I. Folk-Psychology as a Model

II. Parallel with Psychopathology

III. Ratcliffe on Capgras

IV. Levels of Description

V. Further Research

Towards an Enactive Approach to Psychopathology

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Problem:

- FP/ToM is widely held to be ubiquitous
- Enactivists & phenomenologists claim that FP/ToM is hardly ever used; social interaction as embodied practices

Solution:

- FP/ToM is a (culture-dependent) conceptual framework we use primarily to reconstruct our ‘embodied appraisals’ of others.
Compare:


“On the basis of evidence from experiments on children’s cognitive development, Annette Karmiloff-Smith has argued that human beings have an internally-driven propensity to re-represent implicit, procedural, domain-specific knowledge as explicit, declarative, abstract knowledge. What starts as a procedure of the system becomes a data-structure to the system”
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Lessons:

1. Apparent ubiquity of FP is compatible with enactivist/phenomenologist view on social cognition

2. We do not really use FP/ToM ubiquitously. Rather we use it to redescribe our own embodied assessment of others in terms of the ascription of beliefs and desires. Such redescriptions serve practical purposes
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Lessons:

3. In a similar way we apply FP/ToM to ourselves. (cf. Gazzaniga on ‘the interpreter’, Carruthers on first-person mindreading)

4. FP vocabulary redescribes embodied intentional attitudes in terms of propositional attitudes (cf. Hutto 2008, ch. 4)
Observation:

- Psychopathology is abnormality in functioning that is normally described in FP/ToM terms

  - Hence descriptions of psychopathologies are infused with FP vocabulary (broadly conceived)
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Examples:

Depression

“... a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and physical well-being.”
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Examples:

Borderline

“unusual levels of instability in mood; black and white thinking ... idealization and devaluation episodes ... chaotic and unstable interpersonal relations, self-image, identity ... disturbance of sense of self.”
Examples:

Schizophrenia
“...disintegration of thought processes and of emotional responsiveness. It most commonly manifests itself as auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking...”
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The Model-Model applied:

- Dysfunction described in FP vocabulary need not have a functional isomorphic counterpart in the brain. It may also model neural processes at a more basic embodied level.

- This would allow for an enactivist approach to such psychopathologies without completely rejecting descriptions of these pathologies in terms of cognitive/affective dysfunction.
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A case in point?
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Another case in point?

- I shall focus on Capgras as an example
“Discussion of the Capgras delusion has tended to emphasize propositional attitudes. It is generally assumed that the content of the delusion is a proposition, to which the person assents.”

(Ratcliffe 2008, p. 149)
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Contemporary explanations

Focus on either or both of two ‘stages’:

1. Anomalous experience (face recognition without affect; inverse prosopagnosia)

2. Impaired reasoning (failure to replace initial first belief by more plausible one; no concern for ‘lost’ relative)
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Problems:

1. Impoverished conception of experience; feelings should *not* be distinguished from content

2. By holistic standards (Davidson 1980; Dennett 1987) there is no false belief
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Ratcliffe:

- Instead of anomalous experience, the patients' existential feelings are characterized by unfamiliarity and estrangement.

- Thus, the first stage is already ‘infused’ with belief (broadly conceived) and there is no need to assume impaired reasoning.
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However...

- Why couldn’t phenomenology of estrangement be the result of impoverished perception and impaired reasoning *sub-personally conceived*?

- Compare Spaulding (2010) and Herschbach (2009) on the ubiquity of ToM.

- Ratcliffe does not consider this objection.
Reply:

- There is a reply implicit in Ratcliffe’s pages:
  - Existential feelings are more pervasive and encompassing than the specific cognitive and affective impairments mentioned to explain Capgras.
  - Thus, also at the level of sub-personal neural functioning, the idea that existential feelings are at the root of the pathology points to a different story than a story about specific cognitive/affective dysfunction.
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Enter enactivism:

- Existential feelings are body-based but have something other than the body as their object (compare: fear of ...).

- Ratcliffe combines theories of emotion as perceptions of bodily states with theories that depict them as judgements.

- He criticizes teleosemantic and hybrid attempts at such unification for forgoing the specific phenomenology of feelings.

- But these accounts have at least some sub-personal story to tell that allows for cognitive-neuroscientific research.

- Thus: enactivism to the rescue
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Body-based consciousness

“The enactivist account of consciousness posits that motivated activation of sensorimotor action imagery (through efferent activity) anticipates possible action affordances of environmental situations, resulting in representation of the environment with a conscious "feel" associated with the valences motivating the anticipations.” (Ellis & Newton 2005)
An enactivist account of existential feelings:

1. Combines bodily and judgement views on feelings while doing justice to unified phenomenology, while

2. presenting a sub-personal cognitive neuroscientific story that allows for further research.
An enactivist account of Capgras:

Altered basic bodily attitudes result in altered experience that is expressed/interpreted in terms of spouse being replaced by imposters.
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Four levels of description of the Capgras delusion:

1. Neural
2. Functional
3. Phenomenological
4. Personal

V. Further Research
Four levels of description of the Capgras delusion:

The difference between phenomenological and personal level:

- **Phenomenological level:**
  - *Describes* experiences
  - Uses metaphors rather than FP vocabulary
  - Is aimed at understanding

- **Person-level:**
  - *Models* or *re-describes* experiences
  - Uses FP/ToM vocabulary
  - Is aimed at explanation
  - Term is derived from Dennett (1969)
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Four levels of description of the Capgras delusion:

1. Neural: lesions/damage/dysfunction in specific brain areas
2. Functional: altered bodily attitudes towards the world/others
3. Phenomenological: unfamiliarity, estrangement, etc.
4. Personal: anomalous experience + flawed reasoning
An enactive approach to psychopathology:

1. Neural
2. Functional
3. Phenomenological
4. Personal

On traditional ‘cognitivist’ accounts, the neural level is made sense of by using the person-level description of the disorder as guide.
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An enactive approach to psychopathology:

1. Neural
2. Functional
3. Phenomenological
4. Personal

Hence, the functional level is cast in terms of dysfunctioning in area’s associated with experience followed by dysfunctioning in areas associated with reasoning.
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An enactive approach to psychopathology:

1. Neural
2. Functional
3. Phenomenological
4. Personal

On an enactivist approach, the neural level is interpreted in terms of embodied attitudes.
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An enactive approach to psychopathology:

1. Neural
2. Functional
3. Phenomenological
4. Personal

Hence, the functional level is cast in terms of ‘sensory-motor contingencies’.

But note that the two approaches are complementary.
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Extrapolation:

- Ratcliffe applies same scheme to Cotard delusion and schizophrenia
- My comments, alterations and refinements apply there too
Open questions:

- How far can we get with this, e.g. in capturing schizofrenia, borderline, depression etc.?

- What hinges on this? Different predictions? Different explanations? (e.g. lack of self-insight)

- To what extent do existent fMRI data allow for analysis in terms of abnormal sensory-motor contingencies?
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Thank you for your attention!