

# Making Sense of an Endorsement Model of Thought-Insertion\*

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## Abstract

Experiences of thought-insertion are a first-rank, diagnostically central symptom of schizophrenia. Schizophrenic patients who undergo such delusional mental states report being first-personally aware of an occurrent conscious thought which is not theirs, but which belongs to an external cognitive agent. Patients seem to be right about what they are thinking but mistaken about who is doing the thinking. It is notoriously difficult to make sense of such delusions. One general approach to explaining the etiology of monothematic delusions has come to be known as the endorsement model. This model claims that the patient holds her delusional belief because she simply trusts her bizarre experience and takes it at face value. The content of the bizarre experience thus plays a central role in the etiology of delusions. Despite being widely discussed with respect to delusions like Capgras and Cotard, an endorsement model of thought-insertion has not yet been formulated. This article seeks to fill this void by fleshing out and defending the endorsement approach to delusions of inserted thoughts. It aims to show that such an approach can be defended against objections that have been raised in the literature. In particular, it will be argued that there is nothing wrong with the idea of being first-personally aware of a thought which is presented in consciousness as being someone else's. The upshot is that with respect to delusions of thought-insertion, the endorsement model turns out to be a viable account of why patients come to believe that someone else is inserting thoughts into their minds.

## 1. Introduction

Experiences of inserted thoughts are a first-rank, diagnostically central symptom of schizophrenia (Mellor, 1970). At first blush, such delusional experiences can be characterised as follows: the subject reports having an experience as of occurrent conscious thoughts that she claims are the thoughts of someone else who somehow inserts them into her own mind. The phenomenology of such introspective-cognitive experiences seems importantly unlike cases of hypnosis or psychokinesis, where other people are making the subject think a thought (Gerrans, 2001). Rather, in experiences of

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thought-insertion, others are said to think the thoughts using the subject's mind as a psychological medium or 'bucket'. This means that it is the *episode of thinking* itself that is done to the subject (Fulford, 1989, p. 221). The subject seems to know what she is currently thinking in a characteristically first-personal way. It is thus not the content of her episode of thinking that looks to be problematic. What the schizophrenic patient is wrong about is whose thought it is she is accessing first-personally. Instead of self-ascribing the thought, she ascribes it to someone else. So, as we might provisionally say, the patient misidentifies the thinker of the thought.<sup>1</sup>

The topic of thought-insertion is widely discussed in the general context of psychopathology and monothematic delusions (Coltheart, 2007; Stephens & Graham, 1994). Monothematic delusions are delusions which are specific to a particular theme only. Widely discussed examples of such delusions are, among others, the Frégoli delusion (Ellis & Young, 1990), the Cotard delusion (Cotard, 1880), and the Capgras delusion (Ellis, Whitley & Luauté, 1994). Inserted thoughts are often grouped together with delusions of alien control, such as anarchic limb phenomena. The common theme of delusions of alien control is that one's conscious mental states or bodily movements are being somehow controlled by another agent (Roessler, 2001). For instance, anarchic limb phenomena concern movements of the upper extremities that the patient does not intend herself, even if the movements seem to be carried out in an intentional and goal-directed manner (Della Sala, Marchetti & Spinnler, 1991).

In the recent literature, a popular explanatory approach to monothematic delusions argues that they involve more or less rational responses to highly unusual or anomalous experiences. This experience-based approach has come to be known as the *empiricist* approach to delusions (Campbell, 2001; Bayne & Pacherie, 2004). Its basic idea is that conscious experiences play an important explanatory role in accounting for delusional beliefs. However, it is not easy to pinpoint the specific role played by the experience in the etiology of delusions. In response to this problem, two distinct varieties of empiricist approaches have emerged: the *endorsement* and the *explanationist* model. Proponents of

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<sup>1</sup> Throughout this paper, when I refer to introspective or first-personal awareness, I do not mean to refer to a particular, e.g., Cartesian, way of being aware of our mental states. I mean only to refer to the specific way in which we are usually aware of, and normally know about, our own conscious mental states, whatever that is. In this neutral sense, experiences of inserted thoughts are introspective-cognitive experiences because the subject is aware of thoughts, i.e., cognitive states, in a distinctively first-personal way.

the endorsement model claim that the delusional beliefs are the result of patients' doxastically endorsing the content of their unusual experiences (Pacherie, Green & Bayne, 2006; Pacherie, 2009). Patients simply trust their experiences and believe what they seem to be experientially aware of. They take their unusual experiences at *face value* such that the delusional belief inherits its content from the abnormal experience. On the other hand, those who advocate explanationism about delusions emphasise that the link between the experiential content and the doxastic content is less tight. For explanationist accounts, delusional beliefs reflect an attempt to explain the unusual experience via a kind of rationalisation or abductive inference (Coltheart, 2005; Ellis & Young, 1990; Frith, Blakemore & Wolpert, 2000; Synofzik, Vosgerau & Newen, 2008). It is an attempt to rationalise or make sense of the highly unusual experience, and the content of the delusional belief does not need to match the content of the unusual experience. Both the endorsement and the explanationist accounts are bottom-up approaches to the etiology of delusions, since they both stress that the unusual experience is the proximal cause of the delusional belief.<sup>2</sup>

These two forms of experience-based empiricist approaches contrast with what Campbell (2001) calls the *rationalist* account of delusions, suggesting that delusional beliefs are Wittgensteinian framework propositions. According to the rationalist, the words that patients use to express their delusional beliefs do not retain the same meaning as when they are used in non-delusional contexts. The rationalist proposal is best seen as a top-down approach to delusions, for it insists that the unusual experiences could not have their contents without top-down loading (Campbell 2001, p. 96). Top-down disturbances in some fundamental beliefs are taken to affect the subject's experiences and actions. We have seen that on the empiricist approach, delusions are rationally intelligible responses to unusual experiences. The rationalist approach turns this picture upside down and claims that the experiential state inherits its content from belief. Delusions are therefore neither proximally caused nor justified by abnormal experiences.<sup>3</sup>

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<sup>2</sup> Throughout this paper it will be assumed without further ado that delusions are beliefs (see Bayne & Pacherie, 2005; for an alternative position, see Jaspers, 1963, and Currie, 2000).

<sup>3</sup> Fleminger's (1992) account of delusions of mis-identification might be seen as a third position which combines elements of both empiricism and rationalism. His account is a positive feedback model of how delusional experiences and beliefs reinforce each other. The relation between experience and belief in delusions is therefore bottom-up as well as top-down.

Against this general background, the goal of this paper is to show that an empiricist approach to inserted thoughts, and more precisely a version of the endorsement model, can be reasonably defended. The following discussion aims to highlight how such an account can meet objections that have been raised in the literature. One objection to the endorsement model is that it is not plausible to think that a patient could be first-personally aware of a thought-content whose thinker seems to be some external cognitive agent (Pickard, 2010). Against this, I will stress that there is nothing wrong with the idea of undergoing an introspective-cognitive experience as of an occurrent conscious thought that experientially appears to be someone else's. That is, the idea that the attributional element of thought-insertion experiences can be properly experiential is coherent. There is no need to invoke cognitive-explanatory strategies to explain why patients ascribe their thoughts to someone else. On the endorsement model, patients sometimes disown and attribute their thoughts to another agent because this is precisely how the thoughts are given to them experientially, namely as being someone else's. I will argue that this type of analysis is coherent.

It is important to note that the experience-based account to be defended will be confined to delusions of inserted thoughts. The purpose of this paper is not to provide a comprehensive endorsement account that applies to all monothematic, let alone polythematic, delusions. Whether this can be done is an open question that the paper will remain silent about. There are, however, reasons to be sceptical about whether such an ambitious project is feasible. After all, monothematic delusions do not obviously belong to a homogeneous class of mental states. Different types of delusions like Cotard or Capgras involve significant phenomenological differences, and they also vary with respect to their neurophysiological and cognitive underpinnings (Coltheart, 2007; Radden, 2011). At the very least, then, what these data suggest is that it is far from clear whether one single explanatory model could contain the resources to comprehensively explain the whole range of monothematic delusions. Given their heterogeneity, it is surely not unreasonable to hypothesise that we need to rely upon the explanatory resources of both empiricist *and* rationalist models in order to explain distinct types of delusions. In line with this, the endorsement model that I will champion applies only to

the phenomenon of thought-insertion. Nowhere will it be implied that this proposal can explain the occurrence of all types of delusional mental states.<sup>4</sup>

## 2. Reports of Inserted Thoughts

The following examples of patients' reports are indicative of experiences of inserted thoughts. In each of them, the schizophrenic patient seeks to describe what such experiences are like from his or her own subjective point of view.

I have never read nor heard them; they come unasked; I do not dare to think I am the source but I am happy to know of them without thinking them. They come at any moment like a gift and I do not dare to impart them as if they were my own. (Jaspers, 1963, p. 123)

Thoughts are put into my mind like 'Kill God'. It's just like my mind working, but it isn't. They come from this chap, Chris. They're his thoughts. (Frith, 1992, p. 66)

I didn't hear these words as literal sounds, as though the houses were talking and I were hearing them; instead, the words just came into my head—they were ideas I was having. Yet I instinctively knew they were not *my* ideas. They belonged to the houses, and the houses had put them in my head. (Saks, 2007, p. 29)

Sometimes it seemed to be her own thought '... but I don't get the feeling that it is.' She said her 'own thought might say the same thing ... But the feeling it isn't the same ... the feeling is that it is somebody else's ... (Hoerl, 2001, p. 190)

In addition to occurrent conscious thoughts, further types of conscious mental events can be disowned and attributed to external cognitive agents as well, such as impulses, feelings, and emotions (Pickard, 2010). The phenomenon of mental disownership is not confined to thoughts alone. The following report is an example of inserted emotion (or, as they are sometimes called, 'made feelings'):

I cry, tears roll down my cheeks and I look unhappy, but I have a cold anger because they're using me in this way, and it's not me who's unhappy, but they're projecting unhappiness onto my brain. They project upon me laughter, for no reason, and you have

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<sup>4</sup> The picture defended in this paper will rely on a rather small set of first-person reports. So, in line with what has just been said about the diversity of traits exhibited among cases of delusions, it might be even safer to suppose that the conclusions which will be drawn apply to *some* rather than all cases of thought-insertion.

no idea how terrible it is to laugh and look happy and know it's not you, but their emotions. (Mellor, 1970, p. 17)

It is not easy to get a conceptual handle on these phenomena, especially because it is far from clear what it means to take such audacious reports at face value. There is considerable variation in how patients describe what it is like for them to undergo such mental states. This descriptive variation makes it difficult to distinguish between the features which are paradigmatic of inserted thoughts and those which aren't. But despite this variation, it seems that each schizophrenic person expresses *at least* two central elements that these mental states involve. The first is that the individual holds a *delusional belief* with the content <Someone else is inserting her thoughts into my mind>. Call this belief B. An account of inserted thoughts has to explain why the individual comes to hold belief B. The second element is that alien agency seems to be part and parcel of the *phenomenology* of inserted thoughts. The reports strongly suggest that alien agency is genuinely experiential and not the result of judgemental processes which would be additional and subsequent to the experience itself. In opposition to what some explanationist models imply (Coltheart, 2005; Synofzik, Vosgerau & Newen, 2008), patients' reports do not suggest that they are first-personally aware of normal thoughts which are accompanied by an irritating feeling of alienness or strangeness, and on the basis of which patients then infer or judge that the thoughts must be someone else's. Such an analysis is at odds with how individuals describe their experiences from their own subjective points of view. Instead, alien agency seems to be a key *experiential* element of what delusions of inserted thoughts are subjectively like (Gerrans, 2001; Sousa & Swiney, 2011).<sup>5</sup>

In accordance with these assumptions, the endorsement model of delusions claims that alien agency in inserted thoughts must be loaded into the very content of the unusual experience. Schizophrenic patients are supposed to hold belief B because they doxastically endorse the content of their pathological experiences. In other words, the endorsement model strives to make sense of the bizarre belief B as an *understandable* response to the bizarre experience as of having a thought inserted into one's own mind

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<sup>5</sup> To say that these two elements (i.e., belief B and experiential alien agency) are central to inserted thoughts does not mean that they have to *exhaust* the features possessed by such mental states. It has been suggested that patients' reports further express a kind of ambivalence that schizophrenics express toward their inserted thoughts. I will come back to this point below.

by an alien cognitive agent. This way of analysing inserted thoughts is faithful to how patients describe their delusional experiences from their own subjective point of view – i.e., the explanation is phenomenologically adequate. This makes the endorsement model attractive for all those who think that phenomenological adequacy is a desideratum of any satisfactory account of delusions.

However, some psychopathologists have wondered whether it is really intelligible to take the above reports at *face value* and to suppose that one can have an experience as of having an external agent's thought somehow occurring in one's stream of consciousness. Like Jaspers' (1963) and Berrios' (1991) no-content views, one might be tempted to treat the reports as incomprehensible, nonsense, or mere noises. Against this, most contemporary philosophers are confident that one can escape such a pessimistic stance. In what follows, I will discuss a popular strategy that is often invoked to argue against the alleged incomprehensibility of inserted thoughts. This standard explanatory strategy makes the psychopathological phenomenon of thought-insertion understandable by showing that such delusions are also part of the 'space of reasons'.

The central suggestion is that one has to distinguish between two distinct ways one can be *self-aware* of a conscious mental event like a thought. These two features of self-awareness are the *sense of ownership* (SoO) and the *sense of agency* (SoA). The notions of SoO and SoA are the terms used by Gallagher (2000, 2004). Other writers have expressed essentially the same idea by using slightly different terminology. For instance, Stephens & Graham (2000) distinguish a sense of subjectivity from a sense of agency, Gerrans (2001) distinguishes a sense of ownership from a sense of authorship, and Campbell (1999, 2002) distinguishes two strands in the ordinary notion of the ownership of a thought. In all these cases, the core idea remains the same, namely to distinguish between two distinct ways in which an experience or conscious thought can be experienced as 'mine'. The mode of awareness of both SoO and SoA is non-perceptual.

Initially the distinction between SoO and SoA stems from the phenomenology of action. If someone moves, say, my arm, I can be said to be the owner of the arm-movement but not its author or agent. The action is not self-produced. Instead, the real agent of the movement is the person who moved my arm. Correspondingly, there is a clear sense in which it is still my arm that is moving or being moved. And there is also another sense in which I am not the one who generated or initiated the movement. What happens in such cases is that I retain a sense of ownership but lack a sense of agency

toward my arm movement. In line with this, I do not self-ascribe it as my movement but ascribe it to the person who is causally responsible for moving my arm.

Based on these assumptions, the suggestion is then to first construe conscious mental events like thoughts as mental actions, and then to explain them just as we explain physical actions (Campbell, 1999; Frith, 1992). Many philosophers have argued that we are cognitive agents and that our episodes of thinking are mental actions (Peacocke, 2008, ch.7). If this is accepted, then one can argue that the core phenomenology of inserted thoughts is constituted by a normal sense of ownership coupled with an abnormal sense of agency. The schizophrenic patient retains a normal SoO, i.e., a type of awareness that it is she who is experiencing the thought content she is first-personally aware of. It is in this sense that the thought can be said to occur within the boundaries of the patient's subjectivity. At the same time, however, her sense of agency toward the episode of thinking is abnormal. For the purposes of this paper, I will side with Sousa & Swiney's (2011) version of the standard approach and assume that this abnormal SoA contains two important aspects in thought-insertion. First, the patient lacks awareness of mental agency toward the episode of thinking. This means that she does not recognise herself as being the person who produced, generated, or initiated the thought. The patient is thus not any longer aware of the particular episode of thinking as something that she is doing herself. The second aspect is that she experiences the thought as something someone else is doing. The occurrent thoughts are experienced as being produced by an alien agent who inserts them into the patient's mind. The reports cited above provide evidence for the claim that this process of thought-insertion by an alien agentive force is a key aspect of what such delusional mental states are subjectively like.

In sum, according to this version of the standard approach to the subject, patients experience a combination of a normal SoO combined with an abnormal SoA. This dissociation constitutes the core phenomenology of thought-insertion experiences.

Although this type of analysis is not without difficulties, I will assume it in the remainder of this paper.<sup>6</sup> The goal of introducing the popular notions of SoO and SoA was to highlight how reports of inserted thoughts can be susceptible to rational explanation. The standard approach relies upon the idea that inserted thought

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<sup>6</sup> For an elaborated discussion and detailed defence of the standard SoO/SoA approach to the phenomenology of thought-insertion experiences, see Sousa & Swiney (2011).



phenomena are truly revelatory of two *distinct* ways in which one can be self-aware of conscious thoughts. These two core features of self-consciousness are made explicit and referred to by SoO and SoA. This fundamental distinction allows us to construe patients' reports in a way that avoids irrationality or incoherence; it allows us to understand why the above reports are not obviously contradictory or plain nonsense. Instead, schizophrenics can be taken to be broadly rational persons who correctly report on their highly unusual experiences of thought-insertion. That said, the door is now open to take such reports at face value. This makes it possible to defend an endorsement model of inserted thoughts, according to which delusional beliefs are understandable doxastic responses to highly unusual experiences.

### **3. Making Sense of an Endorsement Model of Inserted Thoughts**

As mentioned, the main commitment of the endorsement approach to delusions is the claim that the patient's delusional belief is the result of her doxastically endorsing what she seems to be experientially aware of. By taking her experience at face value, the patient's delusional belief encodes the content of the unusual experience in linguistic form. In fact, this is what we normally do in everyday life – we trust our experiences. Upon seeing a cup of tea in front of me, I will usually form the belief that there is a cup of tea in front of me, and, if I am thirsty and like tea, reach for the cup of tea. So, I doxastically endorse the content of my experience and act in accordance to my perception-based belief. Of course, there are circumstances in which we refrain from believing what our experiences represent. A well-known case is the Müller-Lyer illusion where two lines of the same length appear to be unequal in length (Nijhawan, 1997). After having learned that the two lines are *de facto* of equal length, we stop believing that the lines differ in length even though we keep seeing them as unequal. In this sense illusions need not involve deception, and to see is not to believe. But it is arguable that even in such cases we are at least naturally disposed to believe what we see. This means that accepting the evidence of our experiences is the default attitude. The endorsement approach emphasises that this sort of transition from experience to belief is what is effective in delusions as well (Davies et al., 2001).

Hence, in thought insertion, there must be a match between the patient's experiential content and her belief content. This match does not have to be perfect though. The subject can doxastically endorse her experience even if experiential content is non-conceptual and belief-content conceptual, i.e., even if they differ in some respects

(Heck, 2000). What matters is that the patient arrives at the delusional belief B with the content <Someone else is inserting her thoughts into my mind> because she is having a bizarre experience that represents the thought she is first-personally aware of as being inserted or imposed by an external cognitive agent.

It is crucial to remember that experiences of inserted thoughts are instances of *introspective-cognitive experiences* and not of perceptual experiences. The subject-matter of thought-insertion experiences are conscious mental events that the subject is first-personally aware of and not, as in perception, mind-independent worldly objects and their properties. This distinction is important because most arguments that have been levelled at endorsement approaches to delusions focus on the content of perceptual experiences. Take the Capgras delusion where patients believe that a member of their family or near relative has been replaced by an imposter (Ellis & Young, 1990). Campbell (2001) argues that it is hard to see how a Capgras patient who believes that his wife has been replaced by an imposter could have a visual experience with the content <That [perceived] woman is not that [remembered] woman>, except by a kind of top-down loading of the experience by the patient's beliefs. Likewise, it is claimed that a Cotard patient who believes that she is dead (Young & Leafhead, 1996) could not have a perceptual experience with the content <I'm dead> because the property of being dead is not a sensory property that could be represented in perceptual experiences at all. The objection is that given that perceptual states cannot have such basic experiential contents, it is impossible to explain the psychopathology of delusions by suggesting that the patient arrives at the delusional belief because she doxastically endorses the content of her experience. There is no such experiential content to endorse and thus no possible rational transition from experiencing that I'm dead to believing that I'm dead.

But these arguments cannot be directly applied to the endorsement approach of inserted thoughts. With respect to inserted thoughts, the claim is that one can have first-personal access to a conscious thought that appears to be inserted by someone else. The awareness-relation at stake holds between the subject and her own mental state. It is an instance of consciously based *self-awareness* and not, as in perception, of *world-awareness*. Those who seek to undermine the endorsement approach to inserted thoughts therefore have to show why introspective-cognitive experiences could not have such experiential contents.

It is surprisingly hard to find objections against the endorsement model of inserted thoughts in the current literature. Presumably this is so because an endorsement

approach to inserted thoughts has not yet been fleshed out in detail (Coltheart, 2005). Nonetheless, I will discuss six objections in what follows. The first two are mine, objections three to five have been voiced by Hanna Pickard, and the last one has recently been raised by Matthew Parrott.

The most general worry I can think of would be merely to insist that experiences with such contents are not possible, period. Call this the *incredibility-objection*. The incredibility-objection does not seem to have much bite, though. It seems to rely on a crude form of *experiential chauvinism*. For why exactly should such introspective-cognitive experiences not be possible? Is it only because people who are lucky enough not to suffer from inserted thoughts fail to imagine what such experiences could be like?

If this is indeed the point, then the objection ought to be resisted. The first reason for resisting it is that the distinction between SoO and SoA provides a *rational* explanation of why such experiences *can* occur. As mentioned, SoO and SoA represent two distinct modes of being first-personally aware of our occurrent conscious thoughts. Being owner-aware of a particular thought is distinct from being agent-aware of that very thought. To be sure, we are usually not aware of SoO and SoA as such; they show up in highly unusual circumstances like delusions of inserted thoughts. But if one accepts that SoO and SoA are two distinct features of self-awareness, it becomes intelligible why delusional experiences of alien agency can occur, namely then when SoO is intact and SoA impaired.

The second reason for resisting the incredibility-objection is this: consider the condition known as synaesthesia. In synaesthesia, people report having unusual perceptual experiences as of ‘seeing’ sounds as colours or ‘smelling’ colours as odours (Sollberger, 2011). For a long time, it has been believed that synaesthesia cannot be a genuinely perceptual condition. Most non-synaesthetic people thought it must be due to fancy imagination, to overactive associations, or to an exaggerated sense of metaphor. To them it just seemed too incredible that there could be perceptual experiences as outlandish as reported by synaesthetes. Only recently have researchers empirically demonstrated that synaesthesia is indeed genuinely perceptual (Blake et al., 2005; Hubbard & Ramachandran, 2005). In fact, the situation of non-synaesthetes vis-à-vis synaesthetic experiences is comparable to that of a blind person trying to understand an explanation of what it is like to perceive colours. A blind person has no idea of the what-it-is-likeness of seeing colours because having colour-experiences is plausibly a necessary condition for knowing what they are subjectively like (Papineau, 2006).

Nonetheless, as has been empirically demonstrated, this no more implies that synaesthetic experiences cannot be truly perceptual than the case of the blind person implies that visual experiences are impossible. Likewise, people who have never experienced inserted thoughts may fail to know what it is like to be first-personally aware of a thought that is woven into one's consciousness *as* belonging to another cognitive agent. But this lack of first-personal knowledge does not imply the bare impossibility of such experiences. Much more needs to be said in order to reach that conclusion. The incredibility-objection should therefore be resisted.

A second objection against the idea of the endorsement approach may go like this: it may be possible to experience one's thoughts as not being one's own, but not as being someone else's. When SoA is impaired in delusions of inserted thoughts, so the objection goes, there is a sense of non-agency coupled with a feeling of irritation (Synofzik, Vosgerau & Newen, 2008). This lack of agency-awareness is responsible for the fact that the patient experiences her thought as not being hers. In this sense the patient disowns her own thought. Yet the element of *alien* agency does not figure in the experiential content. It sneaks into the patients' reports because they feel the urgent need to *explain* their sense of non-agency coupled with a feeling of irritation. It is after all quite reasonable, the objection continues, that if I am first-personally aware of an episode of thinking as something that I am not doing myself, then it must be done by someone else. The best explanation of the strange experiential datum is to ascribe the thought to another cognitive agent, true to the motto: 'If it's not mine, it must be someone else's'. The feature of alien agency is therefore not properly experiential but reflects the patient's attempt to make sense of and explain the unusual experiential datum. Call this explanationist-driven objection the *non-agency-objection*.

Two points can be made in response to this objection. The first is that it is clearly not *mandatory* to explain alien agency in non-experiential terms. After all, we are not bound to account for the difference between an intact SoA and an abnormal SoA in disjunctive terms, i.e., as *either* 'I'm the thinker of this thought' *or* 'I'm not the thinker of this thought'. As mentioned above, Sousa & Swiney's (2011) version of the standard approach highlights that in addition to the *absence* of a sense of self agency, there is the *presence* of a sense of alien agency. The correct analysis of the abnormal SoA is in terms of a sense of the kind 'Someone else is the thinker of this thought' in addition to a sense of the kind 'I'm not the thinker of this thought'. Contrary to what the non-agency-objection contends, the proponent of the endorsement approach can just stick with this

type of analysis and insist that it is possible for one to be experientially aware of an episode of thinking as something that some particular alien cognitive agent is doing.

However, it is unlikely that this response on behalf of the endorsement model will make proponents of the non-agency-objection change their position. This is so because *both* positions seem to rely on nothing but conflicting *intuitions*, which are not backed up by any argument. Proponents of the non-agency-objection stress the sheer intuition that alien-agency-awareness is not possible, and the endorsement response just counters with the opposite intuition according to which such awareness is possible. And indeed, it is far from straightforward with whom the burden of proof rests.

Yet I think we can defuse the current standoff and tip the balance in favour of the endorsement response by highlighting the following point: it has been argued in the context of social cognition that we can directly perceive other minds as other minds (Gallagher, 2008; Smith, 2010). For example, if someone else is in pain, I can be directly visually aware of her being in pain. Importantly, I am aware of her pain-state as *her* pain-state. In other words, with respect to perceptual awareness, I can be aware of some mental states of another person as the mental states of *that* specific person. If this is correct, then it follows that the very idea of being experientially aware of someone else's mental state as her mental state is not in itself troublesome. For in cases of social perception, we truly experience the mental state of a person as belonging to this very person.

This can motivate the intuition according to which alien-agency-awareness is possible, since it emphasises that there *are* actually some experiences, i.e., perceptual experiences, where subjects are aware of mental states of other cognitive agents as the mental states of those agents. To be sure, the example draws upon perceptual awareness and not upon introspective-cognitive awareness. But what it highlights is that the very idea of genuinely experiencing a mental state *as someone else's* is an acceptable one. And if this is indeed possible in perceptual experiences, then we have a *prima facie* reason for believing that it is possible in introspective-cognitive experiences as well. In conclusion, this means that the intuition upon which the above endorsement response rests is not without foundation. On the contrary, it is bolstered by a familiar example of how human beings can experience the mental states of others in the context of social perception. It is therefore fair to say that the onus of proof lies now with those who are still sceptical towards the idea of alien-agency-awareness.

That was the first point that an endorsement theorist can make in order to resist the non-agency-objection. A second point can be made by appealing to the simulation account of action-monitoring as it has been recently developed by Jeannerod and collaborators (Jeannerod, 2003; Jeannerod & Pacherie, 2004; Jeannerod et al., 2003). Jeannerod's neuro-cognitive model of action-monitoring works with the idea that actions are simulated by a central neural network. This simulation-mechanism provides the basis for recognising and attributing actions to oneself and to other agents. By being inherently inter-subjective, Jeannerod's empirical model predicts that when the simulation-mechanism is impaired in psychopathological cases, the patient can experience her own mental actions, such as thoughts, as someone else's. If this neuro-cognitive model of the experiential factor in thought-insertion is correct, then we have empirical evidence that lends support to the idea that alien agency can be part of the experiential content of inserted thoughts. The challenge raised by the non-agency-objection can thus be met.

Note that it is important not to conflate the incredibility-objection and the non-agency-objection with a different but adjacent concern, which is whether experiences of inserted thoughts represent states of affairs that can possibly obtain. Coliva (2002a, 2002b), for example, argues that it is not a genuine possibility for a subject to be first-personally aware of a thought and yet not *be* its agent.<sup>7</sup> According to her, if one is first-personally aware of an occurrent conscious thought, then it must be one's own, and this is a conceptual point. Mental ownership and mental agency are not two conditions which are independent from each other. It is not that the first could obtain without the second. So no one could have a first-personal access to a mental state which is not *de facto* hers.

The way I understand Coliva's concern is this: experiences of inserted thoughts as characterised by the endorsement approach are possible even though their representational content is strictly incoherent. If this interpretation is correct, then it follows that inserted thought experiences can be compared to Escher drawings. Escher drawings are examples of pictures that represent or depict spatially impossible figures,

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<sup>7</sup> The general context within which Coliva's discussion takes place is whether first-personal present-tense ascriptions of mental states are logically immune to error through misidentification. A statement like 'I am in pain' is said to be logically immune to error through misidentification if there is no possible world in which I could be wrong with respect to whether it is really me who is in pain. For a discussion and defence of this idea, see Shoemaker (1968).

i.e., figures which are experienced to have paradoxical perceptible features such as inconsistent geometrical properties that no physically real object can have (Macpherson, 2010). Even if the content of such drawings is incoherent, one can provide a rational explanation for the individual parts that the impossible figure is divisible into, because each part is perfectly possible. Experiences of inserted thoughts might be like that: their content is incoherent even though one can make sense of the parts they are divisible into, i.e., mental ownership and mental agency. In contrast to the foregoing objections, Coliva does therefore not seem to have problems accepting the possible occurrence of experiences where the alien agency aspect is a feature of their basic content. Rather, she is opposed to the idea that such experiences could be veridical. These two points must be carefully distinguished and it is important to realise that nothing prevents a fan of an endorsement model of inserted thoughts to side with Coliva's position. The point at stake for the endorsement model is whether such introspective-cognitive experiences themselves are possible and not whether what they represent is possible.

After these clarifications, let's come back to the objections to the endorsement view. Pickard (2010) has recently raised some specific objections to the idea that it is possible to have an experience as of having first-personal access to a thought which belongs to someone else. Pickard argues that the attributional element of inserted thoughts is not part of the unusual experience's basic content. For her, the subject's attribution of the thought to another cognitive agent is likely to be the result of dysfunctional cognitive processes that are subsequent to the experiential anomaly. In other words, she contends that the attributional element of thought-insertion kicks in only at the cognitive level of belief-fixation and belief-maintenance, which is subsequent to the aberrant experience itself. Pickard's reasons for rejecting the endorsement approach to inserted thoughts are contained in the following passage:

Consider again the range of objects of attribution in the above patient reports. Their variety, idiosyncrasy, and detail, makes it highly implausible to think that the attributional component of alien thoughts, impulses, and feelings could be part of the initial, wayward experience. How could the first factor of the delusional process be an experience that presents a mental event as belonging to Chris, let alone to the distant x-ray department, 'they', or some nearby houses? For, in some of these cases, the object itself is not even experienced at the time of the delusion; in others, although experienced, it is not evident, to say the least, that or how it could be experienced as possessing the mental event in question. (Pickard, 2010, p. 58)

Let me first say that it is not entirely clear to me what Pickard's objections are meant to be. The following discussion will therefore rest upon my interpretation of the above passage. To start with, I suggest that three distinct but somewhat interrelated objections can be isolated.

- 1) The objects to which patients attribute their inserted thoughts are hugely heterogeneous. For the thoughts are not solely attributed to other people but also to x-ray departments, nearby houses, machines, groups of people, and the like. Given that the objects of attribution do not form a homogeneous class, it is implausible to think that alien agency is experiential.
- 2) It is hard to understand how the alleged objects of thought-attribution could be experienced as possessing the conscious thought in question. This makes it doubtful that the thought in question could be experienced as belonging to those objects.
- 3) In some cases of delusions, the object X of thought-attribution is not experienced at all. So how could one's thought be presented in consciousness as being X's?

I will discuss these three objections one after another. But before doing this, two general points should be noticed. First, Pickard's attack turns on the nature and status of the *objects* the thoughts are attributed to. That is to say, it is the specificity and heterogeneity of those objects of thought-attribution that her objections are primarily based upon. And second, she seems to shift the problem of content from introspective-cognitive experiences to perceptual experiences. This is especially vivid in 2) and 3) where the use of 'experience' is obviously meant to refer to *perceptual* awareness and not to introspective-cognitive awareness. A discussion of Pickard's objections has thus to be careful not to mix up introspective-cognitive awareness and perceptual awareness.

That said, I do not think that objection 1) is very troublesome. The fact that the objects of attribution form a heterogeneous class is something we are familiar with from perception. Ordinary perception presents us with a huge variety of objects and their features, like material three-dimensional objects, rainbows, black holes, ephemeral objects like soap-bubbles and shadows, and maybe also affordances, causal and natural kind properties, and values (Siegel, 2010). Except for being objects of perception, these



objects fail to belong to a genuine class. Analogously, one can suppose that a conscious mental event like an episodic thought can be presented in introspective experience as belonging to a variety of distinct objects as well. Typically I knowledgeably self-ascribe the thought, i.e., I myself am the object of attribution. In delusional cases, however, I ascribe it to other entities. And when this happens it is not clear why there should be any restriction as to what ontological category the object of attribution can belong to, just like in the case of perceptual experiences. On the face of it, the supposition that a conscious mental event like a thought can be experientially attributed to variegated objects does not seem outrageous.

One might object to this by claiming that the analogy between perception and introspection fails here. Even if heterogeneity is unproblematic in the case of perceptually attributing features to objects, it might be problematic in the case of introspectively attributing thoughts to objects other than oneself.

In reply, a proponent of the endorsement account can stress that it is certainly true that perceptual awareness and introspective awareness are distinct in important respects. This is not in dispute. Therefore what is true for one type of awareness does not automatically carry over to the other type of awareness. But the foregoing answer to objection 1) draws upon the more specific idea that the analogy between perception and introspection is kosher with respect to the heterogeneous nature of the objects of attribution. If one thinks that this move is not permitted, then one has to add further reasons why this should be so. The onus of proof is on the sceptic's side.

Like Pickard, Martin & Pacherie (2013) also stress the idea of objection 1) in order to claim that alien agency is not fundamentally experiential but the result of a cognitive process of interpretation. Moreover, they argue that this kind of interpretation is influenced by cultural factors, which is why patients attribute their inserted thoughts to a heterogeneous class of entities. According to Martin & Pacherie's way of framing the idea of objection 1), the heterogeneity of objects of thought-attribution is therefore the result of patients' interpretations being influenced by various cultural factors.

In addition to what has already been said before, a proponent of the endorsement approach does not need to deny that cultural factors may indeed play an important role in the pathogenesis of inserted thoughts. In fact, multiple factors may contribute to the occurrence of the delusional experience, such as cultural factors, context, background knowledge, expectations, unconscious processing, memories, affective states, and so on (Fleminger, 1992). But the important point to note is that these multiple factors may be

relevant to determining the *experiential content* of the delusion itself. In order to explain why the patient has a delusional experience with the content <Chris is inserting thoughts into my mind> and not <Penelope is inserting thoughts into my mind>, one may well be required to refer to the patient's background knowledge or context in which the delusion occurs. For example, the patient might see Chris standing right in front of her at the time of the delusion, or she might be remembering that Chris is an old friend of hers, or whatever. It is an open empirical question whether, and how, factors like these influence the pathogenesis of experiences of thought-insertion. Yet it is crucial to realise that such potential etiological factors do not have to be viewed as influencing the patient's interpretation of her experience. Instead, we can think of them as important factors in the pathogenesis of the delusional experience as of having someone else's thought; i.e., they can contribute to determining the experiential content of the delusion. The fan of the endorsement model can therefore readily agree that cultural factors, context, background knowledge, affective states, and so on, can play an important role in explaining why patients attribute their thoughts to a heterogeneous class of objects.

Let's now turn to objection 2). This objection must be split in two steps. The first step emphasises that it might not be possible to be perceptually aware of the objects of thought-attribution *as* thinkers (i.e., as cognitive agents).<sup>8</sup> The rationale for this step stems from patients' reports such as Elyn Saks' (2007). At the time of the delusion, Saks experiences her thoughts as belonging to the very same houses that she is currently seeing. In circumstances like these, the object that the patient attributes her own conscious thought to is therefore the same object that she is perceptually aware of. Such perceptual experiences seem to be quite prevalent in personal accounts of the phenomenon. Presumably this is the main reason why Pickard concentrates so much on the issue of perceptual awareness.

The second step of objection 2) concludes that if a subject cannot be perceptually aware of a worldly object X as being the thinker of the inserted thought, then she cannot be introspectively aware of the thought as being X's either. I think both steps fail. Step two can be resisted if one grants that the range of objects that one can experience as cognitive agents is wider in introspection than in perception. After all, it might be possible to *first-personally* experience X as being the agent of one's thought even though

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<sup>8</sup> As mentioned before, I take Pickard's use of 'experience' in objection 2) and 3) to refer to *perceptual* awareness and not to introspective-cognitive awareness.

it is impossible to *perceptually* experience X as being a cognitive agent. However, I will not go into more detail with respect to step two. Instead, my aim is to undermine objection 2) by directly tackling the first step.

In order to dismiss the first step of objection 2), one can highlight that human beings are keen to attribute conscious and intentional mental states to a huge variety of entities all the time, such as cartoon characters like Mickey Mouse or mythical and fictional creatures like dragons, gremlins, and the like. It is common sense that we automatically ascribe complex mental states to such non-human beings. The idea that human beings can experience a huge range of distinct entities *as* minded or animate beings is therefore not in itself troublesome.

What is more, psychological experiments on social perception have demonstrated that human beings automatically attribute numerous mental properties to simple stimuli with geometrical and temporal features as soon as such stimuli were shown moving in various directions and at different speeds (Heider & Simmel, 1944). In this specific experiment, subjects are shown a short movie in which two line-drawn triangles and a circle instantiate distinct temporal and spatial properties.<sup>9</sup> The interesting result is that although subjects who are watching the movie do not believe that these simple geometrical figures are minded beings, a large majority of them cannot refrain from imbuing the figures with agency and elaborated mentality. In fact, most subjects see the triangles and circle as agents with numerous intentional and conscious mental states. For instance, they report seeing the large triangle chasing the circle, or seeing the two triangles fighting against each other. The small triangle is further described as heroic, brave, courageous, and fearless, whereas the large triangle is described as aggressive and irritable.

The crucial point of Heider & Simmel's experiment for our purposes is that it can be interpreted as showing that subjects genuinely experience simple geometrical forms *as* animated beings. From a phenomenological point of view, it is not that subjects merely experience spatial and temporal properties of inanimate geometrical figures and then come to believe and judge that they are minded beings. The activity of property-attribution does not seem to be judgemental. Such an interpretation is at odds with how the scene in the experiment is experienced from the point of view of most subjects.

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<sup>9</sup> The interested reader who would like to watch Heider & Simmel's (1944) short movie can do this by clicking on the following link: <http://www.youtube.com/watch?v=76p64j3H1Ng>

Rather it seems to be part of the basic visual content that one experiences the geometrical figures as animated. That is, it is the visual experience itself which imbues the triangles and the circle with various mental properties. This result is important since it demonstrates that very simple objects can be perceptually given to us as minded beings.

Heider & Simmel's experiment can be compared to the Müller-Lyer illusion mentioned before. Although subjects do not believe that the line-drawn triangles and circles are real agents and subjects of mental states, they keep seeing them as such. This is a case of illusion because subjects ascribe mental features to objects of perception that they do not possess; i.e., the simple geometrical stimuli perceptually appear other than they really are. And just as in the Müller-Lyer illusion, subjects are not, or need not be, deceived by what they see.

Overall, these considerations highlight that a huge variety of objects can be perceived by us as minded beings in non-delusional contexts. To propose that patients like Elyn Saks can have perceptual experiences as of thinking houses therefore does not seem particularly awkward. Instead, it should be viewed as an expression of our naturally evolved tendency to experience objects as minded, i.e., as possessing intentional and conscious mental states of various sorts. This, then, is how objection 2) can be deflated.

Now let's address objection 3). Pickard is surely right to state that the object of thought-attribution is not always experienced at the time of the delusion. In contrast to Saks who is seeing the houses, patients sometimes attribute their thoughts to objects that are not present in their immediate vicinity. But why exactly is this supposed to be problematic? In which sense is this relevant for knowing whether the episode of thinking itself can be experienced as being done by an external agent? It seems enough that the conscious thought is experientially present; whether the object of thought-attribution is perceptually present or not seems beside the point.

In fact, I think objection 3) is mixing up perceptual awareness with first-personal awareness. The patient might be perceptually aware of the objects of thought-attribution, or she might not. This is just one aspect of the patient's overall mental state at the time of the delusion. But the central aspect is the subject's being first-personally aware of an episode of thinking that appears to be done by some other agent. As already mentioned before, whether/how perceptual awareness influences the pathogenesis of delusions of inserted thoughts is an open question. In Saks' example, it seems likely that

seeing the houses plays a part in determining the content of her delusional experience, i.e., that her inserted thoughts appear to her as belonging to the houses. Still, whether this is true or false is an empirical question that cannot be answered from the philosopher's armchair. Luckily, the proponent of the endorsement account does not need to take a stand on these largely empirical issues. For the endorsement account aims to explain the etiology of the delusional belief and not the etiology of the delusional experience. But again, what matters at present is that there seems to be nothing wrong with the idea that Saks could have an experience as of a conscious thought that belongs to the houses even if she were not currently seeing them.

Maybe one could come up with a theory of self-ascriptions according to which we cannot ascribe our own conscious mental events like thoughts to an alien agent X if X is not bodily present in our vicinity. I am not claiming that there cannot be such a constitutive link. However, in order to address this issue, one would need to provide a more fully-fledged theory of how we usually self-ascribe conscious mental states like thoughts. This is a complex issue that we cannot delve into due to lack of space. But it seems fair to contend that unless reasons for such a theory are provided, a proponent of the endorsement approach is free to reject objection 3).

To sum up: Pickard's three objections do not force one to analyse the attributional feature of delusions of thought-insertion in terms of an additional cognitive-interpretative layer. The idea that alien agency can be properly experiential still stands.

The last objection against the idea of the endorsement model that I would like to discuss has been voiced by Matthew Parrott (2012). His basic idea is that schizophrenic patients express a sort of ambivalence toward their experiences of inserted thoughts. For instance, Frith's (1992) patient claims that the inserted thought is 'just like my mind working, but it isn't', and the patient referred to by Hoerl (2001) reports that the inserted thoughts seemed to be her own but they are also different. Parrott takes this kind of ambivalent attitude to be a characteristic feature of what it is like to have thought-insertion experiences. With this idea in mind, he formulates the following objection:

Recall the individual who reported that 'it's just like my mind working, but it isn't'. Let's suppose his experience does have the illusory content of <Chris is inserting thoughts into my head>. This might explain some aspects of his report but it would not explain why he takes the experience to be 'just like' his mind working; indeed, it would be puzzling why the person felt any ambivalence at all toward the alien thought ... How are

we to make sense of an experience representing both a thought being inserted by someone else and it being ‘just like my mind working’? These two elements seem to be contraries. How could they both be simultaneously represented within the content of a single experience?

For the sake of argument, let’s accept that some patients express a kind of ambivalent attitude toward their inserted thoughts. Contrary to what Parrott is suggesting, however, a proponent of the endorsement model has no problem capturing the ambivalence at stake. As I shall argue, there are at least two distinct strategies which are available to the endorsement theorist.

The first possible way of accounting for the expressed ambivalence is to explain it not in terms of experiential content, but by reference to other features that delusions of thought-insertion possess. One such feature would be the patient’s experiencing a dissociation between SoO and SoA. We have seen that on the SoO and SoA approach, which has been assumed in the bulk of this paper, an abnormal sense of agency is a key element of inserted thoughts. It is hence to be expected that patients who experience a disruption between SoO and SoA express an ambivalent attitude toward their thoughts. After all, they are owner-aware of their conscious thoughts but not agent-aware. Another feature of such delusional mental states would be the patient’s background knowledge. The schizophrenic patient can be well aware of the distinction between her delusionary world and the real world (Bleuler, 1950). That is, she can retain awareness of a distinction between the real, inter-subjective world and the imaginary world of her delusions. This sort of double-awareness might arguably give rise to a competitive tension between, on the one hand, endorsing the delusional experience and, on the other, not endorsing it. If this is the case, it is quite comprehensible that the patient will express an attitude of ambivalence toward her inserted thoughts.<sup>10</sup>

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<sup>10</sup> This response suggests that the kind of ambivalent attitude highlighted by Parrott is maybe nothing but a specific instance of the more general phenomenon of what has sometimes been called ‘double orientation’ or ‘double bookkeeping’ (Bleuler, 1950; Sass, 2004, in press). ‘Double bookkeeping’ is, among other things, meant to refer to the fact that schizophrenics can experience their delusional reality as existing in an ontological domain which is distinct from everyday reality. It seeks to pinpoint a sort of ‘double awareness’ that is expressed in the general behaviour of schizophrenics. It therefore seems probable that ‘double bookkeeping’ may also be the reason why patients express an ambivalent attitude toward their inserted thoughts.

The important point highlighted by this first explanatory strategy is that the endorsement model is not bound to explain all the features that might be associated with inserted thoughts in terms of experiential content. The central claim of the endorsement model is that the patient comes to hold the delusional belief B because she doxastically endorses the content of her introspective-cognitive experience. We have seen that the *definitional* feature of thought-insertion is that alien thoughts have been put, by varied means, into the subject's mind (Mellor, 1970). The delusional belief B is what constitutes the *core* of the clinical phenomenon of thought-insertion. The endorsement model must therefore explain it in terms of experiential content. Yet this does not rule out that there can be additional traits, such as the alleged ambivalence, which are more loosely attached to the overall phenomenology of thought-insertion. Such attributes can be treated as peripheral aspects of the delusion. Unlike belief B, they are not essential to the clinical diagnosis of thought-insertion. It is for this reason that the endorsement model need not accommodate them in terms of experiential content.

In sum, sympathisers of the endorsement account are at liberty to explain peripheral traits of what it is like to experience inserted thoughts, such as the alleged ambivalence, by reference to other features of thought-insertion. The dissociation between SoO and SoA is one such feature, and the patient's state of 'double awareness' may be another. And even though not all aspects of the delusional belief are experientially grounded on this view, it still qualifies as a full-blooded version of the endorsement account, for it explains the aspects which are definitional of the delusion of thought-insertion with respect to experiential content.

The second strategy which is in principle open to the endorsement theorist is simply to accept that ambivalence can be grounded in the experiential content but deny that this is problematic *per se*. Crane (1988) has argued that the famous 'waterfall-illusion' is a case where we have the illusory experience as of an object moving and not moving at the same time. The waterfall-illusion thus represents a concrete example where the content of the experience itself is contradictory. Obviously, Parrott's objection does not get off the ground if experiences with contradictory contents are possible. So all the endorsement theorist has to stress is that delusional experiences of inserted thoughts are similar to the waterfall-illusion to the extent that they both involve contradictory contents. It is hence unproblematic to admit that the ambivalence expressed by the patient may be grounded in the content of the anomalous experience.

It is clear that this second strategy is also a full-blooded version of the endorsement approach. For it has the explanatory resources to account for ambivalence in terms of experiential content alone. That is, all aspects of the content of the delusion are contained within the experience in which that delusional belief is grounded. Regardless of whether one goes for the first or the second strategy, ambivalence is therefore perfectly compatible with an endorsement approach to inserted thoughts.

#### **4. Conclusion**

This ends my defence of the coherence of the endorsement account of thought-insertion. The view that I have been defending claims that the patient's attribution of the inserted thoughts to an external agent need not be the result of an attempt to rationalise and explain the unusual experience, i.e., a sort of *ex post* story-telling, self-referential productive narrative, confabulation, or abductive inference. Instead, it has been argued that the attributional component of thought-insertion can be part and parcel of the experience's basic content. If this is correct, then it follows that the endorsement approach to delusions expresses a serious position when it comes to determining the experiential content of inserted thoughts. The upshot of fleshing out patients' reports in this way is that schizophrenic patients can disown and attribute some of their own occurrent conscious thoughts to external agents just because they first-personally experience their thoughts as being inserted by some alien cognitive agent. They simply trust their experiences. The unusual experience can therefore be a reason-giving state that grounds the patient's delusional belief. It is in this sense that patients' reports are expressive of broadly rational doxastic responses to highly unusual experiences.

Finally, although I argued that the arguments against the endorsement approach to inserted thoughts are not convincing, I did not put forward positive arguments which would show that the endorsement model is *preferable* to rival explanatory models, such as explanationism or rationalism. It is clear that a full-blown defence of the endorsement approach to delusions of thought-insertion would have to engage in such a discussion. But whether and how this can be done must be the task of another paper.

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