'What it *is* like to be me': from paranoia and projection to sympathy and self-knowledge

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Pre-publication draft

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Abstract

Projection does not reliably serve cognition; it all too often contributes to failures of knowledge. Our projecting not only imaginatively misrepresents the world by attributing a feature of ourself to it. In doing so it can misrepresent us as lacking that feature. It is an act of the imagination which re-locates unwanted attributes into a motivated misrepresentation which distorts our grasp of reality and of ourselves. The imaginative act itself is not consciously intended so that we take the resulting picture at face value, despite the distortion. Without strong reason to question this misperception the projection remains undetected and the misrepresentation affects our relations to others.

Projection serving motivated self-deception thus evades correction. Realistic self-knowledge becomes possible through psychoanalysis when the patient's projections are received by the analyst as communications impinging on her capacity for sympathy. I show how the psychology of sympathy we find in Hume and Smith provides a philosophical frame of reference for understanding this interaction between sympathy and projection. I bring sympathy together with contemporary Kleinian psychoanalytic theory to explain how psychoanalytic interpretation engages with this interaction to reduce the effects of projection and enable a self-knowledge grounded in the subject's own experience of herself.

Keywords: Sigmund Freud; David Hume; Melanie Klein; Hilary Kornblith; paranoia; philosophy; projection; psychoanalysis; Adam Smith; sympathy.

Pre-publication draft

1. Introduction

In this paper I bring together philosophy, psychology and psychoanalysis, to draw out the way that psychological projection operates to impair self- knowledge in paranoid thinking. I suggest there is a need for a properly psychodynamic understanding of this mechanism of self-deception, both of its power and its persistence. Understanding this has normative-critical importance; when paranoid thinking interferes with self-knowledge it distorts our relations with others in ways that are not transparent to us or to them while at the same time are liable to produce irrational behaviour. Crucially, paranoid thinking becomes intractable to rational correction in certain personal or social circumstances; both internal psychological and external social and environmental factors can distort rational self-knowledge acquisition in ways unbeknownst to the subject.

We need to understand how such recalcitrant self-deception comes about in order to challenge false self-knowledge that has the potential to disrupt human relating.[i] For such understanding to lead to effective intervention it must answer to observations from psychology that show the reality of self-knowledge failure under certain conditions of cognition. But this in turn will require a philosophical understanding of the working of projection; much depends on how the recalcitrance to correction that characterises the paranoid subject's self-perception is produced. Projection is a psychological mechanism contributing to producing false self-beliefs, but it is also powerful in maintaining such self-deception, particularly as seen in the paranoid individual. The argument of this paper is that a psychoanalytic understanding of psychological projection is needed for a full account of paranoia. While cognitive and contextual factors contribute to self-deception, a gap remains in explaining its origin and its intractability which may be informatively filled by psychoanalytic explanation in terms of defensive psychological projection. Moreover,

Pre-publication draft

psychoanalytic theory has the resources to show how knowledge of the self can be attained when projection is mitigated by interpretation. Finally, the contribution of psychoanalytic interpretation to self-knowledge is compatible with the realist view that there are facts leading one to conclude whether a person is correct or mistaken about their own mental state and such facts are available to the patient when she comes to see herself 'for herself'.

We recognise, post-Freud, that one way that motivated self-deception comes about is by the formation of false beliefs in which others are thought by the subject to be the bearers of qualities the subject has disowned and which she believes herself not to possess. Thus far, ordinary, experimental, philosophical and psychoanalytic psychologies agree that such departures from self-knowledge serve a desire, not always consciously available, to preserve a favourable self-image at the expense of reality. One difference between psychologies here lies in the role accorded to psychological projection. In ordinary psychology the defensive aspect of projection is acknowledged in such sayings as 'the pot calling the kettle black'. In philosophical simulation theory projection is the imaginative attribution of mental properties to others in cognitive activity that is de-coupled from action (sometimes referred to as 'off-line' cognition; see, for example, Wilson 2002), but remaining tractable to the rational norms of belief-formation.[ii] On a psychoanalytic view projection is a form of imagining in which attributing unwanted aspects of the self to others makes possible a motivated misrepresentation of the subject as she wishes to be, supplies a fantasy role in which she can install and maintain herself against the impingement of reality, and constructs the figure of the other as a composite of her own, unacknowledged attributes.

However understood, intractable failure of self-knowledge is an observable fact, and I argue that to understand it we need a fuller account of how projection functions in the mind in terms of the interaction of projection with sympathy. Sympathy as described by Hume and Smith is a power, or a capability of the imagination to make the feelings of others present to

Pre-publication draft

the subject.[iii] Projection too is a power of the imagination, and my account of the way that projection interacts with sympathy shows how this can further impair self-knowledge in the service of psychological defence. Understanding this interaction is key to explaining the effectiveness of psychoanalytic interpretation. It is a central psychoanalytic tenet that interpretation leads to more accurate self-knowledge and also changes the patient's understanding of herself. To illustrate this I draw on a clinical-philosophical account of how such self-knowledge is acquired through experience that is shared between patient and analyst (Bell and Leite 2016). Here the experiential self-understanding the patient acquires amounts to direct knowledge of herself; acquired in shared experience with another, it is self-knowledge that is objectively grounded. I show how this shared experience comes about through a mutual sympathy between patient and analyst that is made possible when interpretation leads to the withdrawal of projection. From seeing how interpretation works in psychoanalysis to increase self-knowledge, we might then see how more generally, outside the consulting room, the distorting effects of projection on self-knowledge and on relations between people, can be traced, understood, and perhaps mitigated.

In offering this account I suggest that a conception of self-knowledge in which cognitive activities of perception, memory, imagining, and reasoning are adduced as building our picture of both world and mind, might accommodate a more extensive conception of projection as a form of imagining with the properties and the functional role in the mind that I outline in what follows. First however I review, in the next two sections, the extent to which a cognitive conception of the mind offers to be compatible with the insights psychoanalysis provides.

2. '*What is it like to be me*?'

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In his paper of this title Hilary Kornblith (1998) argues that realism about the mental is incompatible with its transparency. In his argument he cites the influence of Freudian thought on our ordinary understanding of self-deception as relevant also to self-deceptive thought in paranoia, so that his account affords the opportunity to relate insights from psychoanalysis to the cognitive account of self-knowledge he provides. Kornblith does not advert to the role Freud accords to projection in the maintenance of paranoid thought, nor to paranoia as originating in defensive projection; these further implications of psychoanalysis for understanding paranoid thought are considered in this article.

Kornblith frames his argument in cognitive terms, based on the self-deceptive thinking seen in the paranoid personality, to show how incorrigible self-presentation of mental states in introspection accords poorly with objectively agreed facts about that person.[iv] He argues that there are many emotional and mental problems which are not detectable introspectively, are commonly present in the population, and give rise to self-misperception. In the paranoid individual, mistrustfulness leads to a distorted self-perception as someone unfairly misjudged as inferior, and to suspicion of others' motives and attitudes. These together produce inaccurate beliefs about self and others, displaying the persecutory tenor that is characteristic of paranoia and that is intractable to rational correction. Kornblith writes of Freud that he 'greatly contributed to the integration of [the gap between appearance and reality of mental states] into the commonsense conception of the mental' (49 n5) according to which we now recognise not only that such mistaken self-beliefs fly in the face of facts that are freely observable to others, but that these beliefs are motivated by the desire to disown unwanted aspects of oneself, at the same time perceiving these unwanted aspects in others.

Thus, Freud's contribution was not only to draw attention to unacknowledged desire to deny mental reality as a motive for self-deception but also to the realist ground for ascribing self-deceptive beliefs provided by our observation of behavior. There are facts,

Pre-publication draft

including facts about their desires, that show a person is mistaken about their own mental state. The fact of the matter about what it is like to be me does not reliably depend on my own introspective self-perception. Kornblith concludes that 'there is sufficient reason to think that a good deal of confidence in one's first-person judgements, whether on the basis of introspective evidence alone or (as in colour-blindness) on the basis of perceptual evidence as well, is probably misplaced. We should be extremely circumspect in making judgements about ourselves' (60). If we are to know we are not subject to misperception about ourselves we must refer to non-introspective evidence from ordinary psychology and we should take scientific evidence into account as well.

Kornblith considers the case of Jack, who has a paranoid personality disorder meeting the criteria of the American Psychiatric Association Diagnostic and Statistical Manual.[v] Jack has the pathognomonic character traits of suspiciousness and defensiveness. He also has low self-esteem and insecurity, although it is not specified whether these are premorbid traits nor, if so, how Jack came to have them. His paranoid traits lead him to interpret others' attitudes to him as negative, to view himself as unfairly treated by them, and to react with anger and resentment towards them. Since Jack has these traits he is unable to see the way these distort his interactions involving others, or to understand that the emotions accompanying these interactions are unwarranted. Analogous to the colour-blind person who cannot fully grasp their deficit and its implications, Jack's imperfect self-knowledge is not naturally corrigible. However, his 'authoritative' introspective self-knowledge is factually wrong as a result of the sort of person he is, not due to a physiological deficit as in colour-blindness, but to a failure of emotional learning.[vi] Jack's paranoid character traits are attributed to an unspecified failure in upbringing through which he is unable to recognise his own emotions. By contrast the psychologically well-functioning person (Mary) has grown up able correctly to recognise her emotions through being taught to understand her emotional

Pre-publication draft

responses (54); once these are mediated by thought and internalised, emotion recognition becomes phenomenologically immediate. In both Jack and Mary, the phenomenological simplicity of direct and (apparently) unmediated presentation of self-knowledge belies a psychologically complex genesis which has successfully brought Mary, but not Jack, into alignment with social norms about emotional states.

In this account two different, though not incompatible, theoretical explanations for the difference between these two character types, Jack's and Mary's, are in play. One is a causal deficit-disturbance model: Jack is this way because of faults in environment or biology that supply known causes of paranoia.[vii] The paranoid's traits arise in a range of conditions conducive to paranoid thinking, for whose presence there is empirical evidence in the form of family history, cognitive (dys)function, environmental and relational factors. The second explanation, in terms of upbringing, invokes a continuum model in which the tendency to paranoid thought is psychologically ubiquitous. No upbringing is perfect, and emotional reflectiveness that is good enough in ordinary circumstances may fail in extraordinary ones; paranoid traits can be activated by a range of external and internal psychological factors, with more or less pathological manifestations. Thus, as ordinary psychology suggests, we are all liable to a degree of paranoia, while under certain cognitive and emotional conditions a ubiquitous tendency to paranoid thinking may be exacerbated by psychological and environmental factors and may be established as a mode of thought, and fixed in character through faulty emotional learning when others fail to correct misperceptions.

On such a realist view of the mental, then, the truth of a statement about someone's state of mind is objectively based on ordinary observation and scientific knowledge about mental functioning. The evidence goes beyond, and can go against, what is represented in the subject's own mind, so that it can be a fact about someone that they hold a belief about their mental state which is false. Presence of causal-environmental and predisposing factors can

Pre-publication draft

provide evidence for the reality of the paranoid thinker's underlying state of mind that contradicts his own view of himself and show him to be self-deceived. These factors both produce inaccurate self-knowledge, and prevent its correction since the paranoid individual, mistrustful of others, rejects evidence contrary to his false belief; nothing we can say to Jack will convince him he is prone to self-deception because of facts about his history, environment, or natural predisposition.

But the reason for Jack's intransigence is not simply that his paranoid thinking, once established, is cognitively self-reinforcing; this is the secondary way that he fails of self-knowledge. As noted earlier, Kornblith invokes Freud's influence on our ordinary understanding of self-deception, but not the psychoanalytic explanation of paranoid thought as part of a structure of psychic defence against a negative self-image in which it will be quite opaque to the subject that this is the source and not the effect, of the perception of others as hostile. There is a primary motivation to self-deception in the initial formation of Jack's state of mind as a defensive structure, fixed there functionally by the absence of any derogatory self-knowledge challenging his self-image. This defensive function too is opaque to Jack. He cannot know that he is defensively misrepresenting himself since he believes against any evidence shown him that his mental state is transparent to the way he really is, and this then keeps in place the motivated self-misrepresentation and the mechanism producing it.[viii] In sum, he cannot know against what the defence is mounted; he cannot access it directly, he cannot accept practical or theoretical information from others, and he cannot see what he himself is doing. This is how psychoanalysis construes psychological projection; it contributes to the opacity of Jack's state of mind by attributing unwanted aspects of himself to others through a mental operation which is itself opaque to Jack. That the desire to escape his negative sense of self is what defensively motivates attribution of aspects of this negative self-image onto others is not then an explanation that he can apply to increase his self-

Pre-publication draft

knowledge; this is so, not only because of his suspiciousness of others, but because of the antecedently established defensive structure produced in projection which prevents him knowing what he is doing. All this, and more, stands in the way of Jack's coming to know what it is like to be him; as I shall go on to argue, psychoanalytic theory shows how projection, in addition to explaining the production and maintenance of self-deceptive beliefs in the paranoid individual, also suggests a more profound impediment to realistic self-knowledge.

3. Paranoid thought and self-deception

With the above account as an example it may then be asked, critically, to what extent such philosophical and psychological understanding of paranoid thought might point the way to countering self-deception and restoring a realistic sense of the self, in terms that match those of psychoanalysis. Self-deception is a form of irrationality in which a subject induces in herself a belief that is contrary to what she is in a position to know; she tells herself an untruth which she induces herself to believe. It may be seen as cognitive failure due to biased information processing by cognitive acts of omission or commission in which attention is focused on evidence selectively, with information being misinterpreted through blindness to disconfirming evidence or hyper-sensitivity to confirming evidence (Mele 2008). Such bias may arise from unacknowledged desire, prejudice, or value-belief, from intolerance of uncertainty, or from a tendency to minimise the cognitive cost of pursuing the truth. Such factors are operative in causing the subject to discount the truth of a countervailing view and adopt a false belief that accords with what is wished, desired, in accord with prejudice, or cognitively undemanding. In everyday life we are all prone to short-lived self-deception, often in the form of wishful thinking, and are able retrospectively to recognise its occurrence.

Pre-publication draft

[ix] Such insight is absent in subjects whose thinking style is sufficiently entrenched in their personality to form a type, usually paranoid or narcissistic, where social-cognitive features such as grandiosity or, conversely, poor self-esteem, and affective states of elevated, depressed, or suspicious mood ensure its persistence. This recalcitrance is what makes paranoid thinking a particular kind of self-deception, since the thinking style of the particular personality type both produces and maintains self-deception within the personality, and protects the false belief system from correction by casting doubt on sources of countervailing information.[x]

Psychological research identifies bias from systemic, motivational and affective factors, the effects of which may be modelled as the attribution-self-representation cycle in social cognition (Bentall et al. 2001).[xi] In this model self-beliefs are representations of events evaluated as positive or negative with respect to the self, which interact with the direction of attribution to self or to others, to form further self-representations.[xii] The cycle normally operates under a degree of 'self-serving bias', a normal tendency to make attributions that are 'self-protective' in directing positive attributions to the self while at the same time, negative attributions are directed outwards. The model contains a partial equivalent to projection in the construct 'external attribution': in 'external-situational' attribution the cause or responsibility for an event is often, and in normal circumstances, allotted to circumstances in the environment, thus offering an excuse through which the subject's self-representation is socially stabilised. When the event-attribution construct is modified to distinguish between situational attribution and attribution to other individuals, the latter is found to be more prominent in paranoid subjects. In the cycle of attribution and self-representation external-personal attribution of negative events results in the cognitive re-location of unwanted self-representations to other persons under the biasing, causal influence of desires, affects, degree of self-esteem and other factors. The effect of this re-location will then feed back into the

Pre-publication draft

attribution-self-representation cycle, where the person to whom the negative event-attribution is made is now thought to possess a negative view of the subject (Bentall 2003, 333). The observed propensity to negative external-personal attributions in paranoid subjects is explained in terms of cognitive bias from hypervigilance to threat and, at least in some patients, the added cognitive cost to making situational attributions (Bentall 2003, 340ff).[xiii] The model thus explains the presence of the belief that others are hostile and so, untrustworthy, which rules out acceptance of either the evidence of others' observations or any scientific support for a countervailing point of view.[xiv] Here philosophy and psychology, informing each other, again agree with psychoanalysis that paranoia involves the construction of a hostile other; the attribution-self-representation model does much the same work and covers much the same ground as a psychoanalytic account.[xv]

So far it remains moot whether psychoanalysis has more to add. Earlier I adduced the concept of psychic defence to point to a more profound mechanism in the form of psychological projection in both producing and maintaining paranoid self-deception. In the rest of this paper I shall argue that a psychoanalytic approach is able to engage with the paranoid subject to help her gain self-knowledge, giving both a theoretical justification and an illustration for this claim. The explanation psychoanalysis proposes is that projection's defensive construction of the other as repository of the subject's 'worst self' is a significant cause of the threatening nature of the representation, and the suspicion with which the figure of the other is regarded arises in anticipation of its reprisal. The threatening other is a creation of the imagination in both psychological and psychoanalytic accounts, but it is in the latter that the other becomes real to the paranoid individual as a figure to be reckoned with. In the psychoanalytic transference it can be engaged with in the person of the analyst. As will be shown in what follows, it is the deconstruction or dismantling of this figure, a figment of the individual's imagination, through the psychoanalytic process, that brings the subject back

Pre-publication draft

into contact with the reality of who they are.[xvi] This then is the further contribution from psychoanalysis. [xvii]

4. Projection

When the Penguin *Dictionary of Philosophy* (2000) tells us that 'Projectivism' is the 'theory that certain properties which we ascribe to their bearers do not really belong there but are *projections of subjective states*' (my italics), projection is not itself defined.[xviii] However, there is general agreement that minimally, psychological projection is a mental operation in which a subject attributes her state of mind to another. Just how this operation is conceived varies. As employed within analytic philosophy in simulation theory, projection is an intended mental act in which the subject attributes to another person an emotion or other mental state that she first simulates by imagining herself in their situation (see for example Goldman 2006; Zahavi 2014). Other writers suggest that it is the subject's own 'ego' that is projected in placing oneself in the other's position (Darwall 1998, 267-68).[xix]

Despite acceptance of Freud's insight into motivated self-deception, in neither philosophy nor psychology is projection considered in relation to defensive disowning.[xx] It is held that when projection produces a misattribution this can be withdrawn since projection is an act amenable to conscious correction. Misrepresentation of the self or other comes about through cognitive error, what is projected being an inaccurate simulation of the other's emotion from inadequate information or from cognitive bias (Coplan 2011, 15).[xxi] Gesturing to Freud, Goldie (2011, 311-12) suggests that bias is produced non-rationally by mood which 'colour[s] our thinking in ways we are often not conscious of and hardly ever take a theoretical stance towards (*except in therapy and the like*)' (my italics). Both simulation and

Pre-publication draft

projection are understood as acts of the imagination understood as 'propositional' (see, e.g., Nichols 2006).

However, a broader conception of imagination, and of projection involving the imagination, are to be found in Hume who, without using the term itself, supplies the *locus classicus* for the statement of psychological projection. Hume writes that the mind has a 'great propensity to spread itself on external objects' (1739-40, 91), and that in judgements of value our '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' (1749, 294).[xxii] For Hume then, projection produces a mis-attribution that is not necessarily intended, nor is it something we are ordinarily aware of. As Hume's phrase 'raise a new creation' implies, the imagination comes into play to create the new world of 'gilded' objects that we take to be the world of value.

Freud (1913, 64) echoes this Humean sense when he writes that 'internal 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'. Hume is not directly Freud's source however: the idea that our representation of the external world ordinarily carries features that we have drawn from our own minds and imaginatively put there was already current in nineteenth-century German aesthetics. *Einfühlung*, the activity of aesthetic appreciation, was the emotional projection of the individual's 'mental – sensory ego' into an object. Along with its definitional relation to projection *Einfühlung* was appropriated into psychology by Lipps (see Jahoda 2005, 151-63). Thence Freud adopted projection as a given term which was to become a fundamental, though unexamined, concept of his psychology of mental defence.

Freud's own contribution was the critical observation that the patient manipulates mental content so as to disown unwanted states of mind by attributing them elsewhere. With

Pre-publication draft

Freud as with Hume, the imagination is in play; such motivated self-deception is achieved by imaginatively re-locating the unwanted attribute to another person and thereby misrepresenting the subject (to herself) as lacking it. Projection serves motivated self-deception, misrepresenting the subject in a favourable light by re-locating their unfavourable attributes onto others.[xxiii]

Excepting the simplest cases, where for instance we know that our mood is affecting our perception of others, what defensive projection presents us with is the result of a mental operation whose regulatory function is to re-adjust our image of the world to fit our wishful requirements, and which is opaque to detection. Once adjusted, there is no place in that image for representation of what has been removed from it. On the contrary, its presence is now denied. This is why projection is not simply cognitively corrigible; even if we tell ourselves we are projecting as we see others do, we cannot directly detect that we are. And, even if we tell ourselves we should believe others when they say that we possess the disowned attribute, we will not be able to locate it in our self-image.

In the next section I clarify what philosophy, specifically in the idea of sympathy, and psychoanalysis tell us about the functional contribution of projection to the defensive working of the mind.[xxiv] In the two sections following that, I outline how when interpretation is effective in reducing defensive projection the subject can acquire self-knowledge.

5. Sympathy and projection in interaction

Before I give a theoretical account of how interpretation can promote self-knowledge through the modification of projection, more needs to be said about the ordinary interaction between projection and sympathy, and its dysfunctional potential. In what follows I will use 'sympathy' interchangeably with 'the sympathetic imagination'; in the writing of Hume and

Pre-publication draft

Smith, sympathy is a natural propensity we have to produce in our imagination our own experience of what we observe the other to be feeling. Such 'fellow-feeling' is the only basis their empiricism allows for knowing the state of mind of another person; we know what they feel, by feeling it ourself.[xxv] No role is allotted to projection here by Hume or Smith but the general structure of sympathy implies an attribution of the sympathiser's own feeling to the other. Such attribution changes the sympathiser's own belief about the other; it is accurate when the sympathiser's feeling is calibrated against the social norm for the emotion so that here, projection is no more than the cognitive act of attribution, controlled by adherence to social norms.

In defensive projection the attribution is not controlled by epistemic norms but by the private defensive needs of the subject. Nevertheless, the recipient may remain untouched so long as projection remains an imaginative act with no manifestation on the part of the projecter. This simple picture soon becomes complicated once there is interaction with others, in two ways: through the operation of psychic defence and when the beliefs produced by projection themselves lead to action.

First, as noted, imaginative attribution of one's state of mind to another in line with defensive disowning of unwanted aspects of oneself (motivated self-deception) can distort one's picture of other people systematically. If they are seen as hostile this brings about a suspicious mood or a paranoid attitude of mind. These misperceptions have the potential for motivating actions that will not only betray the discrepancy between the subject's beliefs and the world as it is but will affect others; the indirect effect of projection on others may therefore be real. Furthermore, when the projection affects another person it may do so directly by eliciting a response in which that person receives and takes on the projected property.[xxvi] When projection is defensive, what is projected is a state of mind we wish to rid ourself of, and not only are we glad to find it reproduced in the other when our projection

Pre-publication draft

elicits her sympathetic response, but we wishfully take this as confirming our projective relocation of the feeling. We are familiar with this in everyday life as the "dumping" on another of feelings such as anxiety, guilt, or depression, where the recipient is brought to feel what the projecter eliciting that response has projected into her, himself as a result feeling better. Equally familiar are the projecter's lack of awareness of having done this and active denial of himself possessing the feeling he has projected away.

For projection to work in this inter-personal way something must be said or done by the projecter to produce that response in the other person. This is the basis for the clinical psychoanalytic countertransference. When projection by the patient actively produces a response in his analyst she does not evince her response but uses her reflective understanding to interpret it to herself, and so comes to know the patient's state of mind, and eventually to interpret it to him.[xxvii] The countertransference is a specialised technique in which the analyst neither evinces her response to her patient's projection nor herself projects her own feeling. It is however based on a general complex interaction between two persons which can be schematised as follows:

A wishes to rid himself of a feeling. A acts in such a way (for example, by recounting his troubles) that B comes to feel that feeling. What A's behaviour produces is a sympathetic response from B; B sympathetically imagines A's situation and comes to feels what A is feeling. If B evinces this feeling, A will observe it or will pick it up using his own capacity for sympathy; either way A detects what B is feeling and feels better. This is A's successful projection into B: the relocation of unwanted feeling that A has wishfully imagined is now imagined as succeeding. However, B may go on to actively project what she feels in her own response to A back into A again, to get rid of it herself. This will aggravate the level of unwelcome feeling in A that A has sought to reduce. The interpersonal operation of sympathy

Pre-publication draft

and projection together thus produces a complex interaction in which feelings are transmitted, received, and re-transmitted, in serial escalation.[xxviii] Aggravation and a vicious circle of projection back and forth is one way the interaction with sympathy plays out. Another is when A's sympathy gives A an ongoing knowledge of B's affective responses to A's projections that A can exploit. A can use his own sympathy to acquire knowledge of B's state of mind by reading B's responses; then, by titrating his projections against B's responses, A can actively control B's beliefs, emotions and desires and, crucially therefore, B's feelings and her perception of herself. Thus A plays upon B's psychology in ways that B may be quite unaware of. Furthermore, A may be unaware of his "practising" on B in this way, even while unconsciously "nudging" B into a role that is defined by what A rejects, or disowns, about himself when, as Jung remarks, the unwanted aspects of oneself are apt to turn up in the figure of a hostile neighbour. Since the motivation for the actions which are the vehicle for A's projections is defensive it is unavailable to A himself, and is not evident to others, such as B, who are implicated in the complex interaction of projection and sympathy. When this interaction is in place, what we see is A's projective identification with B (for a full account see Braddock 2018, 2019).[xxix]

6. Beyond projection: mutative interpretation and psychic change

Projection, particularly when it is complex, becomes functionally entrenched in psychic defence, and unavailable to consciousness. 'Undoing' such projection is not a matter of informing or challenging the subject who is projecting away an unwanted part of himself; notoriously, all that ensues is a spiral of accusation and counter-accusation. Supporting psychic change towards more realistic self-knowledge is psychoanalysis' principal business; it involves the bringing about of new self-understanding through a long, detailed, interpretive

Pre-publication draft

process.[xxx] How does the psychoanalytic approach enable the patient to discover herself anew and what theoretical account can we give of this as process and achievement of psychic change?

Psychoanalysts of all schools agree that effective interpretation leads to an increase in the patient's capacity for self-reflection of a particular kind.[xxxi] In the contemporary Kleinian school this is thought of as internalisation by the patient of the 'analytic function', the form of thinking which is exercised by the analyst as her countertransference. However, the patient coming to acquire for himself the analyst's abilities to contain and reflect, and so to observe and engage with the workings of his own mind, is not a matter of practical or theoretical training. Rather, it is experiential: the analytic function requires, and represents, an increase in actual transparency that in turn requires an increase in the power of self-reflectiveness to detect and reveal what has been hidden away. The patient acquires these abilities by joining in the analyst's continuing efforts to clarify and formulate the experience available to the patient at a given moment, through which he can learn to recognise and acknowledge, and come to understand what may be further represented but is still hidden. This practice of careful and minute observation of the affective and ideational processes of the analyst-patient exchanges that mediate the transference means that the phenomena that precede, accompany, and follow moments in which an interpretation is made and received can be closely scrutinised by both analyst and patient.

Interpretation is effective when transformative or 'mutative' – when it initiates change in the patient's mental structure and dynamical functioning, and opens up the possibility for him of new, reflectively understood, forms of action and thought. We may understand philosophically what happens in this psychoanalytic work by reformulating the psychoanalyst's countertransference in terms of Humean sympathy, the natural capacity to come to know the other's feelings through the imagination. I recapitulate this argument in my

Pre-publication draft

last section but one, where I show that psychoanalytic work, far from being an arcane hermeneutic practice, is a refined extension of our ordinary way of understanding others through sympathy.

First, however, we should consider what happens in the course of these processes and these exchanges to make interpretations change-making. A key early thinker in the British object-relations tradition was James Strachey, who introduced and discussed the idea of mutative interpretation (Strachey 1934). Strachey identified the vicious circle of projection and re-introjection as what had to be changed.[xxxii] This situation is described by the psychoanalyst Money-Kyrle (1958, 132) in the form of a patient's dream 'which did not seem very promising to him at first as all he could remember was that there were two straws, one longer than the other. This reminded him, however, both of blow-pipes for poison darts, and of a story of a vet who was trying to give a horse a stomach powder, by blowing it down its throat-when the horse blew first. He was not quite clear whether he was the vet or the horse, but he did realise, with a sudden shock, that this is how the analysis had always seemed to him.' Money-Kyrle interprets this as fear of projection: both the patient's early projections into the mother for which retaliation is feared and also 'perhaps below this is the greater [fear] that [the analyst] will expose an underlying sense of worthlessness. …What has to be analysed [here] is a specific form of persecutory fear – the patient's fear of becoming the victim of projective identification emanating from the analyst – the analyst "blowing first", and so of being overwhelmed with confusion, illness, failure and death. If this is brought into the open, it may be possible to show that the [patient's] fear itself is the result of a projection' (133).

In terms of the projection-sympathy interaction we can theoretically describe the mechanism of change through which the vicious circle is interrupted, once we understand that the analyst's interpretive activity undoes a defensively-produced disablement of the

Pre-publication draft

patient's capacity for sympathetic imagining. This is part of a vicious circle in which the subject's projections distort his perception of his analyst who from being the many-layered repository of his multiple disownings is actually experienced in the distorting field of the transference as threatening, a fearsome 'archaic object' which provokes him to yet further projection. The upshot is that the patient cannot sympathetically imagine his analyst as a whole person with whom he can enter into any relation of mutuality. Since the analyst is fixed for him as the archaic threatening figure loaded with his disowned projected self, thus perceived she is precisely the figure that the patient cannot imagine being at all, since to do so would mean allowing back into himself precisely what he has projected away into his analyst. And from being unable to imagine the analyst as a person in any way like himself, the result is that sympathy as the imaginative basis for mutuality is disabled in the patient; he cannot see the analyst as a person in whose position he could put himself in his sympathetic imagination and he can only come to see himself through the analyst's eyes as the object of her malevolence.

This is one reason why interpretation is notoriously ineffective in breaking into the cycle of projection; the patient simply does not have enough sympathetic reflective capacity available to begin to sympathetically imagine the analyst, since all of his power of sympathetically reading the analyst's state of mind is defensively taken up in deflecting the anticipated return of what he has projected there. The psychoanalyst Betty Joseph (1975) describes this sort of patient as experiencing the analyst's interpretations only as attacks to be disabled and deflected. Key to interrupting this defensive structure is for the analyst to convey, and the patient to receive, the feeling that she understands him.

Interpretation becomes mutative when the patient discovers for himself that what comes to him from the analyst is her understanding, not a blowing-back, but this discovery is not made all at once. Interpretive work over a long time is needed to interrupt the cycle and

Pre-publication draft

start to undo the projections that distort the patient's experience of the analyst, as these projections arise in the transference and are detected in the countertransference. As the figure of the analyst becomes less distorted by the patient's projections it evokes less projecting by him. In the progress of analysis these cycles of projection are gradually undone, with the patient coming to have a more realistic view of the analyst. She is gradually perceived as more of a whole person by the patient and increasingly experienced as receptive of his communications. Partly, this comes about since the patient has a better way to communicate his feelings once they are mediated by thought; he is more able to think and name feelings rather than projecting them back into the analyst for understanding. He is more able to contain and reflect on his feelings rather than reject and evacuate them. He also becomes more able realistically to grasp the analyst's interpreting as helpful and not threatening or blowing first. This is part of the reflective analytic function that the patient becomes capable of for himself. Both increased reflectiveness and decreased projection gradually restore his capacity for sympathetic imagining, of both the analyst and other people.

This is one way that interpretation reduces defensive projection. Much interpreting that is mutative in leading towards psychic change consists in this gradual reduction in the need to project as the analyst offers interpretations and the patient becomes able to receive them. What, however, is crucial to the process is that he should feel understood by his analyst when she makes the interpretation. Offering an interpretation, even if it is theoretically correct and technically appropriate, is rarely sufficient for self-understanding and may, as Freud himself noted, encourage defensive intellectualising by the patient. It is what this feeling understood amounts to that I now consider.[xxxiii]

7. Self-knowledge as 'experiential self-understanding'

Pre-publication draft

Psychoanalysis works towards an experience of the relation with the analyst on the part of the patient that is both mutually recognised and accepted, and experienced as real by the patient. This is brought about when interpretation, through reducing projection, leads to an increased self-understanding by the patient; he comes to understand what he is like, when his analyst responds to his projections by interpreting them. He acquires this understanding experientially, through an increasing sense of how his analyst experiences him which comes to alter how he experiences himself. The growth of such 'experiential self-understanding' is described in a joint paper by a psychoanalyst and a philosopher (Bell and Leite 2016). Their philosophical analysis of the self-knowledge achieved by the patient combines first-personal authoritative self-knowledge with a third-personal perspective; they draw on clinical observation to explain how this combination works in terms of the intrapsychical processes through which the patient achieves this state. Their philosophical method falls within the 'extension of ordinary psychology' approach in which psychoanalytic explanation extends ordinary psychology through new conceptual and explanatory moves and where the task of philosophy is to render these extensions perspicuous (see Gardner 1995b). If ordinary psychological observation is held to be a real basis for ascribing mental states to others, so too can psychoanalytic observation when it too is supported by experience.

The authors set out in detail the psychoanalytic-philosophical structure needed for real self-knowledge, the state in which the patient knows 'What it *is* like to be me' through his real relations to others from a position of first-person authority acquired in psychoanalytic interaction.[xxxiv] What kind of knowledge is this? Bell and Leite write that self-knowledge is a matter of integrating two viewpoints or perspectives on oneself where 'a perspective is something I stand inside of and articulate from the first-person position' (326). They characterise the self-knowledge achieved by the patient as an experience that is spoken from 'in the appropriate sort of way', an achievement they describe as observing oneself while

Pre-publication draft

being oneself. This duality in observation brings together the patient's own subjective experience and an experience in which the patient comes to see herself in a way indexed to the way the analyst sees her. This indexing is not to the analyst's personal point of view but to the interpretively attested knowledge the joint analytic work produces and which the analyst's reflective and interpretive capability makes available for the patient to know when she is ready. Hence, when eventually the patient knows about herself in this way, she knows it for herself.[xxxv]

Bell and Leite's distinction between the two perspectives to be integrated by the patient may be stated in terms of a notional progress on two dimensions. Cognitive progress occurs in analysis with the patient coming to know and accept certain facts about her mental state, when interpretation has allowed her to name what she fears or wishes not to know about herself, and so form a self-belief. However, such a belief may remain third-personal as a theoretical judgment about the sort of person she is, without its affecting her experience of herself. Emotional progress is made when the patient holds her knowledge not only on the same grounds, but also through her experience of herself in the analytic relation.

Bell and Leite's illustrative case is a woman whose thoughts and actions were eventually understood by her analyst as a disguised wish (or unconscious desire) to debase herself. They write:

> Suppose that she feels her desire as an urge towards self-debasement – that is, feels it as her urge with *that* aim, where that characterisation of the aim is internal to the experience of feeling the urge. When she speaks from that complex position…she doesn't just recognise that state as a fact about herself. She actively experiences herself through the 'vantage point', or the perspective, of an urge to debase herself. This speaking from one's state is central to experiential self-understanding. (325)

Pre-publication draft

At the same time, there is a second perspective that the patient must acquire alongside her perspectival self-experience. This is the subjectively owned experience of having an outside perspective upon herself and her state of mind as objects of knowledge, a perspective she and her analyst have arrived at together. Acquiring an outside perspective that is shared with another supplies the realist condition on self-knowledge insisted upon by Kornblith. However, if this piece of self-knowledge is to lead to self-understanding, more is required than the patient's acceptance of objectively available information about herself. For her self-understanding to become experiential, she will need to discover this point of view as her own. This further, integrative step is needed to make it reflective self-knowledge.

So far we have seen how the patient's self-understanding comes from two perspectives; her subjective perspective on experience as it is lived is from her first-person position, and the same experience as seen from the third-personal observer's position, and these have to come together in such a way that she is observing herself while being herself. For the two perspectives to be brought under one subjective point of view the patient must come to take on for herself a view of herself that she arrives at with her analyst. How is this connection forged in the mind? Bell and Leite do not include this in their description of the phenomenology, and it is here that more theoretical attention is required if we are to understand the psychological claim being made.

Their premise, that observed state and experienced perspective are 'two aspects of the same phenomenon', is underlain by the realist assumption that what the analyst observes is what the patient experiences, though not yet under the same description. Under one aspect experience is seen from the third-personal observer's position; under the other, experience is lived from the first-person position. The first is reported on as a state, the second is given voice to, or articulated, as an experience. For self-understanding both are needed: being immersed as subject of her experience and being able to see her state from outside of her self-

Pre-publication draft

perspective viewpoint by occupying that of the observer. Experiential self-understanding requires her to hold the two perspectives together in such a way that a new piece of knowledge, integrating the two, is acquired. This is neither a rationally reflective self-observation nor a dissociative splitting of the self into observer and observed. It is a state in whose phenomenology the subject both holds her perspective 'from the first-person position' (327), and at the same time partakes in the analyst's point of view.

To characterise this achievement Bell and Leite adopt a spatial metaphor: the subject can move flexibly between the two perspectives. The metaphor does not explain how these are reconciled into one dual-aspect appearance in the mind but the authors imply that the integration is done by language. Psychoanalysis fosters the patient's ability to combine the phenomenological presentation of experience from her perspective with 'articulating' what she experiences in terms she learns in her interaction with the analyst and can share with him and others. Bell and Leite write that 'The interpretive work of the analyst … is a matter of helping the analysand acquire the capacities … to develop, articulate, and speak from her own perspective … enabling abilities and process required for and involved in experiential self-understanding. But the general acquisition of these capacities is not enough: one's particular mental states will need to undergo *the process of development and articulation involved in coming to experience one's own perspective as the perspective that it is*' (326-27, my italics). It remains open whether linguistic mastery is the condition of the possibility of phenomenological integration or its result, but in either case more needs to be said about the psychology of such integration.

8. Mutuality through sympathy

Pre-publication draft

We may now bring the concept of sympathetic imagining into relation with the kind of interpretation that leads to experiential self-understanding. In this final step of my argument I set the psychoanalytic explanation of psychic change within the philosophical framework afforded by sympathy. In the account given by Bell and Leite, the psychoanalytic work is conducted in such a way that when the patient comes to see herself as her analyst sees her, she will do so in an immediate way through the feeling that she is understood by him. However, we have yet to see in what this experience consists, such that she can take up his understanding for herself. The importance of the patient's feeling understood for her acceptance of an interpretation is notably insisted on by Joseph (1975) but not thematised by her, or by Bell and Leite. I show below that while the experience itself is apparently un-mediated by reflection on the patient's part the interpretation which produces it is one that brings about the achievement of a specific movement of mutual sympathy. Thus while the experience of being understood may present as immediate and phenomenologically simple, what lies behind it is a complex psychological achievement; the shift on the patient's part to sympathetically seeing herself from the analyst's point of view.

It is generally accepted that therapeutic change in psychoanalysis is accompanied by an increased mutuality between patient and analyst *pari passu* with the patient coming to feel understood. As we saw, interpretation works to reduce defensive projection by the patient and release the capacity for sympathy with an analyst as a figure now much less burdened with the patient's projected, disowned self. Over the course of an analysis, the exercise of the analyst's sympathy as self-reflection in the service of understanding the patient can, as things progress, enable the patient's own sympathetic capacity. In this way, a greater reciprocity of sympathy, in which the patient can see things from the analyst's point of view, becomes possible. Mutuality itself as the sharing of understanding emerges as the patient discovers that what comes back from the analyst is understanding. Not only does the patient become

Pre-publication draft

able reciprocally to see the analyst's point of view and to understand what the analyst has made reflectively of his communication in her exercise of sympathy. In mutuality he is also able to feel that the analyst understands him experientially when, in a further step, he becomes able to make the analyst's point of view his own by sympathetically imagining what he would feel were he in the analyst's position *vis-à-vis* himself.

What then forges the reciprocally-held perspectives of the patient and the analyst into the patient's unitary perspective of experiential self-understanding is that since the analyst's understanding of her patient is experiential, it is experienced sympathetically in just that way too, by the patient.[xxxvi] What, in the countertransference, the analyst experiences when she sympathetically imagines the patient from the patient's perspective is what the patient, putting himself in the analyst's place, also comes to experience; her feeling of what it is like to be him. Thus, the patient can know from his own experience what the analyst has experienced in response to his projections and attempted communications with her. He feels understood because he has 'got through to' her what his mental state is, she has understood and experienced this and he has read in his own sympathy and own experience what this is. His self-knowledge comes to him as 'What it *is* like to be me' by discovering himself in the analyst's mind.

9. From paranoia to self-knowledge

We now see how to give a psychoanalytically-informed realist account of how someone who starts from Jack's position can achieve self-knowledge. In mapping the path from paranoia to self-knowledge, a number of argumentative steps have been made. I said at the beginning we needed a psychoanalytically informed explanation of the way that psychological projection distorts self-knowledge. Behind this explanatory demand was a critical concern: how to

Pre-publication draft

uncover the potential that projection has to interfere with self-knowledge so as to distort our relations with others in ways that are not tractable to insight or rational correction. We need an explanation of such recalcitrant self-deception.

I argued that we should understand projection with Hume, as a natural propensity of the imagination, and with Freud as a mechanism of psychic defence. The interactions of interpersonal projection with sympathy then explained how psychoanalytic observation and interpretation can be effective in bringing about knowledge about the self that is accepted as real both for others and by oneself. It is real for others as a piece of social cognition, since the patient comes to see that other people see him differently from how he had supposed when his projections distorted his perceptions of them. With Bell and Leite, I argued that self-knowledge becomes real for the patient when it shifts from being mutually agreed upon to being experiential. For this to happen the experience on which it is based is shared between the patient and analyst in a mutual sympathy which allows the patient to experience himself for himself, by sympathetically experiencing the analyst's sympathetic identification with him.[xxxvii]

In arguing that the patient's self-understanding comes from mutual sympathy with the analyst and a mutually shared experience of what it is like to be the patient, I add to what Bell and Leite propose. They establish the basis for self-understanding in mutuality between the patient and analyst, but do not explain how this mutuality came about. In tying the mutual experience together with the operation of sympathy and the projection that accompanies it I provide an explanation that is psychologically comprehensible and attested philosophically. I suggested that experiential self-understanding comes about when analyst's and patient's sympathetic imagining is conjoined and their sympathetic experience shared, in such a way that the patient's two perspectives on himself are integrated into a single act of self-understanding. This happens when the patient sympathetically takes on his analyst's point of

Pre-publication draft

view and experience of him, for himself. In sympathising, he experiences for himself how the analyst is experiencing what he has communicated to her by his projection. This ushers in real self-knowledge founded on the patient's own experience, presented in an immediate way through his sympathy with the analyst, of what it is like to be him.[xxxviii]

Further, by expanding the concept of projection as a natural imaginative propensity for reapportioning the contents of the mind under motivational pressure to meet individual desires instead of cognitive norms, I have integrated the psychoanalytic understanding of projection with the sympathetic imagination of Hume and Smith. Their philosophy, standing on its own terms, is situated in a much longer tradition of philosophical thought starting in antiquity, about how we understand human emotion: its detection, comprehension, and power to affect behaviour and determine action.[xxxix] In insisting on this continuity as well as on the realism of psychoanalytic knowledge and the extent of its compatibility with a philosophical cognitivism, I continue with the line of argument that psychoanalysis is best understood as an extension of ordinary psychology (Gardner 1995b).

I have engaged with cognitivism to suggest that a more developed conception of projection is necessary to understand how the mind works when self-deception is motivated by a desire not to know oneself. Since the causal mechanisms of bias that produce self-deception are held to be cognitively modifiable, the question arises whether projection might also be amenable to modification by cognitive means. In this paper I have aimed to show that, although progress in self-knowledge can be made through addressing biases in social cognition, a further step is needed if the patient is to arrive at a conception of himself based on real self-understanding.[xl]

Finally, I aim to have clarified why we should not underestimate the significance of projection in mental life by showing the extent to which it mediates our defensive distortion of ourselves. Finding out 'what it *is* like to be me' is an ongoing task in life as much as in

Pre-publication draft

therapy. For critical thinkers (see for example Butler 2005) as much as for practitioners and theorists of psychoanalysis, our achievement of self-knowledge is never complete, is hard-won and elusive, and is subject to continual revision and challenge for which ongoing self-reflection is necessary. We have seen that work is needed to break into the vicious circle of negative other-attribution and negative self-representation which in terms of projection describes a process in which the social other is transformed into a figure that is not merely threatening but represents the subject's disowned self. To the extent that this might contribute to the recalcitrance of paranoid ideation in social cognition, intervention mitigating it might require a non-cognitive, experiential route. Projection demands constant vigilance; it opens up a critical dimension in our knowledge of self and others, and we need to understand it better in order to detect its power over our minds and over our social world.

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Notes

[i] This can be very considerable; in my paper I detail how projection exerts control and coercion over others. But the psychological and social consequences of treating others as the bad self one wishes to disown go far beyond this.

[ii] See Nichols, 'Introduction' (Nichols 2006) for a summary view of the cognitive 'propositional' imagination.

[iii] Sympathy is distinct from compassion; Smith writes 'Pity and compassion are words appropriated to signify our fellow-feeling with the sorrows of others. Sympathy … may [now] be made use of to denote our fellow-feeling with any passion whatever' (1759, 13).

Pre-publication draft

[iv] I leave aside the detail of Kornblith's argument, which I take to succeed on its own terms.

[v] Kornblith references *DSM III-R* (1987): in the current version, *DSM 5* (2013), the criteria (unchanged) for paranoid personality disorder include: global mistrust and suspicion of others' motives; unfounded belief that others are using, lying to, or harming them; interpretation of ambiguous or benign remarks as hurtful or threatening; holding grudges; believing their reputation or character are being assailed by others. This occupies one end of a spectrum of paranoid thought, with clinical delusional disorder characterised by persecutory ideas and fears of harm at the other end: see for example Freeman (2016).

[vi] Kornblith opts for a causal explanation of paranoid personality; while conceding that 'we don't fully understand' the conditions that produce the range of ordinary self-misunderstanding (60) he does not engage with psychoanalysis' claim that paranoia originates in defensive projection.

[vii] These include: social isolation; sensory impairment (notoriously, deafness), dementia, impaired cerebral function, fatigue, hypoglycaemia, recreational and pharmaceutical drugs, cognitive deficits including memory impairment.

[viii] According to the psychoanalytic theory of defence, opacity arises as the systematic unavailability of the mental content of belief or desire when there is a primary gain; a functional advantage to fixing the mental state in such a way that it does not disrupt mental life. (The *locus classicus* is Freud's 1911 'Schreber case' [Freud 1911], but its speculations, inviting challenge, reduce its usefulness).

[ix] Davidson (1982) argues that self-deceptive reasoning is non-rationally produced by causal factors, being explained in terms of the partitioning of the mind into 'quasi-autonomous' rational structures that can enter into non-logical causal relations (304-05) and that these are both 'very general features of psychoanalytic theory' and 'will be found in any theory that sets itself to explain irrationality'.

Pre-publication draft

[x] This insulation of self-deception from reality is also seen with other personality disorders; the narcissistic personality's self-aggrandisement, especially, provides a warrant for discounting the views of others. The extreme resistance to correction seen in delusion is thought to reside in more than self-deception, in organic causes or in the actuality of abnormal experience or emotion (Mele 2008). However, there is evidence that delusional thinking can be reduced by addressing cognitive and environmental factors that maintain it (Freeman et al. 2019, 2021).

[xi] The model accommodates the operation of biases, leading to self-deception, from systemic, motivational and affective factors deriving from faulty learning or the cognitive environment (see Mele 2008; Bentall et al. 2001). Bias from motivational and affective factors include effects of desires and value-preferences, and the affective valence of mood states and self-esteem. System factors in information processing such as overload or fatigue, or motivation by intolerance of uncertainty, may produce effort-saving or uncertainty-reducing short-cuts in reasoning. Bias may also come from 'implicit' knowledge when beliefs that are held unreflectively, or are not well systematised, nevertheless enter into cognitive processing.

[xii] The overall affective positive-negative valence of the set of self-representations will itself affect the valency and direction of attributions, which in turn will create or alter self-representations within the set (see, e.g, Bentall 2001, 254ff).

[xiii] Biases from both disconfirmation and epistemological impulsivity from a variety of causes are also found in deluded patients (Bentall 2003, 322ff). Low self-esteem, though not consistently found in paranoia, may be responsible for negative external attribution in paranoid subjects (Bentall 2003, 331ff).

[xiv] To the extent the mechanisms producing it are held to be cognitively modifiable, paranoid thinking should also be amenable to modification. One question for the model is then, how far it offers a way to modify the recalcitrance of paranoid ideation. Although cognitive

Pre-publication draft

behaviour therapy has been shown to reduce delusions of persecution in patients with paranoid psychosis (Freeman et al. 2021) mitigating paranoid thinking in ordinary individuals is limited by their suspicion of others and denial of symptomatically abnormal thought in themselves.

[xv] This agreement is unsurprising in view of philosophical acknowledgements noted of convergence with psychoanalytic thought and ordinary psychology by, for example, Kornblith (1998) and Davidson (1982).

[xvi] This might be achievable by other, more cognitively oriented therapeutic means, but if it were that would not invalidate the psychoanalytic insight so much as endorse it as something else which, post-Freud, we have come to accept.

[xvii] Ultimately the question is one of theoretical adequacy to the phenomena; the psychoanalytic approach presented is intended as offering an explanation in a different philosophical tradition of thought, broadly termed humanistic, about the mind and the nature of the imagination, which does not readily lend itself to empirical generalisations in science (see, e.g., Strawson [1974]; Williams [1973]).

[xviii] Etymologically, projection is the action of throwing outward or forward; in psychology the throwing is metaphorical, denoting the figurative re-location of subjective experience to the objective world.

[xix] 'Ego' is used interchangeably with 'self'.

[xx] Price (1992) is the exception in philosophy. Bentall, a psychologist, finds a polemical use for the concept to defend himself from the criticism by established psychiatry (with its Kraepelinian origins) that his theory is unscientific. He writes, 'as it is clearly unscientific to cling to the Kraepelinian paradigm, which enjoys almost no evidential support, these kinds of criticisms amount to what Freudians sometimes call projection (the tendency to attribute one's own faults to other people)' (2003, 495).

Pre-publication draft

[xxi] Bias here is preferential cognitive focus, the simulator selecting her own (ego-centric) point of view on the simulated situation rather than that of the person being simulated; thereby introducing her own state of mind into her (mis)perception of the other.

[xxii] Hume's metaphors still do not tell us how the gilding and staining come about, nor how the 'new creation' is raised. Peter Millican (in discussion) sees Hume as condemning projection as mis-attribution.

[xxiii] This is one of the insights from Freud that have entered ordinary psychology.

[xxiv] I argue (Braddock 2019) that ordinary empathy is no more than the normally occurring functioning of sympathy in conjunction with projection.

[xxv] 'Feeling' here stands for 'sentiment', the term these philosophers use to designate a state of mind. Some scholars hold Hume (1739-1740) and Smith (1759) to differ with respect to whether the feelings imagined are those of the sympathetic imaginer or of the other. I do not engage with this debate here, nor with other differences between their views, as not germane to my argument; the two philosophers agree on the centrality of sympathetic imagining in our knowledge of others.

[xxvi] Following Gardner (1995a, 212) we may analyse the interaction between (projecting) subject **A** and recipient **B** into formal (i, ii) and material (iii, iv) conditions, where ***S*** is mental state:

i.**A** is not in ***S*** and **B** is in ***S***

ii.**B** were not in ***S***, **A** would be in ***S***

iii. **A** is not in ***S*** because **A** sympathetically detects* that **B** is in ***S***

iv.**B** is in ***S*** because **B** sympathetically responds* to **A**'s enactment of placing ***S*** in **B**

* 'sympathetically responds/detects' replaces Gardner's term 'unconscious sensitivity'.

[xxvii] The analyst is 'she' and the patient is 'he' (the reverse in Bell and Leite's case example).

Pre-publication draft

[xxviii] Such 'probing' projection coupled with sympathy is epistemically unreliable. What A sympathetically reads as B's emotion may be being elicited by A's projection. It is also ethically problematic, since A may use his sympathetically acquired knowledge of B to actively control B by projection.

[xxix] Projective identification (see Braddock 2019) is a concept of Kleinian object-relations theory.

[xxx] This excludes: non-specific effects of the working alliance, unconditional positive regard, or practices involving warmth, expressed understanding and other forms of 'empathising'.

[xxxi] Different schools' formulations of therapeutic change are discussed by Kernberg (2007). Gabrinetti and Ozler (2017) compare American intersubjective psychoanalysis with Smith on sympathy, when the spectator and observed other "place themselves in each other's situations through imagination the spectator imagines what the agent would be feeling, the agent imagines how the spectator would be responding." Like Bell and Leite (327) they see the relation as symmetrical and dialectical.

[xxxii] Strachey's description, given in terms of a Freudian psychology of the ego and its functions, anticipates the Kleinian object-relational analysis in which part-objects produced in the splitting that accompanies projection, are bearers of the patient's unwanted attributes. The resulting projective identification is characterised by confusion over who is 'now doing what to whom' (Heimann, 306). Non-Kleinian theory explains this clinical picture differently; as suggested by a reviewer, the patient's state of mind could be formulated as a narcissistic phantasy of self-other (con)fusion in defence against painful (mutual) dependency; in such a theoretical framework projection has less of a role to play.

[xxxiii] My explanation dispenses with imaginative identification; this is explored elsewhere (Braddock 2011, 2012).

Pre-publication draft

[xxxiv] Thus addressing what is missing in 'What is it like to be me?', although Kornblith is not cited.

[xxxv] In this case example the patient is 'she'.

[xxxvi] This is not circular: the analyst's experiential knowledge of her patient comes from her acquired ability to hold together her own perspective and her experience from her patient's perspective all within the scope of her sympathetic imagining in the countertransference.

[xxxvii] As objected by a reviewer, if according to realism there is a fact of the matter about what the patient is like to which he does not have cognitive access, then Jack does not come to know something previously unknown as a result of interpretation, but only comes to possess what is already a known fact about himself, from a new, 'second order' position on himself achieved through interpretive re-framing. However, in Bell and Leite's terms, this self-knowledge is not yet experiential; it remains to be integrated with the patient's first-personal, subjective experience in a particular way. Interpretation achieves this through the mitigation of projection, enabling the mutual sympathy in which patient and analyst come to agree on what they are sharing as the same experience, when each recognises in themself what the other is feeling. When self-knowledge is experiential in this way, the patient can think about it and decide to consciously accept it as part of himself or act to change it.

[xxxviii] In insisting on the mutuality of the experience I do not mean to imply that the relation is exclusively one between patient and analyst; the patient comes to see what anyone in the analyst's position, including himself, would see.

[xxxix] This is not an anachronistic excursus into the history of philosophy. Hume and Smith are philosophers whose work has undergone extensive critical scrutiny and remains relevant to the empiricist and empirical tradition of philosophical thought today.

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