

## Philosophy of Mind Workshop Series

## 6. Evaluating experiences and beliefs







Workshop series developed by Sophie Stammers, research fellow at Project PERFECT, University of Birmingham, and conceived of in partnership with Mind in Camden in 2017. Email s.stammers@bham.ac.uk

## Today's session: Guiding questions

- 1) What do our discussions over the course on experiences (week 2), beliefs (week 3), rationality (week 4) and models of mental health (week 5), tell us about the naïve model?
- 2) What are the implications? E.g. for philosophical theorising, but also for practice (clinical, MH advocacy, activism... etc)

### A reminder of:

# Naïve model of unusual and unshared experiences/beliefs

The naïve model makes 2 claims.

- 1) It associates these experiences/beliefs will illness or malfunctioning
- 2) It says these experiences/beliefs are **bad** for us.

## A reminder of:

### Naïve model

2) It says these experiences/beliefs are **bad** for us.

#### i) Psychological costs:

These experiences/beliefs make us feel bad.

#### ii) "Epistemic" (knowledge) costs:

These experiences/beliefs do not depict reality. So they harm our *knowledge* of ourselves and the world.

The following 2 cases and thoughts about them come from "The three stigmas about mental health we need to deconstruct" by Lisa Bortolotti at TEDxBrum

https://tinyurl.com/m5watching1

## Lila

Lila remembers walking on the beach this morning with her mum. She was laughing at their footprints in the sand. Her mum was flushing salty water all over her. She felt the sun on her face. She was happy.

But Lila's mum has been dead for thirty years.



#### **Jamie**

For Jamie, everything makes sense now. The loud banging on the walls. The insults he heard late at night. The strange looks he got on the staircase. His neighbours are spies. And now that he's found out, they want to get rid of him.



But nobody believes Jamie. They say he's imagining things.

With some background information, unusual beliefs make sense, appear to some degree rational

#### Lila's memory:

**Some false information** – the walk did not happen this morning, and her mum is dead.

**Some true information** – Lila lived near the beach when she was younger, and it is true that she took frequent walks on the beach with her parents.

#### Jamie's experience:

Jamie hears voices and has other auditory experiences. On top of that, he tends to interpret the behaviour of other people as hostile, even though it is not meant to be.

That's not surprising, because Jamie has been treated badly and unfairly in his life, and this is what he has come to expect from his social environment.

## Unusual experiences and beliefs can have an **important** role to play in our mental lives

Lila and Jamie are presently in a critical situation

Their take on the world allows them to **restore contact** and to **make some sense of their environments**.

This contributes to their sense of agency.

It also allows them to **continue to share information and to interact with others** – they have a story to tell which explains their experiences, and this can be communicated to others.

## Important to also think about the potential costs for Lila and Jamie

For instance:

#### **Expectations that are not fulfilled**

e.g., Lila expects to see her parents, and cannot find them.

#### Further misunderstandings with other people

e.g., Jamie enters a neighbour's flat to remove objects that could be used as weapons, putting himself at risk of a hostile interaction with them or with law enforcement.

#### A reminder of:

Naïve model of unusual and unshared experiences/beliefs, claim 2:

These experiences/beliefs are bad for us.

#### i) Psychological costs:

These experiences/beliefs make us feel bad. Not always true!

#### ii) "Epistemic" (knowledge) costs:

These experiences/beliefs do not depict reality. So they harm our *knowledge* of ourselves and the world. *Also, not always true!* 

## Reassessing the naïve model

Implications for philosophical theorising

Implications for how we relate to each other, and mental health practice.

- recognising the many roles of beliefs and experiences
- listening to and taking seriously the reports of people in crisis
- greater openness to the significance of unshared beliefs and experiences to people (we all have these, and all use them to help us out, whether or not we are in crisis!)