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Allegedly impossible experiences

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ABSTRACT

In this paper, I will argue for two interrelated theses. First, if we take phenomenological psychopathology seriously, and want to understand *what it is like* to undergo various psychopathological experiences, we cannot treat madpeople's testimony as mere data for sane clinicians, philosophers, and other scholars to analyze and interpret. Madpeople must be involved with analysis an interpretation too. Second, sane clinicians and scholars must open their minds to the possibility that there may be experiences that other people have, which they nevertheless cannot conceive of. I look at influential texts in which philosophers attempt to analyze and understand depersonalization and thought insertion. They go astray because they keep using their own powers of conceivability as a guide to what is or is not humanly possible to experience. Several experiences labeled inconceivable and therefore impossible by these philosophers, are experiences I have had myself. Philosophers and others would be less likely to make this mistake if they would converse and collaborate more with the madpeople concerned. When this is not feasible, they should nevertheless strive to keep an open mind. Fantastical fiction may have a role to play here, by showing how bizarre experiences may nevertheless be *prima facie* conceivable.

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Conceivability, understanding, and their limits

Everyone needs to feel understood and listened to. However, if you are mad and surrounded by sane people (or people who are a different kind of mad than you are), it may be excruciatingly difficult to bridge the chasm between your experiences, thoughts, and feelings. Sometimes, the chasm is too wide and bridging it impossible.¹

In this paper, I will argue for two interrelated theses. First, if we take phenomenological psychopathology seriously, and want to understand *what it is like* to undergo various psychopathological experiences, we cannot treat madpeople's testimony as mere data for sane clinicians, philosophers, and

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other scholars to analyze and interpret. Madpeople must be allowed to interpret and analyze their own experiences – either on their own, or in co-production. Second, sane people (or people who are a different kind of mad) must be truly open to the possibility that there may be experiences that other people have, which they nevertheless cannot conceive of. I will show, by comparing claims from the literature about allegedly impossible experiences with my own experiences as well as fictional examples, how sane scholars mistakenly assume that the limits of their own imagination constitute a reliable guide to what is or is not humanly possible to experience.

The chasm between my experiences and yours may be too wide to bridge. Nevertheless, I have argued for a pro tanto duty to *try* (Jeppsson, 2021). If we are too quick to dismiss others as incomprehensible, we will fail to understand them even in cases where this would have been possible. We may understand another person by grasping, when applicable, their reasons for beliefs and actions, and/or by putting ourselves in their shoes and understanding what it was like for them to undergo their experiences. These may come apart: Sometimes, we can intellectually see how someone's beliefs and desires ground certain reasons, even though we find it hard to put ourselves in their shoes and grasp what things are like for them. At other times, we see how someone, for instance, gives in to temptation; we know full well what this is like, despite lacking the required philosophical expertise to explain weak-willed actions in reason terms. Both kinds of understanding come in degrees; we may grasp more or less of what it is like for someone else, and our understanding of their reasons may be patchy and/or partially mistaken. Presumably, we can never *perfectly* understand another, even if they are similar to us with similar experiences, and it gets progressively harder the more different we are.

In Jeppsson (2021), I focused on the positive: how *much* we can understand, if only we try. This paper focuses, instead, on the negative; on the limits of imagination, and subsequent limits on understanding what it was like for someone else to experience something (see also Humpston 2022; Spencer & Broome, 2023).² Everyone needs to feel understood and listened to, but having other people project their faulty interpretations and theories on you can be as isolating as having them declare you incomprehensible. An honest admittance of failure – “I have tried my best to understand what you're telling me, but I'm sorry, I can't, it's completely beyond me” – is much better than fake understanding. It is important to try, but just as important to admit that we cannot always succeed. Moreover, it is vital that people understand that they may not be able to conceive of what it would be like to undergo certain experiences because of *their own mental limitations*, which need not coincide with limits on what is *possible* to experience.

Thomas Nagel (1974) famously argues that humans cannot conceive of what it is like to be a bat, flying through the night on one's own wings

while navigating through echolocation. We may learn more and more about bat behavior, bat neurology, and so on, but that does not take us any closer to understanding *what it is like* to be a bat. If someone is similar to me with similar experiences, I can get closer to an accurate understanding, whereas it becomes progressively harder the more different the other individual is. Bats are just *too* different from people – or are they? Nagel mentions in a long footnote that some blind people have learnt to utilize echolocation themselves, by making little noises and listening to subtle echoes; they might therefore be better able to imagine what having a fully developed echolocation system would be like (ibid, p. 442). But when another individual's experience is radically unlike anything we have experienced ourselves, we cannot imagine what it would be like.

Regardless of the extent to which one agrees with Nagel's bat paper, this much should be uncontroversial: Sometimes, some people cannot conceive of what it would be like to have experience X, and yet, other people have experience X. For instance, people who have been blind since birth cannot conceive of what it would be like to have visual experiences.³ Yet, most people do have visual experiences. Some people with aphantasia testify that they previously assumed that everyone was like them, and that people who talked about picturing things in their heads did not literally mean this (e.g., Dutta, 2022). After learning that they belong to a neurodivergent minority, they still cannot fathom what it is like to have mental imagery. Yet, many people can picture things inside their heads, and experience vivid mental imagery.

In psychiatric contexts, we should accept the possibility that people with various kinds of madness and/or neurodivergence *may* have experiences that are impossible to conceive of for sane and neurotypical people. Peter Langland-Hassan (2008, p. 376) writes that this may be the case with so-called “thought insertion” (I will come back to this psychiatric phenomenon) – it may be as impossible for a sane person to imagine what it is like to experience this, as it is for a person born blind to imagine what it is like to see.

The plan of the paper is as follows: In [section 2](#), I discuss claims from the philosophy of psychiatry literature according to which certain experiences are *inconceivable* and therefore *impossible*, or at least *hard to* conceive of and therefore *unlikely*. In [section 3](#), I provide counter examples from my own life and experiences. In [section 4](#), I argue that what matters is *prima facie* conceivability, in David Chalmers' sense, rather than full conceivability. In [section 5](#), I draw on other philosophical fields as well as popular fiction. Scenarios that frequently occur in thought experiments and/or popular fictional stories are at least *prima facie* conceivable. In the concluding section, I sum up the paper and provide some suggestions for philosophers and others who analyze mad experiences and try to grasp what having such experiences is like.

2. Inconceivability claims from the literature

Many philosophers have strong convictions about how people can or cannot experience their bodies and minds. In the following, I will focus on discussions of experiences that I am personally familiar with: depersonalization and thought insertion.

2.1. Depersonalization

Adam Bradley (2021) writes about somatoparaphrenia and depersonalization, two conditions in which people feel as if their bodies are not theirs. Somatoparaphrenia patients claim that some of their body parts actually *do not belong* to them, but to other people. Depersonalization sufferers, on the other hand, may explain that it *does not feel* as if their bodies are really theirs, or that their bodies feel like objects, not part of them. Since I have only experienced depersonalization myself, I will focus on the latter.

To Bradley's credit, he does write that bodily ownership disorders are complex, and that no unified account may exist (ibid, p. 374). For all that I know, he may provide an accurate description of some depersonalized people's experiences. Madpeople's experiences often vary a great deal, even when we compare people with the same diagnosis and the same symptoms noted in their medical records (e.g., Henriksen et al., 2019; Larøi et al., 2012; Stahl, 2018). Nevertheless, even if he arrives at conclusions that accurately describe a subset of depersonalized people, some of Bradley's arguments are quite problematic. For example, look at the following paragraph:

Other studies have revealed that depersonalized subjects are indistinguishable from controls in tests of bodily movement (Cappon & Banks, p. 1965). If the bodies of depersonalized subjects really felt like foreign objects to them, then their unimpaired capacity for bodily agency is hard to make sense of. Bodily action is a paradigmatically first-personal phenomenon. As Lucy O'Brien (2007) puts it, "[one's] awareness, with respect to physical action, is necessarily awareness of one's body, and further it is necessarily awareness as of one's own body" (p. 217). In short, bodily agency grounds a sense of ownership. If depersonalized subjects lacked this feeling ownership over their bodily movements, one would expect some sort of impairment in the use of their bodies. But there is no evidence to support this hypothesis, suggesting that even depersonalized subjects have first-personal awareness of their bodies. (Bradley 2021: 369)

First, Bradley claims that it is "hard to make sense of" how people could feel as if their body was a foreign object, and yet perform unimpaired bodily actions. However, there are many people capable of moving around external objects with great ease and expertise. A wheelchair user driving their chair all day might achieve a kind of mastery over it that rivals the mastery most people have over their own bodies, and yet the chair remains an external object – the user does not feel like they

leave a body part behind when they go to bed at night. People who drive a car or motorbike for a living, perhaps in highly challenging circumstances, may similarly learn to maneuver the vehicle automatically, unthinkingly, and with amazing skill and ease. Given that a person suffering from depersonalization nevertheless “drives” their body around twenty-four hours a day, seven days a week, the fact that they do so with ease should be unsurprising. I suspect that this argument looks stronger than it is to sane people who have never experienced their body as a foreign object, because they find the whole concept *so weird* that they willingly accept any argument to the effect that no one really has this experience.

After this argument, we see a bunch of *claims*: “Bodily action is a paradigmatically first-personal phenomenon.” “One’s awareness, with respect to physical action, is necessarily awareness of one’s body, and further it is necessarily awareness as of one’s own body.”

Depersonalized people, like myself, might think that our experiences serve as counter examples to these claims, but according to Bradley (and the quoted O’Brien), we must be mistaken. One’s awareness with respect to physical action is *necessarily* awareness of one’s own body, *as* one’s own body, this is the way it is, it is *necessarily* so.

2.2. Thought insertion

Annalisa Coliva (2002) discusses thought insertion as a possible counter example to the thesis that “introspection-based self-ascriptions are *logically* immune to error through mis-identification” (ibid, p. 27, emphasis in the original). She is thus more focused on logic than phenomenology, and even adds toward the end of her paper that thought insertion sufferers probably has some odd phenomenology. Yet, if it is logically impossible to be mistaken about whose thoughts I find in my head, because it is logically impossible that they are not my own, as Coliva argues, this seems to have implications for experiences too.

It is possible to hear disembodied voices, even if no such voices exist. But is it possible to see a square circle? Even in a hallucination? This is more doubtful. If it really is *logically* impossible that another person’s thoughts reside inside my head, *experiencing* alien thoughts would be like seeing square circles.

Coliva’s argument is based on a unified and simple understanding of what introspection amounts to.

Let us tackle this issue by considering what it means to say that a subject is introspectively aware of pain. If a subject is introspectively aware of pain, this just means that she is feeling pain. Similarly, if a subject is introspectively aware of the belief that

it is sunny today, then this just means that she is actually believing that today is sunny.
(ibid, p. 28)

She asks us to imagine the following sci-fi scenario: people are connected to each other in such a way that A does not only receive, for instance, hunger sensations from their own stomach and pain sensations when their own toe hits a piece of furniture, but also hunger sensations from B's body when B's stomach is empty and pain sensations when B stubbed their toe. In this scenario, A might sometimes be mistaken about which bodily sensations are theirs. A might wake up from a nap and think that they are lying down in bed because they *feel* as if they are in this position, but when they open their eyes and look, it turns out that they napped sitting in an armchair. They got confused by proprioceptive signals they received from B, who is lying down. However, Coliva continues, these mistakes are only logically possible because we have *independent* criteria for bodily ownership.

... a mental self-ascription made on the basis of introspective awareness of a certain mental state is IEM in any logically possible world. ... Notice the difference between the case of introspective awareness of one's mental states and the case of somatic proprioception. For, from the fact that one could be proprioceptively aware of someone else's bodily properties, it would not follow that the other body is one's own. This is so because we have independent, nonphenomenological criteria of identity for what has to count as one's own body. By contrast, we do not have criteria of identity for what has to count as one's own conscious mental state, which are independent of the fact that one is introspectively aware of it. (ibid, p. 29)

Perhaps there are some forms of introspection that are logically immune to EMI – investigating that issue lies outside the bounds of this paper. If I introspect in a way that is “neither observational nor inferential” (ibid, p. 30), there may be no room for mistakes. It may, furthermore, be true that “we”, understood as “people in general” or “sane people”, lack any criteria for how to distinguish between one's own thoughts and other people's thoughts that have slipped into one's head. If sane people never need such criteria, it is unsurprising that they have not developed any. Coliva might have shown that *she* cannot conceive of – and perhaps that *most* people cannot conceive of – ways to distinguish between one's own and other people's thoughts, when all those thoughts float around in the same head. But she has not proven that it is logically impossible to be mistaken about whose thoughts I find in my head, because she has not proven that independent criteria for what counts as one's own versus other people's thoughts are impossible to come up with.⁴

I suspect that Coliva takes something like the traditional division between extended bodies and non-extended thoughts for granted, when she says that we have independent criteria for distinguishing between ours and other people's bodies, but no such independent criteria for thoughts. Because

bodies are *things* with *extension*, I can determine which body is mine by, for instance, simply looking down – the body I see extending down from my neck is my own body. When I look directly – not through a mirror or camera device – on another body, and I can see its *entire* extension, it must be someone else's (though I might be mistaken if I believe that I look directly at someone but actually look in a mirror, *ibid* pp. 27–28). The fact that bodies are extended in space also helps us to discuss transplant cases. Suppose that B's heart is placed inside my ribcage. The heart initially counts as B's, because it came from a different *place* than my body, it came from inside B's body. Now, it has been inserted into the volume of space that *my* body occupies.

Coliva seems to assume that thoughts *cannot* work like this. Allegedly, thoughts – unlike bodies – are *not* spatially extended objects, and do *not* occupy any specific point in physical space. Therefore, according to this line of thinking, it makes sense to say that B's heart was put inside my ribcage, but it does not make sense to say that B's thought was put inside my head.

To clarify: I do not mean that Coliva, or other philosophers of psychiatry, tend to be Cartesian dualists about body and mind and conceive of the latter as a separate, immaterial substance – this is, after all, a rather unpopular view among present-day philosophers. But arguments like Coliva's seem to depend on implicit assumptions about either property dualism – thoughts and other mental phenomena *do not* have spatial properties, whereas bodies *do* – or at least a kind of *phenomenological* dualism. “We”, that is, sane people, presumably do not *experience* thoughts as having extension or existing at specific places in physical space, whereas “We” experience our bodies that way.

If telepathy existed, Coliva writes, the following might be possible:

- (1) When A thinks P, this causes B to also think P.
- (2) A knows, without being told, that B thinks P.
- (3) A knows via some type of introspection that B thinks P.

However, it would remain impossible that B's thoughts enter A's head – all thoughts that A have, must be A's thoughts (*ibid*, p. 30).

Other scholars *explicitly* deny that thoughts have spatial properties, or that people even *think of* thoughts as having such properties. Lisa Bortolotti and Bortolotti and Broome (2009, p. 208) write that any talk of “the mind as a container with thoughts as material objects occupying that space” is nothing but a controversial metaphor. This is not really how the mind works, they write, and it is not how laypeople conceive of their minds working either. Sousa and Swiney (2013), citing the above, similarly write

that thoughts are not physical objects inside one's head, *obviously* not; such talk can only be metaphorical.

It may be true that *most* laypeople do not think of their minds this way, but I certainly do, and I suspect many other madpeople do as well.

2.3. Thought insertion and the possibility of empathy

Hanna Pickard (2010) writes that it seems possible to understand and empathize with schizophrenics.⁵ However, she continues, empathy with another requires understanding what it is like for them to have the experiences that they have. Therefore, thought insertion must be similar to ordinary experiences that sane people have. In short, Pickard presents this simple modus ponens:

- (1) It is possible to empathize with schizophrenics who complain about thought insertion.
- (2) If “we” can empathize, this experience must be similar to “our” ordinary experiences.
- (3) Therefore, thought insertion is similar to “our” ordinary experiences.

Nevertheless, we need not (and I do not) accept the conclusion, because there is much to question about the premises. Starting with premise 1, “empathy” can mean different things, and come in different forms (see Spencer & Broome, 2023 for a non-exhaustive list). For instance, a psychiatric nurse once told me that she empathizes with psychotic patients who are terrified, empathizes with *the fear*, even if she cannot grasp *why* they are so afraid. At other times, a clinician or family member may believe that they fully grasp what a madperson experiences, but be drastically mistaken. Moving on to premise 2, understanding what it was like for another person to undergo certain experiences becomes progressively harder the more different they are from us. But whether such understanding is required for empathy depends, once again, on what we mean by it; moreover, insofar as such understanding *is* required, a sufficiently open-minded and imaginative sane person might gain *enough* understanding for *some* empathy, even though a gap remains.

After concluding that the experience of thought insertion is similar to some ordinary, sane experience, Pickard suggests that “inserted” thoughts are those that sufferers feel ashamed of, alienated from, and wish to distance themselves from. Unlike sane people, who recognize that shameful, embarrassing, etc., thoughts pop up from time to time, schizophrenics suffer from reasoning defects that make them conclude that these thoughts are not their own (Pickard, 2010, p. 59, 65–67, 71). Pickard then dismisses all supposed

counter examples to her theory. The psychiatric literature contains quotes from madpeople who claim that they have nothing against the *content* of some inserted thoughts – they *could have* thought these things themselves, but they did not. Pickard writes that when schizophrenics say such things, they were likely prodded by clinicians; they would not have complained about thought insertion unless their clinician insisted that they must have this symptom (ibid, p. 69–71).

This is, of course, a convenient method for dealing with alleged counter examples from the literature – insist that patient testimonies that do not fit your theory cannot be legitimate. However, in the next section, I will bring up counter examples to the above inconceivability claims from *my own* experiences.

3. My own “inconceivable” experiences

3.1. Inconceivability claims and epistemic co-opting

As already mentioned, I argue elsewhere for a pro tanto duty to try to understand madpeople; our reasons, when applicable, and understanding what it is like for us insofar as this is at all possible (Jeppsson, 2021). However, I agree with Spencer and Broome (2023) that there are important pitfalls to avoid here.

From Karl Jaspers and onwards, phenomenological psychopathologists have often assumed that in a patient-clinician meeting, the former talks about their experiences whereas the latter does all the interpretative and analytical work. Spencer and Broome call this epistemic co-opting, a type of epistemic injustice. It is problematic, because marginalized people need to develop their own concepts and interpretations, to build their own identities. Moreover, phenomenological psychopathologists sometimes assume that they can understand the patient’s experiences as well or better than the patient understands themselves. This is intellectual hubris. Finally, psychiatric patients become victims of a kind of epistemic objectification when they are only seen as sources of data and information for the clinician to process, but do not get a real chance to interpret, analyze, and discuss their own experiences. Following Miranda Fricker, Spencer and Broome propose “virtuous listening”, which is a more interactive and respectful process, in place of traditional phenomenological psychopathology, and more co-production in research with people who have lived experience.

I believe that Spencer and Broome might be more pessimistic than I am of the possibility of understanding mad phenomena: In Jeppsson (2021), I argue that more psychotic phenomena than people tend to think can be made intelligible to other people by comparisons to both sane mental

phenomena and fantastic fiction. But their critique of phenomenological psychopathology is important, and not only relevant for clinicians.

Philosophers often discuss madpeople and neurodivergent people in objectifying and problematic ways, which I have discussed elsewhere (Jeppsson, 2023a). Here, I want to focus on hubris, co-opting and injustice: There is a kind of hubris in believing that one may figure out, from reading pieces of testimony in one's armchair, what people one has never even met may experience. Philosophers also co-opt madpeople's experiences when they analyze patient testimonies and publish papers in prestigious journals of how the testimonies should be understood, and what these psychiatric patients might or might not have experienced that prompted such strange utterances. We need to develop our own concepts, descriptions, interpretations and so on, both in exclusive mad spaces and in co-production efforts with sane scholars and scientists. Finally, when real people's real experiences are dismissed as inconceivable and therefore impossible, this is a case of classic epistemic injustice.

Adam Bradley (2021, p. 360) provides a good example of epistemic co-option when he writes "As theorists, one of our primary tasks is to give voice to these subjects by making sense of these conditions." But I do not need Bradley to "give me a voice" – I can write my own texts and give my own talks on the subject. Of course, most madpeople are not scholars and do not have the opportunity to do so. Still, that does not mean that philosophers should "give them a voice" by analyzing patient testimonies from a distance, until said philosophers arrive at an analysis that feels sufficiently comprehensible and satisfying to *them*. If it is unclear how to best interpret patient testimonies, we need follow-up questions and further dialogue with the people concerned. If it *remains* unclear after lengthy dialogs, or if dialogue proves impossible, the scholar should accept their lack of understanding, instead of coming up with interpretations that *they* prefer.

But as I said, I can write about my own experiences – and will do so in the following subsections.

3.2. Shrinking and growing: life as a homunculus

Often, I experience myself as a full human body. I *am* this entire thing; a thing with arms and legs, torso and head. When I move, I do so *directly*. But sometimes, I experience myself as much smaller; a little homunculus residing in the head of the full-sized body. I can still move it around with great mastery and ease, but I am now more comparable to an expert car driver or wheelchair user.

These shifts are often spontaneous. I might feel myself shrinking, and similarly feel the control I have over my body change from direct to indirect. It can happen in the most mundane situations, like when I wipe off the

kitchen tops; suddenly, I shrink back, and no longer directly control my hands. I continue wiping, but I now do so by sending signals down my arms to my hands, that (fortunately) move in swift response.

Once in a while, I withdraw from my hands on purpose. I write fiction as well as philosophy, and have experimented with automatic writing in connection with the former. I sit down with my hands on the computer keyboard, withdraw from them, but do *not* send them any signals. I just wait for them to write something on their own. It does not always work; sometimes they just lie there until I give up. When they do type, it still takes some time for them to get started, and they often blurt out useless gibberish. I still find this exercise worth doing, because *occasionally*, they type out delightfully bizarre pieces of text that I can use. (I have never doubted that this automatic writing still originates in *me*, broadly understood – it comes from some non-conscious part of my psyche. But the *experience* is as I here describe it.) However, I can only do automatic writing for a few minutes at a time. If my hands are allowed to act on their own for too long, it triggers frightening reality shifts (which I have described elsewhere, see Jeppsson, 2023b).

I have never worried, as far as I can remember, that my body is not mine in the sense of being my *possession*. My car is not a part of me, but it is nevertheless mine. In a similar sense, my body remains mine even if I shrink down to a tiny homunculus who drives it. However, I find it quite easy to imagine what it would be like to end up in someone else's body. Suppose that I first shrink down to a tiny homunculus, and then fall fast asleep. When I wake up again, everything seems normal at first; I can easily drive around and control the body that I find myself in, just like I normally do. But when I look down on it, I notice some subtle differences. Shocked, I realize that someone moved me while I was asleep – moved me to the wrong body. This would be analogous to parking your car and taking a nap in the driver's seat, wake up after a while and drive on – only to realize, eventually, that you have been moved to *another* car while asleep, though one sufficiently similar to your own that it took some time to notice.

None of the above can be found in Bradley's paper, the one in which he tries to give people like me a voice. He argues *against* the possibility that depersonalized subjects might experience their bodies as objects they control indirectly. Instead, he suggests that depersonalized subjects likely experience a lack of "affective ownership", a lack care for what happens with their bodies (Bradley, 2021, pp. 374–376). Perhaps this is true of me, to some extent – for instance, I sometimes burn my fingers because I forget that you are not supposed to touch hot stoves. If you wonder if the stove is hot, you are supposed to hold your hand *close* to

check, but not place your hand *on* it. I do know this, but I forget sometimes. This is, apparently, not something sane people tend to forget; for the sane, not touching hot stoves is an automatic instinct. Nevertheless, at least for me, this is hardly the most interesting aspect, or the *core* of what it means to disconnect from my body and experience it as an external object.

3.3. *Living in my skull like living in my house*

I have already mentioned purposefully shrinking down to engage in automatic writing. During the last few years, I have also learnt to purposefully shrink as a sleeping aid. I have suffered horribly from insomnia since I was a small child; I did not manage to sleep well without sleeping pills until well into my middle age, when I discovered this trick. First, I shrink until I am wholly contained inside my head. Things like tense muscles and an elevated pulse cease to disturb me when I have withdrawn from my body. After some time, I do not even feel my body, or the muscles and heartbeat inside it. Irritating thoughts of, e.g., work, may still disturb me, so the next step is to shrink down even further, becoming much smaller than the head. Even though stressful job thoughts remain inside my skull, *I* can step away from them.

Lately, I have learnt to make myself *so* small when lying in bed with my eyes closed, that the inside of my head seems like an enormous, dark cavern in comparison. While strolling through this cave, I often hear other people's voices. This is neither like a normal auditory hallucination in which the sounds seem to come from the external environment, nor like suffering thought insertion; there are voices, sounds, but they originate from inside my skull. Nevertheless, when I am small enough, it does not seem mysterious at all that some things may exist inside the full-sized head on the full-sized body, and nevertheless not be mine. It is no more mysterious than how I may stroll through my house and find things that do not belong to me, other people's things that they put there. Now, I do believe that these voices, just like automatic writing, come from a non-conscious part of my own psyche. But they *sound* and *seem* like they are not mine, just like objects can be inside my house without being mine.

I distinguish between voices inside my head and thoughts. Voices are sounds, even if they are sounds inside my head, whereas thoughts do not have auditory qualities. I believe that many (though probably not all) sane people are familiar with similar distinctions; not only do they experience external sounds and voices differently from their own thoughts, they may also distinguish between "mental sounds" – for instance, vividly *imagine hearing* their favorite song – and regular thinking. It is likely much harder, perhaps impossible, for sane people to imagine finding thoughts inside your

head that do not seem like yours – everyone is used to sounds that come from sources other than themselves, but most people have no experience of alien thought. Nevertheless, when you are small enough, you may examine the inside of your head analogously to how a full-sized person examines the inside of their house; in both situations, it is possible to find things in there that are not yours, even though they had been placed inside the house/head that you own.

3.4. *Thought assault*

My head is a pretty nice place, nowadays. My present voices are all nice and friendly ones; testament, I believe, to how much my mental health has improved in later years. However, when I was younger, I sometimes suffered from threatening and disturbing inserted thoughts. I frequently told myself that they were nothing but mental illness symptoms and should be ignored, but they nevertheless *felt* alien, and the entire experience was horrifying. Back then, I was less adept at making myself tiny. I usually felt like I was roughly the same size as my whole body when I experienced these thoughts. Thus, what I experienced back then was *not* like walking through my house and stumbling upon someone else's forgotten book or sweater. For these past, horrible experiences, I need another comparison: physical assault.

Suppose someone assaults you. Suppose they force your mouth open, and pushes a foreign object inside. With some tool, they force the object all the way down your esophagus, until it sits in your stomach. You now have a foreign object inside your body. It did not originate in there; your body did not produce the object like it produces blood, saliva and so on. But it is inside you now.

Somewhat similarly, I would feel my assailants pushing their thoughts through the back of my head until they got inside. Once these alien thoughts were securely lodged inside my head, I could still feel them there, as foreign objects inside me. I still knew the (horrifying) content of these alien thoughts because I could “look” at them via a kind of introspective process – and *this* is where I hit the limits of a language mostly developed by and for sane people – but looking/introspecting on them was different from thinking or introspecting on my own thoughts. For some reason, the inserted thoughts always stayed in the back of my skull; only my own thoughts would go closer to my forehead and eyes. I could feel which thoughts sat where, inside my head.

I really want to stress how different I found the experience of thought insertion from just having random thoughts pop up, sudden flashes of inspiration, an annoying pop song stuck in my brain on repeat, etc. In those cases, it still feels like I am the one thinking the random thoughts or the annoying pop song, even if I do not control them. Inserted thoughts feel alien, like they are not thought by me at all. I can introspect on them, attend

to them, feel them slithering around in there, but it doesn't feel like *I am the one thinking them*.

Comparison: There are bodily movements we perform automatically, unthinkingly, and sometimes with little control, but it is still clear that we are the ones doing them. For instance, I may fidget with a pen during a boring meeting without being aware of doing so. Once someone tells me to stop fidgeting, I realize what I am doing and stop – but as soon as I stop paying attention to my hand and pen, I start again. I have trouble controlling my fidgeting since it resumes as soon as I do not pay attention, but I never doubt that I am the one doing it. Now, imagine that someone else took control of my arm and hand muscles and *made me* fidget with the pen. Surely, this would be a different experience. Roughly the same difference as between thoughts that just pop up, sudden inspiration, a song stuck in your head, spontaneous mental stuff that is difficult to control – and thought insertion. Watching your hand move in response to someone else's tinkering with your muscles, or watching thoughts that were inserted into your head, is not the same thing as moving/thinking yourself.

Christopher Peacocke (2008, p. 276) makes similar comparisons between thinking and bodily movement in his attempts to understand thought insertion. Matthew Parrott (2017) criticizes him for this.

... since it is quite obvious that one can be perceptually aware of her bodily actions, it is easy to understand how a person could become aware of a bodily action while lacking action-awareness of it. By comparison, it is implausible to think that subjects of thought insertion are perceptually aware of inserted thoughts; so the analogy with bodily actions does not really illuminate what these experiences are like (Parrott, 2017, p. 47).

Maybe an account that relies on a special kind of perceptual awareness of the thoughts inside one's head does not illuminate anything for sane people. But then again, this need not be because the account is “implausible” or wrong – the chasm may simply be too wide to bridge on this one.

3.5. *No one-size-fits-all account*

Philosophers of psychiatry tend to analyze the same snippets of patient testimony over and over. For instance,

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

- appears in Langland-Hassan (2008), Pickard (2010), Fernandez (2010), Sousa and Swiney (2013), Parrot (2017), and many other books and papers. Much has been made of “it's just like my mind working”, and how to understand that. I would not, myself, characterize inserted thoughts as

being “just like my mind working”. Perhaps the person behind the quote had experienced something quite different from what I described above. Now, I do not think this is something we can be confident of, just because the short quote does not seem to fit with my own lengthy description. We would have to sit down and discuss our experiences at length before we could judge how similar or different they are. But it does seem plausible that the same “symptom label” may cover quite different experiences.

Larøi et al. (2012) showed that “auditory hallucination” can mean many different things. Moreover, it is often hard to describe your strange experiences to a clinician. You might feel ashamed of your own weirdness, grasp for words because you are not used to talking about these things, you may be pressed for time, and so on. Given all this, it would be unsurprising if people regularly get similar diagnoses and descriptions in their medical records because they say fairly similar things, even if lengthy and deep interviews would have uncovered important differences.

Thus, I do not attempt to speak for everyone, only for myself. My single example still shows that it is possible to experience your body as an external object more akin to a vehicle than a part of yourself, possible to experience your thoughts as physical objects inside your skull, and subsequently possible to spontaneously conceive of thoughts as spatially extended and located, and so on. I assume that I am not unique, because people rarely are. Whether such experiences are *common* in, e.g., people diagnosed with schizophrenia or other psychosis disorders is clearly an empirical question – but one I believe can only be properly investigated by interviews that allow for follow-up questions, and follow-ups to the follow-ups. It cannot be determined by analyzing relatively short quotes from the literature, or by giving psychiatric patients simpler surveys or questionnaires. In general: It cannot be determined by methods that treat psychiatric patients as *mere* providers of data, which the clinician or scholar then interprets and analyzes on their own, without further input from the patient.

I have tried to describe my experiences in a straightforward and literal way. Nevertheless, what I write above might seem completely inconceivable to some readers. If so, there might be nothing I can do to bridge the chasm between our radically different experiences. But this just means that the chasm is too wide – not that the above text should be picked apart and analyzed and reinterpreted until it turns into something that everyone is capable of conceiving of.

4. Full conceivability and prima facie conceivability

I believe that all the experiences I have described in [section 3](#) could be accurate in other possible worlds. By “accurate” I mean, roughly, the opposite of hallucinatory or illusory – representing how the brain and

body works in a way that can be corroborated by, or at least not *contradict*, a scientific examination. In other possible worlds, people may have size-changing homunculi residing inside their full-sized bodies, and so on. What I wrote about thought insertion might go beyond ordinary concepts and criteria for, e.g., how to distinguish one's own thoughts from those of other people, but I do not believe that it is therefore illogical nonsense. Sometimes we need to develop new concepts and new criteria to capture new experiences – or, rather, *old* experiences that have not been much discussed in the literature by those who actually have them. “Hard or impossible to conceive of for many sane philosophers of psychiatry” need not imply “logically impossible”.

Furthermore, a logically impossible scenario may nevertheless be *prima facie conceivable*

David Chalmers (1996, pp. 98–99 and 139) draws a distinction between “full conceivability”, which corresponds to logical possibility, and mere “prima facie conceivability”. A one-mile-high unicycle is conceivable in both senses. It might be practically impossible to build a unicycle this high; perhaps the laws of physics guarantee that nothing recognizable as a unicycle could be as tall as one mile without being crushed under its own weight. Yet, there is no logical impossibility involved here. For this reason, it is also possible to imagine the one-mile unicycle with any amount of detail: it is *fully* conceivable. However, Chalmers continues, it is *only prima facie* conceivable that Goldbach's conjecture⁶ turns out to be false. We can easily conceive of a mathematician who says, from the podium in a lecture hall, “Look! I've proven Goldbach's conjecture false!” We can, moreover, picture how the mathematical world at large acknowledges that he is right. But we cannot picture the supposed proof in detail, because there cannot be such a proof.⁷

Now, suppose that Peggy, a PhD student in mathematics, goes mad in a grandiose manner. She fills a notebook with calculations and eventually announces that she has proven Goldbach's conjecture false. Once she has calmed down a bit, she tells her psychiatrist:

I remember realizing that Goldbach's conjecture did not hold for *every* natural number bigger than 2 . . . there were a few very large numbers for which the conjecture broke down, and I could prove it . . . I could see the proof so clearly . . .

Peggy has not actually hallucinated the proof in complete detail – that would be impossible, since there cannot be such a proof. Nor has she written any real proof down. However, she might still have had a vision of and subsequently written down formulas that are, so to speak, in the right ballpark, and she might have been convinced that her proof held up. There is no need for philosophers or clinicians to explain away everything she says, just because it is not *fully* conceivable.

Going back to thought insertion, let us suppose that Coliva and others are right; it is not *fully* conceivable that another person inserts a thought into my head, and the thought remains theirs, not mine. If the scenario remains *prima facie* conceivable, I may still have experienced something *similar*; philosophers need not explain away everything I have said in previous sections. Philosophers need not argue (as Pickard, 2010, does) that I only experienced, e.g., a sense of shame when certain thoughts popped up, and then drew bizarre conclusions or came up with bizarre descriptions for this – in itself quite ordinary – experience.

If I did not experience a thought getting pushed into my head, I might still have experienced a *thought** being pushed in there. A *thought** differs from a thought; differs in such a way that talk of other people's *thoughts** entering my head does not give rise to the same problems as talk of inserted *thoughts* does. Perhaps Coliva is right that there are no criteria independent of introspective awareness for what counts as your own vs other people's thoughts; perhaps there *cannot* be, for conceptual reasons. But *thoughts** may differ from thoughts in that they (for instance) have both mental properties and a physical feel to the person who experiences them. The physical feel varies, depending on whether the *thought** is the subject's own or inserted.

If something is *prima facie* conceivable, it is at least possible to experience something very *similar*. Moreover, we should understand the concept of *prima facie* conceivability such that it is not precluded by the fact that *some* people cannot conceive of the thing in question. For starters, and as already discussed, a person born blind cannot conceive of what it would be like to have visual experiences, but visual experiences are conceivable to most and actually exist. A professional mathematician might find Goldbach's conjecture so obvious that they cannot picture – not even *roughly* picture – a scenario in which it is proven false. The idea that Goldbach's conjecture could be false might be so bizarre to them that they get mentally stuck trying to imagine it. Nevertheless, we should say that this scenario is *prima facie* conceivable, because there are *many* people who can picture it, albeit not with all the details.

However, this raises the following question: How can I know whether I cannot conceive of X because X is not even *prima facie* conceivable, or because of my own mental limitations? Suppose I am a philosopher of psychiatry who read through some patient testimonies. I think to myself that these testimonies, if accepted at face value, sound as bizarre as the claim that one plus one equals three; the alleged experiences that these patients describe seem to belong in the *square circle* territory. *Surely*, I think to myself, no one has experiences like this. *Surely*, I cannot accept these patient

testimonies at face value. However – what if this is just my limited imagination speaking? How would I go about determining this?

Well, talking to the people concerned may clear things up – I may come to realize that they have experienced something that I cannot personally wrap my head around. But if I am stuck in my armchair, there is still something I can do: look at thought experiments from other areas of philosophy, and popular fiction.

5. “Inconceivable” experiences in other areas of philosophy and popular fiction

5.1. *Body swapping in philosophy and fiction*

Some philosophers may find the idea of one’s body as an external object terribly strange and hard to conceive of. However, as soon as we move from philosophy of psychiatry to the philosophy of personal identity, the idea that people are not identical to their bodies, and that one person could in principle be moved from one body to another, is commonplace. The two standard theories (or families of theories) always brought up in textbooks or overview articles (e.g., Olson, 2023) are *psychological continuity theory* and *animalism*. Very roughly, animalism says that we are identical to our bodies, whereas psychological continuity theory says that we are identical to some core psychological feature – for instance, a chain of overlapping memories. Of course, much of the debate consists of philosophers from different sides trying to find conceptual or logical difficulties with the theories of the opposing side. But no one claims that, e.g., thought experiments in which a nonphysical, psychological person is scanned off of a dying physical body, stored in a computer for a while and then downloaded in a brand new body, are *so far* from conceivability that we cannot take what psychological continuity theorists say at face value. Animalists do not ask themselves what these strange theorists *really* mean when they discuss such body-swapping and downloading scenarios.

Someone might argue that psychological continuity theory does not imply that the body is an *external object* that the person occupies, even though the theory allows for the possibility of body-swapping. There may be room for debate here. Still, I think the enduring popularity of psychological continuity theories provides an important lesson for philosophers of psychiatry who are tempted to think that one’s body is, *obviously*, part of oneself, and it could not be otherwise.

Moving from philosophy to fiction, body swapping is a very popular concept. Just looking at recent Netflix shows, we have *Transferts*, *Altered Carbon*, and *Brand New Cherry Flavor* (the last two are based on popular

novels, *Altered Carbon* by Richard Morgan and *Brand New Cherry Flavor* by Todd Grimson). We have seen body swapping in *Star Trek* episodes, in popular comedy movies like *Freaky Friday* – there are *so many* novels, movies, and comic books where this happens. Most of these portray the person as nonphysical; as an immaterial soul or bundle of information, that can be downloaded first into one brain and then another. However, the somewhat obscure British science fiction comic *Proteus Vex* provides one example of tiny, humanoid homunculi who flawlessly control full-sized humanoid bodies.

Thus, many, many people consume stories built on the premise that persons can be distinguished from and separated from their bodies, and may end up in alien or somehow wrong bodies. Many, many people presumably find this quite conceivable.

5.2. Telepathy and thought insertion in fiction

Telepaths capable of both reading minds and inserting their thoughts into other people's heads are also common in fiction. In the popular *X-men* comic books, movies, and TV shows, we meet powerful telepaths like Charles Xavier. At least sometimes, his capabilities seem to veer into territory that Coliva regards as fully inconceivable.

For instance, Xavier may use telepathy to tell his X-men to travel to upstate New York and meet him at the mansion. Scott Summers is currently in New York city, when the thought “you must go upstate, meet me at the mansion” pops up in his head. Summers is used to receiving telepathic messages, and immediately recognizes that this thought is *not* his own, it is *not* an idea that *he* suddenly came up with. No, the thought clearly comes from Xavier, who has given him the psychic equivalent of a text message or voicemail. Yet, the thought is portrayed as being *inside Summers*. It is not merely the case that Summers mysteriously learns about what Xavier is thinking; he really has Xavier's thought in there. In comic books, this is often shown by a thought bubble drawn on his head, distinguished by color, font, or some other sign from those that represent his own thoughts. If Xavier sends this message to someone who does not know him, and has not received telepathic messages before, they may be startled and surprised at first. Still, they often quickly figure out what happened – that someone else's thought, a telepath's thought, was inserted into their head.

Moreover, many fictional stories represent thoughts as physical objects. We see this in X-men too, in stories where telepaths enter each other's minds and *see* the thoughts residing in there, and also in the comic book and later Netflix adaptation *Locke and Key*. In the latter story, people with access to the right magical tools can both insert and remove beliefs, memories, and emotions from their own or other people's heads, in a manner similar to

how people in the real world insert and remove physical objects from lockers and desk drawers. This may not be the way sane people *normally* conceive of their thoughts, but considering how popular these stories are, it seems like many people nevertheless *can* conceive of thoughts as objects with spatial extension and location.

When a certain situation, phenomenon, problem, or superpower is common in popular fiction, it is safe to say that it is at least *prima facie* conceivable. It is also safe to say that we have at least some of the words and concepts necessary to describe it. Clara Humpston (2022, p. 7, 10–11) talks about the limits of ordinary language when we try to describe mad experiences, and I made the same complaint earlier in the paper – sometimes, we do hit this limit. But we should not exaggerate. It is not the case that sane people only ever discuss their own, sane experiences. In fiction, we find countless dialogs and descriptions of fantastical elements that resemble mad experiences.

6. Conclusion

Phenomenological psychopathology, broadly conceived (i.e., to include not just the most traditional forms, but also Spencer & Broome’s, 2023 “virtuous listening”) is important. Clinicians, scholars, researchers, as well as friends and family members, should make an effort to understand the subjective experiences of madpeople, and try to understand what it is like to undergo these experiences. We do not want people to prematurely dismiss our experiences – our *us!* – as incomprehensible. Nevertheless, it is much better to admit when the chasm between radically different experiences has grown too wide to bridge, than to project mistaken theories on madpeople and imagine that one understands more than one does. Proper phenomenological psychopathology should attempt to steer clear of *both* premature dismissals and faulty projections.

To accomplish this, it is vital that madpeople are involved throughout – that we are not seen as mere sources of data, but get to interpret, analyze, develop new concepts, etc., as well. It is *particularly* important that philosophers and others interested in the “what it is like” question realize that it cannot be answered by analyzing snippets of written testimony from psychiatric patients, without even talking to the people concerned. This method leads philosophers to ponder what is or is not humanly possible to experience with no other guide than their own powers of conceivability. As we have seen, this leads philosophers to label real people’s real experiences “impossible”, just because *they* fail to imagine what it would be like. This is both epistemically unjust and plain bad science.

In situations where it is not feasible to ask follow-up questions from the people whose experiences one is interested in, one must nevertheless keep in mind this simple lesson: sometimes, some people cannot conceive of what it would be like to have experience X, and yet, other people do have experience X. Thought experiments from other areas of philosophy as well as fantastical fiction can also provide an aid here, by showing that many people regard quite fantastical events, powers and phenomena as at least *prima facie* conceivable.

Notes

1. Brief note on terminology: Some of those concerned find “mad” offensive, whereas others prefer “mad” and dislike psychiatric terminology. I use both about myself, and will use both in this paper. I use “sane” as the opposite of “mad”.
2. Therefore, I will focus on a different subset of my experiences in this paper. Moreover, I have vastly developed my “shrinking ability” since I wrote *Psychosis and Intelligibility*.
3. Nagel adds that seeing and hearing people are also unable to imagine what it would be like to be blind and deaf from birth. Seeing and hearing people cannot accurately imagine the latter by simply imagine away certain sensory impressions from their experiences (Nagel, 1974, p. 440).
4. Moreover, Coliva seems to think that actual thought insertion must be logically impossible, or else complaining about thought insertion would not count as a schizophrenia symptom (2002, p. 31).

But it is *logically* possible, and even *nomologically* possible (i.e., does not violate the laws of nature), that the CIA sneaks into my house while I sleep and implant tracking devices under my skin. Nevertheless, if I told my psychiatrist this, they would consider me paranoid – albeit *possible*, the story is extremely *improbable*.

Thus, nothing clinical hinges on whether Coliva manages to prove that thought insertion is logically impossible or not.

5. I use the term “schizophrenic(s)” in this section because it is the one that Pickard consistently uses in her paper. I do not believe it is a popular term to self-apply; people who dislike “mad” and prefer psychiatric terminology tend to say either “person who has schizophrenia” or “schizophrenic person”, but not just “schizophrenic”, in my experience.
6. Every even natural number greater than 2 is the sum of two prime numbers.
7. I am neither a mathematician nor philosopher of mathematics. For the sake of discussion, I accept that Chalmers is right about this, and that Goldbach’s conjecture is necessarily true.

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