

McGinn on delusion and imagination

We admire the freshness and audacity of McGinn's book on the imagination. We disagree with him about the relation between delusion and imagery. McGinn's thesis raises a more general issue about the relation between delusion, belief and imagination; we discuss this at the end of our paper.

McGinn argues that delusions are "imagination-driven beliefs" (p.113), caused by mental images: particularly, it seems, visual and auditory images. According to this thesis delusions arise in two ways. The subject may form a belief based on the image, much in the way a healthy belief might be formed on the basis of perceptual experience. Delusions may also be caused by perceptions suffused with imaginings, as when one hears—genuinely hears—a conversation and hears it as a conspiracy. It is the contribution of imagination to perception that causes the delusion in this case; without this contribution, the perception itself would not sustain the belief in a conspiracy (p.115).

That there is some connection between imagery and delusions is highly probable. The question is whether we can identify a special, explanatory relation between imagery and delusions, given that imagery is, for many people at least, a common feature of mental life, accompanying, provoking and modulating perfectly healthy thoughts, emotions and actions. Imagery also seems to play a role in many aspects of psychopathology, including those where delusions are not prominent: substance misuse, phobias, depression.¹ What is McGinn telling us of *particular* relevance to the understanding of delusions? We take a central part of his thesis to be this: delusions are standardly thought to be caused by hallucinations; but this arises out of a confused understanding of the distinction between hallucinations and mental images; when we look at the phenomenology of delusional mental disorders, we shall see that it is mental images that are the real cause.

One more point of interpretation: McGinn says that his interest is in "the characterization of the delusions of madness" (p.115), suggesting that his claim is not meant to apply to absolutely all possible cases of delusion. At the same time, he would seem to be committed to something stronger than the claim that delusions in psychopathology are sometimes caused by images. If it is characteristic of the delusions of madness to be caused by imagery, we would expect that they are mostly so caused, or at least that they are so caused except in cases which fail some independent test of normality. But both these claims are wrong. They are wrong for two reasons. First, where experiences often described as 'hallucinations' do play a significant causal role in delusion-generation, these experiences don't have some of the features necessary for them to count, by McGinn's lights, as images. Secondly, there is a large, clinically central class of delusions which cannot plausibly be accounted for on the assumption that either imagery or hallucination has taken over or supplemented the causal role we would otherwise expect to be occupied by healthy perception. Since these weaker claims are wrong, any stronger claim about a necessary connection between delusion and imagery must be wrong also.

¹ For review of the roles played in psychopathology by imagery, see e.g., the papers in Memory 12(4), (2004), and Morrison, A.P., Beck A.T. et al (2002). 'Imagery and psychotic symptoms: a preliminary investigation'. Behaviour Research and Therapy 40(9): 1053-1062.

What hangs on the claim that delusions are caused by images rather than by hallucinations? As McGinn notes, the distinction that he wants to draw between images and hallucinations is not generally reflected in the clinical literature (p.187), so those who speak of hallucinations as the causes of delusions are not necessarily disagreeing with him. But the issue is not one merely of labelling. McGinn offers an account (Chapter 1) of the characteristics of images which distinguish them from what he calls hallucinations: the substantive part of his claim is that delusions are caused by states with *those* characteristics, regardless of what we call them. We discuss some of these characteristics later on. But it is important to be clear about one thing from the start. While McGinn, in company with others, cites dependence on the will as characteristic of imagining, he also says that when images cause delusions, those images are not felt by the subject to be dependent on the will; rather, the image is controlled by an unconscious component of his mind (p.118). The idea of a loss of the sense of agency is important, and we will come back to it.

We now turn to the details of McGinn's claim about the characteristics of delusion-causing states.

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McGinn says that his is not a "full" account of delusions (p.187). But without some specification of the limits of this account, which he does not give us, it seems appropriate to treat the hypothesis as one with full psychiatric generality; only that way can we gauge what its limitations are. We begin with psychotic delusions. Later we consider delusions of other kinds.

The one specific cause of delusion mentioned by McGinn is "be[ing] visited by auditory images that have persecutory content" (p.115). McGinn is referring here to what would normally be described as auditory hallucinations, suffered by about 70% of patients with schizophrenia: this is the most common symptom of that complex disorder or group of disorders. We can agree that such experiences (whatever we call them) can contribute to the formation of certain delusions; patients have these experiences and form beliefs such as that they are being spoken to by powerful and often threatening agents. The question is whether these experiences have the characteristics McGinn associates with imagery.

McGinn joins with Jaspers in saying that these experiences "appear in inner subjective space", rather than seeming to emanate from interpersonal space; this is crucial to their being, in McGinn's view, images rather than hallucinations (p.117). Empirical evidence suggests that this is not universally the case. Several studies have found that patients describe their voices as emanating from extrapersonal space about as often as they describe them as located within the head; some patients experience them at both loci, variably.² One study compared the experiences of patients with tinnitus with those of patients with schizophrenia. While the majority of those with tinnitus experienced sound

2 Holland J.A., Riley K.C. (1998). 'Characterizing auditory hallucinations: an aid in the differential diagnosis of malingering' *Journal of the American Association of Emergency Psychiatry* 4(1): 3-5; Nayani T.H., David A.S. (1996). 'The auditory hallucination: a phenomenological survey'. *Psychological Medicine* 26: 177-89; Copolov, D. Trauer, T and McKinnon, A. (2004). 'On the non-significance of internal versus external auditory hallucinations'. *Schizophrenia Research* 69: 1-6.

as coming from within the head, the majority of schizophrenic patients (11 out of 14) experienced voices as coming from outside the head.³ McGinn claims that patients who hear voices do not behave as they would if their voices seemed to come from extrapersonal space; the subject does not, for example, “incline his head in the direction of the supposed voice” (p.116). Our discussions with clinicians in this area suggests otherwise: patients do sometimes turn towards the perceived location of the sound, and we are told of a case where a patient raised the shoulder of his coat to his ear, to help in blocking out the sound. All of the ‘external’ hallucinators reported in Nayani and David (1996) were able to locate the sound in space.

Should we say that at least those voices which are experienced as originating within the subject’s head are to count, by McGinn’s lights, as images rather than hallucinations? In his account of the hallucination/imagery distinction, McGinn makes a lot of the supposed fact that images do not purport to tell us how things are in relation to our bodies. Focusing on the visual case, he says that while perceived or hallucinated objects are felt to be in a definite relation to the body, and in particular to the eyes, a visual image does not present its object as in any such relation (p.23). There is an auditory version of this thesis: perceived sounds present themselves as having a source which is in some, often vague, relation to the body, while imaged sounds do not. But at least some voices described as ‘within the head’ present themselves as bearing a spatial relation to the body, in virtue of being, exactly, within the head. Nearly all the internal hallucinators reported in Nayani and David (1996) were able to locate their ‘voices’ exactly within their own head or body (typically in the forehead). Where ‘voices’ can be located so precisely, there is little to support the idea that these are cases of imagination rather than hallucination, as McGinn divides the territory.⁴

A friend of McGinn’s thesis might respond by saying that, at most, this suggests that auditory images do not have all the characteristics McGinn ascribes to them, and that we have done nothing to show that there are delusions in which imagery plays no significant role. We agree; the fact that the experience of hearing voices is an experience which carries with it information about spatial location should not make us rule out the possibility that such experiences have an imagistic character. After all, McGinn, in company with others, cites dependence on the will as a characteristic of imagining. Recall that he also says that when images cause delusions, those images are no longer experienced as dependent on the will; rather, the image is controlled by an unconscious component of the subject’s mind (p.118). For all we know, loss of the sense that an image depends on the will may bring with it other peculiarities; it might have the effect of making images seem to carry with them information about spatial location. Perhaps an argument could then be mounted for saying that what makes the experience of hearing voices an imagistic one, despite some significant differences between the phenomenology of hearing voices and the phenomenology of (ordinary) imagery, is the fact that the experience of hearing voices is explicable in terms of the operation of mechanisms which normally produce (ordinary) images, but here malfunction to produce the experience of hearing voices.

For present purposes, we take no stand on this one way or another. Our point so far is a limited one: McGinn can’t use his account of the characteristics of images to argue that hearing voices in psychosis is a phenomenon of imagery as distinct from hallucination,

³ Johns, L.C., Hemsley, D. and Kuipers, E. (2002). ‘A comparison of auditory hallucinations in a psychiatric and non-psychiatric group’ *British Journal of Clinical Psychology* 41: 81–6.

⁴ We are indebted, here and in the previous paragraph, to Professor Peter Liddle.

for at least some heard voices do not have those characteristics. But we now argue for something stronger: that many delusions in psychosis derive from experiences which, while strange in various ways, are not in any significant way experiences of imagery. They are sometimes experiences of loss of agency, and sometimes experiences with a particular affective character, that of 'meaningfulness'.

Recall McGinn's idea that imagery in psychosis is not experienced as willed by the subject. Loss of a sense of one's own agency seems to be a common feature of psychosis. It is common for patients to claim a loss of capacity to act, and a corresponding subservience of the will to that of another; patients claim that some other person causes their bodies to move, or they report that thoughts are inserted into or removed from their own minds by others. It is thought that the explanation for this is not so much actual loss of control, but, in part, a loss of the sense of control. This loss of perceived control occurs with bodily movements, but also with the generation of thought, leading patients to say that their thoughts are controlled by others. In cases of these kinds patients form delusional ideas--that their movements, or their thoughts, or their speech are controlled by external agents--which seem not to arise from imagery or from hallucinatory perception, but at least in part from the patient's perceived lack of agency.

Also significant for the generation of delusions in schizophrenia is what is sometimes called 'delusional mood', a phenomenon accompanying the onset of psychotic episodes. Delusional mood is best described as a kind of experience, though not a perceptual one; otherwise ordinary events and objects seem to be deeply meaningful in ways that are not yet clarified, it is as though everything is a sign, though it is not clear what things are signs of. Delusions produced by delusional mood seem to be specific hypotheses about what this mysterious meaning is. Again, these delusions are the product, not of imagery, but a sense of inchoate meaningfulness.

But might not imagery play *some* role in the generation even of these sorts of delusions? Yes. For example, imagery might play a role in mediating between delusional mood and specific delusional ideas. As Davies and colleagues put it "when a subject experiences these feelings of significance, an apparently significant train of thought and its associated imagery come to provide content for a delusional belief."⁵ But—to recall an earlier point—if imagery plays a mediating role here, it does not seem to be different in kind from the role we would expect imagery to play in the generation of quite benign beliefs; we often confront puzzling situations and generate hypotheses to explain them, and imagery may make certain hypotheses more salient than others; this does not make the beliefs thus generated delusional.

We earlier undertook to apply McGinn's theory to non-psychotic delusions. There is, for example, a range of bizarre delusions associated with specific brain lesions of various kinds and which are notable for being monothematic. These delusional states appear to be caused by unusual experiences, but once again, these cannot be explained as involving images that substitute for or enrich perception. Some of these experiences are emotional rather than perceptual in kind. Ellis and Young argue that the Capgras delusion—in which people claim that their loved ones have been replaced by robots or aliens of similar appearance—arises because the subject, through brain damage, no

⁵ Davies, M., Coltheart, M., Langdon, R. and Breen, N. (2001). 'Monothematic delusions: towards a two-factor account' *Philosophy, Psychiatry and Psychology* 8(2/3):133-158 (p.138).

longer experiences the emotions that the sight of a familiar face normally brings.⁶ With the Fregoli delusion we find unusually heightened emotional response to faces, even unfamiliar ones, leading the subject to conclude that people they know well are spying on them in heavy disguise. The Cotard delusion—the delusion that one is dead, or sometimes 'undead'—may be associated with generally much reduced affect.⁷

Once again, we do not deny that some form of imagination may play a role in these cases. Perhaps the affective changes encourage one to imagine that one's partner has been replaced by a double, or that someone familiar to you is watching you in disguise. This may be one way to understand McGinn's claim about the imaginative interpretation of perception, though it seems to have little to do with imagery per se. But we say again: in such a case, imagination does not seem to be playing any special role. In any case where we formulate a hypothesis, the idea starts as something we imagine, assume or suppose, only later (though perhaps not very much later) becoming a belief. In this sense there is nothing pathological about an imagining that leads to a belief.

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McGinn says that his view has the advantage that it enables us to keep sight of the irrationality of delusions: it is irrational to have your beliefs driven by your images, but there would be nothing irrational about having your beliefs driven by your hallucinatory experiences; it is just bad luck that you have such grossly misleading experiences (pp.115-6). But delusions caused by hallucinatory experiences will not automatically count as rational: the rational response to an experience which is in massive and obvious conflict with what one already believes, and with the opinions of other reliable people, would be to regard the experience as non-veridical. To the claim that this objection under-rates the power of experience to "drag" belief with it, it may be replied that people sometimes do have very unusual experiences without forming delusional beliefs on their basis. People with phantom limb experiences after amputation do not generally believe that they have invisible limbs, or limbs that are present only when they are not looking at or touching them; they accept that their very vivid, detailed and continuous proprioceptive experiences are simply non veridical. People also have unusual *absences* of experience—particularly relevant to the case of schizophrenia, as we have seen—without becoming delusional. Patients with anarchic-hand syndrome, where one hand behaves, apparently, as if it is not under the control of the agent, do not generally believe that their hand is being controlled by mysterious and powerful agents. Even those subject to full-blown hallucinations sometimes display insight, and do not believe in the reality of their visions.⁸

Even where a delusion results from a genuine perceptual experience, it may be so evidentially underfunded by the experience that its irrationality is manifest. Consider the often-cited example of the patient who formed the delusional view that the world was about to end. One can imagine experiences, hallucinatory or otherwise, which would make this a rational thing to believe—one might have heard (or seemed to have heard) that a large meteor is about to hit the Earth. But this patient—who formed the delusion

⁶See Ellis, H.D and Young A.W. (1990) 'Accounting for delusional misidentifications' *British Journal of Psychiatry* 157: 239-48.

⁷ See Davies et al, op. cit.

⁸ See Manfred, M. and Andermann, F. (1998). 'Complex visual hallucinations: clinical and neurobiological insights'. *Brain* 121:1819-1840.

on the basis of looking at marble table tops—had no experience which came anywhere near playing this justificatory role. Someone wondering whether this patient's belief is rational or not would be looking in the wrong place if they thought that the question could be settled by deciding whether the patient really saw, or hallucinated the marble table top, or instead had a visual image as of a marble table top. The same applies in a case mentioned by McGinn; that of hearing a conversation as a conspiracy. McGinn says this is an example of perception suffused with imagery. But the problem need not be that imagery is interfering with perception--the patient might not disagree with anyone else about the words spoken. Rather, there is a tendency on the subject's part to interpret what is said as *meaning* something conspiratorial and threatening, though the rest of us would probably find the supposed connection between what was said and this meaning scarcely intelligible. Such occasions of hearing a conversation as a conspiracy, or seeing a stranger's stare as threatening, or an everyday scene as a sign of the end of the world, seem to involve what John Campbell calls "top down loading" of perception from the contents of the patients thoughts about conspiracies and secret meanings, rather than anything to do with images.⁹

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We conclude with some general reflections on the relations between delusion and imagination. McGinn claims that, by seeing delusions as the products of imagery, we better understand why they affect their subjects in ways different from ordinary beliefs. Deluded subjects often seem to take a fictive or, as McGinn puts it, "melodramatic" stance towards their delusions; they sometimes admit the implausibility and even the impossibility of these ideas; they often make no or only a very limited attempt to integrate their delusions with their other beliefs. McGinn says that this is because "the source of the belief in the imagination is somehow registered in [the subject's] mind" (p.116). One need not accept the thesis that delusions have their basis in imagery in order to think that this fictive aspect to delusions suggests a connection with the imagination. As McGinn describes this aspect—"a flight away from the real world and into a fictional world" (p.117)—it suggests that delusions are not beliefs at all, but imaginings of some kind—presumably propositional or, as McGinn says, cognitive imaginings.¹⁰ While one of us has argued exactly this thesis in the past, we suggest—rather tentatively—a somewhat different view: that delusions considered as a class of states do not fit easily into rigid categories of either belief or imagination. While delusions generally have a significant power to command attention and generate affect, they vary a great deal in the extent to which they are acted upon and given credence by their possessors.¹¹ In that case it may be that cognitive states do not sort themselves neatly into categorically distinct classes we should label 'beliefs' and 'imaginings', but that

⁹ See Campbell, J. (2001). 'Rationality, meaning and the analysis of delusion'. *Philosophy, Psychiatry, and Psychology* 8(2/3): 89-100 (p.96).

¹⁰ Louis Sass has argued that schizophrenic patients hold delusions 'with ... a certain distance or irony'. *The Paradoxes of Delusion* (Cornell University Press: 1994): 21. For an elaboration of the idea that delusions involve a fictive stance and an attempt to integrate this with cognitive theories of schizophrenia, see Currie, G. and Jureidini, J. (2003). 'Art and delusion'. *The Monist*, 86: 556-578.

¹¹ For the claim that delusions are imaginings see Currie, G. (2000). 'Imagination, hallucination and delusion' *Mind and Language* 15(1): 124-138. For criticism see Bayne, T. and Pacherie, E. (2005). 'In defence of the doxastic conception of delusions'. *Mind and Language* 20(2): 163-88.

these categories represent vague clusterings in a space that encompasses a continuum of states for some of which we have no commonly accepted labels.¹²

McGinn might not disagree with us about the diversity of states we confront: 'belief' he says, is a term that covers states of different kinds, and we should not try to assimilate everything it covers to one narrowly philosophical conception (p.112). Yet insisting they all be called 'beliefs' seems to us a mistake, when among them are states--some kinds of delusions, for instance--where 'belief' does not seem a more appropriate label than 'imagining'. However we use the labels, we need to keep sight of important distinctions between these states in terms of their motivating power, their causal origins, their capacity to generate conviction. This requires a set of distinctions finer than the ones philosophers have been used to employ.

Delusions may not be the only states that live in this puzzlingly indeterminate realm. Consider the argument of Georges Rey for what he calls meta-atheism, the view that many scientifically educated people who claim to believe the tenets of some religion are mistaken and do not believe any such thing.¹³ Rey notices, among other things, the oddly fictional characteristics of many religious stories, so often populated by characters whose behaviour, impressive within the context of the story, would mark them, in real life, to be avoided at all costs--think of the Old Testament prophets. If one accepts Rey's arguments, where in the cognitive universe should we say that the ideas (a conveniently general term) of the educated theist lie? Simply to call them imaginings does not do justice to their capacity to generate commitment and sacrifice. Perhaps some of what we call belief in religion, magic and the spiritual also belongs in the more thinly populated parts of cognitive space, between the clusters more appropriately marked 'belief' and 'imagination'.¹⁴

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¹² Much ordinary, nonphilosophical use of these terms suggests a continuum view of the relationship between belief and imagination. See also the account of 'in between believings' in Schwitzgebel, E. (2001). 'In-between believing'. *Philosophical Quarterly* 51: 76-82.

¹³ See Rey, G. 'Meta-atheism: religious avowals as self-deception', in R. Martin and D. Kolak (Eds.) *The Experience of Philosophy* 6th Edition (Oxford University Press: 2005).

¹⁴ See Currie, G. and Jureidini, J. (2004). 'Narrative and coherence'. *Mind and Language* 19(4): 409-427.