

**‘Scottish sympathy’: Hume, Smith, and psychoanalysis**

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**1. Introduction**

What do David Hume and Adam Smith have to do with psychoanalysis? I argue that their conception of sympathy is an important resource for understanding psychoanalysis today. Although belonging to different traditions and periods of thought, the conception of sympathy we owe to Hume and Smith and the psychology of the psychoanalytic process show considerable similarity. Psychoanalytic theory describes psychological mechanisms which lead to failure of self-knowledge and mental suffering. It also explains how the clinical practice of interpretation can lead to self-understanding and consequent therapeutic improvement in the patient. Through an increase of emotional understanding between patient and psychoanalyst propelled by the former’s reception of the latter’s interpretations, a mutuality of communication is established which is seen to be one of sympathy. As theorists of human emotional communication, Hume and Smith provide a bridgehead into the theoretically dense terrain of psychoanalytic theory and practice, made thereby more accessible to philosophy and to the human sciences. At the same time, psychoanalytic insights into the dynamics of psychical defence suggest we revisit Hume’s psychology for a mechanics of self-deception.

Although perhaps surprising, my claim that the writings of Hume and Smith on sympathy provide a philosophical resource with which to understand the psychoanalytic process is supported by comparison between these and a case study by the psychoanalyst Roger Money-Kyrle. Furthermore, once the connection with psychoanalysis is made in these terms, theoretical considerations within psychoanalysis point to a re-estimation of Hume’s early, Newtonian mechanistic psychology.<sup>1</sup> That this unlikely comparison of two theories separated in time, place, and intent, is nevertheless well-founded can be seen once the respective intellectual projects are contextualised to the long tradition of thought about emotional communication, most recently manifested in the variety of claims made for empathy. Empathy

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<sup>1</sup> Hume envisaged a ‘science of man’ that would explain human behaviour and knowledge as Newton’s discoveries explained the natural world.

is acknowledged as being rooted in the Early Modern concept of sympathy.<sup>2</sup> But this is itself a re-working of the older concept of sympathy in ancient thought. From Stoic philosophy onwards, sympathy was thought of as the harmony between man, the natural world and the cosmos; while not explicitly conceived as sympathy, the idea of an emotional resonance between persons emerged as a feature of successful oratory.<sup>3</sup> Hume and Smith were both familiar with Latin writing on rhetoric from their time as students, and Hume, in his essay ‘Of Eloquence’, makes much of Cicero’s rhetorical skill in arousing passions in his hearers that are congruent with the situations they describe.<sup>4</sup>

Sympathy found its way from Scotland to German aesthetics and psychology as *Einfühlung*, initially in the writing of Herder (Waldow 2019). It reappeared in Anglophone thought mistranslated as ‘empathy’ (Jahoda 2005). The origins of psychoanalysis in German intellectual thought should therefore make it unsurprising that sympathy and psychoanalysis

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<sup>2</sup> See, for example, Braddock 2019. There I argue that empathy either reduces to Humean sympathy or, augmented by projection, becomes projective identification.

<sup>3</sup> Citing Demosthenes, Cicero writes in *De Oratore* that delivery is the key skill of oratory; ‘For nature has assigned to every emotion a particular look and tone of voice and bearing of its own; and the whole of a person’s frame and every look on his face and utterance of his voice, are like the strings of a harp, and sound according as they are struck by each successive emotion’ (Cicero, p. 173).

<sup>4</sup> Hume’s familiarity with Cicero’s writing, including *De Oratore*, is well-known (see Mossner 1977). On more than one occasion he cites Cicero’s oration *In Verrem*, celebrated for its effects on the hearer: ‘All the passions, excited by eloquence, are agreeable in the highest degree, as well as those which are moved by painting and the theatre. The epilogues of Cicero are, on this account chiefly, the delight of every reader of taste; and it is difficult to read some of them without the deepest sympathy and sorrow. His merit as an orator, no doubt, depends much on his success in this particular. When he had raised tears in his judges and all his audience, they were then the most highly delighted, and expressed the greatest satisfaction with the pleader. The pathetic description of the butchery, made by Verres of the Sicilian captains, is a masterpiece of this kind: But I believe none will affirm, that the being present at a melancholy scene of that nature would afford any entertainment. Neither is the sorrow here softened by fiction: For the audience were convinced of the reality of every circumstance’ (Hume, 1777, p. 219).

come together, but Freud seldom mentions *Einfühlung*.<sup>5</sup> He makes no theoretical use of the concept despite the prominence he accords the imagination. Instead, the technical innovation of free-floating attention to the patient's associations, alongside Freud's insistence on the analyst's neutrality, instigated the conditions for the patient's transference to the analyst to emerge, in a space which also permitted the discovery of the countertransference. Opening up the field of the analyst's reflective response to her patient brings the operation of sympathy into focus. While the discovery of the countertransference might be a historical accident, it is not a historical curiosity; it marks out both Early Modern sympathy and psychoanalysis as iterations of human self-enquiry. What Hume's and Smith's concept, with its classical origins, has to tell us about the nature of emotional engagement is one segment of a conceptual filiation traceable onwards into nineteenth century German intellectual thought, the context in which psychoanalysis arose as a therapeutic practice. In what follows I set the Scottish philosophers' account of sympathy alongside a clinical example of psychoanalytic practice where the emotional communication in the countertransference maps onto the philosophical picture to a degree that is isomorphic, though with a telling discrepancy that requires resolution.

Psychoanalysis rests on the presumption that its explanations can make sense of the puzzling human behaviour it describes and of the therapeutic changes that it brings about; nevertheless its concepts and terminology can benefit from philosophical elucidation.<sup>6</sup> The concept of the countertransference is not only important for understanding therapeutic activity in psychoanalytic practice; when understood in terms of sympathy it acquires a philosophical frame of reference that illuminates its working which, when it involves projection, is opaque to ordinary psychological understanding. The countertransference revolves around the

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<sup>5</sup> Ancient, neo-Platonist and Renaissance ideas of man's sympathetic resonance with nature came together with the new sentimentalism in Early Modern thought in the rise of *Naturphilosophie* and the Romantic anti-classical turn in nineteenth century German aesthetics. Both of these strands of thought influenced Freud, interested early on by Goethe's essay on *Naturphilosophie*, and later by Theodor Lipps's adaptation of the aesthetic concept of *Einfühlung* into psychology (Jahoda 2005, Pigman 1995).

<sup>6</sup> Gardner (1993) credits Richard Wollheim with the argument that approaching psychoanalysis as an extension of ordinary psychology supplies a methodological principle for elucidating psychoanalytic explanations which do not readily integrate into ordinary psychology; psychoanalytic theory was intended to be epistemologically and conceptually continuous with ordinary psychology even while its own concepts extend beyond it.

psychoanalyst's self-interpretive reading of her responses to her patient's active communication of his state of mind, particularly through projective mechanisms. When, reflecting on her response, the analyst distinguishes her state of mind as corresponding to the one that her patient is in, she also comes to see that he is trying to get her to understand his state by getting her to feel it herself, using the mode of communication psychoanalysis terms projective identification (Braddock 2018).<sup>7</sup> The countertransference may be understood as a context-specific exercise of sympathy, one in which the confounding effects of projection are controlled for by the analyst's reticence and neutrality, leading to an enhanced capacity for sympathy on the part of the patient. This in turn enables a mutually sympathetic engagement with the analyst; the patient, sympathetically reading his analyst's responses, comes to see himself in a way previously obscured by the defensive use of projection.<sup>8</sup> Thus, sympathy not only explains the way the psychoanalyst understands and interprets her patient's emotional communications in the countertransference; it also helps explain how interpretation produces a therapeutic effect and how psychic change involves a gain in self-knowledge when projections are withdrawn, self-deception reduced, and more transparency attained.

## 2. Sympathy

Etymologically, sympathy is 'feeling with'; for Hume and Smith it is a natural disposition for fellow-feeling. There is, however, considerable variation between the two philosophers, who endow sympathy with a wide range of manifestations: an immediate mirroring response to another's feeling in a given situation; the ability to occupy the other's situation in imagination and reproduce what the other is feeling; and moderation of the imagination by the general view of what is appropriately felt in a situation.<sup>9</sup> Acknowledging but setting aside the extensive

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<sup>7</sup> For clarity I use the feminine pronoun to designate the analyst and the masculine pronoun to designate the patient.

<sup>8</sup> I argue elsewhere that sympathy gets recruited into a defensive functional interaction which militates against combining projection with sympathy as a practice of empathy (Braddock 2019).

<sup>9</sup> Respectively: Hume's 'contagion', and the motor mirroring described by Smith; Smith's counterfactual imagining of what would be his feeling if in the other's 'case'; Hume's 'partial' sympathy in which the imaginative representation is of what the other should be feeling and

literature that compares their two approaches, I shall be concerned here only with the contrast between Hume's early psychological mechanics and Smith's emphasis on phenomenology (which foregrounds felt subjectivity); and with other differences between their accounts only as they bear on my argument.<sup>10</sup> Hume's first, 'mechanistic' account of sympathy as a 'principle of the imagination' forms part of the scientific theory of human nature propounded in his *Treatise* (1739-40); here sympathy is 'nothing but the conversion of an idea into an impression by the force of the imagination' (1960, p. 427). This formulation is largely set aside in Hume's *Enquiry into the Principles of Morals* (1749) and does not figure in Smith's 1759 *Theory of the Moral Sentiments*. In these texts, sympathy becomes the imaginative ability to reproduce another's situation in such a way that the imaginer locates herself there (whether intentionally or involuntarily) and experiences the feelings appropriate to it.

Under the rubric of 'Scottish sympathy' I will take Smith's later account as representing a sufficiently shared picture for a comparison between sympathy and the psychoanalytic countertransference. Smith's account maps neatly onto the countertransference as we shall see; however, his account being based in phenomenology means this similarity is suggestive rather than structural. In contrast, careful reading of the clinical material reveals a potentially promising isomorphism with the mechanistic psychology of sympathy found in the *Treatise*. The thesis on which Hume and Smith concur is that we come to know others' feelings and states of mind through the power of our sympathetic imagination to cause us to experience for ourselves what the other is feeling. Although we do not have direct experience of another's state of mind and so, as their empiricism insists, we can have no direct knowledge of it, we can know it through a mode of imagining that produces an affective response in us as an impression which reproduces that of the other person. Hume emphasises the intrinsically interpersonal aspect of sympathy and the way it acquaints us with others' feelings: 'No quality of human nature is more remarkable, both in itself and in its consequences, than that propensity we have

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'extensive' sympathy prompting the imaginer to go beyond the immediate situation of the other.

<sup>10</sup> In grasping the intricacies of their similarities and differences, I have benefited from discussions with Kate Abramson, Lorenzo Greco, Peter Millican and Anik Waldow; any errors are mine.

to sympathise with others, and to receive by communication their inclinations and sentiments, however different from, or even contrary to, our own' (1960, p. 316).<sup>11</sup>

We observe another person, and from our impression acquire the idea of their state of mind, which through the force of the imagination is brought into association with our own subjective sense: the 'idea or rather impression' we have of our self (*loc cit*). This results in what Hume calls the enlivening of the first idea (of the other) back into an impression, but now one that through proximity to the idea of the self, becomes an impression of our own. The apparent immediacy of this impression then misleads us so that '[w]hen any affection is infused by sympathy, it is at first known only by its effects, and by those external signs in the countenance and conversation, which convey an idea of it. This idea is presently [i.e. at once] converted into an impression, and acquires such a degree of force and vivacity, as to become the very passion itself, and produce an equal emotion as an original affection.' Hume then cautions that '[h]owever instantaneous this change of the idea into an impression may be, it proceeds from certain views and reflections, which will not escape the strict scrutiny of a philosopher, though they may be the person himself who makes them' (1960, p. 317).

For both philosophers, sympathy operates in both immediate experiential and mediated reflective modes. For Hume there is a causal process behind the sympathetic response, the immediacy of which misrepresents the explanatory sequence and should be controlled for and corrected by reflection.<sup>12</sup> In Smith's account drawing on phenomenology, sympathy includes direct experiential responses such as synaesthesia and motor mimicry:

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<sup>11</sup> Hume's explanation of this propensity is an instance of what Strawson, in a different context, refers to as Hume's 'famous account of the operations of imagination which, on account of its perverse ingenuity, can scarcely fail to command admiration in both the original and the modern senses of the word' (Strawson 1974, p. 49). Reiterated in different forms at more than one location in the *Treatise*, it is composed of Hume's psychology of impressions and ideas, with an admixture of metaphors denoting resonance, such as mirrors, reverberation, or strings 'equally wound up'.

<sup>12</sup> The truly immediate response (which Hume calls 'contagion' or 'catching of sentiment') does not go through the sympathetic imagination; the causal pathway is one of direct and unmediated transmission, capitalising on the resemblance that exists between members of the human race. Since resemblance is also what facilitates the causal sequence Hume postulates, 'contagion' lies at one end of a spectrum of sympathetic responses (see Postema 2005, p. 257).

That this [the sympathetic imagination] is the source of our fellow-feeling for the misery of others, that it is by changing places in fancy with the sufferer, that we come either to conceive *or to be affected by what he feels*, may be demonstrated by many obvious observations, if it should not be thought sufficiently evident of itself. When we see a stroke aimed and just ready to fall upon the leg or arm of another person [...] we naturally shrink and draw back our own leg or our own arm; and *when it does fall, we feel it in some measure, and are hurt by it* as well as the sufferer. The mob, when they are gazing at a dancer on the slack rope, naturally writhe and twist and balance their own bodies, as they see him do, and *as they feel that they themselves must do* if in his situation. (2002, p. 12, italics added)

At the same time, Smith's orientation to the phenomenology of sympathy allows him to bring out the possibilities it offers for counterfactual reasoning.<sup>13</sup> Smith writes that, when we see someone in pain,

it is by the imagination only that we can form any conception of what are his sensations. Neither can that faculty help us to this any other way, than by representing to us *what would be our own, if we were in his case*. It is the impressions of our own senses only, not those of his, which our imaginations copy. By the imagination *we place ourselves in his situation*, we conceive ourselves enduring all the same torments, we enter as it were into his body, and become in some measure the same person with him, and thence form some idea of his sensations and even feel something though, while weaker in degree, is not altogether unlike them. (2002, pp. 11-12, italics added)

### 3. Countertransference<sup>14</sup>

In 'Normal Counter-transference and Some of its Deviations' (1956), the psychoanalyst Roger Money-Kyrle writes:

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<sup>13</sup> For more on Smith's counterfactual reasoning see Schliesser (2016).

<sup>14</sup> See footnote 8 on pronouns. However, in summarising Money-Kyrle I retain his use of the masculine pronoun to designate himself in relation to his male patient.

How exactly a patient does succeed in imposing a phantasy and its corresponding affect upon his analyst *in order to deny it in himself* is a most interesting problem. [...] In the analytic situation, a peculiarity of communications of this kind is that, at first sight, they do not seem as if they had been made by the patient at all. *The analyst experiences the affect as being his own response* to something. The effort involved is in differentiating the patient's contributions from his own. (p. 366n10, italics added)

The countertransference is the psychoanalyst's response to the patient's transference. The transference is the patient's reproduction of unconscious thoughts and feelings towards his parental figures through his behaviour and verbal communications in the analytic session. The patient elicits the analyst's response in an attempt to communicate an aspect of his parental relationships; this too is unconscious. The traditional clinical setting of regular sessions of uniform length in a quiet place, where the patient may lie on a couch and the analyst sit out of the direct line of sight, is one which facilitates this externalisation of the patient's transference into the analytic space. It also supports the analyst in a state of evenly suspended attention or 'reverie' in which her imagination and thinking are non-directed and in which she is receptive to what the patient is unconsciously trying to communicate. The analyst's work is to understand her responses to what the patient says and does in the transference as pointers to what the patient is trying to tell her. Experiencing an emotion, or entertaining a thought that comes unbidden into her mind, she comes to see that something the patient is inducing her to feel is what he himself is unconsciously feeling at that moment in the transference. His behaviour is an attempt to convey to her what he is feeling. Once she has understood this for herself, she interprets to the patient what she thinks he is trying to tell her about his relation to her as a parental figure.

In his clinical vignette, Money-Kyrle describes a patient, a young man, who reported feeling 'vague' and 'useless' *en route* to the session. Once there, the psychoanalytic work became stalled, the psychoanalyst himself experiencing a useless vagueness in his interpretive activity, and the patient becoming angry and contemptuous. Money-Kyrle writes:

When I eventually recognised my state at the end [of the session] as so similar to that [which] he had described as his at the beginning, I could almost feel the relief of a re-projection. [...] By then the session was over. But he was in the same mood at the beginning of the next one—still very angry and contemptuous. I then interpreted that he felt he had reduced me to the state of useless vagueness he himself had been in; and

that he felt he had done this by “having me on the mat”, asking questions and rejecting the answers, in the way his legal father did. His response was striking. For the first time in two days, he became quiet and thoughtful. He then said this explained why he had been so angry with me yesterday: he had felt that all my interpretations referred to my “illness” [the analyst’s incompetence] and not to his. (1956, pp. 360-366)

The patient confirms the psychoanalyst's interpretation: the psychoanalyst had not on the first day been able until the end of the session to realise that the patient was communicating his own feeling of incompetence. The patient was behaving (we are not told just how) so as to induce in the psychoanalyst the feeling that was part of the young man's illness: his un-articulated experience in relation to his own father. During that first session the psychoanalyst felt he should take responsibility for this incompetence, since his attempts at communicating something back to his patient failed to interpret what was occurring in the transference and only made the patient angrier. Money-Kyrle describes the reflective work needed before he could interpret effectively to the patient: ‘I had to do a silent piece of self-analysis involving the discrimination of two things which can be felt as very similar: my own sense of incompetence at having lost the thread, and my patient’s contempt for his impotent self, which he felt [unconsciously] to be in me [by projection]. Having made this interpretation to myself I was eventually able to pass the second half of it on to my patient and by so doing, restored the normal analytic situation’ (p. 363).

The countertransference can be re-formulated in terms of sympathetic imagining’s immediate experiential and reflectively mediated modes. In the countertransference the analyst’s free-floating attention makes room for her to have thoughts and feelings which are spontaneous, surprising, or otherwise seemingly unconnected to what is going on. Registering this as anomalous she comes to understand, reflectively, that her patient is eliciting the feeling in her, either immediately by some piece of his behaviour, or through prompting her to occupy his position in her imagination. Consistent with Smith’s account of sympathy, these are independent: the analyst can imaginatively put herself in the patient’s position and come to feel as he does, without being prompted by a prior, immediately felt affect. In the example here, the mode of immediate sympathy occurred when Money-Kyrle felt incompetent in response to his patient’s contemptuous behaviour, with the patient projecting his own disowned feeling of incompetence into the analyst; the second mode, of reflective imaginative sympathy, was apparent in Money-Kyrle’s seeing himself to be the patient being scolded by his father. In both

modes, Money-Kyrle's sympathetic imagination tracked the patient's feelings *vis à vis* his father.

We may compare Money-Kyrle's reflection, 'I eventually recognised my state at the end as [so] similar to that he had described as his at the beginning' with Smith's analysis: 'It is by *changing places in fancy* with the sufferer, that we come [...] to *conceive* [...] what he feels' (italics added). The patient, behaving like his own accusing 'legal' father in the interaction, has got Money-Kyrle into the same vague useless state that the patient himself arrived in. When this similarity is recognised by Money-Kyrle, and when he is able to separate this feeling of uselessness from his own at having dropped the thread, he is able to change places with his patient in his imagination: he 'changes place in fancy' to become the son bemused by the legal father's contemptuous treatment. Smith writes: 'By the imagination we *place ourselves in his situation* [...] and become in some measure the same person with him, and thence form some idea of his sensations and even feel something though, while weaker in degree, is not altogether unlike them' (2002, p. 12).

Mapping sympathetic and countertransference imagining onto one another in this way, we see that the philosophical apparatus of sympathy can be used to make this psychoanalytic encounter perspicuous. What presents to the analyst as immediate experience prompts the imaginative counterfactual move to what he would feel were he in the patient's position. Money-Kyrle is reflecting on his present experience of feeling incompetent and what it is telling him about the position or 'case' of his patient *vis à vis* the analyst as his father in the transference. His 'instantaneous' feeling of incompetence is an affect induced in Money-Kyrle by the patient, who treats him in the contemptuous way the patient's father treated the patient. The patient's treatment of Money-Kyrle repeats the 'illness'-inducing relation to an accusatory father, and the analyst comes sympathetically to experience the son's situation. For both Money-Kyrle and Smith, it is one's own feelings that are felt when imagining the other's situation. Smith insists that we only know what the other feels through our imagination: 'It is by the imagination only that we can form any conception of what are his sensations. Neither can that faculty help us to this any other way, than by representing to us what would be our own, if we were in his case' (2002, p. 11). Smith's distinction is paralleled in the psychoanalytic account: the analyst's own feeling of incompetence in the face of the patient's contempt is the 'conception' he has formed of what his patient's feelings must be, from imagining himself as the patient *vis à vis* his contemptuous father.

#### 4. Projection

In the clinical vignette Money-Kyrle's patient projects his own feeling into the analyst; it is only with the latter's interpretation that the patient can recognise the feeling as his own. Psychoanalytic psychology implicates projection in the failure of self-knowledge while, as I shall show in this section, it explains the therapeutic change produced by such reversal or withdrawal of projection as the restoration of mutual sympathy (see also Braddock 2021, forthcoming). The comparison as drawn so far has brought out the parallel between sympathy as a mode of emotional communication, and communication in the psychoanalytic countertransference. Pursuing the parallel we see more clearly in a philosophical register what is at issue when the patient is communicating his feelings to his analyst in a roundabout way with the analyst sympathetically responding. In particular, we get a clearer view of the complications introduced by psychological projection. For while in an ideal uncomplicated situation in which the analyst reflects on her responses, she sees that her patient is communicating a feeling to her that is not one she herself owns in real life and, indeed, in analysis, things are rarely so straightforward. This is because sympathy is rarely if ever operative without some degree of projection, minimally understood as the attribution to another of some aspect of oneself. Once projection is in play, however, so too is the possibility of defensive self-deception.<sup>15</sup>

When Hume writes that 'the mind has a great propensity to spread itself on external objects, and to conjoin with them any internal impressions which they occasion' (1960, p. 167), he is describing the re-location of a perception from the mind of the subject to the world; the type of imaginative act we would in general term projection.<sup>16</sup> It is notable though in his writing on sympathy he does not introduce the inference that this is something in operation in fellow-feeling, as when we attribute a sympathetically felt emotion to another. For Freud too, projection is a natural propensity. In a suggestive echo of Hume, Freud writes that 'internal

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<sup>15</sup> Defence then complicates the picture, first because projection is opaque both to the subject, and to others, recognised only by its effects or when it is withdrawn, and second because in actual psychological operation projection is not so easily isolated from its effects upon the world.

<sup>16</sup> Hume writes later that 'taste [...] has a productive faculty, and gilding or staining all natural objects with the colours borrowed from internal sentiment, (it) raises in a manner a new creation' (1975, p. 294).

perceptions of emotional and thought processes can be projected outwards in the same way as sense perceptions; they are thus employed for building up the external world' (Freud 1913, p. 64). Here however it is constantly operating in obedience to our motivation for 'building up the world' in a way that promotes a pleasing and anxiety-free image of ourselves.<sup>17</sup> We see this outside of the consulting room, where our natural propensity to sympathise with others is bound up with our equally natural propensity for defensive projection in a functional unity which operates both to monitor others' states of mind and to regulate our own emotional internal milieu (Braddock 2019).

Since Freud we accept that the attribution of our own state to another person may allow us to avoid uncomfortable self-knowledge, and our defensive projection interacts with their, and our, sympathy. We can transfer an unwanted feeling such as anxiety into another person through a range of behaviours: by behaviour evincing anxiety; by describing a feared situation into which the other is drawn; or (as in the clinical example) through accusations which make the recipient feel anxious. Our recipient's anxious response is either an immediate sympathetic effect (from contagion or mimicry) or it is mediated by their sympathetic imagination. We register this response, consciously or unconsciously, through our own sympathetic responsiveness. In this interaction sympathy comes into play in both parties: the one as recipient and the other projecting their feeling onto the other who may in turn use their sympathy to gauge the effect of their projection.<sup>18</sup> In the analytic encounter the analyst focuses on projection as a mode of communication by the patient; remaining reflective, she herself eschews any projective communication. Therapeutic change is achieved gradually through her interpreting her own experience in the countertransference to herself and interpreting to her

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<sup>17</sup> Everyday experience shows how hard it is to communicate emotion when defensive use of projection, such as is seen in the patient's accusatory behaviour to Money-Kyrle, is in play. Projection does much more than Hume's 'staining and gilding' the world; it alters the state of mind of the subject doing the projecting in such a way as to impair emotional self-knowledge, distort interaction with others, and manifest itself in irrational thought and behaviour.

<sup>18</sup> Naturally occurring, this mutual 'probe-and-read' interaction in communication is part of sympathy working as the practical imagination exercised in assessing and predicting the other's actions.

patient what he is communicating to her in the transference. What happens in the course of these exchanges to make interpretation to the patient a change-making intervention?<sup>19</sup>

In the countertransference, as I showed, this interaction becomes the focus of the analyst's work of trying to understand emotional communication from the patient occurring outside of conscious awareness. In the clinical vignette we saw the patient's projection interacting with the analyst's sympathy, where reflection produced the interpretation that enabled the analysis to continue.<sup>20</sup> Money-Kyrle came to understand the patient's contemptuousness as what the patient's father directed at the patient's own incompetence, which was what the patient had disowned by projecting it into the analyst. Money-Kyrle responded to his patient's projections in his sympathetic imagination: 'when I eventually recognised my state at the end as so similar to that he had described as his at the beginning I could almost feel the relief of a re-projection'. The analyst is not, however, projecting the feeling of incompetence back at the patient as an accusation but reattributing it to him, imaginatively. Money-Kyrle's relief in being freed from the incompetent feeling comes from seeing it as provoked projectively by the patient, and so being able to attribute it back to the patient within the transference relation. This enables him to interpret to the patient that it was the patient himself who felt incompetent *vis à vis* his own father.<sup>21</sup> The patient, accepting the interpretation, no longer projected his feeling into the analyst.

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<sup>19</sup> It is important to see that the patient is not being trained to self-interpret (although, some patients may come to do this). But he is being trained in self-observation as he joins the analyst in the practice of careful and minute observation of the affective and ideational processes evidenced in the exchanges between them. The analyst's interpretations attempt to clarify the experience that is available in the moment. The mental phenomena that precede, accompany, and follow an interpretation can be closely scrutinised by both analyst and patient, and both learn to recognise and acknowledge these movements of the patient's mind and to understand together how it is working.

<sup>20</sup> To make this distinction Money-Kyrle had first to separate out his own feeling of incompetence as an analyst at having dropped the thread. It is no accident that this feeling is hard to separate from the incompetence that patient has induced in him by being contemptuous; projection is at its most successful when it latches onto the other's own feeling.

<sup>21</sup> If reflection was unsuccessful the analyst might re-project the feelings that the patient has provoked in him, and attempt unconsciously to elicit them in the patient instead. Indeed during the session Money-Kyrle's interpretations only succeeded in making things worse and the

Interpretation as the motor of therapeutic change brings about a gradual reduction in the patient's use of projection (as well as other defences). James Strachey (1934) used the term 'mutative' for interpretations which led to change by interrupting a vicious circle (*sic*) of projection and re-introjection in the patient. The patient's defensive projecting distorts his perception of his analyst; the latter becomes clothed with multiple projections by the patient's imagination into an increasingly unrealistic and threatening 'archaic object', provoking the patient to yet further defensive projection. As a result, the patient cannot see his analyst as someone with whom he is in relation, but only as a hostile figure created out of his disowned projected self, as we saw in the patient's perception of Money-Kyrle as his father.

Projection as a defence also disables the patient's own sympathy; the patient cannot see the analyst as someone in whose 'case' he could ever put himself since the analyst has become all the things the patient does not want to be.<sup>22</sup> Much interpretive work is needed to undo the projections that burden his capacity for sympathetic imagining and distort his image of the analyst. As the analysis progresses, layers of projection are gradually undone and the analyst is experienced as less of an 'archaic object'; this evokes less projecting by the patient and the vicious circle is gradually attenuated. He begins to experience the analyst as a real person, someone he can sympathetically imagine being. More free to use his sympathetic imagination, and able to see his analyst realistically, he can make progress to a position where, in sympathetically imagining his analyst *vis à vis* himself he can achieve the sympathetic mutuality which marks therapeutic change.

We now see how the work of psychoanalysis, specifically of interpretation in the countertransference, separates out the contributions of projection and sympathy. This parallel between sympathy and psychoanalysis helps to illuminate both the psychology of psychoanalytic practice and the theory of sympathy. Firstly, psychoanalysis receives a theoretically fortified explanation of how interpretation brings about therapeutic change when the withdrawal of projection releases the capacity for sympathy. Secondly, psychoanalysis shows the interaction between sympathy and projection to be a functional unity, a finding of note for the theory of sympathy.

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patient more contemptuous; the patient correctly saw these interpretations as coming from the analyst's own 'illness' or sense of incompetence; this fuelled his contempt and thereby fuelled the projective process which carried his own disowned incompetence.

<sup>22</sup> Such sympathetic capacity as the patient retains is locked into reading his analyst so as to further fine-tune his projections.

## 5. Self-deception

My argument in this paper is that the ‘Scottish sympathy’ of Hume and Smith is philosophically apt for illuminating a psychology of psychoanalytic practice which in turn might prompt a return to Hume’s own psychology, as I will argue by way of conclusion. At the point now reached, we see that the analyst’s sympathetic imagining is necessary for the formulation of interpretations which can lead to change. On the part of the patient the capacity for sympathetic imagination is impaired by defensive projection, but this becomes available to the patient once projection is reduced. The therapeutic action of interpretation brings about change when the patient’s newly released capacity for sympathetic imagining allows him to imagine how his analyst is, mutually, sympathetically imagining him. Paraphrasing Smith, we may say that: the analyst ‘become[s] in some measure the same person with the patient, and thence form[s] some idea of his sensations and even feel[s] something though, while weaker in degree, is not altogether unlike them’, while the patient ‘become[s] in some measure the same person with the analyst, and thence form[s] some idea of her sensations and even feel[s] something though, while weaker in degree, is not altogether unlike them’.

Up to this point Smith’s version of sympathy has done most of the work in grounding the comparison with psychoanalysis and lending support to my contention that the two theories are different moments in a long tradition. Smith describes the phenomenology of sympathetic imagining in terms of its intentional content; while this readily lends itself to re-casting the clinical interchange between Money-Kyrle and his patient, phenomenology alone does not tell us how this communication is brought about by the imagination.<sup>23</sup> For this we turn to Hume’s science of human nature for an explanation in terms of his mechanistic psychology. The different levels at which Hume’s and Smith’s versions of sympathy engage with psychoanalysis can be brought out as follows. Mapping Money-Kyrle’s account onto Smith’s description of sympathy illuminates the analyst’s countertransference response and makes his interpretation intelligible in the terms of Smith’s readily accessible account, inclining us to see

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<sup>23</sup> The powers of the imagination are taken as read by Smith; while phenomenology makes imagining apt for intentional capture, what generates the appearances themselves remains unexplored. Schliesser (2016) argues that Smith provides a causal explanation of sympathy through his counterfactual reasoning.

the comparison as revealing a parallel structure suggestive of an isomorphism. However, the attentive reader will notice a temporal-causal discrepancy between the two; Money-Kyrle's recognition of his incompetent feeling as being the same as the patient's does not follow his imaginative changing places with the patient. Rather, it precedes this changing of places, being what prompts him to put himself in his patient's place. On Smith's account it should, contrariwise, be the changing places which would then lead to Money-Kyrle sympathetically having and understanding the feeling as the patient's.<sup>24</sup>

Here we may recall what Hume says about the distinction between the phenomenological simplicity of the emotion felt as instantaneous, and the psychological complexity by which it 'proceeds from certain views and reflections, which will not escape the strict scrutiny of a philosopher, though they may be the person himself who makes them' (1960, p. 317). Just as Hume insists on explanation in terms of a causal sequence of what presents as immediate, so too Money-Kyrle comes to find the self-misrepresenting immediacy of his incompetent feeling gainsaid by its causal production through sympathetic imagining of the patient's situation.<sup>25</sup> Money-Kyrle's self-analysis discloses this causal sequence to him once he is able to differentiate his own immediate feeling of incompetence into two different ones which 'appeared very similar' but themselves had different causal origins: his own incompetence in the analytic work when faced with the patient's contempt, and his response when imagining himself in (his patient's) relation to a contemptuous father.<sup>26</sup>

This Humean clarification of Money-Kyrle's account of analysis is distinct from that provided by Smith; it is precise as to the causal sequence in sympathetic imagination. It is also explicit about the way the subject is misled as to the origins of her response in the operation of sympathetic enlivenment. However, while this non-transparency is noted in passing by Hume the self-deceptive potential of such self-misrepresentation is missed. Since sympathy is mediated through a causal chain there is always the opportunity for desire to present the imagination with a competitor idea for enlivenment, and such competitors can be produced by

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<sup>24</sup> It might be objected that Money-Kyrle's initial feeling of incompetence was a form of direct mirroring which then associatively prompted the further imaginative move; Smith himself does not indicate this as an entry route to sympathetic imagining.

<sup>25</sup> I am not simply adding a Humean footnote to the Smithian account; Money-Kyrle's 'views and reflections' include the general idea of what emotion is likely to be felt in the face of contempt.

<sup>26</sup> Elicited projectively as the patient's 'thick' communication; see Braddock 2018.

defensive projection.<sup>27</sup> However, Hume, like Smith, maintains that the inference one makes about another's feeling, and thus the sentiments one feels towards them, are open to normative correction; for Hume this is achieved by referral to the opinion of the 'judicious spectator', while for Smith it is the inner figure of the 'impartial spectator' under whose gaze 'the natural misrepresentations of self-love can be corrected' (2002, p. 158). For both proponents of Scottish sympathy, moral education into the norms these figures embody will correct for the distortions and self-deceptions of self-love and help calibrate sympathetic accuracy. Unfortunately, as both psychoanalysis and ordinary observation show, self-deception which serves desire is apt to resist normative correction (notably when projection is in play). Hume himself acknowledges this feature of self-deception but does not enquire into its mechanics.<sup>28</sup> If it is not to be a consequence of the theory of sympathy that the pathway subserving it offers, equally, a pathway for subserving self-deception, more will need to be said about the role of projection in Hume's psychology.

Invoking the isomorphism between sympathy and the clinical material presented is intended to be conjectural. What justifies conjecture is its pertinence in capturing extant phenomena together with its ability to organise those escaping existing theory. An important use of conjecture within the logic of discovery is in reinterpreting the familiar so as to suggest new ways of seeing old things. The conclusion of my argument is that when we compare sympathy and psychoanalysis we see how they belong in the project of human self-understanding in a way that is not historically fixed. And, finally, that the comparison I have drawn suggests a further, if still conjectural, avenue for revisiting Hume's complex and subtle observations of human nature for what more he might have to say about the capacities of the human mind.

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<sup>27</sup> These are competitors because defensive projection precisely adjusts our perceptions and beliefs about ourselves and the world to fit our self-image and sense of self; similarity, and resonance with our impression of oneself, is assured.

<sup>28</sup> Hume writes, 'Our predominant motive or intention is, indeed, frequently concealed from ourselves when it is mingled and confounded with other motives which the mind, from vanity or self-conceit, is desirous of supposing more prevalent'. However, intent on justifying the pre-eminence of benevolence, Hume dismisses explanations of the countervailing influence of 'vanity or self-conceit' as abstruse and 'metaphysical'; he continues, 'but there is no instance that concealment of this nature has ever arisen from the abstruseness and intricacy of the motive' (1975, p. 299).

## Postscript

Here I offer some suggestions about what Hume might have said, if he had applied his science of man and his psychology to the problem of self-deception in the light of what psychoanalysis has shown us about projection. The methodological yield from the comparison with psychoanalysis provides two related pointers. The first (noted above) marks an explanatory hiatus: the claim that we can straightforwardly attribute our own feeling to another as part of the operation of fellow-feeling is gainsaid by the distorting effects of defensive projection as deployed in self-deception. The hiatus is not securely bridged by invoking the effectiveness of moral education to instil norms of correct attributive projection; norms can be overridden by desires.

The second pointer is the close functional interaction between projection and sympathy; this finds no place in Scottish sympathy since Hume does not link it to projection; his remarks about the mind's propensity for spreading itself on the world occur in the context of his discussion of causation, and as leading to a mistake requiring philosophical correction (although in his later analysis of taste it is described as 'productive' (1975, p. 294)). Smith, later still, invokes something very like projection, when, 'changing places in fancy' with the other, we imaginatively relocate our own standpoint to the other's position so as to discover what we would feel were we in that 'case'. Mistake or not, projection is a power of the imagination; the ability both to reposition our subjective sentiments and 'internal impressions' away from ourself, and to relocate our own point of view imaginatively into another's position: Smith writes that 'we place ourselves in his situation [...] we enter as it were into his body'.

The functional interaction between sympathy and projection as two powers of the imagination, brought out in the psychoanalytic exposition, can, however, be explored in terms of Hume's psychology. Sympathy is that power the imagination has of enlivening an idea of another's feeling into a felt impression of one's own while projection is the power to relocate an idea or an impression elsewhere. In Humean terms we might see the two powers operate under contrasting principles in the mind: sympathy, responding to resonance, transforms the idea of the similar other into a similar self-feeling, promoting fellow-feeling and benevolence; while projection, responding to dissonance, misrepresents both the world and one's subjective state of mind by transforming an impression of discrepant self-feeling into the idea of another who is different, producing animosity while serving psychical defence.

Once we allow that appearance is deceptive in obscuring causal history relevant to understanding the origin of an idea, we open up the possibility that any number of psychological factors may intervene to covertly affect what appears in the mind. It is not merely that the two powers have opposed ends; it is also that sympathy, like projection, can equally misrepresent what is the case by enlivening a mistaken idea of another's state of mind into a self-feeling.<sup>29</sup> The causal sequence of sympathy can be captured by mistaken ideas which include the misrepresentations, both of self and of the other, produced by projection. In this light the caution which Hume issues about the reliability of phenomenology in sympathy has a more consequential critical application. Taking the Smithean isomorphism with psychoanalysis as a methodological guide, it will be of interest to see how far Hume's psychology might be used to show how the pathway that sympathy opens up to self-knowledge can be preserved from self-deception.

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<sup>29</sup> It might be objected that the enlivenment requires a prior resonance or resemblance between the idea of the other and the subject's sense or impression of herself; however, enlivenment does not require that either of these be veridical.