Identity Disorders: Philosophical Problems

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Abstract

Any inquiry into identity disorders faces the difficulty that the ordinary understanding of personal identity is itself ambiguous and contentious. In what follows the concept of personal identity that has been of principal philosophical interest is distinguished and clarified, and ideas about the nature of the self are reviewed. The most influential approach to persons and their identity, deriving

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T. Schramme, S. Edwards (eds.), Handbook of the Philosophy of Medicine,
DOI 10.1007/978-94-017-8706-2_50-1
from the work of John Locke, is then set out as a basis for reflection on disorders. Varying degrees of disruption to the unity of consciousness are then considered, together with the effect of these on the conception of the self and its continuing identity. Finally, there is a discussion of dissociative identity disorder and of the way in which its conceptualization relates to its status as a disorder.

Introduction

One of the deep problems in philosophy arises from the combination of two very familiar ideas. The first is that the entire world, including ourselves, is one of continual change. The milk curdles, a tree blows down, the curtains fade, and you become fond of the music of Mahler. The second is that things stay the same. The curdled milk is the very milk that earlier someone forgot to put in the fridge, the tree is precisely the one in which we used to climb, those same curtains have been hanging there for years, and it is still you, not someone else, who now enjoys Mahler. It is assumed, then, that physical objects continue through time as the same things, even though they undergo changes in their properties. It is also assumed that each person persists through time as the same person, despite the many changes that naturally happen to people during their lives. In other words, persons retain a personal identity. Yet although this is seemingly a simple claim, it is one that has troubled philosophers for centuries (see Martin and Barresi 2003), raising many difficulties that need addressing before the matter of disorders of identity can be broached.

An example may help in bringing out the special significance of these underlying difficulties. Supposing, for contrast, that this inquiry concerned instead the philosophical issues relating to disorders of the liver, it would hardly be necessary to take account of the possibility that people’s livers exist only as some kind of fiction. This, however, has been one conception of the self. Nor can the nature of the self simply be ignored in considering personal identity, since it is not possible to consider what constitutes the continuation of the same thing without some understanding of the kind of thing being referred to in the first place. Then, as further complications, there are different conceptions of what is meant by the identity of a person, and, under any chosen conception, there are different accounts of what mental and/or physical continuity would amount to a continuing identity. Some time must thus be spent in exploring these issues, for any obscurities and ambiguities in the understanding of identity will inevitably reappear in the conception of an identity disorder.
Conceptions of Identity and Identity Disorders

Personal Identity: Numerical and Narrative

The most familiar philosophical problem with personal identity (see Noonan 2003) is this: what is it that constitutes being the same person over time? It may be helpful to clarify the question, though, since an important ambiguity appears immediately. For illustration, let us suppose that someone is asked: “Are you the same person that you were ten years ago?” After reflection on the events of the last 10 years, the reply might be: “No, I have changed a lot.” Here, it should be noted that in saying “I have changed a lot,” it is actually implied that something has remained constant: the “I” that has continued through the changes. It is this sense of “I” that has mainly preoccupied philosophical inquiry under the heading of “personal identity.” To distinguish it from related areas of inquiry, it is often referred to as an example of “numerical identity,” indicating the concern with one and only one person who continues as that person over a period of time.

It is important to be clear how this conception of personal identity differs from certain other matters that may be of related interest. Firstly, the sense of identity outlined here is plainly not that found in the expression “identical twins.” This is a matter of qualitative identity, a situation of (nearly) indistinguishable properties rather than of there being just one person. Secondly, and more directly relevant, numerical identity is not what is typically referred to in talking of what gives meaning to people’s lives, or how people see themselves, or how others see them. That is, it does not directly relate to those characteristics with which people might, as is often said, “identify themselves,” such as being a scientist, having a deep commitment to socialism, or an allegiance to a football team. It is true that such characteristics are often referred to as forming part of a person’s identity, but this concept (often called a narrative identity) is not that of numerical identity. To see this, it can be noted that although these characteristics are usually well entrenched, they are nevertheless aspects of a person that might change. As an example, someone who has for many years been an atheist might have become religious a month ago, telling her old friends that she is now a changed person; yet, her friends will still believe that they have known her for more than a month. Further, not only may people deliberately try to change these entrenched aspects of themselves, but their conception of success will be based on the assumption that the person will still be them, before and after the change. For example, suppose that after many years of unpleasant behavior, someone wishes to become a kinder person. In that case, this person’s aim is not to disappear altogether and be replaced by someone kinder, but to continue living while becoming more kind. The question of (numerical) personal identity is thus: what is it that makes this continuing self the same one, despite changes even at the level of character or personality? Importantly, whatever it is, it is taken to be something beyond people’s control. By contrast, people’s narrative identity, involving those deep interests with which they identify ourselves, perhaps thereby giving a sense of unity to their lives, may to some extent be deliberately constructed.
It is worth noting one further point about this concept of numerical personal identity: it seems to be “all-or-nothing” rather than a matter of degree. That is, where numerical identity is concerned, someone is either precisely the same person as 10 years ago or not that person at all. Thus, it would make no sense to say that they were “rather identical” or “somewhat identical,” expressions that appear to be in conflict with the linguistic role of this concept of identity. If ever there appears to be a reference to a degree of identity, there is usually an obvious way of resolving this into some other claim. To recall the earlier example, if twins are described as being “nearly identical,” it is not being said that they are very nearly the same person but that they are very similar in appearance.

In what follows the focus will be on numerical rather than narrative identity, not least because of its central place in philosophical inquiry in this area. There is, though, another reason. While there are many problems that may arise with respect to people’s narrative understanding of themselves, and while, were these problems to lead to seriously distressing and dysfunctional states for the subject, these states might be regarded as disorders, there would still be some doubt as to whether identity disorder would be the best way to characterize them. As an example, someone who had devoted many years of her life to being a writer might become depressed on coming to feel that she had “failed as an author”; yet although the role with which she had identified herself is one source of her problem, it might nevertheless be thought more appropriate to diagnose depression rather than an identity disorder. As another example, it might be felt that someone had developed a damagingly false narrative of himself, seeing himself as leading a life of great significance and entitlements, while regarding others as of no importance, to such an extent that it might prompt a diagnosis of narcissistic personality disorder. As with other personality disorders, this might be taken to involve “problems with one’s identity or sense of self” (Butcher et al. 2015, p. 463) without it seeming appropriate to classify it as a disorder of identity. The risk, then, in taking problematic narrative identities as a basis for identity disorders is that the latter category would become too broad in its scope, going well beyond the central concern with the continuity of a single unified self.

**Numerical Identity: Fact or Fiction?**

Returning, then, to numerical identity, it is necessary to be aware of some of the different theoretical approaches within this conception of the self and personal identity, differences that may have a significant effect on the conception of disorders of identity (Fulford et al. 2006, pp. 761–763). The initial concern will be with just one fundamental distinction.

Firstly, there is the possibility of a realist conception of the self and its continuing personal identity. Underlying this conception is the belief that where people continue as the same person over time, this is in virtue of facts obtaining about them, perhaps simply some fact about a self or perhaps facts about their minds, bodies, or some combination of the two that constitute the self. It typically goes...
with the assumption that there is a truth to be discovered about personal identity. One particularly important implication of this conception is that it allows a distinction to be made between a person’s identity and a person’s sense of identity. Thus, a patient might be described as suffering a sense of alteration in identity, as reported in some schizophrenic patients (Oyebode 2008, p. 230), where it would be possible for this sense to be correctly contrasted by the clinicians with the fact that they have nevertheless been treating the same patient, before and since the onset of the disorder. Equally, on this realist conception, it is coherent to regard some conditions (perhaps those arising from dementia or severe amnesia) as providing legitimate grounds for uncertainty among observers regarding the current identity of the patient in front of them.

Secondly, there is what might be called an “anti-realist” position, connected in the history of western philosophy particularly with David Hume, which is skeptical of claims to there being a real self at all and thus, of course, skeptical of there being one with a continuing personal identity. On such a view there is no more to the self and its identity than a subjective awareness of the successive elements of a mental life, together with a (mistaken) supposition that they reflect facts about an actual self and its identity; a supposition induced, in Hume’s opinion, by a sense of the resemblance between these elements (Hume 1739/1967, p. 254). Thus, although Hume was addressing the problem of numerical identity, and was proposing an account involving a process that simply happens to us, rather than being a deliberate construction on our part, he concluded that the self and its identity was a kind of fiction. On this basis, then, an “identity disorder” could not strictly be a disorder of the identity of the self (there being no self) but would presumably be a disorder of the mechanism for creating the illusion of an identity of a self. The result would thus be a disruption to the sense of having an identity but, since the sense of it is all there can be on this view, the contrast with a real identity (a possibility normally implied by this way of speaking) would in fact be lacking.

**Self, Identity, and Psychiatry**

Thus, one major philosophical issue is to what extent a realist account of the self and its identity can be defended against Hume’s skepticism. This is too large a question to try to answer here. Instead, it can be noted that either the realist or the Humean (anti-realist) conception could constitute a framework for understanding references to the self and its disorders. It might of course be argued that the realist conception provides a better foundation for understanding abnormal states, if only because a disordered self sounds more serious than a disordered fictional self. Yet this need not be so: Hume was not denying the great psychological significance of a sense of personal identity, only questioning its basis. Anti-realism, then, does not in itself cast doubt on the seriousness of a disruption to one’s sense of self and self-identity.

However, a second issue arises here. Even if the adequacy of anti-realism on this point were accepted, it might still be thought an advantage of a realist account that it
usefully extends the conceptual framework beyond the subjective, in the way outlined above. Certainly, it provides the clearest framework for what might be regarded as identity disorders par excellence, those involving the loss not just of a sense of identity but of an actual identity; cases where those other than the sufferer might think that identity had been lost even while personhood continued. Valuable though this might be philosophically, however, some caution is needed, since this conceptual opportunity is not necessarily one that psychiatry will wish to take up. That is, even if realism regarding the self were to be accepted, it would not follow that the disorders will be conceptualized as disorders of the real self, rather than disorders in the sense of self. It is important, then, to have some awareness of both the identification and description of identity disorders to be found in psychiatry and abnormal psychology.

The current standard text for psychiatric classification is *DSM-5* or, to give its full title, the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 2013). Here, the relevant general category is “dissociative disorders.” These are described as involving “a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour” (p. 291). Of the three main examples of dissociative disorders, only one, “dissociative identity disorder” (DID), is explicitly called an identity disorder, and it will be discussed in detail later. The second, “dissociative amnesia,” will also be discussed, on the grounds that although not labeled as such, it seems directly related to personal identity. On the other hand, the third, “depersonalization/derealization disorder,” is arguably more directly related to a sense of self and only indirectly to identity, in that depersonalization involves, in various ways, a feeling of detachment from all or part of the self, sometimes involving an “out-of-body” experience.

By way of contrast, the slightly different taxonomy found in a well-known introduction to psychiatry, *Sims’ Symptoms in the Mind* (Oyebode 2008), may be noted. Here, the relevant general classification is that of “disorders of the self,” this being sub-divided on the basis of five aspects of a person’s self-awareness: awareness of existing, of activity, of unity, of identity, and of the boundaries of the self (p. 222). Of these, disorders of identity are said to involve various kinds of discontinuity in the awareness of a continuing identity, though interestingly the category does not include DID, this being classified as a disorder in the awareness of unity rather than of identity. Of the three kinds of condition that it does include, the first (in extreme form) is a sense of having been “completely changed from being one person to another” (p. 230), a condition where even this description of the awareness involved seems deeply puzzling. To recall the opening discussion of numerical identity, if someone has a sense of having changed into someone else, this suggests also some sense of continuity between the two states; otherwise, there seems no reason to call it a change rather than simply a coming into existence. If that is correct, might this also be a sense of continuing identity, seemingly in conflict with the description of the condition? The other two kinds of identity disorder in Sims are a feeling of possession (included under dissociative identity
disorder in *DSM-5*) and that of near death experiences (included, to some extent, under depersonalization in *DSM-5*).

In what follows, rather than attempting to resolve the realist/anti-realist debate, the possibility of greater objectivity mentioned earlier will be kept open by focusing on a realist account of numerical identity as the context for discussing identity disorders. Also, following what seems to be philosophically indicated, the scope will extend to issues of singularity, unity, and continuity of the self that go somewhat beyond the classification of disorders of identity found in *Sims* so as to include DID. Next, then, it is necessary to give some consideration to the nature of realist accounts of identity.

**Are Persons Material Objects?**

The issue of personal identity actually raises two questions at once: what exactly is a person and (whatever it is) what makes each of them the same one over time? One possibility is that persons are properly understood as no more than physical, human animals. Is it best, then, to focus on the body as the key to the self and its identity? Certainly, the body seems highly significant, since it is usually the means by which people immediately identify those known to them. Yet the fact that the appearance of the body is typically the way in which people identify each other does not necessarily mean that bodies are persons or are what make persons the same over time. Consider, for example, the use of fingerprints in forensic science. These aspects of the body may uniquely identify each person, but it does not follow that what makes people the same persons over time are their fingerprints. Further, even if bodies were taken to be persons, it must be remembered that the physical matter that constitutes the cells of the body changes completely over a period of a few years. So, if bodily continuity is what constitutes personal identity, the same problem would immediately arise as with objects such as tables, cars, and computers: how can they retain the same identity despite changes in the physical material that constitutes them? For example, if a car is gradually re-built with (some or all) new parts, will it be the same car?

One point about objects that seems to be unavoidable, and which might be unwelcome if transferred to persons, is that it seems unlikely that there is always a truth to be discovered that will settle the question of their identity. In the absence of such truths, it seems entirely appropriate that a decision may have to be made as to the identity of an object, perhaps for a specific purpose such as ensuring the legality of its description for sale. Here, although those who are making the decision will base their judgment on factual matters (on how much has changed or which parts), an assessment will also have to be made of the significance of these changes, something that is not a matter of fact but requires a value judgment. The idea that there may be only this kind of pragmatic or conventional answer may not seem philosophically troubling where objects are concerned, but it may well seem strange as an implication of a conception of personal identity.
Personal Identity and Mind Transfer

There may, of course, be reasons to reject such a reductive physicalist account of persons. It might be said that persons are “souls” (see Quinton 1975), perhaps something that animates a body and maybe survives its death. However, this will probably not help the inquiry much, since, particularly in a secular context, there is too much uncertainty about the supposed nature of souls. Unless it is simply another way of referring to the mind, talk of them will likely add to the obscurity rather than solve the problem in any informative way. This leaves the possibility that, although dependent upon bodies, what persons actually are resides in some way in their mental life. As mentioned at the outset, this too raises the familiar problem for identity, which is that changes occur precisely where continuity is sought. The mind, or at least its mental life, is something that changes all the time, as old experiences are forgotten and new sensations, ideas, dreams, hopes, and memories appear. Nevertheless, might a person be constituted by this succession? Or, if not the succession itself, might a person be the consciousness that has this succession of mental activity?

At this point, use can be made of an idea from Bernard Williams (1973), who provided an imaginary “test case” to aid reflection on the problems of what persons are and how they continue as the same ones. In brief, everyone is asked to consider this: if your mind was transferred to another body, and that body’s mind transferred to yours, where would you be when you woke up after the operation? (As an alternative, this procedure may be imagined as a brain transplant, provided that it is remembered that it is the transfer of the mind that is really at issue in the example, not that of the brain.) Though Williams himself is skeptical about this answer, it is at least plausible that the person and their continuing identity would go with the mind into the new body, in virtue of the transfer of memories and other elements of mental life. Perhaps the friends of the subject would have to accept this too, after their initial puzzlement at the new appearance of the person who gives them a familiar greeting on their arrival at the bedside. In any event, this proposal will be taken as a cue for further inquiries.

John Locke on Persons and Identity

Perhaps the most influential philosophical account of personhood and personal identity derives from material included in the second edition of *An Essay Concerning Human Understanding* by John Locke (1694/1975). It is one that is consistent with the response to the mind transfer case just mentioned, in that it maintains that persons are to be understood in mental terms and that thus personal identity is the identity of a particular mental life.

For Locke, what defines a person is not that it is a certain kind of physical object but that it is a “thinking, intelligent being, that has reason and reflection” (1694/1975, p. 335). In particular, it must be self-aware, conscious of its own thoughts and perceptions, and capable of reflecting on its own experiences. It is an account with
some important implications. For example, if the capacity for consciousness is essential to being a person, then the persistent vegetative state (PVS) victim who has no possibility of regaining consciousness would presumably have ceased to be one (see McMahan 2002, pp. 446–447). The requirement for self-awareness and reflection is also significant, since it would have to be accepted that babies would probably not meet this condition and thus would not count as persons. If so, it would follow that strictly, for Locke, adult persons were never babies, since their personal identity could not be shared with nonpersons. However, at least it may be accepted that there were babies who developed into adult human beings.

Turning, then, to the idea of identity, it will be useful to note that Locke uses the identity of animals by way of contrast with persons and personal identity. The identity of a particular cat, for example, will be a matter of the continuity of a specific cat’s body. Given the physical changes that are bound to occur to it, this is not necessarily an entirely straightforward matter but, in any event, the account that will be needed here is one of the continuing identity of a physical object despite the occurrence of changes in that object. Then, since Locke includes human beings (or “man” as he says) under animals, what makes for the continuing identity of a particular human being (as opposed to a person) would in principle be just the same as what makes for the continuing identity of the cat: the continuation of a particular physical body despite the inevitable physical changes.

Locke saw the idea of personal identity in quite different terms. In setting it out, he drew upon one of the essential features of his conception of personhood, that of self-awareness. For Locke, what makes someone the same person over time is not the continuity of their body, or indeed of any substance, but a continuity that relates to a particular kind of self-awareness, that is, the present awareness of earlier experiences. Thus, Locke says, someone is the same person as far back (and no further) as the time of the occurrence of those experiences of which he or she now has memories (Locke 1694/1975, p. 335).

Whether or not it is ultimately accepted, there certainly seems to be something of value in this kind of account. There are also, though, complications that must be considered. Firstly, as Locke was well aware, there are always gaps in people’s memories. These relate most obviously to times when they were asleep, but there are also those gaps relating to ordinary forgetfulness about periods in their waking life. However, the gaps are perhaps not too great a problem for Locke’s account of identity; as he says, the same consciousness will extend back to remembered earlier experiences, despite any intervening gaps. Secondly, there may be uncertainties as to whether something is a genuine memory or not. If so, these will presumably result in uncertainty about how far back in time someone’s identity actually extends. Thirdly, it seems difficult to accept that the natural loss of memories of early childhood will, in effect, reduce the lifespan of a person. However, a modified version of Locke’s theory may help here, to the effect that you do not need to be able to recall every earlier experience now, so long as you can recall a time when you could recall them (Noonan 2003, pp. 55–56). In the context of this issue, it is also worth noting that Locke took personal identity to be a “forensic” concept, one that is concerned with the attribution of responsibility. Given that, it is possible to
appreciate his reluctance to attribute continuing personal identity (and thus responsibility) to periods and actions that a person simply could not recall. Nevertheless, it does constitute a controversial aspect of Locke’s theory. It can be explored further by returning to one of the clinical conditions mentioned earlier, that of memory loss.

**Memory Loss and Identity**

What should be said about the situation of someone in adult life who suffers serious loss of memory? One example of this might be the gradually worsening memory that is associated with dementia. Here, the discussion is complicated by the fact that the condition of its sufferers may raise questions about Locke’s definition of personhood, since the capacity for “reason and reflection” will be a controversial requirement in this context. However, dementia has also been seen as raising questions specifically about the continuing personal identity of the sufferer. One practical manifestation of this (DeGrazia 2005) has been a question concerning the validity of an advance directive: if the earlier experience of writing it can no longer be recalled by the sufferer, is it correct to regard it as having been written by the same person who is now suffering from dementia?

By contrast, in cases of dissociative amnesia, there is no issue regarding loss of personhood but simply an inability to recollect experiences from before the onset of the condition, an inability that may persist for years, during which new experiences are retained in the normal way (Butcher et al. 2015, pp. 298–300). Here, on Locke’s account, it would seem that the onset must mark the start of a new person, since the sufferer’s current experiential memories go back as far as that time but not earlier. Yet this is bound to be a contentious claim. For one thing it may not accord with the judgment of the sufferer. For another we have to consider the reaction of those people who regard themselves (at least initially) as friends of the victim and call to see her. The face and body will be familiar to them but she, by contrast, will not recognize them. Are they meeting an old friend who has lost her memory, or have they lost their friend and are thus meeting a new person for the first time?

This dilemma brings us back to the question of whether there is a right answer here, a truth to be discovered about her identity. It might be argued instead that there is a decision to be made by the visitors, one that could reasonably go either way. Or, if not exactly a decision, perhaps a pragmatic acceptance of what turns out to seem the more appropriate response over a period of time. Thus, although they might initially be disposed to accept that their friend still exists (despite having forgotten them and everything that has happened earlier) they might simply find this belief impossible to sustain. More generally, as Derek Parfit (1987) has argued, whatever account of personal identity that is adopted, the assumption that there is a determinate answer to all puzzling cases may have to be abandoned.
Successive Selves and Multiple Selves

Having claimed that memory was the basis of personal identity, and having noted the facts of ordinary forgetfulness that result in gaps in memory, Locke discovered an intriguing possibility: he saw that in theory, there could be a succession of different persons in the same body. The form in which he envisaged this was one involving the alternation of “two distinct incommunicable consciousnesses acting the same Body, the one constantly by Day, the other by Night” (Locke 1694/1975, p. 344). In such a case, where it can be assumed that there would also be two separate sequences of memories, Locke suggests that there would be two persons as distinct (as he puts it) as Socrates and Plato, regardless of the fact that they have a single body in common. In a similar vein, Jennifer Radden (2004) has suggested that even the cycles of bipolar mood disorders such as manic depression might constitute different selves. Perhaps, though, Locke’s insight leads further still. If his conception is extended somewhat, so that it may include several more selves, together with the possibility of them existing concurrently rather than only successively, the outcome is the situation familiar from descriptions of dissociative identity disorder. Before reflecting on this condition, however, it is worth recalling some of the usual presuppositions about the unity of the mind and of the self and looking at the extent to which these might be questioned even without the radical possibility of the multiple personalities associated with DID.

The Unity of Consciousness

Just one thought existing in isolation seems to be inconceivable. It seems that thoughts, together with the other elements of a person’s mental life, have to be understood as existing with others and as being related to them. However, for a plausible account of a unified self, there is a need for more than just this minimal condition of the relatedness of mental items. After all, the beliefs of different people may very easily be related; for example, one person’s belief may be the negation of that of someone else. So an understanding of the self appears to presuppose some further requirement, one that brings thoughts into a closer relation and thus to form the sort of group that is regarded as being in (or perhaps constitutive of) a particular mind. There is a need, in other words, for some conception of the unity of each particular mind and of the distinction between one mind and another. Such a conception is part of a broader and very familiar idea of persons and their identity: that for each human being, there is just one mind and one person.

What then unifies a mind and separates it from other minds? It might naturally be said that these are achieved through its dependence on a particular brain. But even if it were to be accepted that this dependency of a mind on the physical brain is relevant to a general understanding of the mind, there are nevertheless other notions of unity that are important here. In particular, there are some that seem to need describing essentially in mental terms and which thus, arguably, relate more directly to the understanding of the unity of a person’s mental life. Above all
there is the idea of the unity of consciousness: that for each person there is a single consciousness that has a direct awareness of all that person’s thoughts but no direct awareness of those of other minds. Admittedly, neither the ideas of the unity nor of the directness of the awareness are as clear as might be wished; yet the belief that, for each person, there is one continuing awareness of all that person’s thoughts as they occur, and that this awareness cannot have the same relation to the thoughts of other people, seems entrenched in human experience.

Just how basic this is to the conception of a person is perhaps best revealed by the difficulties in attempting to abandon it. By way of illustration, schizophrenic patients may report a sense of “thought insertion,” the feeling that some of the thoughts they are experiencing are, even at that time, not really their own but have been placed into their minds by others to whom the thoughts still really belong (Oyebode 2008, p. 167). It is a condition where, once again, an account of the symptoms is deeply puzzling, even considered as a delusional state. While a delusion of hearing voices, for example, seems at least to have a comprehensible description, there is by contrast a particular incoherence in supposing that a thought occurring in someone’s mind is not now solely that person’s own thought, whatever its source and however alien it might seem to the sufferer. This problem with the intelligibility of the symptoms makes it extremely difficult for non-sufferers to have any imaginative grasp of the feeling of an intrusion into the self that matches this description. To recall the earlier distinction, even if disruptions to real selves are left aside, it is a challenge to understand this kind of disruption even as one simply to the sense of self.

It is also worth mentioning two other features that seem important to the idea of a single mind and thus to the idea of a single person. Firstly, there is consistency of belief, to the effect that a person cannot knowingly hold inconsistent beliefs. It cannot be the case that someone genuinely believes some proposition P and also not -P, for example, that here and now it is both raining and not raining. This has implications from the third person point of view as well, in that inconsistent beliefs cannot properly be attributed to another in circumstances where the subject would be aware of the inconsistency. Secondly, there is the idea of a unified will, such that it is assumed that each person has a single “decision center” in the mind which can consider various options before deciding what to do. Thus, even if someone says “I was caught in two minds,” what is normally meant is simply that one single decider was finding it difficult to choose between two options.

However, some bodily conditions raise problems for these ideas of unity. Two such conditions will be considered next as a way of exploring the degree of disunity that may be possible in what, at least arguably, remains one mind.

### The Split Brain

The first condition derives from attempts to treat epilepsy by a surgical severing of the cerebral commissures, the nerve fibers linking the two cerebral hemispheres of the brain. As a result of this surgery, while there are still links lower down in the
brain, the usual direct flow of information between the two hemispheres is lost. One intriguing result (Nagel 1979) was the absence of any immediately obvious effects on the behavior of the patients; only with carefully devised experiments were any effects eventually discovered. To take a single example of many, the right nostril, exclusively, would be exposed to a strong smelling substance, with the effect that the smell would be registered in the right hemisphere, as in normal cases. However, the patient would deny smelling anything, since the information reaching the right hemisphere could not reach the left, and the left is the one responsible for speech. In contrast to the denial, the patient would show the usual facial signs of detecting a strong smell. Also, from a selection of objects, while still denying smelling anything, the patient would point to the object related to the smell, this being done with the left hand, which was controlled by the well-informed right hemisphere.

On the assumption of the unacceptability in one person of beliefs known to be contradictory, these contrasting responses are problematic. After all, an implication of this assumption is that for any strong and obvious smell, either a person smells something, or they do not. The split brain case presents a challenge to this, in that there seems to be one person who at the same time both smells something and does not smell it. That is, while admittedly there are not two inconsistent statements of belief, there is nevertheless behavior normally clearly indicative of detecting the smell and behavior normally clearly indicative of not detecting the smell. It is thus hard to know how to describe the subject. If it is inappropriate to say that there are two minds here, then the case may at least show that a single functioning mind, and therefore a single self, can be less unified than is usually thought. Perhaps too it is suggestive of an inherent vagueness in our conception of minds. For example, Jonathan Glover (1989, p. 46) argues that these patients do have a divided consciousness but suggests that in counting minds we are dealing with something that has “fuzzy edges.”

Alien Hand Syndrome

The second condition may also be found following brain surgery and typically involves one hand seemingly obstructing what someone has decided to do by means of the other hand. This condition is perhaps even more challenging, in that it seems to involve a conflict of decision-making, or of wills, rather than just the question of whether or not a person believes something. Thus, to take one example, a person may light a cigarette and attempt to smoke it, yet find that the other hand has extinguished it, where this extinguishing occurs without the usual feelings of indecision and change of mind that would normally explain such an action. Nevertheless, although the person is puzzled by the act, and feels thwarted by it, the movements of the “alien” hand can hardly be regarded as random. In fact, they appear typical of purposeful behavior, albeit behavior that is rejected as contrary to the person’s will and, as it seems to the sufferer, is not owned by them (Gallagher and Væver 2004). Much as with the split brain example, if the alien hand does not appear to warrant talk of two minds, or two persons, it does seem to challenge the
usual conception of their unity. That is, if a person can feel both surprised and thwarted by a seemingly purposeful action, where this action involves his or her own body and has its source within it, this threatens at least the straightforward idea of a person as invariably having a single decision center and a unified will.

**Dissociative Identity (Multiple Personality) Disorder**

Two kinds of condition have thus been considered, each of which might be thought to cast some doubt on the unity of the mind, whether this is understood as relating to consistency among cognitive states or to the unanimity of the will. With those issues in mind, consideration can now be given to what is perhaps the best known disorder concerning identity, that of dissociative identity disorder (DID), a condition still sometimes called by its earlier name of multiple personality disorder. In *DSM-5* it is described as being “characterized by (a) the presence of two or more distinct personality states or an experience of possession and (b) recurrent episodes of amnesia” (American Psychiatric Association 2013, p. 291). Not surprisingly, the diagnosis is a controversial one in practice (Oyebode 2008, pp. 228–229), and how the condition is even to be conceptualized depends on some fundamental philosophical assumptions about the nature of human beings and persons.

One basis for a conception of DID would be the familiar belief that there can only be a single person per human being. Thus, in these cases, the assumption would be that the patient could only possibly be one person, though a person whose mind had suffered major disruptions. This would be the natural view if, for example, it was thought that persons actually *are* bodies and that our personal identity is constituted by the continuation of the same body. (Though here the precise structure of the body may be critical, since in the case of dicephalic conjoined twins, where much of the body though not the brain is shared, it seems clear that there are two persons.) Certainly, a “one-person” assumption links well with the problems of the split brain and alien hand syndrome just considered, where doubts may be raised about the degree of unity in what might nevertheless be regarded as still one mind and one person. On this approach DID might be taken as simply further evidence of just how great the disunity may be in a single person’s mind.

Yet, as was mentioned earlier, there is the option of a more radical conceptualization, one that involves abandoning the belief in an invariable one-one relation between human being and person. Drawing upon Locke’s account of personal identity, it seems possible that two or more minds, and thus two or more genuinely distinct persons, may coexist in a single human being. On this basis it could be said that cases of DID present, within one human being, an alternation between different persons, each of whom has his or her own distinct personal identity. Note that it could still be accepted that they all depend on the body for their existence; the claim would be that nevertheless each of them could be a distinct consciousness with distinct memories and thus constitute a distinct person. It is this possibility, to an extent foreseen by Locke, which makes his theory of personal identity particularly
relevant to the understanding of DID. But is it a conception that can be accepted? Or, if not, is there a coherent way of understanding DID as a disruption to the mind of what is never more than a single person?

The well-known case of Miss Beauchamp may usefully be taken as an example of DID, one that began in 1898 and was documented at length by the American physician Morton Prince (1978). A few basic elements can be taken from his very long and detailed account, enough to enable consideration of the philosophical issues that arise from this kind of case. It involves three main personalities (labeled B1, B3, and B4) plus one (B2) of initially rather indeterminate status. The original patient, Christine Beauchamp (or B1) was a quiet, conscientious nurse who consulted Prince when suffering mental health problems after a traumatic incident at her hospital. B2 was not initially thought of as a different person but was just a name for B1’s character when under hypnosis. B2 did however have considerable significance, since by the end of the case, when some kind of unity was achieved – initially under hypnosis – B2 came to be thought of as the real Miss Beauchamp, just in need of being “woken up” or brought out of hypnosis (Prince 1978, p. 519). B3, or “Sally,” originally appeared when B1 was hypnotized but later appeared spontaneously, that is, without hypnosis. She was lively, carefree, and rather unkind, with a tendency to play tricks on B1. B4 (or the “Idiot,” as Sally called her) appeared spontaneously one evening during a visit by Prince to see Christine Beauchamp. The first indication was a change in Miss Beauchamp’s demeanor from extreme agitation to calm, which he later realized marked the emergence of a new personality. B4 had suffered amnesia with respect to the previous 6 years, since the traumatic incident, and was confused, rather silent, stubborn, and sometimes aggressive in nature.

Here, as with such cases in general, just one of the alternate persons (if that is what they were) would present themselves and be “in charge” at any one time. The question of the mutual awareness between them, however, was more problematic. The original Miss Beauchamp (B1) had no direct knowledge of B3 or B4, and thus there were simply gaps in her memory for those periods when either of the other two was conscious. Similarly, B4 knew nothing of B1 or B3 and also had memory gaps from those times when the other two were in charge. Most strange of all, though, was the situation of Sally (B3). She was not only aware of the existence of both B1 and B4 but was seemingly aware of B1’s thoughts, even though denying ownership of them. Her situation thus involves two deeply puzzling issues (Radden 1996): an asymmetry of awareness between the alternating persons, and the idea, mentioned earlier, of a direct awareness of thoughts that are not your own.

For and Against the Idea of Distinct Persons

To return to the radical conception of DID, is the mental life of the various characters in the Miss Beauchamp case sufficiently distinct for them to count as different persons? Certainly, there do seem to be distinct histories and distinct memories. The histories may not have been very long relative to most lives, but
then we do not normally set a minimum length for a life to qualify as that of a person. A more obscure issue, perhaps, is whether it matters that there is an earlier shared history, before the distinct strands appear. Here, there is no normal situation to which we can appeal for guidance, though the ideas explored by Derek Parfit by means of imaginary cases of fission may be relevant here (Parfit 1987). By contrast, J.L. Mackie (1985) drew attention to something more familiar, which is that different interests and responsibilities are typically associated with different persons. Once allowance is made for the fact that a shared body means that some interests are inevitably shared, Sally and B1, for example, do indeed seem to have different interests. Likewise, it seems natural to hold Sally responsible for her unkindness toward B1, much as would be done if they were quite evidently different people. There are also different capacities: B1 knew French, for example, while Sally did not. Further, B1 had no direct access to Sally’s thoughts, a barrier that is one of the crucial features of the usual conception of different minds and different persons. However, matters are complicated here, as has been mentioned earlier, since the direct access that Sally seems to have to the thoughts of B1 is normally (as one aspect of the unity of consciousness) something that counts strongly against the idea of two distinct persons. Yet the fact of the asymmetry, that it is a one-way access between Sally and B1, may perhaps weaken the force of this assumption.

**Prince’s Conception of the Case**

Prince’s own presuppositions are intimated by his rejection of the label “multiple personality” for such cases in favor of “disintegrated personality” (Prince 1978, p. 3). In his view there was one and only one real person, the real Miss Beauchamp, to be recovered, and for this reason he thought it appropriate to try to achieve a single unified consciousness. He was aware that this might be contentious, though, and suggested three considerations in defense of his approach to the problem (pp. 231–234). Firstly, he claimed that one of the multiples would be the one best adapted to any environment and that this would be the real Miss Beauchamp. Secondly, he claimed that any other self would be a “sick self,” suffering from such conditions as amnesia and poor motivation. Thirdly, he claimed that the real person would be one that was not “artificial,” not the product of “special influences.”

In response it should perhaps first be acknowledged that the concept of a person is itself contestable (Braude 1991) and has to be applied with caution in a philosophical context. However, even with this proviso, it might be suggested that the first of Prince’s points seems clearly questionable as a test for genuine personhood. The ability to adapt and cope successfully with various environments is clearly important but that some (putative) persons are less able than others in this respect is hardly grounds for denying their status as persons. After all, many people may be badly adapted to life yet are unquestionably persons nonetheless. A similar response seems appropriate to the second of Prince’s considerations, regarding
the sick self: plainly, many people have cognitive and motivational difficulties yet are as much persons as those who are better off in these respects.

The third consideration is rather different. If the splitting into multiples results from a special event, does this in itself render the newcomers artificial and thus disqualify them from being genuine persons? More generally, can the conception of a “natural” person (see Lizza 1993) be relied upon or has this been undermined by the reflections on the idea of personal identity discussed earlier? These issues are too complex to follow up in detail here, but the features regarded by Prince as relevant may be briefly considered. Of these, the concept of an event (such as a traumatic experience) as “special” is a difficult category to apply as it stands. It might be understood to mean “abnormal,” but even then it would not be clear why an abnormal event would necessarily produce an “artificial” outcome, as opposed to one that was simply unusual. For example, if being born is a normal stage on the way to personhood, a caesarean birth could be regarded as abnormal, yet the resulting baby is not regarded as in any way artificial and nor is it doubted that it is (or will soon become) a person. Perhaps IVF provides an even clearer counter-example. It is a procedure that might reasonably be regarded as special, abnormal, even in some sense unnatural, and artificial, yet (when successful) persons are undoubtedly the eventual outcome. Thus, even if it were supposed that these descriptions applied to traumatic shock, or to any other supposed cause of multiples, it is not obvious that this would provide grounds for the denial of personhood.

**Multiples as Real Persons**

So far the usual assumption has been made: that if the existence of DID as a phenomenon is accepted, then it must be a disorder. To conclude, though, a different possibility may be considered. Suppose DID is conceived radically as involving genuine multiple persons in one human being, would this situation necessarily be in itself an illness? Arguably, there is no reason to see it in this way, since the appropriate question with respect to health would be whether any of the individual multiples were unwell. Though all of them might share a bodily illness, and any of them might have a mental illness, the mere fact of multiplicity does not seem obviously pathological. To say the least, the presence of multiples might sometimes be awkward, but then so are relations between people in different bodies. Further, if they were held to be genuine persons, the plan to unify them would be conceptually puzzling and (if it were possible to carry it out) open to moral objections. As for suppressing any one of them to enable another to flourish, this too raises obvious ethical issues (Saks and Behnke 2000, pp. 63–66). In fact, if they had problems as individuals or as a group, some form of counseling for each of them might be the most appropriate response.

In general, though, perhaps not surprisingly, there has been a reluctance to accept the possibility of genuine multiple persons in one body. The uncertainty of the whole issue is sometimes the reason for this, rather than any sense that it can be shown to be impossible. Kathleen Wilkes (1988, p. 128), for example, writes that
perhaps our concept of a person has “fractured” in the face of DID; meaning, presumably, that we can no longer be sure how to apply it in this context. Yet, as Carol Rovane (1998) argues in her defense of the possibility, the reluctance may be no more than an understandably entrenched way of thinking about persons in general, while Saks and Behnke (2000) regards it as too soon to judge the issue. And it is worth noting that even if there are insufficient grounds for regarding them as different persons, it is not straightforward to think of them as fragments of a single person either: partly because they each have a reasonable degree of coherence in themselves and partly because, more generally, it is not clear whether we can make sense of the idea of a fragment of a person or indeed of a mind.

**Definitions of Key Terms**

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Narrative identity</td>
<td>Someone’s own conception of a meaningful personal history that gives a sense of unity to his or her self.</td>
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<tr>
<td>Numerical identity</td>
<td>This is what holds in virtue of some X being one and the same thing or person. It can hold over time despite changes to X’s properties.</td>
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<tr>
<td>Qualitative identity</td>
<td>Being alike in virtue of having the same properties.</td>
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**Summary Points**

The nature and importance of the distinction between numerical and narrative identity.

The possibility of skepticism regarding the reality of the self.

Is personal identity bodily identity?

John Locke: the self as a thinking being and memory as the key to identity.

That personal identity might be altered by amnesia.

The significance of the unity of consciousness in the understanding of the self.

The problem of split brains and alien hands for the unity of the self.

Considering dissociative identity disorder from a Lockean standpoint suggests the possibility of genuine multiple persons.

**References**


