



Unshakeable identity beliefs

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Plan

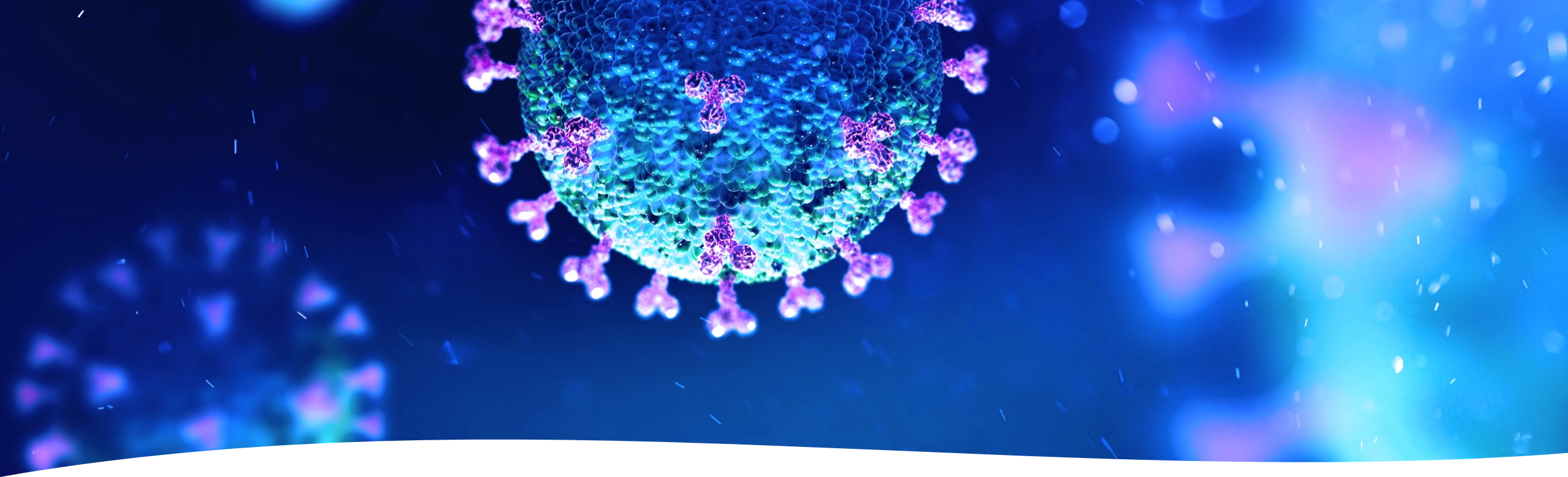
1. What are conspiracy theories?
2. Do we believe conspiracy theories?
3. Are beliefs in conspiracy theories rational?
4. Are beliefs in conspiracy theories delusional?
5. In the light of 1-4, how should we respond to beliefs in conspiracy theories?

CONSPIRACY THEORIES



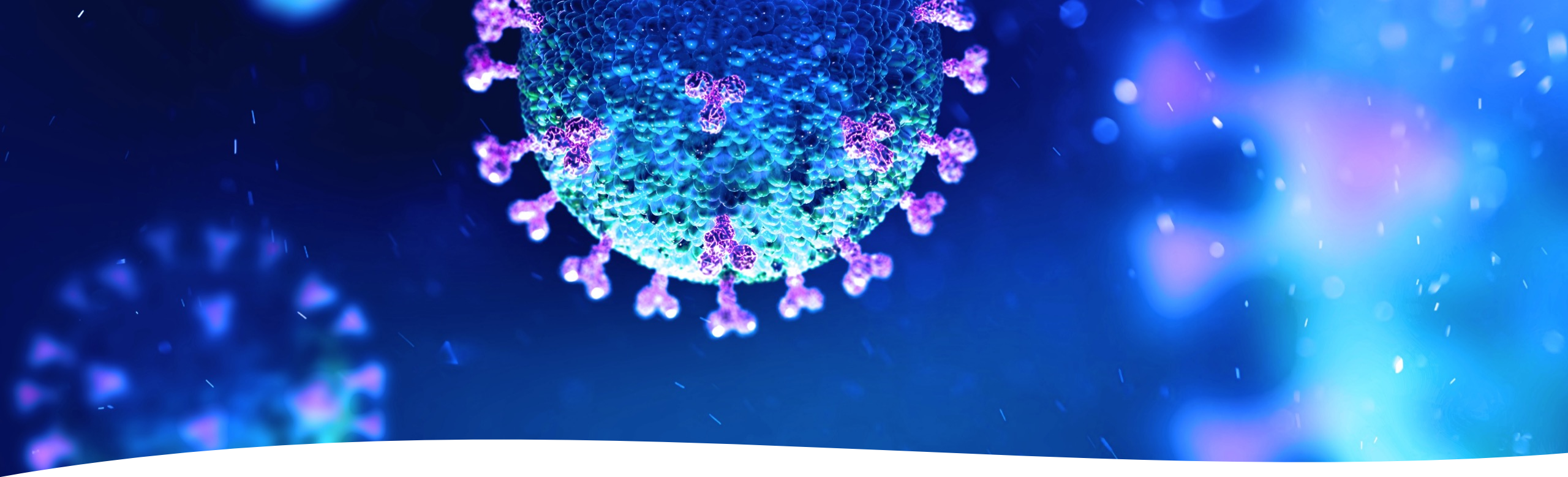
What is a conspiracy theory?

- “[A]n attempt to explain **harmful** or **tragic** events as the result of the actions of a small powerful group.
- Such explanations reject the accepted narrative surrounding those events; indeed, the official version may be seen as further proof of the conspiracy.” (Scott 2021)



A global
crisis

At times of great **uncertainty**, when there is a serious threat to people's wellbeing and livelihoods, conspiracy theories develop and spread.



A global crisis

There are several conspiracy theories centered on COVID-19: e.g., that the virus was created in a lab, that the health emergency is not as serious as described, and that vaccines are a device to control people.

COVID-19 is
not real or not
dangerous

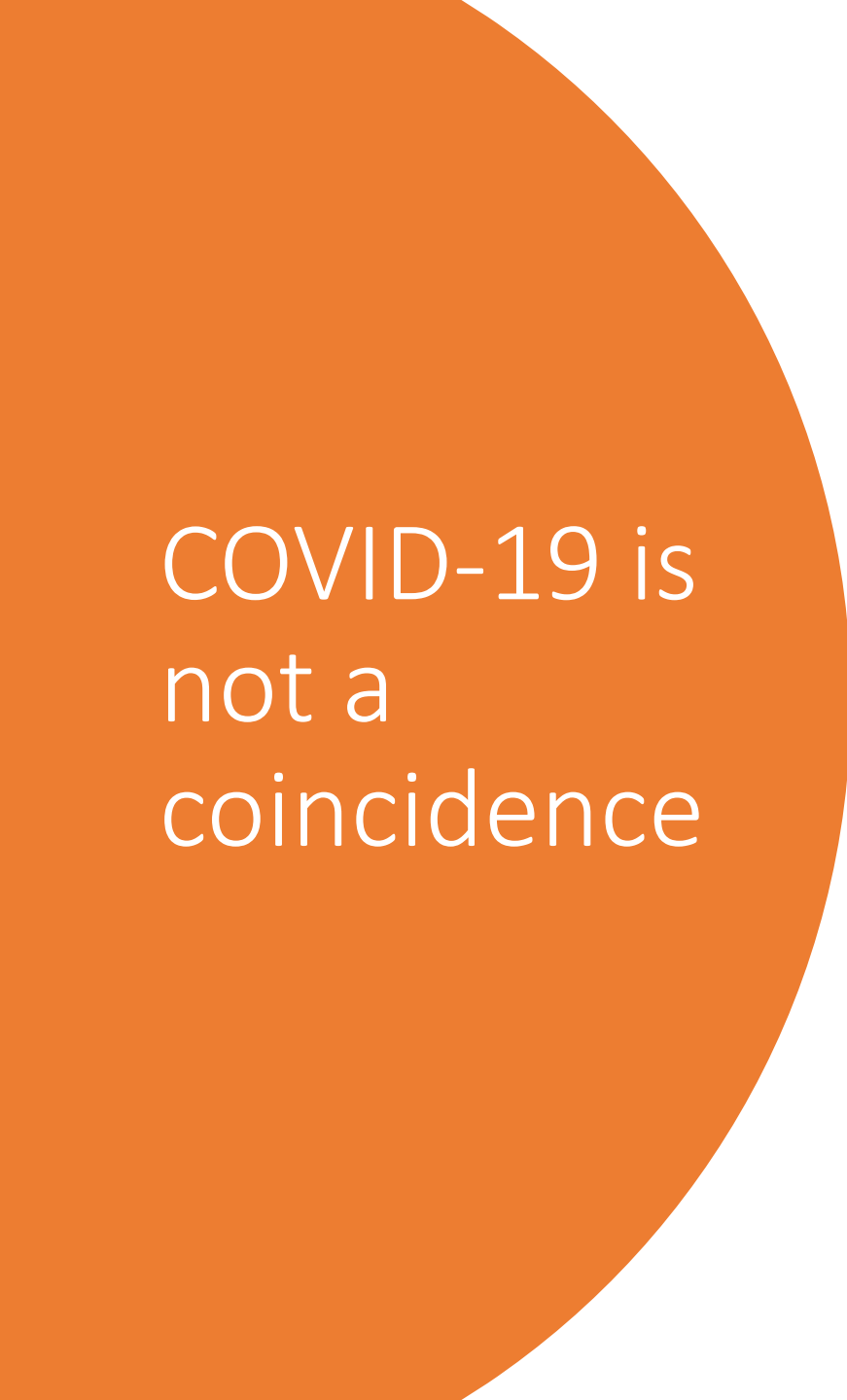
- **Conflict with science**

- COVID-19 denialism is the theory that the virus does not exist or is not as dangerous as believed.
- E.g., COVID-19 cannot be caught at all because germ-based transmission itself is a myth.
- E.g., COVID-19 is just a common cold and its alleged lethal effects are overplayed.

COVID-19 is
not real or not
dangerous


- **Mistrust**

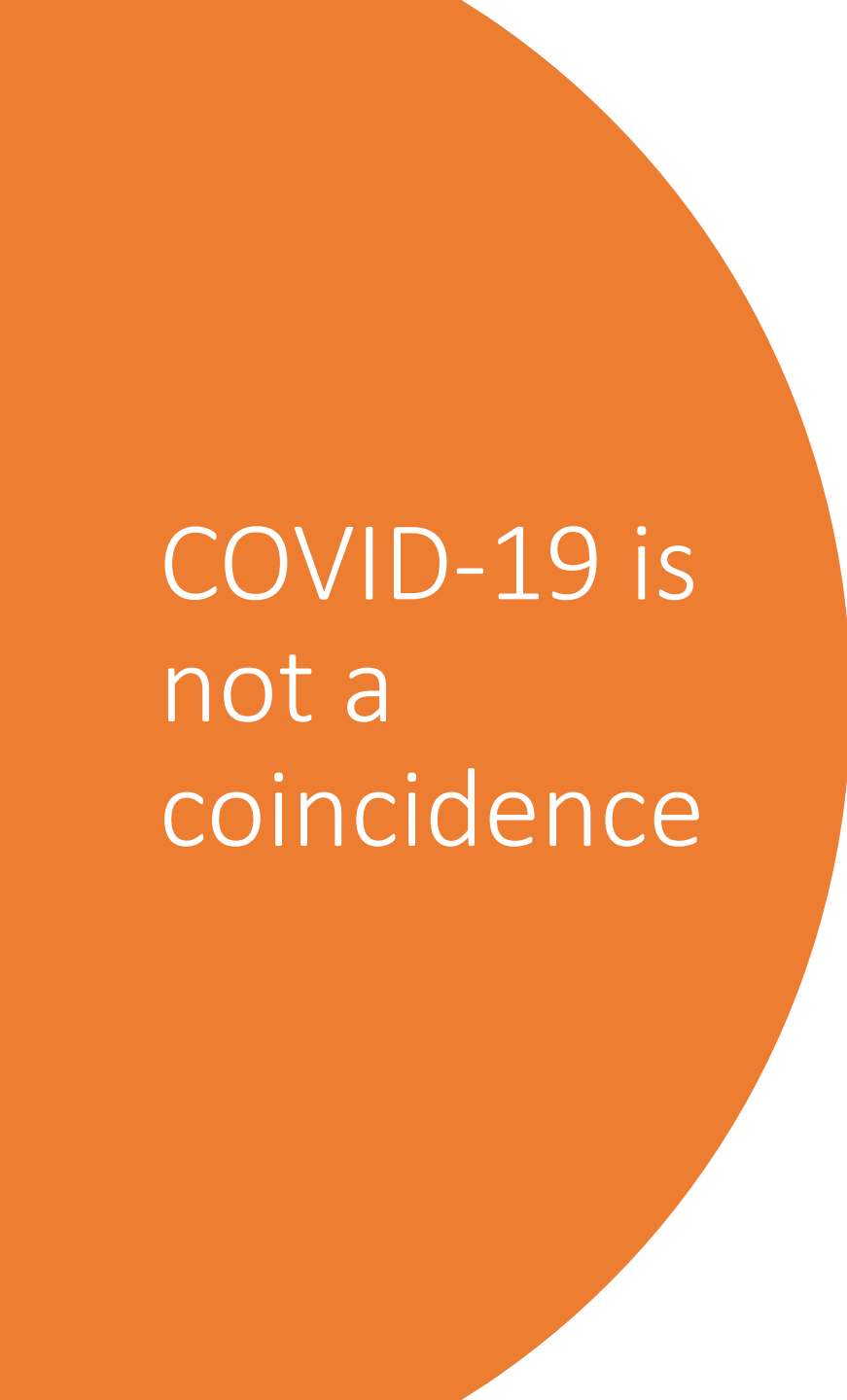
- Powerful individuals or organisations (e.g. Bill Gates or Big Pharma) are regarded as responsible for fabricating or exaggerating the severity of the health threat.
- Motives range from making money to suppressing freedom.



COVID-19 is
not a
coincidence


- **Intentionalism**

- A popular theory denies that the virus passed from nonhumans to humans accidentally.
 - E.g. it was intentionally crafted by the Chinese in a lab in Wuhan.
- 



COVID-19 is
not a
coincidence

- **Intentionalism**

- Other theories claim that humans are also directly or indirectly responsible for high rates of infection.
 - E.g., the proliferation of the virus is attributed to contamination from genetically modified crops or to the roll-out of the new 5G technology.
- 

DO WE BELIEVE CONSPIRACY
THEORIES?

Features of conspiracy theories


- Explanations of events of some significance that:
 1. **conflict** with the official view
 2. **involve a plot**—attributing responsibility for something undesirable to an individual, a group, or an organisation
 3. **are not supported by evidence** (or are less supported by evidence than the official explanation)
 4. **are resistant to counterevidence.**
- (Adapted from Ichino & Räikkä 2020)



Attitudes towards conspiracy theories

- **Doxasticism**

- What is the nature of the attitudes we have towards conspiracy theories?
- Reference to (lack of) evidential support and (failure of) responsiveness to reasons and evidence suggests that the attitudes we have towards conspiracy theories are doxastic.



Do people
believe
conspiracy
theories?

- **Doxasticism**

- The acceptance of conspiracy theories is doxastic when we **believe** in the conspiracy theories, which has implications for consistency with other beliefs, sensitivity to evidence, and action guidance.

Do people non-
doxastically
accept
conspiracy
theories?

- Anti-doxasticism

- The acceptance of conspiracy theories is non-doxastic.
- We **imagine** that they are true, **hope** that the conspiracy theories are true, **wish** for them to be true, or **express our approval** for something by seemingly endorsing them (*expressivism*).



Levels of commitment towards a conspiracy theory

- As the notion of belief I work with is a weak, broad, non-idealised notion (where *belief* is different from *rational belief*), I am happy to regard attitudes towards conspiracy theories as *beliefs*.
- But there may be an initial stage (*considering a conspiracist hypothesis*) where no explicit commitment is made to the truth of the hypothesis.

ARE BELIEFS IN CONSPIRACY
THEORIES (BCT) RATIONAL?



Explaining the adoption of BCT

- BCT respond to some basic psychological and epistemic needs we all have (Bortolotti and Ichino 2020).
- Among those:
 - We seek **causal explanations** that are consistent with other things we believe.



Explaining the adoption of BCT

- We need to restore a **sense of control** and impose **meaning** on distressing events.
- We need to feel epistemically **unique / superior**.
- We need to feel that we **belong to a group** and have some **social affiliation**.



Explaining the maintenance of BCT

- BCT are not easily given up due to:
 - **Doxastic conservatism**—once we adopt a belief we rarely reconsider.
 - **Desire to preserve self-esteem**—we do not want to admit that we were wrong (“I was right”).



Explaining the maintenance of BCT

- BCT are not easily given up due to:
 - **Mistrust towards the sources of counter-evidence.** The fact that we mistrust the authorities is what motivates the belief, but also what explains why we dismiss challenges.
 - **Coherence** between the belief and our other beliefs/values/commitments.
 - Desire to preserve a claim to **group belonging** and **social affiliation**.



Psychological approaches

- Traditionally, research has highlighted correlations between BCT and **various cognitive biases** leading to beliefs in the supernatural or gullibility (Douglas et al. 2019).
- However, there are important social correlates of BCT that tell a different story: “conspiracies are for losers” (Uscinski and Parent 2014)



Social approaches

- Neil Levy (2019): contrary to what we may think if we focus on deficit models of BCT, “If one is in a **threatening environment**, a disposition to seek evidence of threats is adaptive.”
- In groups that are marginalised and for which there is a risk that institutions are not looking out for them, expecting the worse **is the rational thing to do**.



Low trust

- “Those who see themselves as worse off are likely to **exhibit comparatively low levels of trust toward those they see as representing the powerful**;
- accordingly, they will be less likely to accept the official story. But being low trust in official sources isn’t sufficient for being a conspiracy theorist.”



High trust

- “In addition, you need to have relatively high levels of trust toward unofficial sources: toward in-group members and toward others who are assessed as working against or in opposition to the elites.
- This latter disposition toward (selective) high trust is manifested in a reliance on **heuristics and biases** in the absence of cues for rejection of testimony.” (Levy 2019)

Reasons to
think that
beliefs in
conspiracy
theories are
irrational

Some people who endorse conspiracy theories have **inconsistent beliefs** (“COVID-19 does not exist and is not a serious threat”).

Some BCT are **baseless, ill-grounded** or mostly **motivated** by distrust for the authorities.

All BCT are **irresponsive to counter-evidence**: challenges cause BCT to become more elaborated.

Reasons to
think that
beliefs in
conspiracy
theories are
not
irrational

In at least some contexts, mistrust for authorities is **justified**, especially by marginalised groups.

Often the BCT fills an **explanatory gap** and evidence is not conclusive: e.g., uncertainty about effectiveness of masks in March 2020.

Some BCT are **well argued for**, so it is hard to explain in general terms what is epistemically wrong with BCT.

ARE BELIEFS IN CONSPIRACY
THEORIES *DELUSIONAL*?

Clinical delusions

- “Although supervisors described her as an excellent employee, **she suddenly starting accusing co-workers of plotting against her.**”
- “She [...] avoids answering the phone and uses the answering machine to screen all her calls. She still feels that most people are not benevolent” (Powell 1998).





Clinical delusions

- “The Alien Beings were from outer space, and of all the people in the world, only I was aware of them. **The Alien Beings soon took over my body and removed me from it.**
- They took me to a faraway place of beaches and sunlight and placed an Alien in my body to act like me.”



Clinical delusions

- “I also saw that the Aliens were starting to take over other people as well, removing them from their bodies and putting Aliens in their place.
- Of course, **the other people were unaware of what was happening; I was the only person in the world who had the power to know it.**” (Payne 1992).



What is a delusion?

- “[A] belief which is **implausible in light of general knowledge and/or the weight of evidence** to hand (which ought normally to confer doubt), and which is **adopted and maintained uncritically as true** with unwarranted subjective conviction”.
(Langdon and Bayne 2010, page 322)

'Everyday' delusions

- An atheist may think that believing in God is a delusion.
- A climate change activist may think that denying that global warming is caused by human activity is a delusion.
- A person who believes that the coronavirus epidemic is an actual threat may think that the rejection of germ-based contagion is a delusion.



Climate change and 'unshakeability'

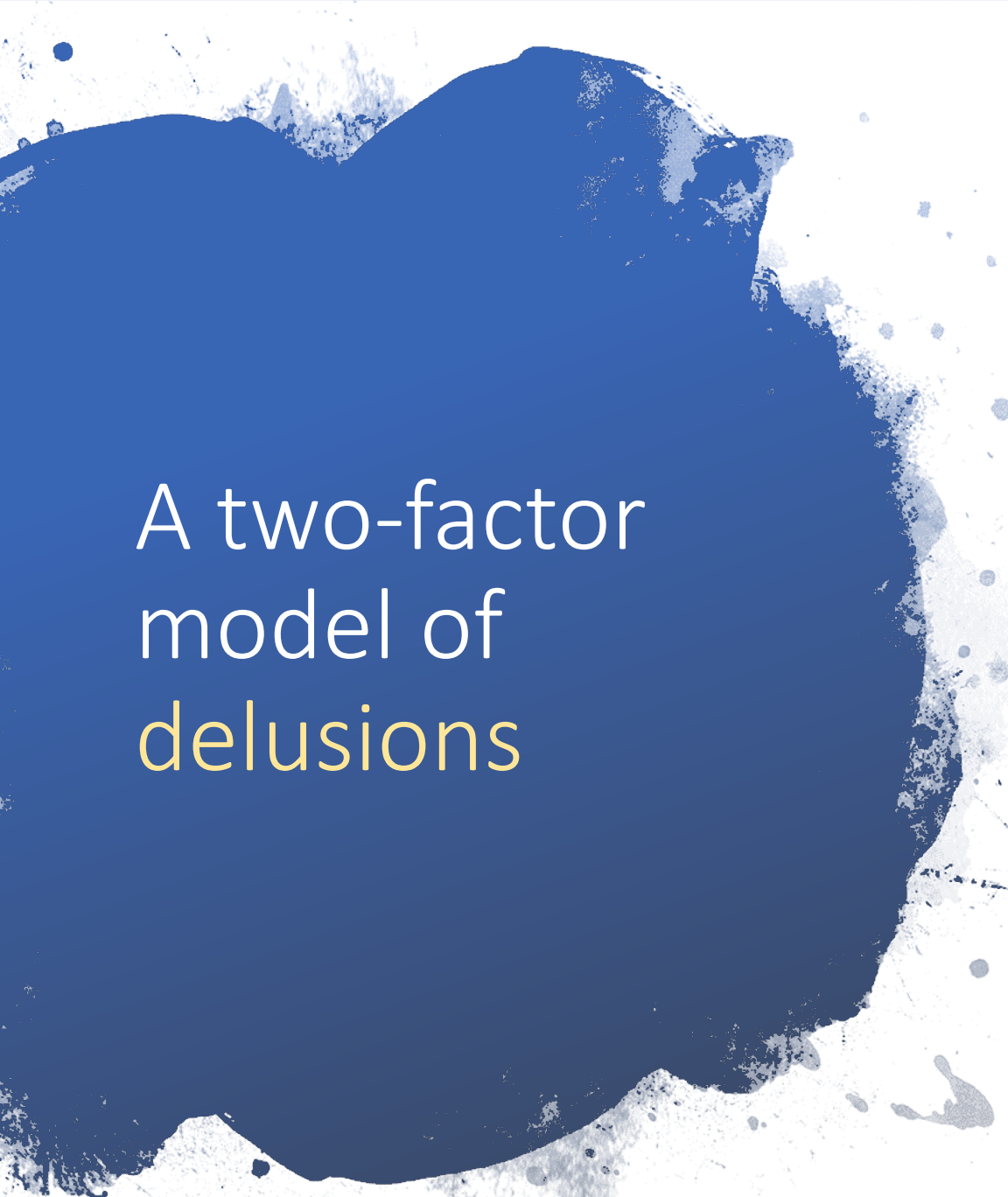
- Climate change denial is often referred to as a delusion in the popular press. Why?
- It is not just that it is implausible to deny human involvement in the warming of the planet given the scientific evidence, but that climate change deniers **are unmoved by scientific evidence** undermining their position.



Climate conspiracies

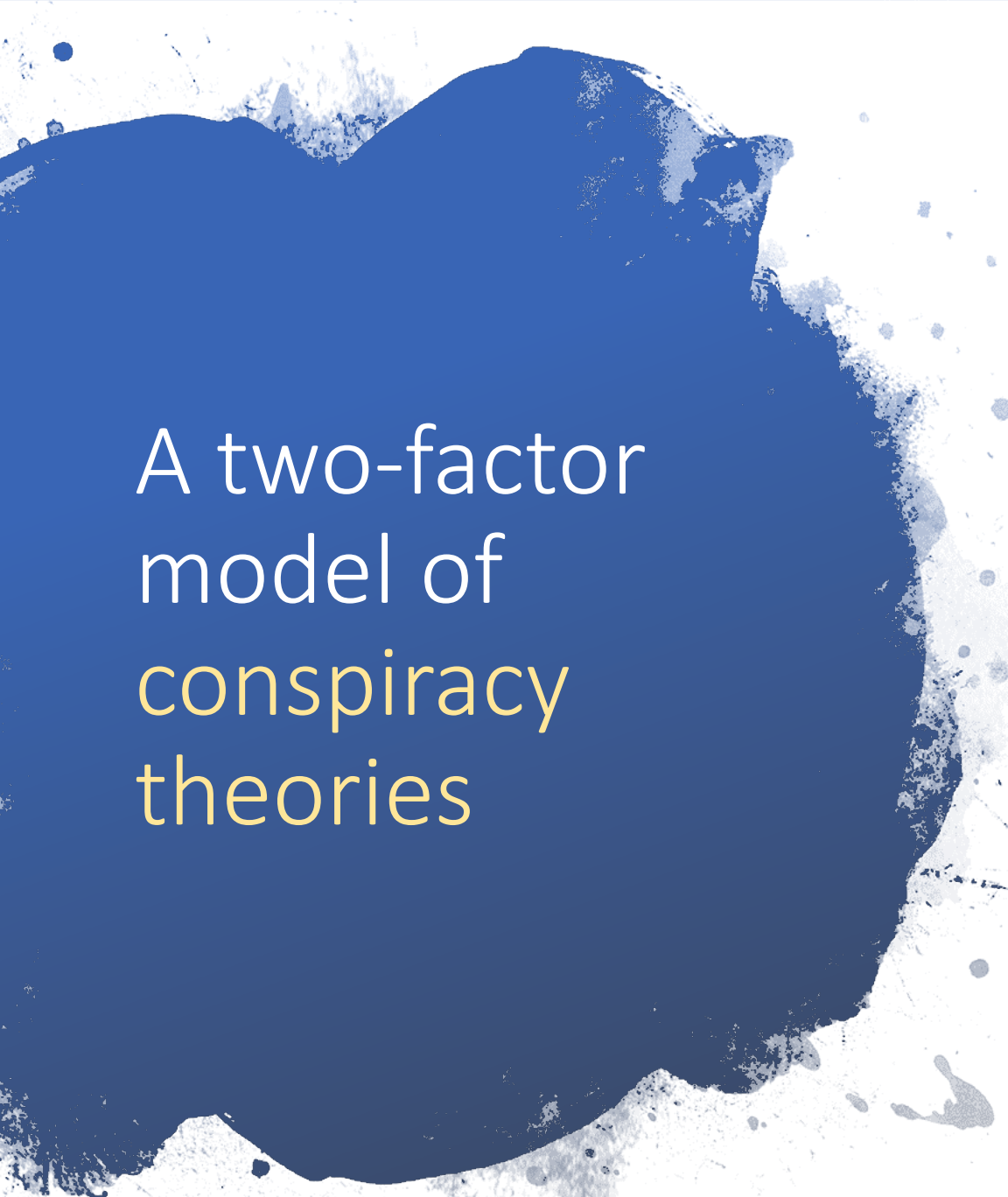
- The rejection of evidence can sometimes turn an implausible belief into a conspiracy theory.
- A reason is postulated to explain why official sources (the scientific community or political leaders) willingly mislead the public by fabricating or exaggerating the risks of human-caused climate change.





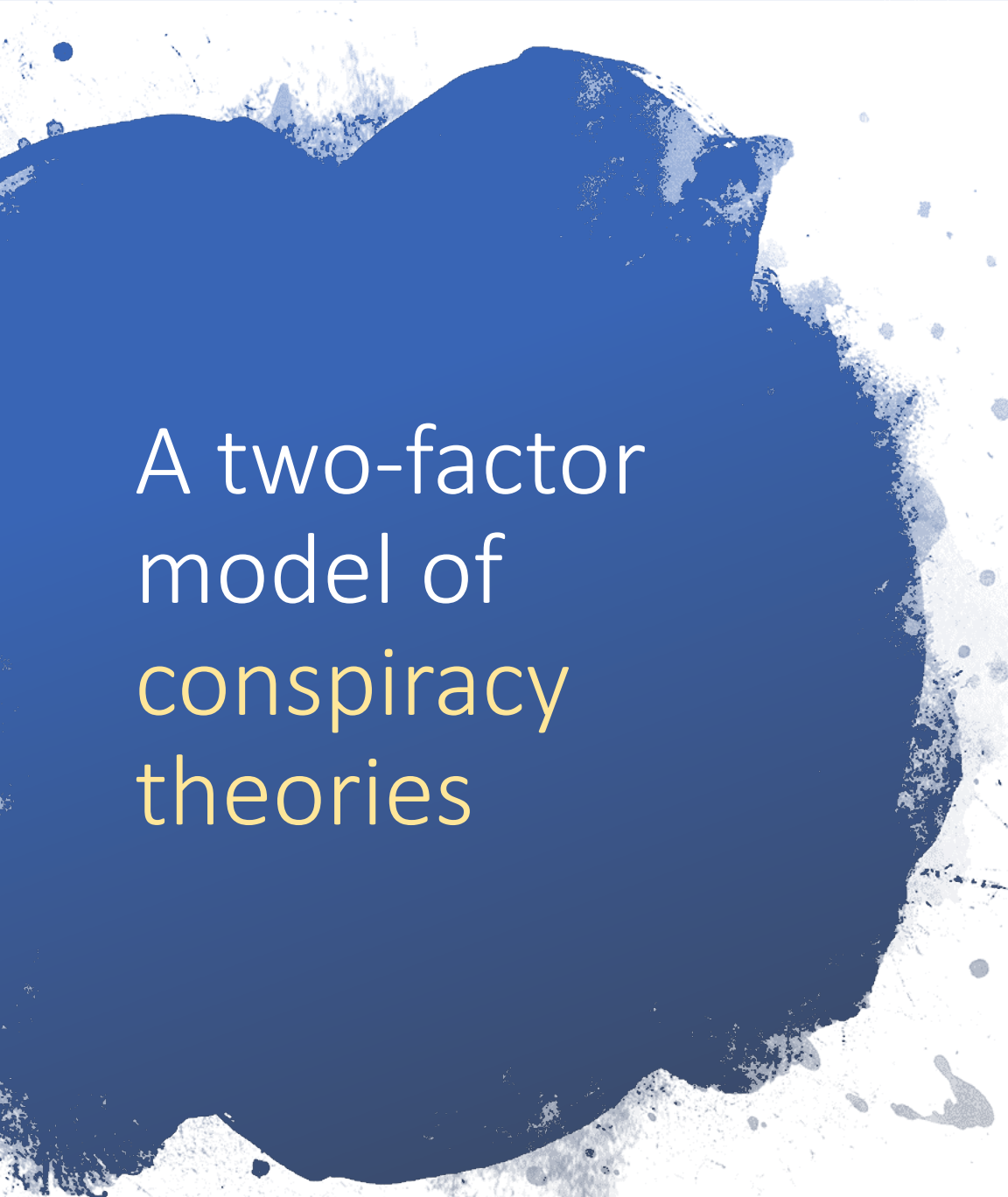
A two-factor model of delusions

- Two causal factors:
 1. **Anomalous experience:** the person hears voices, has hallucinations, experiences hypersalience, etc. which explains the delusional hypothesis.
 2. **Reasoning bias/deficit:** the person has cognitive biases or deficits which explain why the delusion is accepted or maintained.



A two-factor model of conspiracy theories

- Two main components to BCT:
 1. **Epistemic mistrust:** “a sociocultural response to breaches of trust, inequities of power, and existing racial prejudices”.
 2. **Misinformation processing:** “biased appraisal of false counter-narratives”.
- Pierre (2020)



A two-factor model of conspiracy theories

- Epistemic mistrust has primarily social origins and is distinctive of BCT—as Levy argues.
- But misinformation processing highlights the continuity between BCT and some delusions, as similar mechanisms seem to be involved in both.

A Socio-Epistemic Model of Belief in Conspiracy Theories

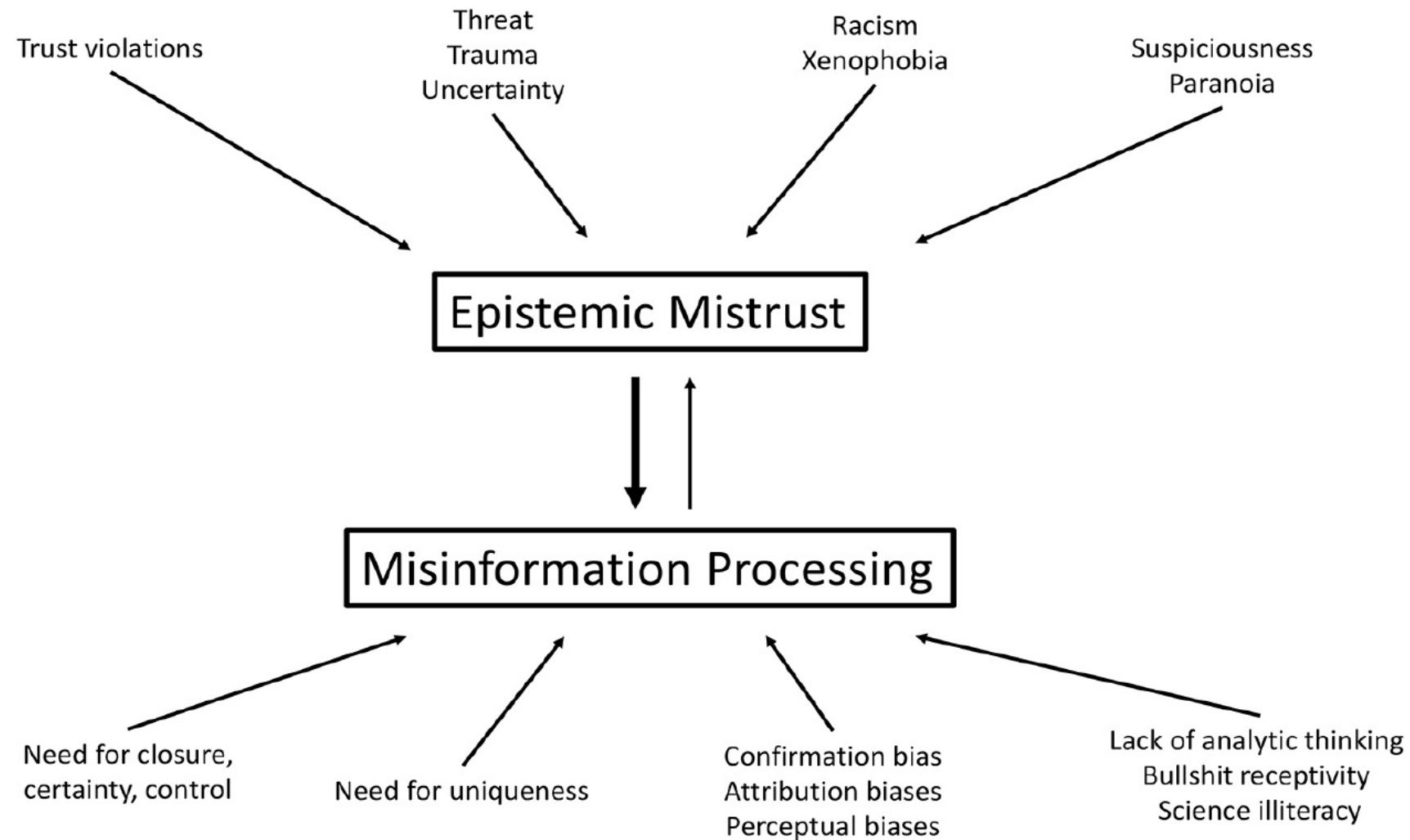


Figure 1. The two-component, socio-epistemic model of belief in conspiracy theories.

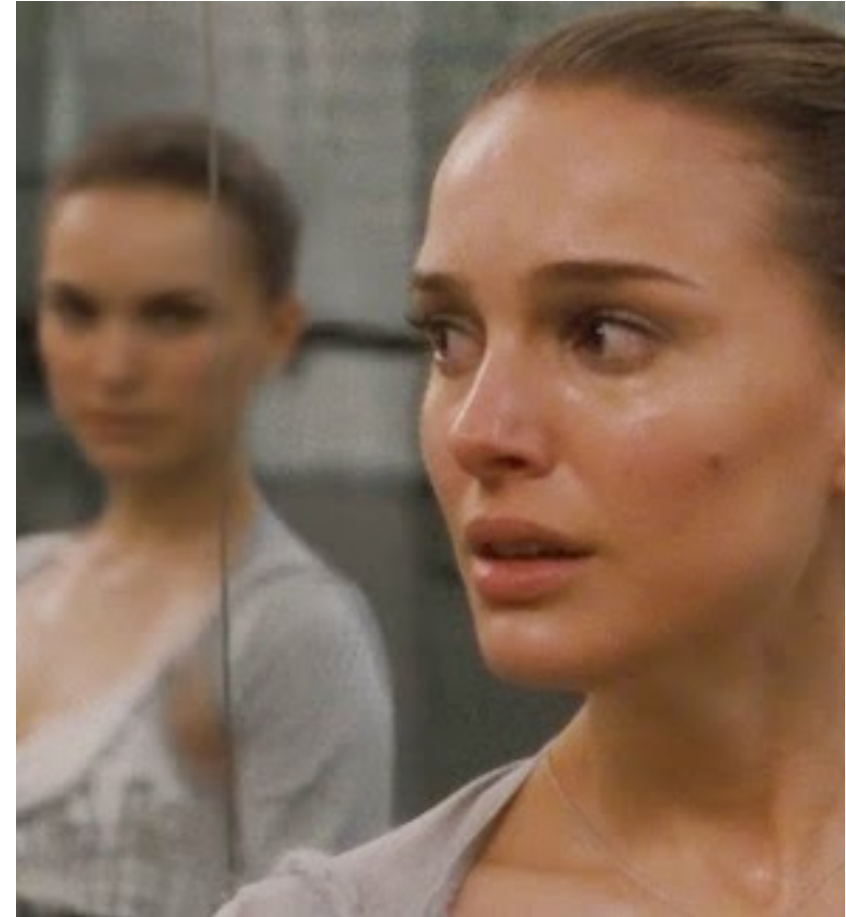
Sensitivity to evidence

- People with delusions and people who believe in conspiracy theories understand when someone is challenging their views.
- They engage sufficiently with the challenge to be able to offer (more or less articulate) reasons to resist the challenge.
- Evidence matters to them.



Unshakeability

- But they are not **moved by counter-evidence**.
- No matter how convincing and robust the challenge is, it will not lead to suspending, revising or abandoning the belief.
- As a response to counter-evidence, the original belief becomes more elaborated to account for the challenges that have been received.



Evidence

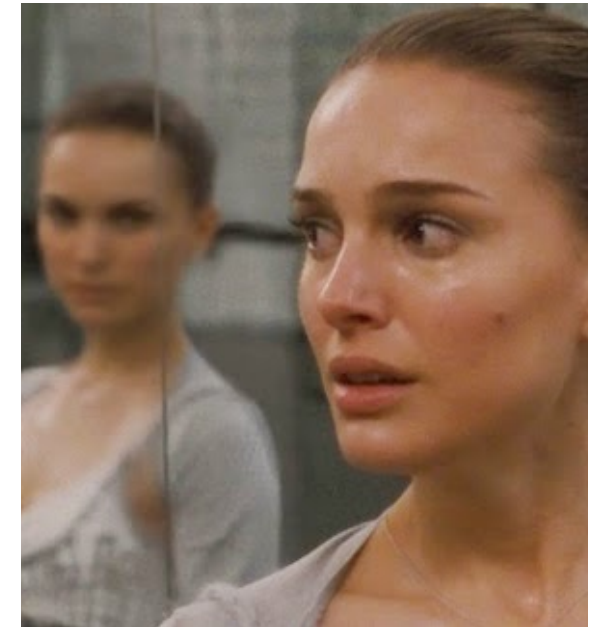
People engage, sincerely, in the game of exchanging reasons and are sensitive to evidence.



But their beliefs are unshakeable. To change the belief, a non-epistemic fact is needed, like in a **conversion**

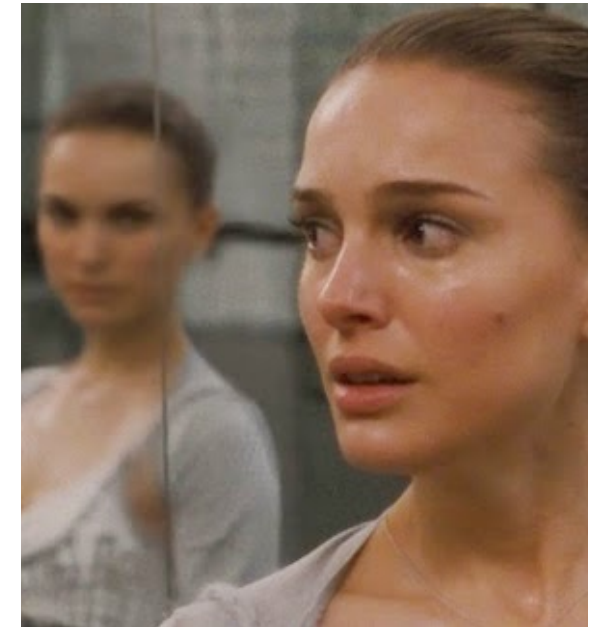
Standards of evidence in BCT

- The need for a conversion may be due to the fact that the person who believes a conspiracy theory cannot accept the opponent's evidence without:
 - regaining trust towards the authorities responsible for the official version (moving from low trust to high trust) and
 - losing trust towards the sources of the alternative version (moving from high trust to low trust).



Standards of evidence in delusions

- The need for a conversion may be due to the fact that the person who has a delusions also has a powerful experience which demands an explanation:
 - 'standard explanations' in terms of mental ill-health are about the self and not about reality.
 - 'standard explanations' in terms of mental ill-health are motivationally difficult to accept.






Epistemic entitlement

- Another potential similarity:
 - Both in delusions and BCT the person may feel she has strong epistemic entitlement (has a unique access to the truth, has a special insight, is less gullible, etc.)
 - This (together with considerations about mistrust in BCT) may explain why she is not moved by counterevidence.



Ideation and acceptance

- An important difference:
 - In **delusions**, ideation and acceptance come together and the same individual is responsible for both stages.
 - In **conspiracy theories**, the person who creates the theory and the person who accepts it may be distinct.
 - But there is evidence of some personal elaboration following acceptance of a BCT.



Identity, wellbeing and stigma

- Another very important difference:
 - In **delusions**, the person is isolated, stigmatised, deprived of basic rights. In delusions of persecution there is also stress, anxiety, desperation.
 - In **BCT**, the person can rely on acceptance in a some social circle where the theory is shared, no rights are removed. The BCT is comforting, reducing anxiety and stress.

Reasons to
think that
beliefs in
conspiracy
theories are
like clinical
delusions

As they involve a plot, BCT are often compared to **delusions of persecution**.

Due to **epistemic entitlement** (need for uniqueness), BCT are compared to delusions of reference or grandeur.

There are some **common epistemic features**: fixity, ill-groundedness, unusual content, centrality to identity.

Reasons to
think that
beliefs in
conspiracy
theories are
different from
clinical
delusions

Clinical delusions are typically **idiosyncratic**, whereas BCT are **shared** in well-defined social groups.

In general, the maintenance of a delusion is **distressing / impairs functioning** but believing in a conspiracy theories does not.

BCT are primarily characterised or motivated (factor 1) by epistemic **mistrust**; delusions by **anomalous experience**.

HOW TO STOP THE SPREAD OF CONSPIRACY THEORIES

What can we do to stop conspiracy theories or reduce their costs?

1. Changing society

- Preventing future mistrust by increasing accountability

2. Changing individuals

- Preventing the spread of future misinformation

3. Changing ourselves

- Building immunity from BCT

Changing society



- Improve effectiveness of science communication and embrace epistemic humility and fallibility.
- Emphasise that even in uncertain times we can control our behaviour, and make a difference.
- Increase trust towards 'authorities' by making sure that political leaders listen to people's concerns, meet basic needs, and are accountable.

Changing individuals

- Always have respectful conversations.
- Build on common ground.
- Engage people's minds and hearts.
- Point out that, if someone benefits from the uptake of conspiracy theories, it is usually not the most vulnerable.





Changing ourselves

- We are fallible and there will always be things that are difficult to understand and to predict, for laypeople and experts alike.
- People around us can be more competent assessors of the situation than we are—listening to their point of view and valuing their expertise is a strength, not a weakness.

Thanks for your attention!

CALL FOR PAPERS FOR A SPECIAL ISSUE OF PHILOSOPHICAL
PSYCHOLOGY ON COVID-19 COLLECTIVE IRRATIONALITIES:

https://think.taylorandfrancis.com/special_issues/philosophical-psychology-covid-19-collective-irrationalities

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