Lecture 16 – Who are you?

The Abstract: The Milgram experiments and others like it present the disturbing possibility that our control of ourselves is not as complete as we might think or as we might want. Social Impact theory, with its three big factors of Strength, Immediacy, and Number, illuminates some of the forces that push us around. This, however, raises the more fundamental question of who it is that is getting pushed around. Who are you? We can identify several aspects of the self from the feeling of being a single conscious entity to the ability to self-monitor. There has been recent progress localizing aspects of the self to specific bits of brain tissue but not single locus of the self can be identified. There are psychopathologies of the self. The most striking of these is "multiple personality disorder" in which the unified self seems to fracture into several selves. What are we to make of this? Is it real? Freud was not convinced….but that will have to wait until next week.

Lecture Notes

Social Impact Theory - How do we explain the Milgram experiment?


STRENGTH - in this case, the authority of the experimenter.

IMMEDIACY - How vivid are the factors?

Examples from the Milgram lab
Examples from the the front pages
Examples from the classroom.

NUMBER:

Examples from the "community standards" experiment
Examples from the stage
The murder of Kitty Genovese (1964)
Darley and Latane's experiments

OK, We had "The Fundamental Attribution Error".

How about The Fundamental Question?

Who is this YOU that can be manipulated so easily?

Consider three possible agents of death:
a car, a dog, a person - What is the difference?

The question of personal identity - Capgras Syndrome
Capgras' syndrome: The delusion that others, or the self, have been replaced by imposters. It typically follows the development of negative feelings toward the other person that the subject cannot accept and attributes, instead, to the imposter. (Note, this is a near quote but I have lost the source)

Six aspects of a sense of personal identity


Aspect 1: Representation
Recall: Trait theory vs situationalism

Aspect 2: Agency
Who "owns" your actions?
Who is responsible? Who choses?

Aspect 3: Ownership
Owning your body is different than owning an iPod.

Aspect 4: Evaluation
The ability to make assertions about the self.
I like X. I do Y.

Aspect 5: Monitoring
The ability to look at the self.
What am I doing now?
Was that a mistake?

Aspect 6: Integration
The feeling of being a single, coherent (and conscious) self

The neuropsychology of the self

Is there a set of neurons somewhere that is the neural substrate of this sense of the self?

Ownership: Lesions of the right parietal lobe can disrupt your notion of yourself as a corporeal being
contralateral neglect

The flip side of neglect is the phantom limb phenom:

Entertaining book:
#16 The self and who control it

Nov 9, 2004

Representation & Evaluation

Pick's disease (frontotemporal dementia)

An Alzheimer's of the personality?

More precise localization?

Orbito medial prefrontal cortex (OMPFC) as a possible home for representation

Orbito refers to the orbit of the eye.
Medial to the midline face of the cortex

Dorsomedial prefrontal cortex (DMPFC) for evaluation

Dorso as in dorsal fin

Monitoring

Lots of data points to the anterior cingulate.

Agency

Frontal

Integration

Posterior cingulate

But what does all of this mean?

Consciousness

Are YOU conscious of your self?

The refrigerator light problem.

Psychopathology of the self

What is a "Psychopathology"?

Back to dualism and materialism

Dissociative disorders (Gleitman 796-799)

psychogenic amnesia (or depersonalization)
fugue state (fugue from the Latin for flight)
multiple personality disorder. = dissociative identity disorder

example: Billy Milligan
fragmentation of the kingdom of the self.

Problems:

Is it "real"?

Why did the incidence increase markedly in the past decades?

Is it an artifact of a particular kind of patient-therapist relationship?

An account of MPD

1. Dissociation is not new

2. The mind, in some sense, chooses its pathology from the options presented

3. Dissociation became an unpopular diagnosis because Freud made a mistake.