

# PERSONAL IDENTITY AND LITERATURE

Patrick Colm Hogan

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In *Personal Identity and Literature*, Patrick Colm Hogan examines what makes an individual a particular, unique self. He draws on cognitive and affective science as well as literary works—from Walt Whitman and Frederick Douglass to Dorothy Richardson, Alice Munro, and J. M. Coetzee. His scholarly analyses are also intertwined with more personal reflections, on for example his mother's memory loss. The result is a work that examines a complex topic by drawing on a unique range of resources, from empirical psychology and philosophy to novels, films, and biographical experiences. The book provides a clear, systematic account of personal identity that is theoretically strong, but also unique and engaging.

**Patrick Colm Hogan** is Professor of English at the University of Connecticut, USA.

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*Patrick Colm Hogan*

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**For Lalita**

अयम् आत्मा ब्रह्म

**Bṛhadāranyaka Upaniṣad 4.4.5**

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# FIGURE

6.1 A Partial Schematization of Personal Identity

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# FOREWORD: SHAME

## Here Is What Happened

My father drops pills into compartments of the weekly organizer. They make faint rhythmic ticks against the plastic. Two round ones in the orange square for morning; one oblong in the yellow afternoon; the hexagonal tablet for purple evening. Tick. Tick. He hesitates—what comes next? His hand trembles and the two capsules fall into Tuesday afternoon (ti-tick). He passes over Wednesday entirely. Now Thursday night, Friday three times. He clicks shut the lids. “All done!”

My mother wonders what the telephone call is about. The cleaning lady is coming up, she says, covering the mouthpiece. Do they have a cleaning lady? she asks. Yes, they do. My father picks up the latticework of medicines, slides it onto a shelf. No, she’ll see. Here, in the drawer, beneath the napkins and the tablecloth.

Lena, the cleaning lady, is from Rumania. She speaks a strange language. My parents wonder if she speaks the same language as my wife. My wife is from India.

When Lena is in the kitchen, my father hurries to gather up the garbage. He struggles against his tremors and wobbly stance to haul the bag from the bin. She tries to help him. “Nooooooooo!,” he cries with a shrill, high pitch, grabbing the trash and hurrying to the other room.

Nearly fifty years ago, I spent three weeks with my father in the Soviet Union. He was attending medical conferences. Once, we got lost in Moscow. A man approached us and told us how to get back to our hotel. We didn’t recognize him. My father joked, “Sometimes there are advantages to being followed, eh?” Now, he tells me, his life is more and more like the USSR. People spying on everything, snooping in his closets—even eyeing the garbage, I suppose. Or this is what he tries to say. He can never find the right words. He stutters out nonsense syllables, labors to approximate, sometimes just gives up. I try to fill in. He says yes. Or no.

When my brother visits him the following week, they cannot find the pill organizer. They search for two hours. Finally, my niece discovers it, wrapped in an embroidered tablecloth, along with the box of silverware (never used, always saved for some special occasion). The pillbox is filled. All the pills are still nestled in their cubbyholes. That one is for my father. Another hour's search turns up my mother's box, this one in a closet, smothered by old photographs. It too is undisturbed from the week before, filled with motley doses of medicine.

My brother is not understanding about this. Afterward, he telephones me: What does he think he is doing?! Neither of them got their pills for an entire week! There is nothing my father can say when Sean confronts him. He stares at his feet. Wishes no one could see him. His face and neck suddenly feel warm, little beads of sweat appear upon his balding crown.

Sean looks at the cases. *Oh my god!* The pills are all wrong. They change from one day to the next! He tells my father to hand over his prescriptions and instructions. "I know the doctor gave you a list of all your meds and what to take when. Where is it?" Fortunately, they find the master list more quickly.

My brother is president of a healthcare system, a complex of Catholic hospitals in St. Louis. He has made arrangements for his best doctors to see my parents. The doctors sometimes call him on the telephone. "I think your parents should be in assisted living." "Your mother has moderate dementia; we tested her." "Your father said he had a problem, but I couldn't make head or tail of what he was telling me. I asked, and he"—it seems he momentarily regained his former fluency of speech—"just yelled, 'Maybe I need to find a new doctor!'"

My brother mentions the possibility of assisted living. My father, visibly angry, sputters, "How would you feel? ... Have you been ... on a seat in a ... long room, and they ... they tell you ... you can't leave? Have you?" My brother stares, bewildered. My father looks as if he has won the point.

When I telephone that week, my father compares assisted living to the death camps. "You and I ... in Germany ... On the bus ... we went there ... like prison ... in the war." "Dachau. Yes. When we visited, it wasn't easy. And the bus driver seemed resentful when I asked in my halting German." "It's like ... with the wire." Barbed wire? I tell him that I don't think they should have to go into assisted living if they don't want to. His voice changes; it is no longer tremulous when he responds. "It's about autonomy," he explains with unexpected fluency. I'm surprised at the word "autonomy." It has become difficult for him to remember even everyday nouns. But, I add, you need to let Sean help you with the medicines. At this, he is silent.

Sean says he will take over collecting and distributing their medicines, since he lives in the same city (while I am 1,200 miles away). Everyone agrees. When my brother drives the entire length of the city to their pharmacy, he finds that my father has transferred the prescriptions. He goes to their apartment. They argue bitterly. My father does not want Sean distributing his pills. Sean says that he's harming both himself and my mother (it is probably clear that Sean cares more about the latter error than the former). Sean calls me, nearly in tears. Later, my father tells me that the other pharmacy will put all his pills in the organizer for him,

dividing up what is to be taken at what time every day. Are you sure? I've never heard of a pharmacy doing that. Sean says—no, pharmacists won't do any such thing. He tells me about his conversations with my parents' physicians. He worries that the doctors will refuse to keep them as patients.

## A Few Concepts

### *The Rational Actor Perspective*

The way we ordinarily think about motivation is the way many economists think about it. As Hopkins and Kahani-Hopkins put it, rational actor theory “explain[s] social action in terms of individuals' decision-making” and that decision-making is taken “to follow the logic of instrumental rationality with the individual weighing the costs and benefits associated with particular courses of action relating to their desires and goods” (340). In the words of Gilovich and Griffin, “the ‘rational actor’” is a “typical person”; he or she “chooses what options to pursue by assessing the probability of each possible outcome, discerning the utility to be derived from each, and combining these two assessments” to ascertain “the optimal combination” (1). More colloquially, people want stuff—money, pleasure, benefits of various kinds. They then engage in actions that they think will result in their getting as much stuff as possible. They invest in what they think will give them more money; they buy things or services that they think they will enjoy. And people do get stuff. But there is a problem. People not only fail to gain the biggest bang for their buck; they often don't even try. They do not maximize benefits. They forego bang. I don't just mean that they skip short-term gains for long-term benefits. That's expected. That's the “rational” part of the “rational actor.” Risking death or jail is not worth robbing the bank, even if you could buy a new TV, the highest grade of cable, and a lot of beer. But people do all sorts of things that don't make sense from the rational actor perspective. That's a commonplace in cognitive and affective science these days. Really. You can read about it. Google “cognitive bias and economic rationality,” for example. You'll find things. (Alternatively, just look at the rest of Gilovich and Griffin's essay.)

### *Identity*

So, why? One factor is identity. What does identity do? Well, first we need to distinguish different types of identity.

### *Personal Identity*

Personal identity, the concern of this book, is what defines one as a particular self, rather than someone else. Though she has different concerns, Kristina Musholt characterizes the general idea well when she refers to a sense of oneself “as an individual entity” and explains that this is connected with a “complex process of

self-other differentiation” (xviii). But this still requires us to explain what constitutes an individual entity. Here, once again, we need to isolate different sorts of identity (as Musholt of course recognizes).

### *Categorical Identity*

This is part of one’s self-concept; specifically, the group—or, rather, groups—to which one thinks of oneself as belonging, groups named by one’s *identity categories*. Those identifications may be more or less strong. Some are very strong indeed. My father very strongly identifies as Catholic, but his identification as, say, Missourian, is probably not so strong. For example, he doesn’t seem terribly obsessed with the radical empiricism to which the state motto—“Show me”—apparently testifies. In contrast, “I’m from Missouri, after all” is one of my mother’s all-time favorite expressions, typically uttered after demeaning an antagonist’s evidence for some contested point.

Categorical identity does a lot of work; specifically, it has social and psychological functions. For example, it tells us what kinds of things we (putatively) want or will like, what kinds of things we (putatively) can or cannot do, and what kinds of norms we (putatively) should satisfy. Imagine a very young boy. How does he know whether he wants to play with toy guns or with baby dolls? Well, it turns out he is very quick to identify some toys as “girl” toys and others as “boy” toys (not to be confused, of course, with “boy-toys”). He goes on to tell girls and other boys what they do or do not want (“That’s silly. Boys don’t do that!”), what they can or cannot do (“Girls can’t throw a baseball”), how they should or should not act (“Don’t touch that, it’s got cooties!”). This is not based on particular knowledge about the individuals in question, but on categories. In connection with this, he knows when to be proud and when to be ashamed. Part of being proud or ashamed is simply human. But part is being a successful boy (who’s good at boy things), or girl (who’s good at girl things)—or a good Christian or Muslim, American or Russian, and so on. (Christian, Muslim, American, and Russian are also identity categories.)

In connection with this, we might distinguish two fundamental functions of categorical identity. One serves to form *in-groups* and *out-groups*, thus associating me (or you) with certain people but distancing me (or you) from other people. This provides a motivational and conceptual foundation for coalitions. In-groups comprise people with whom we supposedly share some essence or definitive property and with whom we supposedly share fundamental interests; out-groups comprise people who do not share that essence or those interests with us and whom we generally assume to be opposed to our interests. Simple categorization into in-groups and out-groups carries a range of biases regarding our expectations and responses to other people (see, for example, Duckitt 85). We might call this *group categorization*. The second function serves to guide one’s behavior and thought, including one’s ongoing self-assessment. We might call this *norm categorization*. The identity category, “Catholic,” for example, may principally tell me which side to join when there is religious conflict in Belfast, or it may principally tell me to engage in corporal works of mercy and to abjure sins of

the flesh. Though I refer to this as norm categorization, it involves putatively descriptive properties as well. For example, categorization as a boy tells a child not only that he should, but that he will, enjoy playing with toy guns rather than with dolls. In consequence, he will gravitate unreflectively to the former over the latter. The label is still appropriate, however, as I take these to be norms camouflaged in the ideological fatigues of objective descriptions.

### *Self-concept*

“What people believe is currently true about themselves” (Baumeister, “Ideal Self” 209), including “an evaluative component” (Heatherton 357). Self-concept thus comprises our ideas about ourselves—ideas (plural) because it includes “a large amount of information that is at best loosely connected” (Baumeister, “Self” 355). Though not identical with our self, and sometimes wildly inaccurate, self-concept can have significant effects on our thoughts and behavior. For example, we may wish to maintain our self-esteem by preserving some aspect of our self-concept (such as being generous). More surprisingly, we may act in a certain way because we think that we are inclined to act in a certain way. Striking examples of the latter occur with categorial identifications, such as sex. Thus, Sapolsky explains that “testosterone doesn’t necessarily make you behave in a crappy manner” (i.e., being biologically male does not necessarily have stereotypical consequences for practical identity), “but believing that it does and that you’re drowning in the stuff” (i.e., accepting common beliefs about testosterone as part of your self-concept) “makes you behave in a crappy manner” (107).

### *Practical Identity*<sup>1</sup>

The reference to the accuracy and inaccuracy of self-concept leads us to practical identity. Practical identity is the set of principles defining what we actually want and like, what we can in fact do, what we genuinely admire, and so forth. Our practical identity is, in effect, the self that our self-concept tries to capture. Again, however, the accuracy of our self-concept is sadly limited.

Practical identity includes all our usual emotional responses. But our experience and understanding of practical identity engage some emotions as well, principally in relation to self-concept. If Jane’s categorial identity (e.g., “woman”) indicates that she should be empathic, she will feel frustrated if she fails to adequately share other people’s feelings. That frustration may lead to shame or anger, or both. The same point applies to many of our idiosyncrasies. I do not belong to any category that requires me to be particularly empathic. However, it is important to my sense of myself that I be empathic. Practical identity is also linked with just how we want others to perceive us and thus to impression management (see below).

Finally, practical identity includes a *repertoire of roles*, standardized social practices (e.g., teacher) that one is able to take on and perform. As Vignoles *et al.* explain, roles encompass “identity contents such as child, spouse, parent, co-worker, supervisor, customer, etc.” (3).

### *Socially Attributed Identity vs. Personal Identification*

Usually, the categories we identify with are the same as those that other people attribute to us. Indeed, frequently, our identifications derive from social attributions, whether explicit, implicit, or both. A small child does not know that he or she is male or female. He or she learns his or her category from the ways in which various people in society behave toward him or her—for example, dressing him or her in certain ways, selecting male or female playmates for him or her, naming him or her with a gender-specific name, and so on. As this suggests, social attribution may be implicit as well as explicit. It is also not confined to childhood. For example, Rorty and Wong point out that “The elderly or disabled are ... stereotypically constrained and channeled in ways that can become strongly habitual,” thus can become part of their practical identity, “even to the extent of affecting beliefs” (23), thus affecting their self-concept.

In some cases, a person identifies with a category that is different from the one assigned to him or her socially. This is the case with transgender individuals, for example. Society (by default) treats them first of all as members of the sex defined by their external genitalia. However, they reject this socially attributed identity, in favor of a personal identification with the other sex. (Genderqueer individuals may reject both sex categories, identifying with neither.)

It also happens that a person has *intrinsic features* that are unrecognized by society or by the person himself or herself. In other words, aspects of a person’s practical identity may be absent from his or her self-concept and from social ascription. In keeping with these points, Flanagan and Rorty explain that “Traits can be objectively functional, subjectively appropriated, or socially ascribed” (“Introduction” 3).

### *Impression Management*

*Impression management* is our attempt to control the ideas that other people have about us. My ability to act in a certain way in public circumstances is crucial to my ability to foster other people’s ideas about and reactions to me. As Schlenker puts it, “Impression management is the goal-directed activity of controlling information in order to influence the impressions formed by an audience” (542).

(Note to anxious readers: We will return to these topics, examining them in greater detail, in Chapter 1.)

### **Understanding What Happened**

So, what about my father?

From a rational agent perspective, it is not clear what is going on. If my brother is willing to come in and set out his pills each week, why not just let him? My father gains leisure, relief from a tedious duty, and a guarantee that he and my mother will be taking the right pills at the right times. To give an idea of how tedious my father finds this sort of thing, I might note that he refused to take one

medication because it required him to cut a pill with a pill cutter for a few days when working up to the right dosage. He gets no thrills from organizing pills.

Though other factors undoubtedly come into play, one source of this behavior is identity. My father's anger—evident in the garbage incident—is at least in part the result of practical identity. His physical capacity to undertake ordinary actions has declined, so that it is difficult for him even to lift and tie a small plastic sack of trash. An offer of help makes that decline salient, thus enhancing the frustration, and hence the shame and anger. Part of the problem with the pills is that his jittery grasp accidentally lands some pills in the wrong receptacle, doubling up Tuesday afternoon at the expense of Monday (or vice versa). His eyesight has diminished as well, so that he is less likely to spot the error.

More importantly, his cognition has palpably degraded. Most obviously, his lexical retrieval, the ability to fluently access and speak the appropriate word at the appropriate time, has been severely compromised. His anger at the physician results from this frustration (as the physician cannot understand what my father is saying about his health). The loss is not confined to vocabulary, but bears on reasoning processes as well. To some extent, he no longer understands what exactly he should be doing with which pill, and he certainly does not understand the nature of assisted living.

But this is far from a complete explanation. Why would he be so fixated on readying the garbage for the chute or setting out the tablets when he has people around him who would gladly undertake these tasks, which he surely finds burdensome?

The reason seems to be a matter of self-concept, especially norm categorization. My father was a physician. He understands and judges himself, in part, in terms of that norm category. Like many people of his age, he is computer challenged. But he is not ashamed of this and is perfectly happy not to have to deal with computers or to have someone else do it. But it is just too degrading if he can no longer set out the pills that he and his wife should take, and when. It is not shameful for him to fail at Skype. But it is humiliating to be unable to undertake the task of administering medication.<sup>2</sup>

In addition, I suspect that his failure at self-care is not so humiliating as his failure to care for my mother. His expectations and evaluations of himself are also guided by the norm category of *husband*. He is the provider and protector—not in wielding his glittering sword against a fire-belching cave-serpent, but in pouring out his potions to defeat the dragon cholesterol or the wildebeest diabetes. Perhaps to humor him—or perhaps because she genuinely believes it—my mother says over and over that her husband takes good care of her. That is what he wants to hear. He is, even at 91, a good husband. (As it happens, this identity concern extends to bagging up the garbage, which my father always saw as part of his domestic duties, like mowing the lawn or replacing fuses.)

A third norm category that is central to his identity is *father*—a reciprocal category with *son*. This is more complicated. I suspect he never saw himself as a good son, having emigrated from his father's country and later having somewhat limited and

formal interactions with his father. Moreover, he has never had a good relationship with Sean. They too are formal and distant; however, they are not geographically separated. In any event, it is certainly clear to him that something is wrong if the son acts for the father as if the latter were a child. When Sean says that my father should not distribute the pills himself, my father responds with an assertion of his adulthood, growling from tightened jaws, “I think I’m over 21!”

In part, this identity as father bears on his antipathy toward the very idea of going into assisted living; he feels as if he is being ordered to his room by a usurping child. But it is also a matter of an idiosyncratic aspect of his practical identity—a strong aversion to being overseen. That quirk was partly responsible for driving him out of western Ireland, with its villages of “squinting windows” (to borrow Brinsley MacNamara’s phrase). It was also partly responsible for bringing him to the United States, with its obsessive assertions of personal freedom and its identity opposition to the panoptical Soviet Union. Of course, assisted living would not entail a trip to communist Romania, and certainly not to the gulag. But his assimilation here seems to be partly a function of this idiosyncratic feature of his identity.

My brother’s behavior is more straightforward. There is genuine concern for my mother, some small resentment about the time and effort he has to expend on taking care of their medications, some coldness toward and alienation from my father that exacerbate the resentment. None of this requires any significant appeal to identity. However, there are some limited identity concerns—chiefly concerns about impression management. He is rightly embarrassed by my father’s treatment of the doctors in his health system. As someone in the healthcare profession, he would feel ashamed if there were some disaster with his parents’ medications. He has also presented himself to his colleagues as a model son (for example, he stressed being able to help his aging parents when he moved back to St. Louis for his job, some twenty years ago). He undoubtedly does not want to be thought a failure in this—and, no less importantly, he does not want to be a failure in this, because he too sees himself as a dutiful son.

What about yours truly? I’m afraid the portrait this suggests is none too flattering. I sympathize with everyone. I listen patiently to my father, and talk regularly with him and my mother. I think about what is wrong and have tried to write about it with warmth and respect. But I can’t say that I do very much concretely—or really anything at all. Of course, there is the distance. That’s real. But there is also identity. I think of myself as “sensitive.” It is part of my identity that I empathize with everyone—and so I empathize with my mother, my father, and my brother (whose devotion to my parents I repeatedly praise and sincerely appreciate). I say warm and comforting things to them when we talk. I send them cards, presents, flowers. I also imagine myself to be a keen comprehender of the human mind, and this is in fact central to my self-concept. So, I spin out explanations, generating theoretical concepts from psychological studies and my family’s lives. The explanations seem plausible; the concepts, generalizable. I am also regular in my habits (e.g., telephone calls)—indeed, comically so. There too I get to check the box that says “satisfied the identity norm here.”

But, despite my Catholic upbringing, I do not think of myself as someone prone to corporal works of mercy. In keeping with this, I don't do much, beyond what seems obligatory—gifts on the right occasions, cards, flowers, visits during sickness, phone calls at the same time every two or three days. When some difficult task has to be undertaken, the burden falls on my brother. Though largely irrelevant to my sense of identity, for more general moral reasons, this should probably bother me. It does. But not very much.

## Epilogue

I told my wife the story. She told her friends. One friend said, "But some pharmacies *do* divide up pills for elderly patients." Hm. Okay, I'll telephone around.

Turns out, my father had transferred his prescriptions to a pharmacy that offered this service. "Just have them ask for convenience packing. Every day is separate. It's easier to keep track. We send them out each week. Have 'em call us. It'll probably cost \$25 a month or a little more—not too much." I talk with my parents about it. That's what they want. My father has no qualms about a pharmacist parceling out the medications; after all, that was the division of labor when he was practicing medicine himself.

But I'll need to talk with Sean. "He's not going to agree to this." They think my brother just wants to control them. "You know, he sends Maggie [my niece] to sit with us when we are talking to the doctor. She takes notes. She reports back." "He keeps threatening us with a nursing home if we don't do what he wants." I talk with Sean about the convenience packing. He seems okay with the arrangement, though he wonders if it will really work. When I confirm things with the pharmacist, she remarks, "I should warn you. Sometimes our elderly clients just open all the convenience packs at once and pour the pills into a bottle, pretty much defeating the whole purpose."

## Notes

- 1 My use of this phrase is different from that of Korsgaard (101).
- 2 As Oyserman and James point out, "People are motivated to act in ways that feel identity congruent. They are motivated to work toward the futures they believe people like themselves can attain" (118). Working toward a particular future is not the same thing as self-evaluation in the present, but both involve guidance by norms defined through self-concept.

# INTRODUCTION

## Know Thyself

I've been working on identity for a couple of decades. Social identity, I mean—our group belonging: cultural identity, national identity, sex, sexuality, and gender identity.<sup>1</sup> What makes us one kind of human rather than another kind—the kind that can kill or die for “us” in our eternal struggle against the sinister “them”; or perhaps merely the kind that will give the benefit of the doubt to people with similar eyebrows, but stare skeptically at the group whose earlobes seem somehow wrong (it's hard to put your finger on just what it is, but we can tell they're strangers when we take a good look). Identity categories. As I think you've probably gathered, I don't have much sympathy for identity categories.

One thing that is odd about identity categories is that they are both part of and at the same time radically opposed to the self. Jones is, among other things, an American. In the right context, ask him to describe himself and that's what he'll tell you: “I'm an American.” “And proud of it,” he might add, if something in the surround fills him with national enthusiasm. But in another context things might be quite different. He might wish to hybridize categories (“I'm Welsh-American”) or subdivide them (“I'm an American from the great state of Missouri!”). But he might equally wish to wriggle free from the clutches of categories and assert his uniqueness.

We see this sort of tension throughout Walt Whitman's magnificent “Song of Myself.” In the fourth canto of the poem, Whitman writes of “Battles, the horrors of fratricidal war, the fever of doubtful news, the fitful events” (l. 72). The ongoing violence is general and inevitably enabled by identity categories—identity categories that may even divide brothers, most obviously in civil wars. He goes on to say that “These”—the battles, horrors, fever, all carried by news reports, uncertain or unresolved—“These come to me days and nights and go from me again” (l. 73). Like all of us, he can hardly pass a day or night without some such fitful events breaking in upon him. But they not only come; they go as well. Why? Because “they are not the Me myself” (l. 74).