

Personal Identity, Part IA: *Metaphysics*.

Lecture III, *Psychological Approaches: Reduplication Problems*, 19th October

Christopher J. Masterman (cm789@cam.ac.uk)

1. *Introduction*.

1.1. Popular answers to the reidentification question are psychological accounts:

Psychological Accounts, Broadly: A person *A* is identical to person *B* iff *A* and *B* have continuous psychologies, i.e., related by the transitive closure of relations of various direct psychological connections.

1.2. Psychological accounts are popular for a reason: they respect a deep seated intuition that a core aspect of who we are is tied up in our psychology. This seems to be confirmed in cases like the following.

Mind Transplant: Suppose that it becomes medically possible to scan and transfer someone's total psychology from body to body. Alice undergoes such a procedure, leaves her old body behind and 'inhabits' a new body.

According to Psychological Accounts, what's important for Alice's identity through time is the continuation of Alice's psychology. Thus, it seems right to think that Alice survives in a case like Mind Transplant.

2. *Reduplication Cases*

2.1. It is not difficult to put a problematic twist on above cases like Mind Transplant. For instance:

Double Mind Transplant: Suppose that it becomes medically possible to scan and transfer someone's total psychology and that Alice undergoes the procedure. However, this time, Alice's psychology is implanted into *two* distinct bodies. So, after the operation, there seem to be two people: Alice* and Alice**.

Whilst it is tempting to dismiss Double Mind Transplant as just implausible, this is a mistake. First, the details of the specific duplication technology are irrelevant. Second, we only need the *possibility* of such a case.

2.2. This kind of case is a *reduplication case*. What happens to Alice? There are four options:

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| (i) Alice is identical to <i>both</i> Alice* and Alice** | Alice survives. Split between bodies? |
| (ii) Alice is identical to one of either Alice* or Alice** | Alice survives as only one |
| (iii) Alice is identical to neither Alice* nor Alice** | Alice does not survive. |
| (iv) There are no facts of the matter about Alice | It's indeterminate whether Alice survives. |

2.3. Immediately, we should dismiss (ii). It's obscure what the crucial difference between Alice* and Alice** amounts to such that only one of Alice* or Alice** is identical to Alice. This is especially the case if we accept a Psychological Account—the bodies of Alice* and Alice** may differ, but not the psychology.

Likewise, we should put (iv) to one side. According to (iv), it is simply indeterminate whether Alice survives. But we should not accept that the question 'Is Alice about to die?' has no answer whatsoever.

3. Options (i), (iii), (iv) in more detail.

3.1. Option (i) seems to follow directly from a Psychological Account since both Alice* and Alice** are psychologically continuous with Alice. But, this is a problem, not a happy solution. Alice* and Alice** are numerically distinct: they have incompatible psychological futures. This rules out (i).

3.2. Note that option (i) contrasts with the following case in Parfit's *Personal Identity* (1971: p. 6).

Suppose that the bridge between my hemispheres is brought under my voluntary control. This would enable me to disconnect my hemispheres as easily as if I were blinking. By doing this I would divide my mind. And we can suppose that when my mind is divided I can, in each half, bring about reunion.

It might be palatable to say that *this* is the case of one person with a divided mind. Moreover, there is nothing inherently wrong with someone having scattered physical parts. However, Alice* and Alice** are in an important sense autonomous—they can independently act and interact in an important sense.

3.3. What about option (iii)? This looks promising. If Alice can't be identical to one, but not the other, and can't be identical to both, then Alice must simply not survive. Upon examination, however, (iii) is problematic.

Delayed Mind Transplant: Alice undergoes the procedure and at t_1 the procedure is complete. However, at t_2 the procedure is performed *again* resulting in another body with Alice's psychology.

At t_1 , Delayed Mind Transplant is no different from Mind Transplant and, in *that* case, it seemed right that Alice survived. However, at t_2 , there is someone else who is psychologically continuous with Alice. By the reasoning of (iii), then, we should think that at t_2 , Alice suddenly ceases to be. This seems odd.

4. Developing the Psychological Account

4.1. Broadly, there are three ways of developing Psychological Accounts in response to reduplication problems. First, it's natural to think that psychological continuity in psychological accounts should be *unique*. Identity is one-one, but psychological continuity is one-many. So, we could just build this into the account:

Psychological Account*: A person *A* is identical to person *B* iff *A* and *B* have continuous *non-branching* psychologies—are related by *non-branching* ancestral relations of direct psychological connections.

One problem for this proposal is that it conflicts with a principle many accept about personal identity.

The Only *x* and *y* Principle (Oxy): Whether *x* is the same person as *y* depends only on intrinsic facts about *x* and *y*, i.e., depends only on facts about *x*, *y*, and the relations between *x* and *y*.

4.2. A second way is to appeal to *four-dimensionalism* about objects.

Four-Dimensionalism (4D-ism): Objects have temporal, as well as spatial, parts.

This bears on reduplication cases as follows. For 4D-ists, Alice* and Alice** did not come into existence at the completion of the procedure, they already existed. Alice, Alice*, and Alice** briefly share spatial and temporal parts. Note: this makes questions of how many people there are difficult.

4.3. We might accept (iii), but deny that identity is what matters for survival. That is, personal identity is not what matters—there's a good enough sense in which we survive. We explore this in detail in Lecture VI.