

Self-Identification and a Puzzle about Mental Ownership

1. The Theme

‘Self-identification’ is often taken to cover both ‘identification-freedom’ (IF) and ‘immunity to error through misidentification’ (IEM). Contemporary *loci classici* include Sydney Shoemaker’s ‘Self-Reference and Self-Awareness’ (1968/2003) and chapter 7 of Gareth Evans’s *The Varieties of Reference* (1982). Issues concerning self-identification are often discussed together with the so-called ‘essential indexical’ (EI), which was made popular by John Perry’s ‘The Problem of the Essential Indexical’ (1979). Recently, Caleb Liang and Timothy Lane (L&L 2009, 2010) invoke certain empirical studies to challenge philosophical claims about self-identification, with an emphasis on IEM in particular. They conclude that IEM is false. I think the case they describe and elaborate on – ‘somatoparaphrenia,’ which will be explained later – does put much pressure on IEM, but rather than abandoning it altogether, I am going to use the case of somatoparaphrenia as a tool to sharpen our understanding of IEM. For starter, let me say something minimal about IF and EI.

In a trivial sense, IF and IEM are different theses; after all, they are different in letters. However, whether their difference is in some other sense significant is not always clear. For example, in one place Shoemaker remarks on IEM, and he says that Evans ‘makes *the same point* by saying that many first-person utterances and beliefs are “identification free”’ (Shoemaker 1996: 196, my italics). In his illuminating essay on IEM, James Pryor quotes two passages from Shoemaker’s 1968 paper in order to introduce the thesis, but the second one seems to be about IF: ‘If I say “I feel pain”...I maybe identifying for someone else the person of whom I am saying that he feels pain...But there is also a sense in which my reference does *not involve an identification*’ (Shoemaker 1968/2003: 9, my italics). At some other occasions, nevertheless, Shoemaker does say something about the relation. For example, ‘identification-based first-person knowledge must be *grounded* in the first-person knowledge that is not identification-based,’ or there would be ‘an infinite regress’ (Shoemaker 1996: 211, my italics). Whether this indicates a change of mind or just a

slip is an important interpretative issue, but here my interest is not the relation between IEM and IF, so I shall turn to my main concern, namely IEM itself.¹

IEM is a thesis about the first-person pronoun, which has two different uses known as ‘I’ as *subject* and as *object* (Shoemaker 1968/2003). The paradigmatic cases of the former include ‘I am in pain’ and ‘I see a canary’: I might be wrong about the content of my visual experience, but ‘it cannot happen that I am mistaken in saying this because I have misidentified as myself the person I know to see the canary’ (Shoemaker 1968/2003: 8). The latter includes ‘I am bleeding,’ which allows errors concerning who is the subject. IEM is supposed to be about ‘I’ used as *subject*.

When Shoemaker first introduced IEM, he regarded it not as an empirical thesis, but as something like a *tautology* (Shoemaker 1968/2003:15). One of L&L’s aims is to show that IEM is actually empirical, and in fact, empirically *false*. They do this by discussing the implications of somatoparaphrenia on IEM. In what follows I will introduce this neural-psychological syndrome briefly, and argue that even if we accept L&L’s interpretation of it, what follows is not the negation of IEM, but a weaker yet still substantial version of the thesis.

2. The Case

L&L situates the discussion into the context of David Rosenthal’s ‘higher-order thought theory of consciousness’ (often known as HOT), but their arguments based on somatoparaphrenia can be detached from that particular context.² Patients of somatoparaphrenia have a sense of alienation from certain part(s) of their bodies; this is caused typically by extensive right-hemisphere lesions, but sometimes also by sub-cortical lesions. The major symptom of this syndrome is a feeling that a contralesional limb belongs to someone else. Another important related symptom is the loss of conscious tactile feeling of the given body part. The case L&L relies on is FB (Bottini et al. 2002). FB reported that she felt no tactile sensation in the left hand, and *the* left

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¹ A few words about EI: in ‘Kant, Self-Awareness and Self-Reference,’ Andrew Brook argues that EI is required by IF. ‘If I am aware of myself as myself without inferring this from anything else that I know about myself, my knowledge that it is myself of whom I am aware has to be independent, at least in some respects of knowing anything else about myself’ (Brook 2001: 11). If, as Shoemaker once argued, IEM is grounded in IF, we can probably say that EI is the most fundamental thesis, and then IF, and finally IEM. But again, here I am not concerned with the relations between the three theses, so I will stay neutral about relevant issues.

hand belongs to her niece, rather than herself. In a series of experiment, FB was blindfolded, and primed by the examiner's hints about whose hand – herself or her niece's – will be touched. Whenever she was told that her left hand would be touched, she felt nothing when the examiner did touch the left hand. On the contrary, whenever told that her niece's left hand would be touched, FB reported tactile sensations when the examiner did touch that hand. FB is globally rational, as shown by catch trials done by Bottini and his colleagues, so presumably we should take her relevant reports at face value. FB's case seems to be a counterexample of IEM, since she misidentifies the subject concerning 'the' left hand's tactile sensations.

There can be many further questions about FB's case. For example, if the examiner stimulated FB's left hand harder, would there be a difference about FB's sensations and reactions? The trouble, however, is that somatoparaphrenia typically does not last very long, and FB has in fact recovered, so it is impossible to do further research in this case. Therefore, in what follows I am going to accept L&L's version of the FB case, but argue that it in fact helps us understand IEM better.

Somatoparaphrenia presents a puzzle about 'mental ownership' (L&L 2010). The notion of mental ownership is to be contrasted with 'body ownership.' I shall illustrate this distinction with FB's case. When FB insisted that the left hand belongs to her niece, she was confused about *body* ownership. When she reported tactile sensations upon certain priming, she was confused about *mental* ownership. Although both confusions are exemplified in the case of FB, they are conceptually different. And since IEM concerns 'I' as *subject*, what's at issue is *mental* ownership. This distinction presumably corresponds to Evans's one between 'mental self-ascription' and 'bodily self-ascription' (Evans 1982: 220-35), but since what I am going to take issue with is L&L's view, I will follow their terminologies.

The case of FB seems to be outright contradicted to IEM, so a natural way to rescue the latter is to weaken it. Rosenthal appears to do this with the help of the notion of 'awareness.' He insists, probably rightly, that FB 'is *aware of* the sensation as being her own. But she is also aware of that sensation as having a subjective bodily location in a hand that is not part of her own body, but is instead part of her niece's body' (Rosenthal 2010: 3, my italics). But notice that what is at stake is *identification*, as opposed to *awareness*. Rosenthal might be right that FB is aware of the sensation as being her own, but what's crucial is that for some reason she *misidentifies* the

subject in question as her niece. Awareness is itself an important topic, but to talk about it instead of identification seems to be a change of the subject matter.

A similar situation occurs in Pryor's (unintentional) weakening of IEM. At some point, Shoemaker formulates IEM by saying that 'there is no room' to have the thought such as 'Someone is hungry all right, but is it me?' (Shoemaker 1994/1996: 210). Pryor says:

formulation is preferable, at least for the purpose of accommodating cases like somatoparaphrenia. Consider the following two statements:

- (1) To ask 'are you sure it's you who have pains?' would be nonsensical.
(Wittgenstein 1958: 67)
- (2) [T]here is no room for the thought 'Someone is hungry all right, but is it me?' (Shoemaker 1994/1996: 211)

'Nonsensical' in (1) and 'no room' in (2) both refer to the 'immunity' part of IEM (remember I do not accept Pryor's reformulation in terms of 'unreasonableness').

that when they are not the subjects of treatment, the sounds of the drill would nevertheless cause them to identify themselves as subjects of pains. It is not that they identify themselves as the subjects of treatment: this is unlikely, and this would be a case about body ownership. What we should say is that the fears are so strong that they really *feel* that they are in pain. The other familiar case concerns the so-called 'extreme empathy': when one is too sympathetic with someone else's feelings, it is likely that he will have similar experiences caused by the empathy. Now these cases can help us understand Wittgenstein's question. One might want to insist, against Wittgenstein, that when someone sincerely claims that he is in pain, it is still room for saying that he is wrong, that is, he is actually not in pain. But if the present case is like dental fear and extreme empathy, it can be argued that the subject really feels the pain out of fear or empathy. 'It is

'bad case,' to borrow Timothy Williamson's wordings (2000). For example, when discussing perception, the good case refers to veridical perceptions, and the bad case refers to illusions and hallucinations. What, then, is the relation between IEM and the disjunctive c

necessary truth, but at this occasion I venture to propose one, and I hope my reason is good enough to anchor the boat a bit.

References

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