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# Thinking in schizophrenia and the social phenomenology of thought insertion

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## ABSTRACT

Patients suffering from delusions of thought insertion (TI) report that external agents of different nature have placed thoughts into their minds. The symptom involves distressing feelings of intromission and exposition, loss of mental privacy, diminished ego boundaries, and a – often neglected – peculiar “physicality”. A dominant approach within cognitive sciences characterizes TI as involving alterations in the experience of being the author of certain thoughts. For the advocates of this so-called *Standard Approach* to TI, the absence of a *sense of agency* for certain thoughts would lead to their externalization, this explaining the general structure of the clinical reports. In this paper, I problematize the phenomenological picture of everyday thoughts that the standard approach adopts when trying to make sense of TI. I claim that the standard approach neglects two more fundamental aspects of TI, namely the multimodal nature of thinking in psychosis and the deeply social dimension of the phenomenology of delusions in schizophrenia. After this, a broader descriptive phenomenological characterization of TI is provided. Finally, I establish some connections between the characterization of TI developed here and current research in social perception and clinical practice.

## ARTICLE HISTORY

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Thought insertion; psychosis; schizophrenia; embodiment; intersubjectivity; multimodality

## The characterization problem of thought insertion

Delusions of thought insertion – TI *henceforth* – involves subjects reporting that external agents of different nature (such as persons, electronic devices, collective groups, and inanimate entities) place *thoughts* or *ideas* into their *minds* or *skulls* (López-Silva, 2018; López-Silva & Cavieres, 2023; Mullins & Spence, 2003; Schneider, 1939). From a clinical point of view, TI is considered a transdiagnostic phenomenon, but its prevalence is notoriously higher in schizophrenia (Rosen et al., 2016, 2022).<sup>1</sup> Informing his own experience of TI, a person claims that, during psychosis: “Thoughts are

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*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 are his thoughts"* (Frith, 1992, p. 66). Another frequently discussed report is shown as follows: *"I look out of the window and I think the garden looks nice and the grass looks cool. But the thoughts of Eammon Andrews come to my mind. There are no other thoughts there, only his. He treats my mind like a screen and flashes his thoughts onto it like you flash a picture"* (Mellor, 1970, p. 17). TI does not consist of feeling influenced to think in a certain way. We all could experience something like this in some contexts without being necessarily delusional. Rather, people reporting TI claim that they are first-personally aware of the thoughts of others within their own private space, and, therefore, the symptom involves intense senses of intromission, exposition, diminished ego boundaries, and a distressing sense of loss of mental privacy (López-Silva, 2018; Payne, 2023; Schneider, 1939; Straus, 1949).

Most of the time, the intromission of alien agents in the subjects' minds are reported as highly physical (Straus, 1949). In cases, inserted thoughts in schizophrenia are imposed with considerable force (A. Mishara et al., 2023; Schneider, 1939), or through physical means (Binswanger, 1957). Patients would feel "used" (as a "bucket" for example, see Sollberger, 2014), or even "raped" (Schneider, 1939). Spence et al. (1997) inform of a patient whose inserted thoughts were "tampered electrically" by radio and television and that those thoughts "always felt the same way". One of Cahill and Frith's (1996) reports "physically feeling the alien thoughts as they entered his head" and claimed that he could "pin- point the point of entry" (p. 278). TI involves the distressing sense of being at the physical and psychological disposal of external agents that are able to seize different aspects of the subjects' most private mental life (Kendler & Mishara, 2019; Schneider, 1959). A careful examination of the clinical reports reveals that TI is far from being a purely cognitive (non-sensory) experience. The phenomenon seems to involve a certain "physicality" and quasi-sensory nature that could express a general transformation in the subjects' embodied relationship with themselves, their own mental states, and the world.

Over the years, TI has attracted the attention of not only clinicians, but also philosophers in light of the ways in which it challenges claims about, among many others, the structure of self-awareness (Duncan, 2019; Guillot, 2017; López-Silva, 2017; Mathieson, 2023; Stephens & Graham, 2000; Zahavi, 2005), the nature of rationality (Campbell, 2001), self-knowledge (Bortolotti & Broome, 2009; Rothenfluch, 2020), the ontology (Gibbs, 2000; Roessler, 2023; Strawson, 2003) and the phenomenology of thinking (C. S. Humpston, 2018; A. L. Mishara & Zaytseva, 2019). One of the most fundamental discussions in this context concerns the problem about how to *characterize* TI, or, in other words, the discussion about the description of most fundamental features of the phenomenon.<sup>2</sup> This task should not be

taken lightly for two reasons: The precise description of the main features of TI could lead to specific insights within different conceptual debates. Then, incomplete or imprecise characterizations of what the phenomenon involves could obscure the progress in those debates. Second, from a scientific point of view, without a proper descriptive characterization, it is virtually impossible to establish an adequate *explananda* for a plausible reductionist-explanatory theory of any psychopathological phenomenon. As Nagel (1974) puts it, “a necessary requirement for any coherent reductionism is that the entity to be reduced is properly understood”. I take “understanding” here as the description of the basic features of a phenomenon in need of explaining. So, as we can see, without a precise characterization of TI, neither conceptual nor empirical research could be guided correctly (López-Silva, 2014, 2022).

Within the cognitive sciences, the characterization of TI has focused on the description of abnormal features of certain thoughts and how those features could explain the type of externalization reported by patients<sup>3</sup> (see Billon, 2016; Gallagher, 2015; Langland- Hassan, 2023; Sollberger, 2014). Over the years, it has become standard to characterize TI as involving alterations in the sense of agency, i.e., the experience of being the author of specific thoughts in what has been called the *Standard Approach to Thought Insertion* (see, Bortolotti, 2010; Bortolotti & Broome, 2009; Langland- Hassan, 2023; Langland-Hassan, 2008; Roessler, 2013; Sousa & Swiney, 2013; Gallagher, 2015). Problematically, thought-focused analysis tends to not only neglect the embodied nature and physicality of TI, but also the fact that the delusion seems to be part of a complex reconfiguration of reality (C. S. Humpston, 2023, 2018, 2022). TI typically co-occurs with other symptoms such as auditory verbal hallucinations (AVHs) – or other types of hallucinations-, depersonalization, other delusions (referential, somatic, persecution, delusions of passivity etc.), anxiety, depressive moods, and a number of negative symptoms (Fusar-Poli et al., 2022; C. S. Humpston & Broome, 2016; López-Silva et al., 2022; Mayer-Gross, 1932; Rosen et al., 2022; Sterzer et al., 2016). A 20-year survey on the longitudinal trajectories of delusions revealed that, over that period, TI was never experienced in isolation. This could suggest that TI is part of a constellation of experiences that could configure a *delusional reality* (Gallagher, 2009; López-Silva et al., 2022).<sup>4</sup> TI might not be symptomatic of a discrete alteration in the way in which certain specific thoughts are produced, but rather, as suggested by phenomenological tradition in psychiatry, the phenomenon would be an expression of profound and all-enveloping embodied transformations in the entire experiential constitution of the self and its relationship with the social and physical world (Gruhle, 1915; Jaspers, 1963; Mayer-Gross, 1932; Pienkos et al., 2017; L. A. Sass & Pienkos, 2013). The specific focus on discrete thought alterations emphasized by dominant approaches to TI

within cognitive sciences seems to overlook this more fundamental level of description, leading to the isolation of the phenomenon from a context of transformations outside of which it might not be properly characterized (see Feyaerts et al., 2021; Fusar-Poli et al., 2022; López-Silva, 2022).<sup>5</sup> As a consequence of this, explanatory approaches to TI – and other psychopathological phenomena – could be operating based on decontextualized and overly simplistic *vignettes* of their explananda.

This paper explores how the phenomenological tradition in psychopathology can contribute to the characterization problem of TI. First, I suggest that the standard approach assumes a highly idealized picture of the phenomenology of everyday thinking that makes its comparisons between psychotic and non-psychotic (paradigmatic everyday) thinking very inconclusive. Second, I expand the phenomenological examination of the experience of thinking in psychosis by focusing on its multimodal nature (Conrad, 1958; Kusters, 2020; Mayer-Gross, 1928, 1932; A. L. Mishara, 2010; A. Mishara et al., 2023; Sterzer et al., 2016). After this, I suggest that dominant characterizations of TI have also neglected the social dimension of psychosis. Human conscious experience expresses a being-in-the-world with others, so, as Lysaker et al. (2012) rightly point out, self and consciousness are unthinkable outside larger intersubjective contexts that scaffold and make possible the meaning we assign to experiences. Over the years, research has suggested that psychopathological phenomena such as delusions and AVH could involve radical disturbances of intersubjectivity (Nour & Barrera, 2015; L. A. Sass & Pienkos, 2015; Sass & Byrom, 2015; Van Duppen & Feyaerts, 2021; Varga, 2010). Taking this into consideration, I explore the social phenomenology of TI. Delusions, especially in schizophrenia, involve an altered experience of intersubjectivity that starts very early in the subjects' lives (Fusar-Poli et al., 2022). Therefore, the mutation in the way in which the social world is encountered by the subject should be considered fundamental for the characterization of TI. In the final section, I establish some connections between the characterization of TI here provided with current research in social perception in psychology and clinical practice.

### **The standard approach to thought insertion**

Philosophers have tended to characterize TI by combining negative and positive descriptive strategies both focused on the examination of single thoughts (see for example, Billon & Kriegel, 2015; Vosgerau & Voss, 2014; Gallagher, 2015). The positive strategy involves the identification of features that alien thoughts have and that everyday thoughts would not have. Additionally, this strategy tries to clarify how these extra features contribute to the external attribution characteristic of the phenomenon (Billon &

Kriegel, 2015; Duncan, 2019; Sollberger, 2014, Gallagher, 2015; Synofzik et al., 2008). The negative strategy typically consists of identifying features that alien thought lack when compared to everyday (non-psychotic) thoughts. This strategy will also try to clarify the role that the absent of such features plays in the externalization of the thoughts finally reported as inserted (Frith, 1992; Frith et al., 2000; Campbell & Sugden, 1999; Zahavi, 2005, 2018, cf. Henriksen et al., 2019; Bortolotti & Broome, 2009; Martin & Pacherie, 2013, Gallagher, 2015; Synofzik et al., 2008; Vosgerau & Voss, 2014).

Both positive and negative strategies establish comparisons between psychotic and everyday thinking. The standard approach to TI seems to be a good example of a negative strategy as it involves the idea that the lack of certain specific features paradigmatically present in everyday thinking leads to the externalization that characterizes TI reports (see Gerrans & Sugden, 1999, 2001, 2015; Stephens & Graham, 2000).<sup>6</sup> In its most discussed formulation, the standard approach consists of two claims.<sup>7</sup> First, everyday thoughts are experienced as having both a phenomenal sense of mineness and a phenomenal sense of agency (see, Gallagher, 2015; Henriksen, 2018; Zahavi, 2018).<sup>8</sup> Whilst the latter refers to the sense that I am the one producing my ongoing thoughts, the former refers to that idea that my thoughts are experienced as *my own* (Gallagher, 2000, 2007a, 2007b, 2013; 2015).<sup>9</sup> The second claim suggests that, in psychosis, thoughts lacking a sense of agency are attributed to external agents producing the reports of TI (Billon & Kriegel, 2015; Gerrans, 2015; Zahavi, 2005; Gallagher, 2015). As Gallagher (2007a, p. 36) suggests: individuals with schizophrenia ‘who suffer from these symptoms [delusions of thought insertion and alien control] acknowledge that they are the ones that are moving, that the movements are happening to their own body, or that thoughts are happening in their own stream of consciousness, but they claim that they are not the agents of these movements or thoughts – when in fact they do cause the movement or thought’. Bortolotti and Broome (2009, p. 217) claim that, for the advocates of the standard approach, in TI: “the subject is aware of a thought in a first-personal way and recognizes that the thought is within her personal boundaries, but lacks something else, which is described as a sense of agency with respect to the thought”.

The standard approach to TI has been systematically criticized over the years. Billon and Kriegel (2015) claims that a lack of sense of agency is insufficient to explain the type of externalization characterizing TI. Alternatively, they propose that the phenomenology of thoughts in TI have something “added”, namely, a positive phenomenology of alienation. By appealing to this positive strategy, the authors try to make sense of the distinction between *unbidden* and *inserted* thoughts both allegedly involving

disruptions in the sense of agency for thoughts (Gallagher, 2013, 2015; Langland- Hassan, 2023; Langland-Hassan, 2008). Problematically, a sense of alienation does not seem to explain the specificity of the alien agent featuring in the reports either. A feeling of alienation seems to be quite different from feeling that an external agent is able to place thoughts into one's most personal sphere, so the externalization observed in the reports seems to remain unexplained by this conceptual addition. A number of other criticisms have made this and other amendments to the standard approach to be considered insufficient and problematic (see Billon & Kriegel, 2015; Bortolotti & Broome, 2009; López-Silva, 2017, 2020). However, instead of echoing these criticisms here, in the next section I shall look into a more fundamental problem underlying the standard approach.

### Inserted thoughts and the phenomenology of everyday thinking

In principle, we might agree that the phenomenology of thinking in psychosis drastically differ from the paradigmatic phenomenology of everyday thoughts and here is where the the standard view approach reveals a more fundamental problem. The approach assumes a disputed and highly problematic picture of the phenomenology of everyday thinking that serves as its bedrock for the establishment of comparisons with psychotic thinking (Guillot, 2017; López-Silva, 2017, 2020; Proust, 2009; Schear, 2009).<sup>10</sup> It is an open question whether each everyday thought really involves phenomenal features such as a sense of ownership (Guillot & Garcia-Carpintero, 2023) or even a sense of agency (López-Silva & Cavieres, 2023; Proust, 2009). Here I shall focus on the latter. The common experience of thinking does not seem to necessarily include the feeling of volitionally producing each one of the individual thought-contents that constitute a train of thoughts; Rather, becoming aware of a thought looks more like “a kind of concentration, a funnel to direct the upcoming thoughts in a certain direction” (De Haan & De Bruin, 2010, p. 383). More radically, Strawson (2003, p. 231) suggests that: “some of us are much more likely than others to experience what he [Wegner, 2004] calls an ‘emotion of authorship’ in reason, thought and judgment”. In words of the author “I never experience anything of the sort” (p. 231). Strawson's observation problematizes the very identification of a phenomenal sense of agency associated to thought. A similar observation is provided by Proust (2009, p. 253):

Some people see their successive thoughts as something they are acting upon in their contents and even in their formal relations [. . .]. Others, however, *experience thinking as occurring mostly outside of awareness, in the absence of volition*. Beliefs and desires occur to us; reasoning does not seem to leave room for choices or stylistic variations.



Thoughts seem sometimes to be entertained and to determine our behaviours with no associated subjective awareness, *let alone any sense of agency* (my emphasis).<sup>11</sup>

Some might insist that *at times* thoughts could have a sense of agency, but, even if this is the case, the claim does not seem to be representative of *most* of our everyday thoughts. The emphasis of the standard approach on agency seems to neglect the fact that most of our thoughts are characterized by a feeling of *automaticity* in everyday contexts. The question about who the author of the thoughts is that one can first-personally access does not seem to arise often in our everyday cognitive life. This is why psychosis is so bizarre for the non-psychotic. This does not mean to deny that, when introspected, we could experience something like a sense of agency after reflecting on certain thought-contents. However, this sense of agency would be the product of reflection, not a property of our first-order awareness of that thought. Secondly, my appeal to automaticity does not mean that *some* case of first-order thinking could include something like a sense of agency either. The claim is that most everyday thoughts do not. Some people might want to insist that, if this is the case, one still can describe TI as involving a lack of sense of agency. However, the type of thought potentially involving a sense of agency in everyday activities seems to differ from the type of thought reported as inserted. For example, one might feel a certain sense of authorship when a thought is the answer for a complex puzzle I've been trying to solve for a couple of minutes or even hours. One might feel something like a sense of agency when coming up with a good answer to a question during a final exam. However, these instances of thinking seem to be very different from the ones reported as inserted in TI. The latter do not seem to include any prior period of "trying" or making an "afford" to come up with a certain thought as the answer to a puzzle or question, this, even if inserted thoughts are experienced as the answer to the eerie nature in which the world present itself during psychosis (see next section). This *realization* is not of the type referred by my effort to discover the answer to the puzzle or exam question.

Arguably, there could exist other phenomenal sources for experiences of volition in thinking different from a clearly identifiable sense of agency. For example, McCauley and Graham (2020) writes:

When a thought process unfolds, often its narrative contour does not occur emotionlessly, blandly, or as devoid of feeling. Rather, it may be imbued with emotional coloring and personal significance as part of an active self-awareness. Consider, for example, a potentially fatal house fire that is thought of as narrowly avoided or an award or honor that is represented as an unexpected stroke of good luck. Each line of thought possesses its own narrative character and form of emotional resonance. "Narrowly avoided" is part of a feeling of relief associated with perceiving the avoidance of the house fire. "Stroke of luck" is part of a feeling of appreciation that is associated with the experience of winning the award'. (p. 71)



As I've proposed elsewhere, affective moods and egodystonic contexts could play a crucial role in the etiology of TI (López-Silva, 2015), so it is not implausible to think that the affective significance of the intentional context of a thought could be also considered as a source of feelings of mental volition just not in the clear form of a sense of agency as described by the advocates of the standard approach. Contrasting with the emphasis of the standard approach, Heidegger (1969, 1977) claims that thinking is neither the product of agency – centered around an “I” producing specific mental states – nor the ownership of what is thought. Most of our everyday thoughts are not experienced as the product of my own intentions like in the case of, for example, motor action as for me to experience my thoughts as *something I'm doing*. Rather, thinking is a “letting be” of the matter I'm thinking about, which, in turn, discloses, or opens, itself to other thoughts in a train, as if thinking itself were a dialogue. Just in some occasions we think about what we are thinking. On these situations a sense of agency could arise. However, as I have already suggested, this sense of agency would be the product of reflection, not a property of our first-order awareness of that thought.

So, even if it is not my aim to extend the criticisms toward the standard approach here, it seems clear that the phenomenological picture of everyday thinking it assumes is problematic and not undisputed. It is not entirely clear if we could appeal to the existence of a sense of mental agency as a paradigmatic feature of everyday thinking when establishing comparisons with psychotic thinking. A number of everyday thoughts do not show this sense of agency and they are not experienced as alien or anything of the sort. Therefore, characterizing TI as fundamentally involving alterations in the sense of agency seems to violate the phenomenology of (most) everyday thoughts. This issue seems to naturally call for a more detailed and granular approach to the experience of thinking in everyday and delusional reality to be able to integrate TI with the more profound phenomenological changes that seems to be involved. The standard approach establishes an implausible comparison between psychotic and everyday thinking implying the existence of highly speculative parameters to determine their differences. In doing so, it also establishes a highly disputable picture of the phenomenology of everyday (non-psychotic) paradigmatic thinking. Perhaps, this type of intuitive – but problematic – comparisons are not a good starting point for understanding TI, even if agency plays a crucial role in the etiology of delusions such as TI, it might not do it in the way the standard approach proposes. Of course, my analysis does not lead to the conclusion that differences between psychotic and non-psychotic thinking cannot be determined. What it means is that such a task demands and justify an examination that goes beyond the analysis of specific thoughts reported as inserted

in comparison with normal cognition. This analysis will help to overcome oversimplified approaches to thinking when trying to characterize TI.

### Thought insertion and the multimodal nature of psychotic Thinking<sup>12</sup>

Even though the standard approach has added interesting details to the characterization of TI, it has often neglected the lived first-person perspective of the subject suffering from the actual phenomenon (Fernandez, 2019; Fusar-Poli et al., 2022; Lysaker et al., 2012; Ritunano et al., 2022). The problem of this is that the objectivization of deeply embedded and embodied processes – such as psychopathological phenomena – by 3rd person data gathering methods could obscure the full breadth of phenomena such as TI. After all, delusions become target of – conceptual and clinical – enquiry for primarily being first-personally accessible conscious experiences of persons. Delusions are a focus of attention due to the way in which impact the experience of subjects. Delusions are experienced – and, frequently suffered – by persons, and persons are neither simply their brains nor mere assemblages of mechanisms. As Lysaker et al. (2012) rightly point out, psychopathological phenomena, whatever their etiology, interrupt: “the lives of people who struggle to find and create security and meaning in a world of contingency”, and therefore, such phenomena “cannot be properly described without consideration of the first-person context of the lives so interrupted” (p. 739).

Most approach to TI in analytic philosophy of mind and cognitive sciences have focused on how the *content* of inserted thought are produced. Even though this, let’s call it, “zooming-in” strategy has enriched our scientific understanding of the cognitive mechanisms of thinking, it tends to neglect an important issue. As suggested by L. Sass (2019), psychopathological phenomena such as delusions express a different *mode* or *form* of experience on the part of the patient. Most of what makes TI so intriguing has to do with the *how* rather than the *what* of thoughts in psychosis. Therefore, the neglectation of the *form* of thinking in psychosis could deprive these approaches of some of the most crucial aspects of the phenomenon.<sup>13</sup> Problematically, the zooming-in strategy leads to decontextualization of the contents it examines from the framework of experience. From a scientific point of view, this is relevant because “it is likely that the altered form of experience is, pathogenetically speaking, closer to its natural/biological substrate”. In contrast, ‘content is always contingent and idiosyncratic because it is mainly, but not only, biographically determined (J. Parnas & Zahavi, 2002, p. 158). For this reason, the exploration of formal alterations of experiences could be considered a more direct taxonomic focus for the psychopathologist. Epistemically, the neglectation of the type of element that could only be retrieved by inspecting first-personal data could lead to the

construction of an oversimplified *explanandum*, and therefore, faulty explanatory theories.

Here phenomenology offers a valuable tool for the descriptive characterization of TI as it focuses on the faithful description of conscious experiences from the 1<sup>st</sup> person perspective, namely, “what it is like” or the “how” of experience (Gallagher, 2022). When applied to psychiatry, phenomenology seems to provide a set of suitable conceptual and methodological tools for the description of how the most fundamental structures of consciousness alter in psychopathological states (Fernandez, 2019; J. S. S. Parnas & Bovet, 2015; J. Parnas & Gallagher, 2015). As Henriksen and Nilsson (2017) suggest, the phenomenological approach has “enabled schizophrenic psychosis, which too often has been deemed bizarre or incomprehensible, to appear less enigmatic and to allow for some form of empathic understanding” (p. 2).

First-personal phenomenological descriptions suggest that delusions such as TI emerge in the context of a generally altered experience of the world and *self* (Conrad, 1958, Jaspers, 1968; López-Silva, 2016, 2018; Mayer-Gross, 1932; A. L. Mishara, 2010; L. A. Sass & Pienkos, 2013; Sterzer et al., 2016). This period has been often referred in the literature as “delusional atmosphere” or “delusional mood” (*Wahnstimmung*) and it is considered an early stage of delusion formation, therefore, a crucial element for the neuropsychiatric understanding of delusions – especially in schizophrenia (Corlett, 2018; Kapur, 2003; A. L. Mishara & Corlett, 2009; Sterzer et al., 2018, 2016).<sup>14</sup> In a first stage of *perplexity*, the world during delusional moods is experienced as a strange and tense place; a general “sense of tantalizing yet ineffable meaning” seems to pervade reality (L. A. Sass & Pienkos, 2013, p. 635; see also Fusar-Poli et al., 2022). Gradually, reality obtains a puzzling character as “it seems arranged like a stage setting and things give the impression of being only covers or imitations for an undeterminable purpose” (Fuchs, 2005, p. 134). There is a subtle and pervasive feeling that something has changed so “objects may seem to have lost their usual qualities of coherence or usefulness; things may stand forth as strange, surreal, or suggestive entities” (Jaspers, 1963, p. 98). As Gross & Huber’s (1972) patient recalls: “Wherever you are looking, everything looks unreal [...] People went down the street like in a puppet theatre”. During this stage, the experience of reality becomes different “not to a gross degree” as perception of brute properties in the world seems unaltered. As a patient reports: “When you go somewhere, everything seems already set up for you like in a theatre – it’s really eerie, and you get terribly frightened” (Fuchs, 2005, p. 134).

During the first stage of delusional moods, the patients’ experience of their own existence is also affected. As a patient reports: “It is as if I am not a part of this world; I have a strange ghostly feeling as if I was from another

planet. I am almost non-existent” (J. Parnas et al., 2005, p. 245). Reporting her own experience of TI, patient BS claims that: “In the months preceding it [episode of TI], I experienced unreality many times. I had short periods of time in which I felt like I didn’t exist. I had other experiences in which I had to, for instance, touch a coffee table in front of me to make sure it was real. I had short times in which nothing outside myself seemed to exist” (López-Silva, 2018, p. 3). Unable to find continuity with the way they usually feel in the world, individuals experience a radical change in the way the whole embodied personal existence is experienced in a paradoxical quasi-solipsistic reality (Jaspers, 1963; Lysaker et al., 2012; A. L. Mishara & Fusar-Poli, 2013; L. A. Sass & Pienkos, 2013). In the midst of this radical embodied alienation of the environment, in a second stage of delusional moods, objects in the world seem to acquire hidden meanings for the individual: “the sight of a limping man on the street may suddenly evoke the impression of the devil hunting the patient. The stroke of a bell may announce his imminent death” (Fuchs, 2005, p. 134). Once the undeciphered becomes deciphered, a delusional reality is established. Schneider (1959) coins the term “delusional perception” to refer to the strange and self-referential meanings given to indifferent situations without comprehensible reason (Fuchs, 2005). During this period, the person often experiences feeling of being controlled, persecuted, and being the center of attention of “mysterious” forces (Minkowski, 1995, p. 390). A number of times, this experience will even include feelings of physical submission (Schneider, 1939), this leading the subject to a general loss of anonymity and sense of being permanently exposed to the mind of others (Binswanger, 1957).

All these transformations in the experience of reality scaffold the experience of thoughts in psychosis so TI should be explored as part of a set of transformation in the experience of the self and its relation to reality. Emphasizing the fundamental (ontological) differences between thoughts in psychosis and everyday cognition, Kusters (2021, p. 116) reports that: ‘for the madman, the things that are “thought” this way are less part of himself than they are for normal people. In madness, thoughts are more like inspirations and bright ideas that come from the outside; they are experienced as strange, and the madman feels no responsibility for them. Instead he has the feeling that thoughts are presenting themselves to him rather than that he is thinking them himself’.<sup>15</sup> In trying to offer a more detailed characterization of psychotic symptoms, the Early Heidelberg School of Psychiatry points out that TI might involve a general disruption to the inner connectedness of thoughts and experiences by a “becoming sensory” (Mayer-Gross, 1932; A. Mishara et al., 2023; Sterzer et al., 2016). Inserted thoughts might not only lack certain paradigmatic features such as a sense of agency (although I have already established the problematic nature of this idea). Rather, altered thoughts in psychosis would be a sign of a more

profound transformation of consciousness that includes how thinking is anticipated moment-to-moment as a continuous and not necessarily conscious activity (A. Giersch & Mishara, 2017, 2017b).<sup>16</sup>

As Kusters (2014, p. 116) has suggested: “in madness [thoughts] become more sense-like and may for example have shape and colour”, adding that “Some thoughts feel heavy, while others feel very light. Thoughts become more physical; they can drag you along, and you can feel them racing through your body. You can even get them to flow out of your head and through your hands or the top of your skull”. Gruhle (1915) also reports that some individuals are “surprised” by their own thoughts and this could be explained as general disruption in the ability to integrate different types of environmental cues and establishing the context in which our appreciation of the world and our own private mental states take place. Jaspers (1963) suggest that, during psychosis, new thoughts could appear “without context” involving the feeling that they have been made from outside (Jaspers, 1963). Although, again, this does not seem to explain the identification of specific intrusive agents as reported in TI. Similar to what Kusters suggests, one of Gruhle’s patients claimed that the thoughts experienced as inserted in schizophrenia were not a form of thinking: ‘it is something different than hearing, and it is not like thinking’ (Jaspers, 1963; Kendler & Mishara, 2019, p. 981). Symptoms such as TI and thought withdrawal – commonly related over the trajectory of the former over time – seem to be experienced in connection with abnormal bodily sensations, distressing physicality, and a transformation of the whole embodied relationship between the *self* and world (Blankenburg, 1971, 2002; Borrmann et al., 2023; Fuchs, 2015).

When we focus on the *how* of thoughts in psychosis, we see that the standard approach seems to ignore features that could be constitutive of TI, and, with this, it would be offering an incomplete characterization of the phenomenon. Dominant approaches in philosophy of mind and cognitive sciences have tend to neglect the examination of the form of thoughts in psychosis, and therefore, the source of some of the most relevant aspects of the phenomena. In this section we have seen how phenomenological psychopathology inform the task of characterizing TI. Apart from emerging in the midst of a rarefied atmosphere where reality and self-awareness are radically transformed; inserted thoughts cannot be characterized as the mere product of a diminished or altered sense of agency (or ownership, or endorsement, among many other options) because thinking in psychosis involves sensory features and a physicality that makes it a complex multimodal conscious occurrence. These multimodal changes in the most fundamental structures of consciousness would lead to the “*experience of thinking*” to acquire non-paradigmatic quasi-sensory properties in psychosis, making them radically different from the phenomenology of everyday

thoughts (Gruhle, 1915; Mayer-Gross, 1932, Kusters, 2020; A. Mishara et al., 2023). In this way, the multimodal nature of the phenomenology of TI would render the project of characterizing the phenomenon in terms of specific thoughts lacking certain features in comparison to our everyday thoughts insufficient (A. Mishara et al., 2023). The delusional atmosphere and the multimodal nature of the experience of TI seems to be systematically neglected in dominant characterizations of the phenomenon in a number of places in the philosophy mind and cognitive sciences. More importantly, all these phenomenological alterations should be integrated into the descriptive characterization of TI as they would be also playing a crucial role in not only the formation of the delusion, but also in its consolidation and maintenance (A. Mishara et al., 2023; Sterzer et al., 2016).

## Thought insertion and the social roots of conscious experience

### *The social co-constitution of conscious reality*

Over the last years, authors have started to consider delusional moods as a constitutive element of the characterization of TI (Corlett, 2018; López-Silva, 2018; A. Mishara et al., 2023; Sterzer et al., 2018, 2016). Even though this is an important progress, current approaches in philosophy of mind and cognitive sciences do not only neglect delusional moods and the multimodal nature of thinking in psychosis, but also the complex social dimension of psychopathological phenomena (Ratcliffe, 2015; Henriksen & Nilsson, 2017, Van Duppen, 2017; Fuchs, 2015, 2020). The issue here is that our conscious experience of the world is not established as a, so to speak, individualistic (quasi-solipsistic) relation. As suggested by Husserl (1960), the objective way in which the world appears in consciousness does not only represent objects *to me*. It also indicates that objects are in the world and that they are *accessible for everyone*. The three I see is also a possible object for others who could see it simultaneously from other sides so consciousness is constituted by an “implicit presence of a plurality of other perspectives” (Fuchs & Fuchs, 2020, p. 64). In my conscious experience of the three, I rely on its meaningfulness for others, and therefore, the intentional objects of my perception are intersubjectively co-constituted in consciousness. Belonging to a social world does not constitute an explicit introspective contrast for my appreciations of reality. Rather, it constitutes the foundation for the very constitution of my subjective experience of reality. My consciousness of the world is a consciousness of the world *with* others. As Sartre (1956, p. 233) expresses: “the other is present in it [i.e., the world] not only as a particular concrete and empirical appearance but as a permanent condition of its unity and of its richness”. Even if the other is not concretely present in my explicit field of awareness, “the other is always there as a layer of constitutive meaning



which belongs to the very object which I consider”. According to Husserl (1973), the objectivity of the world depends on transcending my private sphere of subjectivity that occurs in my continuous encounter with the other, namely, in belonging to a socially shared world. This implicit intersubjectivity is then a “condition of possibility” for my experience of objective reality to exist (Fuchs & Fuchs, 2020), this becoming a shared bedrock for our certainties about the world without necessarily being made explicit or verbalized (Wittgenstein, 1969). As suggested by a number of phenomenologists, *common sense* could be regarded as an expression of those fundamental certainties, and therefore, constitutive of our everyday experience of reality and the empathic understanding that characterizes of everyday social interactions (see Blankenburg, 2001; Stanghellini, 2001, for example).

When viewed as an expression of a mutation in the way in which the self relates to itself and the world, delusions acquire a fundamental social connotation for the experience of a *self-in-the-world* is unthinkable outside the social world, namely, as a *being-in-the-world-with-others* (Blankenburg, 1971, 2001; Dewey, 1922; Schütz, 1945). Here I suggest that intersubjective alterations are not some additional aspect of delusions such as TI but an integral and constitutive part of the phenomenon (see also Henriksen & Nilsson, 2017, Van Duppen, 2017; Fuchs & Fuchs, 2020). This aspect has been systematically neglected in dominant characterizations of TI in cognitive sciences and philosophy mind due to their individualistic tendency and single-thought disturbances focus. It is interesting to see that this individualistic tendency is not an exclusive of single thought-centered approaches, but it has also been present within phenomenological tradition in psychiatry (see, Fuchs, 2015, Henriksen & Nilsson, 2017; Thoma et al., 2022). Take, for example, the case of the dominant theory of schizophrenia in the current phenomenological psychopathology that characterizes psychotic symptoms – such as delusions – as disorders of the *minimal self*, *core self*, or “*ipseity*”, i.e., the basic pre-reflective sense of existing as a unified and vital subject of experience (J. Parnas et al., 2005). As Thoma et al. (2022) claim, the tendency of this view to locate mental disorders within the individual has led to a bracketing of social factors of psychotic experiences that “would come to the fore by looking at the embeddedness of self-experience into the world via manifold forms of interaction” (p. 4). Thoma’s et al. (2022) main claim is that this approach implies that social aspects are secondary and not constitutive of subjective lived experience, and, as a consequence, it seems to confirm a narrow individualistic focus that has served as a criticism of phenomenological psychiatry over the years.

Now, even if I do not agree with the totality of this criticism, it is certainly true that the social constitution of lived experience in psychosis have remained relegated to a second place within the *ipseity* model.<sup>17</sup> Over the



last years, the constitutive role of intersubjectivity in the development of psychotic symptoms has gained traction (Salice & Henriksen, 2015, Van Duppen, 2017; Thoma & Fuchs, 2018; Fuchs, 2017, 2020; Englander, 2018; Bizzari, 2018; Thoma et al., 2022). For example, Fuchs (2015, 2020, 2021) tries to integrate the *ipseity* model with theories of embodied intersubjectivity, suggesting that mental disorders should be defined as disturbances of bodily being-with-others and social attunement. On this view, mental disorders would imply a disturbance in the intersubjective co-constitution of the world. Now, a number of questions remain open when it comes to our understanding of the role of these intersubjective alterations in the characterization of delusions such as TI. However, what is clear is that a meticulous phenomenological examination of the phenomenon of schizophrenia leads to the need for the incorporation of the socially constituted nature of conscious experience to the debate about the descriptive characterization of TI. Interestingly, as we will see in the next section, the relevance of the social constitution of psychotic lived experience is already present in the work of a number of authors within the early phenomenological tradition in psychopathology.

### **Thought insertion and the social phenomenology of delusions**

The altered experience of the world during delusional moods does not only affects the perception of physical objects, but also, the experience of other persons and social interactions. In this sense, TI could involve disruptions in the sense of being together, and the feeling of belonging to a social reality. Gross and Huber (1972) refers to a patient that, during delusional moods, experience people as being part of a “puppet theatre”. For the deluded, people lose their vital appeal, so they no longer seem to call for meaningful interactions as they might look as artificial images (Fuchs, 2005). Freedman and Chapman (1973) refer to a patient that claims that, during psychosis: “People look confusing [...] almost like they’re made up. People that I know... have masks on or they’re disguising themselves. It’s like a big play... like a big production story”.

In his description of *dementia precox*, Kraepelin (1904) observes that delusions in schizophrenia seem to have a marked intersubjective element; they arise in the midst of an affective disconnection to others (loss of attachment to friends and family, p. 182) and a loss of the awareness of social norms. Thus, “*patients have no consideration anymore of their surroundings, they do not attune their behaviors to the situation they are in*” (p. 183). For Kraepelin, delusions such as TI involve an alienation from the social world. Consistently, Bleuler (1955), who first coined the term *schizophrenia*, connects delusions to a disturbance of intersubjective affective connection where patients are no longer attuned to the surroundings and

the affective states of others. This detachment from the affectively social world makes the patients' expressions to not resonate in others, losing the empathetic connection common to everyday social interactions. For Fuchs and Fuchs (2020), this could be a sign of a deeply embodied disconnection with the practical world, and, therefore, as Sass (2017) also suggests, delusions such as TI would involve a withdrawal from the shared practical reality. Bleuler (1955) saw in this affective disconnection a fundamental aspect of the *autistic* dimension of schizophrenia, namely, “*a loss of reality into the patient's own fantasy world*” (p. 338). For Bleuler, patients “*live in a world of their own. They have incased themselves with their desires and wishes [...] they have cut themselves off as much as possible from any contact with the external world*” (p. 63). It is important to note that Bleuler will see in this autism a “fundamental” symptom of schizophrenia “*present in every case and at every period of the illness*” (p. 13). Contrasting with Bleuler, Minkowski (1927) will claim that the autistic element of schizophrenia is not a matter of living in a world of fantasy, but rather, a matter of turning away from others (although both claims do not seem to be incompatible in principle); autism is failing in attuning, resonating with and being immersed in the intersubjective world. For the French psychiatrist Minkowski, autism is the generative disorder of schizophrenia (*trouble générateur*), the pervasive phenomenal core on the condition that shapes and constrains the configuration of different symptoms keeping them “*meaningfully interrelated*” (p. 132). For Minkowski, the production of delusions such as TI involves a gradual loss of vital contact with reality where patients become unable to engage with socially ruled interactions. Delusions, then, are a deviation from intersubjective reality, cases of “brutal isolation” (p. 95) where the implicit connection with others is lost.

The socially constituted nature of conscious experience is also mentioned by Jaspers, although not extensively (Jaspers, 1968). In his *magnus opus*, *General Psychopathology*, Jaspers claimed that our normal everyday convictions about reality “are formed in a context of social living and [tacit] common knowledge”. Our experience of reality is only comprehensible when it fits into the frame of what is socially valid, only there it can be modulated, corrected and, finally, constituted. Then, “if socially accepted reality totters, people become adrift” (p. 104). For Fuchs and Fuchs (2020), what Jaspers' insight captures is the fact that delusions arise as a loss of *common ground* for the co-constitution of subjective experience. With the radical subjectification of the perception of the world, the absence of the other in the constitution of the subject's first-personal experience shatters her trust in a shared reality; common sense loses its validity, and delusions arise as a part of a new self-evident solipsistic reality. Delusions such as TI in schizophrenia constitute an ontological fissure between the socially shared reality of others and me, a loss of the condition of possibility for mutual

understanding. Delusions are experienced against a vital background that is no longer shared with the social world (Rhodes & Gipps, 2008).

Later in the history of phenomenological psychopathology, Blankenburg (1969/2001) will characterize delusions as a loss of the ability to be connected in an *embodied* - and *temporally synchronized* - way with others in a shared world. This “loss of common sense” (*Verlust der natürlichen Selbstverständlichkeit*) captures the experience of the loss of what is evident, habitual, and obvious in social situations. *Common sense* involves both practical knowledge about social situations and basic intuitive bodily attunements with the social world aimed at understanding shared situations in synchronization (Stanghellini, 2001; Thoma & Fuchs, 2018). The emergence of TI – and its accompanying phenomena – occurs in the context of a general loss of the sense of the obvious in the common sense of everyday consciousness that alters the commonly self-evident sense of embeddedness in a social world (Blankenburg, 1971, 2001, Mishara, 2001). TI cannot be properly characterized without considering these transformations at the forefront of reality produced by the loss of the common sense in everydayness in the embodied connectedness with the world (Blankenburg, 1971, 2001). The exclusive focus of current characterizations of TI seems to miss these constitutive features of the phenomenon. The type of experiential alterations underlying the experience of TI in schizophrenia affect the socially and temporally embodied constitution of the subjective realm in which one recognizes himself at every moment-to-moment action (Kimura, 1985, Van Duppen, 2017; Fusar-Poli et al., 2022).

During the period of delusional mood, the loss of the intersubjective co-constitution of experience can cause the individual to feel that the objects of the world have been arranged in the way they are *because of him*. This leads to the creation of paradoxical solipsistic realities that are no longer empathetically and temporally aligned with the former socially shared realm (C. S. Humpston, 2018; Kusters, 2021; Minkowski, 1927). As Klosterkötter (1988, p. 69) says: “[during psychosis] *everything around you suddenly refers to you. You are in the center of a plot like in front of backdrops*”. López-Silva et al. (2022) have recently claimed that delusions of TI emerge as the product of the individual’s search for perceptual coherence and contextual relatedness between different simultaneous experience when producing a unified conscious experience of reality. Disturbances in the intersubjective constitution of experience would lead to a loss of vital embodied social synchronicity and a diminished relatedness to others (*Intersubjektivitätsbezogenheit*; see, Blankenburg, 1984; A. L. Mishara & Fusar-Poli, 2013). As a consequence of the increasing alienation from the social reality, the formation of a solipsistic self-referential and pseudo-coherent delusional reality will provide the ontological foundations for the experience of TI and other co-occurrent phenomena (Feyaerts et al., 2021;

Henriksen, 2018; López-Silva et al., 2022).<sup>18</sup> When taking this into consideration, it is clear to see why TI should not be viewed as a mere disruption of agency associated to thoughts. Rather, TI seems to be part of a generative experience involving the establishment of a solipsistic reality that no longer share the intersubjective co-constitution of the social world (C. S. Humpston, 2018, 2022). Neglecting this implies the construction of a very incomplete characterization of the phenomenon, and therefore, the establishment of problematic *explananda* for potential explanatory theories.

Here we find a dilemma. TI could be seen as the final part of the aforementioned general withdrawal from reality described by phenomenological descriptions of schizophrenia. The act of producing her own's solipsistic reality seals a patient's withdrawal from the socially-shared reality. This could make empathetic understanding very hard and clinical settings would aim at working out that seal. Alternatively, we could see TI and its co-occurring phenomena as a way of recovering contact – albeit problematically – with a formerly shared reality. This could open the possibility for empathetic processes and delusions would be something to work with in interaction with the patient. Perhaps, both alternatives are not even exclusive, but a proper examination of this issue would take me too far from the aims on the current paper. Certainly, these options should be explored considering the etiology of delusions as a temporally extended process and the clinical consequences derived from them. What is clear, until here, is that TI is not merely an expression of alterations in the constitution of particular thoughts (those finally reported as inserted), but rather, an expression of multimodal alterations in the experience of the self and its intersubjective co-constitution. The focus on the structure of specific thoughts of standard approaches has not been able to consider this broader picture, and therefore, it is not clear how it could be able to descriptively characterize TI without assuming a very incomplete picture. Here it is important to note that the exact relationship between the multimodal changes in thinking described in the prior section and the alterations in the intersubjective con-constitution of conscious experience in psychosis has not yet been clarified. It is not clear how transformations in the experience of the social world could be connected to multimodal changes in psychosis. What seems clear is that alterations in intersubjectivity seem to precede the type of multimodal transformations in thinking described in psychosis. Clinical data shows that individuals with psychosis start to develop alterations in the experience of the social world very early in life (Fusar-Poli et al., 2022; J. Parnas et al., 2021). While remembering his childhood, an individual admits that: “*I was a loner and was probably somewhat backwards socially. I had never had a boyfriend, rarely even dated, and my friendships with girls were limited and superficial*” (Fusar-Poli et al., 2022, p. 170). Similarly, another subject reports that: “*I was too shy*

*to raise my hand, and although my parents were very sociable and outgoing, I would hide behind my mum when meeting strangers*". Consistently with Fusar-Poli's et al. (2022) observations, J. Parnas et al. (2021) present two cases. In first one, the subject claims that *'I'm somehow in all respects different from others. My facial features, the feeling I express, the environment I was born in . . . anyway, it is all different. I have to do everything anew from the beginning*. The second patient says that: *"I have always felt different [. . .] I have always felt like. . . that I was chosen to do something spectacular that would change the world. I feel like the Universe has something to do with it in some way. [. . .] Most of the time I feel like I'm not related or connected to the world'*. Certainly, the discussion of this issue could help us guide new insights into the etiology of TI.

### **Final remarks: exploring connections in psychology and clinical practice**

Most approaches to the descriptive characterization of delusions of TI in cognitive sciences have focused on the analysis of how the presence or absence of certain problematic features in specific thoughts could lead to their externalization in psychosis. This paper has argued that one of the most prominent formulation of this approach – the *standard approach* – is problematic for it assumes a simplistic picture of the phenomenology of everyday thoughts and neglects the multimodal nature of the experience of thinking in psychosis. Additionally, I have suggested that the model has also neglected the social phenomenology of delusions in schizophrenia. Instead of summarizing the broader characterization of TI I have offered here, in this final section I would like to establish some connections between the just explored social phenomenology of TI and current research in psychology and clinical practice.

As already mentioned, over the years, schizophrenia has been systematically linked to an increasingly disruptive change in the experience between self and other. Changes in the experience of intersubjectivity and sociality have been reported very early in the development of the condition (Fusar-Poli et al., 2022; J. Parnas et al., 2021), becoming a key factor for the assessment of the individuals' risk to psychosis (Cavieres & López-Silva, 2022; Henriksen & Nilsson, 2017). In schizophrenia, subjects experience a gradual detachment from social reality as they seem to lack an implicit understanding of the "rules of the social game" shared by others (Fuchs & Fuchs, 2020; Minkowski, 1927). Individuals tend to lose a sense of proportion for what is appropriate, likely and relevant in the social context (Fuchs, 2015). From a phenomenological perspective, disturbances of pre-reflective self-awareness, embodiment, agency, temporality, and intersubjectivity – including a weakening of the basic sense of self and a disruption of implicit

bodily functioning in the dimensions of both perception and action – would lead to a fundamental disturbance of the pre-reflective, embodied, and practical immersion of the embodied self in the social world (Van Duppen, 2017). Then, the social nature of the phenomenology of delusions such as TI suggests the existence of deeply embodied disturbances in the way in which subjects process social cues.

Recently, Cavieres and López-Silva (2022) have suggested that symptoms such as delusions and AVH in schizophrenia could be related to alterations in the development of the ability to become aware and understand actual and potential interactions *with* and *between* others, i.e., *social perception*. This cognitive ability would include the understanding of individual and shared roles and intentions conveyed by bodily and linguistic expressions directed to others within a social environment. Alterations in social perception could capture the fact that people with schizophrenia have problems perceiving social situations as social or, in other words, perceiving opportunities for social engagement. Recent empirical research seems to back up this idea. López-Silva and Cavieres (2023) have recently shown that people diagnosed with schizophrenia present important difficulties perceiving the interpersonal affordances of social encounters. According to Gibson (1979), affordances are properties of the interplay between subject and environment. Developing an ecological approach to psychopathological phenomena, Kim and Effken (2022) suggest that the constitution of the self depends on the perception of affordances to make sense and healthily inhabit the environment. When the perception of affordances is altered, the ecological niche of the individual becomes meaningless, retreating into the type of experiential alterations in the experience of reality, embedment, and intersubjective space characteristic of the condition. Appealing to the notion of social affordances – defined as – the combination of a subject's features and possibilities for action that people in the environment offer to someone else -, Kim and Effken (2022) found that the capacity to perceive affordances is impaired in people with schizophrenia, although the capacity to detect the object's brute physical properties is kept intact which seems consistent with the phenomenological description of TI I have provided in this paper.

Alterations in the processing of social cues could lead to the inability to generate an adequate intersubjective space in which to share and construct meanings about everyday life experiences over the course of a subject's development. This idea is consistent with the loss of common sense and the failure to co-constitute reality characterizing delusions such as TI. More importantly, this idea positions the focus of research in schizophrenia in the process of psychological and neuro-development of the patient, understanding that delusions could be an expression of a long-standing process of gradual deconstruction of reality in favor of self-referential and solipsistic attitudes. As



suggested by J. Parnas et al. (2021), patients with schizophrenia spectrum disorders frequently report that they have felt different from others since early childhood or adolescence (see Fusar-Poli et al., 2022). This experience is termed “*Anderssein*” in German and refers to a “peculiar feeling of being different, in which the feeling of difference precedes finding out what is different” (p. 1518). Patients could express this feeling in many ways, such as “I felt wrong”, “I did not fit in”, or “I failed to bond and connect” (p. 1518). Arguably, the examination of progressive alterations in social perception during the patient’s vital development could help to better understand the etiology of delusional phenomena. Problematic trajectories in this cognitive ability could leave patients vulnerable to the emergence of idiosyncratic and self-referential appreciations of reality that would lead to the production of psychotic symptoms (see Fuchs & Fuchs, 2020; Fusar-Poli et al., 2022).

It is important to note that the social emphasis of the phenomenological description of delusions I have offered here could not only inform conceptual and empirical progress in the task of understanding psychotic symptoms such as TI; also, it might inform clinical practice. Social disturbances are a core feature of schizophrenia (Budziszewska et al., 2020; Cavieres & López-Silva, 2022; Fuchs, 2015). From a therapeutic approach, an early narrative exploration of subtle changes in the sense of inhabiting a shared social world in people at risk of psychosis might allow the planning of early preventive interventions, or the improvement of existing programs. Psychosocial intervention programs could benefit from the incorporation of this type of observations (see Stanghellini, 2001). As proposed by Cavieres and López-Silva (2022), favoring safe, non-judgmental and shared working environments with people at risk of psychosis aiming at examining these types of experiences would facilitate the incorporation of interpretations of individuals with lived experience, but above all, it would favor constructive and real-life oriented social interactions. Accordingly, this type of therapeutic setting might create intersubjective spaces to work out the relativization of the individual’s own experiences without weakening ego-identity and self-confidence. In this sense, deep phenomenological examination of psychotic symptoms would allow the improvement of clinical intervention.

## Notes

1. In this paper, I will discuss delusions of TI in the context of schizophrenia.
2. A high number of discussions of TI within the philosophy of mind attempt to deal with this issue. See for example, Stephens and Graham (2000), Campbell (1999, 2001), Bortolotti and Broome (2009), Martin and Pacherie (2013), Ratcliffe and Wilkinson (2015), Gallagher (2015), Wilkinson (2023), among many others.



3. The idea that TI should be understood as the externalization of a thought seems to be present in almost all alternatives to the characterization problem. A different point of view can be found in McCauley and Graham (2020) where the authors propose to focus on the external agent reported in the symptom rather than in the thought reported as externalized.
4. The idea of a reality built by subjects in schizophrenia that is different from the socially shared world and that it serves as the ontological foundation for the production of symptoms such as delusions and AVH is part of the earliest descriptions of schizophrenia in the phenomenological tradition in psychiatry (see for example, Bleuler, 1955, Kraepelin, 1899; Minkowski, 1927, among many others).
5. This is not to say that standard approaches of this type should be ruled out; Rather, that the distinctions offered by these approaches should be examined in the context of these general phenomenological transformation in self-awareness and the experience of reality.
6. Negative strategies can be also found in L. Sass (2000). The author refers to psychosis symptoms as TI as “self-withdrawal”, claiming that TI necessarily implies the absence of something that is “normally present – the sense of ownership of intentional control” (p. 154). Similarly, Blakemore (2000) and Gallagher (2000) suggest that TI involves something missing in experience. Frith (1992) proposes that TI is a disruption and a deprivation that implies that in normal circumstances “we have some way of recognizing our own thoughts” (p. 80). See also Stephens and Graham (2000, ch. 7), Gibbs (2000, p. 196), and Zubin (1985, p. 462).
7. These claims seem to arise from the establishment of a parallelism between thinking and motor action. Arguably, this parallelistic strategy can be seen as the source of some of the most fundamental problems within the standard approach (see, Proust, 2009).
8. Here I understand “phenomenal” as a property of the first-order experience of thinking prior to introspection.
9. The notion of mineness is not uncontroversial and a number of substantial disagreements about how to best conceptualize it are identified in current literature. For a review of this issue, see Guillot and Garcia-Carpintero (2023).
10. In a reply to critics, Zahavi (2018) has claimed that: “The proposal was that thought insertion is characterized by a lack of a sense of agency and by a misattribution of agency to someone or something else. I assume the latter is sufficient to distinguish thought insertion from unbidden thoughts or obsessive thoughts. Just for the record, I no longer think that thought insertion can be understood simply as a case involving a disorder of sense of agency. I think this is too simplistic an account. But the aim of my discussion was never to offer a positive account of thought insertion, but simply to rule out what I took to be a mistaken account, namely the claim that thought insertions provided *prima facie* evidence for the existence of phenomenal states that lack for-me-ness”. Now, even if the focus on Zahavi’s view is to provide an answer to egoless approaches to conscious experience, his view still does not seem to consider the phenomenological context in which TI appears and it is still based on the comparison between normal thoughts and thought in psychosis characteristic of dominant approaches to the phenomenon in TI.
11. This phenomenological disagreement should not be confused with the metaphysical discussion about whether thoughts are or are not mental actions (O’Brien & Soteriou, 2009, p. 2). For people like O’Shaughnessy (2000), and Peacocke (2003), thoughts are necessarily mental actions. In contrast, people like Strawson (2003) are skeptical about this idea. Although related, the phenomenological and metaphysical debates

- are distinct. One can uncontroversially claim that thoughts are actions while denying the existence of any impression of agency and the opposite position is also possible.
12. This section examines some of the issues already worked with Aaron Mishara, Cherise Rosen and Andreas Heinz (A. Mishara et al., 2023)
  13. This problem is referred by Heidegger as “the forgetting”. As L. Sass (2019) writes: “The ‘forgetting’ to which Heidegger refers, which involves both neglect and distortion, derives from the widespread and deeply rooted tendency of human thought to focus on objects or entity-like phenomena to the exclusion of broad and more encompassing dimensions or frameworks of experience, and also (a related tendency) to conceptualize or construe what pertains to the latter (frameworks) in terms of the former (objects) (p. 127)”
  14. Phenomenologists such as Jaspers and Schneider claim phenomena such as delusions would arise out of this mood or atmosphere, as an attempt to make sense of the confusion and the feelings of unidentified significance (Jaspers, 1963, p. 98; L. A. Sass & Pienkos, 2013).
  15. Over the years, atmospheric changes described during delusions moods have been explained by appealing to an alteration in the process of salience attribution (Kapur, 2003; Sterzer et al., 2016). For example, authors have proposed that excessive dopamine signaling leads to a misattribution of salience to otherwise irrelevant stimuli, which then demand explanation, culminating in delusions such as TI (Heinz, 2002; Kapur, 2003; Sterzer et al., 2016, 2018). Problematically, this single alteration “does not explain why environmental perceptions are imbued with specific meaning centered around the person with psychosis” (A. Mishara et al., 2023, p. 37). All that it can explain is the fragmented and confusing experience of reality the patients report. However, the creation of new meaning in the midst of these transformation requires further explanatory elements. Additionally, it is not clear how aberrant salience attribution could explain the genesis of delusional moods and the specific symptoms reported by patients. Certainly, the former could be seen as the period of incubation for the latter, however, this does not necessarily explain how people transit from the former to the latter. It might be that TI is often preceded by a delusional mood, but the reverse case is not guaranteed. Many phenomenological features of delusional moods resemble phenomenal features of other altered states of consciousness, so it is, at least in principle, possible to think about cases of delusional mood-type of experience not leading up to delusions, and therefore, that aberrant salience would not be sufficient for the development of delusions (López-Silva & Cavieres, 2023). For some, aberrant salience attribution to *inner speech* could explain why certain thoughts can appear to be alien, or why certain verbalized thoughts may change their sensory quality and appear in the form of acoustic verbal hallucinations (Langland- Hassan, 2023). However, this does not seem to explain why unmonitored thoughts with sensory quality are finally attributed to specific alien agents in the environment, and the same problem is observed in a number of formulations of the standard approach.
  16. It is not clear to see what this process consists in. If anticipating a thought requires the anticipation of its content, then the anticipated thought and my current anticipating collapse into each other.
  17. For a recent revised version of the Ipseity Model, see L. Sass and Feyaerts (2023).
  18. For some, this would be the psychogenesis of the phenomena of double-bookkeeping. Following Bleuler, (1959) define this phenomenon as an ability to simultaneously live in two worlds, a shared social reality and a private solipsistic world. Delusions would belong to the latter so they would constitute an ontologically different type of

experience when compared to socially constituted experiences (such as our experience of everyday cognition).

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## References

- Billon, A. (2016). Making sense of the cotard syndrome: Insights from the study of depersonalisation. *Mind & Language*, 31(3), 356–391. <https://doi.org/10.1111/mila.12110>
- Billon, A., & Kriegel, U. (2015). Jaspers’ dilemma: E psychopathological challenge to subjectivity theories of consciousness. In R. J. Gennaro (Ed.), *Disturbed consciousness: New essays on psychopathology and theories of consciousness* (pp. 29–54). e MIT Press.
- Binswanger, L. (1957). *Schizophrenie*. Neske.
- Bizzari, V. (2018). Schizophrenia and common sense: A phenomenological perspective.
- Blakemore, S. J. (2000). Monitoring the self in schizophrenia: The role of internal models. In D. Zahavi (Ed.), *Exploring the self* (pp. 185–202). John Benjamins Publishing Company.
- Blankenburg, W. (1969/2001). First steps toward a psychopathology of common sense (Orig. Ansaetze zu einer Psychopathologie des ‘common sense’). *Philosophy, Psychiatry, & Psychology*, 8, 303–315.
- Blankenburg, W. (1971). *Der Verlust der Natürlichen Selbstverständlichkeit. Ein Beitrag zur Psychopathologie symptomarmer Schizophrenien*. Ferdinand Enkel Verlag.
- Blankenburg, W. (1984). Unausgeschöpftes in der Psychopathologie von Karl Jaspers. *Nervenarzt*, 55(9), 447–460.
- Blankenburg, W. (2001). First steps toward a psychopathology of “common sense”. *Philosophy, Psychiatry, & Psychology*, 8(4), 303–315. <https://doi.org/10.1353/ppp.2002.0014>
- Bleuler, E. (1955). *Lehrbuch der Psychiatrie, 9e Auflage*. Springer Verlag.

- Bleuler, E. (1959). *Dementia praecox or the group of schizophrenias* [English Translation]. International Universities Press.
- Borrmann, V., Coenen, C., Gerstgrasser, L., Albers, E., Müller, O., & Kellmeyer, P. (2023). Resurrecting the ‘body’: Phenomenological perspectives on embodiment. *The Routledge Handbook of the Ethics of Human Enhancement*.
- Bortolotti, L. (2010). *Delusions and other irrational beliefs*. Oxford University Press.
- Bortolotti, L., & Broome, M. (2009). A role for ownership and authorship in the analysis of thought insertion. *Phenomenology and the Cognitive Sciences*, 8(2), 205–224. <https://doi.org/10.1007/s11097-008-9109-z>
- Budziszewska, M. D., Babiuch-Hall, M., & Wielebska, K. (2020). Love and romantic relationships in the voices of patients who experience psychosis: An interpretive phenomenological analysis. *Frontiers in Psychology*, 11, 570928. <https://doi.org/10.3389/fpsyg.2020.570928>
- Cahill, C., & Frith, C. D. (1996). A cognitive basis for the signs and symptoms of schizophrenia. In C. Pantelis, H. E. Nelson, & T. Barnes (Eds.), *Schizophrenia: A neuropsychological perspective*. John Wiley and Sons.
- Campbell, J. (1999). Schizophrenia, the space of reasons, and thinking as a motor process. *The Monist*, 82(4), 609–625.
- Campbell, J. (2001). Rationality, meaning and the analysis of delusion. *Philosophy, Psychiatry, & Psychology*, 8(2–3), 89–100. <https://doi.org/10.1353/ppp.2001.0004>
- Campbell, J., & Sugden, S. J. B. (1999). Schizophrenia, the space of reasons, and thinking as a motor process. *The Monist*, 82(4), 609–625. <https://doi.org/10.5840/monist199982426>
- Cavieres, A., & López-Silva, P. (2022). Social perception deficit as a factor of vulnerability to psychosis. A brief proposal for a definition. *Frontiers in Psychology*, 13, 805795. <https://doi.org/10.3389/fpsyg.2022.805795>
- Conrad, K. (1958). *Die beginnende schizophrenie [Beginning schizophrenia]*. Cambridge University Press.
- Corlett, P. (2018). Delusions and prediction error. In L. Bortolotti (Ed.), *Delusions in context*. Palgrave Macmillan. [https://doi.org/10.1007/978-3-319-97202-2\\_2](https://doi.org/10.1007/978-3-319-97202-2_2)
- De Haan, S., & De Bruin, L. (2010). Reconstructing the minimal self, or how to make sense of agency and ownership. *Phenomenology and the Cognitive Sciences*, 9(3), 373–396. <https://doi.org/10.1007/s11097-009-9148-0>
- Dewey, J. (1922). Human nature and conduct. In *The middle works of John Dewey* (Vol. 14). Southern Illinois University Press.
- Duncan, M. (2019). The self shows up in experience. *Review of Philosophy and Psychology*, 10(2), 299–318. <https://doi.org/10.1007/s13164-017-0355-2>
- Englander, M. (Ed.). (2018). *Phenomenology and the social context of psychiatry: Social relations, psychopathology, and Husserl’s philosophy*. Bloomsbury Publishing.
- Fernandez, A. V. (2019). Phenomenological psychopathology and psychiatric classification. In G. Stanghellini, M. Broome, A. V. Fernandez, P. Fusar-Poli, A. Raballo, & R. Rosfort (Eds.), *The oxford handbook of phenomenological psychopathology*. Oxford University Press.
- Feyaerts, J., Henriksen, M. G., Vanheule, S., Myin-Germeys, I., & Sass, L. A. (2021). Delusions beyond beliefs: A critical overview of diagnostic, aetiological, and therapeutic schizophrenia research from a clinical-phenomenological perspective. *The Lancet Psychiatry*, 8(3), 237–249. [https://doi.org/10.1016/S2215-0366\(20\)30460-0](https://doi.org/10.1016/S2215-0366(20)30460-0)
- Freedman, B., & Chapman, L. J. (1973). Early subjective experiences in schizophrenic episodes. *Journal of Abnormal Psychology*, 82(1), 46–54. <https://doi.org/10.1037/h0034952>
- Frith, C. (1992). *The cognitive neuropsychology of schizophrenia*. Erlbaum.

- Frith, C., Blackmore, S., & Wolpert, M. (2000). Explaining the symptoms of schizophrenia: Abnormalities in the awareness of action. *Brain Res Reviews*, 31(2–3), 357–363. [https://doi.org/10.1016/S0165-0173\(99\)00052-1](https://doi.org/10.1016/S0165-0173(99)00052-1)
- Fuchs, T. (2005). Delusional mood and delusional perception – a phenomenological analysis. *Psychopathology*, 38(3), 133–139. <https://doi.org/10.1159/000085843>
- Fuchs, T. (2015). Schizophrenia, embodiment and intersubjectivity. In D. S. Stoyanov (Ed.), *Towards a new philosophy of mental health: Perspectives from neuroscience and the humanities* (pp. 269–291). Cambridge Scholars Publishing.
- Fuchs, T. (2017). *Ecology of the brain: The phenomenology and biology of the embodied mind*. Oxford University Press.
- Fuchs, T., & Fuchs, T. (2020). Delusion, reality, and intersubjectivity: A phenomenological and enactive analysis. *Philosophy, Psychiatry, & Psychology*, 27(1), 61–79. <https://doi.org/10.1353/ppp.2020.0009>
- Fusar-Poli, P., Estradé, A., Stanghellini, G., Venables, J., Onwumere, J., Messas, G., Gilardi, L., Nelson, B., Patel, V., Bonoldi, I., Aragona, M., Cabrera, A., Rico, J., Hoque, A., Otaiku, J., Hunter, N., Tamelini, M. G., Maschião, L. F., ... Arango, C. (2022). The lived experience of psychosis: A bottom-up review co-written by experts by experience and academics. *World Psychiatry*, 21(2), 168–188. <https://doi.org/10.1002/wps.20959>
- Gallagher, S. (2000). Philosophical conceptions of the self: Implications for cognitive science. *Trends in Cognitive Sciences*, 4(1), 14–21. [https://doi.org/10.1016/S1364-6613\(99\)01417-5](https://doi.org/10.1016/S1364-6613(99)01417-5)
- Gallagher, S. (2007a). The natural philosophy of agency. *Philosophy Compass*, 2(2), 347–357. <https://doi.org/10.1111/j.1747-9991.2007.00067.x>
- Gallagher, S. (2007b). Sense of agency and higher-order cognition: Levels of explanation for schizophrenia. *Cognitive Semiotics*, 0, 32–48.
- Gallagher, S. (2009). Delusional realities. In R. B. Matthew & L. Bortolotti (Eds.), *Psychiatry as cognitive neuroscience: Philosophical perspectives* (pp. 245–268). Oxford University Press.
- Gallagher, S. (2015). Relations between agency and ownership in the case of schizophrenic thought insertion and delusions of control. *Review of Philosophy and Psychology*, 6(4), 865–879. <https://doi.org/10.1007/s13164-014-0222-3>
- Gallagher, S. (2022). *Phenomenology*. Palgrave MacMillan.
- Gerrans, P. (2001). Authorship and ownership of thoughts. *Philosophy, Psychiatry, & Psychology*, 8(2), 231–237. <https://doi.org/10.1353/ppp.2001.0009>
- Gerrans, P. (2015). The feeling of thinking: Sense of agency in delusions of thought insertion. *Psychology of Consciousness: Theory, Research, & Practice*, 2(3), 291. <https://doi.org/10.1037/cns0000060>
- Gerrans, P., & Sugden, S. J. B. (1999). Delusional misidentification as subpersonal disintegration. *The Monist*, 82(4), 590–608. <https://doi.org/10.5840/monist199982427>
- Gibbs, P. (2000). Thought insertion and the inseparability thesis. *Philosophy, Psychiatry, & Psychology*, 7(3), 195–202.
- Gibson, J. J. (1979). *The ecological approach to perception*. Lawrence Erlbaum Associates.
- Giersch, A., & Mishara, A. (2017). Disrupted continuity of subjective time in the milliseconds range in the self-disturbances of schizophrenia: Convergence of experimental, phenomenological, and predictive coding accounts. *Journal of Consciousness Studies*, 24(3–4), 62–87.
- Giersch, A., & Mishara, A. L. (2017). Is schizophrenia a disorder of consciousness? Experimental and phenomenological support for anomalous unconscious processing. *Frontiers in Psychology*, 8, 1659. <https://doi.org/10.3389/fpsyg.2017.01659>

- Gross, G., & Huber, G. (1972). Sensorische Störungen bei Schizophrenien. *Archiv für Psychiatrie und Nervenkrankheiten*, 216, 119–130.
- Gruhle, H. W. (1915). Selbstschilderung und einföhlung. *Zeitschri Für Die Gesamte Neurologie Und Psychiatrie*, 27(1), 148–231. <https://doi.org/10.1007/BF02866667>
- Guillot, M. (2017). I me mine: On a confusion concerning the subjective character of experience. *Review of Philosophy and Psychology*, 8(1), 23–53. <https://doi.org/10.1007/s13164-016-0313-4>
- Guillot, M., & Garcia-Carpintero, M. (Eds.). (2023). *Self-Experience: Essays on Inner Awareness*. Oxford University Press.
- Heidegger, M. (1969). *Zur Sache des Denkens*. Niemeyer Verlag.
- Heidegger, M. (1977). The end of philosophy and the task of thinking. In D. F. Krell (Eds.), *Basic writings*. Harper and Row:
- Heinz, A. (2002). Dopaminergic dysfunction in alcoholism and schizophrenia - psychopathological and behavioral correlates. *European Psychiatry*, 17(1), 9–16. [https://doi.org/10.1016/S0924-9338\(02\)00628-4](https://doi.org/10.1016/S0924-9338(02)00628-4)
- Henriksen, M. G. (2018). Schizophrenia, psychosis, and empathy. In M. Englander (Ed.), *Phenomenology and the social context of psychiatry: Social relations, psychopathology, and Husserl's philosophy* (pp. 27–48). Bloomsbury Academic. <https://doi.org/10.5040/9781350044333.ch-002>
- Henriksen, M. G., & Nilsson, L. S. (2017). Intersubjectivity and psychopathology in the schizophrenia spectrum: Complicated we, compensatory strategies, and self-disorders. *Psychopathology*, 50(5), 321–333. <https://doi.org/10.1159/000479702>
- Henriksen, M. G., Parnas, J., & Zahavi, D. (2019). Thought insertion and disturbed for-me-ness (minimal selfhood) in schizophrenia. *Consciousness and Cognition*, 74, 102770. <https://doi.org/10.1016/j.concog.2019.102770>
- Humpston, C. (2023). Paradoxes in a prism: Reflections on the omnipotent passivity and omniscient oblivion of schizophrenia. *Philosophical Psychology*, 36(8), 1507–1520. <https://doi.org/10.1080/09515089.2022.2078187>
- Humpston, C. S. (2018). The paradoxical self: Awareness, solipsism and first-rank symptoms in schizophrenia. *Philosophical Psychology*, 31(2), 210–231. <https://doi.org/10.1080/09515089.2017.1410877>
- Humpston, C. S. (2022). Isolated by oneself: Ontologically impossible experiences in schizophrenia. *Philosophy, Psychiatry, & Psychology*, 29(1), 5–15. <https://doi.org/10.1353/ppp.2022.0001>
- Humpston, C. S., & Broome, M. R. (2016). The spectra of soundless voices and audible thoughts: Towards an integrative model of auditory verbal hallucinations and thought insertion. *Review of Philosophy and Psychology*, 7(3), 611–629. <https://doi.org/10.1007/s13164-015-0232-9>
- Husserl, E. (1960). *Cartesian meditations. An introduction to phenomenology*. (D. Cairns, Trans.). Martinus Nijhoff.
- Husserl, E. (1973). *Zur Phänomenologie der Inter- subjektivität., 1905–1920: Erster Teil*. Martinus Nijhoff.
- Jaspers, K. (1963). *General psychopathology* (7th ed). Manchester University Press.
- Jaspers, K. (1968). The phenomenological approach in psychopathology. *British Journal of Psychiatry*, 114, 1313–1323 [Originally published in German: Die phänomenologische Forschungsrichtung in der Psychopathologie. *Z Ges Neurol Psychiatr*. 1912;9:391–408].
- Kapur, S. (2003). Psychosis as a state of aberrant salience: A framework linking biology, phenomenology, and pharmacology in schizophrenia. *The American Journal of Psychiatry*, 160(1), 13–23. <https://doi.org/10.1176/appi.ajp.160.1.13>



- Kendler, K. S., & Mishara, A. (2019). E prehistory of Schneider's rst-rank symptoms: Texts from 1810 to 1932. *Schizophrenia Bulletin*, 45(5), 971–990. <https://doi.org/10.1093/schbul/sbz047>
- Kim, N., & Effken, J. (2022). Disturbance of ecological self and impairment of affordance perception. *Frontiers in Psychology*, 13(2022), 925359. <https://doi.org/10.3389/fpsyg.2022.925359>
- Kimura, B. (1985). Time and psychosis. In D. Kruger (Ed.), *The changing reality of modern man: Essays in honour of J.H. van den Berg* (pp. 191–198). Duquesne University Press.
- Klosterkötter, J. (1988). *Basissymptome und Endphä-nomene der Schizophrenie*. Springer.
- Kraepelin, E. (1899). *Psychiatrie. Ein Lehrbuch für Studierende und Ärzte* (Vol. 1, 6th ed.). J. A. Barth.
- Kraepelin, E. (1904). *Psychiatrie: Ein Lehrbuch für Studierende und Ärzte. 7., viel-fach umgearbeitete Auflage. II. Band*. Verlag von Johan Ambrosius Barth.
- Kusters, W. (2014). *Filosofie van de waanzin*. Lemniscaat.
- Kusters, W. (2020). *A philosophy of madness: The experience of psychotic thinking*. MIT Press.
- Kusters, W. (2021). *A philosophy of madness*. MIT Press.
- Langland-Hassan, P. (2008). Fractured phenomenologies: Ought insertion, inner speech, and the puzzle of extraneity. *Mind and Language*, 23(4), 369–401. <https://doi.org/10.1111/j.1468-0017.2008.00348.x>
- Langland- Hassan, P. (2023). Thought insertion as a persecutory delusion. In P. López-Silva & T. McClelland (Eds.), *Intruders in the mind: Interdisciplinary perspectives on thought insertion* (pp. 171–193). Oxford University Press.
- López-Silva, P. (2014). La relevancia filosófica del estudio de la esquizofrenia. Cuestiones metodológicas y conceptuales. *Revista Colombiana de Psiquiatría*, 43(3), 168–174. <https://doi.org/10.1016/j.rcp.2014.07.002>
- López-Silva, P. (2015). Schizophrenia and the place of egodystonic states in the aetiology of thought insertion. *The Review of Philosophy & Psychology*, 7(3), 577–594. <https://doi.org/10.1007/s13164-015-0272-1>
- López-Silva, P. (2016). The unity of consciousness in pre-psychotic states. A phenomenological analysis / La unidad de la conciencia en estados pre-psicóticos. Un análisis fenomenológico. *Estudios de Psicología*, 37(1), 1–34. <https://doi.org/10.1080/02109395.2015.1122434>
- López-Silva, P. (2017). Me and I are not friends, just acquaintances: On thought insertion and self-awareness. *The Review of Philosophy & Psychology*, 10(2), 319–335. <https://doi.org/10.1007/s13164-017-0366-z>
- López-Silva, P. (2018). Mapping the psychotic mind: A review on thought insertion. *Psychiatric Quarterly*, 89(1), 957–968. <https://doi.org/10.1007/s11126-018-9593-4>
- López-Silva, P. (2020). Atribuciones de Agencia Mental y el Desafío desde la Psicopatología. *Kriterion*, 61(147), 1–19. <https://doi.org/10.1590/0100-512X2020n14713pls>
- López-Silva, P. (2022). La marca de la psicosis: hacia una síntesis del problema tipológico de los delirios. *Revista Colombiana de Psiquiatría*, 52, S183–S189. <https://doi.org/10.1016/j.rcp.2021.11.002>
- López-Silva, P., & Cavieres, A. (2023). Schizophrenia and the error-prediction model of thought insertion. In P. López-Silva & T. McClelland (Eds.), *Intruders in the mind: Interdisciplinary perspectives on thought insertion*. Oxford University Press.
- López-Silva, P., Harrow, M., Jobe, T. H., Tufano, M., Harrow, H., & Rosen, C. (2022). 'Are these my thoughts?': A 20-year prospective study of thought insertion, thought withdrawal, thought broadcasting, and their relationship to auditory verbal hallucinations. *Schizophrenia Research*, 265, 46–57. <https://doi.org/10.1016/j.schres.2022.07.005>



- Lysaker, P. H., Buck, B., & Lysaker, J. T. (2012). Schizophrenia and alterations in the experience of self and agency: Comparisons of dialogical and phenomenological views. *Theory & Psychology*, 22(6), 738–755. <https://doi.org/10.1177/0959354311435376>
- Martin, J. M., & Pacherie, E. (2013). Out of nowhere: Thought insertion, ownership and context-integration. *Consciousness and Cognition*, 22(1), 111–122. <https://doi.org/10.1016/j.concog.2012.11.012>
- Mathieson, D. (2023). Schizophrenic thought insertion and self-experience. Review of Philosophy and Psychology. <https://doi.org/10.1007/s13164-023-00680-2>
- Mayer-Gross, W. (1928). Zur Struktur des Einschlaferslebens. *Zbl Ges Neurol Psychiatry*, 51, 246.
- Mayer-Gross, W. (1932). Psychopathologie und Klinik der Trugwahrnehmungen. In O. Bumke (Ed.), *Handbuch der Geisteskrankheiten. Band I. Allgemeiner Teil I*. Verlag von Julius Springer.
- McCauley, R., & Graham, G. (2020). *Hearing voices and other matters of the mind*. OUP.
- Mellor, C. S. (1970). First rank symptoms of schizophrenia. *The British Journal of Psychiatry*, 117(536), 15–23. <https://doi.org/10.1192/S0007125000192116>
- Minkowski, E. (1927). *La schizophrénie. Psychopathologie des schizoïdes et des schizophrènes*. Payot.
- Minkowski, E. (1995). *Le temps vécu. Etudes phéno- ménologiques et psychopathologiques*. Presses Universitaires de France.
- Mishara, A. L. (2010). Klaus Conrad (1905–1961): Delusional mood, psychosis, and beginning schizophrenia. *Schizophrenia Bulletin*, 36(1), 9–13. <https://doi.org/10.1093/schbul/sbp144>
- Mishara, A. L., & Corlett, P. (2009). Are delusions biologically adaptive? Salvaging the doxastic shear pin. *The Behavioural & Brain Sciences*, 32(6), 530–531. <https://doi.org/10.1017/S0140525X09991464>
- Mishara, A. L., & Fusar-Poli, P. (2013). The phenomenology and neurobiology of delusion formation during psychosis onset: Jaspers, truman symptoms, and aberrant salience. *Schizophrenia Bulletin*, 39(2), 278–286. <https://doi.org/10.1093/schbul/sbs155>
- Mishara, A., López-Silva, P., Rosen, C., & Heinz, A. (2023). Self-disturbances, perceptual anomalies, and physicality: Towards a multimodal model of thought insertion. In P. López-Silva & T. McClelland (Eds.), *Intruders in the mind: Interdisciplinary perspectives on thought insertion* (pp. 27–42). Oxford University Press.
- Mishara, A. L., & Zaytseva, Y. (2019). Hallucinations and phenomenal consciousness. In G. Stanghellini, A. Raballo, M. Broome, A. Fernandez, P. Fusar-Poli, & R. Rosfort (Eds.), *Oxford handbook of phenomenological psychopathology*. Oxford University Press.
- Mullins, S., & Spence, S. A. (2003). Re-examining thought insertion: Semi-structured literature review and conceptual analysis. *E British Journal of Psychiatry*, 182(4), 293–298. <https://doi.org/10.1192/bjp.182.4.293>
- Nagel, T. (1974). What is it like to be a bat? *Philosophical Review*, 83(4), 435–450. <https://doi.org/10.2307/2183914>
- Nour, M. M., & Barrera, A. (2015). Schizophrenia, subjectivity, and mindreading. *Schizophrenia Bulletin*, 41(6), 1214–1219. <https://doi.org/10.1093/schbul/sbv035>
- O'Brien, L., & Soteriou, M. (2009). *Mental actions*. OUP.
- O'Shaughnessy, B. (2000). *Consciousness and the world*. Oxford University Press.
- Parnas, J. S. S., & Bovet, P. (2015). Psychiatry made easy: Operation(al)ism and some of its consequences. In *Philosophical issues in psychiatry III: The nature and sources of historical change*. (pp. 190–212). Oxford University Press. <https://doi.org/10.1093/med/9780198725978.001.000>

- Parnas, J., & Gallagher, S. (2015). Phenomenology and the interpretation of psychopathological experience. In L. Kirmayer, L. Kirmayer, R. Lemelson, & C. C. Cummings (Eds.), *Revisiting psychiatry integrating biological, clinical and cultural perspectives* (pp. 65–80). Cambridge University Press.
- Parnas, J., Moeller, P., Kircher, T., Thalbitzer, J., Jansson, L., Handest, P., & Zahavi, D. (2005). EAASE: Examination of anomalous self-experience. *Psychopathology*, 38(5), 236–258. <https://doi.org/10.1159/000088441>
- Parnas, J., Urfer-Parnas, A., & Stephensen, H. (2021). Double bookkeeping and schizophrenia spectrum: Divided unified phenomenal consciousness. *European Archives of Psychiatry and Clinical Neuroscience*, 271(8), 1513–1523. <https://doi.org/10.1007/s00406-020-01185-0>
- Parnas, J., & Zahavi, D. (2002). The role of phenomenology in psychiatric diagnosis and classification. In M. Maj, W. Gaebel, J. J. López-Ibor, & N. Sartorius (Eds.), *Psychiatric diagnosis and classification*. <https://doi.org/10.1002/047084647X.ch6>
- Payne, R. (2023). When is a thought mine and when is it not? A personal view of thought insertion. In P. López-Silva & McClelland (Eds.), *Intruders in the mind: Interdisciplinary perspectives on thought insertion* (pp. 3–6). Oxford University Press.
- Peacocke, C. (2003). Awareness, ownership, and knowledge. In J. Roessler & N. Eilan (Eds.), *Agency and self-awareness: Issues in philosophy and psychology* (pp. 94–110). Oxford University Press.
- Pienkos, E., Silverstein, S., & Sass, L. (2017). The phenomenology of anomalous world experience in schizophrenia: A qualitative study. *Journal of Phenomenological Psychology*, 48(2), 188–213. <https://doi.org/10.1163/15691624-12341328>
- Proust, J. (2009). Is there a sense of agency for thoughts? In L. O'Brien & M. Soteriou (Eds.), *Mental actions*. OUP.
- Ratcliffe, M. (2015). The interpersonal world of psychosis. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 14(2), 176–178. <https://doi.org/10.1002/wps.20208>
- Ratcliffe, M., & Wilkinson, S. (2015). Thought insertion clarified. *Journal of Consciousness Studies: Controversies in Science & the Humanities*, 22(11–12), 246–269.
- Rhodes, J., & Gipps, R. G. T. (2008). Delusions, certainty, and the background. *Philosophy, Psychiatry, & Psychology*, 15(4), 295–310. <https://doi.org/10.1353/ppp.0.0202>
- Ritunnano, R., Humpston, C., & Broome, M. R. (2022). Finding order within the disorder: A case study exploring the meaningfulness of delusions. *BJournal of Psychology Bulletin*, 46(2), 109–115. <https://doi.org/10.1192/bjb.2020.151>
- Roessler, J. (2013). Thought insertion, self-awareness, and rationality. In K. W. M. Fulford (Ed.), *The oxford handbook of philosophy and psychiatry* (pp. 658–672). Oxford University Press.
- Roessler, J. (2023). Thought insertion and the ontology of thinking. In López-Silva, Pablo & McClelland, Tom (Eds.), *Intruders in the mind: Interdisciplinary perspectives on thought insertion*. Oxford University Press.
- Rosen, C., Harrow, M., Humpston, C., Tong, L., Jobe, T. H., & Harrow, H. (2022). 'An experience of meaning': A 20-year prospective analysis of delusional realities in schizophrenia and affective psychoses. *Frontiers in Psychiatry*, 13, 940124. <https://doi.org/10.3389/fpsy.2022.940124>
- Rosen, C., Jones, N., Chase, K. A., Gin, H., Grossman, L. S., & Sharma, R. P. (2016). E intra-subjectivity of self, voices and delusions: A phenomenological analysis. *Psychosis*, 8(4), 357–368. <https://doi.org/10.1080/17522439.2016.1162839>
- Rothenfluch, S. (2020). A modified self-knowledge model of thought insertion. *Review of Philosophy and Psychology*, 11(1), 157–181. <https://doi.org/10.1007/s13164-019-00449-6>

- Salice, A., & Henriksen, M. G. (2015). The disrupted 'we': Schizophrenia and collective intentionality. *Journal of Consciousness Studies*, 22(7–8), 145–171.
- Sartre, J. P. (1956). *Being and nothingness*. (Hazel E. Barnes, Trans.). Philosophical Library.
- Sass, L. (2000). Schizophrenia, self-experience, and the so-called 'negative symptoms'. In D. Zahavi (Ed.), *Exploring the self* (pp. 149–182). John Benjamins Publishing Company.
- Sass, L. (2017). *Madness and modernism: Insanity in the light of modern art, literature, and thought* (rev ed.). Oxford University Press.
- Sass, L. (2019). Three dangers: Phenomenological reflections on the psychotherapy of psychosis. *Psychopathology*, 52(2), 126–134. <https://doi.org/10.1159/000500012>
- Sass, L., & Byrom, G. N. (2015). Phenomenological and neurocognitive perspectives on delusion. *World Psychiatry*, 14, 164–173.
- Sass, L., & Feyaerts, F. (2023). Self-disorder in schizophrenia: A revised view (2. Theoretical revision—Hyperreflexivity. *Schizophrenia Bulletin*, sbad170. <https://doi.org/10.1093/schbul/sbad170>
- Sass, L. A., & Pienkos, E. (2013). Delusion: The phenomenological approach. In KWM Fulford, M Davies, RGT Gipps, G Graham, JZ Sadler, G Stanghellini, & T Thornton (Eds.), *The Oxford Handbook of Philosophy and psychiatry* (pp. 632–657). Oxford University Press.
- Sass, L. A., & Pienkos, E. (2015). Faces of intersubjectivity: Interpersonal experience in melancholia, mania, and schizophrenia. *Journal of Phenomenological Psychology*, 46(1), 1–32. <https://doi.org/10.1163/15691624-12341283>
- Scheur, J. K. (2009). Experience and self-consciousness. *Philosophical Studies*, 144(1), 95–105. <https://doi.org/10.1007/s11098-009-9381-y>
- Schneider, K. (1939). *Psychischer befund und psychiatrische diagnose*. ieme.
- Schneider, K. (1959). *Clinical psychopathology*. Grune & Stratton.
- Schütz, A. (1945). On multiple realities. *Philosophy and Phenomenological Research*, 5(4), 533–576. <https://doi.org/10.2307/2102818>
- Sollberger, M. (2014). Making sense of an endorsement model of thought insertion. *Mind and Language*, 29(5), 590–612. <https://doi.org/10.1111/mila.12067>
- Sousa, P., & Swiney, L. (2013). Thought insertion: Abnormal sense of thought agency or thought endorsement? *Phenomenology and Cognitive Science*, 12(4), 637–654. <https://doi.org/10.1007/s11097-011-9225-z>
- Spence, S. A., Brooks, D. J., Hirsch, S. R., Liddle, P. F., Meehan, J., & Grasby, P. M. (1997). A PET study of voluntary movement in schizophrenic patients experiencing passivity phenomena (delusions of alien control). *Brain: A Journal of Neurology*, 120(11), 1997–2011. <https://doi.org/10.1093/brain/120.11.1997>
- Stanghellini, G. (2001). Psychopathology of common sense. *Philosophy, Psychiatry, & Psychology*, 8(2), 201–218. <https://doi.org/10.1353/PPP.2001.0018>
- Stephens, G. L., & Graham, G. (2000). *When self-consciousness breaks: Alien voices and inserted thoughts*. MIT Press.
- Sterzer, P., Adams, R. A., Fletcher, P., Frith, C., Lawrie, S. M., Muckli, L., Petrovic, P., Uhlhaas, P., Voss, M., & Corlett, P. R. (2018). The predictive coding account of psychosis. *Biological Psychiatry*, 84(9), 634–643. <https://doi.org/10.1016/j.biopsych.2018.05.015>
- Sterzer, P., Mishara, A., Voss, M., & Heinz, A. (2016). Thought insertion as a self-disturbance: An integration of predictive coding and phenomenological approaches. *Frontiers in Human Neuroscience*, 10, 502. <https://doi.org/10.3389/fnhum.2016.00502>
- Straus, E. (1949). Die Ästhesiologie und ihre Bedeutung für das Verständnis der Halluzinationen. *Archiv Für Psychiatrie Und Nervenkrankheiten*, 182(3), 301–332. <https://doi.org/10.1007/BF00340251>

- Strawson, G. (2003). Mental ballistics or the involuntariness of spontaneity. *Proceedings of the Aristotelian Society*, N.S, 103, pp. 227–256.
- Synofzik, M., Vosgerau, G., & Newen, A. (2008). Beyond the comparator model: A multifactorial two-step account of agency. *Consciousness and Cognition*, 17(1), 219–239. <https://doi.org/10.1016/j.concog.2007.03.010>
- Thoma, S., & Fuchs, T. (2018). Inhabiting the shared world: Phenomenological considerations on sensus communis, social space and schizophrenia. *Schizophrenia and Common Sense: Explaining the Relation Between Madness and Social Values*, 19–37.
- Thoma, S., Konrad, M., Fellin, L. C., & Galbusera, L. (2022). Paving the way for systemic phenomenological psychiatry - the forgotten heritage of Wolfgang Blankenburg. *Frontiers in Psychiatry*, 13, 909488. <https://doi.org/10.3389/fpsyt.2022.909488>
- Van Duppen, Z., & Feyaerts, J. (2021). The phenomenology of psychosis: Considerations for the future. *Philosophy, Psychiatry, & Psychology*, 28(3), 277–279. <https://doi.org/10.1353/ppp.2021.0041>
- Varga, S. (2010). Vulnerability to psychosis, I-thou inter- subjectivity and the praecox-feeling. *Phenomenology and the Cognitive Sciences*, 12(1), 131–143. <https://doi.org/10.1007/s11097-010-9173-z>
- Vosgerau, G., & Voss, M. (2014). Authorship and Control over Thoughts. *Mind & Language*, 29(5), 534–565. <https://doi.org/10.1111/mila.12065>
- Wegner, D. M. (2004). Precis of the illusion of conscious will. *Behavioral and Brain Sciences*, 27(5), 649–659; ; discussion 660–92.
- Wilkinson, S. (2023). Soundless voices and inserted thoughts: What grounds the distinction?. In López-Silva, P. & McClelland, T. (Eds.), *Intruders in the mind: Interdisciplinary perspectives on thought insertion* (pp. 61–78). Oxford University Press.
- Wittgenstein, L. (1969). *On certainty*. Basil.
- Zahavi, D. (2005). *Subjectivity and selfhood: Investigating the first-person perspective*. MIT Press.
- Zahavi, D. (2018). Consciousness, self-consciousness, selfhood: A reply to some critics. *Review of Philosophy and Psychology*, 9(3), 703–718. <https://doi.org/10.1007/s13164-018-0403-6>
- Zubin, J. (1985). Negative symptoms: Are they indigenous to schizophrenia? *Schizophrenia Bulletin*, 11(3), 461–470. <https://doi.org/10.1093/schbul/11.3.461>