

IDEM, IPSE, AND LOSS OF THE SELF

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THE CASE HISTORIES of Dr. Wells and the comments on them require first of all more conceptual clarity. In this article I will first introduce, with Paul Ricoeur, a distinction between idem identity and ipse identity. Then, I will discuss the merits and pitfalls of applying narrative theory to pathologies of the self. Behind the discussion on the breakdown of narrative unity, deep questions loom, most notably about conceivability and meaning of the notion of breakdown of self-relatedness as such; and about the moral basis for clinical action given the lack of a self to treat. These questions amount to the acknowledgment of a normative component in the concept of self and personhood, which can not be accounted for by idem identity solely.

INDIVIDUAL AND STRUCTURAL IDENTITY

Let us begin with identity. When I identify a tree, at least two aspects, are implied in the act of identification. The first aspect concerns the recognition of the tree as member of a certain class (or family) of living things. In the tree we recognize certain features, or aspects, that are typical for this particular class (or family) of trees. This recognition is based on similarity or *sameness*. The second aspect in the act of identification consists of the recognition of the tree as this individual tree. We are dealing here with a basic, rather mysterious capacity, for example, the ca-

capacity to distinguish one individual entity from the other; the capacity to know individuals.

Both aspects, the recognition of similarity and of individuality, are interwoven in everyday acts of identification. So, we discern the specific features of a particular tree against the background of an overall (or general) image of trees. At the same time we recognize these general features given our capacity to distinguish one tree from the other. There are, accordingly, two sides in the concept of identity: structural identity and individual identity. *Individual identity* refers to the uniqueness of a thing and *structural identity* to the properties a thing shares with others things.

This distinction can be applied to human beings, but only in a certain way and to a certain extent. So, John is a human being, and as a human being he has both distinctive and general features. However with regard to John himself, that is, the particular person I aim at when I speak about John, the picture is slightly different. Individuality and similarity (universality) refer here to one and the same person. The uniqueness of John is now commonly referred to as numerical identity. There is only one singular John. Even if there were a John with the same birth date, fingerprint and DNA profile, this would be another John, John 2 so to say. This uniqueness is sometimes articulated in terms of the position John 1 and John 2 occupy in the space-time continuum. Because John 1 and John 2 cannot occupy the same spatiotemporal posi-

tion, they must be separate, two distinct entities. This is of course a limited view on uniqueness of persons; so, we will have to say more about this in a moment.

The structural (or general) characteristics of John, the John-ness of John so to say, is commonly called qualitative identity. *Qualitative identity* consists of the sum of all those enduring properties which could serve as criterion to distinguish John from other persons in the world. Qualitative identity, however, does not completely coincide with structural identity, mentioned earlier. This is obvious from the fact that the John-ness of John refers to those structural (enduring, general) properties for which only this particular John qualifies, whereas the human being-ness of John refers to the properties John shares with all other human beings. So, in those cases in which the structural dimension of identity refers to only one entity, for instance in the case of the John-ness of John, the emphasis is not on intersubject similarity but on intrasubject similarity. This intrasubject similarity refers to continuity in time and to the sameness of a particular pattern of properties of one individual.

IDEM AND IPSE

In a discussion about the nature of personhood, the French philosopher Paul Ricoeur has criticized the simplicity and one-sidedness of the distinction between numerical and qualitative identity when it is applied to the identity of persons. In a rich and complex volume, titled *Oneself as Another* (Ricoeur 1990), he offers an alternative view on personhood, by pointing to the self-referring nature of the self. Apart from numerical and qualitative identity—aspects of identity in their own right—he distinguishes the notion *ipse*, that is, oneself as a reflexive structure, as a self that exists by relating to itself. It is important to note, here, that *reflexive* primarily refers to self-relatedness and not to conscious self-reflection. Both numerical and qualitative identity belong to the sphere of the *idem*, that which remains the same, or that which shows sameness of features in the course of time.

So, in what sense does the *ipse* differ from numerical and qualitative identity? When it comes

to *idem* identity, there is basically no difference between things and persons, according to Ricoeur. This is because the theorist is primarily concerned, here, with similarity and sameness. In other words, at this level of understanding, the question “what am I?” cannot be distinguished from the question “who am I?” The human person, however, is not a thing in the world.¹ He is not a thing that re-acts, but someone who acts and speaks and, in doing so, gives testimony of being a self-understanding being. It is by the act of self-designation that persons express who they are. The answer to the question “Who am I” gives another quality to both singularity and sameness—to singularity in that it is only me who can be responsible for acts done by me; and to sameness in that I remain myself by being faithful to my promises. The ipseity of the person brings us, therefore, into the sphere of faithfulness and personal responsibility, of the values and norms we adhere to.

The self-referential nature of the I-self relationship may imply, of course, conscious self-reflection. However, self-reflection is not a necessary condition for having a relation with oneself. This truism seems to be ignored by Woody (2003). By interpreting the reflexive structure of the narrative as a form of conscious self-reflection of the narrator, he is left with an extremely narrow conception of the narrative, in which the narration is always “too late” and by definition “after the fact.” Woody’s conception of the narrative denies the relevance of implicit self-reference. In doing so, he ignores a rich tradition of Anglo-Saxon philosophy of language (Austin, Ryle, Searle, Grice), which converges with (strands of the) hermeneutical approach (Ricoeur, Taylor). When Austin makes a distinction between constatives and performatives, he acknowledges the role of the subject of speaking. In performative language it is not the statement as such, the verbal fact, which refers, but the speaker who is meaning something by speaking. Speaking is doing by saying. This means—roughly—that the *who* (who speaks) implicitly refers to himself in the speech act.² Description is, indeed, by definition after the fact and, therefore, too late. However, there is much more to narration than description. The

narrative is at the threshold of fact and fiction and provides, therefore, a large laboratory for moral thought experiment and the imaginary trying out of alternative life scenarios. The narrative is a way to express what one values and expects. It both presupposes and construes its own context and tradition. It both represents and construes the facts of one's life. By doing so, the narrative inscribes, with itself, the narrator in the course of a larger history. Telling is finding and anchoring one's place in the world. Clearly, self-reference at the level of narration is much deeper and more complicated than self-reference at the level of performatives. However, both converge with respect to the inevitability of implicit self-reference.

PSYCHOPATHOLOGY AND NARRATIVE THEORY

The debate on psychopathology and the self is intriguing and confusing. Difficulties amount, however, when this discussion is moulded within the conceptual framework of narrative theory. We have to take into account, then, that there are different versions of narrative theory, with each their particular opinion about the limits of narrative unity and the nature of narrative identity.³ Should the narrative self be conceived of as real, imaginary, verbal, or merely the by-product of a mental production process? These questions and issues are important, but I must put them aside, here. Let me simply state that, in my opinion, the most significant contribution of narrative theory for the understanding of the self consists in the bridge functions it fulfils

- between sameness (*idem*) and self-reference (self-hood; *ipse*) (1), and
- between facts and valuations (2).

With respect to (1): the character in a story refers to sameness. The character, however, is also part of the plot, which itself is unfolded by the spontaneity of the character. Self-hood develops in the interplay between character and plot.

With respect to (2): stories tell what we experience and think. In stories we imagine how things could have been and what we (nevertheless) expect. In the way we describe the world and our lives in it, we reveal our preferences and values.⁴

The answer to the question at what point narrative unity breaks down, depends on one's conception of narrative theory. Rejecting the multiple–multiplex distinction of Owen and Flanagan, Phillips suggests that the condition in which real breakdown occurs is schizophrenia and not dissociative identity disorder. I am inclined to agree with this position. Mary, with her multiple dissociations, is still able to tell a story about her different states. For Joanne, the girl with schizophrenia, the narrator is in the process of leaving at age 16 and has apparently gone 6 years later. Strong affects and mental disorganization may have their impact on narrative unity, Phillips says. There are, indeed, cases in which the existence of narrative structure, even at a prereflective level, may be questioned. Phillips is extremely careful, however, to avoid all too-firm conclusions with respect to narrative unity on the basis of these cases. Rightly so, I think. Disorderedness is not enough to deny narrative unity to a subject. It is the other way around: Dr. Wells' patients challenge rationalistic and traditional metaphysical notions of a unified self, whether conceived of as transcendental ego (or consciousness) or as substance. The story of these patients asks for a conception of the self "that transcends the limits and loss of narrative identity," according to Phillips. There is the deep intuition, that even when all narrativizing has gone, as in Alzheimer patients, there is something that should not be violated, a "residual personhood" (Phillips 2003). This dimension of personhood transcends the sphere of self-determination and sees personhood from a second person perspective, that is, the perspective of who I am in the eyes of others.

Woody's main concern is not the breakdown of narrative unity, but the adequacy of narratives as such in representing the loss and dividedness of the self. Woody says that "If the self is the product of narrative, then there should be no narratives of the loss of self" and "the loss of the self would require a failure of narrative" (2003, X). Certainly Woody's narrow conception of the narrative as a nonmetaphorical, discursive report about facts of life plays a role here. I will put aside this point, here, and will also not address

the issue of where to locate the failure: in narrative capacity or in failing constraints and conflicting motives as Woody suggests. His remarks, however, can be used to highlight areas of concern with a wider impact:

- (a) the conceivability and meaning of the notion of breakdown of self-relatedness as such (whether located in narration, reflection, emotion, imagination or, even, self-transcendence); and
- (b) the issue of the moral basis for clinical action given the lack of a self to treat.

Intense affect may, at first sight, be considered as a limiting case of the concept of self-relatedness. Severe anxiety, for instance, distances the patient from her self, to the extent that any contact with oneself is lost, as in some cases of psychotic anxiety. What remains is chaos. Here, we stumble on a deep divergence: from a first-person (inside) perspective total breakdown of self-relatedness can presumably not be experienced, because experience, no matter how distorted, requires a minimal amount of contact with oneself and, therefore, self-relatedness. From a third-person (outsider) perspective total breakdown of self-relatedness, ultimately, escapes from the judgment of the observer, because it cannot be observed. Self-relatedness is not merely a fact in the world. It is, basically, a condition to be presupposed in order to endorse a set of minimal moral claims about what it is to be a person.

This brings us to the second issue concerning the (moral) basis for clinical action given the lack of a self to treat. The above account on self-relatedness can now be related to what Kennett and Matthews remark on agency. In Kennett and Matthews's view psychiatric conditions are disorders of agency. Agency means *autonomy*, which is defined as "the capacity for self-control and competent deliberation over time" (2003, X). This rationalist conception of agency, of course, has some difficulties with cases like the patients of Dr. Wells. Kennett and Matthews recognize this difficulty at the end of their paper, when they ask whether there is anything to restore, if there is no unified agent to start with. If there is no self to restore, why then restore at all? They respond that "the restorative nature of the treatment is to type, not to a previous well-state the patient

possessed" (2003, X). It is, consequently, not the patient, but his functions that need restoration.. Kennett and Matthews refer to congenital conditions (hypothetically, in the same class of disorders) in which nobody suggests to refrain from pursuing treatment. This is, I think, either an unclear or a self-defeating example. The authors suggest that the congenitally ill person seeks help. But how is this possible if there is no agency left? The comparison with absence of agency in extreme psychiatric conditions fails in case the congenitally ill person seeks help, which is, after all, a manifestation of agency. Consequently, this part of the argument at least lacks clarity. In the other situation—when the person does not seek help, but is brought by others and his functions are restored—the legitimacy of treatment is not established by the sole fact of restoration of function, but by the interpretation of dysfunction (and its restoration) from a larger perspective of well-being, by others. This interpretation has a strong normative component, especially when applied to this particular ill person. This normative component cannot be accounted for by the concept of function (in a narrow sense) and/or the use of statistics.⁵

IDEM AND IPSE IN THE CASE HISTORIES

Let me come back briefly on Dr. Wells' patients. In terms of *idem* identity—the enduring intra-subject properties of the person—many of them seem to have undergone dramatic changes. Given one's definition of personhood, this change may lead to loss of the self, that is, a loss of sameness, not singularity. Mister Jones suffers from bipolar disorder. He loses himself for a while, regains his old self (at least according to his wife), but likes only "half of his replacement" (Wells 2003, X). Terms like *new*, *old*, and *replacement* belong to the category of sameness and its corollary, difference. Edward, the 14-year-old boy, has difficulty delineating what is inside his mind and what is outside it. He reports that he can go on living only after his great and terrifying thoughts have been brought back to fatigue, dizziness, and stomach pain. His inner space seems too large; the boundaries of this space are blurred. Only after redefining this in-

ner space does he feel not lost any longer. This redefinition can be interpreted as the establishment of idem identity.

Mary's problem can also be captured as a problem of self-definition. The circle of inner selves is simply too large to "see the whole thing from any one spot" (p. X). We could also say that her core self is her blind spot, it avoids being seen, although Mary is also longing for recognition and for being with another person. Her *I* is the limit of her inner world, it is not an entity within that world.⁶ It is only by reification and compartmentalization that she can inhabit this world—which in a formal sense differs not very much from what the epistemological subject does in knowing the outside world. Joanne, finally, the girl in an early stage of schizophrenia, shows a more extreme example of this reification when she says: "Where I was is filled with noise and voices, and there's—it's a small area, the brain, but there's a huge emptiness there that I used to fill" (wells 2003, X). Joanne's inner quasi-spatiotemporal self is almost vanished. She has left the place she inhabited, a place that is now occupied by strangers (noise and voices). She is nowhere and cannot find her self again. Even her brain has nothing to go by. It is like an empty shell. Change is here referred to, again, in terms of sameness and difference.⁷

In terms of ipse identity the picture is different, I think. All patients suffer from a sense of loss. However, they are all capable of reporting about this loss. This suggests that the discontinuity is only relative and partial, not absolute. Even the sense of discontinuity of 16-year-old Joanne is experienced as such. This suggests that there is still a sense of selfhood, or, at least, a sense of how continuity could feel.

What to say about Joanne at age 22? Her situation is a thought experiment *in vivo*: where does the erosion of idem identity threaten ipse identity? And what does this say about the nature of ipseity? This paper has suggested that ipseity presupposes recognition by others. When self-deliberation and narration fail, ipseity is confirmed by the way others see me. With this, a new domain of normative evaluation is opened up, which surpasses notions like self-expression

and self-determination and ask for second-person perspective notions like connectedness, solidarity, and altruism.

CONCLUDING REMARKS

The previous paragraphs suggested that, in the end, we should not treat the I-self relationship as a kind of epistemic subject-object relationship in which the I is the subject and the self the object. It is in the I-self relationship itself that new qualities emerge and that deeper layers come to expression, paradoxically even more and stronger if the patient's capacities for self-determination are damaged. These qualities and layers come to the surface when the patient allows himself to be challenged—by his self and by others—by what does not fit in his life project. Appropriation of one's existence means finding an attitude toward what seems to be not-me in my life, connecting to the other-ness in my existence (cf. Taylor 1989). Being recognized by others is the fundamental basis on which this life-long process of appropriation builds forth.

NOTES

1. To complicate matters further, there are situations in which it makes sense to speak of the self-relatedness of nonhuman entities like stones, plants, and animals. This can be illustrated with the category of change: when a stone changes, this could be explained as a change in the relationship of the stone (at a particular moment) with itself (at a later moment). Traditionally, this relationship has been conceived as one between a thing (substance) and its functions or properties. Change is, then, a change in qualities or properties of a thing. The notion of self-relatedness differs from this ontological conception in the sense that it does not need the concept of substance (as carrier of functions and/or qualities) and restricts itself to the definition of the relations of intrasubject qualities and functions. We need not explore this, here. For, no matter how we metaphysically conceive change, we are here again in the sphere of idem identity; that is, in the sphere of similarity and dissimilarity of qualities and combinations of qualities.

2. Strictly speaking, speech act theory may be interpreted as merely denoting that "in the meaning of the sentence the fact of its utterance is reflected" (as Ricoeur quotes Récanti; Ricoeur 1990, 47). The reflexivity of the utterance would, then, be attributed to the utterance itself, and does not refer to a self with intentions.

In Ricoeur's subtle analysis, this is called "the aporia of anchoring": at the level of speech act theory the subject of speaking can still be substituted and does not refer to a privileged perspective (51). This aporia can not completely be solved at the level of speech act theory and asks for a further analysis of self-reference in the sphere of action, narration, and taking responsibility.

3. We can distinguish at least a pragmatic/constructivist version and a hermeneutical version of narrative theory. Woody obviously has the constructivist version in mind when he opposes the narrative approach to psychopathology, whereas Phillips adheres to the second, hermeneutical version of narrative theory.

4. For a more refined account, cf. Ricoeur (1990, chaps. 5 and 6).

5. There are of course thick definitions of (dys)function, implying a normative account of normal functioning. However, Kennett and Matthews are clearly not aiming at such a thick concept of function.

6. This in a certain sense reminds the classic epistemological problem of how to combine the perspective of a particular person inside the world with an objective view of that same world (Nagel 1986). By trying to encompass the whole circle, that is, taking "a view from nowhere," Mary gets lost, not in the real but in her inner world.

7. Quite a number of philosophers endorse the possibility of loss of the self. In the footsteps of David Hume and John Locke, they attempt to define personal identity in terms of compliance with respect to certain criteria—criteria like physical and/or psychological continuity (or connectedness) and/or memory and/or self-consciousness. Personal identity is, then, a property denoting the existence of sufficient physical and/or

psychological connectedness and/or memory and/or conscious recognition of oneself (cf. Parfit 1984). I call this approach the *criteriological* approach to personal identity. Broadly speaking the criteriological approach has failed to formulate a self-evident and convincing criterion for personal identity (Noonan 1989; Dennett 1991).

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