that by seeing these words as expressions of a change in attitude towards the ordinary bedrock, which was observed in non-verbal behavior in the prodromal phase already. What was ordinarily taken for granted in action was shown to be no longer so, for the patient no longer acts in accordance with his form of life.

The question, then, becomes what attitude towards the bedrock can we attribute to the patient to facilitate our understanding of his behavior? Gipps & Rhodes seem to suggest an attitude of doubt, with their notion of a suspension of bedrock certainties. In the discussion of Eilan's proposal we saw that attributing to the patient an attitude of negation or rejection towards the bedrock may be a useful way to understand the patient, without running into the problems that alternative framework believes give rise to. Intuitively, it seems that there should be some noticeable difference between the attitudes of doubting and rejecting.

Taken as an expression of a lived attitude of uncertainty towards the ordinary bedrock, can we make sense of the peculiar features of delusions? Here it should be clear that with a lived attitude of uncertainty it is meant that this uncertainty becomes the patients fundamental orientation towards the world. It is indeed the doubt without an end that Wittgenstein talks about, and sees as a sign of pathology. This is the negation of the certainty that he showed we ordinarily take for granted. Yet it is an uncertainty that is unfounded – there are no reasons to be uncertain about the bedrock. As such, for the patient this is just as fundamental as the certainty we ordinarily have towards it. By being such an unfounded orientation towards the world, which we now consider to be expressed by delusions, it becomes clear that the patient does not offer reasons to support his delusion. For he expresses not an empirical proposition that can be reasoned for. Rather, he expresses his attitude of uncertainty from which the world is approached. The patient has no reasons for his uncertainty, which precisely makes it pathological to us. For us, starting from a trusting attitude, doubt or uncertainty will require reasons that come to an end at such taken for granted certainties. Not so for the patient. It is rather quite the opposite, what we ordinarily take for granted is met with an attitude of uncertainty. Hence, if

we take the delusion to be an empirical proposition, and advance 'counter-evidence' to it by appealing to, ultimately, what stands fast for us, we will not convince the patient. For again, what stands fast for us is precisely what is met with uncertainty by the patient. We saw already that the distinction between double-bookkeeping patients and those who seem to act on their delusions presupposes taking the delusions to be expressions of propositional attitudes. When, however, taken as expressions of an attitude of uncertainty towards the bedrock, the delusional utterances cannot be taken to have this literal meaning they seem to have. Hence, there is not really a question whether a patient acts on them or not: for the utterance is not seen as a report of a state of affairs taken to obtain by the patient.

Such a conception of the delusory phase of schizophrenia thus may help to understand some of its features. Yet it also raises some questions, most importantly, questions that have to do with alternative meaning that arises during the delusional phase. Such was already pointed out by Eilan: in the pre-psychotic phase, as described in the previous chapter, we see uncertainty about meaning. While delusional, however, it is not uncommon to find patients reporting quite confidently experiences of alternative meaning. Many examples include self-referential meanings, the television sending messages that pertain to the patients personal situation, road signs that are perceived to be placed in order to warn the patient, or words in the newspaper that take on different meanings. On the account we have been exploring above, that of a suspension of, or a doubt towards the bedrock certainties, such experiences are hard to make sense of. If meaning comes from taken for granted practices, then one would expect that in case these are no longer taken for granted, meaning at best becomes an issue for the patient, or may disappear altogether from the patient's experience. If the latter, such a conception seems more apt to describe depression, or the negative symptoms rather than the positive symptoms of schizophrenia. Such can be characterized by a loss of practical significance in terms of which the world is experienced by the patient. One might expect that an attitude of uncertainty towards the bedrock makes for such a loss of practical significance. This we saw already in the discussion of the doorway to psychosis: delusional mood. There we saw that while there is reported a loss of practical significance in this phase, it is accompanied by a strange and mysterious tension of new, though unarticulated meaning that hangs in the air. We saw how Ratcliffe, when equating delusional mood with the loss of the sense of reality, manages to capture the loss of practical significance but misses out on this experience of a new meaning hanging in the air. As mentioned in the previous chapter, such a description seems more appropriate to the symptoms of depression, or to solely the negative symptoms of schizophrenia, but does not account for the positive experience of unarticulated meaning in delusional mood. Gipps & Rhodes seem to face a similar problem when dealing with full-blown delusion when they conceive of delusion as an expression of a suspension of the bedrock. How does such a conception account for the experience of new meaning in psychosis?

### 3.6 Conclusion

It is quite crucial to be precise on the phenomenology of the experiences of alternative meaning. For on the one hand, we could find that these new meanings are grasped by the patient immediately and unreflectively. If so, the conception of delusions as an expression of a suspended bedrock faces a serious problem of accounting for this immediate experience of meaning. Such, we have been claiming, is only possible by taking for granted a form of life. An immediate grasp of alternative meanings suggests taking for granted an alternative form of life. This comes very close to the Campbell/Eilan proposal, though with a conception of the bedrock as a set of practices, rather than as propositions from which actions are inferred. The latter, which we saw seems to be the underlying conception of certainties for these two authors, is not how Wittgenstein conceived of bedrock certainties. He came to see them rather as rules, as ways of acting. This connects to the regress of interpretation that occurs in the *Philosophical Investigations* and which we already discussed in the previous chapter: for the framework propositions to act as ultimate grounds, simultaneously constitutive of meaning, they would have to be unambiguously interpretable. Yet as propositions, these are subject to interpretation, such that, in Wittgenstein's words, any action can be made to fit them. The conclusion of the rule-following considerations was that to follow a rule is to unreflectively act according to custom. Thus, not a special kind of proposition, but rather a way of acting, a form of life, grounds what it makes sense to say. We may adapt the alternative framework-proposal according to such a conception of certainties as rules. However, the problem of incommensurability that Campbell noticed remains for such a conception. Hence, it is questionable to what extent positing an alternative form of life will help to make sense of the delusional patient. Conceived in such a way, we can account for the lack of grounds that are offered, and the certainty with which the delusion is endorsed. Yet the contents are put beyond intelligibility.

A more serious conceptual objection faces such an account of delusion though. For it is the patient alone who is supposedly responsible for this new form of life, and the only participant in it. As such, a famous problem lurks for proponents of such a conception of delusion, one that undermines the very notion of new meanings being experienced by the patient in psychosis. This is Wittgenstein's problem of a private language. For if these alternative certainties are to act as alternative rules, we might object in similar fashion as Wittgenstein does to the idea of a private language: how can this patient be said to act according to these rules if it is in principle impossible not to act according to them? If, after all, this alternative form of life consists only of this one patient, no external criteria are available to tell acting in accordance with the rule from violating the rule. It will be like measuring one's length by putting one's hand on one's head. The problem is that of constituting meaning all by oneself. In such a situation, one cannot be wrong about meaning, and if one cannot be wrong, we may ask in Wittgensteinian fashion, can one be said to be right at all?

It thus seems that any Wittgensteinian account that tries to understand delusions has to meet two seemingly opposing demands: first it has to account for alternative meanings, yet second, it cannot do so in terms of an alternative, private form of life. These are conflicting demands, for any

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Wittgensteinian conception would have it that meaning comes from a form of life. It thus seems that one cannot understand alternative meanings without positing exactly such an alternative form of life. But we see that this raises problems: at best, such a proposal leaves us with the incommensurability problem, and thus no way of understanding the meaningful contents of the delusion. Taking into consideration the private language argument makes things even worse: for it is questionable whether the idea of an alternative private form of life even makes sense. It suggests that there may be no meaning to the delusion at all, not even incommensurable meaning. On top of these criteria towards an understanding of delusion, we are primarily interested to account for the double-bookkeeping behavior, adding a third demand to the list. Our aim in the next chapter, then, is to try and meet these three demands.



## Chapter 4

# Resolution of the Puzzle of Double-Bookkeeping

### 4.1 Introduction

We ended the previous chapter with two seemingly opposing demands that any Wittgensteinian understanding of delusions will have to meet: it has to account for the experience of alternative meaning in full blown delusion, while it cannot posit an alternative form of life to do so. At the same time, if such an account is to make sense of the delusional patient's behavior, it should be able to make sense of the puzzling phenomenon of double-bookkeeping. These three demands constrain whatever interpretation of delusions we can put forward. And at first sight, it doesn't seem all that possible to meet them simultaneously. As discussed in the previous chapter, the first two of these demands seem to be at odds with each other already. For when we think that meaning comes from engagement in practices of one's form of life, intuitively one is inclined to think that alternative meaning suggests alternative practices, and an alternative form of life. Such a conception, we saw, faces two problems: first, there is the problem of understanding a radically different form of life. Second, it is questionable whether a private form of life is conceptually conceivable to begin with. Thus, if we are concerned with trying to understand the delusional patient, such a conception will not take us very far; at best ending the project of understanding before it really begins, at worst committing us to a conceptual impossibility. Trying to meet these two additional criteria, it may seem, makes it only more complicated to understand the puzzling phenomenon of double-bookkeeping. In this chapter, though, we will see how they lead us to second step in our anthropological approach to the puzzle: they point us in the direction of a particular example to compare delusional phenomena with, one that, it will be argued, allows us to see the phenomenon of double-bookkeeping in a new way, and will dissolve the puzzle.

One alternative way of approaching the conundrum takes serious the observation that delusional patients in general do not seem to have lost the mastery of their language. It seems that these patients use words as competent speakers do, certainly when these are not concerned with the particular delusion the patient is voicing. Moreover, it should be pointed out that in many respects, many psychotic patients still act as usual. These considerations makes one question whether it is right to conceive of these patients having a wholly new bedrock in place. The conception that we just discussed, that which conceives of delusions of a radically different form of

life will have problems accounting for such observations, even when setting aside the problem of the privacy of this form of life. How can we make sense of a person that uses familiar words, like 'impostor', in similar fashion as we do, except in the context of this person's spouse? Can we make sense of a highly contextual, local loss of the mastery of words? Possibly. Yet the fact that these patients in general, at least when their words do not concern their delusions, seem to use language exactly as we do may be taken as a lead towards conceiving of their relationship to the ordinary bedrock in quite a different way than as having lost touch with it entirely, as if they have forgotten it altogether. Instead, our discussion of the prodromal phase suggests that what has happened is that the bedrock is no longer taken for granted. Yet this need not mean that it has been dismissed entirely. We saw reports of patients sometimes struggling to follow the rules of life unreflectively, as we normally do. One suggestion may be rather a reconfiguration of the ordinary bedrock and the empirical propositions it normally supports, or enables to make sense, instead of carving up the world in terms of a wholly different language game altogether. One can keep in mind here the introduction of the riverbed metaphor in *On Certainty*:

" It might be imagined that some propositions, of the form of empirical propositions, were hardened and functioned as channels for such empirical propositions as were not hardened but fluid; and that this relation altered with time, in that fluid propositions hardened, and hard ones became fluid."<sup>1</sup>

" The mythology may change back into a state of flux, the riverbed of thoughts may shift. But I distinguish between the movement of the waters on the river-bed and the shift of the bed itself; though there is not a sharp division of the one from the other."<sup>2</sup>

Such a process of erosion or displacement of the riverbed is quite different from conceiving of a whole new river altogether. We saw in chapter two that something like this may be going on in the prodromal phase: the attitude towards the ordinary bedrock changes, it does not stand fast for the patient anymore. Such can be compared to the state of flux that Wittgenstein writes about: a state in which what ordinarily stood fast becomes fluid and uncertain. Such seems to characterize the delusional mood phase just prior to full blown delusion. If we are to press this metaphor further, to the point where new meanings arise and delusions seem to stand fast for the patient, we should notice, however, that if a new alternative riverbed is to form out of this state of flux, it is going to be formed out of sediment that's already in this river. The point is that for the delusional patient, indeed his bedrock might have shifted, yet what comes to stand fast for him may very well be propositions that were typically fluid in the ordinary form of life. The idea is that the patient draws on resources that were already there in the shared form of life. Such is quite a different conception than one that conceives of the patient having established a private form of life from scratch. The latter, we saw already, would surely be inaccessible to our understanding. Should we think the same thing about the former conception, one that draws on resources from a shared culture? It may seem

<sup>1</sup>Wittgenstein (1974), 96

<sup>2</sup>Wittgenstein (1974), 97

that there is an opportunity for understanding the patient if we can recognize that his delusions are drawn from a shared culture, where they were like fluid propositions in the river, though now having become part of the riverbed for the patient. We may ask, however, whether such a conception fits the phenomenological data to begin with, before trying to make more of it. Hence, we will now look at the onset of delusions, of how one comes to endorse them.

## 4.2 Transitioning into Delusion Proper

We already have observed in chapter two how the prodromal schizophrenic loses his familiarity with common, shared practices, culminating in a loss of practical significance in the patient's experiential world. In the previous chapter, we have discussed Gipps and Rhodes' conception of delusional utterances as an expression of just this uncertainty towards the bedrock. However, such an interpretation of schizophrenic delusion neglects reports of the experience of new meanings, first, during delusional mood, unarticulated and ineffable, yet during acute psychosis patients' reports suggest an experiential change: new meaning becomes quite definite and articulate. Jaspers writes the following:

“(...) peculiar experiences of the end of the world or the creation of fresh ones, the spiritual revelations and this grim daily struggle in the transitional periods between health and collapse. Such experiences cannot be grasped simply in terms of the psychosis which is sweeping the victim out of his familiar world, an objective symbol as it were of the radical, destructive event attacking him. Even if we speak of existence or the psyche as disintegrating, we are still only using analogies. We observe that a new world has come into being and so far that is the only fact we have.”<sup>3</sup>

That is to say, if we merely see these reported experiences of unusual meaning as expressions of psychosis, or as expressions of a suspension of the bedrock, we have not quite grasped what is being experienced by the patient. What should be stressed here, to advance beyond such a conception of delusion as a mere loss, suspension, or disintegration, is the revelatory character of the experiences that occur in acute psychosis. Patients report feelings of insight, of things becoming clear to them following the confusing tension that built up during the delusional mood phase. These are experiences of objects or events taking on an alternative meaning. One that is quite different from what we ordinarily take such objects or events to have. In this sense, delusion proper is distinct from the prodromal phase, where we saw a breakdown of ordinary meanings, and from delusional mood, where there is a sense of inarticulate meaning. In delusion proper, alternative meanings become articulate, and this is reported as things suddenly making new sense. An interpretation of schizophrenic delusions should be able to account for this. And, as discussed, we cannot

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<sup>3</sup>Jaspers (2012), p. 142

do so by resorting to the notion of an alternative form of life. We can illustrate the character of the dawning of a delusion by comparing it with the experience of sudden insight into mathematics, as John Nash does:

“‘How could you,’ began Mackey, ‘how could you, a mathematician, a man devoted to reason and logical proof. . . .how could you believe that you are being recruited by aliens from outer space to save the world? How could you. . .?’ Nash looked up at last and fixed Mackey with an unblinking stare as cool and dispassionate as that of any bird or snake. ‘Because,’ Nash said slowly in his soft reasonable southern drawl. As if talking to himself, ‘the ideas I had about supernatural beings came to me in the same way that my mathematical ideas did. So I took them seriously’”<sup>4</sup>

How does a mathematical idea come to one, and what qualities does such an experience have? One important aspect we may want to stress here is that it makes sense of things, and that such an idea has the character of an insight that comes in a flash, as a revelation. One other aspect that is interesting about the comparison with mathematical ideas is that the propositions of mathematics are not empirical propositions. Wittgenstein thought of them as rules of representation. As such, they govern how empirical observations are to be represented in the natural sciences: they constitute what it makes sense to say in those disciplines. It would be beyond the scope of this thesis to digress into the philosophy of mathematics, but the comparison with rules is one that we have encountered before. For we saw that, modified to fit a consistent reading of *On Certainty*, such is the status of delusions according to the Campbell/Eilan proposal. As rules, some of the most striking features of delusions will be better accounted for than on a doxastic conception – notably their certainty and the lack of grounds that are provided for them. Moreover, conceived of as rules, delusions may account for the experience of alternative meanings in psychosis. For these meanings are not, in a Wittgensteinian sense, a matter of reflective interpretation, instead they are immediately grasped – perceived, rather than hypothesized:

“The housekeeper gave me a key with the same movement that my young girl would. Each person makes their own very specific movements. And that is exactly what the housekeeper did. I could catch the meaning right away that my daughter was intended.”<sup>5</sup>

While it is true that this patient reports similarities between the housekeeper’s movements and the patient’s daughter, it should also be stressed that she reports no inference from these similarities to a hypothesis that the young girl was intended. Rather, the meaning of these gestures was grasped immediately. It thus seems not the case that she has something like a neutral experience of these particular movements, and only then consciously comes to construct an explanatory hypothesis that is supposed to

<sup>4</sup>Nasar (1998), p. 11

<sup>5</sup>Conrad (2012), p. 184

capture the meaning of these movements. Instead, the experience seems to be meaningful from the start: it is readily grasped as intending the patient's daughter. Similarly, we see this immediate grasp of unusual significance in the following, long report of a patient of Klaus Conrad:

“‘Things begin,’ as Karl B. puts it, one morning as his unit breaks to leave camp. When the sergeant asks him for the key to his quarters, it is immediately clear to him that this is a ploy to ‘test’ him. While traveling in the bus, he notices that his comrades are behaving strangely. They obviously know something he is not supposed to know. One of his comrades asks conspicuously if he has some bread. At mid-day, they arrive in town A to relieve units positioned there. A few in his company are charged with finding quarters for the rest of them. This is only a ruse, however, for the few to receive instructions in how to deal with him, while he waits with the others in the motor coach. One after another, groups of men leave the coach only for the others to return. Upon meeting the soldier who is leaving the small quarters now assigned to him, he sees immediately that the soldier also has been instructed in how to deal with him. The patient is unable to explain how he sees these things. He simply ‘sees them’. He straightens the quarters and then goes below to buy cigarettes. Proceeding through a garden, he observes some non-commissioned officers, the staff sergeant and a woman sitting there. Showing surprise to suddenly see him there, they are clearly planning that the woman fabricate something with him that evening. Upon seeing him, one of the officers gets up and drives off to inform the superiors about this recent turn of events.

In the pub that evening, the music, the young woman selling cigarettes, the conversations have been prearranged to ‘test’ whether he notices. Everyone is instructed and knows exactly what to do. As he sits there drinking beer with his comrades, each person has the task to insure that everything seems as inconspicuous as possible. In this way, everyone has been very precisely instructed how to behave. Even as the soldier-colleagues speak with one another, the conversation always has some special relationship to him. He senses that something very special is going on, but is not entirely sure what this is. He has no anxiety as he is free to act as he likes. He is free to state at any moment he chooses, I am not going to participate in this. Actually, he is quite flattered and proud that he is entrusted with this special task. Something magnificent and unique is going to happen to him. . .

Due to Karl B.’s failure to follow orders, which is merely another ‘test’, the staff sergeant transports him by car back to V. Everything along the road – for example, the haystack which had no business being there, piles of stone for a construction site when in fact the road was in good condition, sheep barely noticeable on the side of the road, men passing on bicycles – all this was arranged to test whether he notices. There was so much going

on, he could not report everything. Every 100 meters or so there is something new. In fact, literally everything which he encounters on the road stands out. Everything has been arranged for his benefit. While looking out the window, he is also able to see from the manner in which the staff sergeant is observing him that the latter was checking whether he correctly notes all of this..."<sup>6</sup>.

It is clear from the language that is used in this report that Karl B. does not hypothesize the meanings that events, gestures and objects he encounters take on. Such would suggest something like a neutral experience first, from which the patient then comes to infer meaning. Yet, just as in the previous report, again the language used suggests no such hypothesizing takes place here. Instead, the language used in this report suggest the particular meaning of these events is directly experienced. Karl B. 'sees' it, 'immediately', and it is all very much 'clear' and 'obvious' to him. There is no reflective process of interpretation going on here, the patient does not infer what is happening to him, instead, the patient grasps these meanings immediately. All is seen in light of the notion of a test. As such, this idea takes on the function as a rule in terms of which the world is made sense of. An unusual perception of meaning, when in the beginning of the passage the sergeant asks for a key, is grasped immediately and clearly: the question is readily experienced to be part of a test.

What becomes apparent in the report of Karl B., as well as in the report cited before that, is that these new meanings are consciously experienced by these patients. These alternative meanings are not quite tacitly taken for granted, as many of the ordinary meanings of things we encounter typically are, operating in the background to our actions, as it were. Instead, these new meanings the patients encounter take very much center stage, patients are being struck by an experience of new meaning, sometimes reported in terms of 'revelation'. Such, it should be noted, differs from our ordinary relationship to meaningful objects we encounter. To grasp the meaning of both words and objects in general, it has been argued, does not consist of having a particular private experience of their meaning. Many times, we do not have any significant accompanying experience at all while perfectly competently using words or objects in ways that warrant saying we grasp their meaning. This is the upshot of Wittgenstein saying that understanding consists of the mastery of a technique, rather than in some experience accompanying the act.

Such, however, is not to say that we never have any experiences accompanying our actions, or that nothing interesting can be said about these. In the second part of the *Philosophical Investigations*, Wittgenstein goes to some effort to discuss experiences of meaning. Here, he discusses cases where we seem to experience the meaning of a word, object or event. These are cases where we may be particularly tempted to think that the meaning of such things consists of this private experience.<sup>7</sup> Several phenomena are discussed in this context, but the phenomenon that gets the most lengthy treatment is that of aspect-seeing.

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<sup>6</sup>Conrad (2012), p. 180

<sup>7</sup>Yet, as we shall see, the meaning of the use words in these cases still depends on their use.

### 4.3 Aspect-Seeing and the Experience of Meaning

The discussion of aspect-seeing may help us to elucidate the experiences of delusional patients. For the experience of an alternative meaning in delusional patients, particularly the *aha-erlebnis* that marks the onset of delusion proper, may be compared to the experience of noticing an aspect. The main example of this experience that Wittgenstein discusses concerns the ambiguous duck-rabbit figure, introduced in Wittgenstein (1958), pt. II, p. 194. When looking at this figure, we may initially take it to depict a duck. Yet, at some point, we may suddenly see the figure as a rabbit - either with or without suggestions towards such a conception. Another example is the sudden recognition of a familiar face.<sup>8</sup>

The point of taking a closer look at Wittgenstein's discussion of those experiences, is that their phenomenology is similar to that of an *aha-erlebnis*. Noticing an aspect, or the dawning of an aspect, as Wittgenstein sometimes calls it, is the experience of something suddenly becoming clear to us, of something taking on (new) meaning for us. The sudden recognition of a familiar face may be compared to the *aha-erlebnis* that marks the onset of delusion proper. While in the prodromal phase, we saw a loss of perceived significance, or an inarticulate sense of significance in delusional mood, the onset of delusion is characterized by the *aha-erlebnis* of things suddenly making new sense. It is part of the method we are taking towards an understanding of double-bookkeeping, that we take into account these facts that form the context in which the puzzling double-bookkeeping phenomenon occurs. This, it was argued in the first chapter, can lead us to a new conception of the puzzling phenomenon, a way of looking at it that does not leave us puzzled. Taking into account one feature of this context, the phenomenology of the onset of a delusion, thus leads us to compare it with the familiar phenomenon of aspect-seeing. This comparison, we will see, helps us to give an interpretation of delusions that meets two of the three criteria we set out at the beginning of the chapter: one that can account for the experience of alternative meaning in delusion, without us positing an alternative form of life to do so. By comparing the puzzling phenomena of delusions with this familiar phenomenon of aspect-seeing, we have arrived at the second step of our anthropological method towards an understanding of double-bookkeeping.

Wittgenstein discusses the experience of being suddenly struck by a new meaning of objects of perception. Such is mostly discussed in relation to *gestalt*-figures, which one can more or less voluntarily see in several ways. One might be inclined to call these different ways of seeing different ways of interpreting the figure. Yet interpretation, as Wittgenstein uses it, is the outcome of an inference, it is an hypothesis and this is precisely not what he is considering here. Instead, it is argued, the sudden nature of the change of perceived aspect makes the phenomenon more akin to seeing, hence the term '*seeing-as*'. No steps of inference are required prior to arriving at the new way of seeing the figures. Hence, it is not a matter of interpretation, in the sense that Wittgenstein reserves for that term.

While the experience of '*noticing an aspect*', which refers to the experience of suddenly seeing the figure differently, is discussed mainly in the

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<sup>8</sup>Wittgenstein (1958), II, p. 197

context of gestalt figures, there are some indications that Wittgenstein did not restrict the notion to experiences of gestalt-figures, nor to experiences of pictorial or linguistic objects in general.<sup>9</sup> For, as we saw, also the sudden recognition of a familiar face is mentioned as a case of noticing an aspect. It is important to distinguish this experience of noticing an aspect from what is sometimes called continuous aspect-seeing:

“I must distinguish between the ‘continuous seeing’ of an aspect and the ‘dawning’ of an aspect.”<sup>10</sup>

At times, Wittgenstein points to a similar distinction in terms of ‘chronic’ and ‘acute’ seeing of an aspect:

“Seeing, hearing this as a variant of that. Here there is a moment at which I think of B at the sight of A, where the seeing is, so to speak, acute and then again the time in which it is chronic.”<sup>11</sup>

The difference between the dawning of an aspect or the acute seeing of an aspect on the one hand, and the continuous or chronic seeing of an aspect on the other, is that the former is a particular experience, whereas the latter is a habitual way of taking something as something, which is not accompanied by the experience of explicitly noticing this aspect. In the quote above, it becomes clear that the acute seeing of an aspect is characterized by one being occupied with this aspect. Whereas in the case of chronic or continuous aspect seeing, our thoughts are not preoccupied with this aspect. Elsewhere, Wittgenstein describes the phenomenon of noticing an aspect as follows:

“If you are looking at the object, you need not think of it; but if you are having the visual experience expressed by the exclamation [i.e., if you are noticing an aspect], you are also thinking of what you see. Hence, the flashing of an aspect on us seems half visual experience, half thought.”<sup>12</sup>

It has been argued that due to these peculiar features of the phenomenon of noticing an aspect, the point at stake for Wittgenstein is that we are talking of ‘experience’ here in a deviant way (Ter Hark (2011)). This becomes apparent in the following remark:

“‘Now he’s seeing it like this’, ‘now like that’ would only be said of someone capable of making certain applications of the figure quite freely. The substratum of this experience is the mastery of a technique. But how queer for this to be the logical condition of someone’s having such-and-such an experience. After all, you don’t say that one only ‘has a toothache’ if one is capable of doing such-and-such. - From this it follows that we cannot be dealing with the same concept of experience here. It is a different though related concept.”<sup>13</sup>

<sup>9</sup>Which Mulhall (1990) seems to suggest.

<sup>10</sup>Wittgenstein (1958), II, 198

<sup>11</sup>Wittgenstein (1980), 508

<sup>12</sup>Wittgenstein (1958), II, 197

<sup>13</sup>Wittgenstein (1958), II, 208

Being capable of making certain applications, the mastery of a technique, point to the capacities the subject having this peculiar experience of noticing an aspect is logically required to possess for us to be able to attribute such an experience to him. Many times, such capacities consist of mastering concepts. That is to say, to be able to make certain inferences, connections, and to not make certain others. As Baker & Hacker (2008) write, experiences like these are 'infused with concepts', or 'soaked with a rule'<sup>14</sup>, which is what distinguishes them from ordinary cases of experience. Such abilities to go on in certain ways rather than others are constitutive of the kind of experience that noticing an aspect is. If one would not be able to go on treating the figure as one of a rabbit, one could not be said to have had the experience of noticing that aspect. Hence, the exclamation, or its inclination, 'It is a rabbit!' functions not so much as a phrase descriptive of a state of affairs, but rather as an expressive one, similar to the exclamation 'now I can go on!' that figures in the rule-following considerations (Wittgenstein (1958), 180). This is not a description of some state of understanding, but rather a signal of the dawning of an ability.<sup>15</sup> Now whether one does indeed understand is to be judged by how one proceeds to act. In one's subsequent actions the criteria for having correctly used this expression are to be found, and on that basis, it is to be judged whether one has had an experience of genuine understanding. Understanding, here, cannot be established by scrutinizing the experience, but by judging the subsequent behavior. And this in turn establishes what kind of experience one had, whether it was an experience of understanding or one of merely thinking one did. The criterion for one to have this peculiar experience of noticing an aspect, then, is that one is able to go on in ways associated with the aspect under which one now reports to see the object. If one fails to proceed in the appropriate ways, one cannot be said to have noticed this aspect.

Noticing an aspect, accordingly, does not straightforwardly fall into the clear-cut categories of either experience or judgment. As Wittgenstein says, these concepts cross here. In noticing an aspect, both a perceptual element and a conceptual element are present, and although we can distinguish these, they are not separable. That is to say, we shouldn't conceive of noticing an aspect in terms of a 'neutral' experience, accompanied by a judgment about it – such is what Wittgenstein is explicitly arguing against – for if there is no direct way of describing this neutral perceptual experience, we should resist the inclination to impose it onto our conception of this phenomenon. Moreover, on such a two-step conception of noticing an aspect, the judgment would be an hypothesis, what Wittgenstein calls an interpretation, and this would be subject to proof or disproof, yet:

"I am seeing this figure as a . . . ' can be verified as little as (or in the same sense as) 'I am seeing bright red'"<sup>16</sup>

The comparison with seeing a red patch can be seen to elucidate the experience of noticing an aspect in two ways. For one, in this quote the comparison is used to distinguish between expressions of perceptual experience and descriptions of states of affairs, of which only the latter are claims

<sup>14</sup>Baker & Hacker (2008), p. 344

<sup>15</sup>Baker & Hacker (2009), p. 25

<sup>16</sup>Wittgenstein (1958), II, 212

subject to verification. Yet the case of seeing a red patch plays a paradigmatic role in Wittgenstein's writings. It is used repeatedly not merely as an expression of subjective perceptual experience, but often as expressive of a rule of description as well, where it is contrasted with such a description itself. "This is a red patch" functions as expressive of a rule, one that prescribes what we call red rather than that it describes a state of affairs, in these examples. We saw already that reports of aspect seeing are not descriptions either. Yet, the dual nature of the experience of noticing an aspect, its conceptual and perceptual components can be seen in the way the linguistic reports of this experience function as well. These express both an experience of being struck, and the commitment to a rule of description. To express seeing the figure as a rabbit is to commit to certain norms of further description. Thus, upon noticing the aspect, exclaiming 'It is a rabbit!' is both expressive of this experience of being struck, as it is the articulation of a rule for further description. For if one can be said to see the figure as a rabbit, there are certain further remarks one could not make, for example remarks about the beak, and certain remarks one could make, e.g. about the ears.

With such a conception of noticing aspects in place, we may compare Karl B.'s report to it. Here we should notice similarities as well as differences. What becomes clear is that the meaning the external world has for Karl B. does not fit the notion of continuous aspect-seeing. For such is a rather tacitly taking of things as such-and-such, crucially without noticing that one takes them as such. In continuous aspect-seeing, one is not preoccupied with the aspect one is seeing. We saw that Wittgenstein contrasts this notion with experiences of noticing aspects. The difference, crucially, is that in these cases one is consciously aware of noticing the aspect one sees the object under. In this sense, it is an occurrent experience whereas the continuous seeing of an aspect isn't. In cases of noticing an aspect, one is temporarily struck by a new aspect, one has an experience of new meaning, and one is preoccupied with the concept one sees the perceptual stimulus falling under now.

Accordingly, the experiences of the delusional patient are very much like noticing an aspect: For Karl B. does experience a new meaning of events and objects in his surroundings. He does not tacitly take these for granted, but instead is very much occupied with these new meanings. He is being struck by them. In this sense, his account is similar to that of someone noticing an aspect. By comparing the *aha-erlebnis* that marks the onset of delusion to such more mundane experiences of alternative meaning, and noticing the similarities, we come to see that such experiences are quite possible without us needing to posit an alternative form of life. The patient comes to bring an experience under a different concept than we usually do. As such he has the experience of alternative meaning – the *aha-erlebnis*. It is clear that, similar to noticing an aspect, such delusional experiences are not simply mistaken about the perceived stimulus: Karl B. does not quite hallucinate the orders of his superiors, nor is he mistaken about there being sheep along the road. It is rather that the order he receives, or the objects he encounters along the road, take on a new meaning for him. They strike him as (signs of) a test. This concept of a test is the aspect of these objects or events that he notices. It is true, it is an aspect we ordinarily do not notice, and we may very well be unable to notice it in these objects or events, even

when urged to try. This might point to the delusionality of the experience.

Now as for why the patient has this particular experience, there may only be a causal explanation. For, to use the term in Wittgenstein's sense, it is not an interpretation that is put forward by the patient, since the patient does not infer, nor does he hypothesize this alternative meaning. Instead, he is being struck by the aspect he notices. Hence, he does not so much have reasons for seeing these objects and events such-and-such.

There are also some differences between the delusional *aha-erlebnis* and the ordinary noticing of an aspect, such that we cannot quite assimilate the former to the latter. For the experience of noticing an aspect is typically rather restricted in its duration. One can be struck when one sees the duck-rabbit as a rabbit, but one is only temporarily so. Similarly, one can suddenly recognize a friend, but one does so only temporarily. One might even say that this is not a mere fact, but rather that the logic of 'noticing' and 'recognizing' precludes these experiences to have extensive duration. For is it merely an empirical fact that one typically recognizes someone else momentarily? Could it be otherwise, for instance, could it be possible that one recognizes another for, say, over an hour continuously?

Karl B., however, does seem to experience alternative meanings of events and objects – and is struck by them - continuously. In this sense, he can be said to continuously notice an aspect. This is not to be confused with either noticing an aspect or continuously seeing an aspect. For we saw how it differs from both, though there are similarities. In his case, the concept that infuses his perception, the rule in which it is soaked, is that of a test. Yet he is continuously preoccupied with this concept, he is continuously being struck by the experience of being tested, and he comes to perceive everything he encounters as (a sign of) a test.

What, then, are we to make of his utterances if not quite straightforwardly expressions of noticing an aspect, although similar? Here we will turn to the notion of 'secondary sense' that is discussed by Wittgenstein in close relation to that of noticing an aspect. Early in his discussion of aspect-seeing Wittgenstein distinguishes two ways in which the verb 'to see' is used, one of which is an ordinary perceptual report, whereas the other way we use it is to express our noticing an aspect (PI II, 193). For instance: 'now I see a rabbit!' when looking at the duck-rabbit picture. It is important here that one does not here describe a perceived stimulus as in a straightforward perceptual report. Instead one expresses the experience of noticing the switch in aspect:

"What he presents as the expression of an experience would otherwise be a perceptual report (the strong similarity with the experience of meaning)"<sup>17</sup>

These two ways in which these words are used, Ter Hark (2012) suggests, are captured by what Wittgenstein elsewhere calls the distinction between the secondary and primary sense of the words. This distinction will be useful for us in trying to understand double-bookkeeping delusions, for it has been argued that not only expressions of noticing an aspect, but also those of other distinct experiences of meaning function with

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<sup>17</sup>Wittgenstein (1982), 176

secondary sense.<sup>18</sup> While we saw that there are both similarities and differences between delusional experiences and experiences of noticing aspects, utterances of the former may thus still be conceived of as instances of secondary sense. For the noticing of an aspect is just one case in which the words uttered function with a secondary sense. Other cases that are discussed are experiences of synaesthesia, *deja-vu*'s, and feelings of unreality. We may very well consider whether utterances of delusional experiences of meaning function in a similar way.

#### 4.4 Primary and Secondary Sense

In this section, we will explore the notion of 'secondary sense', or 'secondary meaning', as it occurs in Wittgenstein's writings. The notion is introduced in the *Philosophical Investigations*:

"Given the two words 'fat' and 'lean' – would you rather be inclined to say that Wednesday was fat and Tuesday lean, or that Tuesday was fat and Wednesday lean? (I incline to choose the former.) Now have 'fat' and 'lean' some different meaning here from their usual one? They have a different use. So ought I really to have used different words? Certainly not that. I want to use these words (with their familiar meanings) here.

Here one might speak of a 'primary' and 'secondary' sense of a word. It is only if the word has the primary sense for you that you use it in the secondary.

The secondary sense is not a 'metaphorical' sense. If I say 'For me the vowel e is yellow' I do not mean: 'yellow' in a metaphorical sense, – for I could not express what I want to say in any other way than by means of the idea 'yellow'."<sup>19</sup>

What seems puzzling for someone acquainted with Wittgenstein's ideas on meaning is that in this quote, the meaning of 'fat' and 'lean' is distinguished from the use of these words. This seems to go against the dictum that 'meaning is use'. We will come back to this later. The same issue is at stake when Wittgenstein discusses the 'feeling of unreality':

"The feeling of the unreality of one's surroundings. This feeling I have had once, and many have it before the onset of mental illness. Everything seems somehow not real; but not as if one saw things unclear or blurred; everything looks quite as usual. And how do I know that another has felt what I have? Because he uses the same words as I find appropriate. But why do I choose precisely the word "unreality" to express it? Surely not because of its sound. (A word of very like sound but different meaning would not do.) I choose it because of its meaning.

But I surely did not learn to use the word to mean: a feeling. No; but I learned to use it with a particular meaning and now I use it spontaneously like this. One might say—though it may

<sup>18</sup>Ter Hark (2012), p. 3

<sup>19</sup>Wittgenstein (1958), II, 216

mislead—: When I have learnt the word in its ordinary meaning, then I choose that meaning as a simile for my feeling. But of course what is in question here is not a simile, not a comparison of the feeling with something else.

The fact is simply that I use a word, the bearer of another technique, as the expression of a feeling. I use it in a new way. And wherein consists this new kind of use? Well, one thing is that I say: I have a 'feeling of unreality'—after I have, of course, learnt the use of the word "feeling" in the ordinary way. Also: the feeling is a state."<sup>20</sup>

From these quotes, we can gather some features that form a picture of what secondary sense consists of. A helpful distinction here is that between the expressive and the descriptive use of language.<sup>21</sup> In the passage above, on the feeling of unreality, Wittgenstein is clear that he now uses these words as expressive of a feeling. This is their 'new' use. What, then, is the 'other technique' the word ordinarily is the bearer of? Moyal-Sharrock suggests this is the descriptive use of language. Such is supported in the quote above when we take seriously that Wittgenstein contrasts his 'new' use of the words with that of a perceptual report – presumably the 'old', or primary, use of these words. He stresses that it is 'not as if one saw things unclear or blurred; everything looks quite as usual', that is to say, 'unreality' is not used to describe an external state of affairs here. Such can be taken to be the ordinary, or primary sense or technique these words are the bearer of. They are typically used to describe external states of affairs, but are not so here. But, we should stress, nor are these words used to describe any internal state. A main theme throughout Wittgenstein's work, the idea that we typically do not come to 'know' our mental lives through introspection resurfaces here. To be sure, we could do so, but the point is that, many times, we do not:

"The exclamation 'I'm longing to see him!' may be called an act of expecting. But I can utter the same words as the result of self-observation, and then they might mean: 'So, after all that has happened, I am still longing to see him.' The point is: what led up to these words."<sup>22</sup>

What matters here is not the particular choice of words, but the circumstances in which they are uttered. What is decisive is whether the words are uttered after some period of self-observation, reflection or introspection – or, instead, whether they are used spontaneously. Spontaneous utterances are not to be taken as descriptive uses of language. For no process of observation takes place, or as Moyal-Sharrock phrases it, spontaneous expressions are not arrived at via an epistemic route.

The canonical example to point out this distinction in Wittgenstein's writings is that of pain. It is clear that a cry of pain is not a description of an internal state. Rather, it is a primitive expression of the experience of pain. The form of utterances like 'I am in pain' may tempt us into thinking

<sup>20</sup>Wittgenstein (1982), 125-126

<sup>21</sup>see Moyal-Sharrock (2000)

<sup>22</sup>Wittgenstein (1958), 586

that these are descriptions of an inner state. But by comparing them to cries of pain, and suggesting that seeming descriptions of a pain state come to replace such primitive expressions, Wittgenstein suggests these can be taken as expressions as well, rather than as descriptions. By being initiated into language, an infant comes to use these words instead of a cry – yet their function remains the same expressive one, and this is where the words get their meaning from. We may come to look at delusional utterances in a similar way. The patient has an *aha-erlebnis* and comes to express this experience with a particular utterance. The utterance, just as the report ‘I am in pain’, may look like it is describing a state of affairs, but functions as expressive of this particular experience. The relation between the utterance and the experience is not a descriptive one, but an expressive one. Yet, one may ask, how is it then that Wittgenstein maintains that in the case of secondary sense, words have taken on a new use, yet their meaning remains as it was?

Ter Hark (2011) stresses that for Wittgenstein, instances of secondary sense, expressions such as ‘Wednesday is fat’ or ‘everything seem not real’, go with experiences ‘as the [...] expression of pain goes with pain’.<sup>23</sup> That is to say that these words form the natural expression for a particular experience. To utter them, or to have the inclination to utter them, is what having this experience consists of. Accordingly, the use of these particular words, or the inclination to use them, is part of the phenomenon at stake here. As a cry is constitutive of the experience of pain, so are these expressions constitutive of peculiar delusional experiences. As such, there is no more direct way of expressing oneself.

How then, one may ask, does someone come to use these utterances here? If we view cases of secondary sense as expressions of experiences, and want to follow the analogy with the language game of pain, some questions may arise. For unlike the case of pain, there is no natural behaviour that is replaced by these utterances. As such, we may take such utterances as the primitive reaction themselves. Primitive, though verbal.

What, then, is the relationship to primary sense? Here we should be careful not to overlook the fact that only these expressions will do for the person in question. Cases of secondary sense are characterized by the fact that these particular words are forced upon the subject. As Wittgenstein notes, he chooses these words because of their ordinary meaning, yet also stresses he uses them in a new way. How can we reconcile these claims? In order to answer that question, we will have to be clear about the relation between primary and secondary sense.

Ter Hark (2011) argues that the primary sense of the words used forms a logical precondition for them being able to be used in a secondary sense. Only if one masters the primary descriptive use of these terms can they come to be used in this secondary, expressive way. How could this be so? Here we should stress the importance of the fact that only these particular words seem apt for the person expressing his experience. This means that no other words will do. From this it follows the words used are still required to have their ordinary, primary sense for the person in question. For if not, if these words would have taken on a new meaning altogether, one should be able to express their new meaning more directly, using other

<sup>23</sup>Wittgenstein (1980b), 574

words. One should be able to say something like 'I use these words, but I use them meaning something differently, namely such and such'. But there is no more direct way of expressing oneself in cases of secondary sense. This is what these particular words being forced upon the subject consists of: one either repeats the expression, or points out the regular meanings of, e.g. 'fat', 'unreal' etc. Since the use of language is expressive here, and not descriptive, there certainly is no case of the words now designating private entities of some kind. Such would constitute a new meaning. Yet since there is no observation, no introspection of private states, but rather spontaneous expression, one is not referring to such states while using these words. Like one is not referring to a private pain-state when expressing 'I have a pain' spontaneously. Accordingly, the words have not taken on a different meaning altogether. They have retained their primary sense, and because of that very primary sense, they are now chosen as expressions of an experience, rather than as descriptive of a state of affairs. One cannot explicate the meaning of these words in a new way, hence it must be said that their meaning remains as it was. In this way, secondary sense is dependent on primary sense. It can be said that these words are now used differently, for they do something different: they express, rather than describe. But such is only possible if one masters the original technique, the descriptive use. For it is because of the meaning that is constituted by that use that one now uses them differently.

Only if one masters the descriptive use of 'throbbing' can one use it in an expressive way to express a particular pain experience. Because one spontaneously does so, it cannot be said to function in exactly the same way, for one does not observe the pain and describe some throbbing feature of it. No, one expresses the experience spontaneously and the words chosen constitute the particular shade of experience. But if one would be asked to explicate what one means by saying 'I have a throbbing pain', and one goes on to give a very different meaning of 'throbbing' than we typically do, very different examples of what throbbing would consist of, in short, if one would have a different primary sense of the word, one cannot be said to have the same kind of pain experience as one who does explicate the meaning in the usual way. The fact that one uses these particular words spontaneously, meaning what they do, constitutes rather than describes the shade of experience here. Hence, if one would take the words to have a different primary sense, they would have a different secondary sense as well – they would constitute and express a different experience when employed spontaneously.

The spontaneity of the words is distinctive of the expressive use. This makes for there being no such thing as a 'gap' between the words and the experience, and because of that, no such thing as a more direct, or less puzzling description of the experience. Our puzzlement, if any, consists in taking the words to be a description in the first place. Instead, if we see the inclination to use precisely these words as the psychological phenomenon at stake here, constitutive of having the experience to begin with, we need not be puzzled by these words. Only if we take someone who says to 'have butterflies in the stomach' to be describing some state of affairs are we to be puzzled by his words. But, as an expression constitutive of a particular shade of experience associated with being in love, these words pose no problem to us, nor do we need to expect the speaker to have surgery.

Now we can come to see that expressions of noticing an aspect can be taken to be instances of secondary meaning. For it is the experience of being struck by an aspect that is expressed with the words used. And these words may very well take the form of a perceptual report. But if we pay attention to what led up to these words, we should notice that although they have the form of what is ordinarily a perceptual report about some state of affairs, they do not function to describe such a state. Rather, they are expressive of the particular experience of noticing an aspect.

Similarly, we may come to see delusional utterances that have the form of perceptual reports, or of claims about the external world as functioning with a secondary sense. Although these particular combinations of words are usually used in a descriptive way – their primary sense – circumstances may indicate that they are not so here. This may be particularly fruitful when it comes to making sense of double-bookkeeping patients. For especially if one takes seriously that, if taken as expressive, the utterances need not function as descriptions of states of affairs at all – even though the combination of words that are used may have a primary descriptive sense. In noticing the switch of the aspect one is seeing, one does not take the stimulus to have changed. Even though, when cast in the language of perceptual reports, one's words may suggest so. If one says: 'I now see a rabbit, whereas before I saw a duck' when looking at the duck-rabbit picture, one does not take the stimulus to have altered. Even though the words used – anomalous perception aside – suggests so.

Similarly, if we can conceive of the words of the double-bookkeeping agent as instances of secondary sense, even though they look like they are descriptions of states of affairs, they might not function so. And accordingly, if they do not function as descriptions, if they do not report propositional attitudes that is, we should not expect the patient to take the corresponding states of affairs to obtain. And hence, we should not be surprised when the patient does not act in accordance with the state of affairs that his words suggest he takes to obtain. For they only suggest so. When taken as instances of secondary sense, rather than primary, these words do not report propositional attitudes at all. They tell nothing about what states of affairs the patient takes to obtain. Instead, they express a subjective perceptual experience of reality. Very much as in noticing a new aspect, one does not take a new state of affairs to obtain, rather, one's subjective experience of reality is now different. And this subjective experience is now expressed using words in a secondary sense – words that are in their primary sense used for perceptual reports pertaining to states of affairs.

## **4.5 Conclusion**

With the notion of secondary sense in place, we thus may come to make sense of double-bookkeeping patients. These patients do voice delusional utterances, but do not act accordingly. This is puzzling to us, but it may not need to be so if we conceive of their utterances differently. One way of doing so might be to take their utterances to be utterances of secondary sense, rather than primary.

We saw that the primary sense of words is typically descriptive of a state of affairs. And if the words are used as such, we will conceive of the patient to take that state of affairs to obtain. Consequently, we will expect the patient to act in accordance with it. And thus, when we encounter a double-bookkeeping patient who does not act according to the state of affairs we take him to describe with his words, i.e., a state of affairs that he supposedly takes to obtain, we will be puzzled by his behavior. Yet this puzzlement arises out of us taking the patient to use his words descriptively, that is to say, with a primary sense. This way of taking the patient's words need not be the only way to take them though. In the previous section we explored the notion of a secondary, expressive sense of words. Combinations of words that are typically used to describe states of affairs, but now come to be used as expressions of experiences of meaning. The proposal, then, is to conceive of the delusional utterances of the double-bookkeeping patient as instances of secondary sense. We will take seriously Wittgenstein's suggestion to look at what led up to these words, in order to see if we can reasonably conceive of the delusional utterances as such instances of secondary sense. Recall that the decisive criteria for such a conception to be viable are the spontaneity with which the words come to the person in question, and their perceived unique appropriateness. That is to say, the words do not come as a result of some inference, or of some sort of considerate observation, and, relatedly, no other words will do to express oneself here: these particular words seem forced upon the person.

The question becomes then, whether we can discern such features in case of delusional utterances as well. Let us return to the report of Karl B.'s experiences. Throughout this report, it is hard to ignore the immediacy with which Karl B. articulates his experiences. Everything he encounters is readily viewed in terms of a (sign of a) test. It seems no other options are considered by him. We could take these features of his account to be no less than the spontaneous inclination to use these particular words here.

We already saw, in the comparison with aspect-seeing, that Karl B. is very much preoccupied with the concept of a test – he is not tacitly taking things as such, but instead is very much aware of applying this concept. This immediate preoccupation with this concept, that of a test, may be seen to be the very spontaneous inclination to use these words here. That Karl B. takes it to be very much 'clear' and 'obvious' that the notion of a test is appropriate suggests that only this particular word will do for him. As we saw, the unique appropriateness of the words used, and the spontaneity with which they come are decisive for us taking them to be used in a secondary sense. Accordingly, we may have good reasons to take Karl B.'s utterances as such.

The certainty with which he is inclined to utter just these words does not seem to derive from a form of evidence that he is very sure about – for we find no such inferences from evidence in the report. Yet this does not mean it is the certainty with which we ordinarily take for granted our bedrock certainties – we have discussed such a suggestion in the previous chapter. When we conceive of Karl B.'s words as instances of secondary sense, we may come to see the certainty with which they are uttered rather differently. Conceived as such, this certainty derives from the constitutive relation between these words and the experience Karl is having. The felt

appropriateness of just these particular words will come across as one being certain about them. If we take seriously the conception of delusional utterances as instances of secondary sense, if we take seriously the function of these words as a primitive reaction – we should not be surprised to find a certainty towards the words used that is similar to that which someone in pain has towards his. Since, again, this is not a descriptive use of language – for language here does not represent – there is no possibility of misrepresentation either. Such is the upshot of Wittgenstein maintaining that it would be incorrect to say we ‘know’ we are in pain. If taken as an instance of secondary sense, delusional utterances of double-bookkeeping patients are not to be conceived of as knowledge claims either, for they are not descriptive of any state. Neither of an external, nor of an internal state of affairs. It seems, however, that the picture of language as descriptive is one that is rather tempting to us, patients or not. Such that when pressed, a patient may voice the certainty about the appropriateness of his words in terms of knowledge – similar to how we might be tempted to say we surely know we are in pain when someone questions our sincerity. With a conception of knowledge as correspondence in place, such a temptation may result in positing private entities to which our words correspond. This picture of language as always functioning in a descriptive way is one that Wittgenstein tried to free us from, in order to clarify confusions that may arise from it. If we take seriously the suggestion that language need not always function in this way, we need no longer be puzzled by double-bookkeeping either. For if we conceive of the double-bookkeeping patient’s words as functioning with a secondary sense, we do not need to think of them as descriptive of any state of affairs he supposedly takes to obtain. As such, we need not be puzzled if the patient does not act in accordance to such a state of affairs.

## Conclusion

We ended the previous chapter with the suggestion to conceive of the words of the double-bookkeeping patient in a different way. The proposal was to conceive of them as instances of secondary sense - combinations of words that may typically be used in a descriptive manner, but now are used to express a particular experience. As such, the phenomenon of double-bookkeeping need no longer puzzle us. The puzzlement arises out of a conception of the patient's words as descriptive. Our inclination to conceive of these words in this way made us wonder why the patient does not act in accordance with the state of affairs he, supposedly, describes and hence can be thought to take to obtain. This puzzle disappears when we are willing to take these words to function with a secondary sense, as we have seen. But the inclination to see language as descriptive persists, even in accounts that do not take a narrow folk-psychological approach to (double-bookkeeping) delusions.

One such an alternative account of delusion that focuses specifically on double-bookkeeping, is that of Louis Sass. In a Wittgensteinian approach to the double-bookkeeping puzzle, his interpretation cannot go unmentioned, thus we will consider it briefly. Sass (1994) conceives of double-bookkeeping patients as inhabiting two realities, a public and a private or solipsistic one. On his account, the words of the double-bookkeeping patient do not refer to the public world, and as such, Sass can account for the patients not acting in accordance with their words within this public world. For, similar to the suggestion made in the previous chapter, these words are not taken to describe the external world in the first place.

Accordingly, the double-bookkeeping patient should not be thought to take the external world to correspond to his utterances – and thus we should not be puzzled by the patient not acting in accordance with such states of affairs. Instead, Sass maintains, the patient inhabits two realities, both our ordinary reality, and a private reality, accessible only to the patient. He takes the patient's words to be descriptive of the private reality, referring to private entities. Accordingly, the descriptive picture of language persists in this account. Such a conception, however, may fall victim to a private language argument. For if the meaning of the words that the patient uses consists of them referring to a private reality – how are we to understand them? Moreover, as Read (2001) argues, it is questionable whether solipsism is an intelligible conception according to Wittgenstein. If so, invoking it to understand double-bookkeeping may not get us where we want.

When it comes to making sense of double-bookkeeping delusions, then, such an account may raise more problems than it solves. The alternative account that is presented here, by stressing the expressive nature of delusional utterances in double-bookkeeping patients, differs from both Sass' solipsistic interpretation and from a more straightforward doxastic interpretation of delusional utterances. Such accounts have in common the presupposition that the language of the patient functions with its primary sense. That

is to say, both such accounts assume the patient is using his words descriptively when their appearance suggest he is. Whereas the doxastic account takes the utterances to refer to a public reality, the solipsistic account posits a private realm of reference. The latter may run into problems of a private language, whereas the former will run into problems of inconsistency, for the delusional utterances may be at odds with the double-bookkeeping patient's mundane beliefs about, or actions within this public reality.

Conceiving of delusional utterances as instances of secondary sense avoids both. For conceived as such, the utterances do not voice propositional attitudes and are accordingly not at odds with mundane beliefs or actions at all. The expressive nature of such utterances avoids private language issues, for (the inclination to use) this particular expression is constitutive for having the delusional experience to begin with – and this is a public criterion. Of course, one may suppress such an inclination, but one will have to have reasons to think someone does. That is to say, it is an exception rather than the rule. Similar to how we do not surmise just anybody to be in pain even though he does not express it. Someone might be considered to be in pain without expressing it if we can point to reasons why he would be suppressing it, such as some special training the person in question has had. But if these reasons are not available, it does not make sense to suppose someone is in pain.

One final point needs to be addressed here. For, one may ask, even if we are to conceive of the words of the double-bookkeeping patient as instances of secondary sense, supposedly expressing a particular experience of meaning - is this itself an intelligible proposal? Sure, one may object, one person may notice an aspect that another person doesn't, but it at least has to make sense to others. That is to say, it has to be possible for others to notice it too. Can we really make sense of the delusional patient as noticing aspects that other people cannot - no matter how hard they try? How is such an intelligible possibility?

Here we should recall that, in chapter four, we distinguished between the continuous seeing of an aspect and the noticing of an aspect. The difference between the two, is that in the former, one unreflectively takes for granted something as such-and-such. That is to say, the aspect one sees the object under does not strike one, it does not occupy one's mind. Instead, one tacitly takes it as such. Thus the hammer does not particularly strike me as a tool that is used for hammering - instead I use it unreflectively, as one uses a hammer, without so much being struck by conceiving of it as a tool. I tacitly take it as a tool, but it doesn't strike me as such. This is to take for granted the practice of using hammers as one does. Only when one reflects on such a practice, and does not quite take it for granted, is it possible for the hammer to strike me as a tool. That is to say, the notions of continuous aspect-seeing and noticing an aspect exclude each other. The latter is characterized by being struck by the aspect, noticing it, being preoccupied with the aspect. Conversely, the former is characterized by precisely not noticing this aspect, not being struck by it, and by taking it for granted rather than being preoccupied with it.

Not only does continuous aspect seeing excludes noticing the aspect one sees the object under, it implies that we do not notice any aspect. Thus, as long as we tacitly take for granted the fork as a fork, not only are we not struck by this aspect, but we do not notice any other aspect either when

looking at it. Both are excluded by continuous aspect-seeing, by taking for granted the ordinary significance the fork has for us, when go along with the practice of using utensils.

Yet, we have seen in chapter two, we characterized the prodromal phase of schizophrenia precisely by its loss of certainty. That is, the patient precisely does not go along with ordinary practices anymore. What we characterized in chapter two as the loss of practical significance, can also be said to amount to the patient not continuously seeing aspects anymore. These aspects are not taken for granted anymore. Taking into account this context, helps to render intelligible the proposed experience of meaning. For when one no longer continuously sees aspects, it becomes possible to notice both these as other aspects. Noticing aspects is constrained by the continuous seeing of aspects. If the latter goes, the former becomes possible. The unusual aspects the delusional patient notices, then, become an intelligible possibility when he no longer takes for granted the practices of his form of life. This is why we cannot have the same experience of meaning as the delusional patient: we are firmly constrained by the practices we take for granted. As such, we cannot but tacitly take a sign along the road as meaning we ought to stop here. It does not strike us as having this meaning. And whenever it *does* strike us as having this meaning, to point out a truism, we notice this aspect and we can thus not be said to *not* notice the aspect - which is precisely what is required to continuously see it. Since the delusional patient does not take for granted this aspect we see continuously in the sign, it becomes possible to notice this aspect, as well as others, and be struck by it. As such, experiences of meaning that are ruled out by our habitual ways of acting become possibilities to the delusional patient who has lost his certainty.



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