Beneath the Form of Eternity

Wittgenstein, the Spirit, and Psychosis

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Abstract

The study of mental disorder is historically riddled with the inflammatory suspicion that psychosis cohabits with sacred experience. Are the revelations and voices which characterize the great spiritual leaders and innovators no different from the religiously themed delusions and hallucinations of the psychotically ill? A Wittgensteinian approach to this dilemma questions the question, revealing what is already implicated in its framework. Cutting the problem off from the habits of thought which make it possible lays it finally to rest. We are then left to examine how the conceptual landscape of psychiatry shifts when the weight of the ‘Religion or Madness?’ construction—and the philosophical mistakes it exemplifies—is lifted. The resulting conceptual shifts allow us to work toward an understanding of those gripped by psychosis in which the life of the spirit is germane to psychiatry’s ordinary practices of healing.
This project is the product of a great deal of faith—in me, in the ideas—and I am grateful to those who, believing, helped me bring it to life. Grant Gillett’s absorption and delight in ideas moves me, and this has been both intellectually sustaining and emotionally uplifting. He has been besides all that I would ask in a supervisor: compassionately concerned with my well-being, thoughtfully engaged with the work, unstinting with encouragement, and more than generous in making time for conversation. Richard Mullen filled out the supervisory team nicely, bringing concern for structure and clarity and for intelligibility to a clinical audience. His psychiatrist’s-eye-view on the proceedings has been invaluable. He has, too, been instrumental in rescuing Karl Jaspers in my mind from consignment to what I now realize is caricature; given my stubbornness, and a prejudice against books which seem unnecessarily fat, this is a remarkable feat.

The University of Otago has been an inviting and encouraging place, and has supported the project with a scholarship. The Bioethics Centre at Otago has been a home to me, and I have found there support, stimulation, camaraderie, and friendship. On arrival, Don Evans believed in me, and fought for me. Throughout, Vicki Lang has navigated me through that universe of paperwork whose language and rules intimidate and exasperate me; I would not have made it through these years without her skill and concern. The Centre’s staff in general tend to have that laudable but not common attitude toward students which takes them to be valuable participants in mutual intellectual endeavor; for that attitude and the community it created, I am grateful. The postgraduates in the Centre are keen minds, and have been good company over the course of the project. The Friday Student Forum and the Monday Seminar provided impetus for thinking and writing, gave me early practice in publicly articulating my ideas, and helped reduce anxiety around the activity of fielding questions on the spot. On a visit to the Centre, Hilde Lindemann-Nelson guided and encouraged me toward what would become my first publication. I am grateful also to a few members of the Centre community in particular: Simon Walker for exceptional conversation, and for much-needed empathy in the thesis process. Stacey Broom and Lynne Bowyer for sympathy, company, and a delightfully comic strain of hysteria.

From time to time I have needed to attend to issues of translation in Wittgenstein’s texts. I am grateful to Matthias Blümke for his improptu German tutorials and his reflections on the comparative structures of German and English, and to Tim Mehigan for a thoroughly illuminating exchange on the evolution of the verb ‘setzen’ in German philosophy. David Charles McCarty, while also shedding light on issues of translation, offered generous and insightful conversation on both the status of the proposition in the Tractatus and on Wittgenstein’s project in that book as a whole.

There are a few people, finally, without whom nothing. My parents, Ron and Judy Steslow, taught me to read well, to eat well, and to believe, and in these thesis years they have been, as ever, stalwart supports. Kim Evans first showed me that broadening move of Wittgenstein’s: from logic to the foundations of the world. What’s more, she’s held the wide world together for me. Tristan Philip, for his immediacy and depth of understanding, for his
curiosity and honesty, for knowing the difference between causal and meaningful explanation, has been an extraordinary partner during these years of study. While teaching, working, and writing his own thesis, he also kept me sane; this sentiment is neither metaphorical nor exaggerated.
A Note on Style

Dear Reader,

In his preface to The Sickness Unto Death, Kierkegaard excuses his “edifying” manner of writing: “There’s a more ceremonious style which is too ceremonious to be much to the point and which, to those all too familiar with it, easily becomes meaningless.”¹ I too have need less of ceremony than of understanding, so I have avoided protocols which encourage authorial and readerly distance. My presence in this text (and my need for yours) is neither hidden nor abruptly unveiled in certain moments of assertion. I write with familiarity, occasionally addressing you, often reminding us, always assuming that we are investigating together. You will find a similar assumption of readerly fellowship in writing by several of the authors to whom I respond and from whom I draw inspiration: M. O’C. Drury, D. Z. Phillips, Claude Bernard, and, of course, Wittgenstein.

These authors simply do their work, with their readers alongside, working, too. I have tried very hard to try to say and to show some difficult things here; hearing and seeing them will require hard work as well. Any writing that hopes to make an impression relies on a reader’s willingness to be open and vulnerable, to forsake the protective watching, judging stance and immerse herself in the project. I try to write here in a way that requires you to move yourself in response to the text: to shift position, make connections, find your way about, until the concerns of the text become clear, and with them the changes you have had to make in order to understand and respond to them, to come near the heart of the project. Such transformative reading is extraordinarily difficult, but the processes it requires are those very shifts in attention and responsiveness demanded by the task of understanding psychosis and caring for those who endure it.

Yours,

K. Steslow

Preface

“The world of the happy is quite another than that of the unhappy.”

—Wittgenstein, Tractatus Logico-Philosophicus

For Maurice O’Connor Drury, student and lifelong friend of Ludwig Wittgenstein, the difference between the world of the happy and that of the unhappy was a matter of professional as well as philosophical concern. Drury was a psychiatrist, one of several of Wittgenstein’s students who took seriously his teacher’s conviction that professional philosophy was “a kind of living death,” and that one ought really to be doing useful work, preferably among “ordinary people.” “One of my pupils, on my advice,” Wittgenstein noted in conversation with Drury, “has gone to work in Woolworth’s; now that is the sort of thing you should do.” So it was that after studying for years with one of the period’s most powerful and influential thinkers, Drury found himself building charity houses with unemployed shipyard workers, burning through saved scholarship money to support himself, and finally accepting the sponsorship of two of Wittgenstein’s wealthy friends (including the economist John Maynard Keynes\(^2\)) to begin medical school and eventually specialize in psychiatry.\(^3\)

Drury found attending to the sufferings of his patients indeed useful work. He practiced psychiatry, in fact, during a period of “remarkable change,” in which “a specific form of therapy” was developed to treat what were called “the major psychoses”: “melancholia, mania, schizophrenia, paranoia.” With these new “physical and chemical” forms of treatment, Drury and his colleagues found themselves “to be able at last to do something positive and effective for their patients,” after having for so long to leave the matter of “recovery from…disease” largely “to time and chance” while being able only to look after their patients’ “physical well-being.”\(^4\)

But Drury begins to worry about the fact that these new treatments, with their dazzling efficiency, tend to draw attention away from the world of meaning in which a patient lives and necessarily experiences her disorder. Nowhere does he find this neglect of the meaningful


experience of illness more apparent than in the cases of his religious patients. These patients present their problems in spiritual terms and are often resentful of being sent to a psychiatrist, because although there is some disturbance being experienced, it is being experienced in spiritual terms—involutorial melancholia as a loss of faith, manic hallucination as personal revelation, and so on. Drury troubles the easy pronouncement that his religious patients are mad rather than having valid religious experiences by recalling descriptions of nearly identical states which are less questioningly attributed to supernatural events. St. Anthony hears these words read from the altar: “Go and sell all that thou hast and give to the poor and thou shalt have treasure in heaven, and come and follow me,” “and straightaway he goes out into the desert around Thebes and lives there—a life of heroic austerity,” beginning the tradition of Christian Monasticism. But Drury’s own patient, “Mr D,” “one morning at Mass” hears the same words, and they “spoke to him like a command.”

And straightaway he left the church, putting all the money that was on him into the poor-box at the door. He set off to walk the 135 miles to Lough Derg, a famous place of pilgrimage in Ireland since earliest times. When he did not return for his breakfast and the morning passed without news of him, his wife became alarmed and notified the guards. Eventually that evening he was stopped by a policeman in a small village about thirty miles from Dublin. He was seen by a doctor and put on a Temporary Certificate for admission to a mental hospital.

Drury puzzles over the prospect of differentiating between Mr D’s experience and St. Anthony’s, between any of his religious patients’ accounts and those of history’s iconic religious figures. Had psychiatry’s methods been available in the past, would physicians like himself have medicated great spiritual leaders?5

His resolution of these troubling questions comes by way of a singularly Wittgensteinian shift. His exhausting (if not exhaustive) pursuit of criteria for distinction cues a suspicion of the perspective demanded by his working question: ‘What is the difference between madness and religion?’ “When in philosophy,” he writes, “you keep coming up against a dead end, such as we have so far, in our search for a principle of differentiation between madness and religion, it is often because we are looking for the wrong type of answer.” Drury realizes that the form of his quest has restricted the manner of his response, and obscured the sort of insight needed for resolution. “We were sitting back in a cool hour and attempting to solve this problem as a pure piece of theory. To be the detached, wise,

5 Drury, “Madness” 117, 121, 124-5, 124.
external critic. We did not see ourselves and our own manner of life as intimately involved in the settlement of this question.” But when “we find ourselves closely involved,” when we require ourselves to have a stake in the answer, to answer what might happen to our own piety were we to become mad, the answer must take part in the assurances and wisdom of the religious teaching that informs us. Remember that just those qualities of personality in which we trust, which we regard as peculiarly our own for keeps, our intelligence, our will-power, our piety, these are all dependent on the proper functioning of a very complicated and delicate neuro-humoral mechanism over which we have no control. Some slight disturbance of an endocrine secretion, a hardening of some arterial wall, a failure of an enzyme to catalyse an essential chemical reaction, and all in which we have put our trust is gone. Our sanity is at the mercy of a molecule.

Remember this, the vulnerability of every mind to madness, the possibility that we may be utterly leveled, that, as Drury reminds us Simone Weil writes, “what I am might be abolished and be replaced by anything whatsoever of the filthiest and most contemptible sort,” and we will remember too the ancient and intimate connection of humility with spiritual growth. “To lead a really spiritual life while physically and psychologically healthy,” Drury writes, “is altogether impossible.” In the utter disintegration of the sources of all our pride, in losing our “self sufficiency,” we enter “the condition for passing over into truth.” That is, in madness no less than in sanity it is possible to know divinity if the breakdown of self-sufficiency becomes food for the growth and instruction of the spirit.

All of which is of course not to say that every revelation proclaimed by every psychiatric patient is in fact a message from God. It is rather an effort to shift our specious assumptions, and to see how these clinical encounters look from a position of epistemic humility. The change may not seem at first like much. But in fact, quite a lot is altered. The search for differences between extraordinary religious experiences and their parallels among the psychotically ill reveals the illusory character of its object. “That distinction we spent so much time looking for,” writes Drury, “was nothing but a will-o’-the-wisp.”

But Drury chases the fairy light before he recognizes its unreality, and it has proven no less alluring to contemporary authors in the philosophy of psychiatry. The new enthusiasm in this field for that old pursuit calls for a reminder of the problems inherent in the question it

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7 Drury, “Madness” 136.
employs. Drawing inspiration from Drury’s writing, this text is an attempt to lay this search again to rest and to show the faults in our thinking which lead to its persistence. Wittgenstein is a natural companion for such an examination of the features of an inquiry, and he is an equally fitting aid in the ensuing examination of some unhelpful habits of thought which researchers into the extremities of mental illness have inherited. Such habits produce the mental cramps responsible for obscuring the possibility of spiritual understanding in the midst of severe, even psychotic, illness.

In order to be rid of these habits, we must practice attention to the world of meaning in which a person experiences disorder, an aspect of practice which suffers—needlessly—in the wake of “those mechanical methods of treatment” which revolutionize psychiatry before Drury’s eyes.8 The ease with which, as Drury notes, “a person’s mood and content of thought can be so profoundly and rapidly altered”9 distracts from the work of attending to the meaningful possibilities in an experience of distress, and to the expressiveness of the language encountered in episodes of psychosis—the speech and writing, the interpretable action, even the body’s uncontrolled but responsive changes. Along the way, we will gather for aid selections from authors whose works contribute to an enhanced appreciation of the possibilities of intelligibility and understanding in psychotic experience. We will attend in particular to those familiar features of psychotic disorder that share descriptors with the spiritual. Some people hear voices, some have visions, some have revelations of grand order and plan, and we will try to understand what this hearing and seeing and coming to know is like, and what, more than sickness, we can make of it.

As a consequence of these adventures in attention, and of some reminders about the nature of language, a few of psychiatry’s elementary notions suffer revision. Belief, a key concept in the literature on delusions, loses inherited associations with probabilistic choice. Insight, which has multiple functions (among them a role in determining prognosis), is loosed from the ties which bind it to the apprehension of disease. Understanding, an activity expected both of clinicians and patients, is unfettered from the task of referencing reality. And in the diminishing of overconfidence in the partial and provisional truths our medical investigations yield, there is a seemingly paradoxical reclamation of a form of unjustified certainty. Certainty, that is, loses as requisite overwhelming evidence.

8 Drury, “Madness” 137.
9 Drury, “Madness” 116.
Drury realizes that “every mental illness can be a religious experience” and “every religious belief and practice where it is deep and sincere is madness to those who trust in themselves and despise others,” but he is left still with the problem of deciding when to treat. Drury’s conclusion about this practical dilemma comes quickly, and in the form of a mandate to relieve suffering. In a letter written a few years after Drury’s death, his friend and fellow student of Wittgenstein Rush Rhees writes that Drury “does not make the final statement of the practical issue as clear as I think he might have made it if he had lived to prepare a second edition” of *The Danger of Words*, in which “Madness and Religion” appears. Rhees writes that Drury knew “an important part of the physician’s duty would lie in the care and the understanding that he shows in regard to” avoiding “doing God’s prophet harm” by “destroying or weakening his devotion to God and to the task which God had laid on him.” Not only is the physician to “give such medical succour as he can,” but he is also to go about bringing relief from suffering in a manner that values and protects the patient’s spiritual life. “By the mercy of God,” Rhees writes in characteristic humility, “a second class schoolmaster like me does not face such decisions. From what I knew of Drury (he was my closest friend) I imagine he prayed in thought ‘God enlighten me’ when he faced them himself.”

Rhees’s addendum might not seem immediately clarifying, but as is the case with so many of Wittgenstein’s students, and with Wittgenstein himself, what he writes, after having labored over a question, draws heavily on the conspicuous elements of a situation which for their ordinariness escape notice, but which on inspection alter approach or enhance understanding. Treatment administered in an attitude from which a prayer like “God enlighten me” may be uttered, even when medications issued may be the same, will radically differ from treatment administered in the complacency of a clear and obvious course. The difference does not reduce to an altered bedside manner, but rather grows and spreads through the infinite channels of connection and attention which are the rudiments of psychiatric engagement. “The thing I would dread most, if I became mentally ill,” Wittgenstein tells Drury, “would be your common-sense attitude; that you could take it for granted that I was deluded.” It is this “common-sense attitude,” this manner in which the most profound and mysterious of human sufferings are taken to be ordinary and clear, that is the most dangerous in psychiatry, the most threatening, not least because it preempts recognition of the enigma in every instance of mental disintegration. “You must always be puzzled by mental illness,”


Wittgenstein instructs Drury. A common-sense attitude undermines the possibility that any instance of madness may far exceed one’s comprehension, despite having seen many like it before; it battles the inclination to puzzle, and to wonder. The ability to sense the spirit beneath the skin, on the other hand, and to know how much we do not know, is better preparation for doctoring insanity. “I wouldn’t be altogether surprised,” Wittgenstein tells Drury, “if this work in psychiatry turned out to be the right thing for you. You at least know that ‘There are more things in heaven and earth’ etc.”\textsuperscript{12}

\textsuperscript{12} Drury, “Conversations” 152.
It strikes me that religious belief could only be something like a passionate commitment to a system of reference. Hence, although it’s belief, it’s really a way of living, or a way of assessing life. It’s passionately seizing hold of this interpretation.
—Wittgenstein, Culture and Value

A young man stands stock-still, alone in the middle of a field, head tilted as if listening. Suddenly he takes off his shoes and walks barefoot over the frozen ground, handing them to a group of stunned shepherds. After a mile, he reaches the nearby town and begins storming up and down its crowded streets, shouting “Woe to the bloody city of Litchfield!” George Fox saw visions that day, of blood running through the streets and pooling in the marketplace, and he heard God’s voice in the field commanding him to take off his shoes and preach warning in the town. For Quakers, the divine revelations of their founder are a source of spiritual inspiration. But to those acquainted with the hallmarks of madness, Fox’s story also evokes unnerving similarities to the episodes of illness endured by the modern psychiatric patient. The saints and prophets may remind us of madmen or madmen may remind us of the prophets and saints. Either way the similarity unsettles. “No psychiatrist,” writes Drury, “can read the Bible without sometimes hearing a disturbing echo of what he has just heard said to him on his ward round.” And “any busy mental hospital could produce” cases such as those Drury examines whose parallels in the lives of venerated spiritual figures throughout history compel him to question our ability to differentiate between madness and religion.13

Are the spiritual figures we know and revere merely the victims of a gripping insanity, and their outlandish ways no more than a loss of reason? Or do we tell modern prophets they are sick, and drug or sequester them? The gravity of such questions’ implications has guaranteed them a place in the minds of the thoughtfully religious and the conscientious carers for the insane. And a place, we might add, in the writings of those who cannot resist a good controversy. Herr Dr. Freud, naturally, weighs in: Yes to the former. To answer in the negative to both, to defend both our reverence for the saints and our dismissal of the spiritual

13 Drury, “Madness” 122, 125, 116.
proclamations of the insane would require making some distinction between the visions and voices of the divinely inspired and the visions and voices of the mad. “For Freud,” writes Drury, “there is no problem here. The distinction between the pathological and the religious state of mind cannot be made because it does not exist.... Freud argues that it is obvious to anyone trained in psycho-analysis, that religious beliefs and practices are a racial neurosis;” in Freud’s own words, they are the “universal obsessional neurosis of humanity,” and those wild and ancient figures that inspire them are perhaps even further disconnected from their reason than their neurotically observant progeny.

The religious life is not always debased when an academic or psychiatrist addresses the resemblance between insanity and inspiration. Carl Jung rather indicts our dismissal of the spiritual enterprises of those who turn up in psychiatric hospitals. Upending Freud’s position, Jung holds all madness to be religious struggle, requiring recognition and support. “After his break with Freud, Jung developed a doctrine almost diametrically opposed to that of his former teacher. This is what he says in one of his later books: ‘Among my patients in the second half of life there has not been one whose problem in the last resort was not that of finding a religious outlook’.” “So once again,” writes Drury, “the problem... as to the criterion between madness and religion does not arise for Jung. Madness is religion which has not yet come to an understanding of itself.” Jung’s position still allows for intervention, permits that we may not need to take the religious proclamations of the mad as straightforward revelation, but he has no need to dismiss them either, and no need to find that elusive method of distinguishing between genuine religious experience and insanity. Insanity, for Jung, is a precipitous striving for the sense and significance of a life in touch with the sacred, and this is no more a matter of pathology than any human striving.

Modern forays into this territory between religion and insanity tend not to tolerate the collapsing of the border, though in a few, the border survives only as a product of mutable influences. But no matter where and how distinctions are drawn separating madness from religion, this drawing of the distinctions largely remains a sensible practice in response to a

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14 Drury, “Madness” 128.


16 Drury, “Madness” 128, 129.

17 Isabel Clarke’s edited volume Psychosis and Spirituality: Consolidating the new Paradigm (2010) contains entries of this sort—in which the boundaries between spiritual experience and psychopathology are detectable but not absolute or unchangeable.
sensible question. But is the question sensible? ‘How can we distinguish between madness and religion?’ or, more narrowly, ‘How can we tell apart extreme spiritual experiences and the psychopathological phenomena from which they seem indistinguishable?’ Contemporary efforts at answering these questions often take for granted the question’s structure and assumptions. Or, if they do not take them for granted, they do at least agree with the question’s structure and assumptions, agree to the terms on which the inquiry is bound to proceed if it is to answer the question before it. In every discipline, as well as between them, a researcher’s question delimits the possibilities for her answer. What, then, does this common framework assume? To what kind of answers does it bind us? What are its philosophical commitments, and are they sound? First, we can look at the question’s general form. It is of the ‘X or Y?’ variety, proposing two categories, one of which can correctly be applied to the phenomenon in question. Such questions often surface in academic inquiries over the liminal cases, the oddities. These cases tend to force a revision of the categories involved, or the addition of new concepts, or the introduction of new methods of distinguishing. The baffling lower organisms are still wreaking taxonomic havoc, nearly two hundred years after we humans first noticed them. They are pertinent reminders of the way nature does not always accommodate our desires for unambiguous divisions. Psychiatry is no stranger to liminal cases. At the periphery of its universe of disorders lies a scattered host of contentious diagnoses which skip fitfully in and out of the medical realm as the arguments push and pull them. Rage disorder. Addiction. Pedophilia.

It is a reasonable activity to try to make divisions, to draw boundaries, find types, create order, direct the manner of response according to the nature of the categorized. So long as the concepts on either side work in similar ways, depend on the same sort of grounds; so long as you’re not staking a fence between a forest and a breeze. I may wonder about the taxonomic status of a sea-slug that produces chlorophyll and conducts photosynthesis, but the boundary between plant and animal rests on commensurable characteristics, and to place the

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18 Isabel Clarke’s introductory piece in *Psychosis and Spirituality: Consolidating the new Paradigm* (and the some of the research it introduces) may appear to provide an exception, as she notes the need to move “beyond the efforts to draw distinction,” and applauds work which creates an intellectual space that “can contain psychosis and spirituality together without judgment.” However, Clarke calls us to put aside the boundaries between psychosis and spirituality and efforts to draw them not because they do not make sense, and not because they are undetectable or do not exist, but because she finds them (and the sort of attitudes they engender) distracting and unhelpful in therapeutic or supportive endeavors.

19 Even in those works which take psychopathological and extreme spiritual experiences to share either phenomenological roots or precipitating processes, the eventual drawing of distinctions between them remains. See for example Peter S. Delin and Michael A. Thalbourne’s 1994 article “A Common Thread Underlying Belief in the Paranormal, Creative Personality, Mystical Experience, and Psychopathology” in *The Journal of Parapsychology*. 

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slug on either side I survey details of its anatomy and genetics, and of the way it eats and
moves and reproduces.

It is a less philosophically sound enterprise to oppose two categories whose grounds
for inclusion and exclusion are vastly dissimilar, categories which function conceptually in
very different ways. Madness or religion? The question assumes that these two concepts
compete in the same way, and against each other, for claims to objectively identifiable and
discreet entities. Philosopher of religion in the Wittgensteinian tradition D. Z. Phillips writes
that “one of the deepest confusions in philosophy is to treat different spheres of discourse as
though they themselves were hypotheses concerning a reality that is forever beyond them.”20
This is the mistake made in opposing madness and religion in a fight over certain extremities
of experience. Is the religious hypothesis or the scientific hypothesis right in this particular
case? Which is the more accurate prediction about how this objective phenomenon will
unfold? The problem here is not that we are condemned to a relativity between ways of
speaking, not that there is no truth to be had, but that the psychiatric and the spiritual are
assumed to contend comparably for the same kind of truthful statement. The concepts of
madness and religion are left unexamined, treated as labels of the same kind which can be
applied to an extreme experience based on some principle of differentiation which is
intelligible to both of them.

But religion and psychopathology function radically differently. To take one aspect of
their incommensurability: in the communities in which spiritual understandings permeate
interactions and relationships, it does not make sense to select a circumscribed portion of a
person’s life and call it ‘spiritual’ or ‘religious.’ Religious living, the life of the spirit, for
anyone invested in such a way of going through life attending to the supernatural significance
both of the everyday and the unusual, is fundamentally an activity of drawing connections, of
understanding the significance of objects and events in terms of their place within a larger
story, life, or relationship. What makes any event spiritual is not simply the event itself, but
the way it is explored and understood, taken up into an interpretive framework and way of
living. One might say that the activity of selecting out and labelling as ‘spiritual’ particular
portions of experience is an activity alien to the religious life, the intrusion of an outsider’s
need to make the strangeness of some events less perplexing.

The fact that this selection of ‘spiritual experiences’ out of the lives of the faithful has
largely centered on the most bizarre phenomena, the strangest and most perplexing, reflects a

sort of religious exoticism. The strange extremities of a religious life may be intriguing, but to
attend to them in isolation, to excise them from the lives which produce and sustain them, will
distort their significance and present to an outside view a garish and misunderstood specimen.
This ancient vice of the coloniser, to be fair, is a habit to which we are all vulnerable. Even
believers can become captivated by the spectacle of their own faith, distracted from the proper
focus of their awe. A thread of warning throughout mystic history forbids idolising the
extremities of spiritual experience, desiring the moment of revelation rather than its truth. To
the mystical seeker, sixteenth century author Saint Alonzo de Orozco advises, “let him not
desire raptures and new visions, for into such things the devil is wont to enter.” Saint Teresa
herself, a paradigmatic mystic, admonishes against the misplaced desire for extraordinary
spiritual experience. She corrects the notion that such experiences are the highest spiritual
attainments: “the highest perfection does not consist in interior delights, nor in sublime
raptures, nor in visions, nor in having the gift of prophecy” but rather in an alignment of the
will with God’s, and she reminds us of the virtue and divine presence in ordinary life: “our
Lord goes along with you,” she writes to her fellow sisters, “among the pots and dishes.”

To do research into an aspect of human life deeply valued by those who engage in it is
perhaps an admirable undertaking, especially when that aspect of life, namely connection with
the spiritual realm, is seen to be threatened by an encroaching medicalization. Let us, the
reasoning goes, examine revelatory experience and protect it from psychiatric incursion. But
to neglect the task of coming to terms with some of the most basic concepts and values held in
the lives in which revelation operates betrays a failure to apprehend the object of inquiry.

Given that spirituality always involves understanding and interpreting experiences in
light of their significance in a broader conception of the order of things, of the relation of the
person to themselves, to others, and to the world, it is sensible that any experience can be a
spiritual one to a person deeply committed to such a life of interpretation. In the religious life,
the mundane is as imbued with spiritual significance as the extraordinary. Including an event
in the category ‘spiritual’ then is no empirical matter, but a matter of understanding its place
and significance in the divine order.

Asking how to distinguish between spiritual experience and mental illness no longer
makes sense as a question if ‘spiritual experience’ as a category relies on the intrusion of an

21 de Arozco, Alonso, “Of the Great Sweetness which God Imparts in Prayer and Contemplation,” Spanish

empirical method into a realm of discourse where truth is not come by empirically. Spirituality is established interpretively, not by reference to objective characteristics. (And for that matter, experience is established interpretively as well.) We might even contest the assumption, implicit in many investigations into the hinterlands of religion and mental disorder, that identifying psychopathology involves reference to discrete and objective naturally occurring phenomena, rather than reference to a rather pragmatic collection of observations devoid of uncontested cause.

Despite glaring problems with the philosophical foundations of the ‘Madness or religion?’ question, inquiries persist along its general lines, and quests to find a distinction thrive. The most intractable version of this quest confines itself to intense episodes of spiritual experience which resemble, in certain aspects, the psychotic features of various types of mental disorder. The question then becomes ‘Spiritual experience or psychosis?’ and innovating a method to distinguish the two has grown into a small but lively area of interdisciplinary research. ‘Spiritual experience or psychosis?’ suffers as a question from the same problems it has in its more general form: these categories do not compete with each other over the same territory; they are incommensurable, relying on divergent methods of discernment.

Still, the search persists. A recent, and prominent, incarnation of this quest to differentiate between spiritual experience and psychopathology provides us a chance to examine the question at work. Bill Fulford, a distinguished figure in the philosophy of psychiatry and the founding editor of the journal *Philosophy, Psychiatry, & Psychology*, and Mike Jackson, whose doctoral study explores what he calls the “spiritual-psychotic paradox,” give the search for a distinction between madness and religion new life for a modern audience. Jackson’s original doctoral study, on which Jackson and Fulford base their joint study, details the extensive phenomenological similarities between a “diagnosed group” (who had “recovered from major psychoses”) and an “undiagnosed group” of subjects, all of whom “interpreted their experiences in strongly spiritual terms.” Jackson and Fulford note that, on reviewing the original study, “the question remains whether in an individual case the distinction between spiritual experience and psychopathology can be made solely in terms of traditional diagnostic methods as set out in standard psychiatric texts.” Jackson and Fulford’s study (as well as Jackson’s original version) makes use of contemporary case studies, re-

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casting the old debate not simply as a philosophical conundrum, but as a matter of concern to modern psychiatry. Their cases are drawn from a database owned by the Alister Hardy Research Centre in Oxford, which houses “over five thousand contemporary accounts of spiritual experience.” While Jackson and Fulford’s analysis does turn up real problems, the problems, it seems, are located in the “standard psychiatric texts” which they find inadequate to their tasks. This, however, is not a new claim; there is widespread dissatisfaction, within and outside the profession, with standard psychiatric texts, especially where these texts attempt to describe and account for psychotic phenomena. The ease with which most clinicians find they can recognize psychotic features clashes starkly with the difficulty they have in describing what is essential to this recognition, and on most accounts it is not a matter of matching the descriptions in “standard psychiatric texts” with the phenomena before them.

In addition to this bypassing of clinical praxis, Jackson and Fulford make the provocative decision to maintain that the intense spiritual experiences of their subjects are in fact still instances of psychosis, but of “benign” psychosis. The problem for them then becomes describing the distinction between benign psychosis and pathological psychosis. But such a decision, while on the surface seeming to reduce the size of psychiatry’s domain over the extraordinary experiences of ordinary people, does so by extending a medical concept into a domain of experience hitherto strictly defended against medicine’s intrusions. Why do these authors choose to extend psychiatry’s descriptive reach into areas of people’s lives which they claim psychiatry has no place in interfering? Why extend a medical concept into an area of experience on which medicine is going to make no therapeutic claims (and, in fact, from which it is going to be told strictly to stay away)?

Perhaps because insisting that the ‘spiritual experiences’ their subjects report are instances of benign psychosis opens up a line of inquiry into the fundamental nature of psychiatric phenomena. Whether or not their investigation ends up supporting this kind of inquiry, Jackson and Fulford attempt to make a distinction between phenomena that can be accurately described using a psychiatric concept but do not require treatment and those that are similarly described but do require treatment. Such a setup reminds us that it is psychiatry’s job not simply to detect phenomena which fall under its conceptual auspices but also to determine whether the people whose lives host and develop these phenomena require its help.


25 Fulford and Jackson, “Spiritual Experience” 41.
in dealing with them. This of course has been psychiatry’s job all along, but in the face of the profession’s temptations to medicalize more and more aspects of people’s struggles, it is a fairly apt reminder to make. But oddly, this reminder comes by way of extending the psychiatric concept of psychosis to include non-pathological instantiations, an extension which undermines one of psychiatry’s more fundamental tenets: that the disorders it diagnoses are in some way harmful or dysfunctional or disadvantageous or not sustainable, that its patients would be better off if some intervention could ameliorate the effects of the experiences they are going through.

There are a few connections, intended or not, that this extension of the concept of psychosis makes with trends in the history and philosophy of psychiatry. The first is with a type of research which attempts to describe consistent phenomenological entities, which may inconveniently transgress other divisions, such as those in psychiatric taxonomy. The second connection is with the increasingly popular tendency to downplay the idea of an underlying psychiatric pathology, emphasizing instead the consistencies between the psychological processes at work in everyday life and those at work in the lives of patients under psychiatric care. Richard Bentall’s popular *Madness Explained* is a good example of this approach. The claim, on this count, would not be that Jackson and Fulford deny the disintegration and disorder and dysfunction at work in true psychotic illnesses, but rather that they would be likely to locate the dysfunction in the way basically similar physical and psychological processes played out in very different lives and contexts. Psychosis, then, would be not necessarily pathological, but would have the potential to become so. (This view of the concept of psychosis departs radically from the psychiatric mainstream, which includes in the concept of psychotic illness a dysfunctional or destructive aspect.) The third connection I would make here is that maintaining the descriptor ‘psychosis’ for the experiences of the spiritual subjects in their study places this work squarely in the long tradition of extending scientific descriptions into every aspect of human experience, which in itself perhaps is not so objectionable. But it would be wise to remind ourselves, at the outset, of the classic philosophical mistake made during such extensions (sometimes not by the original researcher themselves, but by further researchers interpreting their studies): assuming that a scientific description of the physical or psychological aspects of an experience explains that experience itself. It is, of course, a causal-reductionist tendency, and we would be prudent to keep its virility in mind when considering whether to go along with Jackson and Fulford in describing
the spiritual experiences of their subjects as instances of psychosis, benign though they may be.

Whether or not we eventually agree with Jackson and Fulford to maintain the psychotic descriptor for the experiences in question, the fact remains that they have gathered these subjects whose reports of a “significant period of intense experience, explained in religious or paranormal terms,” both lack “functional deficits” and fit standard criteria for mental disorder as laid out in the Present State Examination,26 a test developed in the UK in the 1960s which has been widely used since, especially for psychiatric epidemiological work.27 The significance of their study turns on the inability of this test to separate these groups, but their conclusions, rather than finding fault simply with the diagnostic tool, find fault with clinical diagnosis. As mentioned briefly above, one of the most significant problems with such an analysis is this assumption that explicit diagnostic criteria adequately reflect clinical diagnostic practice. This is an especially important problem to raise when discussing philosophy of psychiatry, as it is one of the most common injuries philosophy inflicts on the practical matters it attempts to analyze: a misrepresentation of actual practice by an over-reliance on texts which do not accurately reflect it (but are created for referential use by practitioners who have working knowledge of their patients’ problems).

Delusions, a prominent feature of several psychotic illnesses, provide a clear example of this divide between psychiatry’s diagnostic texts and its practice. In his doctoral thesis on delusions, psychiatrist Richard Mullen writes that “in a striking contrast to the theoretical uncertainty about how best to define delusions, they appear in practice to be one of the most reliably detectable of all psychiatric phenomena.” Mullen reminds readers of the widespread consensus among psychiatrists that while there is much to criticize about psychiatric definitions of psychotic phenomena, these definitions do not adequately represent the work of clinical identification. He notes psychiatrist Manfred Spitzer’s reiteration of the longstanding disjunction between definitions of, or criteria for, delusions and the clinical practice of identifying them: “a critical approach is a poor approximation to what psychiatrists actually do when identifying a person as deluded.” In Spitzer’s 1990 article “On Defining Delusions,” he writes that “the DSM-III-R definition of delusions bears inconsistencies and does not account for the way delusions are detected clinically.” Nor is the problem restricted to that or other editions of the Diagnostic and Statistical Manual of Mental Disorders; every attempt to

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26 Fulford and Jackson, “Spiritual Experience” 43.
define delusions (and indeed other aspects of psychotic experience) since standardized definitions of psychiatric phenomena became important to the profession has run up against the same inability to capture what it is that makes clinicians find delusions so reliably easy to point out. Spitzer reminds us that psychiatrists have “always felt uncomfortable” with aspects of the definitional criteria they take Karl Jaspers to have offered up and which reverberate through “textbooks ever since.” Psychiatry’s definition of delusions, which draws on Jaspers’ criteria of “certainty,” “incorrigibility,” and “falsity of content,” “poses several problems, ranging from plainly false assumptions, to points of vagueness and ambiguity, as well as unjustified theoretical conjectures.”

Jackson and Fulford fail to address, in their initial paper, the problematic differences between their methods for evaluating their subjects and the methods a trained diagnostician would use. Several of the responses (solicited by the same journal, *Philosophy, Psychiatry, & Psychology*) to the article mention this oversight. Andrew Sims, a psychopathologist himself, reminds us of the clinical reality: “in most cases it is not too hard to make a distinction between religious experiences and psychotic phenomena.” As for the occasionally difficult cases, the Present State Examination is radically inadequate as a tool for making this distinction. But this inadequacy does not reflect, Sims argues, a correlative clinical inadequacy. “One can only conclude from the authors’ use of the PSE,” he writes, “in distinguishing SE [spiritual experience] from PP [psychotic phenomena], that the instrument itself is not capable of doing this,” which, he goes on to say, “is not very surprising.” “A better way of evaluating symptomatology in an individual case,” he writes, and what would constitute good diagnostic practice, especially in cases which inhabit the borderlands of spirituality and pathology, “is a skilled and painstaking interview by a well-trained descriptive psychopathologist.” Further elaborating on the limits of the Present State Examination, Sims writes, it “was devised for categorizing and quantifying existing psychiatric disorders in epidemiological studies,” a far cry from the skilled clinical interview with an undiagnosed patient. “Rating scales,” Sims reiterates, “are necessarily only a pale reflection and an oversimplification of the skilled work that professionals undertake.” Even without sitting down with the subjects in an interview, furthermore, Sims is able to point out several features of Jackson and Fulford's subjects’ experiences which suggest an absence of pathology (or, on an

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account more skeptical of the notion of underlying pathology, and absence of need for psychiatric intervention). Such features include “some degree of reticence to discuss the experience,” that the subject “understands, allows for, and even sympathizes with the incredulity of others,” and that the subject “considers that the experience implies some demands upon his own behaviour.” Not that checking off these features can substitute for the requisite clinical interview either. Sims simply points out that these features would be apparent in a psychopathologist’s assessment of the subject’s experiences but they are not accounted for by the PSE or other diagnostic lists. It is an uncontroversial observation that an easy path to psychiatric misdiagnosis is to take up a box-ticking approach to assessment. In Jackson and Fulford’s study, Sims writes, “the subjects’ words were scored in relevant boxes of a questionnaire rather than their meaning explored to ascertain the precise subjective state and nature of the experiences” in an empathetic interview.30

This failure to adequately capture the subtleties of good clinical diagnostic practice is not specific to the Present State Examination, but will be evident in any of psychiatry’s diagnostic checklists, handbooks, or manuals. Such tools are not created to teach diagnosis, but as references to clinicians already trained in its complexities. Even tools which fashion themselves as diagnostic manuals, and which rest on the shelves of practitioners around the world, acknowledge, in writing, their own inadequacies and the fact that they are not meant to supplant clinical judgment. A “Cautionary Statement” in the preface to the current edition of the Diagnostic and Statistical Manual of Mental Disorders, for example, reminds readers that its contents are intended as “guidelines” whose proper use “requires specialized clinical training that provides both a body of knowledge and clinical skills.”31 Psychiatric definitions do not teach good diagnostic practice any more than dictionaries teach a person how to speak a language. Definitions are only helpful to those who already have a working use of the language, and psychiatric definition no less is only helpful to someone with an adequate grasp of clinical practice. Definitions become distorted when they are taken to accomplish what they were never meant to accomplish. Psychiatric definitions and descriptions, as well as the diagnostic manuals and categories in which they reside, have been often reified and abused, leading alternately to bashing or glorifying what are essentially pragmatic aids.


Another clinician responding to Jackson and Fulford’s article reiterates the well-known inadequacies of explicit diagnostic criteria: “many psychiatrists,” writes Anthony Storr, “including myself, are deeply dissatisfied with current psychiatric taxonomy.” Throughout his response, Storr emphasises that the desperate need is not for the revision of clinical practice, but for “revision of our diagnostic categories.” Psychiatrists whose practices did not already reflect subtler methods for distinction would presumably not be at all dissatisfied with current taxonomy; the problem, as Storr locates it, is with the explicit criteria. Storr affirms that “‘psychotic-like’ experiences are relatively widespread, occur in healthy people, and may be beneficial,” resonating with Jackson and Fulford’s account, and calling for reforming diagnostic criteria to include not simply “beliefs and values,” but also the person’s “personal relationships and his place in society.” 32 The social and relational element might seem like an extreme addition to diagnostic criteria, and for those wary of becoming overly constructionist in their conceptions of mental disorder, it may appear philosophically distasteful. However, such elements are already very present in sophisticated conceptions of psychopathology, 33 most of which admit some complex interplay between biological, psychological, and environmental forces (none of which can be entirely located within a discreet individual, and all of which contribute in varying degrees to conflict and trouble in the usual ways people try to go about thinking and living). The only model of mental illness such relational influences might undermine is the increasingly unsophisticated, very narrow biologically reductive model.

In Jackson and Fulford’s “Response to the Commentaries” they reply to the objection that their measurements are not clinically sensitive, arguing that “diagnosis in everyday psychiatry is much closer to an (aetiolated) PSE than to the ‘method of empathy’ Sims describes.” 34 This is quite possible, and it is at least likely to be a problem in everyday psychiatry where and when clinicians lack the time or the inclination to properly assess their patients. And such poor diagnostic practice, especially if widespread, would not be an issue to brush aside. But this is decidedly not a problem with the inability of proper diagnostic technique to distinguish pathological from non-pathological spiritual experiences. It is rather a problem with clinicians, for whatever reason, not using good, existing diagnostic techniques.


33 See for example Grant Gillett’s The Mind and its Discontents: An Essay in Discursive Psychiatry.

Clinicians have at their disposal not only the skilled empathic interview for which Sims advocates, but also an expanse of writings concerned with the nuances of established and supported religious practice where these risk misunderstanding by well-meaning doctors. It is part of the psychiatrist’s work to become familiar enough with a patient’s background and culture, including spiritual understandings and practices, that she is capable of seeing where the person’s behaviours and experiences cross the boundaries past which a given community indicates a need for concern and a support beyond its means. Moshe Halevi Spero, whose work illuminates the mutual intelligibility between Jewish and psychoanalytic perspectives on the ordeal of being human, hesitates to offer commentary on a journal’s fictional case of the psychiatric treatment of religious ritual behaviour, because “there already exists a truly abundant literature dealing with this topic, to which, unhappily, [the author of the fictionalised case] does not at all refer but which, nevertheless, sufficiently interrogates the relevant issues.” In Jackson and Fulford’s study, as well as in the case to which Spero brings himself finally to respond, we find the authors producing a fear of psychiatrically diagnosing valuable spiritual practice, yet ignoring the sizeable literature which addresses itself to the very task of identifying “specific, religiously-clothed behaviour...that might breach some discernible limit or gradient established by the religious belief system (e.g. Halakhah) itself, and on these grounds be judged nonnormative or disturbed.”

Even if, however, Jackson and Fulford’s study were to use clinically sensitive diagnostic practices, and avail itself of the body of work teaching the discernment of integrated religious practice from mental disintegration spiritually clothed, neither result—whether successful differentiation or a failure to separate those with an existing psychotic diagnosis—could overcome the conceptual confusion inherent in the study’s objective. The study persists in the philosophical mistake which plagues the entirety of the ‘Madness or Religion?’ discussion throughout its history: that of assuming each concept in the dyad functions comparably, and, in Jackson and Fulford’s setup, as mutually exclusive labels for discreet packages of experience. Despite the boundaries internal to religious communities which help identify when a person may be in need of additional support, identifying some form of mental distress or disintegration does not establish that the person is cut off from the understanding or practices which inform their lives. Crossing some boundary beyond which a

community itself recommends help does not negate the possibility of valuable spiritual events and understandings. Both spiritual experience and psychosis are treated as mutually exclusive empirical categories, and this is an abuse the inquiry cannot sustain.

We come, then, upon glaring discrepancies between a narrowed, labelling use of concepts and the way the originals function in the communities which give them sense—here, those communities concerned with spirituality or religious experience and practice. Marek Marzanski and Mark Bratton, in a response to Jackson and Fulford’s paper, articulate this objection to a distorted concept of spirituality which labels specific and anomalous events in people’s lives. “Spirituality,” they write, “is not all about experience and...it cannot be understood without reference to the subject’s personal history and spiritual tradition.” They emphasize the need to locate isolated experiences within life and community contexts in order to determine whether or not these experiences should be considered pathological. Like many others who weigh in to defend the concept of spirituality from the abuse it suffers in such setups, Marzanski and Bratton offer a series of counter-examples which establish that what makes an experience spiritual is not the nature of the experience itself. In one of their examples, drawn from Marzanski’s psychiatric practice, a man named Peter begins a psychotic breakdown during a graduate seminar on Hamlet. Peter “felt his body begin to tremble,” and “the room lurched about and he heard a voice that came to him from another world, but trailed off.” He “experienced grief, rage, and a painful awareness of his past sins,” and “felt that he was being dragged down into hell.” After an Ash Wednesday Mass in which he felt, when he was “ashed” on the forehead, that “God had accepted him and that his mortal sins were forgiven,” he went to a pub and at the bar “he experienced God pouring out the spirit of Christ upon the waters of his soul.” He believed that the last days were at hand and that he had become a “reincarnation of the Holy Ghost.” In the same pub, his friend’s face began to “take on a Luciferian aspect” and a man he recognised as a “Beast” struck him twice on the face. He spent two days hiding in a field near his home in “internal chaos” in which “‘the Father’ tested his mind,” a chaos which ended “when he heard a cock crowing,” giving him a feeling of “awesome affinity with Simon Peter of the Gospels.” When “he felt physically that the sun had reached its zenith in his solar plexus,” “he heard the voice of Christ whispering to him from within, ‘It is time for some spiritual growth’.” He answered the voice and “discovered that he had converted.” Marzanski and Bratton detail the “clear evidence of the action destructive quality of his psychotic experiences,” noting that he underwent four hospital admissions, lost his university post, had his house repossessed, and
was planning to quit his doctoral studies “due to an inability to concentrate on the task.” But through it all, even during full remissions under psychiatric care, “Peter remains happy with his new faith, feeling that he has found truth there.” “Indeed,” write the authors, “it could be argued that the illness itself was a vital part of his journey toward Christianity” from his previous atheism. “Although the religious content of his psychotic symptoms does not in itself constitute spiritual experience,” they argue,

it is, nevertheless, linked to his conversion. These symptoms are not examples of religious or mystical experience in psychotic disguise. His delusions, hallucinations, grandiosity, and elated moods remain what they are—signs of his mental illness. Rather his illness was a factor in the events that led to a committed spiritual life despite (or perhaps because of) the other losses he suffered. However, such conversions may be prompted by other forms of illness, or indeed any crisis. For example, in the case of St. Ignatius Loyola...it was a battle wound that ended his military career; for St. Catherine of Genoa...it was her unhappy marriage; for Martin Luther it was a thunderstorm in a forest....

Peter’s psychotic experiences themselves were a vital part of his conversion to Christianity, though they remain uncontroversially symptoms of mental illness, and his physicians did him no wrong intervening to alleviate his suffering and stabilise his mental chaos.36

It is entirely within the conceptual bounds of a Christian understanding of spirituality that God might send, or use, madness for his own purposes. A person may be hallucinating or hearing the voice of God or both or neither. Drury puts it this way: “There was an old pagan saying, ‘Quem deus vult perdere prius dementat.’ Perhaps we should baptise that saying, ‘Sometimes those whom God intends to save he first has to make mad.’ ”37 There is nothing stopping God from speaking or appearing to the insane. (In fact, it would suit the Hebraic God very well—having, as he seems to, an inclination toward anointing what his baffled onlookers consider the lowest and least attractive candidates to know him intimately and to do his work.) ‘Madness or religion?’ misleads as a question, obscures insight into the possibility of mutual occurrence. Such an insight undermines the notion, which Jackson and Fulford’s paper relies on, that where there is genuine spiritual experience there is no mental pathology and doctors have no place intervening. The identification of spiritual experience does not carry with it a prohibition on support. (Although we might safely say that it does carry with it a


37 Drury, “Madness” 136.
prohibition on dismissal. But dismissal of the significance of the experiences of the mentally ill, however common it may be, is not an essential component of psychiatric intervention.)

Roland Littlewood, an anthropologist who responds to the original article, not only shares Marzanski and Bratton’s concern that Jackson and Fulford have poorly attended to the notion of spirituality, but he claims they have ill-attended to the notion of psychopathology as well. Littlewood cites the “cross-cultural comparisons” which “argue that local idioms which we might approximate to current Western notions of mental illness and religion are quite varied.” “Patterns recalling chronic schizophrenia,” he reminds us, “are not necessarily aligned to categories of physical illness, but may be seen as a spiritual failure or obstruction.” Indeed, Littlewood argues, with a sophisticated conception of cross-cultural notions of spirituality and mental pathology, it is impossible to set up the spirituality-psychosis dichotomy in the first place. Littlewood remarks that although Jackson and Fulford admit that “the distinction between their two categories, spiritual experience, and mental illness, is conventional,” “their emphasis on issues of correct practice from the medical perspective threatens to return both into distinct ontological categories, albeit with a shared phenomenology.” “Mental illness and spirituality,” Littlewood continues, “are not two distinct natural phenomena ‘out there,’ ” though the treatment Jackson and Fulford’s study gives them suggests that they have existing, static, culturally non-relative, and discoverable boundaries. Littlewood objects that “the paper’s terminology—‘spiritual psychotic experience’ ‘genuine spiritual experience’—is confusing in that it does imply realist, not conventional claims.” Littlewood maintains that “psychophysiology” can have no “existence independent of the social world through which it occurs,” denying the legitimacy of “the psychiatrist’s form/content distinction,” noting that this distinction is “an optimistic proxy for nature/culture” which “may remain a convenient heuristic device,” but which has, nonetheless, a “doubtful intellectual history.” On this account, what someone experiences as pathology is experienced as pathology because of its cultural context, and what a person in another culture may experience as demon possession is so because of that milieu in which it is experienced. Not that any pattern of experience is endlessly malleable; we could argue that any pattern will be bound both by its “social consequences,” which Littlewood points out, and by other factors: its physical characteristics, say, and the culturally viable ideas which inform it. If we were to take up Littlewood’s position here, we would find that the assumption that psychopathological concepts are universally applicable amounts to a cultural imperialism, and would deny the
legitimacy of other cultures’ ways of understanding and treating the exceptional and sometimes dysfunctional experiences of some of their members.\footnote{Littlewood, Roland. "Commentary on ‘Spiritual Experience and Psychopathology’,” \textit{Philosophy, Psychiatry, & Psychology.} 4.1 (1997) 67, 67-8, 66, 67.}

Even if we want to maintain, though, that there may be something important to notice in the similarities of patterns of experience across cultures, and even if we want to allow that some concept of mental disorder may universalize across these experiences, we are still left with at least the very important fact that even in the Western cultures in which Jackson and Fulford’s subjects live, the concept of spirituality is not reductive or empirical, may operate as a descriptor for experiences \textit{even at the same time} as descriptions of psychopathology, and is an essentially interpretive concept, no matter how immediately felt its significances. Jackson and Fulford do acknowledge, at one point in their “Response to the Commentaries,” that their distinction may be seen as forcing “this or that particular case into the mutually exclusive realist categories of a narrowly Western ontology.” Their answer to this charge is to argue that their distinction is “no less real...than any other distinction between health and pathology” for its being what they call “value-laden, and to this extent conventional.” It is “no less important,” they argue, “that it be correctly drawn.”\footnote{Fulford and Jackson, “Response” 87.}

Any philosopher with a decent understanding of the way human descriptions and definitions necessarily involve evaluations of their objects (even if in the very simple sense that the things included in the description, what is pointed out, taken notice of, are implied to be the \textit{important} things or aspects to notice) would be inclined to agree with Jackson and Fulford on this point. But this point does not answer to the fundamental criticism: not that they have tried to distinguish between ‘conventional’ categories, but that they have not at all paid attention to the ‘conventions’ surrounding at least one of them. In Jackson’s doctoral thesis study, on which the Jackson-Fulford study was modelled, he acknowledges that “for those deeply committed to a religious faith, any experience may be ‘spiritual’ in a broader sense.” But he argues for a narrowing of the concept to refer to those phenomena which involve “an altered state of consciousness,” and which lead to “positive results or ‘fruits’ in the subjects’ lives.”\footnote{Jackson 8.} This narrowing, while it seems common enough as a method employed in the social sciences to create concepts which are clearly defined and manipulable by experiment, is here methodologically questionable, as it drops from the original concept some of its fundamental attributes, including the idea that
what makes an experience spiritual is not an objective property of the human or the natural reality in which it is situated, but is, rather, a property of the connections and interpretations this situated human makes as she negotiates her way through the world by means of holy texts, symbols, ideas, and traditions.

This, strangely, is perhaps near where Jackson and Fulford end up after all. After conducting their empirical research, albeit research with some problems, they suggest that the distinction between a spiritual experience and an instance of pathological psychosis lies in the “values and beliefs” of the individuals concerned.41 These “values and beliefs” sound, in their writing, fairly individualistic, and lack the element of communal support or connection; they may even support the offensive notion that if only you valued the experience and believed it to be good, your psychosis might not ruin your life; but they nonetheless land the authors squarely outside the reach of science in their quest for a distinction. Why, though, in the first place, does the inclination—so out of keeping with the spirit of its subject—to study spiritual experiences as if they were empirical objects persist?

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41 Fulford and Jackson, “Spiritual Experience” 60.
In Pursuit of Chimeras

“The problems arising through a misinterpretation of the forms of language have the character of depth. They are deep disquietudes....”
—Wittgenstein, Philosophical Investigations

The mistaken treatment of spiritual experience as identifiable empirically is part of a larger neglect, in much of psychiatric practice and theory, of what some forms of human expression are like. Wittgenstein’s writing, we will see, primes apposite response, for the simple reason that much of it consists in assembling reminders, as he would call them, of what language is like, of the way our words and symbols work. (‘Reminders’ because they make explicit aspects of our language use with which we are, in a sense, intimately familiar—aspects which, unnoticed, comprise our everyday speaking and writing and knowing.) Perhaps Wittgenstein’s most famous reminder about the nature of language is of the multiplicity of its uses. “But how many kinds of sentences are there?” he asks very early in Philosophical Investigations. “Say assertion, question, and command?—There are countless kinds: countless different kinds of use of what we call ‘symbols’, ‘words’, ‘sentences’.” We use our words, our symbols, our sentences for ordering, for obeying, describing, measuring, reporting, speculating. For hypothesizing, presenting data, telling stories, acting, singing, riddling, joking, solving problems, translating. “Asking, thanking, cursing, greeting, praying.” Even one-word exclamations, Wittgenstein goes on, have a variety of uses:

Water!
Away!
Ow!
Help!
Fine!
No!

The above list alone could involve trying to get someone to bring you something you need, sternly directing someone about where to go, expressing a pain, enlisted aid, signaling a move (displeased resignation) in a quarrel, or communicating that someone has totally misunderstood a situation. And these of course are only a single string of the myriad possible uses of the above exclamations, which would vary with the speaker, the conversation, the
situation. The idea, here, is that the functions of our language are incredibly diverse, a fact that tends to escape recognition simply because it is so familiar. “The aspects of things that are most important for us,” Wittgenstein writes, most crucial to this business of paying attention to what our language is like, “are hidden because of their simplicity and familiarity. (One is unable to notice something—because it is always before one’s eyes.)”\(^{42}\)

As we saw in the previous chapter, writers who address the ‘Madness or religion?’ problem, or more specifically, the “spiritual-psychotic paradox” Jackson and Fulford take as their subject, tend in the main to treat spiritual language and psychopathological language as comparable and competing means of describing the same events. And we have noted that such a treatment does an injustice at least to the concept of spirituality. Part of this conceptual confusion lies in a need for the very basic reminder Wittgenstein gives us above; we would be quite amiss to assume that, given the multiplicity of the functions of language, a spiritual description of an extreme experience is doing the same work that a psychopathological description of it is doing. If I were to tell you that God spoke to me last night, you would entirely miss the nature of this communication by presuming it was little different from saying that my aunt had spoken to me last night. When I say that God spoke to me, my sentence may function to: identify myself as someone with whom a powerful supernatural being cares to interact; communicate the profound (even life-altering) significance of what I have heard; acknowledge the importance of understanding, interpreting, and responding to what was said; locate my experience within a spiritual world replete with the symbols, stories, and significances that bear on communication with divinity; and it may even serve to make a kind of claim on your attention that I couldn’t make were it not for the authority of my communicant. My sentence would not be simply describing an occurrence, not even if we were to call it a psychological occurrence.

Of course, part of the work that such a sentence does is the work of describing something that has occurred. It may make sense then to say that to some degree, both ‘My aunt spoke to me last night’ and ‘God spoke to me last night’ are descriptions of experiences, and so they have at least this function in common. If we take, then, only this one aspect of reports of spiritual experiences—their use in communicating information about an observable (at least by the person themselves) occurrence—can we not compare this description to psychiatric or psychopathological descriptions, and attempt to determine which is more

accurate? That is, if we find that in these two discourses, some sentences have a function in common, can we not save the enterprise of determining which kind of description more accurately portrays any one particular experience? Though this setup slightly modifies the original “Is this spiritual experience or psychopathology?” framing, treating psychopathological and spiritual languages as competing descriptors of the same phenomena still misleads.

Part of the reason we must reject the above modified setup is that not even descriptions are a homogenous group. That is to say, even when we take a sentence to be describing something, it may do so in a way that has little in common with another sentence we take to be a description. “Think,” Wittgenstein tells us, “how many different kinds of thing are called ‘description:’ description of a body’s position by means of its coordinates; description of a facial expression; description of a sensation of touch; of a mood.”\(^43\) In these few examples, the sorts of objects described vary widely: a spacial location, a nonverbal communication, the phenomenological quality of a sensory experience, an emotional state. The kinds of objects vary, as do the sort of terms needed to describe them. Giving your spacial coordinates would likely be useless to someone who asked how you were feeling after a hard day at work. (Unless, of course, saying where you are signified a fact about your mood, because a person who knows you well might know that, say, you only go to the pub down the street when you’re feeling particularly depressed.)

It may be common to use an inappropriate set of terms to describe and respond to reports of spiritual experience, but we must recognize the mistake in such habits. D. Z. Phillips writes that those who attack religious belief as “a hangover from a primitive state that our modernity has superseded,” who embrace a “philosophy which claims to have seen through religion,” “have not understood it at all.”\(^44\) The accusation that belief in a deity or in supernatural occurrences is irrational or empirically unfounded is no accusation, in spiritual terms, at all, since rationality and empirical justification are not the sort of activities which ground spiritual practice. Recalling Max Weber’s sociological work on religious belief, Benjamin Beit-Hallahmi and Michael Argyle remind us that “religion is concerned with the meaning of those irrational aspects of life—evil, suffering and death—that are insoluble by

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science.”\textsuperscript{45} It is precisely those un-provable existences, those irrational experiences, with which spirituality deals. Grounds for belief are often unapologetically non-rational and non-scientific, and reason-giving often follows in the wake of (rather than creates) certainty. “In the metaphysical and religious sphere,” writes William James, “articulate reasons are cogent for us only when our inarticulate feelings of reality have already been impressed in favor of the same conclusion.... Our impulsive belief is here always what sets up the original body of truth.”\textsuperscript{46} Religious belief and spiritual practices are not first, and at their hearts, rational endeavors, though the exercise of rational faculties may build on and greatly enrich them, as is the case for example with studying ancient texts, or with ethical reasoning in light of a belief.

Yet, in a culture which values scientific rationality so highly, even some who value spirituality as an important aspect of living bow beneath the pressure to offer rational justification for their beliefs and practices. Phillips laments that even some philosophers who are sympathetic to religious belief and wish to defend it are drawn into this mistake of responding to spirituality in inappropriate terms, terms that do not make sense in or are not called for by spiritual ways of speaking and understanding. “Those philosophical apologists for religion,” he writes, “play the same game as religion’s philosophical critics but...hope for the opposite results. They argue that if one is rational, one will come to see that belief in God is the best explanatory hypothesis of ‘how things are.’” The intrusion of the “explanatory hypothesis” of empiricism or of rational justification into spiritual belief misrepresents the kinds of claims spirituality entails, twisting and shaping them into scientific-like claims about natural reality. The intrusion of these realist and empirical activities creates “a confused account of religious belief.” “When the psalmist says that God is on high,” Phillips explains, “this is not a sense to which space travel is relevant.” Astronauts and remote-controlled probes pressing further and further into the depths of the universe, rocketing above the earth, have no bearing on the Psalmist’s expression. Why? Because ‘high’ is a spiritual term here, does not share its sense with measurements of distance. “It has more in common with the sense in which we speak of high spirits.”\textsuperscript{47}


\textsuperscript{46} James, William, \textit{The Varieties of Religious Experience: A Study in Human Nature}, 1902 (Devon: Dover, 2002) 74.

\textsuperscript{47} Phillips, \textit{Cool Place} 164, 165.
A person may look up to the sky when praying, tempting a literalist to claim that surely this was evidence that she thought a god must live in the sky, or above it. But such physical interactions with our natural environment have always been part of humans’ symbolic expressions. We often, particularly in rituals and traditional practices, position our bodies in manners which reflect and invoke the concepts and ideas the ritual or practice engages. Bowing both symbolizes and helps induce humility. The literalization of such symbolic expression is part of the problem here, one source of so much misunderstanding of spirituality. When one, often quite literal, method of investigating and understanding our world comes to dominate conversations and gains political and cultural esteem, it becomes easier to forget all the other ways we can use language to inhabit, interact with, understand the world and our place in it. Scientific endeavors can interfere with our ability to understand spirituality when we allow them to narrow our uses of language. Space travel, for example, “can do so by making us think that the use of ‘high’ in space travel is the only intelligible use. But it never did make sense,” Phillips reminds us, “to ask of the God who is said to be on high, ‘How high?’.”

So the kinds of terms needed to describe spiritual experiences and psychopathological entities are different, as are the sorts of objects each way of speaking describes. It might be tempting to think that a spiritual description and a medical description may both be simply different ways of speaking about the same thing, but the thing is not the same. The phenomenon in question will be bounded by the terms chosen to describe it, what is able to be noticed will depend on the concepts brought to bear on the situation. A spiritual description will include what a spiritual outlook habituates one to noticing, a medical description will include what a medical education trains one to see. Psychopathological ways of speaking tune the attention to psychological processes, neural activity, chemical changes, genetic inheritances, and so on; spiritual ways of speaking tune the attention to symbolic significances, narrative possibilities, moral implications, etc. Each way of speaking frames experience, so that what one notices and responds to, and how this response takes shape, depends in some part on what concepts a person engages with as they make sense of what happens.

By paying attention to how different ways of speaking frame our encounters, determine what we pay attention to, and prepare us for different ways of responding, we can begin to notice another of Wittgenstein’s famous reminders about the nature of language: that

48 Phillips, Cool Place 165.
different ways of speaking, or discourses, are caught up in different activities. “The speaking of language is part of an activity,” he writes, in a section which follows hard on the heels of an explicit discussion of “Frege’s idea that every assertion contains an assumption.” Frege’s idea, Wittgenstein reflects, “really rests on the possibility found in our language of writing every statement in the form: ‘It is asserted that such-and-such is the case.’” It is possible to rewrite ‘I have committed the unforgivable sin’ as ‘It is asserted that it is the case that I have committed the unforgivable sin.’ But our ability to manipulate sentences into other forms says nothing more than that such a manipulation is possible in our language, not that by restructuring the sentence we have discovered anything about it in its original form and sense. It is equally possible, Wittgenstein goes on, to rewrite “every statement in the form of a question followed by a ‘Yes’.” ‘Have I committed the unforgivable sin? Yes!’ (The exclamation point to indicate my degree of certainty.) “Would this shew,” he presses, “that every statement contained a question?” Presumably not. This restructuring, rather than revealing a hidden question inherent in the statement, distorted its original sense. The original statement has no query about it, even were we to picture the question complete with an affirmative answer. The reworked sentence may even sound facetious, which certainly cannot have been said of its grave predecessor.

Still, it may seem more understandable to parse statements into their assumptions and the fact that the assumption is what is asserted, and we may accept the sentence ‘It is asserted that it is the case that I have committed the unforgivable sin’. But the mistake, if we were to become involved in this kind of parsing, would be to think that the parsed elements—the assumption and the assertion of it—reflect what was going on in the original sentence, that “the assertion consists of two actions, entertaining and asserting.” The mistake here is that of attributing a quality to the original statement which is rather an artifact of the way we have represented it. (“We predicate of the thing what lies in the method of representing it.”) And because this re-working of statements is part of a logical analysis of our language (an activity in which philosophers try to get to the bottom of things, find the unadulterated forms of our expression) this mistaken attribution comes to have the sense of discovery, of capturing the essence of the original statement. But the statement is perfectly meaningful before we begin tampering with it, and in fact involves a much richer activity than the parsing made evident. And so we are back to the activity of which language is part, activity which we lose sight of.


when we try to see every statement in a detached truth-claiming role. If we neglect attention to everything a sentence does for a speaker, in a conversation, to another person, etc., we can only achieve an impoverished account of the meaning of the sentence, a brittle husk of language which bears little resemblance to a sentence spoken in the course of living—in the course of doing the things that people do.

The particular instance of a sentence, its place in the situation and life in which a speaker employs it, grounds our interpretation of it, but there is another grounding of this sentence which makes the speaker able to use it in the first place. The words we use have homes, areas of discourse (by which we can understand “language and the actions into which it is woven”51) in which they grew up and gained their senses and uses. So despite that much of our understanding comes from the particularity of the statement, the possible ways in which that particularity can take shape are bound by conceptual histories, by matters necessarily decided before we were ever able to speak a language at all (though not really ‘decided’ in the explicit and conscious sense of ‘decision,’ but rather decided in that the matter is closed to our immediate intervention).52 Descriptions of mental pathologies depend for their sense on the activities they are part of and the history of activity which has given them the conceptual life they have. The same is true of spiritual descriptions of experience. Spiritual language has its home in reflecting on, interpreting, narrating, and guiding a person’s experience in light of a grander scheme.

When an investigator is interested in determining whether to consider an extreme experience in spiritual terms, she must look at whether her use of ‘spirituality’ bears any resemblance to its use in the discourses which are its home. It is certainly possible to remove the concept of spirituality from the interpretive activity of which it is part, to manipulate a spiritual statement to resemble, say, an empirical one, but as we have seen, this activity does not reveal anything about the original statement. We could change two statements, each of which take part in their own activities, into statements of the same form: ‘I had a hallucination last night’ and ‘God spoke to me last night’ into ‘I observed that I had a hallucination last night’ and ‘I observed that God spoke to me last night’. But our manipulating “does not bring


52 Naturally, concepts can change, but a sense must be shared in order to enter the vocabularies of enough speakers that the sense becomes generally accepted and used without need for explanation. This process of conceptual evolution may happen in any number of ways, but whether it is a gradual shift over time or an abrupt decision, it takes public (shared among a community of speakers) momentum and assent, which will themselves depend on a host of factors. Simply deciding individually on a new sense is not enough; other people must both understand it and use it.
the different language-games any closer together.” The first statement takes part in the language of abnormal psychology, and perhaps (given other assumptions—one that the hallucination is an aspect of an illness) even in the language of psychopathology, both of which involve their own methods of testing, of observing, of responding; the second takes part in spiritual language, with its own methods of discerning supernatural activity, interpreting divine claims on one’s life, and responding accordingly.

Those engaged in a spiritual life, in the activities in which spiritual language makes sense, do not talk about spirituality like the scientists who study them do. The scientific exploration of spirituality generally focuses on the psychological processes and effects which accompany spiritual activity, often in an attempt to explain the spiritual experiences in terms which do not require supernatural concepts. The spiritual descriptions given by the person herself, it is implied, are a misinterpretation of the data—or simply a more imaginative or evocative way of describing what are really psychological phenomena. Such explanations make spirituality understandable to those scientists who from the outset exclude the legitimacy of much that is fundamental to spirituality. Marzanski and Bratton, in their response to Jackson and Fulford’s study of the distinction between extreme spiritual experience and psychosis, complain of this very habit of starting an investigation into a spiritual phenomenon by negating all the conceptual scaffolding which surrounds it. Jackson and Fulford, they write, “imply that spiritual experience has psychological origins and requires insight.” In such a framing of spirituality, psychological terms are taken as a more accurate way of describing spiritual experience, supplanting the spiritual vocabulary. Spiritual vocabulary even obscures one’s vision of the nature of phenomena, and psychological understanding would constitute insight.

Psychological language, and, in psychiatry, “medical terminology,” Marzanski and Bratton write, is “advanced as if it were more suitable descriptively and explanatorily than poetic, metaphorical, or theological language.” In the exploration of the ‘spiritual-psychotic paradox,’ they claim, “the language of psychopathology is used to dub spiritual phenomena as if, by doing so, clearer understanding were being achieved.” The mistake is not in trying to say something scientific about the experiences of those who value spiritual activity; and not even (though this is certainly a fault) simply in assuming one sort of description is more basic

54 Marzanski and Bratton 364.
55 Marzanski and Bratton 364.
—a kind of scientific hubris—but that researchers presume they are able to maintain the sense of a concept which grew up in practices and lives totally unlike its own, with little regard for its conceptual and practical supports, for the ways it is used in the lives in which it makes sense. In the first chapter of his doctoral examination of spirituality and psychosis, Mike Jackson resonates with Michael Paffard, a psychologist who writes on and calls for removing spirituality’s accumulated associations: “we need a category of ‘the spiritual’, but divested of myth and supernaturalistic connotations.” Of course there may be a need to create “a wide, inclusive category,” which captures “our highest experiences of ecstasy and awe, our deepest intuitions of value, which somehow seem ‘in another dimension,’ ” without excluding experiences from one or another tradition.  

But the scientific suggestion here is that beneath all these various types of spiritual experience there is a common physiological or psychological entity which can be understood in isolation from the specific human understanding in which it unfolds. Paffard, in Inglorious Wordsworths: A Study of Some Transcendental Experiences in Childhood and Adolescence, praises W. H. Hudson’s autobiographical writing, from which he draws an example of a transcendent experience, for its being “plain narrative,” grateful that “he does not interlace the description with interpretive or evaluative comments.” This again is the sequestration of the human mind into two components: cultural interpretations, which are laid on top of what goes on independently beneath them, which are physical and psychological processes. But “psychophysiology,” as Roland Littlewood points out, cannot “have any existence independent of the social world through which it occurs.”

The scientific extraction of spirituality from its home discourses is an example of the kind of mistake Wittgenstein often accused philosophers of making. Such philosophers would remove a word from its home in the interactions of language speakers going about their business in the world and attempt to investigate it as an independent abstraction. At such times, Wittgenstein observed, “language goes on holiday;” words leave their homes for the excitement and confusion of a foreign discourse, in which they have none of their connections, none of their responsibilities, and are spared any of the conceptual work they bear up under in their daily lives back home. When we find that such touring words become a

56 Jackson 8.


58 Littlewood, “Commentary” 1.
nuisance, do not quite fit in, do not follow the rules, we make the mistake of locating the strangeness in the word, and not in its dislocation. When spirituality proves to be an uncommonly difficult concept to pin down scientifically, the difficulty is blamed on the inexactness of the concept, on its being “fuzzy”—that most scientifically despised of characteristics. Empirical research on such a fuzzy concept can only proceed, then, after a thorough investigation into what the word really means: what, once and for all, spirituality is.

Zinnbauer et al., a group of social psychologists who in the late nineties began a project aimed at “unfuzzying the fuzzy,” cite fellow psychologist B. Spilka who reveals, in a description of spirituality, the extent of the scientific disdain for its ambiguity by calling it “a ‘fuzzy’ concept that ‘embraces obscurity with passion’.” (One might wonder whether researchers would be less frustrated with the concept if it were to embrace obscurity with calmness and reason.) In addition to their frustration with the opacity of the concept, they lament its variable definition: “the ways in which the words [religiousness and spirituality] are conceptualized and used are often inconsistent in the research literature.” Rather than reflect on the multiplicity of ways in which spirituality and related concepts are (successfully) used by the people who draw on them for understanding and guiding their lives, researchers tend to see the concept as in need of development and refining. “Spirituality has been described,” they write, “as an obscure construct in need of empirical grounding and operationalization.” The concept itself is blamed for being inexact, and researchers call for work to be done defining its boundaries, clarifying its referents, and so on.

And of course, operationalizing a concept for use in scientific research might be necessary. But there is a mistake both in failing to perceive how the change in discourse around the word necessarily changes the concept, and in failing to recognize that blurry conceptual boundaries and plural uses are not particular to the concept of spirituality, but are qualities of all words. It is not because spirituality trades in the intangible that it is so hard to pin down, but rather because the phenomena with which it deals “have no one thing in common which make us use the same word for all” but are “related to one another in many different ways.” This is Wittgenstein’s account of the concept of ‘language’—a whole series of activities related in various ways—and of the concept of ‘game,’ and implicitly of any concept. (The temptation to misattribute the difficulty in defining spirituality is


60 Zinnbauer 549.
understandable, though, as the concept presents scientific researchers with all sorts of other troubles which are properly attributable to the concept itself (rather than to its being a concept); spirituality, for example, resists straightforward materialism, and so does not fit into a very materialistic account of human life, which some scientists might insist on.) When Spilka laments the ambiguities of spirituality, he forgets that all words are ambiguous in the same way, that no precise, universally applicable definition comes readily attached to any word, though we may create them when we need them for a specific activity. Our concepts are all uncircumscribed, but this is because circumscription has nothing to do with our ability to use words, and to use them to do exactly what we need them to do. That is, the fact that a definition does not come attached with a word does not make our uses of the word imprecise.

“When I give the description ‘The ground was quite covered with plants’—do you want to say I don’t know what I’m talking about until I can give a definition of a plant?” Giving definitions is not a requirement for understanding what words mean and for using them fluently and precisely. On the occasions when we may need a definition, “we can draw a boundary,” writes Wittgenstein, for a special purpose. Does it take that to make the concept useable? Not at all! (Except for that special purpose.) No more than it took the definition 1 pace=75 cm. to make the measure of length ‘one pace’ useable. And if you want to say ‘But still, before that it wasn’t an exact measure’, then I reply: very well, it was an inexact one. —Though you still owe me a definition of exactness.  

61 The soundness of our understanding of a concept does not depend on our ability to come up with a definition for it, and in fact we often have a very hard time when asked to define even very common words we have unquestionably mastered the use of in our language. We can easily imagine the trouble we might have were we asked to sit down in a psychologist’s experiment booth with a blank paper and a pencil and write down the definition of spirituality. But on reflection, we would have the same kind of difficulty were we asked to write down the definition of something material— say, a chair. (Think about all the counter-examples & objections you might come up with to your immediate thoughts. A chair is something with legs that you sit on, but so is a stool, and so is a sofa. (And so is a lap.) And I might have chairs for watching softball games that sit flat on the ground without legs. A museum might have lots of antique chairs are certainly not for sitting, and an attendant might even shout at

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you if you try. And a modern artist may pay little attention to how possible it is to sit on a chair she designs rather as a statement for a room. And so on.)

This is not to say that we cannot come up with some very good definitions for all sorts of things; rather, we do not need definitions in order to know what words mean and use them well, and definitions, as they are not a necessary aspect of knowing what words mean, do not give any deeper insight into the essence of a concept, do not provide any more clarity than we already have using the word when situations call for it. When a researcher settles on a definition for spirituality in her study, she draws a boundary for a special purpose (scientifically investigating a phenomenon), but does not say anything more basic about what spirituality is than was evident from its place in everyday usage. So the need to shave off the fuzzy edges from the concept of spirituality is simply the scientific need to have distinct (even if imposed) boundaries for usage, because of its particular concerns with the universal and generalizable. The inexact boundaries of usage, the “overlapping and criss-crossing,” the “complicated network of similarities” which unifies phenomena under any concept simply do not fit a scientific methodology.

A researcher could make a concerted effort to identify some of the common themes surrounding spirituality (such as the ones I’ve made note of: the centrality of symbolic understanding, the activity of interpreting experience in light of a grand ordering scheme or narrative, and so on) ensuring that her studies reflect some of the common activities which give sense to the concept. Spirituality makes sense in spiritual lives, so what are these lives like? What do these people do? Interestingly, the ‘unfuzzying’ researchers, Zinnbauer et al., conduct a study in which they ask participants by questionnaire how they themselves “define the terms religiousness and spirituality.” There is an admirable effort here to find out what these concepts are like for the people they want eventually to investigate with them. But as we saw before, asking for definitions is a problematic way to assess the meaning of a concept. It will not give a clear picture of what spirituality is like in the life of the person asked to partake in the unusual activity of defining it. Asking someone what they think a word means is quite different to noticing how they use it as they go about their daily business.

Even the most polished definitions, the practiced, dictionary-style definitions of words, simply track the way these words are commonly used, and often include a variety of meanings, and even historical or out-of-date usages. Abandoning the idea that definition is an

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63 Zinnbauer 552.
activity of discovering the unchangeable nature of a concept is the first step in correcting some of the misleading associations surrounding scientific investigations. Correcting this attitude toward the definition of concepts involves resisting the urge to investigate concepts removed from their homes, as all of their connections and particularities of use are not contaminants but the very substance of their meanings. To desire a concept of spirituality “divested of myth and supernaturalistic connotations” is to treat spirituality as a concept which can be extracted from the irritating particularities (and, it is implied, errors) of its instantiation in the beliefs and practices of humans. It is to posit an ideal (and here materialistic) meaning which is more accurate, more true than any of the actual meanings we encounter when negotiating our way through the world, a philosophical habit Wittgenstein calls “a tendency to sublime the logic of our language.” This sublimation is an attempt to make something extra-ordinary, something not-everyday of how language works, something removed from the messy business of living, removed from the comings and goings and conversations in which language functions. To note the chemical connotations P.M.S. Hacker and Joachim Schulte call our attention to in their translation notes, to sublime or sublimate is to change a solid directly into a gas, and so subliming the logic of our language is to change the solid into the vapidous, to make a spirit-like, ephemeral business of the rather pedestrian, the “rough ground” of “actual language” firm beneath us as we pace through a day, a life. It is “the tendency to assume a pure intermediary between the propositional signs and the facts” when we ourselves are the intermediaries. “Or even to try to purify, to sublime, the signs themselves,” to create a spirituality devoid of myth and divinity.\footnote{Wittgenstein, \textit{Investigations} §38, 107, 105, 94.}

The presumption that spirituality has an essence independent of its instantiation, that the concept of spirituality can be transformed from its solid particulars to a pure essence is what Wittgenstein would call a “metaphysical” use of the word. Again, “when philosophers” (or, we could say, scientists),

use a word...and try to grasp the \textit{essence} of the thing, one must always ask oneself: is the word ever actually used in this way in the language-game which is its original home? —What we do is to bring words back from their metaphysical to their everyday use.

Interesting that on Wittgenstein’s conception here, it is the scientists using the word spirituality metaphysically; those with spiritual beliefs and practices are using it in an everyday, grounded manner. Though the believers speak about the metaphysical, their use of
spirituality and related concepts is not itself metaphysical, not abstracted as independent from their own practices, beliefs, activities. To correct such a tendency to “sublime the logic of our language,” Wittgenstein recommends that we “bring words back from their metaphysical to their everyday use,” abandoning the “pursuit of chimeras” which “our forms of expression” can incline us to pursue. A researcher may be interested in empirically investigating a subject in which both spirituality and psychosis may be conceptually relevant, but the empirical form of expression which the research takes may create the impression of boundaries which do not exist, of a chimerical borderline between these conceptual entities, that “will-o’-the-wisp” distinction which attracts and misleads. Our forms of expression send us in pursuit of chimeras when we notice in them certain superficial similarities, and we leap at the chance to posit deep uniformity. We notice “certain analogies between the forms of expression in different regions of language,” like, for example, that both the person who says that God spoke to her and the person who says that she hallucinated are both reporting on something that happened to them. But as we have seen, these expressions serve very different functions, despite any initial apparent similarity.65

Let us, then, stop chasing after fairy lights in metaphysical swamps and bring spirituality home to its place in the lives of those for whom it is important, and perhaps especially for whom its legitimacy is in question: those whose experiences evoke suspicions of madness in the passers-by who pause to consider them. Where do we go from the swamps? Back to the rough ground, to the meaningful particularity of language. In order to restore the possibility of spiritual understanding and experience to those who are psychotically ill, we must not simply make a logical point; we must also attend to the possibilities of understanding and expression, and of the myriad other employments of language, in the throes of psychosis.

A Vast Reciprocity

Life, it is true, makes use of mechanisms (and causal knowledge of living things must comprehend these mechanisms) but the mechanisms themselves are created by life, conditioned by life and are transformable. Compared with the automatism of a machine, life is a running self-regulation of the machinery itself, in such a way that we find the final regulating centre nowhere else but in the infiniteness of everything living and then we only find it in the form of an idea.
—Karl Jaspers, General Psychopathology

We speak. How do we understand one another? How, among speakers, words, and world, does meaning occur? There is a natural enough inclination to look for the source of our mutual understanding in the referents of our language—we imagine words hanging on to objects and we hang on to those in turn. We point to an object apparent to more than one speaker and imagine laying our connections and intentions on it. Slab! Wittgenstein’s eminently familiar first sections in the Investigations work to show us the imprudence of an object-wrangling explanation of meaning.

The understanding which our ways of speaking make possible does not consist in what D. Z. Phillips calls “successfully or unsuccessfully” referring to reality, as if what we were doing were picking out, by different names, objects in the world.66 No matter the region of language—whether we are speaking in a manner native to psychiatric practice or using language indigenous to activities of the spiritual life—our meaning, as Wittgenstein argues, consists not in naming objects in the world but rather in the sense we are able to make in our arrangements of facts. Philosophers spend a lot of time agonizing over the problem of reference, of attaching our words to things in the world, but Wittgenstein reveals the agony to be a symptom of the extraction of language from living. Wittgenstein’s Investigations foregrounds the living that we do by means of language, and spends some time clarifying the nature of the meaning of words by illuminating their place in the grammar and situation of their use. In the background, however, is always his elegant Tractarian account of sense, and

66 Phillips, Cool Place 161.
of the relations of our language to the world. It is here, in the language of the *Tractatus*, and in explications of its efforts, that we find an exploration of sense perfectly suited to our present purposes, to our claiming of spiritual and psychiatric sense without need for the anchoring of objects.

Speaking of spirits and speaking of minds and brains, we are able to make sense to each other, but *not because* we have referred to something in the world. Still, our language cannot be so free-floating that it is unable to have relevance to the things we see and touch and hear. We need relations between language and the world. The “relations between language and the world,” as H.O. Mounce writes in his lucid *Wittgenstein’s Tractatus: An Introduction*, are “the very conditions of sense.” But what are these relations, if they are not lines of reference between words and things? As these relations are the conditions of sense, conditions of the intelligible use of language at all, they cannot, as Wittgenstein reminds us again and again, themselves be said in language. “What the picture must have in common with reality in order to be able to represent it after its manner—rightly or falsely—is its form of representation”; “The picture, however, cannot represent its form of representation; it shows it forth.” These relations between language and the world, these conditions of sense, what makes sense possible, what makes us able to say true things and false things about the world (sayings capable of truth or falsity), are themselves, as Mounce writes, “only implicit in the use of language itself.” Wittgenstein calls what is implicit in the use of language *logic*, and “that the logic of the facts cannot be represented,” he writes in the *Tractatus*, is his “fundamental thought” in all his concern with sense.

In naming the conditions of sense *logic*, which is of course at once the conditions of our naming at all, Wittgenstein is aware that he’s going to start talking a little oddly, trying to

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67 I recognize that it is—or was, the last time I paid attention—rather unfashionable to embrace with sincerity a Tractarian account of meaning. That is, to take Wittgenstein in the *Tractatus* to be both sincere and correct casts aspersions on one’s philosophical comprehension. Naturally the *Tractatus* and the *Philosophical Investigations* say different things, but I find them to be two parts of the same project, to be read together, each with their mistakes and each with their insights (though I do not find the mistakes, nor even some of the insights, where so many suppose them to be). This is as opposed to taking the books to be a brilliant but mistaken attempt followed by a brilliant and correct rebuttal, or as a bright piece of irony followed by a sincere thesis. (Out of interest, neither do I find the lately popular ‘therapeutic’ readings of the *Tractatus* at all convincing.) Supporting these positions on the nature and scope of items in Wittgenstein’s oeuvre would take a thesis or more in itself, and I have other problems to attend to. I will therefore use selections from any of Wittgenstein’s works where and when I find them useful, and I will leave it to you, dear reader, to try to take them as given, leaving aside, if you can, factional disputes and preconceptions.


70 Mounce 111; Wittgenstein, *Tractatus* 4.0312.
make explicit what is of necessity implicit. He later—in *Philosophical Investigations*—renames logic *grammar*, partly to make clearer that we are of course talking about what is necessary for the use of natural languages. These names are a kind of gesturing at qualities, qualities of something with which we are intimately familiar in that we have mastered a language, in that we are at home among the possibilities of sense which make it up. In gesturing at the qualities of what he calls logic or grammar Wittgenstein lures to our attention what we can see is necessary for our everyday ability to make sense. (And because we understand his project, because we can see the work he is making these words do, we can refrain from identifying these names—logic and grammar—exactly with what we know and can clearly talk about as the more ordinary concepts of logic (to do with the kinds of inferences we make when reasoning) or grammar (to do with parts of speech and syntax).)

Start with our saying, with what we already do. That we can say things *about the world*, true things or false things, shows that language is related logically to the world, and shows, even more astonishingly, *that this relationship is a (formal) logical identity.*

Wittgenstein describes this relationship sometimes as a kind of ‘mirroring,’ which is a helpful image, because we see that the stuff on the mirror-side—a piece of glass backed with a metallic coating reflecting light—is quite different from the stuff on the mirror-facing side—say, a human body—though what is possible to be clearly seen about the subject of the mirroring, is the same. What is logically possible in the world is logically possible in language, an identity which can be accounted for quite simply, in perhaps one of the most grounding thoughts in all of these considerations: our language evolved with us, became over the course of the later stages of human development our way of being in and knowing the world, our way of getting around, anticipating, communicating, discovering, expressing. “At one time there was no language,” writes Mounce, “for there were no human beings. Nevertheless the world existed at that time. In what else can the existence of language be grounded except in that world?” Or again, “the grounds of our language depend not on our own reasoning but on our fundamental relations with the world,” these fundamental relations being shared among all those who are able to understand each other, shared among a community of language users whose members’ ability to speak to one another (and to get along in the world at all) depends on them. This is the background against which our language is understood, a background, writes Meredith Williams, which “consists in our

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71 I am indebted to my former professor, K. L. Evans, for this point.

72 Mounce 107, 109.
shared judgments of normative similarity with respect to salient objects and properties in the world, going on in the same way over time, and experiencing sensations.”73 It is a background of doing and being and knowing in which the most fundamental patterns of human engagement secure our ability to speak intelligibly across divides of particular experience.

Karl Jaspers, a profoundly influential early twentieth century German psychiatrist and philosopher, offers a similar account of the relations of language to a shared world—that is, of the grounding of our ability to speak and write and behave intelligibly. Such an account of the grounding of human intelligibility will secure a crucial philosophical element in our coming attentions to psychotic phenomena, as an understanding of when and why intelligibility breaks down in psychosis will aid in our efforts to show where it is preserved and how to support its recovery. It may seem strange to enlist Jaspers’ help in this project of eventually reclaiming or restoring intelligibility in the midst of psychotic illness, since Jaspers is often accused of establishing a long tradition of psychiatric dismissal by describing psychotic experience as “ununderstandable.”74 However, if we attend to Jaspers’ writing on its own terms, and without accusation, we find that it illuminates the depths of psychotic rupture and advocates for a literary attention to the results of such rupture, to the living that goes on in response to profoundly alienating shifts in the way a person experiences the world.

In a chapter on “Meaningful Connections” in his opus General Psychopathology, Jaspers writes, echoing Williams’ Wittgensteinian explanation, that “basic patterns of human life underlie all our understanding.”75 Noting, with Williams and Jaspers, that some fundamental shared patterns of salience are part of what underlies our ability to make sense to each other helps to show why it is much more difficult to understand the experiences and expressions of the severely mentally ill.76 If mental disorder involves a departure from some aspect of the grounding of our ability to make sense to each other, or perhaps a departure from

74 For an example of this sort of charge against Jaspers, see Bentall’s chapter “The Origins of Our Misunderstandings About Madness” in Madness Explained.
76 Observations of profound alterations in patterns of salience in fact underpin an emerging psychiatric model of psychotic illness. While not a necessary component of our philosophical exploration, these echoing themes in recent psychiatric science are an encouraging point of interest. See, for example, Shitij Kapur’s “Psychosis as a State of Aberrant Salience: A Framework Linking Biology, Phenomenology, and Pharmacology in Schizophrenia” (The American Journal of Psychiatry, Jan 2003) or Jim van Os’s “A Salience Dysregulation Syndrome” (The British Journal of Psychiatry, 2009).
ordinary relationship between mind and world, mutual understanding between the ill and those around them is pressed to occur across schisms not present in ordinary conversations.

Now for Jaspers, we do not ever really understand, in a psychological sense, the speech and behaviors of the psychotically ill. “When,” he writes,

we trace back behavior, activities, and the general conduct of life in an individual and try to understand all this psychologically and with empathy we always come up against certain limits, but with schizophrenic psychic life we reach limits at a point where normally we can still understand and we find ununderstandable what strikes the patients as not at all so…. Why a patient starts to sing in the middle of the night, why he attempts suicide, begins to annoy his relatives, why a key on the table excites him so much, all this will seem the most natural thing in the world to the patient but he cannot make us understand it. When we investigate, we find ourselves offered insufficient motives which are subsequently elaborated.

The patient terribly excited by the key on the table, and perhaps struck by the momentousness of its import, is experiencing the world, the key, in an altered manner, discontinuous with the way we have known him to live and interact with objects, and indeed the way we and most others know and interact with objects most of the time. Which is not to say that there are not connections between this excitement over the key and other events in his life, other symbols, ideas, other psychological experiences. There is often, in this sense of connecting up with other meanings and symbols, and with the history of this life, plenty to understand. And Jaspers is careful to say so. For example, in reflecting on possible relationships between “the original personality” and “its morbid development,” he offers a series of instances in which significant sexual experiences evolve into abnormal psychic phenomena. “A sexual lapse is transformed by embarrassment and remorse into a fear of being discovered and into delusions of being watched and finally being persecuted,” or “sexual deprivation is transformed into delusions of being loved and being asked to marry.” We understand that someone quite lonely and sexually deprived might wish to be loved and to marry, and we understand, too, that we are all quite capable of self-deception, which we carry out at times to avoid feeling wretched. And so such a delusion does not seem at all absurd.77

The possibility for such understanding of the meaningful aspects of even the most extreme experiences of psychosis is not uncommon, especially when one pays attention to significant events in the psychotic person’s life. “The meaning which certain events have for the psyche, their value as experience, the psychic commotion which accompanies them, all

77 Jaspers 581, 640.
evoke a reaction which in some measure is ‘understandable’.’” But despite these connections and possibilities for understanding, the “actual translation into what is pathological remains nevertheless psychologically incomprehensible.” That is, we can of course understand a lonely and sexually deprived woman’s delusions of marriage proposals. But why they are delusions rather than, say, very earnest desires for proposals of marriage, remains unexplained by their psychological significance alone. Or to take Jaspers’ example of a psychotic reaction to being in prison, we can understand the intense psychological significance of being locked away, losing utterly the authority and ability to direct one’s life, and “the loneliness, darkness, cold walls, the hard bed, harsh treatment, and the tension and uncertainty,” not to mention other significances specific to individual persons. But “however well we understand the experience, its shattering significance and the content of the reactive state,” the development into a psychosis is not fully accounted for by this understanding. Why this prisoner with all these psychological burdens becomes psychotic and another with such experiences does not requires some further accounting. “Additional extra-conscious mechanisms,” Jaspers writes, “must be constructed.” These can be of a variety of sorts, and some may be more appropriate to certain cases than others. We may talk of “special predispositions” or “a somatic disease process” or even of the ways that psychological events themselves, if they constitute a trauma (which partly depends on the particularity of the individual psyche), can substantially disturb mental and somatic processes. “Psychic distress,” Jaspers writes on this latter speculation on how psychological events engender abnormal reactions, “is immediately followed by a host of bodily accompaniments and similarly it can effect an alteration in the psychic mechanisms which in their turn condition the abnormal state of consciousness and the manner in which the meaningful connections are realized.”

That is, in order to understand psychosis, an attention to bodies, in some form—at least in so far as their shifting breaking substrates condition and disturb the minds living by their means—is required to supplement an attention to minds, or to Jaspers’ ‘psychological’ events. In some cases we posit predispositions, and in some perhaps an organic disease, and still in others, we can conceive that the psychological events alone, for that individual, constitute trauma enough to disturb normal mental and somatic functioning—mind alters body—evolving psychotic events from how the shifting foundations for everyday thought and interaction are disturbed.

Psychotic phenomena are “ununderstandable,” for Jaspers, not because there is no meaning to be had, no connections to be made, but because when we attempt to account for

78 Jaspers 383-4, 384.
how they develop, they beg the introduction of forces which have no commerce in signs, which largely obey the brute laws of matter, not the conceptual laws of thought. The realm of the understanding is traversed by means of language, but psychotic phenomena, we glean from Jaspers, demand that we posit extra-conscious mechanisms to account for their extremities. The “actual translation” of meaningful events into psychotic responses requires that we propose mechanisms, translators, doing what the (ignorable) everyday mechanisms in which our conscious lives are grounded do not usually do. In a sense of course every mental phenomenon depends on physical (and psychological but non-conscious) substances and systems. We are thinkers and bodies, and could not be the former without being the latter. But when we encounter the thoughts and behaviors of others in our day-to-day interactions, understanding them does not require attention to such mechanisms. When we encounter the psychotic person, such inattention to the foundations of mutual understanding and their disturbances is impossible. To understand psychosis demands attention to shifts in logic.

Jaspers finds his concern with understanding an essential aspect of psychiatric endeavor, but one which had by his time become neglected. In a footnote he writes that in introducing the concept of understanding to psychopathology, he had “to link psychiatric reality with the traditional humanities,” which “had been so forgotten and grown so alien to psychiatry,” returning a “hold on human reality and on man’s mental estate.” Jaspers on his own account brings back to psychiatry a non-empirical aspect of what it is to be a thinking, acting, behaving, wondering human. This aspect has to do with how and why we make sense to each other, think about ourselves, and account for our behavior, all activities grounded in language use. Such sense-making is not quantifiable, not amenable to measurement, and resists generalization, being concerned always with the particularities of the person in question. “Since these [objects of psychiatric study] are psychic events, which by their very nature have to remain qualitative, such quantification would as a matter of principle remain impossible without losing the actual object of the enquiry.” The possibility of losing one’s object of inquiry (losing, say, spirituality by turning it into an empirical quality) would be a monumental threat to any investigation, and has been the bane of psychological science since its birth.79 By “such quantification” Jaspers refers to “a complete quantification,” referencing an earlier discussion of causal connections in psychiatric study, in which he notes that though some aspects of psychic events can be causally explained, we can never “formulate causal

79 A whole sub-field, called “discursive psychology” is dedicated to preventing this sort of loss when conducting psychological inquiry. See for example Rom Harré and Grant Gillett’s The Discursive Mind.
equations” because this meaningful aspect of psychic experience will always differ from mind to mind and interrupt our predictive abilities.80

Understanding this aspect of experience, this interruptive meaning, involves giving (ourselves, others) explanations, but not of a causal sort. The difference between (and role of) explanations causal and non-causal is for Jaspers, as it has been throughout history to thoughtful scholars of the mind, a crucial area of philosophical distinction. We use both, and for different purposes, and an apprehension of their separate characters aids in avoiding confusing them, or confusing the needs of a particular occasion: when one sort of explanation is called for and the other is not. (This is, incidentally, one of psychiatry’s major labors of discernment.) Jaspers arrives at illuminating differences between these sorts of explanations by examining what he calls their “limits.” “Every concrete event,” he explains, “is open to causal explanation in principle, and psychic processes too may be subjected to such explanation. There is no limit to the discovery of causes.” This is a familiar principle to any scientist, who knows that behind every cause is yet another cause, and the ever-receding causal explanations only stop where pragmatism demands or where knowledge admits its temporary boundary. (Understanding, too, has a limit like this, one which lies at the boundary of existing knowledge. Understanding, like causal explanation, is limited by whether there is sufficient information—whether we have attended to enough behaviors, communications, past events to see the expressions of a person against their relevant backgrounds.) Causes, though, in principle, go on indefinitely. “But with understanding,” Jaspers writes, “there are limits everywhere.” These limits Jaspers writes of—he gives as examples “the existence of special psychic dispositions (Anlagen), the rules governing the acquisition of and loss of memory-traces, the total psychic constitution in its sequence of different age-levels”—are boundaries at which meaningful events abut causal processes.81 Imagine trying to understand a suicide. I just don’t get it. I know what she wrote, why she said she did it. But she was getting better. Why would she kill herself? And here all the vicissitudes of meaning meet the rage of the chemical. It could help to cross over. The medicine was dangerous at that stage; it made her impulsive. That is, if we want to understand a complex psychological event, despite the ubiquity of meaning, we must be willing to give the causal its place, too, and to acknowledge where the meaningful runs out of explanatory power.

80 Jaspers 303, 302.

81 Jaspers 305.
Wittgenstein articulates a sense of the finality of a meaningful explanation which augments Jaspers’ limits and will enhance our picture of these differences. It is a counter-intuitive point; causal explanations are generally the ones that seem final to us, and meaningful explanations seem to have long and mutable lives. But the finality Wittgenstein writes of is that point at which the offered explanation no longer rests on another. Causal explanations go on infinitely, resting one beneath the other, but meaningful accounts come up constantly against the finality of their resonance or dissonance, their acceptance by the hearer or reader or their rejection. No explanation of the non-causal sort, writes Wittgenstein, “stands in need of another—unless we require it to prevent a misunderstanding.”82 These explanations do not hang in the air unsupported or stack themselves on top of one another—they rest simply in the web of concepts, ideas, memories in which our experiences stick. If, say, someone describes a kind of seasonal death, linking her suicidal thoughts to an autumnal environment, we can understand this explanation itself, and do not need to know whether there is, say, an empirical link between some aspect of autumn and depressive moods.83 We might ask her to explain herself further, to clarify her descriptions, so that we are sure to have a clear picture of what she means. But the explanation itself elucidates, rather than asks for elucidation.

Though meaning and cause make a tidy duality, we should remember that contrasting these serves the purpose of avoiding confusion when examining the explanations that we use. We grasp events (prototypically, but not always, physical) following on from one another in what seems like an inescapable sequence, by using the language of cause and effect. When we see meaningful connections between events following on from one another, partly because we apprehend the in-principle unpredictability of human action, cause-and-effect language is more often less appropriate. Still, Jaspers reminds us, these types of connections—causal, meaningful—are not restricted to, respectively, physical and psychological matters; “It is a mistake to suggest that the psyche is the field for understanding while the physical world is the field for causal explanation.”84 Rather, these manners of connection respond to an intuitive determination that things either must be as they are (because of what is given) or could be

82 Wittgenstein, Investigations §87.

83 Even an opposite empirical correlation (which can incite causal speculation)—between springtime and suicidality—would have no bearing on our ability to understand a person’s explanation of the tone of her thoughts in terms of autumnal death.

84 Jaspers 305.
other than they are (because of the nature of human response). Talking about causes and effects, for example, aptly expresses a sense of an inescapable or inevitable course.

The language of cause and effect, however, should not be mistaken for signifying a singular kind of relationship between the events apprehended. “The concept of ‘cause’,” Jaspers elucidates,

*is highly equivocal:* it not only embraces mere *conditioning* due to lasting circumstances, but also *precipitating factors,* and the *force* that takes decisive effect. The conditioning might be a lasting and exhausting stress with a steady drain on life; the precipitating factor might be some severe, emotional shock, while the deciding force might be the hereditary disposition determining which type of psychosis will appear. Obviously the meaning of ‘cause’ is entirely different in each case.

The meaning of meaning, too, is plural, though that is perhaps the easier point to grasp. “...We can see how there are obvious differences,” writes Jaspers, “in the modes of understanding.” Understanding can involve an apprehension of the expressive qualities of an event or moment of speaking, a grasp of implications (*What does this mean?*), a tracing of the rational connections which link moments of decision to the thought preceding and the action following. The divisions among ways to apprehend meaning can be made in a multitude of places. Jaspers finds it helpful for his work to divide “empathic understanding”—seeing more emotive connections, like “how certain thoughts rise from moods, wishes or fears”— from “rational understanding”—seeing, say, the emergence of one thought from another according to the “rules of logic,” and he goes on later to make further subdivisions.85 The important point, for our present purposes, is that meaningful connections, like causal, involve numerous manners of relation between parts connected.

Despite that meaningful and causal explanations go on, in their own manners, helping us to apprehend different kinds of connection, and despite the self-sufficiency of any particular meaningful explanation, and despite that a causal explanation will sometimes serve our purposes alone, investigating shifts in logic will require taking the realm of the meaningful and the causal together, both against a background of that which makes us able to apprehend *any* sort of connection in the first place. We must attend for this task to those things which make us *able* to express and to understand expression: all of the matter, pattern, and mechanism (including between persons) out of which conscious thought arises and which operate in concert with the logic of our language because, as we have seen above, language

85 Jaspers 452, 304.
and such mechanisms co-evolved. “Psychological understanding,” (a phrase by which Jaspers indicates a non-causal understanding, a grasp of “meaningful psychic connections,” which link the emergence of a mental event to its precedents—a narrative of the mental world) “meets with the ununderstandable in the form of extra-conscious mechanisms.” What makes us able to understand we cannot understand in itself. (This is of course Wittgenstein’s basic claim about logic.) And when our background of shared patterns of salience, which is the basis for the relation of the logic of our language, our expression, to the world, is somehow disturbed, so, too, is our ability to understand articulation and expression emanating from this disturbance. It is this background, and expression which emanates from disturbances to it, that Jaspers writes is out of reach of our understanding. This reach in principle falls short, which is why the strong, noun-form of ununderstandability, used to draw limits to what is available to language grounded in, developed during, stable patterns of human interaction, makes sense. Unverstã¤ndlichkeit (‘un-’ not; ‘verstehen’ to understand; ‘-lich’ adjectival suffix; ‘-keit’ suffix which creates a noun; a quality or state of something’s not being understandable) denotes not what is not understood, or cannot be understood by a particular person, but what cannot be understood at all, by anyone, because of its nature. If the basic patterns which ground our relationships to the world are upset in psychosis—responses take on forms and extremities far out of the ordinary range of possibilities, these altered possibilities for expression are not shared. The work of understanding a person in psychosis makes use of what is shared, what is possible (even imaginatively) between the parties. When there is a shift, in a sense, of logic, of what makes a person able to do and say and understand and what is possible to do and say and understand, those who have not shifted do not share some of the possibilities of expression and understanding.

“The world of the happy,” Wittgenstein writes in the Tractatus, “is quite another than that of the unhappy.” Even more so is the world of the psychotic quite another than that of the sane. A world, he writes in the same numbered remark, can “wax or wane as a whole,” being added to or taken from at “the limits,” in what is possible (not factually possible, but logically possible: what it is possible to say, and therefore, to know). A radically different constitutional disposition toward the facts closes off or opens up certain possibilities, so that a

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86 Jaspers 301, 311.
87 Thanks to Matthias Blümke, in the University of Otago’s Department of Psychology’s Social Cognition Lab, for his impromptu tutorials in German grammar.
88 Wittgenstein, Tractatus 6.43.
drastic depression makes impossible the thought that life is critically important and fundamentally valuable. Jaspers’ contention that we do not ever fully understand the experiences of the psychotically ill is not, then, a call to ignore the meaningfulness of these experiences, nor is it, as Richard Bentall has argued, an excuse for mental health workers not to pay attention to the ‘content’ of a psychosis. “The reader will recall,” Bentall writes, “that Karl Jaspers held all truly delusional beliefs to be ununderstandable, by which he meant they are meaningless and unconnected to the individual’s personality or experience.”

Now as we have seen, in holding delusional beliefs to be ununderstandable, Jaspers did not at all argue that they were meaningless or unconnected to the person’s psyche and its past. (He claims, for one, that the “Anlage”—on his own account not a thing but a way of gesturing at some of the “extra-conscious mechanism[s]” together with the events that shape them—helps determine the meaningful content of the psychosis.) Jaspers, rather, in using this concept of ununderstandability, refuses to downplay the profound alienation in an experience of psychosis, and insists on a philosophical acknowledgment that others cannot share the altered logical possibilities which are present in a psychotic state. In a way, this insistence is a refusal to divorce form from content; when interpreting, the fact that an expression occurs in the extremities of psychotic hallucination or delusion is not separable from that it pertains to, say, an emotionally traumatic memory. (This does not mean that therapeutic indications follow; it means simply that it is irresponsible not to account for the entirety of the way someone communicates.) That is, the fact of a psychosis says something about what a person is expressing, too, even if this contribution is simply to show what an extremely distressed communication it is.

We should be careful, of course, not to take our vision of this departure, from an aspect of the grounding of our ability to make sense to each other, too far, not to let our inability to follow what stems from a shift in logical possibilities detract from what engagement is still quite possible. It would be inhumane to ignore what real sense can be communally made between the psychotic person and those around them. In the midst of mental fragmentation, there appears to be quite a lot of effort being made to make sense, often even a proliferation of language attempting to express and understand experiences, negotiate a way through them, communicate with important people. This last we might note is a key congruence between the backgrounds against which the mentally ill and those around them...
are able to speak and understand: that despite altered manners of experiencing the world, the salience of other humans remains in some way. Even the suicidally depressed, for some of whom the world seems to have lost all its sense and value, often engage with the people for whom their death would be a profound event, hence the suicide note. And suicide itself is occasionally understood by a person as the only remaining way to express something significant: the unbearable burden of living.

There is much in illness that partakes in meaningful activity. Even illness itself has aspects of responsiveness to situations, relationships. There are meaningful connections between all from the most articulate illness responses to even the most fragmentary. Consider the anorexic, whose “momentous act of self-denial,” as Gillett describes her self-starvation, takes on powerful import as an ability to control her own life and create a solid identity, even, he writes, to “triumph…over nature and time itself;” she explains, “when I am pushed there is no limit to my control; I can even control my hormones, my sexuality, and therefore my biological nature.”

Or consider, as Bianca Telles Ribeiro does in *Coherence in Psychotic Discourse*, the responsive intelligibility of even that sort of patient who seems least a part of a common world of meaning, whose admitting interview brings to mind “terms such as a thought-disordered patient or a psychotic speaker;” her analyzed speech during and after crisis may display striking patterns of coherence, even an intricate and repeated refusal “to participate in the interview frame,” to respond obediently and cooperatively in a threatening, disempowering, and extremely stressful situation. And of course an acknowledgment of how these persons’ speech and behavior responds coherently to aspects of their lives, relationships, and experiences does not need to assume that any such response is freely chosen, willfully or even consciously controlled. We can talk as easily of responsiveness on levels not immediately obedient to a person’s intervention, of non-conscious and even of physical, bodily responsiveness; we know what it is like to be overtaken by an anger we didn’t call up and feel powerless to abate, and what it is like to feel our faces blush in a physical articulation of embarrassment we cannot stop or hide.

The meanings in which and through which we live draw responses from us, and we can pay attention to and understand these in others. Jaspers’ writings bear this out. Though he separates meaningful understanding from causal explanation, he is careful not to present them

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as wholly detached, nor as we have seen to allow a simplistic account of what they entail. Although causal accounts make use of a way of speaking and ordering which is quite different from the ways we account for ourselves everyday, causal links are often invoked in our everyday stories. We might, for example, blame irritability, even quarreling, on low blood sugar. And while we can take up causal, even scientific links into the ways we account for our behavior, our behavior itself and the meanings it communicates and responds to can play causal roles. “Units” made up of “complex meaningful connections” are “drawn into the domain of causal thinking to serve as an element of causal explanation.” For example, he explains, “a manic syndrome plus all its contents can be regarded as the effect of a cerebral process.” And the complex meaningful connections are not only drawn into the effect side of causal logic; these meanings, too, act as causes, as when that manic syndrome is considered the effect of “some emotional trauma such as the death of an intimate.”

One very important manner in which meaningful connections and events can be understood as causes involves the way our bodies respond to the meanings in which we partake. Consider, for example, the physical changes the body undergoes during a stressful event: “increased blood pressure and heart rate, clammy skin, and a dry mouth,” while less perceptible changes get underway as well; “hormones are secreted, neurotransmitters are activated, and inflammatory proteins surge through the bloodstream.” These changes, explains Paul Tough in *The New Yorker*, profiling research investigating the general-health effects of childhood trauma, are “beneficial” “as a response to short-term threats,” but “repeated, full-scale activation of this stress system, especially in early childhood, can lead to deep physical changes.” Among such changes is an alteration to the chemistry of the brain’s DNA “through a process called methylation,” in which “tiny chemical markers called methyl groups affix themselves to the genes that govern the production of stress-hormone receptors in the brain,” disabling the genes and “preventing the brain from properly regulating its response to stress.” Another physical response to meaningful human interactions can be found in “the immune system, which, during moments of acute anxiety, releases a variety of proteins and other chemical signals into the bloodstream,” which again, in the short-term is beneficial, as it “promotes resistance to infection and prepares the body to repair tissues that might be damaged,” but if the system is overloaded by intense and prolonged anxiety, “these chemicals can build up, with toxic effects on the heart and other organs.” Such observations are leading

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93 Jaspers 305.
these researchers to suspect that, especially in children, family interactions should be considered an important factor in physical (as well as, of course, mental) health.\textsuperscript{94}

This influence of meaningful human interactions on physical mechanisms, and indeed its inverse, breaks down the dichotomy between meaningful speech and behavior and causal (often physical) events, which tend to slip apart from each other in our theories. We are rather a massive teem of influence and response, “an infinite living network—a vast reciprocity,”\textsuperscript{95} aspects of which we break down into convenient categories or build up into illuminating patterns. The mutual influence between causal systems and meaningful connections makes apparent the importance of the understanding a person develops of the events she lives through, even—perhaps especially—events of profound disintegration such as those associated with psychotic illnesses. The spiritual understandings through which a person builds connection in an episode of psychosis both shape and guide her thought life and change the physical structures of her brain and body, interrupting or contributing to those patterns psychiatrists see emerging from psychotic rupture. John Strauss (then Professor of Psychiatry at Yale) in “Subjective Experiences in Schizophrenia,” emphasizes the importance of attending to the influence of meaningful response to disorder: “When closer attention is paid to patients’ reports of their experiences, one key phenomenon suggested is the importance of the interaction between the person and the disorder. This interaction evolves over time and has implications for understanding, studying, and treating schizophrenia and related disorders.”\textsuperscript{96} Several years later, citing Strauss’s earlier insight, Paul Chadwick and Max Birchwood confirm that their particular program of research (into auditory hallucination) confirms the point: “people’s subjective experience...is not an irrelevant by-product but an active and potent influence.”\textsuperscript{97} Such influence and its inverse reveal that even the spiritual is not a layer of interpretation laid on top of physical events, but rather an active manner of responding and influencing. This vast reciprocity will inform our more particular attention to the shifts in some characteristically psychotic experiences, and will allow us to better perceive the nature and place of spiritual understanding in psychosis.


\textsuperscript{95} Jaspers 453.


To be taken for a madman is...potentially the most remote and inaccessible
of narrative positions....
—Allan Ingram, Voices of Madness

Go on reading ‘til you can hear people talking.
—G. M. Young, “London Addresses”

In order to respond well to a person in distress, we must work to understand an aspect
of meaningful articulation which is too often lost on those who work in close proximity to the
mentally ill: a person’s capacity for expression. In our discussion of the ‘spiritual-psychotic
paradox’ and the ‘Madness or religion?’ question, we found that a preoccupation with the
accurate description of empirical reality interferes with researchers’ abilities to attend to other
functions of language. In the psychiatric clinic, and in other places in which mental ill-health
is assessed and treated, there is often an absorption in the empirical aspects of disorder, and a
focus on restoring patients to an ability to see and hear and feel what those around them are
seeing, feeling, hearing. Accurate perceptions and assessments of mutual reality play a
prominent role in this project. But again, as we found happened to researchers’ treatment of
the concept of spirituality, the other activities we take part in by means of language are
overshadowed so darkly as to be altogether invisible. Expression, as one of the more complex,
often more metaphorical, sometimes even poetic ways that we use language, is not the easiest
thing to attend to in the first place. When we express something, we are concerned with
articulating the subtleties of a pressing sense, and to understand such a thing takes an
apprehension of the forces at work in the situation, an understanding of the character of the
speaker, a grasp of her history, and an imaginative engagement with her words.

There is a tradition of engagement with psychosis which departs from what has
become the relatively standard psychiatric avoidance of analyzing what has been called the
‘content’ of psychotic experience, but which we can more soundly describe as the ideas which
inform, constitute, and respond to that experience. Practitioners who engage with psychosis in
this manner embrace the possibility of reciprocal influence by means of language, recognizing
that we ourselves are third parties to any psychotic experience with which we come in contact
and hope to understand, parties as capable of mutual influence and response as the psychotic
person themselves. That vast reciprocity is no closed system, but as public as the language which works so powerfully in it and vulnerable to the interference both of other speakers and of the physical world. We will, then, explore the ideas at work in this tradition of engagement, and work from them toward an understanding of psychotic expression.

For such a task we will consider psychotic phenomena, paying particular attention to an element of psychotic experience which brings into stark relief the most basic feats of understanding—perceiving the concern of a speaker, assessing how and in what way to trust what a speaker says, discerning when to discount the legitimacy of an utterance because of the perceived causal forces behind it. That element is the phenomenon of hearing voices. We should, by this point, no longer initially respond to the problem posed by hearing a voice no one else can hear in terms of contested interpretation of physical experience (for example, the doctor’s view that she is encountering neurologically produced hallucination and the hearer’s view that she is experiencing divinely induced communication), but in terms of attention and discernment: a challenge of understanding and developing the role played by the voice in the hearer’s life, guided by the spiritual values she holds dear and the functional demands of a life lived in the presence of others.

Voices heard “when no source can be found,” as Daniel Smith writes in *Muses, Madmen, and Prophets*, or heard “when no one else does,” or, as the American Psychiatric Association somewhat dryly puts it, heard “without external stimulation of the relevant sensory organ,” are a phenomenon which “evokes insanity (to most people),” but also “poetry and God and the physics of sound.” Such voices can be heard by those with a “brain tumor, Parkinson’s disease, migraine headaches, hyperthyroidism, temporal lobe epilepsy, Alzheimer’s disease, and various types of delirium,” as well as by people on “LSD, psychedelic mushrooms, ecstasy, [or] cocaine,” chronic alcoholics, and even those with no related pathology or imposed chemical onslaught, like the grieving who hear the voice of a

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98 In literary studies, this is known as the problem of the unreliable narrator; she provides your only access to the events of the story, but also, because of her character, history, and involvement in the tale, she forces you to forgo a naive or straightforward acceptance of her account, adjusting your understanding of what she says against the background of her involvement with the scenes and information she relays. The basics of good literary attention have taught me how to hear expression wherever I encounter it, and they are invaluable in attending to the complex articulations encountered in mental disorder.


deceased loved one. They can be induced by sensory or sleep deprivation, and the growing body of scientific and sociological study addressed solely to their investigation has changed their profile in the academic (if not yet the public) consciousness: once the provenance of the very mad, voices now pervade an expansive domain of human experience. You do not have to be insane to hear voices. In fact, most people who hear them are not mentally ill.

Hallucinated voices may be troubling, benign, or even helpful, a finding no less striking today (when public education concerning such voices often comes largely via dramatic and violent news stories) than it was to the Dutch researchers who came upon it in the 1980s. Marius Romme and Sandra Escher, challenged by the positive experience of a patient with auditory hallucinations, decided to survey and interview voice-hearers, on the suspicion that auditory hallucinations were more widespread than commonly believed, and that these voices may not necessarily trouble those who hear them. They collected an array of personal stories about auditory hallucinations, in which voices ranged from positive and helpful to wildly aggressive and abusive, and in which a variety of frameworks for understanding and coping with them were described. Romme and Escher then facilitated a conference in which twenty of the people they’d surveyed were invited to articulate their experiences and begin a series of inclusive, democratic discussions, discussions which marked the beginning of what became known as “The Hearing Voices Movement.”

The movement, now coordinated internationally by a network called Intervoice, is concerned with helping those who hear voices by reducing stigma, researching effective strategies for coping, and educating voice-hearers, mental health professionals, and the general public about the experience.

Romme, a psychiatrist himself and an activist for changing his profession’s perspective on auditory hallucinations, holds that not only can hallucinatory experiences be

101 Smith xi, 8.
benign, but even within a diagnosed mental disorder, in which the voices are part of a disabling array of symptoms, it may be therapeutically appropriate to listen to, understand, and engage the voices, rather than to suppress or ignore them. Such an alternative strategy, he reasons, is at least justified in response to the surprisingly large portion of patients whose voices are resistant to drug therapies. In response to a punishing review in the *British Medical Journal* of their co-edited volume *Accepting Voices*, Romme and Escher defend their stance: “When a medical approach fails, as it does in 60% of cases of auditory hallucinations, ways of learning to cope with the hallucinations remain, and these are central to the ideas we were presenting.”

If these coping strategies, nested in an unabashed exploration of the experience of hearing voices, prove effective for drug-resistant patients, we could easily reason it unfair to deny patients who would rather not be on their medications a chance to try such an alternative (or conjunctive) strategy. Romme and Escher’s original work has indeed been extended in this direction, in which voice hearers with or without official diagnoses are considered to have much in common experientially, much to learn from each other, and plenty of capacity to influence their experiences by interacting with their voices. Some recent research exploring auditory hallucinations makes use of and finds inspiration in Romme and Escher’s projects, but Romme and Escher’s work is taken up most strikingly by consumer movements and volunteer forces, including those working under the auspices of Intervoice.

Something about the endeavor to hear and understand the unseen voices strikes a chord with the masses who live with or around them.

Among the clinicians with an interest in engaging patients’ auditory hallucinations are the psychologists and psychotherapists who have long held that psychotic experiences call for listening, interpretation, and engagement rather than chemically suppressing symptoms. These therapists come from diverse theoretical backgrounds, including psychoanalysis and cognitive behavioral theory and its offshoots. Some of these clinicians are directly influenced by the Hearing Voices Movement. Rufus May, a clinical psychologist and activist who practices in

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108 The “coping” aspects of the engagement Romme and Escher advocate for are the most palatable parts of their program to mainstream mental health professionals. Few would deny that talk therapy can help patients live better with their voices. The real contention is over the amount of influence meaningful engagement can have on what is perceived to be a disease process.

109 *Intervoice*.

England, is one such clinician, and an aspect of his practice called ‘voice dialogue’ provides an example of an extraordinarily direct manner of engaging with a person’s voices. May draws inspiration from Romme and Escher’s *Accepting Voices* and from the voice dialogue work of Dutch psychiatrist and psychotherapist Dirk Corstens (who, in turn, developed his therapeutic techniques after encountering the work of Hal and Sidra Stone, psychotherapists educated in the Jungian tradition who founded the early practice of voice dialogue in the 1970s).\(^{111}\) \(^{112}\) May has developed techniques for engaging patients’ auditory hallucinations directly in therapy; his patients work with him to sort through and making sense of the imagery and symbolism in their particular experiences. They treat the voices as messengers who often speak in code. They listen to what the voices are saying and try to understand why they are saying it; they make connections to unresolved emotional distress or past traumatic experiences; and they try to work through these, laying a foundation for healing psychological wounds and recovering from the crises these have brought about. Among a pragmatic slew of techniques borrowed and developed from an array of psychological traditions, May practices voice dialogue, a form of talk therapy which he uses with psychotic patients to directly engage with the voice (or voices) the person is hearing and to understand its significance and hear what it is alerting his patient to. He invites the voice to have a conversation with him, and the patient sits in a chair to act as a spokesperson for the voice or voices, repeating to May what is said. In terms of structure, the therapy looks quite unremarkable—resembling something like mediation between two conflicting parties; the oddity is that one of the parties is an auditory hallucination. A newspaper interview of May cites this therapy structure as adapted from a couples’ counseling technique, in which “different ‘parts’ or personalities speak verbatim from a selected chair.” May asks the voice questions about its intentions and motivations, trying, in a sense, to understand where it is coming from. He also often calmly expresses resistance to the voice or its commands, and asks that it stop doing certain things, like tricking the person into thinking they are being followed or spied on. In the newspaper interview, May describes an encounter in therapy with a patient who had a particularly hostile voice. Instead of obeying or ignoring the voice, which was commanding him to do violence to himself, May and his patient worked out what the voice was expressing:


I asked [my patient] to ask his voice why he wanted him to harm himself. The voice said, “To show people how powerful you are.” The man then asked the voice whether, if he was powerful in other ways, he would still have to self-harm. Would the voice be happy if he were powerful in other ways? The voice said, “That’s what I’ve been trying to tell you for years.”

May finds that the voices his patients hear often change their tone and character during such conversations, or over the course of therapy. They are usually more aggressive and hostile when first addressed in therapy, and sometimes tell the patient to harm May. Once the information gets through, though, that May is not going to try to get rid of the voices, he finds that they tend to calm down. The voices diminish or change, too, when some significance is understood from amidst the terror and threats and chaos. As voices’ ‘messages’ are understood—the commands to self-harm seen as an attempt, dysfunctional though it may be, to protect the person’s psyche, to show him he is powerful though he feels helpless and weak—and as underlying distresses are worked through, May finds that his patients’ voices diminish in intensity and frequency or change their tone, becoming less aggressive.113 The effect of reduced intensity or activity of the voices is echoed in other manners of meaningful engagement with auditory hallucination. In “The Omnipotence of Voices,” Paul Chadwick and Max Birchwood set out to test the efficacy of working cognitively with drug-resistant auditory hallucinations. Their methods are different to May’s—for one, they make extensive use of a kind of ‘reality testing’ to help their study participants become less convinced of the voices’ power; May finds reality testing unnecessary and philosophically distasteful. But despite the differences in their approach, the clinically guided work to understand the nature and purpose of the voices, and to give the hearer a sense of control, produces Chadwick and Birchwood’s hoped-for results: “large and stable reductions in conviction,” “reduced distress,” and “increased adaptive behaviour,” as well as “unexpectedly, a fall in voice activity.”114

The stance toward voices which informs May’s therapy and the activities of the Hearing Voices Movement treats them as legitimate speakers, with something important to say to the person hearing them. Does an attention to the entirety of the experience of hearing voices authorize such a stance? The therapeutic effects of this stance may be enough in themselves to justify it, and given the reciprocity of our meaningful and our biological lives, a

113 *The Doctor Who Hears Voices*, Prod./Dir. Leo Regan, Channel 4 Television Corporation, UK, 21 April 2008.

theoretical defense of these effects needs break no new ground. But let’s press a bit further: when we pay attention to all of the things we can come to know about the voice and its place in the life of the hearer, what kind of attention is called for? How can we understand what is expressed by a voice? Who is the speaker? What is the speaker’s relationship to the hearer like? When does it speak, and in what manner? Because of the multiplicity of the phenomenon of hearing voices, which Romme and Escher point out, the answers to these questions will partly differ according to the particularities of the experience, and so how we ought to pay attention to any given voice will in part demand an understanding of its specific qualities and the unique facts of a given situation. But there are some things we can understand about all such voices which will help inform the basics of an initial attitude toward a hearer’s unique experience of them.

First, a reminder: scientifically describing a phenomenon does not mean explaining it, and a neurological account of auditory hallucination does not preclude a voice’s also being much more than neurological activity. We need this reminder because it is extremely difficult for some people, once we have started referring to a voice as an auditory hallucination, not to presume it is epistemologically impotent. This sort of difficulty is encountered anywhere a biologically reductive tendency has taken hold and produced illusions of explanatory power flowing in one direction from the physical to the meaningful. Such a biologically reductive viewpoint holds sway in much of psychiatric engagement with psychotic illnesses, and creates a misleading rivalry between organic causation and psychological causation (prominently in the form of trauma-induced dysfunction). “Psychiatrists haven’t always argued that mental illnesses are brain diseases with no link to history or life events,” writes psychologist Gail Hornstein, in Agnes’s Jacket: A Psychologist’s Search for the Meanings of Madness. She expands,

Actually, the opposite view—that mental illness is caused by trauma and psychotherapy is the most appropriate way to treat it—has been as common as the biological model throughout psychiatry’s history. For close to two centuries, these two views have switched back and forth roughly every forty years.

Hornstein locates “the peak of the most recent ‘faulty brain functioning’ ” trend a few years after the turn of the 21st century, noting that we are currently “starting to see the pendulum swing back toward psychological models,” in some places, such as the United States, with the

115 Koehler and Silver 217.
added mass of vociferous patient advocacy groups, who, “more so than doctors, have become the strongest advocates of a trauma viewpoint.”  

But swinging between opposite extremes, whatever the reasons for radical change, holds out little promise of nurturing philosophically and scientifically careful practices. Trauma versus biological malfunction is too simplified a theoretical choice for understanding the vicissitudes of psychotic phenomena, including hearing voices. (Assuming psychotherapists of all stripes ally themselves with the one and psychiatrists with the other would be another gross mistake. There are, for example, plenty of psychologists and psychotherapists who would accept the basics of a biological, genetically inherited account of psychosis and hold that talk therapy’s place is to develop the patient’s ability to live well with the changes the illness has brought.  

And some of the clinicians most adamant about treating psychotic patients psychologically, often without the use of medication, have been psychiatrists, among them Judith Herman, who wrote Trauma and Recovery, and Daniel Dorman, author of Dante’s Cure.) And of course once we recognize that the dichotomy we have run into here is of the “Body or mind?” variety, we are well able to suspect its value. A more adept model of psychotic experiences would take account of both the intricate biological functions, genetic inheritances included, and the powerful psychological factors involved in such complex mental phenomena, and the possibilities for their mutual influence. Attempting “integration between biological and psychosocial” aspects holds out the promise of perspicacious engagement with those who experience psychosis.  

When psychotic phenomena are examined within such an integrated framework, one aspect in particular, common to their multiple instantiations, bears up under the notion that they call for meaningful engagement: their responsiveness both to important ideas, emotions, and events in a person’s past and present and to the meaningful aspects of therapeutic interventions. We have noted already the ways that even our physical selves are responsive to

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117 The conclusion of a 2001 study on CBT with “coping training” for schizophrenic patients with persistent auditory hallucinations succinctly demonstrates this common attitude toward the place of talk therapy in psychotic illnesses: “CBT with coping training can improve both overall symptomatology and quality of life, even over longer periods of time, but a status of persistent disablement indicates a continuing need for mental health care.” (Wiersma, D. et al., “Cognitive behaviour therapy with coping training for persistent auditory hallucinations in schizophrenia: a naturalistic follow-up study of the durability of effects,” Acta Psychiatrica Scandinavica, 103.5 (2001) 393.)

the meanings in which we live, and we can talk about understanding the signs our bodies are making. If we can already sensibly say that our bodies, in a way, talk to us, and talk to others about us—make interpretable signs—we can even more sensibly use such a framework for the apparitions of the psychotic mind, which respond not simply in physical changes which we can interpret, but immediately in language and symbol to the meanings impinging on a mind. May’s therapy shows, in the case of hearing voices, the responsiveness of psychotic phenomena to meaningful therapeutic intervention. What about their original responsiveness? To what statements do they act as replies in the first place? And what is the manner of their response?

*I Never Promised You a Rose Garden*, Joanne Greenberg’s novel (published first under the pseudonym Hannah Green) based on her own recovery from schizophrenia, gives some beautifully articulated scenes of discovering the responsiveness of psychotic phenomena to events in a person’s life. The narrator describes a breakthrough therapy session in which Deborah, the protagonist, first discovers the connections between elements of her hallucinations and one of the many traumatic events in her childhood:

The light struck the path and there was a seeming sound of good, strong truth, like the pop of a hard-thrown ball into a catcher’s glove. Connect. Deborah listened to the sound and then began to tumble over her words, filling in the missing features of the ancient nightmare that was no more other-worldly than the simple experience of being left alone.

Among other tortures she endures when greatly distressed, Deborah is plagued by black bars slamming down in her vision, obscuring sight of the world, by a terrifying white presence, and by a bone-chilling cold that heeds no efforts to warm herself. Slowly, over the course of her work with Dr. Fried, her memories seep into place, making sense of the terrifying symbols of her psychosis. She remembers that her mother had miscarried a set of twins while Deborah was very small, and that her mother had gone away after the event, leaving Deborah behind:

The white thing must have been a nurse. I felt that everything warm had left. The feeling comes often, but I thought it could never have been true that I ever really was in such a place. The bars were crib bars. They must have been on my own crib…. The nurse was distant and cold… Hey! Hey!… The bars…the bars of the crib and the cold and losing the ability to see colors…it’s what happens now, now! When I am waiting to fall, those bands of darkness across my eyes are the old crib bars and the cold is that old one—I always wondered why it meant more than just something you could end by putting on a coat.
Over the long hard years of work putting together the pieces of her traumatic childhood and facing her psychological torments, which also include anti-Semitic abuse and a physically excruciating and emotionally shameful operation, as a five-year-old, to remove a tumor—a “wrongness inside her, in the feminine, secret part”—the themes and images in Deborah’s psychosis become more and more understandable, to herself and to those around her.119

In a non-fictionalized example, Richard Bentall, psychologist and author of *Madness Explained*, recalls one of the first psychotic patients he treated with psychotherapy, Brian, whose voices “revealed to him evidence of a Jewish plot to confine Gentiles to concentration camps and… tormented him with the simple refrain, ‘Give cancer to the crippled bastard!’ ” Bentall recalls that

...even on the occasion of our first meeting, it was obvious that his voices were not merely the random product of a damaged nervous system. The ‘crippled bastard’ referred to by the voices was easily identifiable—Brian was sitting in a wheelchair, having crushed his legs in a bungled suicide attempt.... I later learned that his girlfriend who had recently abandoned him was Jewish. I also learned that Brian’s mother had died from cancer. No doubt ‘Give cancer to the crippled bastard!’ encapsulated a constellation of ideas linked by a common thread of guilt.120

Themes in Brian’s psychosis connect with his mother’s dying of cancer, being left by his girlfriend, and the botched suicide attempt which crippled him, and according to Bentall’s understanding of his patient, these themes express a responsive guilt. Deborah’s hallucinated images and sensations replay an early scene of abandonment and recreate her cold, colorless isolation. Such connections between psychotic phenomena and events in a person’s life are ubiquitous throughout stories of such illnesses, and throughout accounts by the therapists who work together with patients to discern their significance.

A ‘glitching’ brain throwing up random products of its dysfunction is an alluring explanatory image,121 but such an image, however appropriate to hallucination in other


121 German Berrios, in a paper offering a conceptual history of delusions, offers a stark articulation of such an idea. He infamously writes that “Delusions are likely to be empty speech acts, whose informational content refers to neither world nor self. They are not the symbolic expression of anything. Its ‘content’ is but a random fragment of information ‘trapped’ in the very moment the delusion becomes crystallised. The commonality of certain themes can be explained by the fact that informational fragments with high frequency value also have a higher probability of being ‘trapped.’” (Berrios, G. E., “Delusions as ‘Wrong Beliefs’: A Conceptual History,” *British Journal of Psychiatry*, 159.suppl.14 (1991)12.)
contexts, simply cannot bear the weight of psychotic connection and significance. Evidence of the psychological responsiveness of psychotic phenomena to important ideas, emotions, and events in a person’s life preempts that sort of biologically reductive explanation so antagonistic to exploring their import. There is, of course, neurological activity during a person’s experience of hallucination and delusion. Neurons will fire during these experiences just as surely as they will fire during normal perception or thought, indeed, during any normal or abnormal mental happening. And the brain activity going on during, say, hallucinating a voice, may be different from the activity going on during hearing a voice in the usual manner. But there is too much assumed in the characterisation of these differences as mistakes, as instances of the brain getting something wrong about the world—making a person hear or see or feel or smell something that is not really there. There is a large gap between noticing that neurons are firing in the absence of the usual external stimuli and concluding that they are misfiring. That is, there is no reason to assume that hallucinations are not on the whole purposeful or expressive, even if we acknowledge that they can be highly disruptive and distressing.

As for the purposeful aspects of psychosis, some theories speculate on possible functions: as a transformative experience, a means of resolving crisis, or a defensive response to trauma or other psychologically threatening developments such as poor self-esteem. The trauma-related framework for understanding psychosis is a prevalent strain of this functional theorising. “An advantage of the post-traumatic explanation of psychosis,” writes Rufus May, “is that it gives the psychotic process a functional role. Rather than being just an affliction, such psychological processes as splitting off from experience and dissociation can be seen as adaptive strategies that have enabled the person to survive adversity.” As a response to psychological crisis, or to the extraordinary and ordinary pains and pressures of being human, psychosis asks to be heard and understood. However, writes Edward Podvoll, a psychiatrist and psychoanalyst who creates and runs therapeutic homes, “many authorities in the field of treating highly disturbed people...feel that there is nothing to learn from the psychotic mind,  


from its endless seduction, from the intimate process of delusion, not even when it points—as it often does—to how to relieve psychotic suffering.”

A useful way to picture this purposiveness of psychotic phenomena, to picture their ability to send information which guides intervention and brings about relief, is by analogy to physical pain. Grant Gillett, in the first chapter of *The Philosophy of Psychiatry: A Companion*, construes psychotic phenomena as a sort of pain he calls “brain pain.” He writes that “even though the brain, famously, does not feel pain, the psychotic feels the pain of a brain that has come adrift from the smooth pattern of cognitive functioning that keeps him…in tune with his context.” At the very basic level of the analogy, psychotic phenomena are themselves painful to experience—not physically (though hallucinations can be physically painful, as in Catherine Penney’s hallucinated tumor) but psychologically, emotionally. The brain has “come adrift,” the psychotic is no longer “in tune,” and this discordance is jarring, deeply distressing. The person in the throes of psychosis is “trying to cope with a situation in which cognition has been seriously unsettled,” and the effort and bewilderment are intense. But if we extend the analogy to pain a bit further, not only do psychotic experiences resemble pain in their distressing, disruptive effects, not only is “coming adrift” painful, but the coming adrift can itself be thought of as the psychological pain. The hallucination or delusion is itself the signal. Voices, for example, may not only be disturbing, but they may be disturbing for a reason. Take an ordinary pain signal. Its adaptive function is to notify the person in pain that there is something wrong in a particular bit of the body, and that this needs to be attended to, lest worse damage occurs. A pain in the thumb, for example, might alert you to the possibility of tissue damage there, and its signal serves to incite you to action, to take care of the lesion. If you ignore the signal, or if for some reason you do not get or understand the signal, infection could set in, and you’re headed toward worse damage. So pain is highly unpleasant, hard to ignore, and its purpose is better served for this distress. If we were to understand psychotic phenomena as a kind of psychological pain signal, it would be important for medicine not simply to try to ease this pain, but also to attend to its sources, to the places it signals danger, lesion. As the feeling of pain in the thumb draws attention to the location that needs care, the messages and voices and distortions of psychosis draw the attention to the distressing psychological events which continue to dog and wound the person’s psyche. Look

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here, says the hallucination, at your worst fears, your deepest traumas, your biggest insecurities. Look here, attend to these, or you’ll go on deteriorating.

All of which is not to say that a person’s psychological pains or past traumas on their own cause psychotic events in the first place, although this could be the case at times, and writers who advocate a strong trauma viewpoint for understanding psychosis would heavily emphasise the causal role of distressing events and downplay the importance of more organic factors. Hornstein, acknowledging that an unequal distribution of vulnerability and varied contexts will change the struggle for each person, writes that “of course there are distinctions among us in terms of biological resilience and brain function (due to genetic inheritance, drug side effects, or trauma—it hardly matters).” What remains constant, however, is the importance of strengthening each person’s capacities, fostering their psychological strengths. “Rather than starting with the idea that some people have ‘broken brains’ and some don’t, what if we assume instead that everyone rises (to varying extents) to the challenges that confront them? The question then becomes: What fosters the ability to cope?”

In some ways Hornstein’s challenge to start from somewhere other than the ‘broken brain,’ paying attention instead to the physical and psychological strengths and resources each person has, exemplifies the kind of pragmatism that has always been at work in treating mental disorder. Focusing on broken brains does not work well, in her view, and should be abandoned. Part of the explanation for its being unhelpful is that such a view is unable to see the whole thinking feeling interpreting organism, in which the disorder is both taking place and taking shape. But the pragmatic pull is quite apart from this observation; even if the brain is broken, we do not know how (let alone how to fix it), but we do know how to engage with a psychotic person to build resilience and equilibrium, attending to distresses that threaten to bring the whole mind down. Such pragmatism offers psychiatry—a discipline in which uncontroversial aetiologies are hard to come by—a guidance for treating patients in the midst of professional disagreement regarding explanatory models for mental illness. “As a practical discipline,” writes Harvard Professor of Psychiatry David Brendel, “psychiatry is concerned more with its methodology than its ontology: by adopting a pragmatic position on explanatory models, psychiatrists do not necessarily commit themselves to a particular view on the underlying structure of the universe,” but they are still able to work toward “beneficial real-world results

126 Hornstein xxi.
for individuals with mental illnesses.”

(However, for reasons theoretical, practical, professional, political, and historical, pragmatic intervention for psychosis is often restricted to primarily pharmaceutical treatments.

Other psychologically-oriented texts echo the call to shift our attention to the experience of psychosis in order to gain insight on how best to intervene. Podvoll writes that “In spite of the bewildering and discouraging biases that determine current treatment, something inspiring and hopeful can still be pointed to by refocusing attention on the inner or personal reality of insanity and the fundamental mental functions that propagate it.”

This refocusing on what a psychotic person experiences is quite different from the morbid and insistent preoccupation psychotic people tend to have with their own hallucinations and delusions. In the same way that obsessing over physical pain tends to make that pain more keenly felt, obsession with or absorption in one’s voices and delusions, if stress-inducing, may feed and intensify them. Stress, after all, despite being a mysterious phenomenon itself, is a hallmark trigger and intensifier of psychotic experiences.

The traditional psychiatric response to this ‘vicious cycle’ is to attempt to break it—to variously distract, shock, ignore, or medicate the person out of their tightly held unreality.

Modern psychiatry, in so far as it attempts to eradicate rather than understand and engage the subjective experience of mental disorder, perpetuates the habits of thought and practice which led to its worst atrocities. Need we revisit them? The shock-like remedies—among them the water treatments, in which patients were pummeled “with a torrent of water,” or, blindfolded, “dropped through a trapdoor into a tub of cold water”—were historically performed in the hope that they would induce “such terror that the patient’s senses might be dramatically restored”—as if the madness were akin to a strong dream, and such abuses the necessary stimulants to waking and forgetting. “The various depleting remedies—bleedings,

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130 Podvoll 4.

purging, emetics, and nausea-inducing agents” in addition to their taming effects on the “brutish” nature of the patient “were also said to be therapeutic because they inflicted considerable pain, and thus the madman’s mind became focused on this sensation rather than on his usual raving thoughts.” Blistering, too, because it caused great physical pain, was a popular treatment. After inducing blisters and rubbing caustic agents in them, the physicians lauded the therapeutic effects of the additional pain a patient would endure “as he rubbed his hands in the caustic and touched his genitals, a pain that would enable the patient to ‘regain consciousness of his true self, to wake from his supersensual slumber and to stay awake’.”

The swinging chair, a popular mechanical device in European asylums in the 19th century, could, in one fell swoop, physically weaken the patient, inflict great pain, and invoke terror—all effects perceived as therapeutic for the mad. The chair, hung from a wooden frame, would be rotated rapidly by an operator to induce in the patient ‘fatigue, exhaustion, pallor, horripilatio [goose bumps], vertigo, etc,’ thereby producing ‘new associations and trains of thoughts.’

New associations and trains of thoughts were lauded then as now as worthy goals for therapy. More dismally, we settle today for reduced attachment to those old, mad associations and trains of thought. But to cut off attention to delusions and hallucinations (violently or tranquilly), both on the part of the patient and on the part of the physician (except for the necessary observations which inform about the type and severity of psychosis and when and whether the symptoms lessen or worsen), misses their functional aspects and obscures the sources of need for those functions. If in some sense psychotic phenomena can be understood as psychological pain signals, indicators of distress or threat, a proper response would be to try to understand what they mean, what they are trying to say, what events and needs they implicate.

The problem with attending to the significance of psychotic phenomena, with reading signs rather than subduing symptoms, is that of course hallucinations and delusions are not straightforwardly messages, do not give coherent directions, are fragmented and even dysfunctional. But a persistent protest of many who have lived with and through and near psychosis is that understanding simply takes a bit of work. Richard Bentall expresses this sentiment in a chapter on delusions in *Madness Explained: Psychosis and Human Nature*. “The understandability of delusions,” he writes, “seems to depend, to some extent, on the

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effort made to understand them.” The inability to make anything of the unrealities of psychosis is directly related to the lack of appropriate attention given them. When hallucinations or delusions elicit in the new clinician a kind of awe at the spectacle of madness, and in the experienced, a knowing dismissal of the illness’s fantasies, it is little wonder that little meaning is gleaned from them. If, on the other hand, the hallucinations and delusions so eminent in the array of psychotic symptoms are symptoms—signs, indications, clues—in a more robust sense than is generally held to be the case, then there is much more to be read in them and with them than the mere presence of illness.

The psychological pain itself contains the seeds of its own undoing. A psychotic person’s mind responds to stress by surreally incarnating both current perceived threats and its deepest psychological wounds, its loudest self-criticisms, its most profound insecurities, laying these open to any clinician with the time, interest, and resolve to engage them. However out-of-keeping this florid response may seem (an entirely different issue), it gives directions to the places where ongoing unconscious struggles weaken the mind’s resilience, and this is a therapeutic resource too valuable to overlook. Treatment for psychosis seems to get caught up in subduing the wildness in a struggle, calming an out-of-control consciousness, silencing the voices that shouldn’t be speaking, when perhaps what is called for is a little less worry over these extraordinary symptoms and a little more attention to the extraordinary pain they point out.

Understanding such functional qualities of psychotic phenomena—such as their drawing attention to areas of psychological pressure and vulnerability—is part of the job of understanding the experience itself, and attending to what a person is able to express within it. Another part is allowing development of the significance of the psychosis and its elements. That is, looking for psychological pain is one activity, which will be particularly helpful when there is need for therapeutic engagement with the troubles of a mind and with the events of a past. But the vast possibilities of interpretation delimit another area of active meaningful engagement, unrestricted to the detection of trauma. This is where the possibility of spiritual understanding becomes particularly relevant. On opening psychotic experience to spiritual understanding or interpretation, we might feel an initial fear that in this sort of activity, anything goes. If we are not subjecting the stories we tell about psychotic experience to objective verification, then we fear that clinicians have no grounds on which to base objection, alternatives, or guidance. While ‘reality testing’ may have its uses—notably to allay

133 Bentall 300.
fear and to diminish unquestioned deference to psychotic apparitions—clinicians have much more to offer in the work of understanding psychotic experience than a broad insistence on its unreality; they can do better than to perpetuate their forbears’ efforts to relieve the mad of their illusions. Clinicians can engage patients in a project of responsible, responsive interpretation, with spiritual origins of phenomena as possibilities. Take, for example, hearing a voice, and taking that voice to be divine. It is not the clinician’s role to ‘correct’ an interpretation of the origin of such a voice, but rather to support the activity of discernment, to introduce good interpretive practice, so that a person is not trapped in literal acceptance of what a voice says (which is one of the dangerous aspects of hearing voices—when they are perceived to have a great deal of authority, and they issue destructive commands).

What constitutes responsible interpretation? And what is the difference between this business of interpretation, and what we will later attend to as the person’s ability to express herself in the midst of disorder? Working on an interpretation of a text—here: an event, an utterance, a conversation—is a matter of fitting it into a larger project, a project which does not necessarily share the aims of the text itself. A feminist interpretation, for example, of Macbeth, may aim to “reveal the patriarchal premises of the playtext,” but such revelation is the concern of the feminist’s project, not the concern of the play Macbeth. The play itself is concerned with the nature of evil, the antipathy of ambition and regard for others, the transformation of sane violence to insane violence. To responsibly interpret Macbeth to serve a feminist project, an author must marshal evidence from the text in support of and account for evidence which weighs contrary to its thesis. Understanding the concerns of the psychotic phenomena themselves might involve something more along the lines of searching for the events to which they respond, the multiple influences which have called them forth, the psychological vulnerabilities they protect or address. To embark on a project of interpretation, though, involves looking at the events in light of a patient’s larger projects, working together to attend to the particularities, working on a thesis attractive to the patient and for which the events provide a decent slew of evidence, and confronting aspects of the experience which run to the contrary. The patient’s largest project, and the one in which a clinician will be most intuitively interested, will be of course living well—flourishing is the sometimes term. Sometimes flourishing will necessitate attention to the concerns of the psychotic events themselves; sometimes there will be a trauma which needs addressing. And sometimes

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flourishing will require integrating psychotic experience into those interests and activities by means of which a patient lives and understands, among which may be that of spiritual growth and understanding. The clinician is not alone or helpless in this work; the texts and traditions which have informed any given patient provide the clinician with resources from which to draw aims and parameters, learn what counts as evidence, practice methods of discernment, establish together the values according to which the person aims to respond.

Calling on resources and boundaries internal to a person’s religious or spiritual tradition need not be constricting; patients who value a particular tradition but find that their psychotic interpretations meet with condemnation need not abandon any hope of integration. There is, firstly, much more room within any given tradition to work with and understand extraordinary experiences than some modes of practice within that tradition recognize. The writings of mystics from multiple religious faiths may be particularly reassuring to some who feel that their own religious communities make no room for interpretations of their psychotic experiences. Even in those most un-conforming spiritual figures with whose lives we associate religious innovation, their interpretations and messages may depart from standard practice, and may even break from tradition altogether, but they achieve coherence as responses to what they find wrong or unjust in the religious practices available. The Quaker movement rests largely on the revelations—in the form of voices and visions—received by George Fox, which were condemned by existing religious leaders, but, for the group of followers he gathered, established the possibility of each person themselves receiving wisdom and guidance directly from God, rather than through clerical intermediaries which was the custom. And in the case of the modern establishment of the Earth People in Trinidad, Roland Littlewood explains that their leader Mother Earth’s visionary experiences are regarded locally and in St. Ann’s psychiatric hospital in Port-of-Spain as symptoms of illness. But these same experiences, through interpretation, translate into “a set of shared beliefs” which “make a good deal of sense to many people.” He elaborates:

If sometimes we may wonder why international markets are taken as natural phenomena, why government pacification becomes arbitrary terror, why welfare agencies may perpetuate poverty, and technological development leads to famine, then indeed we may consider, with the Earth People, whether our implicit order of knowledge has not indeed got some things upsided down.

Littlewood is not discounting that Mother Earth, when she sees visions of serpents and graves and lights in the sky may be hallucinating, that her experiences may be in truth instances of
psychopathology; what he’s discounting is that psychopathology cannot at the same time be a spiritual experience, turned into a coherent system of understanding which gives the believer and perhaps those around her a way to articulate value and live in the world. In telling this story of religious innovation in Trinidad, Littlewood identifies the elements contributing to successful integration, finding particularly important “the communal response rather than the personality and intentions of the innovator,”135 bringing to the fore that the project of spiritual interpretation needs intelligibility, if not outright agreement, to those around the person with whom they must live or whom they value.

Both clinician and patient, in working on a spiritually interpretive project, are still concerned with faithful description; in treating the facts of a person’s experience we have not departed from what is the case in an individual’s psychotic experience and the life in which it occurs. Spiritual interpretation requires describing “the facts in logical space,”136 and allowing arrangement according to purposes other than, say, establishing pathology or confronting trauma, so that the events can be caught up into a system of spiritual significance. We are here engaged in the public activity of creating sense, allowing the sense sought to be made in the language and according to the practices which are alive to the person experiencing disorder. Engaging in an endeavor of sense-making, by means of the language and practices native to the kind of project in understanding a person holds dear, frees the therapeutic endeavor to harness those ideas and images which move a person. A project in understanding which excites a person, which speaks the language in which her deepest desires and attachments take shape, rallies her spirit to serve in its own recovery.

Psychiatrists enter any given assessment or treatment situation equipped with a very powerful vocabulary, replete with terms, categories, and images which ground their actions scientifically and make aspects of the patient’s experience medically intelligible. Biomedical language of course founds those physical and chemical techniques with which psychiatrists attempt to treat disorder and to alleviate suffering, and its prevalence in psychiatric clinics is to be expected. But when speakers of such language assert its epistemic supremacy and smother projects of interpretation by means of which patients desire to know themselves and navigate disorder, any healing power of biomedical language is lost in a wake of alienation, disempowerment, and silencing. When a psychiatric description of a severe episode of mental


136 *Tractatus* 1.13
illness is presented as the most basic means of understanding it, the patient who lives through such an episode loses her ability to speak with authority for and of herself, except to the extent that her language and understanding conforms to the standard medical discourse. But facilitating responsive interpretation, integration into non-medical ways of understanding important to a person’s life, allows her to speak of her experience from a position with weight and authority, despite not speaking from a place of medical interest. Naomi Scheman, in her contribution to the volume *Naturalized Bioethics*, writes that “those in subordinated, marginalized, or closeted social locations” are typically denied “autonomous narration” and learn that “in order to be taken seriously, they must adopt the privileged ‘view from nowhere,’ ” speaking as if they were outside themselves. As a practice invested in doing more healing than harm, psychiatry cannot afford such alienation, must release the pressure it creates in asking patients to speak from nowhere, outside themselves, creating minds more fragmented in perceiving and speaking than those which turned up for help in the midst of crisis. As difficult narrative positions go, being a psychotic psychiatric patient may be among the worst. Help a person in the midst of psychosis both create coherence in fragmentation and interpret her way through it, telling stories she can believe about the events and her place in relation to them, and you help return her to a place of authorial legitimacy.

By attending to the responsive qualities of the actual psychotic phenomena, we give the psychotic person’s body and psyche a voice, and we can help her to hear what they are saying. And by investing in a project of interpretation, we help her find a voice with which to speak back to them. She is now a legitimate, a necessary speaker, addressing the clamor of voices which inform and distress her. Achieving such a status for the psychotic speaker brings us nearer to an ability to hear her express, to allow her that use of language so hard to hear when other—important, but rather literal—projects are stopping our ears. Imagine you are deeply upset by the wretchedness of your soul, and you have felt the guilt of generations built up in you, and you have discovered that you are a necessary sacrifice for the cleansing of the world; the world will be cleaner without your presence, and you will infect fewer people with your sin, and they will have a better chance at salvation. Now imagine that no one can hear you express this impression; everyone hears only how disturbed you sound, how seriously you have departed from your former self. How desperate and alone would you feel? Granted, it is probably important to recognize this incongruity between selves, and it will be important

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to attend to the influences on this disturbance. But *in the moment of expression*, what a psychotic speaker asks is to be *heard*, to allow her articulations to impress their significance, and *not* for purposes *other than* that with which they are themselves concerned. The expressive qualities of language are perhaps the most overlooked in the psychotic experience, perhaps because if these words are thought to be significant at all, it is because they have some utility—for purposes of diagnosis or locating sources of psychological pressure or embarking on therapeutic projects of interpretation. Expression, however, is a critical feature of spiritual practice, particularly during moments of profound trouble or triumph. God is on high. I am the lowest of despised creatures.

It is partly over his failure to attend to the expressive aspects of human ritual and speech that Wittgenstein takes Frazer to task in the notes which became “Remarks on Frazer’s *Golden Bough.*” Frazer attempts to explain the source of our wonder at the European Fire-festivals in which sacrificial effigies are burned by giving a historical account of their origins; at one time, humans were *actually* burned in these ritual fires, and so the more modern reenactments fill us with dread at the original deed. But Wittgenstein rebuts that it is *not* the fact of an actual historical burning that fills us with wonder and horror; the ritual itself evokes the wonder and horror in its act of expression. The burning of the effigy expresses a terrible, even, as Wittgenstein calls it, a “sinister” feeling or sense of human and supernatural relationship. Such an expressive sense is independent of the empirical origins of the modern festivals, and while it is related to the symbolic significance of the effigy, it does not consist in symbolism, but in what the use of such symbols impresses on the wondering human. As philosopher Frank Cioffi expounds, “The speculative wonder which colours our impression of the festival is not concerned with the origin of the festival, but with its expressive significance. And though the idea of the burning man enters into these speculations it is not as a causal antecedent of the festival but as its meaning. The ritual is *about* the burning of a man.”

How do we judge when attention to such expressive qualities of articulation is called for, and when our encounters with the psychotic person call for origin-seeking, and when they call for explanations of symbolic significance? *That* is the problem clinicians ought to be facing, the question each patient should raise in us, but we cannot even arrive at this dilemma until the psychotic is no longer spouting nonsense from nowhere—until she has a place from which to speak.

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**Too Big a Blunder**

Or are we to say that *certainty* is merely a constructed point to which some things approximate more, some less closely? No. Doubt gradually loses its sense.

—*Wittgenstein*, On Certainty

The language of *mistakes*, of psychotic patients getting things *wrong* empirically, which throws engagement with psychotic articulation all off course, predominates most conspicuously in the psychiatric contemplation of delusion. A psychotic patient may say that her arm is not a part of her, that her husband has been replaced by an impostor, that she is being spied on by government agents, that she has a nuclear power plant in her stomach; or in a spiritual vein, she may say that she has a divine mission, that the devil is putting evil thoughts in her head, or that a vicious spirit is trapped in her stomach. These accounts patients give, when they display certain qualities—a bizarreness of subject matter, for instance, or the speaker’s holding very tightly to her account and being unresponsive to contrary evidence—are traditionally drawn together in psychiatry under the concept of delusion, and this concept is traditionally explicated in the language of *belief*. From psychiatry’s earlier decades, delusions have been tangled in the conceptual territory of belief, with the stubborn notion that they are “wrong beliefs” dogging attempts to articulate how and why they are pathological, or destructively abnormal.139 The years of tugging and pulling at delusions and beliefs have made their entanglement tighter, but the conceptual fabric still will not fit the clinical phenomenon, and some researchers have proposed scrapping the blend altogether. The problem, though, seems to lie not necessarily in the comparison with belief to explicate certain features of delusion, but rather in the oddly twisted version of the concept of belief which runs through writing in this area. How, then, does our ordinary believing work? Because if we understand *that* well, we may better articulate the ways this clinical phenomenon delusion is like or unlike our ordinary believing, and with a clear view of these relations, we may show the place and activity of spiritual beliefs in instances of psychosis.

Belief, considered against the background of all its manifold instantiations, is a strange and powerful thing. Belief holds in place the factual arrangements on which our reasoning

139 Berrios 6-7
acts and builds. Beliefs about the way the empirical world is arranged and functions exemplify this kind of anchoring of factual structure, and it is in these structures that scientific investigation takes place. Believing that nature operates according to discoverable laws, for example, grounds the study and measurement of gravity and all on which gravity lays hold. Belief also generates attitudes toward other creatures and guides the development or dissolution of relationships. Believing that my father is a good man inclines me to work harder to understand him when I do not like something he says. Belief informs our moral sensibilities, generating our feelings of ought and the complex emotional life which grows from them.

Of course in noting briefly a few of these rather impressive functions belief accomplishes, we must remember that these are manifold instantiations of a concept, that we are not talking about a singular activity called believing. I am doing very different things when I: believe what my professor tells me about the quality of my argument, believe my new haircut is flattering, believe that my potted lancewood tree depends on the sun to grow, believe that I ought to work hard on my writing, believe that Hawthorne’s Miles Coverdale (The Blithedale Romance) is jealous of his friend Hollingsworth’s zeal, believe that Jupiter is made of gas, believe that seeing the face of God would kill a man. These are only a few activities of believing, and they do not even include instances in which believing joins with various prepositions to alter sense further (I believe in you, Believe on the name of the Lord, and so on). Believing in these instances involves (and these are only a few selections out of the complex activities each of the above entail): trusting my professor’s logical and rhetorical skills (which I have become familiar with in conversation and writing), making an aesthetic judgment, applying general biological principles to an aspect of the world I see and interact with, living with an internalized ethic, inhabiting a story and discerning the emotional lives of its characters, trusting the reports of experts of whom I have almost no knowledge and with whom no acquaintance, being deeply moved by the beauty and terror of divinity. And each of these activities differently positions me to respond to the aspects of my life in which these beliefs are caught up. My responses to relevant events are informed by this positioning, which is why ascertaining what a person believes is caught up with attending to how she acts.

Believing, we see, can involve matters empirical, interpersonal, metaphysical. And among and within these what we do when we believe, how belief comes to us, what is implied in agreement, what sorts of motivating reasons we have, whether evidence plays a role (and if so, what kind of evidence we accept), and what forms our justifications take are as varied as
the activities into which these beliefs are woven. Perhaps because of this multiplicity, the academic work of studying belief turns out some striking paradoxes. “When we look at some facts,” writes William James in “The Will to Believe,” “it seems as if our passional and volitional nature lay at the root of all our convictions. When we look at others, it seems as if they could do nothing once the intellect had once had its say.” Sometimes when we believe something, it seems that no intervention of our own can change it—no manipulation of our emotion, no deliberate effort to believe otherwise. We feel at these times that belief is something we cannot control, something that happens to us, with no regard for our preferences. “Can we,” writes James, “by any effort of our will, or by any strength of wish that it were true, believe ourselves well when we are roaring with rheumatism in bed, or feel certain that the sum of the two one-dollar bills in our pocket must be a hundred dollars?” At other times, belief can be malleable, coming about by our deliberate willing, or our deliberate immersion in the culture and texts which bring it to life. Our intellect, argues James, can only believe a statement which is already in some way alive to us, which “appeals as a real possibility,” “makes an electric connection with your nature,” which resonates with the concepts we have and use or the way we understand the world to work. Once we have a live possibility, we may be influenced toward or away from adoption of the belief by all manner of emotional or rational activity.\(^{140}\)

Believing a statement that is alive to you, that is, choosing to believe that something possible is the case, can involve matters in which intellectual deliberation is emphasized or in which willing commitment or emotional resonance are more important. Depending on the occasion and purposes of the belief, the involvement of reason and emotion and will may vary. In beliefs concerning human relationships, belief which has no rational grounding—belief which does not occur because I have investigated and found its statement to be true—is common, even necessary, sometimes because such beliefs can bring into existence the thing believed. “Faith in a fact can help create the fact.” “Do you like me or not?—for example,” he writes; “Whether you do or not depends, in countless instances, on whether I meet you halfway, am willing to assume that you must like me, and show you trust and expectation. The previous faith in your liking’s existence is in such cases what makes your liking come.”\(^{141}\)

Belief can bring forth that which is believed, and in another sort of instance, belief can be

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\(^{140}\) James, William, *The Will to Believe, and Other Essays in Popular Philosophy* (New York: Longmans, 1897) 4, 5, 2.

brought forth by living in a manner dependent on it for sense. Consider the anthropologist who, after years immersed in the lives of a culture not her own, finds it easier and easier to believe in the spirits which bring that culture to life, give it sense and purpose and guidance. Her belief here is not a matter for her reason, though her reason may begin to cooperate, but rather for that part of her that is alive to another logic—those fitting connections between living and imagining. In some traditions—the Christian, for example—there is an explicit understanding that belief is not a matter for the intellect, but for the heart; the deity’s communications with humans deliberately do not appeal to their reason: “God was pleased through the foolishness of what was preached to save those who believe.”\(^\text{142}\) “Not only,” writes Wittgenstein, is belief of this sort “not reasonable, but it doesn’t pretend to be.”\(^\text{143}\)

With all the resources of our emotional lives, our intellectual industry, and our deliberate acting to play on, belief comes to us with the help of all manner of noticed and unnoticed influences, through “fear and hope, prejudice and passion, imitation and partisanship, the circumpressure of our caste and set.” That is, we find ourselves taught, scared, impressed, compelled, drawn, repulsed, set out into the world believing, and while we may look for roots and influences, the fact remains that we must often do some work to figure them out—what we come to call beliefs can occur, unwatched, far from the activity of our explicit reason; “pure insight and logic, whatever they might do ideally, are not the only things that really do produce our creeds.” In fact by the time it occurs to us to consider our own beliefs, “we find ourselves believing, we hardly know how or why.”\(^\text{144}\)

When do we articulate the beliefs in which we have become embroiled? In simply believing, we do not feel compelled to use the explicit language of believing. We talk about a belief as a belief when there is some call to affirm or defend it. That is, without prompting to assert that such a statement is something you believe (and something which someone else may not), it is natural for the word belief to fall away as unnecessary, or not to occur at all in the first place. In my head is a brain ensconced in a skull, cushioned by cerebrospinal fluid. On my heart is impressed the law of the living God. In the rocks are stories of creatures who lived a very long time ago. Do I believe these things? Sure. But I do not talk about believing them unless for some reason affirmation (above the declarative work of my sentences) or

\(^{142}\) The Holy Bible: New International Version, (Grand Rapids: Zondervan, 1992) 1 Cor. 1:21b.


\(^{144}\) James Will 9, 11, 9.
public commitment to their truth is called for. So in talking about beliefs, we take part in an activity of clarifying (to ourselves, to others) our position—chosen or unchosen, malleable or unmovi
ing—on a matter in which more than one position is possible. That is, affirmation or defense is only conceptually appropriate when it is also conceivable that someone might doubt the belief. The language of belief belongs to truths which do not seem immediately and always and incontestably apparent to anyone involved in the conversation in which they occur; speaking of believing, whatever else it does, makes a person’s position in a contested matter clear. The things we believe, then, it is possible to doubt. Perhaps not for the believer—that is, perhaps not for contingent reasons. But doubt remains a logical possibility, and we would not feel compelled to suspect the soundness of a person’s reason were they to voice doubt about something someone else believes (the soundness of their reasoning on the other hand, or the honorability of their doubt, we might take issue with).

In certain strands of philosophy, however, the concept of belief is used to discuss some matters to which the concomitant concept of doubt is rather foreign. It takes a good deal of philosophical artifice, for example, to overcome the jarring, or the dead sound of ‘I believe that my hand exists.’ (If this sentence does not sound strange to you, or does not fall flat, my guess is that you’ve put in your time as an academic playing skeptical games, or you’ve had the misfortune to have to work within earshot of their playing.) And even when the odd sound of that use of belief is overcome, when we suspend objection at ridiculousness in such a use, we find that sincere doubt, expressed fully by living as if the ‘belief’ is not certain, is impossible. We do not explicitly believe or trust in, say, the existence of material things, because their existence is built into and caught up with ours; humans have never needed to establish and express to each other a conscious trust in these pre-reflective facts, because they “stand fast” for us, anchor the activities of our reason. “I should like to say,” writes Wittgenstein in response to the skeptical game, regarding the very basic things which Moore in his anti-skeptical work claims to know, “Moore does not know what he asserts he knows, but it stands fast for him, and also for me; regarding it as absolutely solid is part of our method of doubt and inquiry.” We cannot doubt—doubt does not work—if it runs all the way down, so to speak. And this is not because we need propositional support in the form of assumptions in order to begin a line of inquiry; it is because at some point I reach that which I never learned in propositional form but which informed my sense-making. When I make propositions of these unmoving facts, I cannot doubt them, but such propositions never lay beneath my sense-making in the first place. “No one ever taught me that my hands don’t
disappear when I am not paying attention to them. Nor can I be said to presuppose the truth of
this proposition in my assertions, etc., (as if they rested on it) while it only gets sense from the
rest of our procedure of asserting.\textsuperscript{145} Were this not the case, I could never have put my hands
behind my back as a child and inquired in which hand you thought I held my treasure, and
you could never have doubted your guess, and there was no propositional pre-supposition of
the truth of the continued, out-of-sight existence of my hands going on in my five-year-old
mind. (I would probably have given you a very confused look were you to ask me then if my
hands continued to exist behind my back.)

So there are statements which show what holds fast for us, and which some
philosophers talk about believing, but to which, rather, concepts of belief and doubt are ill-
fitting. These statements reflect the sorts of things which must be the case if the rest of the
speaking and questioning and asserting and doubting we do are to work. That is, all of our
speaking and doubting and so on grew up around the unmoving facts we articulate in such
propositions, over our history in which what is reflected by these statements did not become
unmoored, and so they, unmoving, keep their place, anchoring sense.

There are other kinds of statements which hold fast, too, and which form part of “the
substratum of all my inquiring and asserting.” These are the sorts of things that we do not tend
to doubt, but not because doubt does not make logical sense; we do not tend to doubt them
because they lie beneath so much of our knowing, and we trust the authorities who teach them
to us (and those who taught the authorities, and so on) and the methods by which those
authorities came to believe them themselves. When considering those things we learn by
means of propositions, the ones which seem least moveable are so not because they are basic
or elementary, but because they are connected to, surrounded by, so much other propositional
knowledge. “What stands fast,” in this case, “does so, not because it is intrinsically obvious or
convincing; it is rather held fast by what lies around it.” To unsettle these propositions, to
doubt them, would be to make suspect whole edifices of knowledge built around them. While
such a radical unsettling is possible, it takes some strong impetus, takes a motivation greater
than the need to get along living with and using all that such beliefs hold in place, some
compelling prompt to hold in contempt the trust habitually placed in those who pass on what
they have learned. Wittgenstein records this trust:

1969) §151, 153.
In general I take as true what is found in text-books, of geography for example. Why? I say: All these facts have been confirmed a hundred times over. But how do I know that? What is my evidence for it? I have a world-picture. Is it true or false? Above all it is the substratum of all my enquiring and asserting. The propositions describing it are not all equally subject to testing.

There are vast quantities of propositional knowledge which not only do I hold to be the case because I trust the authority on which they rest (I go on, having no reason to distrust them), but which may also be not subjectable to testing. I may trust for example that glacial activity carved the Milford Sound fjord on the western coast of New Zealand’s south island—I would say, if pressed, that I believe this to be the case. I may investigate, if I felt compelled, the methods of extrapolation by which this history of the fjord is written, but no test (not even repeated successes of short-term predictions) will justify my belief that extrapolation (over short periods of time no less than over enormous ones) brings me to truth. Nor will any test justify absolutely my trust that glaciologists are not perpetrating mass deceptions. (I can find more and more reasons to trust them, and more and more indications that doubting would be unreasonable, but at the end of this all will be at last not a proven statement, but the end of testable statements.) Testing, at last, comes to an end.\footnote{Wittgenstein \textit{Certainty} §162, 144, 162.}

Geological examples are telling. Geology and its related branches provide a fascinating arena in which some very basic facts about the world we live in are absolutely immovable for most people, but they may be immovable in different, and opposite, configurations. For the Creationist, geology text-books are chock full of deception and misinformation, to be read skeptically in light of the more foundational truth that the earth was created in a literal sense only several thousand years ago. This is a belief like the geologist’s, differently motivated (being necessary to uphold a religious tenet), but upholding the same sort of empirical claim and often attempting to muster the same sorts of evidence (scientific, that is). Everything on which the age of the earth depends (including calculations of glacial carving) will look different, will turn out differently in the Creationist’s and in the ordinary geologist’s activities of reasoning because of their position in this particular matter. The point here is that we must, before moving on, admit the diversity of beliefs on even those matters which may be part of “the substratum” of our reasoning. It is not that either a young or an old earth is unintelligible for either party; the Creationist and the ordinary geologist are
not talking past each other. They fundamentally disagree. And the world, the same world, appears to each of them rather differently.\textsuperscript{147}

So I have beliefs which hold fast for me, which I usually do not doubt, and which ground a good deal of knowledge and reasoning. I also have beliefs of another sort, beliefs about matters that everyone agrees are open to doubt, about which doubt is not only possible, but eminently understandable. Some beliefs I do not usually think about doubting at all, though doubt remains a logical possibility and people may believe oppositely (that a glacier carved Milford Sound, or that Milford Sound has not existed long enough to have been so slowly carved by a glacier), but in relation to another kind of belief doubt is conceptually very much at home, an important part of the conversation. It is here that believing’s semantic relationships to cherishing and trusting become most prominent, while its sense of intellectual assent, while still relevant, is backgrounded. Among beliefs of this sort we find those hosts of religious and spiritual convictions. God is just. I am a sinner. We are all connected to each other. We will one day be judged for our actions. These, like all believing, accomplish a multitude of effects in the lives of the person who believes them and those with whom they interact: orienting, guiding, informing, assuring, and much more.

In a lecture on religious belief, Wittgenstein draws out a peculiar feature of these sorts of beliefs, noting that not to believe them does not necessarily entail believing their opposites, and it does not even necessarily entail remaining undecided:

Suppose I say that the body will rot, and another says ‘No. Particles will rejoin in a thousand years, and there will be a Resurrection of you.’

If some said: ‘Wittgenstein, do you believe this?’ I’d say: ‘No.’ ‘Do you contradict the man?’ I’d say: ‘No.’

...Would you say: ‘I believe the opposite’, or ‘There is no reason to suppose such a thing’? I’d say neither.

To contradict a belief of this sort requires working from within the conceptual system and the way of living in which it takes place and is possible. Such statements—that one’s body will resurrect in a thousand years; that one’s body will rot—connect into entirely different manners and matters of thought and action. “These statements would not just differ in respect to what they are about.” Wittgenstein writes that in not believing that his body will resurrect

\textsuperscript{147} But of course this disagreement does not take place over matters about which disagreement, about which belief and doubt, do not make sense; that is, while acknowledging the diversity of such beliefs, we should remind ourselves of the profound degree to which all speakers share the world. They are able to to a large extent to speak and to understand each other, even in disagreement, at least with effort, and quite a lot has to hold fast and in common in order for such understanding to take place.
in a thousand years, he does not contradict the man who does, because such a contradiction would remove the belief from the life and system in which it has sense and makes order, would transplant it into, say, a conversation in which the stakes, the implications, the connections, the methods of inquiry and doubt are totally different, would in effect change the belief altogether, would show that the person attempting to contradict it is thinking of something entirely different. That is, to contradict the man, to say that Wittgenstein believes the opposite, or to say that he has no reason to suppose such a resurrection might happen, would simply reveal how far away from this religious way of thinking and speaking and living he is. It would show “an enormous gulf between us.”

A person in such a conversation as Wittgenstein sketches himself into above would show more understanding about the kind of conversation the believer is having by saying that when imagining what will happen to her body after she dies, her thought life takes on another character and tone altogether from the believer’s, and neither resurrection nor lack of resurrection plays any part in it. Rather than thinking something like his body will not be resurrected (which requires some engagement with the religious understandings of resurrection), Wittgenstein explains that “I think differently, in a different way. I say different things to myself. I have different pictures.” A person may not have a picture of a final judgment day when she considers her ethical life, but this does not mean that the picture’s opposite comes before her then or that a judgment day happening and a judgment day not happening come before her and she does not know which will occur—even if she were aware that some people have such pictures. It may lay no hold on her imagination, may slide off, and she may continue thinking entirely differently about the consequences of her actions. A final judgment has no place in her thinking on these matters; she is not connected in to the idea or the way of living in which the idea could lay hold. “In one sense,” Wittgenstein writes of conversing with the man who “made this guidance for his life: believing in the Last Judgment,” “In one sense, I understand all he says—the English words ‘God’, ‘separate’, etc. I understand. I could say ‘I don’t believe in this,’ and this would be true, meaning I haven’t got these thoughts or anything that hangs together with them. But not that I could contradict the thing.”

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148 Wittgenstein Lectures 53, 58, 53.

149 This might not be the case for a particular kind of atheist, for whom ideas about the body after its death ostensibly do trade in the contradictions of religious resurrections, though the sophistication of such a person’s understanding of the nature of religious belief may be questionable.

150 Wittgenstein Lectures 55.
Such beliefs—which involve habits of thinking of certain kinds of ideas, habits of calling to mind certain visions—can sometimes be dogged, sometimes the most stubborn directors of thought and action. But this is not simply because they are habitual presences. The most unmoving beliefs—empirical, spiritual—are so solid because of everything that depends on them. Beliefs are not isolated propositions, there to be affirmed or denied in themselves, and then moved on from. Believing implicates. And continues to implicate. And it builds and arranges the structures of our thought, our knowledge, our action. By the time we come to recognize the possibility of doubt (and doubt, as an activity we learn to do, comes after belief—we first believe, and then we learn to doubt: “The child learns by believing the adult. Doubt comes after belief.”151) our believing may hold in place vast structures of meaning, habit, value, understanding. (Not that time is necessarily the thing that buries a belief beneath layers and layers of implications. Consider, for example, conversion, in which a whole way of life is adopted at once, attached to its anchoring beliefs.) To unsettle such a belief is to unsettle a life. This is perhaps why a deeply religious person (that is, a person for whom certain religious beliefs are the center of her living and knowing and being) who experiences serious doubt seems so afflicted, while someone else who never held the belief the religious person is struggling over the possibility of losing may be flourishing without it. “The religious doubter,” writes Philip Helfaer in *The Psychology of Religious Doubt*, “does not ask, he suffers.”152 The person who has never lived with, never built a life according to, the belief that her soul will ascend to heaven and live on immortally after her body dies, will not suffer the loss of such an idea and will not face the emotionally fraught mess of dissolved connection, the rearranging and re-vivifying of pieces of understanding dropped from the places in which the dead belief held them. And since some beliefs have far-reaching implications for how a person considers, understands, values *herself*, their death can unsettle some fairly fundamental aspects of her personality. A belief, then, may be unmoving when it holds in place so much else (so much else which needs to stay firm in order to go on living undisturbed), or when it holds in place a set of ideas or a disposition or a way of understanding or a way of living of such extreme importance that to lose the belief’s anchoring role would be to face a serious psychological threat.

So we may talk about believing lots of kinds of statements, and our belief may accomplish any number of things, and it may hold in place critical aspects of our way of being.

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151 Wittgenstein *Certainty* §160.

in the world or it may be of little consequence to us, but for all of these, our position in the matter—our assent or dissent to a truth, our trust or distrust, and how we act in consequence—is essential to the sense of the belief; it is this position which is the critical feature which calls forth the language of believing. That is, we do the believing, hold the belief, and act accordingly, and this human activity is what is asserted. A belief takes holding, takes doing, takes a believer, does not stand on its own. A believer holds to be true a statement which is logically open to doubt, no matter the strength of the conviction or trust and no matter the influences on its generation or maintenance or the reasons or non-reasons for which the belief is taken up.

Despite that for all of us, at bottom, “Our faith is faith in someone else’s faith,” that is, despite that we come by our beliefs by learning, (if only in the narrowest sense in which anything we judge by means of experience depends on the public symbols we cannot get outside of), we are called on sometimes to establish and articulate grounds for our position. We are very familiar with this sort of practice as it occurs in courts of law. Others’ beliefs in a person’s innocence or guilt in such a context can have enormous consequences, and lawyers try to build up enough support for one belief or another that those doing the believing feel justified in taking action against or releasing a person charged with a crime. In the US, courts instruct jurors that they must be convinced of the defendant’s guilt “beyond a reasonable doubt,” evoking explicitly those ordinary thresholds beyond which we tend not to find it reasonable to doubt, even though doubt is still possible. But despite that we are eminently familiar with the kind of evidence given in courts, and we may even be familiar with the kinds of evidence given in, say, scientific investigations, evidence may look much different when we consider other practices of believing. Evidence, as a concept, is bound up in the activity of convincing; evidence is for showing, to ourselves or to someone else, when not everyone around is so certain of a particular belief, but someone—the believer or the skeptic—has an interest in at least showing what reasons (broadly conceived) might move someone closer to the belief (and why, therefore, the believer should not be hassled on terms of groundlessness), if not in also trying, by showing, to move them closer, to diminish the strength of their doubt. The odd and troublesome part of all this evidence business is that it does not look the same for all sorts of belief. In some cases, evidence is as far removed from its use in empirical or legal

153 James Will 9.

investigations as it is possible to get. Consider that faith in the Christian tradition, which involves some lived instantiation of belief, is deemed to be itself evidence for the belief it cherishes and according to which it lives: “Faith is the substance of things hoped for, the evidence of things not seen.”\textsuperscript{155} Evidence can also involve highly symbolic (and in some cases idiosyncratic) interpretations of stimuli or events: the practice of seeing signs, in a plethora of traditions, generates evidence of this sort. Such evidence would be totally unacceptable for an empirical or a legal investigation, but for the kinds of connections and shifts in allegiance and ideas it treats, it can be highly compelling. No scientific evidence could touch a belief that I dangle over Hell-fires, and my only hope is God’s hand beneath me; the belief has nothing to do with even remotely scientific practices or thinking. “The best scientific evidence is just nothing” here.\textsuperscript{156}

Sometimes, however, communities holding different sorts of beliefs get interested in each other’s, inspect the beliefs they find, and ask about evidence for them. The confusions come when one group assumes the other’s beliefs are on the same order (are linked in with the same kinds of activities, serve the same kinds of purposes, concern the same kinds of connections) as their own, and ask the other community to justify, to give evidence for their beliefs of the sort which the first community finds acceptable—the sort of evidence they use in their practices, for their purposes. Sometimes, astonishingly, (perhaps because of the cultural prestige of a certain type of justification) the community whose beliefs are called into question play the game; sometimes they accept the terms offered, attempt to try to give evidence of the other community’s sort, even when that kind of evidence says nothing about, does not touch, the beliefs and practices in question. This is what happens in certain strands of Christianity which, in response to the eminence of empirical investigations, attempt to give, for example, scientific evidence for something like the resurrection of Christ.\textsuperscript{157} Wittgenstein, and the philosophers of religion who are his intellectual descendants (Rush Rhees, D. Z. Philips) found this sort of twisting to conform to standards of evidence alien to a practice rather baffling. In an effort to make some beliefs more secularly palatable, some religious apologists lose sight of the sort of belief they are trying to defend. Referring to a priest and apologist who insists that Christian belief is grounded on philosophically defensible systems of reason (quite the opposite to what St. Paul claims is the case), Wittgenstein says “What

\textsuperscript{155} Heb. 11:1.

\textsuperscript{156} Wittgenstein Lectures 56.

\textsuperscript{157} For a good example of this sort of attempt, see Lee Strobel’s The Case for Christ.
It is not that religious beliefs require evidence of a lower standard, as if evidence meant the same thing in both areas; evidence in religious practices is a vastly different concept. That which you show to another in order to bring them closer to believing will have to make sense in light of that which the belief concerns. If a belief is not about empirical facts, or not about that which reason governs, providing empirical evidence or logical support for it misunderstands it altogether. “Reasons,” in religious life, “look entirely different from normal reasons.” We are alerted to this difference when the language of mistakes is used in reference to such beliefs, but the ‘mistakes’ being made are too enormously off, are nowhere near the vicinity of a reasonable answer, and the distance makes us wonder whether we are talking about something else entirely, despite seeming similarities. Wittgenstein’s incredulous interlocutor disallows the attribution of scientific reasoning to the man who “dreamt of the Last Judgment, and said he now knew what it would be like.”

If you compare it with anything in Science which we call evidence, you can’t credit that anyone could soberly argue: “Well, I had this dream...therefore...Last Judgment”. You might say: “For a blunder, that’s too big.”

Evidence as it is understood in science is playing no part here. The man taking a dream to indicate the reality and nature of the Last Judgment is not making rational mistakes, not poorly evaluating empirical evidence; he is not engaged in a rationally governed, empirical activity in the first place. It would be totally incongruous to ask a person who lives in a way that honors the spirits of her ancestors to give a rational defense of immortality—like asking someone to build a concrete foundation for a boat. God is on high. How high?

And let’s remind ourselves about what such foundation-building is like, too, before moving on. Take the scientific method, one of such foundation-building enterprises. This is a highly specialized form of verification which itself (as is the case with every form of verification) depends on first believing that it is able to tell us when we have reached a truth (of a certain kind)—a hypothesis which itself cannot be verified. “No concrete test,” writes William James, “of what is really true has ever been agreed upon.” What we are dealing with, in the scientific method, is a passionately embraced and trusted technique which itself consists of an acting, observing human with two parts in tension:

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158 Wittgenstein Lectures 58, 56, 61-2.
he whose eager interest in one side of the question is balanced by an equally keen nervousness lest he become deceived. Science has organized this nervousness into a kind of technique, her so called method of verification; and she has fallen so deeply in love with the method that one may even say she has ceased to care for truth by itself at all.\textsuperscript{159}

Despite that we love it so, we would not get very far at all as humans—could not even live our ordinary lives as we do (could not actually live at all)—were we to believe nothing but that which is verified according to this method, were we to act only on beliefs such a method can handle and which we have taken the time and resources to test. We could not even have learned to speak our natural languages, in which we learn to do all of our questioning and testing, were we to act always with the fear of deception and the withholding of judgment required of scientific investigation. Affirm never more than you have proven, and you will never speak at all.

If, as Wittgenstein writes, “the difficulty is to realize the groundlessness of our believing,”\textsuperscript{160} how then, after we have managed this realization, and after we have seen that there are multitudes of ways in and means by which we believe, and diverse types of evidence, how then must we adjust our understanding of delusions? Now that ordinary believing is laid out before us, do delusions compare? And is their comparison to belief elucidating or confusing? Already, given these few paragraphs on belief, and before we take up any comparison with delusion, we should be alert to a potential hazard. Ordinary believing? What kind of ordinary believing?

If the answer is any kind, that is, if delusions can be about any of the sorts of things ordinary beliefs can be about—subjects empirical, metaphysical, interpersonal, etc.—and can have to do with any of myriad forms of connection, position, allegiance, trust—we must be sure not to locate any difference we seek in characteristics which any of these ways of believing also posses. That is, comparing delusions to ordinary beliefs is making a vastly broad comparison. Is this fact borne out in literature on delusions? Not really. The literature conceptualizing delusions, if it includes any reflection on the concept of belief at all, tends to compress believing into a single homogeneous activity, albeit an activity which may treat of different subject matter (neglecting the question of whether or not believing as an activity can remain unchanged when its subject matter is radically different). The conceptualizations of belief where they occur in the literature on delusions vary, though they tend to hover around

\textsuperscript{159} James Will 15, 15-16, 21.

\textsuperscript{160} Wittgenstein Certainty §166.
concepts of rationality; in very few places is belief taken to be heterogeneous. The exceptions to this compression of belief come in those efforts which attempt to steer conceptualizations of delusion out of the territory of belief altogether, to cut through their entanglement, finding belief an unhelpful concept for reasons which can but do not always include its multiplicity.

Not only is belief a manifold concept, but the range of possible delusions seems to extend to subject matter beyond that which it normally makes sense to talk about in terms of belief. This range includes matters to which talk of belief is natural—a religious delusion, say, that I have sinned gravely—and it includes matters in relation to which talk of belief makes sense when some doubt is introduced—a paranoid delusion, say, that I am being followed by government officials—but it also includes matters in relation to which talk of belief normally strikes most (with the exclusion of certain philosophers) as artificial—a delusion about my body, say, that my arm is not my own. If it seems odd to talk in ordinary circumstances about believing that my arm is my arm, we should note the impossibility of characterizing a delusion of this sort as a departure from normal belief. There is no normal belief there to depart from. There are things which, when pressed, I can tell you it is impossible for me to doubt, but I would say too I find it equally impossible to make sense of saying that I believe them. Recall: they hold fast for me, they are part of the substratum of my believing and doubting.

How, then, do contemporary authors enter this conceptual tangle, and how attempt to sort it out? They begin almost without exception by articulating the dissatisfaction which drives their work. “The diagnostic criteria,” writes the author of a 2006 review, “have been widely and deservedly criticized for being conceptually incoherent and subject to significant counter-examples.” The same clinicians who are so dissatisfied with these criteria, though, remain convinced that “a core psychopathological feature” exists in the place held by the term delusion.161 And so the call remains to pioneer conceptual refinements which bring the language in which delusions are identified closer to the clinical experience of this “core psychopathological feature.”

Given that, as Wittgenstein reminds us, definitions of words neither trace the outlines of discreet categories nor deliver conceptual essences, it should be no surprise to us that defining delusions (or even, more humbly, describing them in such a way as to exclude other things we’d like very much to exclude as not delusional) turns up frustrating results. If we

forget that in order to define we must already use a word and know its place in our speaking and living—that “ostensive definition explains the use—the meaning—of the word when the overall role of the word in language is clear”—and if we forget that examining those instances in which we use the word we wish to define turns up “a complicated network of similarities overlapping and criss-crossing,” we risk expecting absurd results from our efforts at elucidation: limits that are not created by our needs, a role for the concept created by forces distinct from human activity.\textsuperscript{162} A good look at the complexity of any term we wish to define, or any concept we would attempt to clarify, will temper these sorts of illogical expectations. A look at the concept of delusion is no exception. The concept of delusion, firstly, hides multitudes of clinical phenomena to which it is applied. This is not a result of recent research, but a longstanding feature of the concept. In his conceptual history of delusions, German Berrios points out that “empirical findings have been persistently reported since the 19th century showing that delusions are heterogeneous in terms of both content and form.”\textsuperscript{163} The concept of delusion also hides relationships to other clinical phenomena which blur distinctions between them. For example, the fact that there are times when even for the patient herself it is difficult to distinguish between hearing a voice and having a delusional thought, the fact that hallucination and delusion seem to blend into one another or become indistinct, should make us cautious about expecting a sharp edge between these concepts. In “The Person with Delusions” John S. Strauss warns of such blurred edges, cautioning against being too taken in by a vision of a singular and distinct phenomenon called delusion:

Delusions can apparently change qualitatively to another phenomenon. Renee, in Sechahaye’s Autobiography of a Schizophrenic Girl (1951), describes her delusions becoming voices in certain kinds of situations. These situations often appeared to be connected to how available her therapist, Sechahaye, was to Renee. In a possibly related phenomenon...patients will often say they cannot tell if their experience is a thought or a voice. It seems to be in their head, like an idea, but they can almost hear it. The notion of a discrete phenomenon ‘delusion’ totally different from all other experience may not be upheld by a careful descriptive examination.

Neither, Strauss argues, are we dealing with a phenomenon which is simply either occurring or not. Delusions “may evolve over time from less extreme thoughts and themes and then begin to fade back into those themes again.” He gives the example of a woman for whom her

\textsuperscript{162} Wittgenstein *Investigations* §30, 66.

\textsuperscript{163} Berrios 12.
degree of control over the men in her life is a significant theme which worries her over the course of many years. The woman first discusses such thoughts with a psychiatrist when she is an anxious university student; she expresses “anxiety, difficulties deciding about her college life, troubles with her boyfriend, feeling that to some extent she had too much power over him.” She had no psychotic symptoms, and was diagnosed with “anxiety neurosis.” Then twenty-four years later, Strauss sees this woman as a patient, now psychotic and suffering from “the delusion that she could control people, especially that she was able to control men.” What were once worrying thoughts about the dynamics of her relationship to a college boyfriend transformed much later into a delusion of control over men. Delusions themselves seem to grow and to diminish, and all of the characteristics they can display—for example, a person’s conviction of the truth of what their delusion claims, the “bizarreness” of what the delusion seems to be about, the “subjective distress” the delusion seems to cause them, and the degree to which the delusion preoccupies the person—also display a kind of fluctuation, appearing “to vary in intensity over time.” Such “dimensional variability,” Berrios informs us in his history, “has been considered by some to challenge the all-or-none model of delusions,” before promptly reminding us that the all-or-none model “is a figment of the researcher’s imagination, and few experienced clinicians have ever upheld such a narrow view of delusions.” Whether or not Berrios is too generous to his profession in excusing most of its experienced members from ever holding clear-edged, there-or-not versions of the concept of delusion, it is at least clear that such a view of delusions is unwarranted.

In addition to the complexity introduced by observing delusions’ “ebb and flow” and the variability, not just between patients but in the same patient, of their characteristics over time, delusions also “are associated with many different causes,” further prompting care against homogenous descriptions. “From the biological sphere,” writes Strauss,

delusions can be caused, for example, by amphetamines. From the social sphere, one sees other associations. The distress of feeling one’s life having lost its meaning may be one…. In the psychological domain, many factors appear relevant to the presence of delusions and to their changes. One commonly reported phenomenon is association with self-esteem....

166 Berrios 12.
More complex kinds of psychological factors, such as developmental issues, seem also to relate….\textsuperscript{167}

Of course having different causes or, more carefully, influences, does not mean being something different—I could get a blister from having ill-fitting shoes or from being splashed by hot oil while cooking. Rather, the multiple sources of cause or influence should serve simply to heighten our awareness of the complexity of the category, and perhaps to suggest that there are far more identifying factors available to us than the ones we currently use to describe delusions.

As the present identifying factors fail to satisfactorily separate delusions out from instances which we are not inclined to call delusional—from “overvalued ideas, superstitions and other forms of tightly held ‘belief’”\textsuperscript{168}—there is little reason outright not to consider these other features when going about descriptive activities. The characteristics we decide on for our descriptions will depend on what we need our descriptions to do. If I were describing delusions partly in order to indicate how best to respond to them, their causes or influences could be critical features. I would respond differently to a delusion caused by amphetamines than I would to a delusion I thought had come about during a time of psychological crisis, and again differently were I aware that the delusion had arisen out of prolonged sleep deprivation. (An empathetic engagement might be appropriate to them all, but the response in terms of treatment would likely differ.) Such talk of causes and influences may seem to veer away from what descriptive psychopathology considers its proper task, but the thought that one might describe different sorts of delusions by noting their influences is no stranger than describing different sorts of delusions by noting their apparent features in the moment—I could have an oil blister or a shoe blister just as sensibly as I could have a large blister or a small blister or a blister filled with pus.

These complexities of delusional phenomena and the as yet unsound business of noting their identifying features caution against the illusion that we have found a single discrete phenomenon called ‘delusion’ whose identification is clinically useful. This illusion, however, is bolstered by the relatively high “inter-rater reliability” of the category of delusion: the fact that so many clinicians come up with the same answers when asked to pick out delusions in patients.\textsuperscript{169} Such reliability does at least reassure us that clinicians are all talking

\textsuperscript{167} Strauss 58.

\textsuperscript{168} Berrios 12.

\textsuperscript{169} Bell et al. 78.
about roughly the same group of phenomena when they discuss delusions. (Not necessarily
the same phenomenon.) But we should take care not to attribute more than is due to this
reliability. That clinicians have all learned to point out a delusion when they see one says
nothing, yet, about how well they understand them, nor further how well they understand
them for the purposes of treatment. Reliable identification does not necessarily require
extensive knowledge of the identified. I could reliably identify a sort of tree—a macrocarpa,
say—without knowing much about it at all. I have simply become familiar with its
appearance, and I’ve been reassured by others who talk about them that I’m using the right
name—that macrocarpa is what people around here call this tree. Were I asked to explain the
place of the macrocarpa in the local ecosystem, or to tell you what sort of wood it bears and
what human needs it serves best (Is it a hardwood or soft? Would it make good boats? Good
houses? Good fires?), I would need much more than my ability to identify it in order to
answer well. But does it say nothing that the clinicians who have learned to identify delusions
so reliably have done so by being in close proximity to the deluded? That is, might they not
also have learned something about what delusions are like and what they do and the place
they have in a person’s life and what kinds of responses seem helpful during this growing
familiarity with the appearance of delusions? Possibly. Some likely have. But whether or not
proximity to the reliably identified phenomena grows knowledge and understanding depends
entirely on the kind and quality of attention paid in this proximity. The point, then, is that
being near to delusions may develop, and quickly, an ability to pick them out, but this activity
itself can be done independently of any attempt to understand them and does not itself serve
as witness to any depth of knowledge, in particular a depth of knowledge capable of
informing conceptual improvement. So we should be careful about being too proud of our
outstanding ability to identify what we call delusions, particularly in light of the persistent
failure of description which accompanies this ability. We can identify a delusion, but this only
singles them out for further inquiry; it does not further the inquiry itself.

Even when we acknowledge, however, that any conceptual account of delusion cannot
cut cleanly at edges which do not exist and cannot produce commonalities that do not in the
first place run through all instances, even when we note the multiplicity of influences and the
fluidity of attributes, even when we realize that identification is only, if that, a prelude to
inquiry, even then there is something startlingly off about the results of attempts to
conceptualize delusions. That is, the trouble with the psychiatric concept of delusion does not
seem to be trouble of the usual sort we have when we hope our definitions or descriptions of
concepts will accomplish more than they are able. Our descriptions of delusions do not simply fail at their edges; they fail clean across. None of the articulated characteristics of delusion seem to get at what the clinician is responding to when she identifies a delusion. Manfred Spitzer writes that the clinical activity of identifying delusions does not rely on the articulated qualities which make up the profession’s descriptions of delusions; yet clinicians do reliably identify them, and so must be responding to some as-yet unarticulated feature or quality in the delusional person’s experience and clinical interaction. “Clinicians can do a certain task,” such as identify a delusion, “without being able to tell how they do it.”¹⁷⁰ How then have the mental health professions, and the critical and contemplative disciplines which surround them, responded to this conundrum?

First the conceptual inheritance: the view of delusions which began in the 19th and dominated the professional literature in the 20th and continues on into this century, depends on conceptual comparison with belief. Such a view is, in its simplest form, that a delusion is a “pathological belief.” All that we come to understand of delusion on this conception then will depend at the same time on what we understand about belief. Little has changed about the “received view” since Jaspers crystallized it for the profession out of borrowed 19th-century elements. Most authors writing before Berrios’s 1991 history offer only “minor variations” on it, and despite more recent attempts at conceptual revision, the same “received view” still holds today.¹⁷¹ This persisting view that “delusion is a subtype of belief” “enshrines, as in a time capsule, 19th-century definitions of belief.” While we can find in many places (in other philosophical and religious traditions before, then, and since; in the developing discipline of psychology) ideas about what believing is like which differ dramatically from the 19th-century “mental states” depending on “probabilistic knowledge” which a particular strand of philosophy produced, still this highly intellectual, highly rational account persists in relation to delusions.¹⁷² This persistent notion of the highly rational nature of the subjective mental activity termed belief provides a convenient pivot around which to arrange trends in contemporary attempts to articulate what we mean by delusion, addressing the historical

¹⁷⁰ Spitzer 377, 386.

¹⁷¹ A characteristic example of the contemporary repetition of this received view: P. R. Corlett et al.’s 2010 “Toward a Neurobiology of Delusions” begins, sentence one, “Delusions are the extraordinary and tenacious false beliefs suffered by patients with various ailments....” (Corlett, P. R., J. R. Taylor, X.-J. Wang, P. C. Fletcher, and J. H. Krystal, “Toward a Neurobiology of Delusions,” Progress in Neurobiology 92 (2010) 346.)

¹⁷² Berrios 6, 10, 7, 10.
failure of the concept to differentiate between what is clinically identified as delusion and other instances of ‘believing.’

One trend in this contemporary literature in response to the conundrum surrounding delusions is to uphold the traditional conceptualization of delusions as beliefs, accounting for the failure of the concept to exclude normal instances of belief by undermining the expectation that insane believing must be very different from normal believing. We have been doing very little wrong conceptually, on this line, apart from holding what occurs in the delusional to be very different in nature from what occurs in everyone else. Delusions differ from normal beliefs, on this account, only in the exaggeration of belief’s ordinary features, and so articulating aspects of delusion will turn up a good many commonalities. We are all normally resistant to evidence which challenges a belief that is important to us; the delusional are just more resistant. Bentall’s *Madness Explained* is a prominent example of this trend in which normal activities of believing lie apart from insane believing only because their features are rather mild in comparison. Ordinary believing transforms into delusional believing, on Bentall’s account, because of some disruption or distortion of the processes which are responsible for everyone’s believing.\(^{173}\)\(^{174}\)

Believing, for Bentall and for others who uphold conceptualizing delusions in terms of beliefs,\(^{175}\) is always a rather shoddy affair in terms of objectivity, impartiality, rationality, and use of evidence, and delusional believing, subject to distortions of these normally fairly suspect processes, only seems scandalously unsound because we are not used to admitting—or even noticing—our ordinary subjectivity, partiality, emotionality, and credulity. If, however, ordinary believing has little truck with objectivity and impartiality, and if it functions well on a high degree of trust, often gets by on little to no evidence, and even depends on emotional entanglement, then why continue to use standards like rationality and

\(^{173}\) Bentall 305.

\(^{174}\) Such an account may be considered to put delusions on a continuum with ordinary beliefs, though we might question the usefulness of the word continuum, in this or in any account. For what is a continuum, but a line we imagine runs through a series of examples? We can perhaps accomplish great rhetorical effect by spreading out a series of very ordinary experiences and running them into less ordinary and then extraordinary, because a look from one end of the spectrum to the other tempers the impression of a stark contrast with the commonality rendered by the line that runs through. But a continuum achieves no more clarity about the nature of the phenomena or experiences in question than the original statement which prompts the creation of the continuum—that, for example, both delusions and normal believing both have believing in common. Rather, saying that an experience or a phenomenon is part of a continuum seems to serve not so much to clarify as to discourage stigmatization, encouraging fellow-feeling and empathy, assuaging fear by decreasing the sense of radical difference or difference in kind.

\(^{175}\) See for example David G. Kingdon and Douglas Turkington’s 2005 *Cognitive Therapy of Schizophrenia*, or Lisa Borlotti’s 2010 *Delusions and Other Irrational Beliefs*. 89
objectivity and evidence to measure any belief, delusional or not? Why, that is, if models of believing predicated on notions at home in scientific rhetoric fail to capture what all of us—even scientists—do all the time, why then do these models persist in our enquiries? Bentall rightly calls our attention to how we all, in our ordinary believing, fall far short of the scientific method, but then continues on in his investigations of delusion using a model of belief redolent of empirical investigation, even dispassionate computation, suggesting that delusional patients’ belief-formation processes may be malfunctioning at any of five crucial stages: collection of “data,” “perception and attention,” “inference,” formation of “belief,” and “search for more data.” Bentall’s computational language reestablishes belief as a fact-finding enterprise with mechanisms for observation, experiment, and revision. Bentall is not alone in using such language to model believing; even among others who take ordinary believing to fail miserably when held to such standards, the idea of a rationally pursued empirical investigation which culminates in a probable truth persists. In an oft-cited paper on the possibilities for cognitive behavioral therapy in schizophrenia, Kingdon and co-authors note that delusional patients may be erring during “hypothesis formulation,” “considering evidence,” “assessing probabilities,” and forming a “belief statement.” The conceptual appropriateness of such models of belief remains largely unexamined even when these authors come upon a most unscientific circumstance in their subjects: “the beliefs developed may be untestable.” Perhaps some believing can be adapted to such models, but the most likely candidates in which we might find such processes at work—scientists—are the very ones on which Bentall casts his suspicion: “studies of what scientists actually do (as opposed to what undergraduate textbooks say that they do) have shown that research is far from an emotionless activity;” “famous scientists have deviated from prescribed methods so frequently that some historians have suggested that the history of science should be X-rated;” “the language employed by modern scientists, when talking freely about their work, often reveals intense rivalries between different research groups, and portrays the scientific process as an epic struggle in which heroes and villains battle for high ground.” Even those who are professionally held to standards of objective empirical investigation fail routinely to meet

176 Though I’d prefer to say we are not falling short of anything; we are just not doing science.

177 Bentall 305.


179 Bentall 303.
them. However much we decide to value the ideal of impartial, objective, rigorously supported methods of approaching some truth to hold, such an ideal bears little resemblance to what we do, and so would be inappropriate as a model for belief or by extension for delusion; and this is even apart from considerations of matters of believing which have nothing to do, in the first place, with the rationally evaluated empirical evidence valued in scientific practices.

Despite that this systematic, computational, highly rational (and we ought to mention, given our understanding of the multiplicity of what we call believing, single) model of belief mars Bentall’s continuing investigation into delusion, taking us all to be constantly, extravagantly blundering, it does accomplish a kind of narrowing of the gap between the mad and sane, noting the commonalities in ordinary failures to be rigorous and objective about our believing and in such delusional failures. The point rests on a poor model of believing, but if it can be made by more sound means, it seems worth making: those who become delusional have not suddenly become non-human, have not lost, at once, all of the ordinary ways of seeing and knowing and living and thinking that we all depend on, and we should not be surprised to find a good deal in common. We could perhaps even look to what we find still in common with the delusional for ideas with which to make connections and support a person who is in one aspect becoming strange to us.

Another branch of modern writing reaffirms delusions’ ties to beliefs, but rather than making this a platform for emphasizing similarities with the sane and for undermining the quest for articulable differences between delusion and ordinary belief, these authors locate difference in the ‘form’ of delusional belief, rather than in the previously emphasized ‘content.’ On this line, conceptualization in terms of belief is accurate, but the problem with our current inability to articulate what makes delusions unlike normal beliefs lies not in what the belief is about but in how the belief takes shape or is maintained or how it presents itself. Psychiatry’s long emphasis, this argument goes, on delusional ‘content’ is responsible for the inability of descriptions of delusions to differentiate between delusions and ordinary beliefs. Because Jaspers reasserted the “19th-century view” that “delusions were ‘structurally sound’ beliefs whose ‘content’ was discrepant with reality,” descriptive psychopathology focused its attentions on what delusions were about, separating the delusional into different categories of illness based on such ‘contents,’ some of which persist in present day psychiatry:

From nihilistic and parasitical to persecutory, erotomaniac, grandiose and hypochondriacal, delusions were categorized according to content, and the
unwarranted assumption made that each signified a different disease. This continued well into the 20th century, with states such as the ones described by Capgras, Fregoli, and others.\textsuperscript{180}

Turning away from the spectacle of irrational or strange ‘content’ may help to improve researchers’ attention to the aspects of delusional experience which are harder to perceive and which may, perhaps, illuminate the experience a little better. But the project of achieving conceptual clarity by claiming that delusions are beliefs with ordinary ‘content’ but pathological ‘form’ rests on a belief in the separability of ‘form’ and ‘content,’ making any of its possible proffered solutions doubtful from the outset. We are here trying to sort through a conceptual mess in psychiatry which is nearly a century old; to introduce, in hopes of clarity, a philosophically dubious distinction between form and content (however uncritically accepted it may be in scientific fields, and however common its use in psychiatry) is hardly a move toward well-examined concepts related to one another in philosophically sound ways. Treating ‘form’ and ‘content’ as separable, coherent aspects of an experience or an articulation does enough conceptual damage in psychiatry as it is. It is a given in the study of literature that the mode, manner, and style of an articulation profoundly affect its sense, that you cannot even arrive at what something is about without attention to these. Encountering elsewhere, having had a literary education, the common practice of assuming that you can change the ‘form’ of an articulation (or even an experience) without affecting its ‘content,’ creates bafflement in me more often than a desire to argue. There are plenty of authors, fortunately, who gamely tackle the misunderstanding, and who discuss its pervasiveness and its effects, some of these by means of Wittgenstein’s philosophy.\textsuperscript{181} For our present purposes, we do not have to visit these, or to rehash the argument. It will suffice to find that in the instance of delusion, separating form and content is inaccurate and misleading. A pair of phenomenologists (unsurprisingly, given phenomenologists’ notorious ability to proceed unhobbled by the baggage of analytical philosophy), Pierre Bovet and Josef Parnas, draw our attention to this point, citing the mid-century research (published in German) of H. Muller-Suur; “delusional content and form are dialectically related and hardly distinguishable.”\textsuperscript{182} Such a responsive relationship between what go by the name of form and content in

\textsuperscript{180} Berrios 10.

\textsuperscript{181} For examples of works which address questions of form and content and admit a Wittgensteinian influence, see Timothy Binkley’s \textit{Wittgenstein’s Language}, or Bernard Harrison’s \textit{Form and Content}, both published in 1973.

delusional experience prohibits marking out content as normal and form as pathological; the way a delusion happens will affect what the delusion is about, and what the delusion is about will influence the way it happens—how it takes shape in a life—neither can be untouched by pathology if we find pathology at play anywhere in the experience.

A different trend in this literature responding to delusions’ conceptual difficulties is capable of accommodating the mutually influential relationship between how a delusion takes shape and what it is about. Writers in this vein move away from the concept of belief when describing delusions altogether. Several entries in the 2007 collection *Reconceiving Schizophrenia* advocate for this move, among them the explicitly addressed “Against the Belief Model of Delusions” by Andy Hamilton. Among the writers who argue for a move away from the concept of belief, there is a prominent strand of attention to the phenomenology of delusions, to how they are experienced and how they unfold, to what they are like for the person who has them, not simply to how they strike the person who does not. Louis Sass’s *The Paradoxes of Delusion* is an exemplary work in this phenomenological vein, and in later articles he moves on to emphasize not only the paradoxical features of delusion, but the unifying capabilities—not only within the multiplicities of delusional experience but also across all other schizophrenic symptoms—of a phenomenological account at whose center is a notion of disrupted or distorted self-consciousness, or “ipseity.”

Far from responding to a central notion of normal belief, the idea of delusions being a matter of disturbed self-awareness needs no fundamental attachment to believing at all; the focus of attention shifts from the articulated belief-or-not to what it is like experiencing all that comes before and during and after being compelled to make such striking declarations. Belief becomes a side-issue, far from the locus of clinical attention. Another prominent phenomenologist working in the area, Giovanni Stanghellini, confirms the need to attend to the experience of being deluded in order to understand and respond to it, and that this attention turns up as central “a deep modification of Self and World,” a profoundly changed experience of being oneself which leads to the expressions we come to call deluded. Such expressions can be accounted for by the deeper disturbance to the self, but they mislead our investigations when taken to constitute the disturbance; “what counts in delusion,” he writes,

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“is not the delusion itself.” The expressions which we scramble to describe or define are but byproducts of a deeper disturbance, distractors from the upset which produces them.

Such a brief and broad sketch of such trends of response as the three above belies the differences among authors within them and the overlaps between the responses, too. For example, the emphasis on delusional form may be put to work in service not of upholding or qualifying but of moving away from the concept of belief. German Berrios, whose history above provided our glance at delusions’ conceptual development, writes that attention to delusional forms reveals such discrepancies between them and forms of ordinary belief that the usefulness of the comparison becomes highly suspect: “...delusions are, from the structural point of view, so unlike ‘normal beliefs’...that it must be asked why we persist in calling them beliefs at all. Indeed, no heuristic pay-off seems apparent.” And among those who move away from belief in order to conceptualize delusions, some emphasize the inappropriateness of the concept altogether, while others (notably the phenomenologists) argue rather that belief may be appropriate conceptually to describe the articulation that we come to call the delusion, but that this is not the locus of the psychotic person’s disturbance.

Given these multiple responses, are we any nearer a clearer understanding of the concept of delusion? Deep into a conceptual enterprise, the influence of Wittgenstein has a tendency to resurface. We have been, as Drury found himself, “sitting back in a cool hour and attempting to solve this problem as a pure piece of theory.” What is it that we are responding to when we feel it necessary to articulate the nature of delusion? That is, what prompts us, in encountering a person with delusions, to generate descriptions that go beyond talk about strange folk who believe strange things? And when we have realized what this prompting consists in, we should ask too what business, apart from that of accurate description, we need any concept of delusion to be able to engage in. What do we need this concept to do for us? Latter question first, because as much as the mental health professions depend on fitting descriptions of phenomena to do their work, their work is foremost that of healing, or at the very least helping, those who suffer from a peculiar and baffling sort of human ailment, a sort of ailment which threatens the integrity of our integrating faculties. So we need descriptions to fit, and we need them to assist in the business of healing, to foster

185 Berrios 8.
186 Drury “Madness” 132.
connection rather than alienation, to make available ways of seeing what is going wrong and what is at stake, and to prepare us to respond. And now, what are we responding to? What in the deluded prevails on our feelings of responsibility toward others? What prompts us to feel that in these cases, more is required of us than tolerance? What is detected by that so-far unnamed sense that clinicians and family have in encountering the person with delusions? It is not that the deluded believe strange things, or hold tight to their beliefs, or start to believe strongly and suddenly something incongruent with what they believed before, or that they ignore evidence, or are distressed by what they think is true, or have any of the rest of the qualities on our checklists, for so do lots of others who do not concern us in the same way. It is rather that in these activities of becoming convinced of something out of the blue, of resisting evidence, of holding tightly to a strange belief, of being distressed, the person we are confronted with is profoundly alone, and moving further and further away from those around them. What bothers us about the delusional person is not so much what she claims but how far that claim is taking her from her human fellows. Our usual means of following one another in conversation disintegrate; the delusional person makes demands on the type and quality of our attention (and imagination) which are alien to ordinary conversation. And because of this distancing, because of the alienating qualities of her conversation, because in as much as the delusion dominates her thinking and living and conversing she is growing further from the kind of ability to connect with other persons that allows us to get on with the demands of living, we are struck by the person’s vulnerability. And any appropriate concept of delusion will need to acknowledge that this retreat, this distancing, and the vulnerability it creates is at the heart of our feeling that something is wrong.

What effects then do those trends in the literature, those calls to shift our attention to other aspects of delusion than those on which we had been focusing, create? How do they alter the concept of delusion? Do they serve the needs we have for this concept? The insistence that belief is an appropriate conceptual heuristic for talking about delusions, as we mentioned above, makes this extreme experience seem closer to ordinary experience, emphasizing continuities, showing the indiscriminate, unjustified, prejudicial aspects of our ordinary believing, drawing us, perhaps, slightly away from our inclination to judge and slightly toward our inclination to identify with a person by recognizing what we share. Peter Kinderman and Richard Bentall, in their entry in Reconceiving Schizophrenia, advocate for maintaining the conception of delusion in terms of belief not least for these humanitarian reasons: “...deluded patients belong to the same species as everyone else. They are more like
the rest of us than different and belong to the same social world. By denying that delusions
are beliefs, the conventional psychiatric approach treats patients with disrespect….”

Upholding the use of belief also honors the intuitive use of language in this instance; it
certainly seems like the person with a delusion believes what she says, and it would seem
very odd, perhaps even offensive, to tell her that she does not actually believe what she says.
Using the kind of language we might use with any other person—acknowledging that she
believes these things, responding—again makes connections where more pathologizing
language (or even simply language indicating difference, abnormality) would make
separations. Considering a delusion to be a kind of belief, and noting that this kind of belief is
not so different from ordinary believing, also makes the activity of correcting, or of trying to
change the person’s belief seem much less legitimate. Attempts at intervention would need to
be focused on the person’s ability to make connections with others, and on those things which
create the person’s need for isolation, for distancing, for disconnection. The trend to
emphasize form, too, has the potential to take part in this manner of intervention in so far as it
turns the attention toward subtler features of the experience of being deluded and in so doing
works toward an understanding of a person’s estrangement. Even if we retain, for its
connecting and healing influences, the use of the concept of belief when talking about
delusions, we must be aware that these are rather special cases of belief, because we are
holding ourselves accountable for responding to them in a way quite other than we would
ordinary beliefs, which we could just ignore, or might argue about, or respond in any number
of ways less concerned with the psychological well-being of the conversation partner.

The trend to shift away from the concept of belief altogether, on the other hand, draws
attention away from the distracting oddness of what the deluded person articulates and toward
what has led to this articulation. This shift, that is, draws attention closer to the locus of the
person’s disturbance. Such a shift furthers psychopathology’s quest for origin stories in the
study of delusion. Which is not to say, necessarily, that it locates the appropriate point of
intervention; treatment is a pragmatic activity, unmoved by origins except where origins
prove available and amenable to an influence which does more good than harm in the
person’s life. But for the purposes of describing the significant disturbances in the psyche of a
person with delusions—one of those functions we require of our concept of delusion—
shifting away from considering matters of belief appears to be a promising enterprise. There

is no objection however to the use of the term belief in reference to that articulation produced by what authors taking part in this trend claim is a deeper disturbance to the person’s experience of herself. Belief as a concept may work well enough for talking about these, but in matters of describing the fundamental disturbance at issue, belief plays no part.

It seems, then, appropriate when a person says to you he is the Messiah to say that he believes he is the Messiah (that is, belief seems intuitively to do some descriptive work here); it would be alienating to say to a person that they do not actually believe what they are saying they believe; talk about belief can normalize and make connections with the person with a delusion; what seems to be causing trouble, when we look at the experience of being deluded, is a disturbance to a person’s self-consciousness. Belief as a concept is fine for some purposes when talking to and about the deluded person, but if you want to talk specifically about what is going wrong with them, it will have nothing to do with whether or how or what they believe. That is, we could say that a person with a delusion is believing things, but that the essence of being deluded does not lie in the believing. What we are responding to when we identify people as deluded—in any of those multiple instantiations of this sort of experience—is not their believing (of any sort) but their becoming distant from us. This is not to say that in every instance of delusion, we are dealing with a belief; it is to say rather that sometimes we might want to talk about beliefs for other purposes, but when describing what delusion consists in, we need not reference belief at all, and need not even reference those articulations—beliefs or not—which arise from the disturbance.

Still, those very articulations are the points around which much contact with the deluded person revolves, and as much as we may need to understand the deeper disturbance to the self, and as much as we may regulate our responses according to how we believe the person’s psyche is troubled, we cannot neglect, in our picture of delusions, the role that those expressions play. Like articulated beliefs, like any articulations at all, the things the delusional person comes to say have effects both on themselves and on the people around them. We need to pay attention to what these expressions are doing in the person’s life, both for good and for ill. The expression, whether we call it a belief or not, may not be the locus of the disturbance, but it is hugely important to the person articulating it, and we should look at how it works in their interactions with themselves and others. Our discussion of belief above did not simply establish that the concept contains multitudes, but that belief does things. So too delusions.

Are delusions beliefs? Perhaps yes, perhaps sometimes it makes sense to say so. But what is helpful about the comparison is not any norm and departure, but the abiding sense that
believing plays a role in the believer’s life, organizes, accomplishes, confirms, creates attitudes, directs action, holds in place other aspects of knowing, feeling, living, and so, too, does delusion. In the way that a picture of the last judgment, which comes always before a person for whom it is a core belief, may direct and give certainty and guide and give significance to actions, a delusion that one is the Messiah works—and very effectively—toward these sorts of purposes as well. The literature attending to the psychological functions of delusions marks out some of the psychological purposes delusions can serve, perhaps protecting from painful truths or giving great personal significance in the face of a loss of self-worth. In a case in which psychologist Steven Silverstein worked with colleagues to help a man with a “fixed religious delusion” “to develop a healthier personal narrative,” the team set goals that would attend to the man’s psychological wounds while taking care not to overwhelm or undermine “the narcissistically injured portions of his self-system,” recognizing that “…the delusional system served important functions, including serving to ward off painful recognition of life failures and severe mental illness.” And the psychologically protective or alerting functions of delusions, as we saw with those of hallucinated voices, may help the psychiatrist or other professional to locate sources of great distress. But these psychological effects, and the needs they fill, which may call to the mental health professions for support, do not invalidate the delusion’s other functions or even its truth (any more than the catharsis of shouting angrily would necessarily invalidate what is angrily said or the reasons for saying it). In any effort to assist the person with a delusion, trying to get rid of her belief misses the point altogether. Such efforts, too, miss how much potential the delusional articulation provides for connection, reworking, understanding, helping the person to move on into their life after the delusion: integrating what they can, finding value and hope where they can. Even beliefs which seem poor candidates for integration may hold potential value in the non-deluded life. Consider the common delusional themes of spying for, or being spied on by, a government agency. Rufus May, when he became psychotic as a young man, had delusions of this sort, and found that he could transform them in his new life after psychosis, infiltrating mental health services during his training to become a psychologist and hiding his former-psychiatric-patient identity. “I separated from my delusions,” he tells an

188 Kinderman and Bentall 284, 287; May 253.
interviewer, “and they became metaphors that I could use symbolically.”

May’s new life had purpose, and this purpose both helped free him from and was significantly informed by the images and experiences of his psychotic delusions.

If we find that there may be plenty in delusion that works well conceptually with belief, though in establishing connection rather than departure, and if we find that what disturbs us about delusion has to do with the profound distancing of the deluded person from an ability to sustain human interaction, and if we acknowledge the functions delusions can serve in a person’s life and their possibilities for integration, what then do we say about the religious ideas that occur in delusion? To start, the very same that we have said before: there is nothing about madness that precludes or excludes profound religious experience, however unlikely the sober clinician finds such an idea, and religious practice is not simply a matter of experience, but a matter, too, of integration and interpretation and response. The isolation and vulnerability of the deluded person, their distancing from others which may call on our feelings of responsibility toward them, does nothing to invalidate the spiritual significances possible in their experience and how it may transform their lives. Those transformations in the lives of the saints often take place in profound isolation, in distance from others, in extreme vulnerability, so inter-personal functionality at the time of profound and gripping shifts in the perceived order of the world is no requirement for spiritual enlightenment or the deepening of understanding of divine order. And spiritual transformation is, in fact, one of the remarkable developments researchers have observed in some post-psychotic lives.

Remember Marzanski and Bratton’s story of the man they call Peter, whose first psychotic episode culminated in two days and nights spent hiding in a field. “He experienced internal chaos,” they write,

which he could remember in disjointed fragments. He felt that ‘the Father’ tested his mind. It was a soul-searching examination that ended when he heard a cock crowing, feeling awesome affinity with Simon Peter of the gospels. He felt physically that the sun had reached its zenith in his solar plexus and heard the voice of Christ whispering to him from within, ‘It is time for some spiritual growth.’ He experienced a sense of illumination and answered, ‘I know you know me, as I knew you when I confessed you.’ He discovered that he had converted.

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191 Barton 52.

Peter is soon admitted to hospital and diagnosed, and goes on later to be admitted again and again, and he loses his house and his job. None of the clinicians who treat him “has ever doubted the psychotic nature of his illness,” but still, the authors point out, Peter’s conversion in the field has led to a sustained and sustaining religious faith; “the illness itself was a vital part of his journey toward Christianity.”

What is demanded of the clinician in light of the possibility that in delusion there may be faith, or mission, or insight into sin—or the potential to find them? Foremost that she be rid of her focus on being rid of the delusion itself. Attend to profound distress, to injury, where it can be found bound up by an idea of radical significance, and do then what can be done to draw this idea into connection with the teeming conceptual world in which we all make ourselves significant and which impinges on our minds and bodies.

193 Marzanski and Bratton 362, 363.
If Living Has Sense

…In The Brothers Karamazov the old father says that the monks in the nearby monastery believe that the devils have hooks to pull people down into Hell; “Now,” says the old father, “I can’t believe in those hooks.” That is the same sort of mistake that modernists make when they misunderstand the nature of symbolism.
—Wittgenstein, “Conversations with Wittgenstein”

Any of the specifics of psychiatric description are grounded first in the language of illness, taken to be either metaphorically appropriate for disorders of the mind or to be literally appropriate, because of assumed organic pathologies. The sickness frame (or schema or picture) and all its attendant language and imagery arrange the facts of a person’s experience so that they make medical sense. Making medical sense of an experience involves understanding it in the terms which medical thought and practice depend on, by which medicine positions its actors in relation to the bodies and minds to which it attends. It involves looking for and responding to lesions or dysfunctions, deciding what states of affairs count as health or ill-health. The psychotic person is suffering from mental illness, may be prescribed medications, risks relapse if she does not comply with treatments; her prognosis may be decent or poor, depending on her particular strain of psychotic disorder and on other factors taken to have predictive power in the development of the illness. Making medical sense of such an experience draws on a long tradition of evaluating the relative biological and interpersonal sustainability of the human organism and predicting and intervening in physical and mental developments, based on judgments of similarity to patterns which have been observed in other lives, or in the very same life before.

This arranging is of course what we do all the time—in medicine and out of it—how we are able to navigate a rich and complex world without being overwhelmed by the multitudes of facts. We find ourselves in an unimaginably intricate world, exploring, attempting to understand, acting, loving, working, suffering, escaping, or just getting by, making our way with the organizing and illuminating language we are born into and master. Faced, as we are always, with a vast totality of facts, we select, proposing orders to ourselves and to others, making sentences. We make arrangements of facts, “put together” “a state of affairs” in “a proposition.” A proposition—in the German, ‘ein Satz,’ is simply a sentence.
Wittgenstein, in his *Tractatus*, is responding to and writing in light of the English philosophical tradition in which propositions are technical logical entities not quite equatable to natural-language sentences. Their sense, in the tradition to which Wittgenstein responds, is constituted by the ways in which their parts correspond to bits of reality.

But in Wittgenstein’s writing, the sense of a proposition—a sentence that says something—explicitly does not depend on how things actually stand in the world; he creates a radically different account of the relations of language to the world, and in doing so disembowels the Russellian view of language. Wittgenstein writes that we understand (what philosophers call) propositions before we know whether they are true or false: “one can understand” a proposition “without knowing whether it is true or not,” and so their sense does not depend on their relations to the world, but on something internal to themselves. (This something is their logic, and we have discussed the way Wittgenstein shows the structure of logic mirroring the structure of the world, and so the way that our language can reveal to us the nature of the world we live in.) We may at times be especially concerned with when sentences *propose* something, as Wittgenstein in the *Tractatus* and those philosophers to whom he responds are, but the specialized sense which ‘proposition’ gets in the writings of the English logicians tear it away, in our attention, from the fact that such a sentence never ceases to be a sentence or to share its fundamental relations to the world with all the other sentences in our language. *Satz* is sentence, in German, and in using ‘sentence’ it is possible to anticipate that the sentence of concern may be claiming something about the way things are, but it need not. Sentences are capable of truth or falsity, but that they can make sense at all—a sense that is true or that is false or that is indifferent to notions of truth or falsity—is a feature of their being sentences in the first place, *not* a feature of their claiming and our checking on their claims. In this project which undoes Russell’s picture, Wittgenstein allows the conventional English term ‘proposition’ to be part of its own undoing, undermining the view of language in which it features so prominently and in which it has such a specialized, technical sense. Wittgenstein, to use his idiom, brings propositions home, back to their place among fellow sentences, all of whose senses depend on the way they organize what we know,

194 For a thorough account of this disembowelment, see David Charles McCarty’s “The Philosophy of Logical Wholism,” in *Synthese* 87(1991).

195 Wittgenstein *Tractatus* 4.031, 4.024.
no matter how their parts correspond to reality.\textsuperscript{196} If we take Wittgenstein to mean, by Satz, simply ‘sentence,’ his assent to translating “ein Satz” as “a proposition”\textsuperscript{197} occurs not in spite of but because of that term’s philosophical baggage; it is the philosophical baggage of propositions in the English tradition which is at issue in the \textit{Tractatus}. It is part of the point in the \textit{Tractatus}, not an afterthought which surfaces in later writing, that propositions are not a narrower, more special feature of articulation with the privilege of revealing, by means of correspondence, how things are in reality.

We, then, in sentences, arrange facts, facts being things as we know them—all of reality—which includes of course not only the stuff of the natural world on which the English logicians harp, but all of our positions and relations and imaginings and feelings.

Propositions create pictures by ordering words; from the word order, because we speak the language, we know what is being said, with no effort made to check on whether or not what is being said holds true when we compare it to the world around us. “...The proposition constructs a world with the help of a logical scaffolding, and therefore one can actually see in the proposition all the logical features possessed by reality if it is true. One can draw conclusions from a false proposition.” Propositions, like all sentences, build structures with our words—old words, words we know—revealing what the world would have to be like if it turns out our sentences are true. Whether or not these exploratory structures—states of affairs “put together for the sake of experiment”—reflect what is the case is totally additional to our ability to understand them. This structuring, sentence-building capacity is incredibly powerful, giving access to an infinite range of possible arrangements of the facts of our world, and revealing to us new senses, changing our understandings, without doing any empirical work. “It is essential to propositions, that they can communicate a new sense to us,” and they

\textsuperscript{196} The only author I’ve found who writes anything explicitly on Satz-as-sentence is David Charles McCarty, a professor at the University of Indiana at Bloomington whose background is in logic and mathematics. McCarty, in a paper called “Undoubted Truth” makes brief mention of the issue in a response to a paper by Walter Okshevsky, which he takes to be misrepresenting Wittgenstein in certain ways. McCarty writes that Okshevsky seems to use unexplicated notions of judgment and proposition interchangeably in ascribing views to Wittgenstein. More importantly, it is likely that Wittgenstein's word “Satz”—conventionally translated as “proposition”—does not mean “proposition” in the way that critical thinkers commonly mean it. “Satz” may mean no more than “sentence.” (McCarty, David Charles, “Undoubted Truth,” \textit{Philosophy of Education: Proceedings of the Forty-Eighth Annual Meeting of the Philosophy of Education Society}, Ed. H. A. Alexander (N.p.: Philosophy of Education Society, 1992.)) That McCarty is the only author yet to explicitly address the problematic translation of Satz may seem curious, but it is no more curious than that so many authors take Wittgenstein to be extending rather than upending Russell’s project.

\textsuperscript{197} He does assent to the use of “proposition” rather than “sentence,” as is clear from his correspondence with Ogden regarding the English translation of the \textit{Tractatus}. This correspondence, reproduced in \textit{Letters to C. K. Ogden with Comments on the English Translation of the Tractatus Logico-Philosophicus}, finds Wittgenstein himself using the English term proposition and often the shortened “prop.”
communicate such new senses to us “with old words.”198 You’re a student in a lecture theatre listening to the professor describe a neuron’s huge basket of processes which gather electrical signals from other neurons elsewhere in the brain, signals with varying degrees of strength, inputting in analog, then, rather than digital, filling up the basket, tipping it over into a spill we call ‘fire’ which leaks its electric spreads through axons and across the synapse-gaps to collect in the next basket. And listening, intent, you learn something about brainy functions without peering or poking inside a skull. Given that you trust your professor, or professors in general and the Universities that hire them, you’re not likely to hold this account in contempt, or even to feel a need to validate it yourself, unless something happens to arouse your suspicions, to undermine the trust on which your learning is based. And at your student-like degree of skill and resource, you couldn’t directly check up on the lecturer’s story anyhow; you’re likely rather to ask someone else you feel you can trust, or to read someone else’s published work (publication, at least in particular venues, being yet another index of trust, indication that you can approach the arrangements of facts found within without a crippling degree of skepticism).

The lecturer’s sentences reveal to you the way the world is, if her sentences are true. And you do have an interest in their being true, because your future engagements with brains and all they influence will sometimes depend on having gotten this neuronal picture right. And you understand them, and (another matter) you are likely to trust they are true (or that they are true at least in so far as the best of the current scientific state of knowledge about the brain’s functions allow), rather than to withhold judgment until you poke around in a brain yourself. (But even in order to distrust the sentences, and to try to verify or to prove them wrong, you must first understand them.) That such lecture-theater knowledge may be ‘up-to-date’ tempts us into a linear picture of the progression of scientific knowledge which we should take care not to hold too dearly. The recency of a proposed picture contributes nothing in itself to the picture’s accuracy; it is subject to as many possible ways of not fitting to which an older picture is subject. Knowledge does not so much progress as change; in the most profound scientific ‘progressions’ startlingly different perspectives, inventive metaphors, rearrange the same facts before us. This is Kuhn’s insight, of course: major scientific changes come by way of revolution. Turning, upsetting, changing, restructuring. Unseating the dominant order, proscribing a new way to see, a new way to speak about the facts we marshal in our theories. The famous nineteenth-century physiologist Claude Bernard, long before

198 Wittgenstein Tractatus 4.023, 4.031, 4.027, 4.03.
Kuhn upset the scientific world with an insistence on perspective, metaphor, language as the profoundest instruments of scientific change, exhorted his readers always to doubt the pictures they make to themselves of facts. This doubt amounts not to skepticism, but to attending to the grounds on which their knowledge rests.

Bernard dedicates the first two chapters of his reflexive account of scientific inquiry to a description and analysis of “Experimental Reasoning,” in which “the experimenter” must “maintain absolute freedom of mind, based on philosophic doubt.” Such freedom of mind entails remembering that the theories which enable us to conceive of phenomena are, “literally speaking,…false.” “They are only partial and provisional truths which are necessary to us, as steps on which we rest, in order to go on with investigation.” The experimenter must abandon a naive faith in her scientific theories as complete, immutable, and infallible descriptions of the nature of things, and take them up, rather, as “partial and provisional truths,” as ways to organize facts which of necessity capture some, not every, aspect of reality, and do so well or poorly (which can be determined by how well they continue to stand up to observations brought to bear on them). The reasoning which theoretical frameworks make possible, according to Bernard, is valuable in so far as it is supported by continuing observation. This reasoning is not in itself, though logical in form, truthful; as Wittgenstein frames the point, “it cannot be discovered from the picture alone whether it is true or false,” rather “in the agreement or disagreement of its sense with reality, its truth or falsity consists.” The capital mistake to make, for the experimenter (that is, for the person, scientist or otherwise, making an experiment—an attempt, a try, at understanding or ordering—by articulating in sentences arrangements of facts) is to trust fully in her reasoning, believing that since she has proceeded logically, she must have been progressing toward accurate portrayals of the phenomena she describes. As we have seen, sentences allow us to apprehend new senses, to learn and to infer and to proceed, quite apart from any comparison to what is the case in the world. “One can,” Wittgenstein writes, “draw conclusions from a false proposition.”

Sentences can picture vast swaths of the world in which we find ourselves, can spawn more sentences, papers, theories, doctrines, all the while permitting negligent attention to the world these words hope to describe. It is this fecundity which infests some scientific work


200 Wittgenstein Tractatus 2.224, 2.222, 4.023.
with more logical inferences than the original, prompting picture can bear, and eventually the structure may crumble. The picture of imbalanced chemicals creating abnormal moods, for example, prompts, at times, such heavy strings of deduction unsupported by attention to other aspects of the mental phenomena in question. This type of mistake is made by scientists Bernard calls “systematizers,” who “start, in fact, from an idea which is based more or less on observation, and which they regard”—here is the fatal flaw—“as an absolute truth.” They then proceed “from deduction to deduction,” “building a system which is logical, but which has no sort of scientific reality.” It is the lack of the subjection of the products of reason to experimental engagement with the prompting mystery in the world that turns the reasoning process into something that no longer serves, but rather impedes, the scientific process or the approach toward fitting portrayals of reality. Such “excessive faith in reasoning” betrays “a lack of feeling for the complexity of mental phenomena,” a grave lack for a scientist, partaker in a profession whose genius lies in the intricacies of apprehension—grasping, reaching, feeling with mind’s hands the world as it is present to beings of imagination and wonder. (That the mind touches the world at all is the scientist’s first mystery. That it reaches no further than itself is her second.) Trusting reason excessively, writes Bernard, creates a state in which “the mind becomes bound and cramped,” bent over its line of inferences without looking up or out, or spasming from an impoverished diet of examples (the philosopher’s traditional ailment). New pictures, shifts in the old redirect attention, move perspectival muscles anew; finding examples which demand a picture’s adaptation nourishes thought; and the stretching of imagination which is the mind’s calisthenics perhaps best loosens the places in which, out of long-holding habit, our understanding has lost its ability to move. Without mental dexterity, which requires moving from one provisional picture to the next, the scientist is “ill prepared for making discoveries.”

Cramping into a picture, feeling unable to move outside it, duty-bound to its immutability because it is thought to be, itself, what it shows, also occludes the scientist’s vision of reality. When the picture, to our minds, hardens into what it pictures; when, say, evolution by means of natural selection becomes to us a fact of our human history rather than a way of arranging, showing, the facts of our human history; when theories—inferential constructions, made up of many relating sentences—become facts to us, we have perverted

201 Bernard 37, 38.

202 Such hardening of picture into pictured happens—alas—even with Wittgenstein’s picturing of sentences as pictures. And so and thus: Bild-theory.
the whole nature of our inquiry.\textsuperscript{203} “A theory,” writes Drury in response to this error, which he finds rife in the scientific writing of his day,

can never become a fact. An hypothesis remains an hypothesis to all eternity. It always contains an element of choice, one way of looking at things; one way of arranging an arbitrary selection of material into a coherent picture.

The danger of forgetting this is that we proceed to overlook the facts that won’t fit into the picture; and we extend the picture to cover aspects of experience to which it has no relevance.\textsuperscript{204}

Those who forget the activity of arrangement and selection and choice, who build up “excessive faith in their theories or ideas,” writes Bernard, “make very poor observations.”\textsuperscript{205} Clinging to one arrangement not only disallows shifting it under the weight of newly observed facts, or rearranging the same facts into another picture to see how the relationships look there, but makes the observer less able even to see what does not fit the picture. This is because pictures select and arrange and attract the attention to what is selected and to the way it is arranged (both being necessary to sense, as we have noted in discussing ‘form’ and ‘content’), and the attention, thus engaged, disregards information extraneous to this arrangement. Some disregard for some facts will of course have to take place if any sense is to be made at all, but the experimenter whose attention entertains the extraneous, that is, who treats no fact as necessarily extraneous at all, but having its place in some arrangement, is well-primed to undergo the revolutions of thought that narrower imaginations cannot abide but good scientific inquiry depends on.

The experimental scientist who practices well, rather than asserting and clinging to an idea, “states an idea as a question, as an interpretive, more or less probable anticipation of nature, from which he logically deduces consequences which, moment by moment, he confronts with reality by means of experiment,” by means of trying more arrangements and attending to how well they are able to accommodate new observations.\textsuperscript{206} Such a scientist makes use of a certain set of descriptions, certain ways of arranging, creating sentences

\textsuperscript{203} Taking theories to be facts is a familiar rhetorical move, born of the desire to show how unmoving, how trustworthy and accurate, the theory’s picture of the world is. Part of the problem which creates this common slip from theory to fact is an unnecessary insecurity about the label theory. “That’s just a theory” has the ring of insult, but the insult is born of the ignorant equation of theory to speculation or even opinion.


\textsuperscript{205} Bernard 38.

\textsuperscript{206} Bernard 27.
(provided by existing scientific theories or on her own reasoning stimulated by these) to ask a particular question about reality. The scientist creates a proposition, an ordering of a possible state of affairs, and asks to what degree, if at all, this picture fits the phenomena she intends to study (this selection of phenomena to study itself being a choice, too). The scientist asks a question of her subject—of nature (which is to say that she asks a question of herself, and answers for nature as best as she can by observing and reporting on its activities under her gaze). The responses she observes she then uses to evaluate whether or not her picture was accurate, whether or not her specific question got at the salient features (given its given importance) of the process she hopes to describe, whether or not she needs to adjust her provisional understanding.

It is crucial, according to Bernard, that any professional concerned with the empirical validity of her practice, keep consistently in her mind the plasticity of her depictions. But even this remembering that accuracy is a matter of plasticity, of the evolution of our depictions, does not entirely capture the nature of picturing, the nature of arranging in language the facts before us. This is because foregrounding our concerns with empirical accuracy relegates to the background all the other functions that our picturing serves. Hence the need to recall, as we have, Wittgenstein’s familiar exploration, in the *Investigations*, of the varieties of purposes to which we put our words. That is, we are not always, when we speak or write, concerned with accurately describing objective reality, and so checking up on a statement’s veracity is sometimes beside the point. Even, as we will see, for the scientist, and certainly for the doctor. If our first lesson from Bernard is that our pictures are provisional, that they are “literally speaking…false,” our second is that we can depart from literally speaking. Indeed, in a sense, according to Bernard, we do not ever speak literally; when concerned with scientific truth, to take our pictures literally—that is, not as pictures but as what they picture—is to lie about the very basis for our investigations, about the very means by which we are able to understand and act in the world. So we do not, if we are honest, consider them literally at all; if we speak literally, according to Bernard, we perjure ourselves. An awareness of the creative activity required for any understanding is for Bernard fundamental to intellectual and (for his audience especially) scientific honesty. Speaking literally, in this way, is a kind of lying all the more insidious because it incapacitates, hardening a picture into the immovable status of that which it pictures, cramping the mind—

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207 Bernard 35, 36.
or in other words, performing a mental trick that creates the illusion that a sentence is what a sentence is about.

That our speaking is never literal (though we may deceive ourselves on this point), that the foundations of a linguistically mediated experience are activities of imaginative picturing—metaphors—is not Bernard’s insight alone. In some form or another, it pervades much work on the nature of language and understanding. It is the thesis of *Metaphors We Live By*, an extended exploration by the linguist-philosopher team George Lakoff and Mark Johnson, who use common phrases in English to demonstrate the way every instance of understanding depends on grasping a sense created by metaphorical comparison or extension (though we are not often aware of these metaphors built into the structure of our thought, articulation, and action).208 Some of the metaphor in our everyday speaking is discernible with a bit of extra attention: in the sentence preceding this, attention to the phrase “grasping a sense” reveals the metaphorical use of the action of the hands to picture understanding; meaning as the sort of thing you get in your hands, you *apprehend*. Some of the metaphor in our everyday speaking, though, is buried beneath layers of etymological evolution, so that the imaginative aspect of the words we use becomes lost when we can no longer recognize words’ roots. The concept of learning provides a fine example; the word is evolved from words for track, tracking, and the sole of the foot.209

Even our most basic apprehensions of the world we live in and the way we live in it are not *literal*, but are grown from the revision and extension of images and metaphorical schemes. That such non-literal activity grounds, frames, informs all of our understanding is, perhaps surprisingly to most readers, related to the primary insight of the *Tractatus*. Later in the *Philosophical Investigations* Wittgenstein lays out and explores the non-empirical nature of many of our uses of language, the varieties of our speaking concerns. But that we are even capable of these other concerns is due to our ability, made explicit as we have seen above in the *Tractatus*, to understand a sentence with no regard for its relation to how things actually stand. We are metaphorically speaking creatures in the first place, at the most basic levels of our language use, say Lakoff and Johnson. And it is the related freedom of sentences (grown out of our picturing, imaginative engagement with the world in the first place)—sentences’ unfettered ability to go on creating senses not simply imaginatively apprehending but even *indifferent* to reality—that gives language the variety of purposes and powers it has in our


lives and over us and over, after all, that empirical world to which it may seem indifferent. This fictionality of language—our ability to make sense, in sentences, without checking whether or not they are true—creates a wide arena to host interests in sentences which go beyond their communication of information about empirical reality (information which would, nonetheless, be metaphorical in nature). It is because language frees us from the tyranny of the actual that we can create senses unconcerned with the animal activity of getting it right, or saying how things at present stand, senses with another aim entirely, senses which do something else. What doing? Impressing, recruiting, repulsing, inspiring, inciting, expressing. Invoking the past, invoking the future. Even creating a fiction which, because it impresses and inspires, motivates human actors to bring it into being. (Or, in a bleaker version of human relations, creating a fiction which, because of the place and power of the one imagining, is brought into being with or without the assent of those who labor beneath it and may be motivated not by inspiration but by fear.) Because sentences are so unbound, we who use them are part of a world in which signs can elicit an almost unthinkably vast array of possible human responses: thought, attention, support, retreat, deferral, obedience, attraction. All responses to which we in our turn respond, making a way through a life in the company of other speaking animals.

Making our way in the company of others necessarily involves making sense of who those others are and how we need to respond to them, on the one hand, and on the other making sense of who we are and how we need others to respond to us. The pictures we make of ourselves to others, and to ourselves of others, are perhaps much more obviously than other pictures very active, functional, purposeful, motivated. They are selective, like every picture as we have said necessarily is. They call attention to different aspects of ourselves, often according to the occasion, to what we need a picture of ourselves to do for us. This selectivity and changing of our self-representations is sometimes spoken of as a kind of performance. Sometimes we create the pictures, the scenes, the roles; sometimes they are created for us. Sometimes they can be enabling in our activities, sometimes terribly inhibiting. When being a PhD student impresses on my university and department and professors the importance of providing me with resources and support in my study, I’m grateful for the effect of this picture, and I try to fit into it, and to attend to and understand and make known my own needs as a student to affirm and solicit the provision of support. The university staff and I both get on better in certain ways when we attend to the facts of my life according to this role, this active picture by which I’m understood. But I can find the picture limiting, too, even
discouraging, if what I say or do is filtered through the student-picture before being apprehended by someone who has come to value the thoughts of students lowly, or to expect, and so to hear, nothing worth paying attention to, or at least nothing worth respecting, coming out of a student’s mouth. The particularities of my speech can be neglected due to a generalization about my abilities which does not actually fit. Most people have at some time in their lives been in a conversation like this; you’re unheard, misunderstood if understood at all, because a picture of who you are is blocking the hearer’s ability to take in what you’re doing or saying.

Given that we know ourselves, and others, by means of fictions which are selectively accurate and which have effects on others, which impress or express, and so on, we can approach the topic of insight from a direction rather different from the path by which it is often reached in the psychiatric literature. If the pictures we make to ourselves, and crucially, of ourselves, may serve not only to tell us and others what we are like, but also to elicit certain responses and to make certain impressions and to prepare the way for getting on with life (for example by framing experience so that we attend to certain things that the picture features, by allowing logical inferences which help us anticipate how events might play out), and even—this is key—to serve as a model which we can bring into existence, then an account of insight restricted to taking “a correct attitude toward a morbid change in oneself” looks to be woefully inadequate. Writers who expound the damaging effects of psychiatric labels come close to this idea by drawing our attention to how much more than a simple truth-telling job a sentence like ‘I have schizophrenia’ does. Charmaine Williams, writing on “Insight, Stigma, and Post-Diagnosis Identities in Schizophrenia,” reminds us of the critical point that pictures of who we are (like all pictures, actually) are functional; they do not just describe but do things for us and to us. Resisting a particular picture may have less to do with thinking it is inaccurate than with believing—or knowing—it is going to be unhelpful. Faced with a doctor’s proclamation about her mental health, a patient’s assent is

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210 Over the course of my academic life thus far, I am grateful to say that I have had only a few such experiences. Part of this is due to my fortune in having studied under professors who find students to be sources of inspiration and collaboration, and part is due to a knack for avoiding those professors who condescend to students (born of a severe emotional aversion to the feeling of being unheard). Still, the inability to hear students (by first valuing them as speakers) seems to be a stubborn feature of the academic life, and it is one which creates impoverished undergraduate and insecure or hesitant or thoughtlessly conforming graduate work.

211 This description was offered, originally, as a “temporary definition,” by the eminent British psychiatrist Aubrey Lewis in his 1934 paper “The Psychopathology of Insight” in The British Medical Journal. “Each of the four terms,” Lewis insisted, “correct, attitude, morbid, change in oneself—calls for discussion,” and the definition was provisionally offered “chiefly as a convenient text.” The definition, quoted extensively in research on insight in psychiatry, has long since lost Lewis’s sense of provisionality and of the need to examine its constituent concepts (114).
not just a matter of empirical accuracy. The choice is, rather, dramatic; as Williams puts it: “to be or not to be a schizophrenic.” What does being sick in this way obligate me to do? How does it affect how I think about myself? How does it impress on others? What kinds of responses does it elicit? Some responses, some of the work a picture like ‘I have schizophrenia’ can do for a person, let us be clear, might be helpful, might enable her to get along a little better in some ways. It certainly gives access to medical attention, and can elicit other forms of support—help of varying kinds from family, maybe; help of the financial sort from a government program. And because a medical diagnosis is such a culturally respected and powerful way of understanding madness, it can be wielded to great advantage or disadvantage; it carries a great deal of authority, creates in other speakers a sense of deference to professional knowledge, obligation to change your attitude toward the diagnosed person according to the dictates of the particular sickness. A theft carried out in the throes of mania will be treated differently in court, for example, than a theft carried out in the throes of teenage rebellion.

But of course we are all aware of the incredibly unhelpful things a diagnosis can do, a psychiatric one in particular. Living in, presenting yourself through a schizophrenic picture is as likely to incite mistrust, unease, even pity or repulsion as it is to incite any help or support. The same goes for other diagnoses less controversial than schizophrenia. And it is too easy to deceive ourselves that the ill-effects of any particular psychiatric diagnosis can be put down to stigma, which we think of as a kind of emotional baggage external to a diagnosis. Some of it can be. But there are plenty of unhelpful functions that are intrinsic to a diagnosis. For example, many of the psychiatric illnesses involve a significant degree of chronicity, imply that you’re going to be sick for the rest of your life. This is not a particularly encouraging or motivating thought. And it engenders a degree of hopelessness and passivity that we come to think of as taking up a sick-role, a way of thinking and acting fairly antithetical to any efforts at helping or healing. Even the biological language taken up in describing a mental illness as a sickness can create a sense of being acted on by terrifying causal forces outside your control. In a paper on the maintenance of auditory hallucinations, Anthony P. Morrison reminds us “patients often regard the possibility of having schizophrenia...as more frightening than believing that they are being persecuted.”


213 Morrison 294.
On a more hopeful note, the kind of language and the manner of picture we use to describe psychiatric patients—and which they use to describe themselves—hold out the possibility of being turned to therapeutic advantage. We may be able to position patients in a way that allows them to express what it is like being them, to impress other people in such a way that they can elicit the responses that will help them, and to create a self-understanding that sets them up for greater functionality—for getting along in their lives in a way they would think worthwhile and in a way that the people close to them can live with. Such possibilities, though, conflict with the existing psychiatric concept of insight, which pays no attention either to the imaginative foundations of picturing or to how language positions patients in relation to what is happening to them. A resurgence of scholarly interest in this concept, and especially in insight’s relations to psychotic illnesses, began in the early 1990s with such pronouncements as “the concept of insight into psychosis has received scant attention in the psychiatric literature.”

Five years on, the initial burst of interest in the subject had “resulted in studies focusing on correlations between insight and variables such as severity of psychopathology, neuropsychological impairments, and magnetic resonance imaging.” Such studies often begin with an acknowledgment of the problematic history of the concept of insight and of the difficulty in coming to an agreed definition. But then they proceed, mere sentences later, by settling on a definition and measuring what it purports to capture, usually with some reference to Aubrey Lewis’s “correct attitude toward a morbid change in oneself.”

The conceptual work (if it even deserves to be called conceptual work) in studies of this sort follows the pattern: ‘What is insight? Some have said it is X. I will say it is Y.’ Or some combination of Xs and Ys and Zs. The problem here should, given our initial discussion of the concepts of spirituality and psychosis, be immediately apparent: the ‘What is it?’ formulation, and its irritated sister, ‘But what is it really?’ These questions set up investigation as a search for a referent, and the latter question assumes this referent to be empirical (or even, in the most narrow versions, physical). But we have seen already that to begin by taking a word to stand for a thing (and then to set out to look for that thing) is to endanger the whole enterprise, almost ensuring obfuscation because of the initial inattention to what the words put to use in the studies are doing, or what words at all, in language, do.


More than twenty years on from that initial burst of academic interest, we can no longer say that insight in clinical psychiatry, especially as it features in psychosis, has been given scant attention in the literature. But despite some work which engages the concept (rather than measures an uncertain stand-in), the concept still functions clinically in much the way it did before it featured so prominently in debate. The 2009 *Oxford Handbook of Psychiatry*, for example, refers casually to insight as a matter of a person knowing that her symptoms represent abnormality, and for formal definition, the authors revert back to Aubrey Lewis’s “correct attitude toward morbid change in oneself.”

This failure over the years to shift or illuminate the complexities of, or even to thoroughly attend to, the concept as a concept is shown in even the more recent *philosophy* of psychiatry, where discussion of insight passes quickly over its assumed shape as, in the negative (as it is often discussed), a refusal to believe a diagnosis or an unawareness of illness. Discussion then moves on toward how important this awareness of illness is, what its implications are for contentious issues such as compulsory treatment, and so on. Even the 2004 collection (eds. Xavier Amador and Anthony David) *Insight and Psychosis: Awareness of Illness in Schizophrenia and Related Disorders*, dedicated entirely to the concept of insight in psychotic disorder and made up of contributions from philosophers, scientists, and clinicians of various stripes, reveals in subtitle the probability that its pages will not likely remove the stake pinning insight to the apprehension of or agreement with psychiatry’s pictures of morbid change or illness.

It is this very pinning of insight to agreement with or apprehension of psychiatry’s pictures of illness, though, that incites continual protest, among those on the receiving end of mental health services, against its use. Such protest can argue both that insight as a concept in psychiatry takes little account of the value of non-medical perspective and that as things turn out in everyday clinical practice, the concept of insight does not even live up to psychiatry’s working definitions, but slips, rather, into a measure of agreement with a person’s doctors. This slip from understanding into agreement (which occurs when clinicians use a rigid version of their own understanding as the benchmark for assessing a patient’s) creates


the further suspicion that studies purporting to show causal relations between insight and prognosis are simply measuring compliance. (And that those patients who comply with psychiatric treatments will have better prognoses measured by clinical standards—themselves created in relation to those treatments, not in relation to any patient-centered notion of a good life—is no surprise; it even borders on tautology, a border it would cross over were it not for the perpetually untreatable ‘refractory’ population.)

A patient’s understanding of what is going on in her body and mind, then, is considered not in light of what she needs to understand in order to live well, but in light of what psychiatry has decided is the case with her, this medical picture being the standard for decision about what she needs to understand in order to live well. Can we do better than this? We can begin, at least, by holding received definitions loosely and widening out to a view of the setting in which the concept has a role. Such a setting needs to encompass the clinical situations in which we use the troubled concept of insight, the wider context in which a patient must live, and the philosophical activities through which both insight’s usefulness and its vexations become clear. Where and when do we encounter people talking and thinking about insight? That is, when do we feel we need this concept, and why? And what philosophical work informs our approaches to the concept in our time of need?

Grant Gillett, in a contribution to the burgeoning 90s conversation on insight in psychosis begins with a loose hold on the conceptual area in question: “insight has been defined in many ways, but whatever else might be true or false, it concerns a person’s beliefs about her own mental life.” He then moves out to a wide view both of the philosophical questions inherent in any account of a thinker’s evaluation of her own mental life, and of the particularities of the situations in which the concept of insight (and the kinds of philosophical commitments it requires in order to be understood) seems to serve a purpose. Such particularities are found in those instances in which a person’s account of her own experience departs in an unsettling way from the accounts of those around her, a departure in which the person seems locked into an account, unable to “tell the difference between the creations of his own mind and reality.” Such a departure troubles those who share in the life, and it does not seem to be accounted for by the mere exercise of imagination or the uniqueness of an individual perspective. It is a departure that turns our attention from the person’s articulations (which in ordinary situations do not deeply disturb us when they account differently for a situation than we do) to the articulations’ usually-unquestioned foundations. Our attention is turned in these instances to something we do not usually pay any attention to at all (except in
philosophical work), and this might account for the profusion of poor intuitions brought to bear on the problem. If we miss that our attention is being drawn to the foundations of our ability to make sense to each other, and to the nature and boundaries of the ordinary use of imaginative or highly individual descriptions of a shared world—or, as Gillett writes, to “the normal controls on thought”—we are likely to do very poorly in accounting for this divergence; we will “have difficulty finding appropriate conceptualizations of abnormal thought.” How could we expect, this work asks, to understand what is going wrong if we cannot describe the (ordinarily-unobserved) norms from which we are noting departure?\(^\text{221}\)

One of the key mistakes concerning insight, made because of this failure to examine how we usually make sense of the world, is the assumption that when we speak, we are just describing the way things are in reality, and these descriptions make sense because their parts correspond to actual things which we sense or entities present to our minds. Ivana Marková and German Berrios, in a paper delving into the conceptual mire of insight, drag concepts into such a model of sense; “concepts,” they write, “in general, act as markers of real or abstract entities or referents.”\(^\text{222}\) This is the model of sense Wittgenstein undoes, and Bernard works furiously against the pervasive corollary that there is a single correct picture of any given situation or event or thing, hoping to make better scientists—scientists who understand how they understand. To begin to correct this picture as it occurs in psychiatry, we have to unsettle the version of insight that would have patients ideally come around to saying they are sick, they are sick like the doctor says, and they need to respond accordingly. That is, we will need to uncramp the sickness picture a little bit, allow that it might be rather more insightful to take account—and advantage—of the fictionality, the provisionality, the selectiveness of a picture, of what it can achieve. If our diagnostic pictures are not even in the first place, as Bernard says, literally true—if they are not what they picture, but are ways to arrange some of the facts, ways to draw attention to some aspects of what is going on—then we do not need to worry so much about patients adopting this picture of what is going on for them, especially if it is not going to serve their purposes (or even the healing, supportive purposes of medicine) very well. We can loosen the sick-picture a bit, and use the creative possibilities of language which we all but forget when trying to lock down what is actually happening.


222 Marková and Berrios 745.
Insight itself, as a concept, is a metaphorical description of what goes on when we think about ourselves, our experiences, and our relationships to others. Insight is an internal seeing, seeing with the eyes of the mind. There is a common mistake (which has shifted modern usage) that the ‘in’ of insight is the direction of our looking, but it is rather the source: ‘in’ to indicate eyes inside, mind-eyes, as opposed to the ones on the outside of the head. “The conceptualization of insight,” write Marková and Berrios in their etymological and semantic lead-up to considering insight in psychiatry, “like that of consciousness, remains based on a visuoperceptual metaphor.” They recall the Oxford English Dictionary’s account: “The original notion appears to have been ‘internal sight,’ i.e., with the eyes of the mind or understanding...but subsequently there arose a tendency to analyze the word as sight or seeing into a thing or subject.” The reversal of the direction of looking—from with mind’s eyes out to from outside into—feeds into the notion that what we are doing is peering beneath deceptive surfaces, discovering the hidden nature of reality, rather than, with the imaginative resources of our intellects, creating pictures of how things are, pictures which fit more or less well, which serve purposes of focusing our attention on particular aspects of experience, enabling anticipation, motivating and informing response.

If in using metaphorical mind-eyes a patient sees a picture of what is happening to her that resists or conflicts with a doctor’s, the medical objection cannot be that the patient has not got it right; it has to be rather that how she sees and understands things is not helping the joint purposes of patient and doctor. This is a charge to which the doctor’s metaphorical seeing is every bit as vulnerable as the patient’s. In coming to understand what would count as good insight, what counts as accurate and helpful mind-seeing, we need to remember that there are powerful pictures outside of medicine’s galleries, and that the patient herself, or the patient in conjunction with her psychiatrist, is capable, language-user that she is, of creating them. To forget this is to embrace “the immodest assumption that there is but a single way to accurately characterize the patient’s condition—medically,” as Jennifer Radden reminds us in her recent paper “Insightlessness, the Deflationary Turn.” In addition to this possibility that the patient’s descriptions of her own experiences, even if they do not partake in medical language or concepts at all, may accurately portray what is happening, her own contribution


224 Marková and Berrios 743.

to picturing what is going on is likely to draw on imagery that has a particular hold over her imagination. In terms of motivating a patient to take part in shaping, influencing the course of her experiences, her own—perhaps non-medical—language may be more effective than other tropes, tropes which might leave her unmoved, cold, even disbelieving. This is not the least powerful of the reasons for taking up, in a joint effort to understand what is going on in the patient’s life, some of the language and ideas which by themselves seem to constitute that troubling departure from inter-personal sense. Coming up with a picture which a patient can relate to and finds expressively adequate and affectively motivating and which satisfies the therapeutic purposes for which the psychiatrist needs a description of events in the first place is a much different insight-building activity than confronting the patient, again and again, with a medical view of her situation to which she objects.

Note the vast differences between being afflicted with a psychotic—a delusional—depression, and being afflicted by the guilt and condemnation of having committed the unforgivable sin. There is plenty that cripples in both of the pictures, but treating the second as just wrong misses out on what it is doing. At the very least it expresses a depth and gravity of despair that no biological picture can express. Blaspheming the Holy Spirit—committing the unforgivable sin—throws you beyond, according to God himself, the furthest reaches of God’s own ability to forgive. A patient who insists that this religious picture, and not the medical one, describes what is going on with her would be conventionally thought to have no insight. But the picture is not useless. Not only does it express the desperate depth of the person’s experience, it also shows a profound spiritual concern for the fate of her soul, may indicate shame and existential insecurity, and reveals the project of her life to be one of obedience to God (otherwise there would be no suffering from the notion of blasphemy). The desperation in perceptions of blasphemy is not simply in being eternally damned, but also in the abrupt termination of the whole manner of living in which a person is valued and finds value.

Remnants of such a picture, or images and ideas that resonate with it, may be able to work against its paralyzing aspects and preserve what is of value in it. Too much reason here, we should be clear, is not going to help. Giving doctrinal evidence for the unlikeliness that a person tormented by the belief that she has blasphemed the Holy Spirit has actually in fact done so may be reassuring for the ordinarily fearful parishioner, but when the idea presents in
psychosis, logic and evidence are not likely to find a reassuring hold. This is not because, as Drury suggests, “in all the serious disturbances of the mind such as find their way into a mental hospital, the word has lost its power.” Rational discussion—whether by using the spiritual terms of a picture or working against them—is not likely to help any more than insisting the psychotic person is sick and ignoring her means of understanding, because such discussion is blind to the emotional significance of the spiritual picture and to the functions the picture is serving and can serve. What the words are doing to and for this person is not primarily rational (though of course it helps her make sense of experience, and this is an important function). And what we need words to do to and for her is not primarily rational either; it is a matter of maintaining important spiritual allegiances, shoring up those abilities to act according to what the person values (here, spiritual obedience, goodness), and working through (with help from the realm of spiritual ideas from the same tradition, or from one which resonates with its aesthetic qualities, because these obviously have emotive power in this person’s life) the aspects of the gripping idea which are disabling the person from living, and from growing in spiritual understanding, too.

Drury may still of course be right in his general intuition about the effectiveness, during psychosis, of certain kinds of engagement by means of language. But the power the word has lost, in Drury’s clinical experience, is its ability to move a person in discussion. He finds it unfeasible in practice “to cure my patients by discussion, advice, wise counsel, and from an understanding of their spiritual needs.” He is writing, here, about the kind of ordinary rational engagement we have in everyday conversation, and it is immediately clear, on being confronted by a person in the midst of psychosis, that the kind of back-and-forth, relatively open-minded reason giving and receiving which a lot of people can usually do is out of the question here. “I do not know how,” Drury writes, “anyone could talk Father A out of his depression; could convince Miss B that her vision was an hallucination; demonstrate to Guard C that his sense of mission was a delusion.” But what we are suggesting here is neither an attempt at cure nor a discussion. Nor, for that matter, is it what Drury indicates in his string of examples, which is less discussion than persuasion: convincing, talking out of, demonstrating.

What we are suggesting here is rather that a psychiatrist develop and use her ability to

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226 This is not to say that at some point, a theological discussion on such a terrifying concept may not be helpful, especially if the patient has been subject to a simplistic or fear-mongering religious education.

227 Drury “Madness” 129.

228 Drury “Madness” 129.
meaningfully engage a patient without a predetermined conversational goal, and in spite of the fact that it may tax her creativity and patience, and with respect enough for the significance of spiritual imagery to allow it a serious function in the recovery effort. That is, if we take the pictures that patients make of themselves as pictures, with all of the possibilities of use natural to them, we cannot afford to banish the spiritual language and imagery of psychotic experience when these very same are moored to patients’ deepest values and their strongest emotional resources, both of which are indispensable to building a new life after psychosis. What is more, there is as much of a soul in a person in the midst of psychotic disintegration as there is in that same person before and after. No psychiatrist could anticipate the soul’s life during such an event. Neither could any with genuine concern for a patient ignore it.
The subject does not belong to the world but is a limit of the world.
—Wittgenstein, Tractatus Logico-Philosophicus

When Drury decries that “common prejudice” which holds mental illness to be “a degradation of the total personality,” rendering “the sufferer to some degree subhuman,” he subverts the position “that if Tolstoy really suffered from melancholia his challenge to our whole western way of life would be largely blunted and nullified,” that “if Joan of Arc was a schizophrenic she could not at the same time be a saint.” And we can hear the challenges, the insights, the expressions of such souls in the space we have made for the life of the spirit in an episode of even psychotic disorder, without negating or ignoring their disintegration and suffering. “A mental illness may indeed,” acknowledges Drury, “utterly disable the patient for the daily commerce of social life, but the terrifying loneliness of such an experience may make him more aware of the mysteriousness of our present being.”

But what is this mysteriousness of our present being?

The psychiatric subject may be, for the purposes of healing, at once a soul, a psychology, a body. These take part in a vast reciprocity of influence; they inform and are informed by articulation and by experience. They move and are moved by meaning and cause, they impact and respond, guided by mind-sight. But the mysteriousness of our present being does not lie in the soul or the psychology or the body, or in their myriad interactions. This mysteriousness of which Drury’s patients may become “more aware” is “of our present being”—our present being is mysterious. Despite that we may meet the spiritual subject, the psychological subject, the physical subject in a patient, we meet first a subject, first that “limit of the world” which “does not belong to” it. The subject is the mystery, is in the world but not of it. “The philosophical I is not the man, not the human body or the human soul of which psychology treats, but the metaphysical subject, the limit—not a part of the world.” The I is fundamentally alien to contingency, is in not-space, not-time; eternal. When Wittgenstein writes of the eternal, he writes not of an imagined endless stretch of time, not of after-life or immortality, but of that which lies outside the world, outside space and time: logical space.

Drury “Madness” 135-6.
Which is why he can write that “he lives eternally who lives in the present.”\textsuperscript{230} The “philosophical I,” the subjects who move in logical space—their form is possibility, and that above all is the eternal to which the psychiatrist must attend.

\textsuperscript{230} Wittgenstein \textit{Tractatus} 5.632, 5.641, 6.4311.
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