

Personal Identity: The 'situation' of *Doctor Who*.

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Personal identity is the study of what makes a person an individual distinct from any other and to look at how that individual persists over time. Many of the philosophers who address issues of personal identity will look at extreme cases that normally would not occur in reality; issues of duplicating a person for example: cloning the body and copying the mind into a new entity such that it fully believes it is the old person. The problem with personal identity is that specific cases result in many different perspectives depending on the situations various philosophers of personal identity adopt. Many of the examples used in personal identity literature are comparable with situations that characters in science fiction encounter.

Science fiction, with its vast worlds and imaginative situations has long been an avenue to explore complex philosophical concepts like that of mind swapping. By mind swapping I mean any process where the personalities, memories and psychology of one person have become switched with that of another. I refer to this process as mind swapping and not body swapping because in general the physical bodies do not move in this process. I contend it is the minds that are switched or swapped. A number of science fiction shows address the topic of mind or body swapping in one way or another. *Stargate* used a machine that would swap the minds of the two individuals but not switch them back,¹ as did *Futurama*;² *Star Trek: Voyager* had a non-corporeal alien entity which would invade a person's body and take over, leaving the victim in the body the alien had previously inhabited;³ while the *Farscape* crew encountered a weapon that switched all the main characters around randomly in order to cause confusion and disorder among the ship.⁴

It is the case however that very few of these situations actually look at the concept of a body swap. The victims do not fully grasp the situation and do not understand what has happened, but insist they are the person they were before. The other characters accept this on trust and suddenly the *Futurama* crew knows that Farnsworth is in Amy's body and vice versa.⁵ The other characters question why it happened or discuss how to switch them back. They never question the characters themselves, or accuse them of mental instability. There is actually very little physical evidence to say that anything has happened and the switch is taken primarily on trust.

There are many individual criteria for personal identity. While each is unique, none yet has managed to resolve the issue of what makes an individual that person throughout their life – exceptions can always be found. The problem with any criterion of personal identity is that there

are always exceptions depending on the particular situation or the perspective of the viewer and, unlike many of the traditional personal identity theorists, I contend for a case-by-case assessment. Using The Doctor from the BBC television show *Doctor Who* I plan to use his regenerations as a primary example to show that the question of personal identity can be best solved with a three-pronged approach that uses a mental criterion, a social criterion and a criterion of temporal continuity that focusses on empathic access.

I have chosen The Doctor from the BBC television show *Doctor Who* because his regeneration offers a unique situation where he changes into a new person after suffering an injury that would be fatal if he did not regenerate.⁶ The regeneration is a conscious choice that is possible for him to resist.⁷ During The Doctor's regeneration his old body is destroyed, momentarily becoming an energy that is basically bodiless. His new body then forms as the energy coalesces into him. From the viewer's perspective the person left standing where The Doctor was is a new person. At the onset this new individual is often confused, examining his body as someone who has never encountered it before. "Legs, I've still got legs, good. Arms, hands, ooh, fingers, lots of fingers. Ears, yes, eyes too. Nose, I've had worse. Chin, blimey. Hair... . . . But I'm missing something, something important. I'm- I'm- I'm Crashing!"⁸ The Doctor's personality or psychology also undergoes drastic changes. Each incarnation, nominally referred to by the use of the name of the actor, has reacted differently to the event of regeneration. David Tennant (The 10th Doctor) paused momentarily immediately after his regeneration to comment on getting used to new teeth but then continues the conversation he was having as if nothing has happened.⁹ Matt Smith (The 11th Doctor) panics checking that his body has all the required parts and forgets what is happening around him.¹⁰ Other incarnations have reacted differently. The personality of The Doctor changes in other ways too; Matt Smith immediately after his regeneration spends an evening trying to figure out what foods it is he likes and dislikes.¹¹ Smith's term as The Doctor is also known for being sillier and goofier than either of the two incarnations before him which were considered darker and more serious in nature.

The idea of a 'body swap' is one that generally refers to a situation where the mind is seen as the important aspect in determining personal identity. John Locke with his famous case of the prince and the cobbler offers an example of the mental criterion where two minds have switched places: in his case it is a prince and a cobbler that switch.¹² Locke never suggests that the body of the prince might still be the prince's and the cobbler's body that of the cobbler's. He proposes that personal identity is defined by the mind and says that the people who are close to the prince will eventually come to accept that the prince is now in the cobbler's body.¹³ Locke argues that such an acceptance would be the case because the cobbler's body is capable of consistently exhibiting the consciousness, and recanting the memories of the prince.¹⁴

Bernard Williams also offered a mental criterion as a primary source of personal identity that focused on the psychology of a person.¹⁵ One's personality and who he or she thinks they are is important. Assume someone offered Williams one hundred dollars, paid to him (his body) in advance to undergo an experiment where his mind was switched with an unpaid volunteer's.¹⁶ Williams would be upset that the money remained with his body because from his perspective he does not receive the money. If Williams demanded that he was paid after the procedure it would be the volunteer's body, demanding to be paid. Under Williams' view, he is now in the body of the volunteer and would remember the arrangement. He would claim that he was still Williams

even though he is in a body that is not his own. Move Williams' psychology into a new body and from Williams' perspective that new person's body is now his body. Here the focus is in the first person; the mind is a personal thing, and for some philosophers one's mind is the only thing we can be sure exists.¹⁷ Williams' aspect of a mental criterion differs from Locke's as it relies on our desires for our future selves. The version of mental criterion I want to advocate for operates strictly in the first person. I am who I think I am and there are desires particular to me. With the mental criterion, a third party cannot tell someone who they are.

The Doctor, after undergoing a regeneration, satisfies the mental criterion as I have tried to explain it. He thinks he is The Doctor, calls himself The Doctor and retains all his past memories that in his mind define him as The Doctor. He is The Doctor because he thinks of himself as The Doctor. I believe Locke would agree, seeing The Doctor's regeneration as a one-sided prince and cobbler situation. He has a new body, but believes himself to be the old person because he has access to The Doctor's memories and therefore exhibits a continuing consciousness. Eventually society will learn to accept him as they did the previous incarnation. I also do not think Williams would object to my explanation. In his examples where he uses the first person perspective the identity of an individual follows that of the mind (and our personal desires), the same as it does with The Doctor.

A purely mental criterion is not enough for a concept of personal identity however. Firstly, it does not account for the social nature of human beings. What a person tells me and how they react to my presence and actions really influences me in who I think I am. As well, the body that our mind inhabits is important because it is the only method for the mind to interact with the world. Judith Jarvis Thomson advocates for a bodily criterion of personal identity that focuses strictly on the body.¹⁸ It is horrifying for her to think of someone else inhabiting her body and pretending to be her.¹⁹ Jarvis Thomson is correct in looking only at her body in the bodily criterion. Even if her mind was put into a different body it would not matter since her focus is on what is happening to the body. The person that Judith was is essentially dead. She says that a criterion using the body is the way laypeople (non-philosophers) would understand personal identity.²⁰ Jarvis Thomson is correct that in many cases a mental criterion is insufficient to determine identity. However, the bodily criterion is too narrow. If I woke up one day claiming to be George Washington, I could recount things only Washington would know and from my perspective (the mental criterion) am Washington, my body is still Robert's and people would still identify me as Robert. I would be shown to a rubber room, and be repeatedly told that I am not the first President of the United States, but am actually Robert Manley, humble undergraduate philosopher. And, over time I might come to believe them. What Jarvis Thomson does not account for is how a person, who suddenly thinks she is someone else, acts. She assumes the new mind would behave in the same way the original mind would behave. I think this unlikely. If my body was invaded by another mind I would no longer behave in a manner people would recognize as my own. Over time they would admit that I am no longer me: something has changed. However, they would continue to resist the idea of me being George Washington, leaving me in an indeterminate state where they have decided that I am not the person I was, but neither am I the person I claim to be. What I propose, instead of a strictly bodily criterion of personal identity, like Jarvis Thomson's, is more a social criterion for personal identity. How a person is recognized by society: one's appearance, mannerisms and attitude

defines how people identify an individual and that person's personal identity is related to how society understands them to be. To put it simply: I am who people accept me to be.

The social criterion has trouble defining The Doctor because of his new body, and thus failing the bodily criterion which is the foundation of the social criterion. The people who have witnessed a regeneration accept that The Doctor sometimes does strange things and that this new person is The Doctor as much as the old person was. To old friends The Doctor convinces them he is the same person through whatever subtle quirks and traits he has retained. Since after a regeneration The Doctor still presents himself as The Doctor and people accept him as The Doctor, it would appear that he passes the social criterion.

With the social criterion I have tried to be favorable to Jarvis Thomson and would like to think she would agree and support my social criterion. However, since The Doctor does have a new body that is not the one he had before, he fails her bodily criterion. Rather than claim The Doctor passes the social criterion and ignore the bodily origins of the theory, I would say that after a regeneration the person left standing in The Doctor's shoes actually exists in such a way that he cannot pass the social criterion but perhaps he does not fail it either. People accept this new person as The Doctor because there is no other explanation for who this new person is. Socially, he is not the same person but a new entity with a new identity existing in an indeterminate state. Since he presents himself as The Doctor and, because the previous incarnation of The Doctor no longer exists, people accept him as The Doctor. Thus, it is only once society accepts him as The Doctor that he socially becomes The Doctor.

I have outlined two criteria I think are necessary to address issues of personal identity. The first criteria The Doctor passes and the second leaves him in an indeterminate state. Because of this indetermination I want to invoke a third criterion to help determine if The Doctor retains his personal identity. In the case of The Doctor I need this third criterion, while in other situations one or more of the criteria may not be necessary especially when there is no conflict between the two. Had he passed both my mental and social criteria I might have been content to claim that he retains his personal identity and leave the topic at that without investigating a third criterion.

What I propose as a third criterion is one that addresses temporal continuity and empathic access. With the temporal criterion one's past and his or her connection to that past is considered when determining the continuation of the personal identity of an individual. Over time people change. It is generally a slow process taking years but eventually an individual's whole body is replaced one cell at a time. Literally speaking, my body is not the same body of a year ago. Am I wrong to say that I am still the person I was ten years ago when my whole body has been replaced? Taken in small time intervals most of our body is continuous. In normal cases there is a temporal continuity of the body where the changes can be understood and explained as happening over a period of time. The same approach can be used on an individual's mind. I may have very different thoughts from ten years ago, but if looked at on a daily basis the changes are negligible.

Marya Schechtman proposed the idea of empathic access as her criterion for personal identity.²¹ Schechtman says that having access to one's memories is not enough to define

personal identity. Continuity between who a person was and who they are is also insufficient for personal identity and requires a superfluous standard of how much psychological change over time is permissible. What Schechtman says is the same person over time is one that has empathic access to their past. There can be no profound alienation from that past. Individuals can empathize with their past selves, understand the choices their past selves have made and why they were made.

Empathic access and temporal continuity can be used to help answer questions of personal identity because they consider the past experiences of an individual. He or she is the person they are now because they have grown into that role. They can still talk about, and have intimate feelings about the person they were before so that person is not lost. In a sense the previous version may be lost and one is 'not the same person they were' but that person still informs and shapes how he or she behaves now. For Schechtman's empathic access one stops being the person they were when he or she is no longer able to identify and understand the situation of the previous person. Because there is a disconnect between who one is and who one was the past identity no longer informs the present one, and so it is effectively lost. To simplify: I am who I am because who I was, is an integral and emotionally accessible part of who I am now.

The Doctor retains the memories of his past incarnations and has not lost his empathic access to them. The past incarnations serve to shape and inform the current doctor in a similar way that past versions of ourselves work to shape and inform the people who we are today. The Doctor is a time traveler and on a few occasions has had the opportunity to actually talk to past versions of himself.²² They work together, are friendly towards each other and occasionally will directly identify how it is that a past self has shaped and informed his current psychology. The past Doctor knows he will eventually become the person in front of him and the present Doctor understands the situation and can empathize with his past identity. These time encounters seem to suggest The Doctor has not lost empathic access with his past bodily incarnations of himself and therefore would pass a criterion of empathic access.

Empathic access does not work for every single individual. Some people may actually lose contact with the person they were before. Schechtman uses the example of a woman who has lost touch with her party-girl roots and cannot understand how she would make the decisions she had previously made. In Schechtman's case the woman can still trace a temporal line from her party-girl roots to who she is now.

Such a person would fail empathic access as a criterion. The same would be true for anyone suffering from amnesia or various personality disorders. According to empathic access these people are not the same people they were because they cannot empathize with the people that they were. Yet many would still insist he or she is in fact the same person; possibly by invoking versions of the mental or bodily criteria. In the case of the amnesiac others would tell him or her who they were and would attempt to explain to that person the kind of person they are now (the social criteria). In this way there cannot be a general criterion towards personal identity. Some situations will pass certain criteria while others will fail. Precedence cannot be restrictively set by previous cases, no matter how similar. It is because of the unique nature of one's situation regarding personal identity that I have advocated for several criteria and a case-by-case

examination into questions of personal identity. The alternative would be to prescribe a single criterion and then have to explain or justify how each exception fits into the rule.

While many philosophers have advocated for a single criterion to determine personal identity, I have advocated for three. Furthermore, these three are complex in nature and as such lend themselves nicely to case by case analysis. In normal everyday situations a person is going to satisfy all three criteria without much stress. It is in the outliers that different theories on personal identity begin to argue: severe psychological or physical trauma, brainwashing, swapping minds, swapping bodies, cloning a person and in the case of *Doctor Who*, the acquisition of a new body and mind. I do not think my criteria for personal identity is perfect, for people will still find flaws with them or argue against the premises I have developed. Exceptions may still be found where I would want to say an individual retains personal identity but fails many or all of the criteria I have identified. However, in many situations my three criteria for personal identity inform and help the issue of personal identity by being more than just a mental or physical criterion. The three criteria look at different aspects and perspectives and consider the situation without attempting to fit it into a specific predetermined mold.

With *Doctor Who*, The Doctor remains The Doctor because he thinks he is The Doctor, he presents himself and people accept him as The Doctor, and there is a sense of continuity in the regeneration where The Doctor changes. What happens to The Doctor over the course of his regeneration is not actually unlike what happens to us over the course of a lifetime. Our personalities change and bodies alter as we age. For The Doctor the changes are sudden, drastic and very public, while ours are slow, subtle and mostly private. It is these factors that make The Doctor's regenerations worth studying over other fantastic examples.

1 "Holiday" *Stargate: The Complete Second Season*. Writ. Tor Alexander Valenza. Dir. David Warray-Smith. Miramax, 2002. DVD.

2 "The Prisoner of Benda" *Furturama: Volume 5&6*. Writ. Ken Keeler. Dir. Stephen Sandoval. Fox, 2010. DVD.

3 "Vis A Vis" *Star Trek: Voyager: Season Four*. Writ. Robert J. Doherty. Dir. Jesus Salvador Trevirio. Paramount, 2004. DVD.

4 "Out of Their Minds" *Farscape: The Complete Second Season*. Writ. Rockne S. O'Bannon. Dir. Ian Watson. Hallmark, 2003. DVD.

5 "The Prisoner of Benda" *Furturama: Volume 5&6*. Writ. Ken Keeler. Dir. Stephen Sandoval. Fox, 2010. DVD.

6 "The Parting of Ways" *Doctor Who: The Complete First Series*. Writ. Russel T. Davies. Dir. Joe Ahearne. Perf. David Tennant, Christopher Eccleston. BBC, 2006. DVD

7 "Last of the Time Lords" *Doctor Who: The Complete Third Series*. Writ. Russel T. Davies. Dir. Colin Teague. BBC, 2007. DVD

8 "Journey's End" *Doctor Who: The Complete Fourth Series*. Writ. Russel T. Davies. Dir. Graeme Harper. Perf. Matt Smith. BBC, 2008. DVD.

9 "The Parting of Ways" *Doctor Who: The Complete First Series*. Writ. Russel T. Davies. Dir. Joe Ahearne. Perf. David Tennant, Christopher Eccleston. BBC, 2006. DVD

10 "Journey's End" *Doctor Who: The Complete Fourth Series*. Writ. Russel T. Davies. Dir.

Graeme Harper. Perf. Matt Smith. BBC, 2008. DVD.

11 "The Eleventh Hour" *Doctor Who: The Complete Fifth Series*. Writ Steven Moffat. Dir. Adam Smith. Perf. Matt Smith and Caitlin Blackwood. BBC, 2008. DVD.

12 Locke, John. "Of Identity and Diversity" *Personal Identity*. Ed. John Perry. Los Angeles: University of California Press, 2008.32-52. Print.

13 Locke, John. "Of Identity and Diversity" *Personal Identity*. Ed. John Perry. Los Angeles: University of California Press, 2008.44. Print.

14 Ibid.

15 Williams, Bernard. "The Self and the Future" *Personal Identity*. Ed. Raymond Martin and John Barresi. London: Blackwell Publishing Ltd, 2003. 75-91. Print.

16 This is a variation of one of Williams' examples where one person is given money and the other tortured.

17 The question of other minds is a very different philosophical issue that I do not wish to confuse with personal identity. Locke's concept of personal identity requires other people to recognize the mind of the prince. Williams also addressed an issue of perspective; how a person perceives themselves changes depending on if there is a first or third person perspective to events before and after the swap. However, I am only looking at his first person perspective since we are looking at the mind, personality and psychology. The presence of another person's mind cannot be identified so I have rejected Williams' third person perspective for the same reason I reject Locke's: other people are needed to recognize and be capable of studying another mind.

18 Thomson, Judith Jarvis. "People and their Bodies" *Contemporary Debates in Metaphysics*. Ed. Theodore Sider, John Hawthorne and Dean W. Zimmerman. London: Blackwell Publishing Ltd, 2008. 155-175. Print.

19 Thomson, Judith Jarvis. "People and their Bodies" *Contemporary Debates in Metaphysics*. Ed. Theodore Sider, John Hawthorne and Dean W. Zimmerman. London: Blackwell Publishing Ltd, 2008. 163. Print.

20 Thomson, Judith Jarvis. "People and their Bodies" *Contemporary Debates in Metaphysics*. Ed. Theodore Sider, John Hawthorne and Dean W. Zimmerman. London: Blackwell Publishing Ltd, 2008. 171. Print.

21 Schechtman, Marya. "Empathic Access: The Missing Ingredient in Personal Identity" *Personal Identity*. Ed. Raymond Martin and John Barresi. London: Blackwell Publishing Ltd, 2003. 238-259. Print.

22 "Time Crash" *Doctor Who (2005)*. British Broadcasting Company. BBC1, London. 16 Nov. 2007. Television.