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On Thought Insertion

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ABSTRACT

In this paper, I investigate in detail one theoretical approach to the symptom of thought insertion. This approach suggests that patients are lead to disown certain thoughts they are subjected to because they lack a sense of active participation in the occurrence of those thoughts. I examine one reading of this claim, according to which the patients' anomalous experiences arise from a breakdown of cognitive mechanisms tracking the production of occurrent thoughts, before sketching an alternative reading, according to which their experiences have to be explained in terms of a withdrawal, on the part of the patients themselves, from certain forms of active engagement in reasoning. I conclude with a discussion of the relationship between this view and the idea that patients' reports of thought insertion reflect a situation in which the boundaries between the self and the world have become uncertain.

On Thought Insertion

The essence of the symptom of thought-insertion, according to Wing et al. (1974, p. 160), lies in a person's being under the impression that "thoughts which are not his own are intruding into his mind." In this paper, I shall talk about two influential attempts at making sense of this phenomenon, which is amongst Schneider's (1959) first rank symptoms of schizophrenia. According to one view, patients' reports of thought-insertion reflect an experience in which the boundary between the self and the world has dissolved, or at least an uncertainty, on the part of the patient, over how to draw this boundary. According to the other view, patients reporting thought-insertion should be interpreted as articulating a distinction between thoughts which occur to them and thinking as something they do. Thus, what they mean is that they lack a sense of active participation in the occurrence of certain thoughts. Ultimately, I shall be concerned with the question as to whether these two views are as mutually exclusive as they might seem. But I shall also argue that some recent empirical work on reasoning deficits in schizophrenic patients might be able to shed some light on them.

1. Elements of Thought Insertion

My main focus will be on the question as to why patients suffering from thought insertion disown the thoughts they appear to be subjected to, i.e. why they refuse to ascribe those thoughts to themselves. I will largely set aside the question as to why they sometimes also judge that others are actually the owners or originators of those thoughts.[1] Indeed, the patients themselves typically seem much more unequivocal that the thoughts in question do not belong to them than they are about possible ways in which others might be implicated in their occurrence. Consider, for instance, the following sets of statements from two patients.

> [H]e said [...] 'it's like a thought as it comes in', 'a thought is very light really', 'inspirational', 'it's a light feeling where you feel as though I'm actually thinking it', 'or you're receiving it rather', 'it's just a thought but it feels logical say', 'it feels pretty normal or fits with what I suspect', '[I] wonder if that's me', 'it felt like a piece of information.'
>
> Later he went on 'you find it strange when some different little thought filters through', 'why did I think that at this time of day'. He said you judge it and say 'I don't think that was mine', 'you can differentiate'. (Allison-Bolger 1999, #68).

> [S]he said that sometimes it seemed to be her own thought 'but I don't get the feeling that it is'. She said her 'own thoughts might say the same thing', 'but the feeling isn't the same', 'the feeling is that it is somebody else's.' [...]
>
> She was asked if she had other people's thoughts put inside her head. She said 'possibly they are but I don't think of them in that way' [...], 'they were being put into me into my mind', 'very similar to what I would be like normally'. (Allison-Bolger 1999, #89)

Quite apart from the patients' own words, it could be argued that there is also a theoretical motivation for focusing more on what might be called the 'negative element' in this puzzling phenomenon (i.e. the fact that the patients don't recognize certain thoughts as belonging to them), rather than the 'positive element' (i.e. the fact that they ascribe those thoughts to others). The distinction between 'negative' and 'positive elements' plays a key role in John Hughlings Jackson's conceptualization of psychiatric phenomena. For Hughlings Jackson (1958, p. 418), "disease only causes the physical condition corresponding to the negative [...] element; the positive symptoms signify, or rather they sample, the consciousness remaining". Thus,

according to this picture, it is only the former element, rather than the latter, which is strictly speaking in the province of psychopathology.

It is far from clear, however, whether the phenomenon of thought insertion lends itself to such an analysis. For one thing, the proposed analysis would appear to require that the 'positive element' is, in some sense, intelligible in its own right. Yet, if some patients are indeed convinced that they are subjected to other people's thoughts, it seems rather hopeless to attempt to explain their claims as a reflection of "activities of healthy nervous arrangements" (Hughlings Jackson 1958, p. 418) which somehow compensate for a defect elsewhere. The situation we are confronted with here seems quite different, for instance, from the case of patients with source amnesia who fabricate tales of events that never occurred (Moscovitch 1995). In those cases, we can get a grip on why it is for the patient as if those events had actually taken place, because their confabulations can be shown to draw on actual experiences and knowledge, though divorced from their appropriate context. By contrast, there seems to be no similar way to get any purchase on the idea that it might be for someone as if other people are inserting thoughts into his mind. Arguably, the phrase 'it is to someone as if...' is only helpful in a context where we have some conception of the state of affairs that would make their experience veridical, but it is not at all obvious that we have such a conception in this case. Thus, the fact that patients find the idea that they may actually be subjected to other people's thoughts even intelligible is clearly a part of the pathology that stands in need of some explanation. More to the point, though, I also think that we cannot completely abstract from that fact if we want to understand the nature of the patients' claims that the thoughts in question, at any rate, do not belong to them, or at least don't appear to do so. Part of what we need to explain is the specific way in which an experienced lack or disruption expresses itself in those claims, i.e. the fact that what occupies the patient is the question of who those thoughts belong to (if they belong to anybody), rather than, say, features of the content of those thoughts, or whether they are plausible or relevant. As we shall see, those latter factors may sometimes be

amongst the reasons patients give for disowning certain thoughts, but what seems so puzzling is that it even occurs to the patients that those thoughts may not belong to them, which alone makes the idea of looking for features by which their own thoughts might be told apart from others remotely plausible. And, in this sense, the question as to why the idea that they might be subjected to other people's thoughts as much as makes sense to some patients is part and parcel of the question as to what they mean when they claim that certain thoughts don't belong to them.

2. Two Approaches to Thought Insertion

In what follows, I wish to consider two theoretical approaches to thought insertion which can be found in the literature. According to the first approach, patients suffering from thought insertion have a problem with drawing a clear boundary between themselves and the world. According to the second approach, the patient's problem lies with the difference between thoughts which occur to them, and thinking as something they do.

One person, who, apparently, held something like the first view was Sigmund Freud. He says that

> [p]athology has made us acquainted with a great number of states in which the boundary lines between the ego and the external world become uncertain or in which they are actually drawn incorrectly. There are cases in which parts of a person's own body, even portions of his own mental life - his perceptions, thoughts and feelings -, appear alien to him and not belonging to his own ego (Freud 1930, p. 3).

Admittedly, Freud's brief remarks on this issue are not quite as explicit as one would have hoped. Perhaps the most obvious question is how his views are meant to relate to our understanding of what is ordinarily involved in making introspective judgements. A number of theorists have argued that present-tense introspectively based self-ascriptions of thoughts are, as it is often put, immune to error through misidentification. That is to say, such introspective judgements cannot normally reflect knowledge of a thought, while at the same time involving a mistake about who it is that has this thought.

Now, at least on the face of it, Freud might be interpreted as saying that this feature does not hold for the schizophrenic patient's introspective judgements. At any rate, this is how Lynn Stephens and George Graham (1994, p. 2) interpret his words. According to them, Freud is a proponent of the 'separability thesis'. The separability thesis states that our awareness of our own thoughts can come apart from our awareness of ourselves as the subjects in whom those thoughts occur. Thus, the patients may be introspectively aware of a thought, and yet mislocate that thought, i.e. not recognize that it is part of their own psychological history. In short, the patients' introspective judgements involve an error of misidentification.

Stephens and Graham reject the separability thesis. According to them, the idea that anyone could make an error of misidentification in the sense just described is not really intelligible. And hence, what the patients mean by saying that certain thoughts are not theirs can't be that those thoughts are not part of their psychological history. Instead, Stephens and Graham argue that talk about thoughts as being ours is inherently ambiguous. A thought may be ours in the sense that it shows up in our own minds, and yet not be ours in the sense that it is not of our own making. Harry Frankfurt tries to capture this situation by speaking of

> [a] sense that, although these thoughts are events in the history of our minds, we do not actively participate in their occurrence. The verb 'to think' can connote an activity - as in 'I am thinking carefully about what you said' - and with regard to

> this aspect of its meaning we cannot suppose that thoughts are necessarily accompanied by thinking. It is not incoherent, despite the air of paradox, to say that a thought that occurs in my mind may or may not be something that I think (Frankfurt 1976, p. 59).

Putting things this way allows us to construe the patients' words in a way that stops short of ascribing to them an error of misidentification. What the patients report, on this construal, is precisely that it is them who are landed with a certain thought, though it was not them who put it there. As Stephens and Graham (1994, p. 6) put it, the patient's problems do not stem "from a loss of ego boundaries, but from [the] sense that these boundaries have been violated and that something alien has been placed within them."

The suggestion, in short, is that there are in fact two strands to our use of the first person in psychological self-ascriptions. The first is the use we make of the first person to signal that a thought forms part of what Frankfurt calls 'the history of our minds', where we draw a boundary between ourselves and the rest of the world to indicate, loosely speaking, where the thought occurs. It is with respect to this use of the first person that psychological self-ascriptions are immune to error through misidentification. But there is a second way in which we use the first person, which has to do with the particular way in which we are causally involved in the production of a thought, through which we indicate who is, in a sense, the author of that thought. And in this sense, awareness of the occurrence of a thought does not necessarily go together with the ability to identify correctly to whom that thought belongs (cf. also Campbell, 1999).

There is a limit, however, to the extent to which our common-sense understanding of terms like 'thought' and 'thinking', which Frankfurt draws upon, can help us understand how these two strands can come apart in schizophrenia. There is a perfectly ordinary situation in which you may put a certain thought to me and I may sincerely say 'I don't think that', whilst,

at the same time, the thought you have put to me may nevertheless be said to go through my mind. Indeed, my dissent is only to the point in as far as I do entertain the same proposition as you. It is just that I don't think that that proposition does not provide the answer to the question at issue. In this situation, I may be annoyed at having to deal with what you have put to me, because it might distract me from something else I want to do, but this is not what schizophrenic patients complain about. Rather, it seems that what they express is that what is imposed upon them is something that does provide the answer to a question, only that it wasn't a question they had formulated, or that it wasn't them who arrived at the answer.

I have sketched two approaches to the phenomenon of thought-insertion. One possible way of thinking of the relation between those two approaches can be seen at work in Christopher Frith's (1992) influential theory of schizophrenia. Thought-insertion, according to Frith, is due to a defect in a two-stage monitoring process, concerning two different distinctions subject are normally able to draw. First, there is the ability to distinguish between happenings in the external world and one's own activities. Second, there is the ability to further distinguish amongst one's own activities those that were caused by one's own goals and plans and those that were performed as a result of some external stimulus. Roughly speaking, it is at the first stage where Freud locates the patient's problem. By contrast, for Frith, the problem occurs at the second stage. As he puts it, the patients lack the "sense of effort and deliberate choice as we move from one thought to the next" (Frith 1992, p. 81) that normally accompanies thinking, and thus the thoughts that occur to them appear alien.

Frith's way of setting things up in particular seems to suggest that we are dealing with two quite different causal accounts of the source of the patients' problems. The question I wish to address at the end of this paper is whether the two approaches I have sketched are indeed as incompatible as they seem. The key to this question, I think, is whether we should follow Stephens and Graham in thinking that the two approaches divide over the question as to whether or not the patients can still identify themselves as the subjects whose psychological history these

thoughts are part of. What I wish to suggest instead is that this sets up the relation between the two approaches in the wrong way. There is, I wish to argue, a way of understanding the claim that the patients lack a sense of active participation in the occurrence of certain thoughts which can actually support and help us make sense of the idea that, for those patients, the boundary line between themselves and the world has become uncertain.

3. Reasoning in Schizophrenic and Obsessional Patients: A Comparison

First, however, I wish to take a closer look at what it might mean to say that schizophrenic patients lack a sense of active participation in the occurrence of certain thoughts. I will approach this issue by taking up a suggestion Frankfurt makes in discussing this idea. Suppose, he asks, we found ourselves beset by thoughts, "whose provenances may be obscure and of which we could not rid ourselves" (p. 59). Might we not form the impression that "they are not thoughts that we think at all, but rather thoughts that we find occurring within us" (ibid.), imposed upon us by some outside agency?

Admittedly, the answer is 'no', or 'not necessarily'. The phenomenon singled out by Frankfurt's description is that of having obsessional thoughts, a condition which is indeed similar to thought-insertion, and which can also occur in schizophrenia, but in which patients do not disown the thoughts that come into their minds. But I think looking more closely at the phenomenon described by Frankfurt can still be instructive. What I shall try to argue is that looking more closely at obsessional patients on the one hand, and schizophrenics on the other, can bring out at least one sense in which thinking requires our active participation, precisely by showing how this active participation is impaired in different ways in each of the two cases.

I shall be looking at two empirical studies, both performed at the Institute of Psychiatry in London. In both studies, subjects were shown four pairs of jam jars. Each jar contained two sets of coloured beads. Each pair of jars differed from the other pairs in the particular colours of

beads it contained. And each jar in one pair differed from the other jar in the same pair in the respective proportions of beads of each colour it contained, where the proportions in one jar was equal but opposite to the proportions in the other. Thus, one pair might contain pink and green beads in the ratio 85 pink and 15 green beads in one jar, and the ratio 15 pink and 85 green beads in the other, and the same with the other pairs, except that they would contain beads in colours other than pink and green.

Participants in the studies were informed of the contents of each jar, including the respective proportions of beads of each colour. They were then shown beads drawn from one of the jars, but were not told which jar they came from. Instead, they were told that they had to make a decision as to which jar the beads came from, and were asked to indicate whether or not they required more draws before they came to a decision.

In the mid-seventies, P.J. Volans used this set-up to examine decision-making processes in obsessional patients, whereas Philippa Garety and David Hemsley tested schizophrenic patients with it at the beginning of the nineties. To summarize (and grossly simplify) their findings, they basically received opposite results for the two groups. Whereas obsessional patients tended to request more draws than normal controls, schizophrenic patients requested less and sometimes made a decision already after one draw.

Draws to Decision

Volans (1976):	Normal control	4.8
	Obsessional patients	8.86
Garety et al. (1991):	Normal control	5.38
	Schizophrenic patients	2.38

In order to interpret these findings, we have to ask what normally happens when we make the kinds of decision participants in these studies were asked to make. I think it is plausible to say that making a decision of the kind required by the task normally involves a certain kind of intentional activity, which could be described as a process of weighing up hypotheses, i.e.

considering certain possibilities and rejecting or holding on to them on the basis of received information.

In obsessional patients, this process takes a long time to come to its conclusion. Whatever information is available does not seem to be effective in enabling the patients to dismiss the hypothesis that things might be other than they appear to be. There is a sense, then, in which their active participation in the occurrence of certain thoughts is impaired, since they find the same hypothesis intruding on their reasoning again and again, resistant to any attempts at dismissing it. Yet the hypothesis is still theirs to consider. Its occurrence, in this sense, is still part of their decision-making process.[2]

Schizophrenic patients, by contrast, appear to have a problem getting started on or sustaining the decision-making process in the first place. And this might provide us with a different sense in which their participation in the occurrence of thoughts is impaired. Not participating in the occurrence of thoughts, here, is not a matter of finding those thoughts interfering with one's attempt at making up one's mind, as in the case of obsessional thoughts. Indeed, there is a sense in which the patients don't really make up their at all before answering. When shown the results of further draws after they have given their first answer, for instance, they also turn out to be particularly prone to change their initial assessment in a relatively uncoordinated manner. Rather, it seems that they simply take whatever information they have as settling the issue. The thoughts that come into their minds are not assumed to be up for further consideration, because the normal ability to weigh them up against others is disrupted.

The idea behind introducing the two sets of empirical studies I have just discussed was to get a better grip on the suggestion that what schizophrenic patients mean when they say that other people's thoughts are being inserted into their minds is that they lack a sense of active participation in the occurrence of those thoughts. Roughly speaking, the suggestion would run as follows. There is a specific breakdown in schizophrenic patients' reasoning abilities, which sometimes has the result, as we might put it, that the patients simply find certain issues settled.

What they lack is a sense that certain thoughts which come into their minds are still theirs to consider, because the ability to take relevant alternatives into account is disrupted. If this is true, however, it may well be able to explain a sense in which the patients also don't experience themselves as having settled the issue. They are mere bystanders to the occurrence of those thoughts, and thus may form the impression that those thoughts have been imposed on them by an outside agency.

To be sure, there are a number of problems in linking the results of Garety's and Hemsley's experiments with the symptom of thought-insertion in this way. One obvious problem is that their studies only tell us about patients' performance in probabilistic reasoning tasks. Thought insertion seems to reflect a more general impairment in reasoning abilities, and we would need to show that other forms of reasoning involve similar kinds of processes to those which seem to cause the patients problems in probabilistic reasoning.[3]

Quite apart from this issue, however, there is also a problem concerning the nature of the claim that is supposed to be at issue here. In fact, there are two separate claims that are being made by the proponent of the suggestion I have outlined. The first is that patients report episodes of thought-insertion because they lack a sense of active participation in the occurrence of certain thoughts. The second is that this lack of participation also manifests itself in experimental studies of their reasoning abilities. The dominant way in which these claims are typically brought together is exemplified by Frank Fish (1976),who maintains that symptoms like thought-insertion reflect the subjective experiences associated with disorders of thinking which can also be demonstrated experimentally. Fish groups thought-insertion together with other symptoms which indicate what he calls 'derailment', i.e. a slipping of the train of thought into another direction or an irregular progression of the train of thought. The basic idea is that such derailment can manifest itself in two different ways: from the third-person perspective, in the patients' verbal performance and, from the first person perspective, in their subjective experience. As Fish puts it,

> Thinking, like all conscious activities, is experienced as an activity which is being carried out by the subject or, to use a clumsy German expression, there is a quality of 'my-ness' connected with thought. In schizophrenia this sense of possession of one's own thoughts may be impaired and the patient may suffer from alienation of thought (Fish 1976, p. 39).

A number of authors have since tried to give an account of what this quality of 'my-ness' might come to, and how a lack or breakdown of active participation in reasoning might have the result that thoughts lose this quality. In particular, theorists have set themselves the task of detailing the mechanisms that normally enable us to keep our thoughts on track and follow through a train of thought. And the assumption has been that the nature and existence of such mechanisms can explain a sense in which we are normally aware of those thoughts as occurring by our own active doing.

I now wish to consider in more detail one way in which this line of thought may be spelled out. To anticipate, however, I think that there are problems with appealing to the breakdown of a certain piece of sub-personal machinery to explain the lack of a sense of ownership of mental states in schizophrenia. Rather, as I wish to suggest at the end of this paper, this lack of a sense of ownership needs to be explained on the personal level. In short, the phenomenon of thought-insertion arises because of a withdrawal, on the part of the patient, from certain forms of active engagement in reasoning.

4. Thought and Mechanism

John Campbell has put forward an account of thought insertion which has at its heart the idea of a connection between our intuitive conception of what makes certain thoughts belong to us, on

the one hand, and the workings of particular cognitive mechanisms, on the other. In short, we might put his view as follows. What it is for a particular thought to belong to us - in the sense of what it is for us to be the author of that thought - is for that thought to stand in a certain causal relations to our background beliefs, desires and interests. This is just part of our common-sense image of the mind. That a particular thought does in fact stand in the required causal relations to our background beliefs, desires and interests, however, is something we can know about through the deliverances of a certain cognitive mechanism. This is where scientific psychology comes in, because it takes experiment and observation to find out how that mechanism works. Campbell's claim about thought-insertion is that it can be explained in terms of a breakdown of that cognitive mechanism.

To illustrate the idea of a cognitive mechanism mediating the causation of occurrent thoughts by background beliefs, desires and interests, Campbell draws an analogy with the mechanisms allowing us to maintain the relevance of our contributions in an ordinary conversation. The basic idea is that our ability to maintain relevance in conversation relies upon cognitive processes which take as their input our knowledge of the meanings of various utterances. These processes typically work outside our conscious awareness, but they can explain how we know which things to say. Similarly, in reasoning, there are cognitive mechanisms at play which have access to the content of our background beliefs, desires and interests. The job of these mechanisms is to keep our thoughts on track by a kind of matching process, but the match manifests itself for us in the sense of being actively involved in the formation of occurrent thoughts. In schizophrenia, this sense of active involvement is lacking, because the underlying mechanisms have gone awry.

As I said before, central to Campbell's proposal is the idea of a connection between our intuitive conception of what makes certain thoughts belong to us, on the one hand, and the workings of the particular cognitive mechanisms he describes. I think there is considerable appeal in the claim that at least part of our conception of what it is for a thought to belong to us

is that it stands in certain causal connections to our background beliefs, desires and interests. In fact, some evidence for this can be found in the reasons schizophrenics give as to why certain thoughts don't belong to them. For instance, one patient claims that a thought that occurred to him must in fact have been formed by a friend of his, since it was about something to do with films - a subject the patient says he has no interest in but to which the friend devotes much of his time. Yet, schizophrenic patients' reasons for disowning certain thoughts don't always appear to be of this kind. As we have seen, there are also cases in which patients say that the thoughts 'fits in with what they expect' or even that 'their own thoughts might say the same thing'.

To be sure, Campbell's account can accommodate these latter cases too. The crucial reason why certain thoughts are disowned, on his story, is not that they are somehow at odds with the patient's other beliefs, desires and interests. In fact, they may well be the products of those beliefs, desires and interests. Rather, the claim is that the patient cannot acknowledge them as such, because the mechanism for tracking the production of thoughts has gone awry. It is here where Campbell's proposal trades on the idea of a connection between the deliverances of those mechanisms and our common sense image of the mind. More specifically, it trades upon the idea of a link between two senses in which we might be said to have a grip on the causal connection between our occurrent thoughts and our background beliefs, desires and interests. There is, as we might put it, a practical grip on this causal connection which enables us to keep our thoughts on track, and which relies on the cognitive mechanisms Campbell describes. And there is also, as we might put it, a theoretical grip on this causal connection which informs our common sense understanding of what it is for certain thoughts to belong to us. On closer inspection, however, these appear to be two very different things, and it is not clear whether they can be linked in the way Campbell proposes. Or so I wish to argue.

Consider the following line of thought. According to a 'simulationist' account of our knowledge of other minds, our reasoning about other people's mental states proceeds by a

process of imaginatively adopting their perspective by taking into account what makes their perspective different from ours, harnessing our own cognitive apparatus in an exercise of pretense, and using the results of the pretend reasoning to arrive, say, at a prediction of their thoughts and actions. As Jane Heal puts it:

> When we think about another's thoughts or actions we somehow ingeniously exploit the fact that we ourselves are or have minds. What we do is to make our own mind in some way like the mind of the one we seek to predict or understand. We simulate his or her thoughts, we recreate in ourselves some parallel to his or her thought processes (Heal 1998, pp. 84f.).

A central plank in the simulationist proposal is that we can explain a person's competence in predicting and understanding other people's thoughts without having to credit her with a knowledge of a vast body of information about the many beliefs and desires these others hold and the intricate ways in which all these beliefs and desires interact with each other. All that is required for the simulation to get off the ground is knowledge of the relevant differences between my own situation and that of the person simulated. The rest will be taken care of by my own beliefs and desires, feeding into the imaginative exercise just as they would into any other chain of reasoning I might engage in.

If this is true, however, the imaginative exercise we engage in during mental simulation will, at least in part, draw upon exactly the same causal connections between our background beliefs and desires and occurrent thoughts as do other forms of reasoning. Moreover, within the imaginative exercise, there is also a need for keeping one's thoughts on track. After all, the aim of the simulation is to recreate in oneself the a parallel to the other's thought processes. Yet, it is difficult to see how this could involve anything other than exploiting the deliverances of the very same cognitive mechanisms which Campbell assumes are at work in our forming our own trains

of thought. Thus, we appear to be left with a problem. It is at least not clear whether the workings of these cognitive mechanisms can indeed help us explain what it takes for us to think of certain thoughts as belonging to us, since we don't think of the thoughts we come up with in simulation as belonging to us, but as belonging to the other person.

In more detail, we might put the point as follows. In distinguishing the thoughts generated in the process of the simulation from our own thoughts, we seem to be using precisely the kind of common sense image of the dependence of occurrent thoughts on underlying psychology that was described above. Arguably, the reason as to why we don't get confused, for instance, about possible inconsistencies between the thoughts generated in the process of simulation and our own thoughts is that we don't see the former as products of our own background beliefs, desires and interest, but as products of the background beliefs, desires and interests of another person. There is at least one sense, then, in which our ability to distinguish who a thought belongs to cannot be explained by appealing to cognitive mechanisms tracking the production of thoughts, since these mechanisms seem to be involved in much the same way in both simulation and other forms of reasoning.

I think the reason why Campbell's proposal faces this difficulty is that there is an ambiguity in the way in which it appeals to the causal connections between background beliefs, desires and interests, on the one hand, and occurrent thoughts, on the other, to explain both our conception of what it is for a thought to belong to us, and what it takes for us to keep our thoughts on track in reasoning. Arguably, if the idea of such a causal connection plays an important role in our conception of what it is for a thought to belong to us, it is because we assume potential differences in the particular set of beliefs, desires and interests each person has which will determine the thoughts they have. As Campbell says, different people could, for instance, see the same thing but form different thoughts in consequence. And when we say that the different thoughts each of them comes up with belong in a particular way to him or her, it is because we think that there is a reason why it is those particular thoughts they each form, which

has to do with the differences in their background beliefs, desires and interests (see Campbell 1999, pp. 616f.). Yet, I think the idea of a causal connection between background beliefs, desires and interests and occurrent thoughts plays itself out in quite a different way when it comes to specifying how we rely on this connection in keeping our thoughts on track. Arguably, the reason why it is important that our background beliefs, desires and interests feed into our occurrent thoughts is that this allows us to form thoughts which are relevant, add up to coherent trains of thought, etc., rather than being subject to a play of associations. If this is so, however, it is difficult to see how the awareness we have of that causal connection which is supposed to enable us to keep our thoughts on track should also make manifest to us that the set of beliefs, desires and interests on which those thoughts depend is peculiar to us. Rather, this awareness is here being used to explain how we know how the train of thought is to proceed, where this is meant to capture a sensitivity to normative constraints of relevance and rationality which are impersonal.

If this is true, then I believe the problem that faces Campbell's analysis of thought insertion is this. At the beginning of this paper, I said that part of what we need to explain is the specific way in which an experienced lack or disruption expresses itself in the patients' claims, i.e. the fact that what occupies those patients is the question of who certain thoughts belong to (if they belong to anybody), rather than, say, features of the content of those thoughts, or whether they are plausible or relevant. It is just this which seems hard to explain on Campbell's account. A breakdown on the level of the mechanisms he describes might indeed be able to explain a sense in which patients can, on occasion, be said to get the impression that occurrent thoughts lack the support of their background beliefs, desires and interests. What is less obvious is why this should lead those patients to ponder over who these thoughts belong to, rather than to judge that these are not the right thoughts to have, by anyone's lights, in that situation, because they are irrational, irrelevant, or don't advance the issue at hand.

5. Two Approaches Revisited

I have been looking at one theory which can be seen as trying to flesh out the proposal that schizophrenics disown thoughts because they lack a sense of active participation in the occurrence of those thoughts. In this final section, I wish to look at an alternative way in which this proposal might be fleshed out. But I also wish to return to a question I raised at the beginning, which was how this proposal relates to the idea, exemplified by Freud, that thought insertion reflects an uncertainty, on the part of the patients, over the boundaries of their ego.

Jonathan Lang, a schizophrenic patient, has described as a central element of schizophrenia the withdrawal from sensorymotor activity. Along with this, he says, the schizophrenic patients concerns with his own and others' mental life is relegated to what he calls 'the ideological domain', by which, as Louis Sass puts it, he "seems to mean a realm in which everything is felt to be merely mental or representational" (Sass, p. 44).

I think Lang's use of the term 'withdrawal' might indicate an element in the phenomenology of schizophrenia which is not properly reflected in the accounts Campbell and others have put forward. On their view, reports of thought insertion, for instance, are explained in terms of a situation in which the patients don't find themselves actively participating in the occurrence of certain thoughts. What this seems to imply is that the patient's stance is essentially active, only that they don't acknowledge those thoughts as the outcome of that activity. Yet, Lang's remarks seem to indicate that the patient's situation might be better described as being governed by an entirely passive stance. To put the point differently, according to Campbell and others, the lack of a sense of active participation in reasoning which leads schizophrenics to disown thoughts has its roots in the malfunctioning of a certain piece of sub-personal machinery which interferes with the patient's active engagement in reasoning. The possibility opened up by Lang's words, by contrast, is that this lack of a sense of active

participation needs to be explained on the personal level, in terms of the fact that the patients themselves have withdrawn from certain forms of active engagement in reasoning.

In order to spell out in more detail what this alternative view might come to, I think it might help to consider again the question as to whether the patients should be seen as making an error of misidentification. As I have said at the beginning, Stephens and Graham use this question to distinguish between what they see as two quite distinct accounts. The charge they level against Freud, who thought that schizophrenic patients suffer from an uncertainty over the boundaries of their ego, is precisely that his view seems to imply that patients make an error of misidentification of a type that is not really intelligible. And they see their own view, which is based on Frankfurt's distinction between thoughts which occur to us and thinking as something we do, as avoiding that implication. In other words, what Stephens and Graham suggest is that the patients do take inserted thoughts to be occurrences in their very own psychological history, and thus identify themselves as the owner of these thoughts, while at the same time denying that they actively participate in their occurrence. But is this actually a stable theoretical position?

We might think that it is, on the following grounds. I have used one way of describing what it might be for patients to lack a sense of active participation in the occurrence of certain thoughts by saying that they simply find certain issues settled, without having any sense of having actively participated in settling them. Now, Gareth Evans has argued that there is a sense in which there is nothing more to making judgements about one's own mental states than giving a certain twist to judgements about the world. According to him, for instance, "I get myself into a position to answer the question whether I believe that p by putting into operation whatever procedure I have for answering the question whether p" (Evans 1982, p. 225).[4] The answer to the second question will automatically provide me with an answer to the first question. Now, if we say that the problem schizophrenic patients suffer from is that they find the issue whether p settled, without any sense of having actively participated in settling it, we might think that they can nevertheless follow this routine. The relevant thoughts might appear to have been put into

place by someone else, but, by following through the routine, the patients can still conceive of these thoughts as being part of their own psychological history.

Yet, the issue is not quite as clear cut. Richard Moran has argued that central to an individual's grasp of the point of Evans' procedure is the ability to turn the theoretical question about her belief into a practical question as to what to believe. As he puts it:

> Rather than insist on a relation of transparency between two theoretical questions (about oneself and about the world), it would be more accurate to see that relation as obtaining between a practical question of what to believe and its corresponding theoretical question about the world. It is only because my theoretical question about my belief can be treated as the practical question of what to believe that it can be answered, not by looking at myself, but by looking at the world. Without that, there would be no transparency between the questions 'What do I believe?' and 'What is the case?' (Moran 1988, p.144).

I think one way of understanding what Moran is driving at is that a subject's grasp of the point of Evans' procedure, as a procedure which delivers information about the subject herself, cannot be divorced from the subject's taking a particular kind of active interest in the outcome of her reasoning about the world. It is only when the question as to what is the case is pursued with the aim of making up my mind that it is rational for me to treat the answer to that question as the answer to the question as to what I believe. Again, the idea might be illustrated by thinking about the case of mental simulation. What makes it the case that the thoughts formed within the context of the simulation are not thought of as thoughts that belong to me is not something intrinsic to the reasoning processes the simulation draws upon. Rather, the difference between those thoughts and thoughts that belong to me is that I don't use the outcome of those reasoning processes, for instance, to revise other beliefs I may hold.

There is still a connection, on this view, between the conception of what constitutes a thought as belonging to me and the idea of a causal connection between occurrent thoughts and a background of beliefs, desires and interests. However, the idea is not just that for a thought to belong to me, it must be the product of my background beliefs, desires and interests. It must, in turn, also play a certain role in affecting the future background of beliefs, desires and interests I have, where this is determined by the active use I make of that thought in further deliberation.[5]

If this idea is along the right lines, the point of identifying herself as the subject to whom certain occurrent thoughts belong may indeed be lost to someone who has withdrawn from activity to such an extent that her thinking is purely guided by what Moran calls 'theoretical questions'. One way of understanding Lang's description of the schizophrenic patient's situation as one in which concerns have removed to an 'ideological domain' is that information is not gathered in a way that is informed by an active interest in making up one's mind. What seems to be lacking is a certain form of self-determination, in which one uses one's experiences and reasoning to form the shape of one's future set of beliefs, desires and interests. However, the suggestion would be that this form of self-determination has a central role to play in our conception of who it is certain mental states belong to. Without it, the idea that certain thoughts belong specifically to our own psychological history can't get a grip.

This, then, might be one, admittedly very speculative, way of interpreting Freud's idea that the schizophrenic patient becomes uncertain about the boundaries between themselves and the world which does not stand in opposition to the idea that they lack a sense of active participation in the occurrence of certain thoughts. Indeed, if what I have been saying is right, saying that they don't participate in the occurrence of those thoughts might be one way of explaining this uncertainty over the boundaries between themselves and the world.[6]

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[1] As far as I can see, there is significant variability in the way patients see others as being implicated in the occurrence of 'inserted' thoughts (if they do so at all). Thus, for instance, it is not always obvious that the person who is identified as the owner or originator of those thoughts is also held to be responsible for (or even aware of) the fact that the patient is subjected to them. Similarly, it is often unclear whether patients think that someone intentionally forces these thoughts upon them, or whether they simply take themselves to be privy to those thoughts as the result of some accident.

[2] Cf. Jaspers 1962, pp. 122f.: "We take it for granted that when we think, it is we who think, a thought is our thought and the notions that strike us – and perhaps make us say not 'I think' but 'it occurs to me' – are still at the same time our thoughts, executed by us."

[3] Another problem is that Garety and Hemsley did not set out do study potential impairments underlying thought-insertion. Their study was intended to contribute to a theory of the nature and causes of delusions, and the participants in their study were chosen on that basis. Thus, it remains to be shown whether the same reasoning deficits could be demonstrated in a sample of patients who were chosen specifically because they reported episodes of thought-insertion. Conversely, we would need some explanation as to why it is that not all patients suffering from such reasoning deficits report episodes of thought-insertion.

[4] There are, of course, further conceptual capacities a subject must possess if knowledge of the routine is to be more than purely formal knowledge, cf. Evans 1982, p. 225.

[5] At one point, Campbell also acknowledges a connection between the conception of what makes an occurrent thought mine and the fact that "the occurrent thinking can affect the underlying states [i.e. long-standing beliefs, desires and interests]" (Campbell 1999, p. 621). However, it is not entirely clear how the idea of such a connection figures in his overall account.

[6] Earlier version of this paper were presented at the 4th International Conference on Philosophy and Psychiatry in Florence, Italy, in August 2000, and at a workshop on Self-Consciousness at

the University of Fribourg, Switzerland, in November 2000. I am especially grateful to Naomi Eilan and Johannes Roessler for helpful discussions.

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