

Metadata of the chapter that will be visualized online

Chapter Title	Understanding Schizophrenia Through Wittgenstein: Empathy, Explanation, and Philosophical Clarification	Q1
Copyright Year	2018	
Copyright Holder	Springer International Publishing AG	
Corresponding Author	Family Name	Lalumera
	Particle	
	Given Name	Elisabetta
	Suffix	
	Division	Psychology Department
	Organization/University	University of Milano-Bicocca
	Address	Milan, Italy
	Email	elisabetta.lalumera@unimib.it
Abstract	Wittgenstein's concepts shed light on the phenomenon of schizophrenia in at least three different ways: with a view to empathy, scientific explanation, or philosophical clarification. I consider two different "positive" wittgensteinian accounts—Campbell's idea that delusions involve a mechanism of which different framework propositions are parts, Sass' proposal that the schizophrenic patient can be described as a solipsist-, and Rhodes' and Gipp's account, where epistemic aspects of schizophrenia are explained as failures in the ordinary background of certainties. I argue that none of them amounts to empathic-phenomenological understanding, but they provide examples of how philosophical concepts can contribute to scientific explanation, and to philosophical clarification respectively.	

AUTHOR QUERIES

Q1 Please confirm the chapter title.

Chapter 15

Understanding Schizophrenia Through Wittgenstein: Empathy, Explanation, and Philosophical Clarification

AUT

Elisabetta Lalumera

Abstract Wittgenstein’s concepts shed light on the phenomenon of schizophrenia in at least three different ways: with a view to empathy, scientific explanation, or philosophical clarification. I consider two different “positive” wittgensteinian accounts—Campbell’s idea that delusions involve a mechanism of which different framework propositions are parts, Sass’ proposal that the schizophrenic patient can be described as a solipsist-, and Rhodes’ and Gipp’s account, where epistemic aspects of schizophrenia are explained as failures in the ordinary background of certainties. I argue that none of them amounts to empathic-phenomenological understanding, but they provide examples of how philosophical concepts can contribute to scientific explanation, and to philosophical clarification respectively.

15.1 Introduction

In this paper, I focus on a recent trend in the philosophy of psychiatry, the idea of employing concepts from the philosophical works of Ludwig Wittgenstein towards an understanding of schizophrenia. Luis Sass was the first author who employed Wittgenstein’s notion of solipsism as an aid in the interpretation of the famous schizophrenic patient Daniel Schreber (Sass, 1994, 2004; Schreber, 1903). Sass’s idea was criticized on exegetical grounds, through the argument that Wittgenstein conceived a solipsistic language as impossible, not as an interpretive tool (Read, 2001, 2003). Then John Campbell (2001) proposed that the new framework propositions that Wittgenstein characterized in *On Certainty* (Wittgenstein, 1962)¹ could play a role in accounting for schizophrenic delusions, receiving Tim Thornton’s objections (2004, 2008) among others. More recently, John Rhodes and Richard Gipp proposed what can be called a “negative” wittgensteinian account, according

¹ See also Eilan (2000).

E. Lalumera (✉)

Psychology Department, University of Milano-Bicocca, Milan, Italy

e-mail: elisabetta.lalumera@unimib.it

© Springer International Publishing AG 2018

I. Hipólito et al. (eds.), *Schizophrenia and Common Sense*, Studies in Brain and Mind 12, https://doi.org/10.1007/978-3-319-73993-9_15

29 to which our background and framework propositions are what the schizophrenic
 30 lacks, or has a disrupted relation with, rather than what the schizophrenic builds
 31 anew (Rhodes and Gipps, 2008). What these diverse proposals have in common is
 32 the use of philosophical—specifically, Wittgensteinian—concepts to “understand
 33 schizophrenia”. I use scare quotes here, because the point of my paper is precisely
 34 to distinguish the different kinds of understanding of schizophrenia that are appar-
 35 ently proposed by Wittgenstein’s philosophical concepts, in these different attempts.²
 36 The issue is relevant for the definition of the relationship between philosophy and
 37 psychiatry, and between the different traditions within philosophy of psychiatry,
 38 namely, analytic philosophy and phenomenology. Schizophrenia has traditionally
 39 been described as impossible to understand due to both the deeply unfamiliar con-
 40 tent of delusions that feature among its diagnostically crucial main symptoms, and
 41 the non-consequent epistemic and practical behaviour of patients (namely, the fact
 42 that often they do not take their own beliefs as premises for reaching further conclu-
 43 sions or making plans). The incomprehensibility claim dates back to Karl Jaspers’s
 44 distinction between primary and secondary delusions, in which the primary ones are
 45 characterized as “quite alien modes of experience”, “largely incomprehensible,
 46 unreal and beyond our understanding” (Jaspers, 1963, vol. 1, 98). Though the char-
 47 acterization of schizophrenia of the current nosologies is significantly different
 48 from Jaspers’, the theme of the impossibility of understanding is still associated
 49 with this disorder.

50 Thornton (2004) has described wittgensteinian accounts as tentative cases where
 51 “philosophical analysis can provide ways of interpreting or making sense of expres-
 52 sions of mental disorder and thus escaping Jaspers’ suggestion that ‘schizophrenic
 53 psychic life’ is ‘ununderstandable’” (Thornton, 2004, 216); and he also argued that
 54 they fail. In this paper, I disagree with this reading. One way to put my main ques-
 55 tion is the following: is the kind of understanding provided by wittgensteinian
 56 accounts of schizophrenia the same kind of understanding that Jaspers claimed to be
 57 impossible? My answer is negative: wittgensteinian accounts such as Campbell’s,
 58 Sass’, and Rhodes and Gipps’ can provide neither static nor genetic empathy with
 59 respect to the manifestations of the disorder—but if accurately read, they are not
 60 even meant to. I argue, however, that there is in fact some other kind of understand-
 61 ing that such wittgensteinian accounts, assuming that they are exegetically accu-
 62 rate—can provide, namely conceptual clarification.

63 In order to sustain this claim I shall begin the next section by introducing a dis-
 64 tinction between three possible senses of our pre-theoretical notion of understand-
 65 ing: scientific explanation, empathic understanding, and philosophical or conceptual
 66 clarification. The first two senses roughly correspond to Jaspers’ own distinction,
 67 but I shall add the dimension of *model construction* to the explanation, which is

²Naomi Eilan also remarked that “it is not easy to get right the kind of understanding that might be brought to bear on such phenomena while at the same time doing justice to Jaspers’ warranted sense of the deep and baffling otherness of the schizophrenic’s sense of the self and the world (2000, 97)”. Her conclusion in the paper is negative—she explains the impossibility of understanding as an impossibility of emotional empathy.

taken from contemporary philosophy of science. Conceptual clarification is typical of classical analytic philosophy. After introducing the distinction, in the third section I argue that Campbell's proposal provides a model-theoretic explanation of delusions (not an empathic understanding). In the fourth section I claim (perhaps more controversially) that Sass' famous *The paradoxes of Delusion* is in fact an exercise in conceptual clarification, and the same can be said of Rhodes and Gipps' "negative" wittgensteinian account (Sect. 5). I conclude (Sect. 6) by stating that a complete account of mental disorders in general should include the three senses of understanding I have distinguished, though the third one (philosophical clarification) is seldom explicitly considered.

Though I am sympathetic with the negative wittgensteinian account of the sort that Rhodes and Gipps proposed, this is not what my paper is about and my main point is not to defend it with new arguments from Wittgenstein's texts. In fact, in what follows I will take for granted that each of the wittgensteinian accounts discussed here can be credited with some evidence from Wittgenstein's texts, and that each captures some of the aspects of schizophrenia and delusions. Also, I will presuppose familiarity with such Wittgensteinian evidence and texts, and will not repeat any of it, as it is already presented in the papers I will discuss.³

15.2 Three Kinds of Understanding 86

In this section I focus on a distinction between three senses of understanding that can be expressed in phrases such as "understanding mental disorders", namely scientific explanation, empathy, and conceptual clarification. The literature on understanding and on the product of understanding, namely explanation, is vast in philosophy and in the philosophy of science in particular, and dates back to ancient Greece. My aim here is by no means to give an exhaustive review, but rather to individuate a conceptual distinction sharp enough to be employed for the use of clarifying the current debate on wittgensteinian accounts of schizophrenia.

15.2.1 Understanding as Providing a Scientific Explanation 95

In this sense, to understand a phenomenon or a regularity is to provide an explanation in accordance with the scientific theory that includes phenomena of that kind in its domain. For example, to understand the motion of the planets of the solar system is to make an inference from Newton's laws, and to understand the event of a (very old) car radiator that breaks down on a cold day is to employ the laws of thermodynamics, together with some notions about car engines, and the properties of fluids: given the laws of thermodynamics, and the environmental conditions (temperature

³ See the paper by Anna Boncompagni included in the present volume (Chap. 14).

103 below 0°, water in the radiator, non-elastic material), the radiator would necessarily
104 break. These examples are familiar from the neopositivistic proposal that scientific
105 explanation should be inference from general laws (Hempel and Oppenheim, 1948).
106 However, it is debatable that all the scientific disciplines and theories feature gen-
107 eral laws such as astronomy and physics, and that all scientific explanations should
108 take the explicit form of an inference from laws (Cummins, 2000). Philosophers of
109 science have suggested that at least in some cases a phenomenon or regularity is
110 understood when we are able to model *a* mechanism, or ideally *the* mechanism that
111 produces it, in all its parts and processes (Glennan, 1996; Machamer, Darden, &
112 Craver, 2000; Salmon, 1984). Mechanistic explanation is typical of the so-called
113 life sciences, such as biology, botany, zoology, medicine, and psychology. We may
114 consider a recent article published in *The American Naturalist* as an example. In
115 order to understand why “liana abundance increases with decreasing precipitation
116 and increasing seasonality, peaking in tropical dry forests”, the author proposes that
117 “the mechanism responsible for this pattern is the extensive root and efficient vas-
118 cular systems of lianas, which allow them to suffer less from water stress and thus
119 grow substantially more than trees during the dry season. This capacity of lianas to
120 grow while competing trees are mostly dormant confers a competitive advantage
121 that, over time, may explain the high abundance of lianas in seasonal forests
122 throughout the tropics” (Schnitzer, 2005, 273–274).

123 How is this related to understanding mental disorders? Explanations in medicine
124 are at least in some cases mechanistic explanations, where the disease or symptom
125 appears as the product of the interaction of the parts of a mechanism through spe-
126 cific processes. For example, an approach to understanding bone cancer pain may
127 involve the description of a mechanism: osteoclasts are stimulated by the release of
128 tumor cytokines and growth factors that upon activation cause osteolysis in the
129 bone, which in turn is correlated with pain behaviour (Goblirsch, Zwolak, &
130 Clohisy, 2005). In so far as mental disorders are considered brain, or more generally
131 somatic diseases or their symptoms, may be understood by finding out which mech-
132 anisms produce them. This is the guiding idea of the so-called strong medical model
133 of mental disorders (Murphy, 2015), and of most contemporary research projects
134 aimed at integrating neurobiology, genetics and epigenetics with psychiatry and
135 psychopathology. For example, the former Director of the US National Institute of
136 Mental Health, Thomas Insel, repeatedly called for a “new and deep *understanding*
137 of the pathophysiology” of mental disorders, emerging from “studies addressing
138 these illnesses as brain disorders, developmental disorders, and complex genetic
139 disorders” (2009, 700). In a similar vein, the title of a recent article is “Making room
140 for oxytocin in *understanding* depression” (McQuaid, McInnis, Abizaid, &
141 Anisman, 2014).

142 There is, however, a crucial epistemological difference between scientifically
143 oriented psychopathology and the rest of medicine. The difference is that the pres-
144 ent knowledge of parts and processes involved in brain functioning is far from com-
145 plete—or at least far from being at the same level of knowledge as that of blood
146 circulation, or the reproductive system. To put it simply, not all the parts and pro-
147 cesses have been reliably identified. This fact is acknowledged both by supporters

of the strong medical model of mental disorders, and by its detractors (Murphy, 2015 for review). The present state of work-in-progress knowledge of the brain calls for the introduction in our discussion of a further distinction between two types of mechanistic understanding, familiar from the contemporary debate in the philosophy of science. Explanations may mention the actual, existing parts and processes of the mechanism that produce a certain phenomenon—for example, lianas and roots, or osteoclasts, cytokines and osteolysis in the previous examples. Or alternatively, where such parts and processes are unknown, or where a more abstract explanation is needed, the explanation may mention just the functional parts and processes, independently of their physical realization. Functional parts and processes may not be real world entities: for example, we may envisage a computer model of motor detection written in LISP, but there is no assumption that the brain itself performs LISP operations. In Carl Craver’s terms, the distinction is between *how-actually* and *how-possibly* models in mechanistic explanations. A how-possibly model opens up a space of possible instantiations, loosely constrained, where a how-actually model describes just one (Craver, 2006, 360–361). Also, how-possibly models are not committed to the nature of the processes involved; specifically, they are not committed to their causal nature. I apply this distinction in the present context as follows: while the strong medical model of psychopathology aims at how-actually models for understanding mental disorders, other mechanistic explanations may just stop at the how-possibly level, in which the mechanism is abstractly described in its functional parts and operations. How-possibly models are free from the burden of finding out brain-structure correlate mechanisms for mental disorders: they just show which states and processes can be responsible for a certain (unwanted) output. I shall propose in the next section that some of the philosophical attempts at understanding schizophrenia through Wittgenstein are constructions of how-possibly models, in line with a scientific-explanatory sense of understanding, or what Dominic Murphy calls “the explanatory project” in philosophy of psychiatry (Murphy, 2015).

15.2.2 *Understanding as Empathy*

This kind of understanding is typical of the phenomenological tradition in the philosophy of mind and psychiatry, in which “understanding” is a technical term. The origin of its meaning is in Wilhelm Dilthey’s famous distinction between explanation (*Erklären*) and understanding (*Verstehen*), later adapted by Karl Jaspers when he describes two alternative but complementary approaches to psychopathology, namely the biological approach that reduces mental disorders to bodily dysfunctions (partially overlapping with the sense of understanding as scientific explanation characterized above), and the psychological approach, aimed at describing how symptoms appear from the first-person standpoint of the patient (static understanding), and how delusional contents and consequent behaviours emerge from other psychological contents the person may have (genetic understanding). Both static

189 and genetic understanding involve the capacity of the therapist or the philosopher to
 190 put oneself “into the other individual’s psyche” (Jaspers, 1963, 301).⁴ It is important
 191 to note that the aim of empathic understanding is not to grasp an ineffable subjectiv-
 192 ity, but rather to discover a set of objective structures of experience as accessed from
 193 a particular perspective, namely, that subject’s perspective (Edmund Husserl’s phe-
 194 nomenology stresses objectivity in this respect; see Husserl, 1989; Merleau-Ponty,
 195 1962). For example, an imagined house and a house perceived as existing are differ-
 196 ent from the first-person standpoint, and a phenomenological analysis of someone’s
 197 consciousness would differentiate between the two cases. Recent phenomenologi-
 198 cal explanations, such as Sass and Parnas’ (2003) have challenged Jasper’s claim of
 199 the incomprehensibility of schizophrenic delusions by proposing a (static) way of
 200 understanding this condition. They proposed that the schizophrenic’s consciousness
 201 is altered in how the subject experiences oneself, in that he is hyper-reflexive (i.e.,
 202 with an exaggerated self-consciousness, in which aspects of oneself are projected
 203 onto external objects), and possesses a weakened sense of self as the source of
 204 actions and awareness.

205 Genetic understanding, on the other hand, bears some resemblances to what in
 206 the analytical tradition is called “folk psychological explanation”, in which a given
 207 mental state of a subject is seen as the product of other beliefs, hopes, desires and
 208 other mental states and their endowed contents—for example, one’s regret that
 209 one’s could not meet a friend, comes from one’s previous desire to meet that friend.
 210 Such an attribution in turn presupposes that the subject is rational in some minimal
 211 sense, that is, responsive to basic logical meta-laws such as coherence and non-
 212 contradiction, and to basic practical principles such as choosing the best available
 213 route to fulfil one’s desires. Thus, genetic understanding has been assimilated to
 214 interpretation according to a minimal principle of charity towards the interpreted
 215 subject (Davidson, 1973). Some authors, however, notably Sass (2004), have
 216 pointed out one important difference between genetic understanding and traditional
 217 davidsonian interpretation: the former, but not the latter, involves (at least in its
 218 contemporary forms) emotions, bodily states, proprioceptions and other states that
 219 would not be categorized as bearing content in propositional form.

220 To sum up, empathic understanding—be it static or genetic—is different from
 221 the scientific understanding outlined above because it adopts a first-person stand-
 222 point rather than a third-person one. Moreover, the *explanandum* is different in two
 223 senses, as phenomenological understanding aims at capturing how it is for the sub-
 224 ject to be in a certain condition, whereas scientific understanding is directed at
 225 explaining why such a condition comes about, independently of how it feels to be in
 226 it (to put it simply, compare Hempel’s radiator example: the explanation, be it
 227 deduction from laws or model construction, does not capture how it is for the radi-
 228 ator to break down due to the cold). In the case of mental disorders, or of bodily
 229 disorders in general, another distinction may be helpful in keeping the two senses of
 230 understanding apart, namely, the distinction between illness (what the person

⁴See Henriksen (2013, 107).

experiences as negative about her state) and disease (broadly, scientific knowledge of the problems of structure or functioning that cause illness). 231
232

15.2.3 Understanding as Providing a Philosophical or Conceptual Clarification 233 234

The third kind of understanding is seldom discussed explicitly in the debates regarding philosophy of psychiatry, but I think it is worth focusing on, and distinguishing from the two previous senses, for it may feature as a further level that completes our approach to the problem of mental disorders. It can be characterized as having two main goals: firstly, to provide a conceptual map or conceptual clarification of a given phenomenon; and secondly, to separate facts and values, or *is*'s and *oughts* that are involved in the phenomenon. Let me illustrate both in more detail. 235
236
237
238
239
240
241

The idea of a conceptual map or conceptual clarification is a method used in analytic philosophy, familiar from the works of Bertrand Russell (1921), R.M. Hare (1961), and Ludwig Wittgenstein himself (1953). In some cases, conceptual clarification produces a candidate definition of the *explanandum*. In contemporary philosophy of psychiatry, for example, there are many attempts at providing a definition of the concept of mental disorder; Jerome Wakefield, to cite one, proposes to analyse it into the components *harmful* and *dysfunction* (1992). In other cases, and for other authors, the definition is not a goal. For example, in an often quoted passage from the *Philosophical Investigations*, Wittgenstein introduces the idea of perspicuous representation, which is not a definition by decomposition into traits: 242
243
244
245
246
247
248
249
250
251

A main source of our failure to understand is that we do not command a clear view of the use of our words. Our grammar is lacking in this sort of perspicuity. A perspicuous representation produces just that understanding which consists in 'seeing connexions'. Hence the importance of finding and inventing intermediate cases (...). (Wittgenstein, 1953, § 122) 252
253
254
255

Wittgenstein employed a technical notion of grammar, and the literature on what "perspicuous representation" means is vast (see e.g. Hacker, 2009; Hutchinson and Read 2008). However, what is of concern here is that the kind of understanding he points to in the above passage is a non-definitional conceptual clarification, consisting in finding the links (logical, or similarity links) between how we think about a given phenomenon, and other relevant concepts. 256
257
258
259
260
261

One relevant difference that can be brought to light by conceptual clarification is that some concepts are descriptive (they refer to facts), others are evaluative (they refer to values and/or to facts as seen through our values). Descriptive concepts are related to how things are, and evaluative concepts are related to how things ought to be, or how we would like them to be. For example, a good strawberry is an evaluative expression, whereas a red strawberry is not (Hare, 1952); arguably, dysfunction is a value-free notion, whereas harmful is clearly evaluative (Wakefield 1992). As Fulford, Thornton and Graham (2006) argue at length, in the field of mental health, this role of distinguishing evaluative and descriptive concepts and then re-integrating 262
263
264
265
266
267
268
269
270

271 them within a comprehensive map, is the role of philosophy (Chap. 6). In their view,
 272 that I find congenial, drawing conceptual maps and highlighting the difference
 273 between facts and values is the kind of understanding that philosophy can provide
 274 with respect to mental disorders.

275 Let us briefly see how philosophical understanding as so conceived is different
 276 from the other two senses of understanding illustrated above. With respect to scient-
 277 ific explanation, philosophical understanding is not aimed at the discovery of actual
 278 mechanisms or laws, but adopts a broad perspective, in which values can be
 279 included. To quote Fulford, Thornton and Graham again, in the case of mental dis-
 280 orders “philosophy adds values to the facts emphasized in the medical model”
 281 (2006, 112). With respect to empathy, philosophical explanation is not necessarily
 282 focused on the first-person perspective, though it may be; in general, its *explananda*
 283 can also be phenomena for which empathy makes no sense.⁵

284 15.3 Campbell, a Wittgensteinian “How-Possibly” Model

285 After distinguishing scientific explanation as model construction, empathy, and
 286 philosophical clarification, in this section I address the question of which kind of
 287 understanding is meant to be provided in wittgensteinian accounts of schizophrenia,
 288 starting with John Campbell’s proposal.

289 Campbell’s (2001) paper is focused on understanding how delusions are formed.
 290 In Capgras delusion, patients claim that their spouse or a close relative has been
 291 replaced by an impostor. In Cotard delusion, subjects affirm that they are dead, and
 292 their body parts are rotten. More ordinary schizophrenic delusions may involve
 293 bugs in one’s head or limbs. Apart from the bizarre content of the delusions (in fact,
 294 delusions could in principle be true, as Jaspers (1997) remarked, with the obvious
 295 exception of Cotard), Campbell agrees with previous accounts stating that they
 296 involve at least two familiar aspects that call for an explanation. Firstly, deluded
 297 subjects rarely act on the content of their delusions, as they would do with ordinary
 298 beliefs. For example, a Capgras patient would not generally be scared in the pres-
 299 ence of what he thinks is an impostor, and may well accept food and company from
 300 his spouse. Deluded subjects are sometimes described as living in two separate
 301 worlds, or as being engaged in *double book-keeping* (Bleuler, 1950, 378, 127–130).
 302 Secondly, they take their delusions as obvious, or do not engage in the game of giv-
 303 ing reasons when asked: delusions are incorrigible. Campbell’s aim is to compare
 304 two alternative models of delusion formation: the empiricist model, and the ratio-
 305 nalist model. Very sketchily, according to the empiricist model, a delusion is the
 306 output of a process which involves taking one’s experience at face value, and then
 307 forming a belief with a related content—for example, a feeling of stark unfamiliar-
 308 ity gives rise to the delusion that the patient’s spouse is an impostor (Campbell,

⁵E.g. a philosophical clarification of knowledge of language, as contained in Wittgenstein (1953), is neither a scientific explanation, nor a phenomenological account.

2001, 95). On the other hand, according to the rationalist model, a delusion is “a matter of top-down disturbance in some fundamental beliefs of the subject, which may consequently affect experiences and actions” (ibid., 89). Having criticized the empiricist option, Campbell proposes a rationalist model in which delusions have the same epistemic role as framework propositions of the sort described by Wittgenstein in *On certainty* (1969). As framework propositions or “hinges”,⁶ delusions are incorrigible and self-evident; they are out of the epistemic game of giving and asking for reasons, and set up the conceptual frame within which a person thinks and acts; moreover, they can be of a mixed variety (about oneself, one’s body, space and time, material objects, folk physics, and so on).⁷ More specifically, this is the abstract description of the mechanism of delusion formation that he provides: in pathologic cases the subject undergoes some change in the framework propositions (possibly caused by brain dysfunctions); this in turn produces a top-down alteration of his perceptions, giving rise to the delusional response. As for the double-book keeping *explanandum*, Campbell’s proposed answer for the question of why delusions are often not integrated in subjects’ reasoning and actions, is that component terms in delusional framework propositions acquire different meanings from those they have in reality contexts, so that the inference from, say “my spouse loves me” and “my spouse is an impostor” to “an impostor loves me” is blocked, for the occurrences of “spouse” express different concepts (Campbell, 2001, 94). What kind of understanding of the phenomenon of delusions is Campbell proposing here? My contention is that Campbell is actually *building a model* for explaining how delusions are formed. It is a very abstract model, in which no brain-structure is involved or mentioned.⁸ Still, it is the description of the possible mechanism by which delusions are supposed to appear as products: an explanatory mechanism involving new “bizarre” contents generated by brain dysfunctions, which in turn alter perceptions, so that additional contents are produced, and inferences blocked. In fact, Campbell himself presents the wittgensteinian account as a version of the rationalist model of delusion formation, which is meant to be a scientific-explanatory hypothesis on delusions, such as Stone and Young’s and Gerrans’, and as such is open to empirical testing. Note that the *explanandum* for Campbell is neither the subject’s own perspective—as in empathic static understanding—nor the specific content of the delusions; rather, the double book-keeping aspect and the incorrigibility aspect of delusions are the focus. Campbell himself does not seem to be perfectly aware of the kind of understanding of delusions he is aiming at. In the paper, his recurrent expression is “analysis” of delusions, with respect to both his own wittgensteinian proposal, and to alternative models. However, there is more to Campbell’s proposed mechanism than that which can be discovered in an analysis, which, by definition, is not meant to be open to empirical confirmation or disconfirmation. He proposes

⁶ Wittgenstein writes that some propositions are immune to doubts because they “are as it were like hinges on which those turn” (1969, § 341).

⁷ On this point see Moyal-Sharrock (2003).

⁸ As Gerrans (2013) remarks, opting for a how-actually model.

348 empirical claims: that delusions are beliefs originated by brain malfunction, that
 349 they cause altered perceptions, and so on, as described above.

350 In this respect, I think that Campbell's proposal has been misread. Thus, I agree
 351 with Thornton when he claims that: "Whilst deploying the idea of delusions as
 352 Moore propositions might give a kind of external, structural description, it is not
 353 clear that we can really make sense of entertaining delusional contents as frame-
 354 work propositions even if the comparison helps codify from without some of their
 355 features. The analogy does not contribute towards empathic understanding" (2004,
 356 222). However, Thornton overlooks the possibility that Campbell's wittgensteinian
 357 proposal can be read as having a different goal to Jaspers', and that "to codify from
 358 without" some of the features of delusions is a different kind of understanding,
 359 namely, scientific model-building. I am not claiming here that Campbell succeeds—
 360 in fact, which model is more suitable to represent the formation of delusions is
 361 largely an empirical issue. To repeat, my point is simply that Wittgenstein's con-
 362 cepts—framework propositions and bedrock, in this case—are here employed
 363 within an explanatory project, not within an empathic one.

364 15.4 Sass, a Wittgensteinian Clarification

365 Louis A. Sass famously commented on the memoirs of Daniel Schreber, a schizo-
 366 phrenic patient and author of a famous memoir (Sass, 1994; Schreber, 1903).

367 In his own words,

368 *The Paradoxes of Delusion* is an attempt to do justice to certain phenomenological pecu-
 369 liarities that, I think, are essential to understanding the nature of schizophrenia. These pecu-
 370 liarities appear to defy the more straightforward forms of philosophical description (e.g.,
 371 expressivist versus assertoric; solipsistic versus realist), yet can be captured, or at least
 372 approached, via the more subtle strategies of Wittgenstein's anti-philosophizing. I am
 373 attempting to grasp a contradictory sort of experiential world in which, it seems, "every-
 374 thing can be both 'real' and 'un-real', both 'inner' and 'outer,' both 'subjective' and 'objec-
 375 tive' (Sass, 1994, 52)". (Sass, 2004, 77)⁹

376 Sass' main claim is that:

377 [Schreber's] mode of experience is strikingly reminiscent of the philosophical doctrine of
 378 solipsism, according to which the whole of reality, including the external world and other
 379 persons, is but a representation appearing to a single, individual self, namely, the self of the
 380 philosopher who holds the doctrine... Many of the details, complexities, and contradictions
 381 of Schreber's delusional world... can be understood in the light of solipsism. (Sass, 1994,
 382 p. 8)

383 For example, Sass describes as solipsistic attitudes the cases where Schreber speaks
 384 of everything happening in reference to himself, or of objects that miraculously
 385 appear in front of him; to describe them as solipsistic is, according to Sass, a step
 386 ahead in understanding when compared to the too austere verdict of

⁹See also Sass (1994, 6).

meaninglessness. Also, the patient's oscillation between a sense of self as absolutely powerful, and a sense of self reduced to nothing can be described, according to Sass, as typical of solipsism.

Commentating on Sass, Rupert Read (2001, 2003) remarked that solipsism as characterized by Wittgenstein both in his *Tractatus* and in the *Philosophical Investigations* is impossible to describe, and incoherent as a concept:

There is nothing that there is to understand solipsism. The very idea of solipsism is in the end a delusion of sense. We may think we understand it; we may think we have a clear idea of what it means to think that "only I exist." Wittgenstein's great achievement, in wonderful therapeutic detail in his later work, was to show that we do not have a clear understanding of this; or rather, to show that there is no 'it' here. (Read, 2003, 137)

In response, Sass qualified his own position by reminding the reader that he actually qualified Schreber as a *quasi*-solipsist or a pseudo-solipsist, in that sometimes he steps out of his delusional world and confronts reality, often with a clear insight of his condition (2003, 127–128, see also Read, 2003).

The gist of Read's objection to wittgensteinian accounts such as Sass' consists, nonetheless, in a more general move that points at the limits of understanding as empathy, or empathic interpretation:

The great temptation that must be resisted—but without trapping us in allegedly limited or closed languages or minds or cultures—is to think that anything human must always be comprehensible, [that] there is always some sense to be found where there is something like the linguistic jingle of rationality, the sound of sense. (Read, 2003, 141)

I think, however, that Sass's own wittgensteinian endeavour to understand schizophrenia—in spite of Sass' own explicit commitment to empathetical understanding—is not of this kind. The point can be put thus: the phenomenon of schizophrenia is redescribed by Sass in an illuminating way, with the aim of clarification, through its similar link with the concept of solipsism.¹⁰ The first-person point of view typical of empathic understanding has no key role here. It is a case of philosophical or conceptual explanation. Appropriately (though somehow self-contradictorily), Sass writes:

I do not claim, of course, that my quasi- or pseudo-solipsistic reading of Schreber's world is fully adequate to *capturing the world of schizophrenia, or even of this particular patient*, Daniel Paul Schreber (Sass, 1994, 118). Indeed, I introduce the book as a kind of essay or attempt, a "thought-experiment": "not an essentialistic set of claims but an exploratory attempt to see just how many aspects of schizophrenic-type pathology can be understood on the solipsistic reading". (Sass, 2003, 129, italics mine)

That Sass's wittgensteinian account—among others—is not emphatical understanding, but (philosophical) explanation is noted in a recent article by Gerrans, who qualifies it as *perspicuous redescription* (Gerrans, 2013, 87). The features of

¹⁰I acknowledge that the empathic approach and philosophical clarification are difficult to separate in Sass's analysis. I think, however, that there is a crucial distinction: with a philosophical analysis (such as Sass's) one can illustrate why empathy is not possible (or possible only to a certain extent), and I think that this is what Sass succeeds in doing. I thank an anonymous reviewer for this point.

426 philosophical explanations are in fact present: schizophrenia is linked to the concept
 427 of solipsism, and Schreber's and other patients' behaviour is characterized in terms
 428 of epistemic possibilities and impossibilities, that is, in value terms. In other words,
 429 solipsism does not help us in understanding the words and contents of the schizo-
 430 phrenic patient from his perspective (empathy), but rather gives us another diagno-
 431 sis of what happens to the schizophrenic mind, different from the etiological and
 432 pathophysiological diagnosis (scientific explanation).¹¹

433 15.5 Rhodes and Gipps, a Negative Wittgensteinian 434 Illustration

435 Finally, I will examine Rhodes and Gipps' idea of employing the concepts of frame-
 436 work propositions and bedrock as describing what the schizophrenic lacks, rather
 437 than, as in Campbell's proposal, what the schizophrenic re-creates. I call this a "neg-
 438 ative wittgensteinian account".¹² An explicit *explanandum* in their proposal is cer-
 439 tainty, in two respects. On the one hand, deluded subjects are certain of what they
 440 claim, and consequently do not engage in the dialectic of giving reasons when
 441 asked.¹³ On the other hand, therapists and, more generally, interlocutors recognize
 442 delusions with certainty, almost immediately, even without testing whether they are
 443 uncommon or not in our cultural group, or whether they happen to be true (as a delu-
 444 sion of infidelity can be, when in fact one's partner is cheating) (Rhodes and Gipps,
 445 2008, 296–297). In their view, Wittgenstein's notion of framework propositions and
 446 of a "bedrock"—where justification comes to an end—can be a suitable *explanans*
 447 in both cases. As for the therapist's certainty:

448 Wittgenstein's conception of the bedrock allows us to offer an explanation of our clinical
 449 certainty that does not take the form of a misguided attempt at self-justification. We know
 450 automatically that the patient's belief is delusional because it conflicts with our bedrock
 451 certainties. (Rhodes and Gipps, 2008, 298–299)

¹¹ It might be objected that in a philosophical clarification such as Sass' endeavour on Schreber, the *explanandum* is the first-person point of view, just as in empathic understanding. However, the *explanans* is in terms of concepts and values, rather than in terms of structures of experience. It is an epistemic, rather than experiential, point of view that is explained. This is, to me, the sense of the difference between empathic-phenomenological understanding and this other possible kind of philosophical approach to psychopathology. I thank an anonymous reviewer for this point.

¹² Another negative wittgensteinian account of schizophrenia as involving a distorted relationship with common sense is Giovanni Stanghellini's (2008); Stanghellini moves from this suggestion to a (non-wittgensteinian) empathic-phenomenological understanding that views schizophrenia as a disturbance of embodiment.

¹³ I quote here a dialogue they have as an example (Rhodes and Gipps 2008, 297): "Researcher: What would you say to someone who said that that could be the product of your mind? That your mind made it up and the mind is a powerful thing, that it was hallucination? James: I'd say no. Researcher: How would you know though? James: Because they took me down there. Both of them were on my arm. I actually walked through a brick wall".

In other words, the fact that we live in a certain epistemic framework grounds our knowledge that some utterances and behaviours are delusional, rather than giving us explicit reasons for the diagnosis.

The deluded subject's own certainty is also illustrated with the concept of bed-rock.¹⁴ They stress the pragmatic reading of Wittgenstein's *On Certainty*.¹⁵ centred on passages like "the end is not an ungrounded presupposition: it is an ungrounded way of acting" (§ 110), and propose that

In delusion, some aspect of the person's Background capacities has become inoperative or damaged. This results either in a lack of constraint in acquiescing in beliefs which would normally be regarded as incredible, or in a willingness to entertain doubts about everyday certainties that would normally be regarded as unassailable. (Rhodes and Gipps, 2008, 301)

Here, the idea is not that the schizophrenic delusional world is a new framework, different from ours, but that the unusual epistemic behaviour and some of the oscillations between extreme doubt and extreme certainty of the deluded subject can be explained due to a damaged relation with ordinary hinges, which provide standards for action and protection from doubt. This is why I have called this proposal a negative account.

As Rhodes and Gipps' paper is very clear and has already been commented on in various places,¹⁶ I will keep the exposition to a minimum and address my question: what kind of understanding of schizophrenia through Wittgenstein are they providing? Again, I think it is a case of philosophical explanation. They illustrate central epistemic aspects of schizophrenia – the subject's baffling certainty as incorrigibility and ungroundedness of the delusion, and the therapist's certainty that it is a delusion—with the concept of framework and background. They give a value-laden description of the phenomenon, including what the deluded person can and cannot do, from an epistemic point of view. What they do not provide is empathic understanding: precisely because we do not share the background with the deluded subject (when experiencing a delusion), we cannot make sense of their behaviour or content from their own perspective (in fact, the negative account stresses in some sense the lack of a coherent perspective). In fact, however, with respect to scientific explanation or model-building, this proposal qualifies more as an intermediate step in that direction, than a radically alternative kind of enterprise. The hypothesis at the end of the paper is in fact that work can be done from the point of view of a how-actually model:

Given that the Background is realized in the functioning and structures of the brain, then it may be that some changes have their origin in purely biochemical alternations, for example, changes that may occur owing to genetics or to stress-induced neurotransmitter changes. Alternately, it seems that some changes may have their origin in acute or prolonged trauma (ibid., 306).

¹⁴Rhodes and Gipps employ John Searle's notion together with Wittgenstein's.

¹⁵Also in Moyal-Sharrock (2003).

¹⁶See e.g. Stanghellini (2008).

491 In a later paper, responding to Stanghellini’s objection that “when studying delu-
 492 sions, the focus should be on providing an adequate framework for understanding,
 493 rather than providing empirical hypotheses to be tested” (2008, 311–314), they
 494 claim that scientific explanation is envisaged as guided by a philosophical explana-
 495 tion, aimed at indicating which aspects should be operationalized and then empiri-
 496 cally tested (Gipps and Rhodes, 2008, 322).

497 15.6 Conclusion

498 In this paper, I argued that Wittgenstein’s concepts can in principle shed light on the
 499 phenomenon of schizophrenia in at least three different ways: with a view to empa-
 500 thy, scientific explanation, or philosophical clarification. I considered two different
 501 “positive” wittgensteinian accounts—Campbell’s idea that delusions involve a
 502 mechanism of which different framework propositions are parts, Sass’ proposal that
 503 the schizophrenic patient can be described as a solipsist, and a “negative” wittgen-
 504 steinian account, where epistemic aspects of schizophrenia are explained as failures
 505 in the ordinary background of certainties. I showed that none of these wittgenstei-
 506 nian accounts succeeds in empathic-phenomenological understanding, contrary to a
 507 widespread reading, but that—on the assumption that they are exegetically cor-
 508 rect—they provide examples of how philosophical concepts can contribute to
 509 model-building explanation, and to conceptual mapping and clarification respec-
 510 tively. Whether all the three senses of understanding are desirable for mental health
 511 phenomena is a suggestion that I leave open.

512 513 References

- 513 Braff, D. L., Freedman, R., Schork, N. J., & Gottesman, I. I. (2007). Deconstructing schizophre-
 514 nia: An overview of the use of endophenotypes in order to understand a complex disorder.
 515 *Schizophrenia Bulletin*, 33(1), 21–32. <https://doi.org/10.1093/schbul/sbl049>
- 516 Bleuler, E. (1950). *Dementia praecox or the group of schizophrenias* (J. Zinkin, Trans.). New York:
 517 International University Press.
- 518 Campbell, J. (2001). Rationality, meaning and the analysis of delusions. *Philosophy, Psychiatry,*
 519 *and Psychology*, 8(2), 89–100. <https://doi.org/10.1353/ppp.2001.0004>
- 520 Cermolacce, M., Sass, L., & Parnas, J. (2010). What is bizarre in bizarre delusions? A critical
 521 review. *Schizophrenia Bulletin*, 36(4), 667–679. <https://doi.org/10.1093/schbul/sbq001>
- 522 Craver, C. F. (2006). When mechanistic models explain. *Synthese*, 153(3), 355–376. <https://doi.org/10.1007/s11229-006-9097-x>
- 524 Cummins, R. (2000). “How does it work?” vs. “What are the laws?": Two conceptions of psycho-
 525 logical explanation. In F. Keil & R. Wilson (Eds.), *Explanation and cognition* (pp. 117–144).
 526 Cambridge, MA: MIT Press.
- 527 Davidson, D. (1973). On the very idea of a conceptual scheme. In *Proceedings and addresses of*
 528 *the American Philosophical Association* 47 (pp. 5–20). American Philosophical Association.
- 529 Eilan, N. (2000). On understanding schizophrenia. In D. Zahavi (Ed.), *Exploring the self*
 530 (pp. 97–113). Amsterdam: John Benjamins.

- Fulford, B., Thornton, T., & Graham, G. (2006). *Oxford textbook of philosophy and psychiatry*. Oxford, UK: OUP. 531
- Gerrans, P. (2000). Refining the explanation of Cotard's delusion. *Mind & Language*, 15(1), 111–122. <https://doi.org/10.1111/1468-0017.00125> 532
- Gerrans, P. (2013). Delusional attitudes and default thinking. *Mind & Language*, 28(1), 83–102. <https://doi.org/10.1111/mila.12010> 533
- Gipps, R. G., & Rhodes, J. (2008). The background theory of delusion and existential phenomenology. *Philosophy, Psychiatry, & Psychology*, 15(4), 321–326. <https://doi.org/10.1353/ppp.0.0202> 534
- Glennan, S. (1996). Mechanisms and the nature of causation. *Erkenntnis*, 44(1), 49–71. <https://doi.org/10.1007/BF00172853> 535
- Goblirsch, M. J., Zwolak, P., & Clohisy, D. R. (2005). Advances in understanding bone cancer pain. *Journal of Cellular Biochemistry*, 96(4), 682–688. <https://doi.org/10.1002/jcb.20589> 536
- Hacker, P. M. S. (2009). Surveyability and surveyable representation (§ 122). In L. Wittgenstein (Ed.), *Understanding and meaning. Part I: Essays* (2nd ed., pp. 307–334). Oxford, UK: Wiley-Routledge. 537
- Hare, R. M. (1961). *The language of morals*. Oxford, UK: Clarendon Press. 538
- Heinimaa, M. (2005). Incomprehensibility: The role of the concept in DSM-IV definition of schizophrenic delusions. *Medicine, Health Care and Philosophy*, 5(3), 291–295. <https://doi.org/10.1023/A:1021164602485> 539
- Hempel, C. G., & Oppenheim, P. (1948). Studies in the logic of explanation. *Philosophy of Science*, 15(2), 135–175. 540
- Henriksen, M. G. (2013). On incomprehensibility in schizophrenia. *Phenomenology and the Cognitive Sciences*, 12(1), 105–129. <https://doi.org/10.1007/s11097-010-9194-7> 541
- Husserl, E. (1989). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy*, Second Book (R. Rojcewicz, & A. Schuwer, Trans.). Dordrecht, The Netherlands: Kluwer. 542
- Hutchinson, P., & Read, R. (2008). Towards a perspicuous presentation of 'perspicuous presentation'. *Philosophical Investigations*, 31(2), 141–160. <https://doi.org/10.1111/j.1467-9205.2007.00339.x> 543
- Insel, T. R. (2009). Disruptive insights in psychiatry: Transforming a clinical discipline. *The Journal of Clinical Investigation*, 119(4), 700–705. <https://doi.org/10.1172/JCI38832> 544
- Jaspers, K. (1963). In J. Hoening & M. W. Hamilton (Eds.), *General psychopathology*. London: Johns Hopkins University Press. 545
- Klee, R. (2004). Why some delusions are necessarily inexplicable beliefs. *Philosophy, Psychiatry, and Psychology*, 11(1), 25–34. <https://doi.org/10.1353/ppp.2004.0044> 546
- Machamer, P., Darden, L., & Craver, C. (2000). Thinking about Mechanisms. *Philosophy of Science*, 67, 1–25. 547
- McQuaid, R. J., McInnis, O. A., Abizaid, A., & Anisman, H. (2014). Making room for oxytocin in understanding depression. *Neuroscience & Biobehavioral Reviews*, 45, 305–322. <https://doi.org/10.1016/j.neubiorev.2014.07.005> 548
- Merleau-Ponty, M. (1962). *The phenomenology of perception* (C. Smith, Trans.) New York: Routledge and Kegan Paul. 549
- Moyal-Sharrock, D. (2003). Logic in action: Wittgenstein's logical pragmatism and the impotence of scepticism. *Philosophical Investigations*, 26(2), 125–148. <https://doi.org/10.1111/1467-9205.00291> 550
- Murphy, D. (2015). Philosophy of psychiatry. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy* (Spring 2015 Edition). <http://plato.stanford.edu/archives/spr2015/entries/psychiatry/> 551
- Rhodes, J., & Gipps, R. G. (2008). Delusions, certainty, and the background. *Philosophy, Psychiatry, & Psychology*, 15(4), 295–310. <https://doi.org/10.1353/ppp.0.0202> 552
- Read, R. (2001). On approaching schizophrenia through Wittgenstein. *Philosophical Psychology*, 14(4), 449–475. <https://doi.org/10.1080/09515080120088111> 553

- 583 Read, R. J. (2003). On delusions of sense: A response to Coetzee and Sass. *Philosophy, Psychiatry,*
 584 *& Psychology, 10*(2), 135–141. <https://doi.org/10.1353/ppp.2003.0100>
- 585 Russell, B. (1921/2001). *The problems of philosophy*. Oxford, UK: Oxford University Press.
- 586 Salmon, W. (1984). *Scientific explanation and the causal structure of the world*. Princeton, NJ:
 587 Princeton University Press.
- 588 Sass, L. A. (1994). *The paradoxes of delusion: Wittgenstein, Schreber, and the Schizophrenic*
 589 *Mind*. New York: Cornell.
- 590 Sass, L. A. (2004). Some reflections on the (analytical) philosophical approach to delusion.
 591 *Philosophy, Psychiatry, and Psychology, 11*(1), 71–80. <https://doi.org/10.1353/ppp.2004.0047>
- 592 Sass, L. A., & Parnas, J. (2003). Schizophrenia, consciousness, and the self. *Schizophrenia*
 593 *Bulletin, 29*(3), 427–444. <https://doi.org/10.1093/oxfordjournals.schbul.a007017>
- 594 Schneider, K. (1959). *Clinical psychopathology*. New York: Grune & Stratton.
- 595 Schnitzer, S. A. (2005). A mechanistic explanation for global patterns of liana abundance and dis-
 596 tribution. *The American Naturalist, 166*(2), 262–276. <https://doi.org/10.1086/431250>
- 597 Schreber, D.P. (1903/2000). *Memoirs of my nervous illness*. New York: New York Review of
 598 Books.
- 599 Stanghellini, G. (2008). Schizophrenic delusions, embodiment, and the background. *Philosophy,*
 600 *Psychiatry, & Psychology, 15*(4), 311–314. <https://doi.org/10.1353/ppp.0.0204>
- 601 Stone, T., & Young, A. W. (1997). Delusions and brain injury: The philosophy and psychology of
 602 belief. *Mind and Language, 12*, 327–364. <https://doi.org/10.1111/1468-0017.00051>
- 603 Tandon, R., Gaebel, W., Barch, D.M., Bustillo, J., Gur, R.E., Heckers, S., ... Van Os, J. (2013).
 604 Definition and description of schizophrenia in the DSM-5. *Schizophrenia Research, 150*(1),
 605 3–10. <https://doi.org/10.1016/j.schres.2013.05.028>.
- 606 Thornton, T. (2004). Wittgenstein and the limits of empathic understanding in psy-
 607 chopathology. *International Review of Psychiatry, 16*(3), 216–224. <https://doi.org/10.1080/09540260400003933>.
- 609 Thornton, T. (2008). Why the idea of framework propositions cannot contribute to an under-
 610 standing of delusions. *Phenomenology and the Cognitive Sciences, 7*, 157–175. <https://doi.org/10.1007/s11097-007-9079-6>
- 611
- 612 Wakefield, J. C. (1992). Disorder as harmful dysfunction: A conceptual critique of DSM-
 613 III-R's definition of mental disorder. *Psychological Review, 99*(2), 232. <https://doi.org/10.1037/0033-295X.99.2.232>.
- 614
- 615 Wittgenstein, L. (1953/2009). *Philosophical investigations*. Oxford, UK: Wiley-Blackwell.
- 616 Wittgenstein, L. (1962). *On certainty*. New York: Harper & Row.
- 617 World Health Organization. (1992). *The ICD-10 classification of mental and behavioural dis-*
 618 *orders: Clinical description and diagnostic guidelines*. Geneva, Switzerland: World Health
 619 Organization Press.

620 **Elisabetta Lalumera**, PhD, is a Lecturer at the University of Milano-Bicocca, Psychology
 621 Department, where she teaches Philosophy of Science. She has worked on methodological and
 622 conceptual issues in psychology, and recently, her research focuses on the philosophy of psychiatry
 623 and medicine. She is author of four books in Italian and of more than twenty contributions in inter-
 624 national journals.

Author Queries

Chapter No.: 15 429100_1_En_15_Chapter

Queries	Details Required	Author's Response
AU1	Please confirm the chapter title.	
AU2	Hare (1952), Jaspers (1997), Sass (2003) are not provided in the reference list Please provide details in the list or delete the citation from the text.	
AU3	Please provide in-text citation for Braff et al. (2007), Cermolacce et al. (2010), Gerrans (2000), Heinimaa (2005), Klee (2004), Schneider (1959), Stone and Young (1997), Tandon et al. (2013), World Health Organization (1992) or delete the reference from list if applicable.	

Uncorrected Proof