



# **The Bionic Self: Neural Implants and Threats to Identity**

**Implications for selfhood and social relations**

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# 1. Neural Implants & Threats to Identity

## Identifying the problem of threats to identity from neural implants

*'I no longer recognize myself'; 'She's a different person'; 'I feel like a new person'*

### 1.1 Neural Implants and Threats to Identity

The key problem this thesis addresses is: What is the impact of neural implants, such as Deep Brain Stimulation or a Cochlear ear implant, on a person's personal identity? Put explicitly: What role do neural implants play in changes in self-understanding, agency and autonomy and what is the significance of these changes for philosophical and practical conceptions of personal identity?

I explore the problem of the impacts of neural implants on personal identity through reference to first-personal accounts wherein patients or their family and significant others, express the claim that following the implantation they are no longer themselves or no longer the same person. I apply contemporary approaches to identity, agency and autonomy in moral psychology to argue that the sense of identity at issue in these claims is practical identity, and not metaphysical identity, and that the first-personal accounts reveal aspects of selfhood, raising concerns related to narrative agency and autonomy.

In this introductory chapter I set out the problem this thesis addresses and explain why this is a problem, both from a practical, and a philosophical, perspective. I also set out my conclusion to the problem, the way I argue for my claims and the benefits of the approach I develop. I conclude with a description of a set of neural implants that are in use or being developed, as well as a set of first-personal accounts concerning self change following implantation.

#### 1.1.a Threats and uptake

Here I set out why statements about identity change, such as: 'I am no longer the same person', present both a practical and philosophical problem. These responses to implantation suggest a practical problem concerning uptake of implants. Whilst some find that the implant fixes or ameliorates their condition, others, with the same type of condition and implant, respond with feelings of

frustration and alienation, despite the fact that the condition for which they sought treatment might be fixed or ameliorated. Understanding these statements concerning identity change also presents a philosophical problem: How are we to understand these responses? I show that there is no shared agreement in the literature about how to understand the first-personal descriptions of identity change and so the impacts of neural implants on selfhood. On reductionist approaches to personal identity, these statements are understood as metaphorical or misplaced claims, and whilst there is shared agreement by many, that rather, these are claims about practical identity that we should take seriously, there is disagreement about whether the salient ethical issue should be understood in terms of threats to identity, or to agency, or to autonomy or to authenticity. Moreover, there is disagreement about how these central concepts should be understood, which obscures what it is at stake in the first-personal accounts of the impacts of neural implants. Given suggestions for therapeutic direction by ethicists and philosophers in this area, adequately understanding these claims is of pressing significance. Before going on to establish these claims, I briefly sketch out what neural implants are (I further develop, and give a more detailed account of neural implants in section 1.4).

Neural implants, also known as neural prostheses, are medical bionic devices, which are substitutes for sensory, cognitive and motor function damaged due to disease or trauma. Neural implants are medical bionic devices which combine biology and electronics.<sup>1</sup> Neural implants include sensory prostheses such as bionic hearing, for example the Cochlear ear implant, and bionic vision, for example, the bionic eye, neural-prosthetic limbs, as well as neuro-bionic devices implanted in the brain, such as Deep Brain Stimulation (DBS) for Parkinson's Disease, as well as epilepsy prediction devices. Neural implants act by recording and/or electrically stimulating, or blocking signals from a neuron or group of neurons in the brain or sensory nerves. The Cochlear produces hearing sensations by electrically stimulating nerves inside the inner ear of severely or profoundly

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<sup>1</sup> The Therapeutic Goods Act 1989 defines a medical device as something used on humans for therapeutic benefits which measures or monitors functions of the body and has a physical or mechanical effect on the body. As such, medical devices includes a wide range of devices ranging from noninvasive devices such as gloves and bandages to invasive devices such as pacemakers and medical bionic devices such as Deep Brain Stimulation. It has been recognised that presently regulation surrounding medical bionic devices by the TGA is inadequate. This is particularly salient when medical bionic devices combine drug delivery to achieve their therapeutic aims. For discussion of regulatory gaps, see Karinne Ludlow, Diana Bowman, and Graeme Hodge, *Final Report: Review of Possible Impacts of Nanotechnology on Australia's Regulatory Frameworks* (Melbourne: Monash Centre for Regulatory Studies, Monash University, 2007); Eliza Goddard, *Clinical Trials for Nano-bionics: Testing Wearable and Implantable Medical Devices* (Canberra: Australian Government: Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education, 2013).

deaf patients. Neuro-bionic implants<sup>2</sup> connect directly to a person's brain (they are usually placed on the surface of the brain or attached to the brain's cortex).<sup>3</sup> These implants may simply record the brain's activity, such as epilepsy prediction devices, or stimulate the central nervous system, such as DBS and Vagus nerve stimulation. DBS has been used to treat both motor symptoms associated with Parkinson's but is also used to treat psychological conditions such as clinical depression. These devices, in addition to stimulation, may be combined with automated drug delivery systems.

The development of neural implants is relatively new: the Cochlear has been used since the late 1970s in Australia; DBS for Parkinson's Disease has been in use since the late 1990s in the USA; and, epilepsy prediction devices are currently being tested in first-in-human trials.<sup>4</sup> Neural implants are made from materials including tungsten, silicon, platinum-iridium and stainless steel, as well as nano-materials (for example, in the Cochlear).<sup>5</sup> The application of neural implants has been limited until recent advances in neurophysiology and computer micro-processing power.

These advances in science and technology present the opportunity to develop devices that enhance human abilities, such as long range sight or super fast limbs, as well as application to surveillance through radio frequency identification (RFID) tags or "brain chips". There is also research being conducted into brain-computer interfaces which involve creating interfaces between neural systems and computer chips, which may for example, allow for long term memory storage of a patient's memory where that patient has a degenerative condition affecting their memory.

Some of the ethical discussion concerning neural implants has focussed on concerns related to safety and efficacy, as well as issues related to access and equity. Whilst these are important areas of inquiry, my interest is with questions concerning the impacts of neural implants on personal identity. I want to understand how neural implants may affect a person's selfhood, who she is, what keeps her identity stable and who she can become. This is a question that has

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<sup>2</sup> Neural implants which include brain implants, can be contrasted with brain-computer interfaces, which connect the brain directly to a computer. I focus on neural prosthetic implants throughout this thesis; that is, devices used to replace a biological function.

<sup>3</sup> Cochlear implants stimulate the auditory nerve and whilst part of the peripheral nervous system has a similar interface to implants that interface directly with the brain.

<sup>4</sup> M.J. Cook et al., "Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study," *The Lancet Neurology* 12 (2013).

<sup>5</sup> See Gordon G Wallace et al., "Medical Bionics," in *Organic Bionics* (Wiley-VCH Verlag GmbH & Co. KGaA, 2012).



received little attention, until recently, in the ethical literature.<sup>6</sup> My thesis specifically addresses whether, once a clinician has given you a neural implant, you are ‘you’ and not just whether the implant has fixed your impairment.

First-personal accounts from recipients of neural implants describe their experience of changes in embodiment, in the things that they can do, and/or the set of choices available to them, and in how they feel about themselves and their relationship with others. Below, I outline examples of people’s accounts of Cochlear implants and DBS. These first-personal accounts and their use in the thesis are expanded in section 1.5. These accounts present problems related to practical uptake of neural implants, but are also a source of understanding concerning selfhood and why it matters.

Michael Chorost has a profound hearing impairment and received a Cochlear implant. In his biographical account of living with a Cochlear implant, *Rebuilt*, Chorost describes radical changes in perceptual experience as well as in how he feels about himself and his relationship with others, as he adopts and adapts to his implant.<sup>7</sup> Chorost explains that the implant exercises ‘control’ over his senses, making if/then decisions on his behalf and calls himself ‘part-cyborg’.<sup>8</sup> He also describes, often in funny detail, the practical consequences of adopting one of two different operating systems available for his Cochlear, which he describes as choosing between two versions of reality, as well as the possibilities of social engagement that the Cochlear affords him (as well as the misunderstandings). Chorost describes adopting and adapting to his Cochlear as a journey of self-transformation. In referring to himself as being ‘part-cyborg’, he describes himself as a different self, but not a different *kind* of self.<sup>9</sup> Whilst most of Chorost’s account is dedicated to the trials and tribulations of living with his Cochlear, he also speculates about what life would have been like had he learnt to use sign language and whether he may have felt a stronger sense of belonging with the signing deaf community than he has with the oral/aural hearing community. Chorost describes feelings of alienation from others and that his ‘hearing’ with the Cochlear implant is always, in part, a guessing game, like stones skipping over the water. At the same time he stresses how his ‘hearing’ is the product of so many

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<sup>6</sup> Further as Kyle and Dodds note, whilst attention is paid to what these technologies may mean for humanity per se, there is little discussion about how these technologies are experienced and understood by the individuals who adopt them. They write: ‘How might nanobionics and nano-wearables shape human perceptions, experiences and understandings of self and the world?’ Renée Kyle and Susan Dodds, “Inside, Outside: Nanobionics and Human Bodily Experience,” in *Nano Meets Macro: Social Perspectives on Nanoscale Sciences and Technology*, 264.

<sup>7</sup> Michael Chorost, *Rebuilt: My Journey Back to the Hearing World* (Boston: Mariner Books, 2006).

<sup>8</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 40.

<sup>9</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 33.

collaborators and how the implant has taught him how to listen, and not just hear, and to communicate better.

Mike Robbins suffers from Parkinson's Disease and receives DBS to control his tremors. He appears in a video pleading for further DBS trials on animals, and demonstrating how the DBS enables him, amongst other things, to conduct a conversation without interruptions from bodily tremors.<sup>10</sup> By switching off the DBS, Mike also shows the effects of those tremors without the stimulation. When switching the DBS (back) on, Mike states 'I'm now going to turn myself on'.

Like Chorost, Robbins seems to identify with his implant. Some clinical studies, however, have shown that while DBS may reduce a patient's Parkinson's related motor control symptoms, some patients report problems, which are often described as problems of psycho-social adjustment. Schüpbach and colleagues identify three kinds of problems of psycho-social adjustment: personal, marital and socio-professional adjustment.<sup>11</sup> One patient describes that whilst she has improvement in motor control from the DBS treatment, she now feels 'like a machine', that she does not recognise herself, nor has interest in continuing her life's projects. She is quoted as saying:

Combating the disease gave meaning to my life. I hope that stimulation will allow me to get on with my life and projects. ... Now I feel like a machine, I've lost my passion. I don't recognize myself anymore.<sup>12</sup>

For her, it seems like the implant is a source of alienation from herself. Other patients are quoted as expressing similar feelings: 'I don't feel like myself any more' and 'I haven't found myself after the operation'.<sup>13</sup> A contrasting description is a patient who describes his experience of DBS as if he has awakened from a slumber. Schüpbach and colleagues describe a change in many of his professed values following DBS and a desire to seek out new experiences and relationships. This patient says:

I want to recover my social standing and establish new relationships outside my couple. During all these years of illness, I was asleep. Now I am stimulated, stimulated to lead a different life.<sup>14</sup>

Whilst these changes are endorsed by the patient, the changes lead to marriage conflict, due to the patient's wife being unable to understand these changes in her

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<sup>10</sup> Mike Robbins' video can be found at: <https://www.youtube.com/watch?v=h8tWlYv1Ykc>

<sup>11</sup> M. Schüpbach, M. Gargiulo, and M. L. Welter, "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?" *Neurology* 66 (2006). See also M. Schüpbach and Yves Agid, "Psychosocial Adjustment After Deep Brain Stimulation in Parkinson's Disease," *Nature Reviews Neurology* 4 (2008); Y. Agid et al., "Neurosurgery in Parkinson's Disease: the Doctor is Happy, the Patient Less So?" *Parkinson's Disease and Related Disorders* (2006).

<sup>12</sup> Schüpbach, Gargiulo, and Welter, "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?", 1812.

<sup>13</sup> Schüpbach, Gargiulo, and Welter, "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?", 1812.

<sup>14</sup> Schüpbach, Gargiulo, and Welter, "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?", 1812.

husband's behaviour and values (as anything other than caused by the DBS). She says she does not recognise this new man, who she describes as a different person and expresses feelings of being lost. She says:

Ever since the operation, I feel lost. Before, when he was sick, we were a perfect couple. Now, he wants to live the life of a young man, go out, meet new people, all of that is intolerable! I would rather he be like he was before, always nice and docile!<sup>15</sup>

These first-personal accounts show the practical impacts of changes in embodiment and relations with others on the identity and self-understanding of recipients of neural implants. People who have undergone these changes often use locutions such as 'I am no longer the same person' or 'I am a different person' and people speaking about people who have received these implants often use similarly phrased locutions, such as 'She is not herself any more' or 'She is no longer the same person'. How can we understand these self-descriptions? Sometimes recipients of neural implants describe the implant as an extension of their agency and autonomy - Mike Robbins forcefully demonstrates how the DBS implant controls his tremors and allows him to participate in activities and be the person he values being. Further, Robbins appears to identify with the DBS device - for example, when switching the implant (back) on, he says: 'now I'm going to turn myself on'. Other recipients, however, express feelings of alienation, even of becoming a different person. Michael Chorost describes feelings of personal transformation, but also expresses concern about what he may have missed in terms of belonging to a deaf signing community, as well as what he still misses out on in the hearing community. These accounts demonstrate changes in self-understanding and identity that individuals (and their family) experience following the adoption of neural implants, as well as the varying responses that individuals may have to these changes, sometimes pulling in opposite directions. This suggests that neural implants offer opportunities for positive self-transformation, but they may also be experienced as sources of alienation from one's previously valued goals, beliefs and characteristics. Given implants can be experienced as threatening or empowering, these accounts indicate a significant practical problem concerning the uptake of neural implants, that is: same implant,

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<sup>15</sup> Schüpbach, Gargiulo, and Welter, "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?", 1812. Clearly the patient's wife has become used to seeing her husband as her dependent and not as an independent agent. Wilson et al describe problems patients have in adjusting to being 'symptom free' following treatment for epilepsy, what they refer to as "the burden of normality". This quote demonstrates that it is not just the patients, but their family and caregivers may also experience changes in their role as caregiver as difficult or threatening. See Sarah J Wilson, Peter F Bladin, and Michael M Saling, "The "Burden of Normality": Concepts of Adjustment After Surgery for Seizures," *The Journal of Neurology, Neurosurgery and Psychiatry* 70 (2001); Sarah J Wilson, Peter F Bladin, and Michael M Saling, "The Burden of Normality: a Framework for Rehabilitation After Epilepsy Surgery," *Epilepsia* 48 Suppl 9 (2007).

same condition, different uptake. What does it mean to say an implant works for me, but not for you?

These questions raise the philosophical problem of how we understand change that is not brought about by the agent herself. Philosophical discussions concerning the ethical issues raised by direct medical intervention in the brain and the significance of personal self-change have tended to focus on whether these interventions compromise personal identity and so pose a threat to personal identity. Focquaert and DeRidder note that:

One of the most salient worries related to personal identity is the fear of creating a *new person*, of radically changing a person's self up to the point where they can no longer be considered the same ...[there is] the widespread philosophical worry that one's personal identity might be compromised as a result of brain interventions: 'The fear is often expressed that an individual may no longer be "the same person" he or she used to be prior to an intervention in the brain. In other words ... these interventions are said to threaten personal identity'.<sup>16</sup>

As this quote suggests, a threat to identity is understood in terms of no longer being the same person. But what is it to be the same person? And how should we understand such a claim? Are people saying they are literally a different person? Should these claims be understood as merely metaphorical?

In order to understand these claims about personal identity change, much of the recent literature in neuroethics invokes the concept of narrative identity to explain the sense of identity at issue in these claims of self-change and perceived threats to identity from intervention in the brain.<sup>17</sup> Narrative identity concerns our self-conception. These approaches argue that selfhood is an act of self-constitution

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<sup>16</sup> F. Focquaert and D. DeRidder, "Direct Intervention in the Brain, Ethical Issues Concerning Personal Identity," *Journal of Ethics in Mental Health* 4 (2009), 1; R Merkel et al., *Intervening in the Brain. Changing Psyche and Society* (Berlin: Springer, 2007). As Focquaert and DeRidder point out such concerns are not restricted to direct interventions in the brain but are also raised in the psychopharmacological context. For a similar point, see Neil Levy, *Neuroethics* (Cambridge: Cambridge University Press, 2007); David DeGrazia, "Enhancement Technologies and Human Identity," *The Journal of Medicine and Philosophy* 30 (2005).

<sup>17</sup> See: E Gisquet, "Cerebral Implants and Parkinson's Disease: a Unique Form of Biographical Disruption?," *Social Sciences & Medicine* 67 (2008); Walter Glannon, "Stimulating Brains, Altering Minds," *Journal of Medical Ethics* 35 (2008); Martje Schermer, "Changes in the Self: the Need for Conceptual Research Next to Empirical Research," *American Journal of Bioethics* 9 (2009); Maartje Schermer, "Ethical Issues in Deep Brain Stimulation," *Frontiers in Integrative Neuroscience* 5 (2011); Marya Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," *The Journal of Clinical Ethics* 21 (2010); Marya Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," in *Personal Identity & Fractured Selves*, ed. Debra J. H. Mathews, Hilary Bok, and Peter V. Rabins (Baltimore, Maryland: The John Hopkins University Press, 2009); Françoise Baylis, "'I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," *Neuroethics* (2011); V Johansson, "Authenticity, Depression, and Deep Brain Stimulation," *Frontiers in Integrative Neuroscience* (2011); Karsten Witt et al., "Deep Brain Stimulation and the Search for Identity," *Neuroethics* (2011); Catriona Mackenzie and Mary Jean Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," in *Handbook of Neuroethics*, ed. Jens Clausen and Neil Levy (Netherlands: Springer, 2014); Frederic Gilbert and Eliza Goddard, "Thinking Ahead Too Much: Speculative Ethics and Implantable Brain Devices," *American Journal of Bioethics: Neuroscience* 5 (2014).

and that narrative structures our experiences over time and so a person's sense of first-personal continuity over time. Narrative identity is contrasted with numerical identity - a concern with sameness wherein the continuity of a person over time is defined either by bodily criteria, for example DNA or the brain, or psychological continuity, for example autobiographical memory or a set of core characteristics. A change in numerical identity would mean a person literally goes out of existence or literally becomes someone else. Most accounts in the neuroethical debates argue that it is narrative identity and not numerical identity at stake in the accounts of first-personal change - the changes in mood cited above from DBS, for example, do not change a person's body, nor completely alter or wipe out a person's memory.<sup>18</sup> They argue that it is changes in characteristics and values that are at issue in these statements, and that they are not claims about being a person or entity with a new ontologically distinct status.<sup>19</sup> They disagree, however, on whether the salient threat is to *identity*, *authenticity*, *agency* or *autonomy*. They also disagree as to how these key concepts should be conceptualised, including how they are interrelated.

Marya Schechtman argues that once we understand that it is narrative identity at issue in first-personal accounts we understand the salient issue with respect to neural implants is their impact on narrative coherence. Schechtman argues that neural implants can pose a threat to narrative *identity* by disrupting the narrative thread.<sup>20</sup> Schechtman contrasts this understanding of a threat to narrative continuity with approaches that view threats to identity in terms of a static or fixed view of identity, such as in terms of core commitments and traits. If the disruption to the narrative thread is extreme or abrupt enough it can literally break off one narrative and start another. Walter Glannon appears to support this position, when he suggests that if DBS radically alters a person's narrative it can effectively turn someone into a different person.<sup>21</sup> Schechtman's argument that it is narrative identity at stake in these first-personal statements of identity change has been extremely influential.

However, whilst Schechtman's approach is extremely influential, amongst those that adopt a narrative approach to identity, there are different views on the significance of narrative change and specifically whether narrative change constitutes a threat to identity. Many argue that once we understand which sense of identity is at issue, narrative and not numerical, we defuse any concern about

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<sup>18</sup> Schermer, "Ethical Issues in Deep Brain Stimulation," 2-3.

<sup>19</sup> See Glannon, "Stimulating Brains, Altering Minds."; Schermer, "Changes in the Self: the Need for Conceptual Research Next to Empirical Research."; Schermer, "Ethical Issues in Deep Brain Stimulation."

<sup>20</sup> See Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity."; Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation."

<sup>21</sup> Glannon, "Stimulating Brains, Altering Minds," 291.

threats to identity altogether. David DeGrazia and others, who agree that narrative identity is at issue in these cases, argue that DBS and medical intervention does not, and cannot pose a threat to identity.<sup>22</sup> They argue that the charge of a threat to identity is based on a static or fixed view of identity linked to a mistaken conception of *authenticity* in terms of self-discovery (discovery of one's true self). Whilst there is narrative change, narrative is a dynamic concept; change, per se, is not a threat to identity. Marjeete Shermer recognises that changes, particularly abrupt changes, can 'disrupt the narrative flow of life'; however, she argues that the salient issue is not about threats to identity caused by narrative change, but whether the person endorses the change or not. Shermer writes:

Changes in narrative personal identity are not necessarily ethically problematic in themselves — that is, apart from possible harmful consequence for others. People always change in many respects throughout their lives; personal identities are not static but develop over time. ... Some of the changes that DBS can bring about in personality, cognition, behavior, or mood may actually be sought by the patient and be the goal of treatment, for example mood improvement in depression, or tic-reduction in Tourette's syndrome. Other changes may not be intended but can still be welcomed by the patient, for example an elevated mood or increased libido. The same changes can, however, be evaluated differently by different patients. The relevant ethical point is therefore whether or not the patient himself perceives the changes in his personality, mood, behavior, or cognition brought about by the DBS as disruptive of his personal identity.<sup>23</sup>

Françoise Baylis also dismisses claims of threats to identity from DBS.<sup>24</sup> Baylis presents a relational narrative approach to identity to argue that the real threat to identity comes not from medical intervention, but from *social understandings* of disability, which constrain and shape the identity-constituting narratives available to people with impairments. Focussing on cases of self-alienation in DBS, Baylis argues that if DBS does pose a threat it is to our *agency*, for example when actions, such as compulsive gambling are caused by the treatment, and do not arise from our choosing.

A ... plausible response to the question "Is DBS for PD a threat to personal identity?" suggests that DBS is such a threat but only insofar as it is a threat to agency—the ability to make informed and rational choices—as when a person's actions do not flow from her intentions or beliefs but rather are the result of direct brain manipulation.<sup>25</sup>

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<sup>22</sup> DeGrazia, "Enhancement Technologies and Human Identity," *The Journal of Medicine and Philosophy* 30 (2005).

<sup>23</sup> Schermer, "Ethical Issues in Deep Brain Stimulation," 2-3. This view is shared by Synofzik and Schlaepfer, who write: '[T]he ethically decisive question is not whether DBS alters personality or not, but whether it does so in "a good or bad way" from the patient's very own perspective'. M Synofzik and TE Schlaepfer, "Stimulating Personality: Ethical Criteria for Deep Brain Stimulation in Psychiatric Patients and for Enhancement Purposes," *Biotechnology Journal* 3 (2008), 4.

<sup>24</sup> Baylis, "'I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation."

<sup>25</sup> Baylis, "'I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 524.

In such cases, threats to agency can compromise one's ability to meaningfully author their lives.

Catriona Mackenzie and Mary Jean Walker, drawing on Baylis' account of what is at stake in first-person descriptions of self-alienation, argue that the potential threat posed by DBS is better understood as a threat to *autonomy*, rather than to identity and/or authenticity.<sup>26</sup> They argue that the first-person phenomenological descriptions of self-alienation, as Baylis shows, draw attention to the distress experienced as a result of being unable to achieve equilibrium in one's self-narrative. They write: 'This distress, in our view, points to threats to autonomy rather than to identity or authenticity, as the salient concern underlying narratives of self-alienation'.<sup>27</sup> Mackenzie and Walker contrast this understanding with approaches that dismiss potential threats to identity on the basis of an argument against threats to authenticity. Mackenzie and Walker argue that 'the ethics of authenticity [as it is understood in neuroethical debates by DeGrazia and Shermer] provides a misleading normative framework for assessing the ethical implications of changes in identity arising from the use of neurotechnologies'.<sup>28</sup>

So, in the philosophical and bioethical literature there is disagreement as to what is the salient issue in changes that follow from neural implants, and neurotechnological intervention more broadly. Some, like Schechtman, frame the discussion in terms of threats to identity, whilst DeGrazia dismisses the charge, invoking a distinction between identity and authenticity. Baylis in contrast argues that the threat from neurological intervention is to agency. Mackenzie and Walker argue that the threat is best conceived as a threat to autonomy. What is the salient issue with respect to the impacts of neural implants and neurotechnologies? Shermer notes that ethical discussions as to whether the changes in behaviour, mood or cognition following from DBS result in changes to personal identity 'is complicated by a lack of clear and undisputed definitions of central concepts such as personality, self, identity and authenticity', and concludes we need conceptual clarity in the area.<sup>29</sup> The theoretical literature on the impacts of neural devices on personal identity is divided. Also, there is no universal agreement on the meaning of the central concepts at issue - identity, agency and autonomy (as well as authenticity).

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<sup>26</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity."

<sup>27</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 390.

<sup>28</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 375.

<sup>29</sup> Schermer, "Ethical Issues in Deep Brain Stimulation," 2.

Much of the philosophical and bioethical literature seeks to answer whether neural implants are ethically acceptable medical treatments to offer to patients, and answer that question in relation to patients' autonomy and its promotion. However the approach to autonomy (individual or relational) best suited to these cases is contested. All these accounts advocate preparing the patient for narrative change and argue that attention needs to be assessed on a case-by-case.<sup>30</sup> However, without an appropriate understanding of what is at issue in claims of self-change, the problem of practical uptake looms large. If it is not change per se, as noted by Shermer, whether the treatment is ethically good or bad, comes down to whether the patient thinks it is good or bad. However, this response just leaves us where we started, that is, with the problem that some like the changes and some do not. We need a further way to adjudicate the normative significance of these changes. Judgements about the impacts of neural implants on identity cannot just come down to individual responses - we need an account of the central concepts and their interrelation, so that we make an ethical judgement about these changes. In order to understand the impacts of neural implants on personal identity, and how we understand cases of personal change over time where the initiating cause of the change is due to factors outside of a person's control or agency, we need first to unpack the key concepts at issue and map out their relation.

The problem with framing the impact of neural implants solely in terms of threats is that the opportunities for self-transformation and increased self-direction are ignored. However, the problem with arguing that there is no threat from neural implants does not take into account that some experience neural implants as a very real source of alienation (from their values, desires and characteristics).

In comparing the first-personal accounts of the impacts of neural implants with the philosophical accounts of self-change and threats to personal identity, I am looking to see how the first-personal accounts both inform and, challenge, these philosophical accounts, and to adjust the theoretical accounts accordingly. From a contrasting perspective, I am also looking to see how the philosophical accounts might inform the first-personal discussions of self-change and potential threats to identity.

### **1.1.b Practical identity, narrative agency and relational autonomy**

The central concepts this thesis addresses are: identity, agency and autonomy. These concepts relate to our sense of what's morally at stake in selfhood and self-

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<sup>30</sup> For example, see Synofzik and Schlaepfer, "Stimulating Personality: Ethical Criteria for Deep Brain Stimulation in Psychiatric Patients and for Enhancement Purposes," 10.



change - our self-understanding, what it is to be a person over time, who can act, in accordance with our values, to be self-governing. I follow a convention adopted by Kim Atkins of using selfhood to indicate a non-metaphysically privileged ontological understanding of selfhood.<sup>31</sup> Like Atkins, I will often use the terms 'identity' and 'selfhood' interchangeably. These central concepts are related, sometimes overlapping, concepts, that are certainly not fully discrete. The central people writing in this area, in the kinds of ways that are relevant to my questions, recognise a close connection between these concepts. In fact they recognise that they are overlapping conceptual areas.

Understanding the nature and relationship of these concepts will give an account of the complex nature of selfhood that addresses my problem concerning the impacts of neural implants on personal identity.<sup>32</sup> I draw on the following understanding of these key concepts to defend my argument: *practical identity*, *narrative agency* and *relational autonomy*. I further demonstrate what is at stake in selfhood and self-change with respect to practical identity, relational autonomy and narrative agency. Understanding the concepts in this way illuminates why it is that we invest in ourselves and why it matters to be a self that persists through change. Practical identity, relational autonomy and narrative agency have a high level of overlap; however they are different. I develop a conceptual approach that gives an account of selfhood, treating these concepts as aspects of selfhood, none of which can be reduced to another.

In this thesis I present what I think is the best way of conceptualising these concepts for the purpose of my arguments. I argue that in order to understand claims to be a different person requires a *practical approach to identity* that asks: who someone is and what makes them the someone that they are, in contrast to a *metaphysical approach to identity* that asks: what makes a person the same person at one time and another. A practical approach to identity focuses on the first-personal experience and self-understanding. I follow Christine Korsgaard who defines practical identity as 'a normative self-conception' and continuity of identity in terms of *agential continuity*.<sup>33</sup> As Schechtman argues, it is this sense of identity that is at issue when asking questions about self-transformation and self-crises.<sup>34</sup> I develop my account of practical identity by drawing on the work of Kim Atkins to

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<sup>31</sup> Kim Atkins, *Narrative Identity & Moral Identity – a Practical Perspective*. New York: Routledge, 2008.

<sup>32</sup> Mackenzie presents a relational analysis of autonomy in terms of (three) dimensions of autonomy, none of which can be reduced to another, see: Catriona Mackenzie, "Three Dimensions of Autonomy," in *Feminism and Autonomy*, ed. Mark Piper and Andrea Veltman (New York: Oxford University Press, 2014).

<sup>33</sup> Christine Korsgaard, "Personal Identity and the Unity of Agency: a Kantian Response to Parfit," *Philosophy and Public Affairs* 18 (1989); Christine Korsgaard, *The Sources of Normativity* (Cambridge University Press: Cambridge, 1996).

<sup>34</sup> Marya Schechtman, *The Constitution of Selves* (Ithaca, NY: Cornell University Press, 1996).

show that practical identity arises from our embodiment in a socially embedded context and involves the integration of three perspectives: first-, second-, and third-personal.<sup>35</sup>

I argue that a proper understanding of practical identity over time requires a narrative understanding of agency. To make this argument I draw on Schechtman's argument that narrative integrates selfhood over time and through narrative structures we constitute a persisting subject of experience.<sup>36</sup> I further develop my approach to narrative agency by drawing on Atkins and Françoise Baylis<sup>37</sup> to argue for an embodied relational understanding of narrative agency. The implications of the relational aspects of practical identity, as Hilde Lindemann Nelson points out, are that identity acts like a lever for agency, either opening up possibilities for agency or closing down possibilities for agency.<sup>38</sup>

In order to understand the type of agent I can be (over time), we must look at how I can govern my life, my options for self-realisation. I argue that understanding questions of self-change and the impacts of neural implants on identity requires an approach to autonomy that accommodates the relational nature of autonomy, that is the role of others and social institutions in the development and exercise of autonomous selfhood. I argue that the exercise of autonomy is better understood in terms of our skills for self-governance, in a context of what can practically be realized. To develop a relational approach to autonomy I draw on Diana Tietjens Meyers' procedural approach to autonomy in terms of a set of competences for self-direction, self-governance and self-discovery<sup>39</sup> and Catriona Mackenzie's weak substantial approach to relational autonomy which includes normative competences for self-trust.<sup>40</sup> Further, I argue that a narrative account of agency gives temporal persistence to (practical) identity and (relational) autonomy; that is, narrative integrates agency and autonomy competences providing for self-integration over time.

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<sup>35</sup> Kim Atkins, *Narrative Identity and Moral Identity - A Practical Perspective* (New York: Routledge, 2008).

<sup>36</sup> Schechtman, *The Constitution of Selves*.

<sup>37</sup> Françoise Baylis, "The Self in Situ: a Relational Account of Personal Identity," in *Being Relational: Reflections on Relational Theory and Health Law*, ed. J. Downie and J. J. Llewellyn (Vancouver: UBC Press, 2012).

<sup>38</sup> Hilde Lindemann Nelson, *Damaged Identities, Narrative Repair* (Ithaca: Cornell University Press, 2001).

<sup>39</sup> Diana Tietjens Meyers, *Self, Society and Personal Choice* (New York: Columbia University Press, 1989).

<sup>40</sup> Catriona Mackenzie, "Relational Autonomy, Normative Authority and Perfectionism," *Journal of Social Philosophy* 39 (2008); Catriona Mackenzie, "Autonomy," in *The Routledge Companion to Bioethics*, ed. John D Arras, Elizabeth Fenton, and Rebecca Kukla (New York: Routledge, 2015).

## 1.2 An Embodied, Relational Approach to Narrative Agency and Autonomy

I argue that the first-personal accounts reveal aspects of selfhood and what is at stake in being a persisting agent who can act, choose their values and realise their projects, and show how neural implants shape this kind of selfhood. To capture what is going on in these first-personal accounts I argue that we need to understand these aspects of selfhood as important, including why people care about being a continuing self over time.

I argue that an adequate account of selfhood to address the concerns raised by the first-personal accounts of implant recipients is one that can support our practical concerns about identity, agency and autonomy; an account that captures practical identity and narrative agency and autonomy explains these practical concerns. Further I argue that an embodied and relational approach to narrative agency and autonomy is one that is best able to meet this test for adequacy.

I argue that practical identity is at stake in these first-personal descriptions of self-change, and not metaphysical identity. Further, I argue that a narrative approach to questions of personal identity is the best approach because (only) a narrative approach can explain the complex and dynamic nature of selfhood, as well as continuity of selfhood. A narrative account understands identity as a project of narrative integration which can come apart. It can thus explain the significance of changes in selfhood and self-understanding and better inform the question of threats to identity from neural implants.

Developing an approach to selfhood as narrative, relational and embodied provides a basis for understanding how changes, caused by neurological intervention, can impact on our personal identity. Changes in embodiment, and the social context, can impact on agency and one's ability to practically realise the self we value, impacting on our autonomy competences, by either frustrating or facilitating our ability to self-govern, affecting how we can meaningfully author our lives. These changes can threaten the coherence of our lives - as the inability to unify different dimensions of our identity, and so challenges our normative self-conceptions. Changes can challenge our sense of self and capacity to integrate ourselves over time (to integrate a meaningful self-understanding).

This understanding refigures the question of potential threats to identity. The concern is not about whether someone is *literally* the same or a different person, but whether a person is able to *integrate* changes consequent on neural implants. This places the focus on changes to embodiment and agency caused by implants, and their impact on autonomy competency - how they hinder, but also how they

may promote, our abilities to self-direct, and self-evaluate, our choices and meaningfully contribute to authoring our lives.

So, although we started with an account of personal identity, it turns out that what really matters is selfhood. It matters not just that I am persisting being, but that I can tell a story about myself, make choices and act on these. The reason the first-personal accounts are interesting is that they tell us how people understand their selfhood. My approach thus clarifies the confusion concerning what's at stake in self-descriptions of neural implants - the first-personal accounts focus on one, or other, of these aspects of selfhood and the shared concern about what it is to be an enduring self.

On the basis of this argument, I further argue that the embodied, relational approach to narrative agency and autonomy that I develop, provides an approach to theorizing disability and the impacts of impairments, which better informs our understanding of these treatments and provides a direction for therapeutic repair.

My approach develops a “full-blooded” account of selfhood and agency. The approach I develop can account for the differences between agency, autonomy and identity as well as their interrelation, and can accommodate cases where people have compromised autonomy, yet afford them agency and identity.

This thesis works in the space of moral psychology, using first-person phenomenological accounts to inquire into the practical impacts of neural implants on self-understanding, identity, autonomy and agency. As such, this thesis is not in the field of metaphysical (or reductionist) approaches to moral psychology, but rather develops a (relational) narrative approach to agency and autonomy. This account positions itself against metaphysical accounts of personal identity and postmodern accounts of personal identity and agency. I argue that a narrative approach to personal identity is a better account for understanding the impacts of neural implants on personal identity, because it understands identity as about self-constitution, and is robust enough to provide for identity, agency and autonomy, and the necessity (both conceptually and morally) of integration, as well as the fragility of this self-integration. In contrast, metaphysical accounts assume self-integration as given by numerical identity, whilst postmodern accounts fail to acknowledge the trauma of self-disintegration by arguing identity is an illusion.

Thus, I offer a “how-to approach” rather than a “what-is approach”. That is, I argue in order to understand the significance of personal change following from neural implants that we must first set out and define the main concepts and how they are related to one another. So, my focus is not “are you (or aren't you) the same person” (though my approach might provide an answer to this), but more so,

offers, in the first instance, a way to approach the question of change consequent upon neural implants. Further, this thesis is not in the field of practical ethics; for example, it does not make an assessment about the ethical permissibility of neural implants, nor does it propose guidelines for the use of neural implants, nor suggest models for public consultation about neural implants.

### **1.2.a Resources of the approach**

The approach I develop clarifies the bioethical and philosophical literature about how implants threaten personal identity. It sets out the conceptual terrain and relation between identity, agency and autonomy and reveals what is at stake in our concerns for practical identity and selfhood. Further it provides theoretical explanation of the practical problem of uptake and provides direction for therapeutic responses.

The approach I develop provides resources by which we can make a judgement about the impacts of neural implants on personal identity. This approach can explain why and how a neural implant can be perceived as threatening, or, empowering. On this approach, the ethical significance of changes following neural implants is not just a matter of whether the patient endorses the changes or not. Rather, via looking at impacts on autonomy competences, and narrative agency, we have the tools by which to judge the ethical significance of these changes. Further, this approach offers resources for understanding the conditions which give rise to treatment with neural implants, and provides direction for repair, in terms of focusing on autonomy competences. With this approach we are better equipped to understand how a treatment, whilst aimed at ‘fixing’ a condition, might adversely impact on a person’s selfhood; a treatment might frustrate activities that once contributed to defining/constituting who an individual took themselves to be; for example, a painter whose medication for schizophrenia, whilst removing their cognitive symptoms, causes tremors which make them unable to paint, and thus engage in activities that in part define them. Similarly, the social and personal impacts of adoption of a medical practice which advocates the use of Cochlear ear implants at the expense of encouraging people to learn to use sign-language, might lead to social disenfranchisement and an inability to participate in Deaf culture. However, the approach I offer is not a “one size fits all” approach – rather, as identity, agency and autonomy come in degrees and are first-personal all the way down,<sup>41</sup> although with a recognition that

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<sup>41</sup> The use of first-personal here refers to the role of the first-personal perspective in the constitution of our identities. This use is distinct from the use of first-personal accounts of implant recipients, where the use of ‘first-personal’ draws attention to the phenomenology of having an implant.

selfhood is intersubjective or relational, this approach advocates a particularism, which attends to the role of others in repair.

Whilst I focus on DBS for Parkinson's Disease, and the use of the Cochlear implant for hearing impairments, the conclusions that follow apply to a range of treatments for a variety of conditions. Moreover, and further, the conclusions that follow can illuminate many cases of self-change where the agent is not the initiating cause - for example, from illness, trauma or the like, including the flux and contingency that characterize human lives.

Whilst not in the area of practical ethics, the approach I develop provides a direction for practical ethics. Discussions concerning the ethical permissibility of neural implants given changes or challenges to personal identity should account for the diversity of responses patients have to neural implants, and rather than frame debates in terms of 'threats to identity', the focus should be on how neural implants might foster or hinder the exercise of our autonomy competences.

Further, as mentioned earlier in this introduction, there is research and development into neural implants which are intended for use beyond therapeutic purposes. Whilst this is an interesting issue, and not unrelated to questions of personal identity, the approach I develop informs, and provides theoretical support for, a different direction in the enhancement debate.

### **1.3. Chapter Outline**

In this introductory chapter I have outlined the problem this thesis addresses: How do we understand claims concerning identity change from recipients of neural implants? I have argued that these accounts raise concerns about practical identity or selfhood and that practical identity is best understood as structured by narrative, and indicated that I will set out a relational and embodied approach to narrative agency and autonomy. I further argued that the approach I develop can make sense of the first-personal accounts and clarifies the philosophical and bioethical literature, and so adequately explains how implants might threaten identity by hindering the exercise of autonomy competences, which in turn may threaten narrative integration. This approach also explains why some may find changes liberating, because they are changes which foster the exercise of autonomy competences and contribute to narrative integration. I argue that this understanding can explain the problem of practical uptake, provide a theoretical direction for understanding the conditions which give rise to treatment, as well as provide direction for therapeutic treatment.

I develop this argument throughout the chapters of this thesis. In the following four chapters I set out the three main concepts - practical identity, narrative agency and relational autonomy, and sketch out how they are put together. In the final chapter I set out the resources of my approach for theorizing disability, as well as therapeutic directions for repair.

In the second chapter I argue that it is a practical sense of identity at issue in the first-personal accounts by recipients of neural implants, and not a metaphysical sense of identity. A practical approach examines and explains what matters to us in identity claims and why we invest in ourselves. I draw on Korsgaard, Ricoeur and Atkins to develop my argument. I use critiques by Korsgaard and Ricoeur of reductive or impersonal accounts of identity, focusing on Derek Parfit, to demonstrate that metaphysical identity is not at stake in these first-personal claims, that identity cannot be reduced to a set of distinct, causally related time-slices which can explain a person's identity without reference to the individual and that questions concerning the first-personal perspective cannot be reduced to the third personal perspective. I then develop an embodied relational approach to practical identity that is best suited to addressing what's at stake in changes to practical identity, drawing on Korsgaard's understanding of practical identity as a normative self-conception, and Atkins' tri-perspectival account of selfhood. I build on Korsgaard's account, by showing that practical identity arises from our embodiment which is relationally constituted. This account shows how a practical identity account can illuminate understandings of threats posed to identity by neural implants in terms of challenging our ability to act out of our self-conceptions.

In the third chapter I argue that in order to understand what is at stake in these cases of change to our practical identity, we need to adopt a narrative understanding of the unity and continuity of practical identity. Using Schechtman's critique of psychological continuity approaches to personal identity, I demonstrate that the narrative self-constitution account of agency can account for the persisting subject of experience and so explain what matters to us about personal identity, and so, changes in identity. I further defend Schechtman's narrative approach from Galen Strawson's objections that narrative is a false descriptive thesis as well as an ethically pernicious thesis. In doing so I show that Schechtman (and others) are making a conceptual claim about how experience is necessarily organized, without which, personhood, and the practices and attitudes surrounding personhood, is difficult to attain and maintain.

In the fourth chapter, I then develop an approach to narrative agency that is best suited to explaining how implants impact on narrative identity and agency. I build on Schechtman's account, by developing Atkins' argument that a narrative

approach must understand narrative identity as embodied, and by drawing on Nelson and Baylis who argue that narrative identity and agency must be understood as relational. I show that this approach illuminates potential threats to personal identity; neural implants may engender changes, or disrupt the narrative structures that give meaning to our lives. Neural implants can challenge narrative coherence and frustrate unified agency. This approach focuses repair on achieving narrative integration.

In the fifth chapter I argue that autonomous agency should be understood relationally, and as a suite of skills or autonomy competences. These competences can be facilitated or frustrated by neural implants. I draw on feminist critiques, by Baier and Mackenzie, of libertarian individualistic conceptions of autonomy, to show that autonomy must be understood as relational, that is as developed in relations with others. I then develop an approach to relational autonomy, drawing on Meyers' notion of autonomy competence and Mackenzie's articulation of normative competency to argue for paying attention to the role of others and social scaffolding in both facilitating and hindering the development and exercise of autonomy competences. I show that this approach can explain how implants can be seen as both empowering when they facilitate the exercise of autonomy and normative competence and contribute to narrative integration and hindering when they frustrate the exercise of autonomy and normative competence and contribute to narrative fragmentation.

The arguments in chapters two to five set out an account of selfhood which illuminates claims about threats to personal identity from neural implants.

In the sixth and final chapter I apply this account of selfhood to theoretical understandings of disability to argue that the account I develop provides an approach which can explain disability in both its positive and negative impacts on autonomy competence and narrative integration. I set out two standard interpretations of disability, the medical and social model, and drawing on work by Jackie Leech Scully, demonstrate that the embodied relational approach to narrative selfhood that I develop can account for both the embodied status of disability and well as the social shaping of understandings of disability, both of which can foster and hinder our sense of ourselves as enduring over time and being able to act on the choices we value. Further I discuss the role of neural implants and repair, and propose additional directions in terms of narrative repair.



## 1.4 Neural Implants

### 1.4.a Cochlear implant

Bionic ear implants (or Cochlear implants) are used to treat people who have severe, profound or total hearing loss, those who have developed hearing loss, as well as those who are born congenitally deaf. A Cochlear implant is a neural prosthesis which produces hearing sensation by electrically stimulating the auditory nerve receptors inside the inner ear to elicit auditory sensations in the brain. The implant is designed to assist recipients to understand human speech, rather than replicating the full range of auditory sensation. The implant device consists of a receiver-stimulator (surgically fitted under the skin behind the ear) and an external speech processor (which sits behind the ear, similar to a hearing aid). The external microphone picks up sound and the external speech processor captures this sound and converts it into digital code. This code is then transmitted, wirelessly, to the receiver-stimulator, which converts the digital code into electrical impulses sent to an electrode array positioned in the cochlea. The stimulation along this array of the cochlea's hearing nerve then sends the impulses to the brain where they are interpreted as sound. See Figure 1.1 below which depicts the main components of the Cochlear implant.

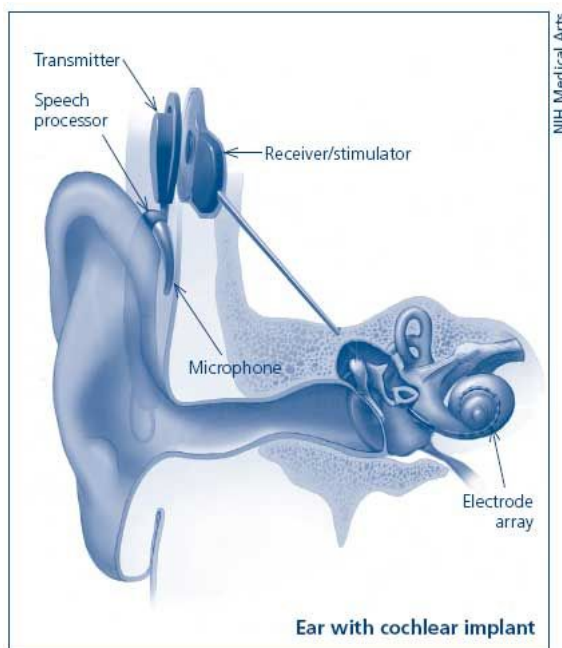


Figure 1.1 Bionic ear: Cochlear implant<sup>42</sup>

The multichannel Cochlear implant, developed by Graham Clark and colleagues, was first implanted in a human subject in 1978, and the first children

<sup>42</sup> This image comes from the National Institute on Deafness and Other Communication Disorders (NIDCD): <http://www.nidcd.nih.gov/health/hearing/pages/coch.aspx>

received Cochlear implants in 1985-6.<sup>43</sup> To date, more than 180,000 people worldwide have been fitted with Cochlear implants.<sup>44</sup> Research and developmental studies have shown, based on the neuroplasticity of younger brains, that the earlier the implant is fitted, the better the hearing uptake and development of communication skills.<sup>45</sup> New research is showing that two Cochlear implants (bilateral, one for each ear), can provide better depth perception - they are better at localising sounds and speech in noisy rooms than one implant.

Cochlear implants are being improved all the time. For example, initially the external sound processor was very large and difficult to move around with.<sup>46</sup> Also, developments in the number of electrodes are providing more powerful devices. Cochlear implants have been designed (from the beginning) so that the software is upgradable – removing the implanted hardware is considered an option only in the case of faulty or defective devices. Recipients of a Cochlear may visit practitioners to upgrade parts of the software or for an entirely new system software upgrade.

Adopting an implant typically involves surgically fitting the device, turning on the device in the weeks following the surgery, an initial “mapping”, fine-tuning of the mapping of the neural responses to localised stimulation of the cochlea, and then typically presenting to the audiologist for upgrades to the software. It is important to note that the Cochlear implant does not provide its recipients with ‘hearing’, but rather a simulation of hearing, by stimulating aural nerves based on processed sound information. Moreover, many recipients note the years of adaptation to interpreting the sounds that are heard, as well as getting used to wearing the device (the external bits fall off, the wires get in the way).

## 1.4.b Deep Brain Stimulation

As well as neural prosthetic devices for sensory impairments, neural implants have been developed for cognitive applications, that is, neuro-bionic devices.<sup>47</sup> Neural implants have been developed and are being developed that monitor neural activity in the brain, spinal cord, or elsewhere in the body, and/or stimulate nerves electrically for therapeutic applications. These implants ‘are used to

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<sup>43</sup> For a fuller discussion of Clark’s role in the developing the Cochlear implant, see Graeme Clark, *Sounds From Silence: Graeme Clark and the Bionic Ear Story* (St Leonards: Allen & Unwin, 2000).

<sup>44</sup> The Bionics Institute, “Bionic Ear: Fact Sheet.” [www.advancedbionics.com](http://www.advancedbionics.com)

<sup>45</sup> Uptake of Cochlear implants in young recipients has often been advocated by the medical profession, at the expense of learning sign language.

<sup>46</sup> Cochlear Ltd have now developed a Totally Implantable Cochlear Implant (TICI).

<sup>47</sup> These devices draw on technology in the heart pacemaker, Jamie Talan, *Deep Brain Stimulation: a New Treatment Shows Promise in the Most Difficult Cases* (New York: Dana Press, 2009), 1-2. And, also on developments in sensory neural prosthetics Wallace et al., “Medical Bionics.”

address medical problems that have no alternative solutions, such as neurological conditions that have not responded to drug treatments'.<sup>48</sup>

Deep Brain Stimulation (DBS) uses a “brain-pacemaker” device, or neurostimulator, which uses electrodes to deliver electrical stimulation to targeted areas of the brain in order to treat symptoms of a neural disorder, such as the tremors associated with Parkinson’s Disease. Two holes are drilled in the patient’s skull to fit two electrodes which protrude deep into the brain. These electrodes are connected to a lead attached to the neurostimulator which is surgically implanted in the recipient’s chest. The neurostimulator generates the electricity which is delivered to the electrodes. The patient is awake during this procedure. An external programmer then adjusts the settings of the neurostimulator in order that the right amount of electricity is delivered to the brain to alleviate the respective symptoms. Figure 1.2 depicts a DBS implant.

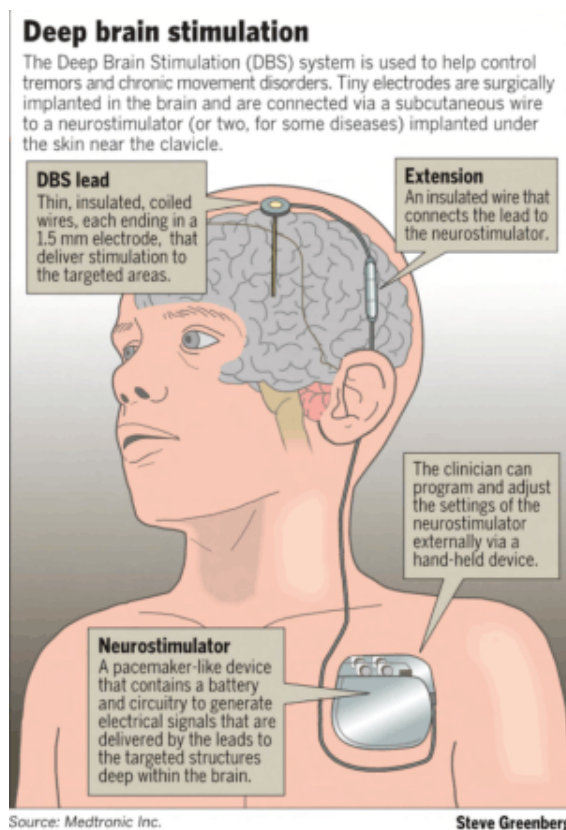


Figure 1.2 A Deep Brain Stimulation implant.

DBS was first developed for, and is approved to treat movement disorders, including Essential Tremor, Parkinson’s Disease and dystonia. Parkinson’s disease is a neurodegenerative disease; the primary symptoms are related to

<sup>48</sup> The Bionics Institute, “Neurobionics: Fact Sheet.” [www.advancedbionics.com](http://www.advancedbionics.com)

movement - tremor, rigidity and postural instability. Parkinson's disease is caused by the death of nerve cells in the brain, and gets worse as more brain cells die. DBS does not cure Parkinson's Disease, but it can help manage some of its symptoms and subsequently improve the patient's quality of life. At present, the procedure is used only for patients whose symptoms cannot be adequately controlled with medications, or whose medications have severe side-effects, i.e., for otherwise treatment-resistant movement and affective disorders. The device can relieve symptoms for a period of time; it then needs to be re-stimulated. Medtronic, one of the largest manufacturers of DBS devices, states that over 100,000 people have received Medtronic DBS therapy.<sup>49</sup>

DBS directly changes brain activity in a controlled manner and its effects are reversible (unlike those of lesioning techniques). Two common stimulation sites in the brain are the subthalamic nucleus (STN) and the globus pallidus interna (GPi), targeting different sites achieves differing results. Other sites are also being evaluated. Although invasive like the Cochlear implant, the neural stimulation in DBS, is, like the name suggests, deep in the brain, rather than through the cochlea. In DBS a neural array is placed in the brain to directly stimulate nerves involved in motor control. So, there is additional physical risk and potential for unintended stimulation of the brain.

However, as numerous authors note, the underlying principles and mechanisms of DBS are not clear. This in part involves developments in knowledge of specific brain function - which spot in the brain for which condition? - but also is dependent on developing theories of neurocognition, including brain and neuroplasticity, which problematizes the idea that the brain is location-function specific. Also, in contrast to the Cochlear implant which stimulates the cochlea in a fine-tuned way, experiences related to DBS may be directly to do with stimulation of the brain.

Whilst mainly used for movement disorders such as those associated with Parkinson's disease, DBS is also used to treat neurological diseases, such as Tourette's syndrome, as well as psychological conditions, such as depression and obsessive-compulsive disorder. Testing of these devices involves clinical trials, as well as experimental treatment.

Risks associated with DBS are those of major surgery and the major complications include haemorrhage and infection. Neuropsychiatric side-effects have also been identified, including apathy, hallucinations, compulsive gambling, hypersexuality, cognitive dysfunction, and depression. However, these may be

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<sup>49</sup> <http://www.medtronic.com/patients/parkinsons-disease/therapy/benefits-and-risks/index.htm>

temporary and related to correct placement and calibration of the stimulator. Whilst DBS has been shown to improve motor symptoms, studies, such as those by Schüpbach and colleagues, describe what they call problems of psycho-social adjustment.

### **1.4.c Epilepsy prediction devices**

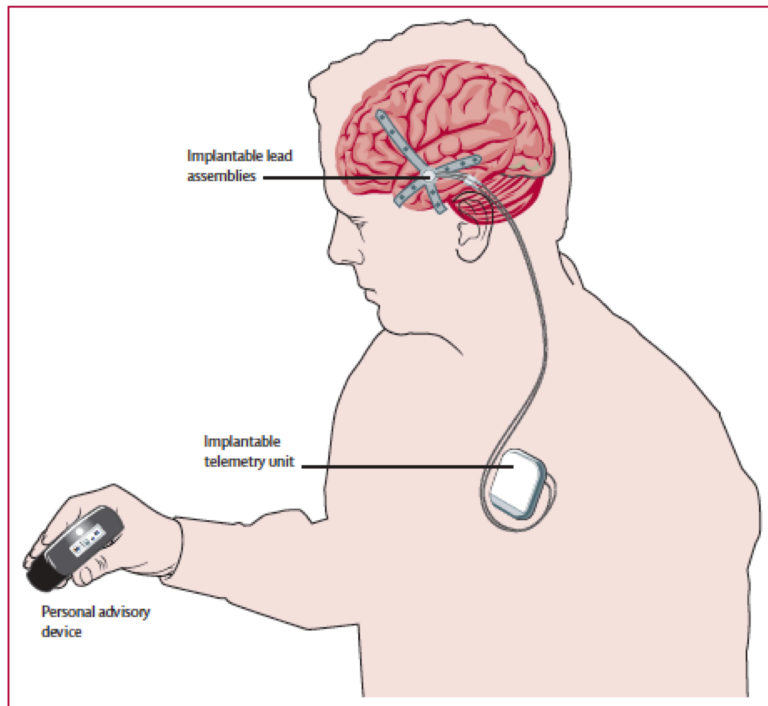
Neural implants are also being developed to treat epilepsy. Epilepsy is a brain disorder characterised by unpredictable seizures. Approximately 60 million people of the world's population suffers from epilepsy, and in 30-40% of these persons, medication is ineffectual in controlling seizures.<sup>50</sup> Epileptic seizures, as well as their unpredictability, makes daily activities potentially life threatening. The onset of seizure and loss of consciousness during bathing, for example, or whilst driving, can result in falls and injuries, and also death. The unpredictable onset of seizures contributes to the risk of injury, and also, psychosocial disability. For these reasons, people who suffer from epileptic seizures experience a poorer quality of life due to the limits on the person's activities and social interactions, as well as medical and associated financial burdens. Cook et al argue that the uncertainty of seizure occurrence is a major component of impairment on quality of life.<sup>51</sup>

Neural implants used in epilepsy prediction devices monitor brain activity and indicate the likelihood of a seizure. In these devices, electrode arrays are surgically attached to the brain which collect electroencephalogram data (EEG). The EEG leads send data to a telemetry unit which is implanted just under the clavicle. The telemetry unit then sends data wirelessly to an external (hand held) advisory device. Via an algorithm applied to the telemetered EEG, the external advisory device displays the information via a set of seizure advisory lights - blue for low likelihood, white for moderate and red for high likelihood - as well as an audible tone or vibration. Figure 1.3 below depicts a seizure advisory system.

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<sup>50</sup> Cook et al., "Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study."

<sup>51</sup> Cook et al., "Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study," 563.



**Figure 1: Major components of seizure advisory system**  
Intracranial electrode arrays (location shown by grey areas) were used to collect intracranial electroencephalogram (EEG) data on the cortical surface. Leads were connected to a subclavicularly placed implanted telemetry unit, which wirelessly transmitted data to an external, hand-held personal advisory device. The external device received the telemetered EEG, applied an algorithm to the data, and displayed the resultant information as a series of advisory lights—blue (low), white (moderate), or red (high) indicators—in addition to an audible tone or vibration, or both. The hand-held device could be worn on the belt or carried in a bag.

Figure 1.3 Epilepsy prediction implant<sup>52</sup>

Mark Cook and colleagues have developed the seizure advisory system described above. Cook et al have conducted a first-in-human clinical feasibility study, in which 15 patients with drug resistant epilepsy were implanted with a long-term, seizure advisory system to assess safety and efficacy.<sup>53</sup> Despite some device-related adverse events, the study concluded that the intracranial EEG monitoring showed successful prospective seizure prediction, i.e. ‘that seizure prediction is possible and could lead to new therapeutic strategies and more independence for individuals with epilepsy’.<sup>54</sup> Moreover, Cook et al argue that seizure prediction in patients could ‘improve safety, increase independence, as well as allow acute treatment’.<sup>55</sup>

<sup>52</sup> This image is from Cook et al., “Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study,” 564.

<sup>53</sup> Cook et al., “Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study.” Reporting points were scheduled at 4, 12 and 24 months after implantation.

<sup>54</sup> Cook et al., “Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study,” 570. The study noted though that the clinical usefulness of seizure prediction is inconclusive in part due to the inability of some patients in appreciating the predictive capacities of the device.

<sup>55</sup> Cook et al., “Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study,” 563.

Reliable anticipation of seizure occurrence could allow patients to avoid dangerous situations and enable administration of treatments, such as the electrical stimulation or acute drug delivery, targeted to when a seizure is likely to occur, rather than chronic administration, which is current clinical practice.<sup>56</sup>

Like deep brain stimulation, the concern is with the brain. However with epilepsy detection the EEG leads only monitor, and do not directly interfere by neuro-stimulation, and so, is invasive (because of the surgical intervention), but not as invasive as DBS (because the device does not deliver stimulation to the brain). As such there is less risk of causing unintended neural stimulation, but it is invasive nonetheless. The epilepsy prediction device monitors what is happening in the brain and the individual interprets what the monitor tells them. However, with further development of the device, it will not only predict the probability of a seizure, but will deliver neuro-stimulation or drug treatment so as to prevent or suppress a seizure. This would change the device from a predictive monitor into an active treatment interfering with seizures directly on the brain.

Given the novel stage of development of epilepsy prediction devices, there is little ethical literature that specifically addresses cases involving epilepsy prediction and further suppression devices. Frederic Gilbert raises concerns related to autonomy derived from both predictive devices as well as from the possible development of devices which then deliver stimulation or drugs to prevent a seizure.<sup>57</sup>

## 1.5 Accounts of Neural Implants

I am concerned in this thesis to address the practical, real world, issues raised by neural implants. I am trying to make sense of them and why they raise questions. The first-personal accounts show that neural implants present opportunities for self-governance and direction (through the exercise of autonomous agency for example), but for others, that neural implants also present as sources of alienation.

Here I outline three stories about individuals who have had medical bionic devices implanted in their brains to help show the kinds of issues for selfhood and identity that arise from these medical technologies. These stories each discuss the way that the recipients feel about changes that have occurred following implantation; they discuss how the implants have shaped who they are and raise issues concerned with the impacts of these implants on their identity, including the

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<sup>56</sup> Cook et al., "Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study," 564.

<sup>57</sup> Frederic Gilbert, "A Threat to Autonomy: the Intrusion of Predictive Brain Devices," *American Journal of Bioethics - Neuroethics* (Forthcoming December 2015).



relationship between the implant and their sense of self, their autonomy and agency, as well as the role of impairment in practical identity. I start from the assumption that although these first-personal accounts are not framed philosophically, these accounts say something of philosophical interest. These stories open up conceptual challenges to accounts of personal identity, which an adequate account of self and identity, impairment and well-being, should explain. I argue that these accounts illuminate aspects of practical identity or selfhood. I argue that in these accounts people are making claims about what it is to be a self and so what matters in being an enduring person over time who can act on their choices and values and realise their self-conceptions.

### 1.5.a Mike Robbins

Mike Robbins got a Deep Brain Stimulation device to treat severe tremors caused by Parkinson's disease. Mike's made a video, in which he turns the device off and then on again to demonstrate the efficacy of the device in controlling the symptoms of Parkinson's Disease, including tremors. With the device on, Mike discusses clearly and forcefully his condition and the role of the device in allowing him to manage the tremors associated with Parkinson's. Mike then switches the device off, and within seconds, Mike's right arm begins to shake almost uncontrollably and it takes all his intentional focus to control the tremors, at the expense of being able to continue the discussion for his audience. Mike then turns the device back on, saying 'Now I'm going to switch myself on', his tremors subside and Mike continues his discussion. A similar claim is made by Andrew Johnson when he says of his neurostimulator: 'This checks that I'm on'.<sup>58</sup>

The way that Mike explains it, the device makes him able to be himself. Mike gives power to the device as central to his ability to be himself, because it allows him to act in ways that are important to maintaining his personhood, in facilitating his agency. This reveals his sense of the way in which the device shapes who he is. Mike's impairment interrupts his agency making things that previously had been done unreflectively present to his consciousness.

Mike's example raises questions about what is really me? What is the impairment? What is the role of the implant? Is it something that is alien to me? Or something that frees me to be the agent I want to be? Should we see the device

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<sup>58</sup> For another video by a Parkinson's sufferer receiving DBS, Andrew Johnson (AJ), who like Robbins, advocates for the use of DBS, see: <https://www.youtube.com/watch?v=uBh2LxTW0s0>. In this video, AJ, like Robbins, turns the device off, and then on again, to demonstrate the efficacy of the DBS in controlling his tremors.



as supporting the capacity to be a self? Helmut Dubiel presents a more detailed and less upbeat picture of living with his DBS implant.<sup>59</sup>

### 1.5.b Michael Chorost

Michael Chorost got a Cochlear implant in his early 40's. Chorost was born hearing impaired from exposure to the Rubella virus in utero to hearing parents. At age 2 he was fitted with a hearing aid and by his late 30s had lost all hearing prior to being fitted with the Cochlear. Chorost, an English literature PhD and computer programmer, describes the impact of his hearing impairment on his personal and social experiences, as well the struggles and personal transformation he experiences with his Cochlear implant, in the book, *Rebuilt*.

A striking feature of Michael's narrative post implant is his descriptions of himself as now part cyborg with an artificial bionic device which makes choices on his behalf and which fundamentally alters his experience of reality and the world. Michael writes:

The essence of cyborgness is the presence of software that makes if-then-else decisions and acts on the body to carry them out. ... [A] real cyborg technology exerts control of some kind over the body. A pacemaker is a cyborg technology, because it steps in to regulate heart function when it senses defibrillation. This kind of control gets at the heart, so to speak, of what it means to be a cyborg: to have *cybernetic*, meaning "algorithmic and automated," control of the *organism*. But pacemakers and cochlear implants are very different kinds of cyborg technologies. A pacemaker regulates the pump that keeps your body going, and as long as it works, your life is what it was before. You can forget about it. ... When the control is over your *senses*, however, you can never forget about it. You are living in a new version of reality.<sup>60</sup>

What could this ascription of cyborg mean about the role of the Cochlear for Chorost, for his understanding of himself and his agency? Does it challenge questions of autonomy? Do the choices reflect Chorost or the implant?

Chorost describes the implant as different to himself and also that it affects him (it makes choices for him and produces his experience of reality). He does not have to be conscious of it, but it makes him, as he remarks, a different kind of self. This raises questions such as: What is it to be a self? What role does the implant play in who he is? What is it to be a person and not a cyborg (and not a robot)? Chorost describes himself as differently human with a different body. What about the impact of the device on the capacity to have certain experiences? And how does he integrate this experience of reality into his sense of who he is?

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<sup>59</sup> For Dubiel's account, see: Helmut Dubiel, *Deep in the Brain: Living With Parkinson's Disease* (New York: Europa Editions, 2009).

<sup>60</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 40-41.

### 1.5.c Mr Garrison

Mr Garrison is a fictional character in a series of hypothetical case studies concerning brain disorders which raise philosophical issues about personal identity.<sup>61</sup> Mr Garrison, a 61 year old hard-working military engineer and dedicated family member, has been treated with DBS for both the motor symptoms of Parkinson's Disease, as well as a related apathy syndrome. Whilst the treatment has had the expected positive outcome of minimising the tremors, it has also had the unexpected outcome of contributing to radical changes in his behaviour, beliefs and character traits. Mr Garrison, prior to the DBS treatment, was shy and introverted, post treatment he became gregarious and extroverted, seeking to dominate conversation and be the centre of attention. Previously, a loyal Republican party member, post DBS treatment, Mr Garrison became a Democrat member, attaching himself to various social movements and causes. He later quits his job without consulting with his wife and directs their charity donations, without her consent, to the various environmental and social causes to which he now commits most of his time.

Whilst Mr Garrison endorses these changes in his characteristics and values, his wife views the implant as the source of these changes, and views his new self as alien to Mr Garrison - his 'new' desires, traits and behaviour are seen as the result of the implant and not as autonomously chosen. Direct manipulation is often criticised as a means of changing minds in contrast to indirect means, such as rational persuasion. Do the conceptual issues raised by the device challenge conceptions of autonomy as free rational choice? We therefore need to explain further whether this threatens, on face value, the choice to have the implant. Mr Garrison agreed to/consented to DBS for Parkinson's Disease but what he ended up with is a set of new values, characteristics and beliefs. This suggests that even if he chose the treatment he didn't consent to brain washing. Moreover, some have interpreted the extent of the changes as threatening Mr Garrison's identity. What does it mean to say that his identity is threatened by the neural implant? How should we understand claims about him being a different person?

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<sup>61</sup> See Debra J.H. Mathews, Hilary Bok, and Peter V. Rabins, eds. *Personal Identity & Fractured Selves: Perspectives on Philosophy, Ethics, and Neuroscience* (Baltimore: The John Hopkins University Press, 2009). In the theoretical case study of Mr Garrison the respondents are asked to address the question of whether Mr Garrison is the same or a different person. This hypothetical case study parallels some of the patients' experiences raised by Schüpbach and colleagues, particularly the example of the husband who describes DBS as awakening from a slumber, whilst his wife expresses the sentiment that she does not recognise her husband anymore, see: Schüpbach, Gargiulo, and Welter, "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?".

## 1.6 Conclusion

These first-personal accounts raise phenomena that we should make sense of - that is, claims to being a different person or no longer the same person, and in some cases restoration of their sense of self. I argue that an adequate account of selfhood to address the concerns raised by the first-personal accounts of implant recipients is one that can support our practical concerns about identity, agency and autonomy. Further I argue that a narrative, embodied and relational account is one that is able to meet this test for adequacy.

## 2. Practical Identity: Who are you?

### Locating the threat to identity from neural implants in practical identity

*'I feel like a new person'; 'I don't know who I am anymore'; 'She's a different person'; 'I don't feel like myself anymore'; 'I haven't found myself again after the operation.'*

In this chapter, in order to develop my argument that a relational embodied approach to narrative agency and autonomy provides resources for understanding the impacts of neural implants on a person's identity, I inquire into the sense of personal identity at stake in the accounts of first personal change discussed in the last chapter. I argue that the sense of identity raised in these accounts is practical identity, which concerns our characteristics and traits, and not metaphysical identity, and that any adequate account of identity of persons requires an adequate account of characterisation across change in order to address the concerns raised by the accounts regarding implant recipients' experiences. I further argue that any adequate approach to practical identity must take into account the role of embodiment and the social context in constituting who I am. The embodied relational approach shows that who I am - a coherent identity - is an achievement of an integrated bodily perspective and that subjectivity is interpersonal.

This approach locates the potential threat to personal identity consequent upon neural implants in practical identity - to our agential continuity, to our conception of who we are and our ability to act out of these self-conceptions. This can challenge our ability to formulate an integrated bodily perspective, as well as challenging the relation between our actions and reasons.

In the first section I locate the descriptions of first-personal change and claims of changes to identity within the philosophical literature concerning different questions about personal identity. I show that the descriptions of first-personal change concern questions about characterisation, which ask about who we are, and which some argue can be reduced to, or exhausted by, questions of reidentification, which ask about what we are.

In the second section I criticise reductionist approaches to personal identity. I outline Derek Parfit's reductionist view and the role of thought experiments in establishing this view. I then criticise this view using Christine Korsgaard and Paul Ricoeur to show that the first-personal perspective cannot be reduced to the third-personal perspective and that questions about practical identity cannot be

reduced to questions about our metaphysical identity. The practical unity of identity consists in agency, and cannot be reduced to impersonal causal interrelations. Moreover, this nonreductionist critique shows that metaphysical approaches to personal identity and change, by extrapolating from our embodiment and relation with others, are inappropriate, as well as uninformative, with respect to understanding the changes in identity with which I am interested.

In the third section, I set out Korsgaard's approach to practical identity as a self-conception. I then extend this approach, drawing on the work of Kim Atkins to argue that a practical approach to identity must account for the importance of embodiment and relationality in the constitution of our first-personal perspective and understanding of who we are. I set out an account of selfhood as tri-perspectival, grounded in relational embodiment.

In the final section I return to the accounts of first-personal change to demonstrate the resources that a practical identity approach offers in illuminating self-change consequent upon neural implants. This approach refigures the potential threat to identity as a threat to our practical identity and to our agential continuity - to our conception of who we are and our ability to act out of these self-conceptions. This changes the focus from whether I survive or not to what is the impact on my agency and activities of self-constitution.

## **2.1. Personal Identity and Neural Implants**

In this section I show that the accounts of first-personal change reported following neural implants draw our attention to the nature and importance of the first-personal perspective in understanding self-change. The accounts describe changes in aspects of a person's life - their characteristics, values and embodiment - and draw our attention to the importance of addressing questions about the "who" of personal identity. Some people describe becoming a "different" or "new" person following a neural implant. In what sense should we understand these claims?

### **2.1.a Accounts of first-personal change**

*'I feel like a new person'; 'I don't know who I am anymore'; 'She's a different person'; 'I don't feel like myself anymore'; 'I haven't found myself again after the operation.'*

Michael Chorost describes the changes to his personal identity consequent upon his Cochlear implant. He describes, drawing on the theory of neural plasticity and neural reprogramming, how the implant mediates his perception of reality (by computationally controlling the relevant nerve endings), and the

experience of being reprogrammed by the Cochlear. He describes the impacts on his subjective awareness of his body - he writes of '[l]iving in a different body, learning what it gives you';<sup>62</sup> about being in a 'bizarre new body'<sup>63</sup> and the post-activation 'new body I've found myself in';<sup>64</sup> and of his identity, he writes: 'And now I am becoming something else: not *inhuman*, not *posthuman*, but *differently human*'.<sup>65</sup> Following activation of his implant Chorost describes himself as part-cyborg 'with strings and wires hanging out', 'incomplete' and 'unfinished'; he writes 'I had most definitely not reacquired my *self*'.<sup>66</sup>

Chorost describes a journey of self-transformation, crediting his own experiences of his integration with the implant, as an achievement for him, as much as for the programmers and engineers who made the implant and wrote the computer program that Chorost claims has changed *him* so significantly. Chorost also describes being cut off from the world before receiving a (conventional) hearing aid in early life, and his awkward engagement with others, accompanied by the sense that he was missing out on things through his inability to engage in everyday activities. On the day he lost his hearing completely, and prior to implantation with the Cochlear, Chorost writes: 'All I know is that my ear died, and I fell'.<sup>67</sup> Following the surgery to fit his implant Chorost describes himself in terms of being 'switched on'.<sup>68</sup> Chorost also describes the different things he can do in his 'new' body, such as talk on the telephone and participate in conversations, as well as changes in his personality and relations with others, such as a renewed sense of confidence and a renewed interest in socialising and forming intimate relationships.

The study by Schüpbach et al of patients treated for Parkinson's Disease with Deep Brain Stimulation (DBS) shows that despite significant improvements in motor control, some patients experience problems, which Schüpbach et al describe as problems of 'psycho-social adjustment' including significant changes in the patients' perceptions of themselves, their embodiment, as well as in their relations with family and in their professional lives.<sup>69</sup> Schüpbach et al present the following examples: A female journalist who expressed hope that the DBS would help her continue her life and important projects, who, following the treatment, reports a loss of vitality - she is quoted as saying she has lost interest in her work, family and life. She notes that fighting Parkinson's Disease gave her life meaning.

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<sup>62</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 48.

<sup>63</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 55.

<sup>64</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 54.

<sup>65</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 33.

<sup>66</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 83.

<sup>67</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 69.

<sup>68</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 53.

<sup>69</sup> Schüpbach, Gargiulo, and Welter, "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?", 1811.

She says: ‘Now I feel like a machine, I’ve lost my passion. I don’t recognize myself anymore’.<sup>70</sup> In contrast, another patient, following DBS treatment, describes feeling renewed confidence and interest in life describing himself as having being ‘asleep’ prior to the treatment. He says: ‘During all these years of illness, I was asleep. Now I am stimulated, stimulated to lead a different life’.<sup>71</sup> His wife however finds her husband’s new interests and behaviour difficult to understand and accommodate. She says she prefers him as his was before - ‘nice and docile’.<sup>72</sup>

Similar issues are picked up in the fictional case study of Mr Garrison, whose characteristics, values and motivations change radically following DBS. While endorsed by Mr Garrison, the change in his identity leads to marital conflict with his wife, who is bewildered by the change and no longer recognises the man he has become. She finds it difficult to see the change in her husband’s characteristics as his own, but rather as caused by the implant.

### 2.1.b Questions of personal identity

In this section, I differentiate four distinct, yet interrelated, questions concerning personal identity. These inquire after the conditions for personhood; the criteria for individuation and for reidentification; and, the characteristics that identify an individual. I introduce and outline the claim that there has been a tendency in mainstream analytic philosophy to ignore questions of characterisation and/or to treat descriptions of changes in characteristics as metaphorical claims about identity change.

Amélie Rorty outlines four questions that arise when philosophers reflect on personal identity: questions of “class differentiation”; “individual differentiation” (or “the problem of individuation”); “individual reidentification”; and “individual identification”.<sup>73</sup> Rorty outlines these questions as follows. Class differentiation

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<sup>70</sup> Schüpbach, Gargiulo, and Welter, “Neurosurgery in Parkinson’s Disease: A Distressed Mind in a Repaired Body?”, 1812.

<sup>71</sup> Schüpbach, Gargiulo, and Welter, “Neurosurgery in Parkinson’s Disease: A Distressed Mind in a Repaired Body?”, 1812.

<sup>72</sup> Schüpbach, Gargiulo, and Welter, “Neurosurgery in Parkinson’s Disease: A Distressed Mind in a Repaired Body?”, 1812.

<sup>73</sup> Amélie Oksenberg Rorty, “Introduction,” in *The Identities of Persons*, ed. Amélie Oksenberg Rorty (Berkeley: University of California Press, 1976), 1-2. Mackenzie identifies the same four types of questions concerning personal identity. Mackenzie labels these as: the conditions for personhood and class differentiation; individuation and reidentification; and, Characterisation. Catriona Mackenzie, “Practical Identity and Narrative Agency,” in *Practical Identity and Narrative Agency*, ed. Catriona Mackenzie and Kim Atkins (New York and London: Routledge, 2008), 1. Eric Olson identifies eight questions concerning personal identity, see Eric T. Olson, “Personal Identity,” in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2010). I draw on Rorty and Mackenzie because they emphasis identifying questions of characterisation on their own terms and set out the four different types of questions in the context of an argument that these types of questions have been construed as metaphysical, and that questions of characterisation are conflated with questions of reidentification.

asks: 'What distinguishes the class of persons from their nearest neighbors, from baboons, robots, human corpses, corporations?'; Individual differentiation asks: 'What are the criteria for the numerical distinctness of persons who have the same general description?'; Individual reidentification asks: 'What are the criteria for reidentifying the same individual in different contexts, under different descriptions, or at different times?'; and, Individual identification asks: 'What sorts of characteristics identify a person as *essentially* the person she is, such that if those characteristics were changed, she would be a significantly different person, though she might still be differentiated and reidentified as the same?'<sup>74</sup>

The first question asks about the conditions for personhood and class differentiation: 'What makes a being a person, as distinct from some other kind of entity?'<sup>75</sup> For example, is it consciousness that distinguishes persons from animals? John Locke defined a person as 'a thinking intelligent Being, that has reason and reflection, and can consider itself, as it self, the same thinking thing in different times and places'.<sup>76</sup> This type of question might be asked, and becomes salient, in a bioethical context in cases of advanced dementia. In such cases, we might say that the person has gone; this bears on questions of advance directives, for example.

The second and third questions are connected - they ask about "numerical identity" or sameness. Numerical identity is often contrasted with qualitative identity. Numerical identity is concerned with identity in the sense of being one and the same thing. Qualitative identity is concerned with identity in the sense of being perfectly similar – that all properties are in common. For example, two dogs of the same kind, for example, both Jack Russells could be described as qualitatively identical. Qualitative resemblance implies that many properties are in common. Dogs of different kinds, for example, my Jack Russell dog and my neighbour's kelpie resemble each other, but are not qualitatively identical. Numerical identity, in contrast, requires absolute sameness - it is the logical relation that can hold only between a thing and itself. These questions ask about when we say of two occurrences of the one thing, that they are one and the same thing.<sup>77</sup> The question of individuation, when applied to persons, asks: 'Which criteria are relevant in determining whether one individual should be counted as

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<sup>74</sup> Rorty, "Introduction," 1-2.

<sup>75</sup> Mackenzie, "Practical Identity and Narrative Agency," 1.

<sup>76</sup> John Locke, *An Essay Concerning Human Understanding* (Oxford: Clarendon Press, 1975), Book II, ch 27, Sec 9, 335.

<sup>77</sup> Parfit distinguishes qualitative and numerical identity as follows: 'There are two kinds of sameness, or identity. ... [T]wo white billiard balls are not numerically but may be qualitatively identical. If I paint one of these balls red, it will cease to be qualitatively identical with itself as it was. But the red ball that I later see and the white ball that I painted red are numerically identical. They are one and the same ball.' Derek Parfit, *Reasons and Persons* (Oxford: Clarendon Press, 1984), 201.



the same or as a different person from another individual who is qualitatively identical or extremely similar?<sup>78</sup> The question of reidentification, when applied to persons, asks: '[O]n what basis should we reidentify a person as numerically the same despite qualitative differences over time, or under different descriptions?'<sup>79</sup> A change in numerical identity would mean literally going out of existence and becoming another thing, or person, i.e. becoming someone else, something else, or dying. The fact that these questions are distinct is demonstrated for example through consideration of a person with advanced dementia. We may say they have ceased to be a person but this does not imply that the individual entity that has dementia has ceased to exist.

The fourth question focuses on a person's characteristics, including, for example, the character traits, values, beliefs, bodily and mental capacities, as well as the social and family commitments, that make a person who they are, such that a change in those characteristics, might motivate the claim she is a different person, despite being numerically the same. This question asks:

Which characteristics (character traits, motivations, values, mental and bodily capacities and dispositions, emotional attachments, commitments, memories, and so on) make a person the particular person that she is?' And when might significant change to these characteristics warrant the judgment, whether by the person herself or by others, that she is a different or no longer the same person even if numerically she is the same?<sup>80</sup>

The focus on characteristics is more similar to Locke's understanding of forensic identity.<sup>81</sup> This form of identity involves a relation of attribution. Locke's concern here, unlike in the concern about the category of personhood above, is to provide an account of how we can hold someone responsible for their actions, and also be rewarded or punished for those actions.

Rorty states that whilst these questions concerning personal identity are distinguishable, a solution to one will influence, though probably not dictate, a solution to the others. Rorty further remarks that there has been a tendency in mainstream analytic philosophy to think that questions concerning our characteristics can be settled through reference to criteria for individual reidentification. This amounts to taking the claims about changes in characteristics as qualitative changes, changes that are to be understood as metaphorical. That is, the person is numerically the same, but they say they are now a different person following a traumatic incident, for example. This is not a contradictory statement, rather people are understood as expressing a change in their qualitative identity. Parfit demonstrates this understanding, when he writes:

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<sup>78</sup> Mackenzie, "Practical Identity and Narrative Agency," 1.

<sup>79</sup> Mackenzie, "Practical Identity and Narrative Agency," 1.

<sup>80</sup> Mackenzie, "Practical Identity and Narrative Agency," 1.

<sup>81</sup> For Locke's discussion of forensic identity see Locke, *An Essay Concerning Human Understanding*, Book II, Sec 26, 346-7.

We might say, of someone, 'After his accident, he is no longer the same person'. This is a claim about both kinds of identity. We claim that *he*, the same person, is *not* now the same person. This is not a contradiction. We merely mean that this person's character has changed. This numerically identical person is now qualitatively different.

When we are concerned about our future, it is our numerical identity that we are concerned about. I may believe that, after my marriage, I shall not be the same person. But this does not make marriage death. However much I change, I shall still be alive if there will be some person living who will *be* me.<sup>82</sup>

Rorty argues however that questions about change in individual identification or characteristics cannot be reduced to the conditions for reidentification, because it is the person's perspective or self-understanding of the change that matters in this domain: that is, whether the individual in question *identifies with* herself or her preferences as those of a continuous self. As Rorty writes:

Defining the conditions for individual identification does not reduce to specifying conditions for reidentification because the characteristics that distinguish or reidentify persons (e.g., fingerprints, DNA codes, or memories) may not be thought by the individual herself or by her society to determine her *real* identity. For instance, it might be possible that an individual be considered reidentifiable by the memory criterion, but not be considered identifiable as the same person because all that she considered essential had changed: her principles and preference rankings were different, her tastes, plans, hopes, and fears. She remembered her old principles of choice well enough and so, by the memory criterion, might consider herself the same old person; but by grace or reeducation she could be counted on to choose and act in a new way.<sup>83</sup>

Rorty notes that answers to the question about criteria for individual reidentification by the philosophers she is criticising analyse the conditions of temporal reidentification, trying to define conditions for distinguishing successive stages of a continuing person from stages of a successor or descendent person. I will have more to say about reidentification and reidentification theorists below in section 2.2.a.

Schechtman also distinguishes between different, yet related, questions concerning personal identity, and like Rorty, she argues that conceptually significant questions about changes in characteristics cannot be reduced to, or exhausted by, specifying the criteria for individual reidentification.<sup>84</sup> In *The Constitution of Selves*, Schechtman contrasts questions of reidentification and questions of characterisation. Questions of reidentification ask 'what it means to say that a person at t2 is the same person as a person at t1'.<sup>85</sup> This inquiry is concerned with the logical relation which every object bears to itself and to

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<sup>82</sup> Parfit, *Reasons and Persons*, 201-02.

<sup>83</sup> Rorty, "Introduction," 2.

<sup>84</sup> Both Schechtman and Rorty challenge the framing of debates about personal identity in terms of a choice between physiological and biological continuity approaches. They both argue that these approaches fail to distinguish between different questions about personal identity, that this undermines the debates, and leads to endless or ceaseless fighting without the possibility of a resolution.

<sup>85</sup> Schechtman, *The Constitution of Selves*, 73.

nothing else. Questions of characterisation ask ‘what it means to say that a particular characteristic is that of a given person’.<sup>86</sup> This inquiry is concerned with the logical relation of attribution. The question of characterisation asks which actions, experiences, beliefs, values, desires, character traits, and so on are to be attributed to a given person. Importantly, argues Schechtman, questions of characterisation speak to our *practical* concerns with identity - concerns related to our survival, moral responsibility, self-interested concern, and compensation. Schechtman calls these practical concerns the “four concerns” or “four features” of our existence. Schechtman, like Rorty, argues that questions of characterisation cannot be reduced to questions of reidentification - they are not variants of the same question, because something conceptually significant about personhood is left out of these reductive moves. Schechtman argues that these questions - reidentification and characterisation, belong to different domains with different foci. Answers to questions of characterisation, including the four features identified above, come in degrees, whereas questions of reidentification require an all or nothing answer. Characterisation questions, then, allow for changes that do not indicate a change in what a person is, but rather a change in the properties that the person has, including properties relevant to determining responsibility for actions. These questions are related though - that is, ‘[T]he question of whether action A is attributable to person P is obviously intimately connected to the question of whether P is the same person as the person who performed A’.<sup>87</sup> Schechtman proposes a solution to the relation between questions of characterisation and reidentification, which I discuss in the following section. Moreover, Schechtman uses the distinction between these two understandings to develop her narrative self-constitution account as an answer to the characterisation question, which I outline and defend in the following chapter.

The characterisation question, argues Schechtman, concerns the kind of identity that is at issue in an identity crisis. Schechtman writes:

In an identity crisis, a person is unsure about what those defining features are, and so is unsure of his identity. The characterization question seeks a means of resolving this kind of uncertainty and determining which characteristics constitute a person’s identity.<sup>88</sup>

However, despite their everyday practical significance, Schechtman notes that questions related to characterisation have not generally been considered by analytic philosophers in discussions of personal identity.

By clearly distinguishing questions of characterisation from questions of reidentification, Schechtman draws our attention to the “Who” of personal identity. Schechtman notes that characterisation questions can be asked from

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<sup>86</sup> Schechtman, *The Constitution of Selves*, 73.

<sup>87</sup> Schechtman, *The Constitution of Selves*, 77.

<sup>88</sup> Schechtman, *The Constitution of Selves*, 74.

either a first- or third-person perspective. Schechtman draws on examples from literature, including Nora's revelation at the end of *A Doll's House* when she realises that the person she has presented to the world is a 'sham', a product of the expectations of society and not of her own making and direction.<sup>89</sup> Schechtman also draws on examples from everyday life, for example, the wife who finds out she has lived with a killer and asks: Who are you? Or in less sensational circumstances, the woman who is ruthless at work, but a loving wife and mother at home, and asks: Who is she, or who is she really? The loving wife or the ruthless opponent?<sup>90</sup>

### 2.1.c Questions of personal identity and accounts of first-personal change

Which questions concerning personal identity are raised by the first-personal accounts of self change by patients following a neural implant? Do they raise questions about the conditions for personhood, such that changes to these conditions might mean that they have become nonpersons? Our accounts of Mr Chorost, Mr Robbins or the fictitious Mr Garrison do not seem to be discussing the difference between personhood and non-personhood. Whilst Chorost's description of himself as part cyborg does seem to touch upon this, Chorost's quote in which he describes himself as '*differently* human' but not '*inhuman*' or '*posthuman*' suggests that Chorost dismisses the change as a change in category, rather he wants to focus on the impact of self-transformation. Do they raise questions about changes to numerical identity such that changes would warrant the claim that they have gone out of existence and/or become a new metaphysical entity? Again, our cases don't seem to be saying this either, despite claims that they feel like a *different* person.

Rather, the accounts describe changes in a person's characteristics - their values, desires, or embodied engagement with the world from their first-personal perspective (or from the perspectives of those that are close to them) and as a result of changes to these characteristics they feel like a different, or no longer the same, person and might warrant the statement from others: 'She's a different person', even though they are numerically the same. They show that some characteristics matter more to us than others and that these play a role in why we do the things we do.

And what about the relation between these questions? Do questions of characterisation reduce to questions of reidentification? If it is reduction then the claims about identity change consequent upon neural implants can and should be

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<sup>89</sup> Schechtman, *The Constitution of Selves*, 74.

<sup>90</sup> Schechtman, *The Constitution of Selves*, 75.

taken as merely metaphorical - they are not claims about “real” identity change, but merely linguistic expressions for reflecting on feelings as changes in their “qualitative identity”. In order to explore the characterisation question further, and the relationship to questions of reidentification, I now turn to philosophical critiques of metaphysical reductionist approaches to personal identity by proponents of nonreductionism.

### *Conclusion:*

This section has shown that we can ask different questions concerning personal identity. We can ask about the conditions of personhood; the criteria for individuation and reidentification and we can ask questions related to characterisation. The descriptions of self-change however mainly focus on changes concerning characteristics, desires, values and embodiment, that is, about ‘who’ the person is and the significance of these changes in their self-understanding and so seem to mainly relate to questions of characterisation, though there are some issues or concerns that may speak to the conditions of personhood (e.g. cyborgness). Any adequate account of identity should be able to properly account for changes in characterisation in order to explain the accounts of self-change people express following a neural implant.

## **2.2. Practical Identity**

As noted in the section above, philosophical engagement with questions of personal identity has tended to treat questions of personal identity reductively, in terms of questions of reidentification. In this section, in order to show that questions of characterisation can “stand on their own”, I argue for recognition of the irreducibility of the first-personal perspective to questions about personal identity, and for the practical necessity of the deliberative standpoint. This shifts our focus from questions of ‘what I am’ to ‘who I am’. This helps to develop my argument that practical identity is at stake and not metaphysical identity in the accounts of first-personal change consequent upon neural implants. Further, an adequate account of identity of persons requires an account of characterisation across change in order to address the concerns raised by recipients of neural implants. I show that questions of characterisation cannot be reduced to questions of reidentification, and further, reductionist approaches ask us to extrapolate or strip away our embodied social relations with others and so occlude what is important in the first-personal accounts of change consequent upon neural implants.

Firstly, I introduce mainstream approaches to questions of personal identity - psychological and biological continuity approaches, identifying their main assumptions. I then present Parfit's reductionist conclusion that personal identity is 'not what matters'. Drawing on Korsgaard's and Ricoeur's critiques of Parfit, I argue that questions concerning the first-personal perspective cannot be reduced to the third-personal perspective; rather, the first-personal perspective and practical standpoint are irreducible. These nonreductionist critiques show that identity cannot be reduced to a set of distinct, causally related time-slices which can explain a person's identity without reference to the individual (and that in specifying the unity relation we have specified a person's life), rather, personal continuity is better understood in terms of the continuity and unity of the agent acting from a deliberative standpoint.

## 2.2.a Approaches to personal identity

In the section above (2.1.b), I identified several distinct, yet interrelated concerns, raised by questions about personal identity. Rorty and Schechtman distinguish these questions within the context of 20th Century debates in personal identity dominated by the Anglo-American analytic approach, which adopts a metaphysical approach to the questions of identity, sometimes called the "standard picture". This approach takes the question of identity to concern the numerical persistence of objects—how a single entity persists through change. Personal identity is framed as the more specific question of how a person persists through change. As Schechtman writes:

Contemporary philosophers of personal identity in the analytic tradition place their concern about personal identity within the context of more general worries about the identity conditions of changing objects over time—the ship of Theseus is replaced plank by plank, the acorn becomes a mighty oak, and persons change both physically and psychologically. The general problem then is the metaphysical question of how a single entity persists through change. The more specific question is the question of how a single person does.<sup>91</sup>

As Schechtman explains, this metaphysical understanding frames the reidentification question which aims to specify the necessary and sufficient conditions for identity, such that we can say what it is that makes someone the same person at two separate times. Schechtman identifies these claims as follows:

Put most simply, the goal of contemporary personal identity theorists is to provide a criterion of personal identity over time. ... Their question is metaphysical, not epistemological; they want to tell us not just how we *know* when we have one and the same person at two different times, but what *makes* someone the same person at those two times.<sup>92</sup>

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<sup>91</sup> Schechtman, *The Constitution of Selves*, 7.

<sup>92</sup> Schechtman, *The Constitution of Selves*, 7-8. For an example of this view, see Parfit: 'Many writers use the ambiguous phrase 'the criterion of identity over time'. Some mean by this 'our way

Schechtman offers a general description of ‘the reidentification theorists’ goal as that of providing a criterion of personal identity that defines the necessary and sufficient conditions for saying that a person-stage at  $t_2$  and a person-stage at  $t_1$  are stages of the same person’.<sup>93</sup> Moreover, reidentification theorists take themselves to be addressing *the* fundamental problem of philosophical identity; if they are correct, then it is expected that their approach will capture all our basic intuitions about personal identity. This general approach, Schechtman argues, has lead to one of the most intractable debates in the literature - between those arguing that personal identity consists in bodily continuity and those arguing that personal identity consists in psychological continuity. Bodily continuity theorists argue that personal identity should be defined in terms of the continuation of a single human body.

[B]odily continuity theorists hold that bodily continuity is a necessary and sufficient condition for continuity of personal identity, even despite radical psychological changes, for example, loss of memory or marked changes of personality and character. Thus person *A* at an earlier time  $t_1$  is the same as person *B* at a later time  $t_2$  if *B* is the same bodily continuant as *A*, by virtue of having enough of the same functioning brain and/or body or being the same human animal.<sup>94</sup>

Psychological continuity theorists argue that personal identity should be defined in terms of the continuation of a single psychological life, i.e. in terms of psychological connections between person-stages at different times.

[P]sychological continuity theorists hold that a person *A* at an earlier time  $t_1$  is the same as person *B* at a later time  $t_2$  by virtue of the right kinds of psychological connections holding between *A* and *B*, for example that *B* remembers doing or experiencing things that *A* did or experienced, acts on intentions formed by *A*, exhibits traits of character, personality and temperament that are sufficiently similar to those of *A*, and so on.<sup>95</sup>

Continuity theorists use thought experiments, which ask us to imagine, from a first- or third-personal point of view, radical physical or psychological changes to persons brought about via bizarre science-fiction technologies, in order to decide the appropriate criterion for personal identity. The thought experiments function as puzzle or exception cases to test our intuitions concerning whether it is bodily or psychological continuity. Normally we associate a person with one (and only

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of telling whether some present object is identical with some past object’. But I shall mean *what this identity necessarily involves, or consists in.* Parfit, *Reasons and Persons*, 202.

<sup>93</sup> Schechtman, *The Constitution of Selves*, 12.

<sup>94</sup> Mackenzie, “Practical Identity and Narrative Agency,” 3. Mackenzie cites Bernard Williams as an exemplar of bodily continuity theories, see: Bernard Williams, *Problems of the Self* (Cambridge: Cambridge University Press, 1973) and Eric Olson as a proponent of the animalist variant of this theory, see: Eric Olson, *The Human Animal: Personal Identity with Psychology* (New York: Oxford University Press, 1997).

<sup>95</sup> Mackenzie, “Practical Identity and Narrative Agency,” 3. Mackenzie includes the following as exemplars of the psychological continuity view: David Lewis “Survival and Identity,” *Philosophical Papers, Vol 1* (Oxford: Oxford University Press, 1983); John Perry, *Personal Identity* (Berkeley: University of California Press, 1975); and, Derek Parfit, *Reasons and Persons* (Oxford: Clarendon Press, 1984).

one body); we think of people as human beings. Bodily continuity theorists take it that we are essentially human beings. However, psychological continuity theorists argue that whilst we normally associate people with their body, personal identity concerning our psychological continuity can come apart from human identity, and when this happens this shows that we are essentially persons. We can think of ourselves as human beings and as persons. Whilst we normally understand a person and a body go together, the thought experiments show how they can come apart. An early version of this argument is found in Locke's mind swap thought experiment. The thought experiments used vary, however an original one can be found in Locke.<sup>96</sup> Locke asks us to imagine the case where a Cobbler's and Prince's minds are swapped - the mind of the Prince enters the body of the sleeping Cobbler whose own mind departs. According to Locke the individual who wakes up is the same human being as the Cobbler but a different person - the Prince.

For should the Soul of a Prince, carrying with it the consciousness of the Prince's past Life, enter and inform the Body of a Cobbler as soon as deserted by his own Soul, everyone sees he would be the same Person with the Prince, accountable only for the Prince's Actions.<sup>97</sup>

On the psychological account, if your mind were transplanted into a new body, you would think of this as getting a new body rather than somebody else getting a new mind. So, identity goes with the mind in transplants. Our intuitions show that a single person can inhabit more than one body. Locke's solution is to propose that personal identity tracks psychological continuity. On a biological account, he would remain the Cobbler as he is the same human being. So, identity goes with the body and not the mind in these thought experiments.

Schechtman acknowledges the intuitive appeal of both bodily and psychological continuity approaches. In everyday practice, a person is identified with one and only one body; we observe people's actions and behaviours and reidentify people by reidentifying them with their bodies, for example, we might look for a scar to identify the person with the human being/body before us.<sup>98</sup> The psychological continuity approach however, by focussing on psychological continuity, pays attention to psychological aspects of identity that we value, and the practices based around these, which become particularly salient in cases of advanced dementia, for example. Despite the intuitive appeal of both, Schechtman

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<sup>96</sup> Locke, *An Essay Concerning Human Understanding*, Book II, Ch XXVII, 340. I recognise that Locke's discussion takes place in the context of being held responsible at the Resurrection and so involves concern for who will be held responsible and to whom actions will be attributed. Whilst I will not be concerned with Resurrection per se, I will have more to say about Locke's concerns with attribution, and how we should understand the relation between attribution and identity, below.

<sup>97</sup> Locke, *An Essay Concerning Human Understanding*, Book II, Ch XXVII, 340.

<sup>98</sup> Schechtman, *The Constitution of Selves*, 130.



concludes however that both share a fundamental methodological problem which proves their efforts futile. Schechtman writes:

The goal contemporary reidentification theorists have set for themselves—providing a reidentification criterion for persons that captures the relation between identity and the four features—survival, moral responsibility, self-interested concern, and compensation—is incoherent and ultimately impossible to meet. This has led some reidentification theorists to conclude that the relation we assume in our daily commerce between identity and the four features is illusory. I have suggested that this conclusion is too hasty—no *reidentification criterion* can capture the four features, but that does not mean that there is no identity theory of any kind that can. The intuitive connection we make between identity and the four features can be vindicated and understood if we recognize that the question of personal identity is not monolithic, and that our intuitions linking identity to the four features arise not in the context of questions of reidentification, but rather in the context of questions of characterization.<sup>99</sup>

Schechtman argues that the reidentification project is incoherent because it tries to answer the characterisation question with reference to the reidentification question, but each has a different logical form and demands a different kind of answer. By addressing questions that are properly questions of characterisation, in terms of the criteria for reidentification, both biological and psychological continuity approaches are unable to explain the continuity of identity. Focussing on psychological approaches Schechtman demonstrates that the well-known problems concerning transitivity and branching result from attempting to meet the constraints of the reidentification question.<sup>100</sup> In contrast, Schechtman argues that the solution is to understand that both questions speak to our intuitions about identity - the characterisation question addresses concerns about personal identity, the practical question, and the reidentification questions about human identity, the metaphysical question.<sup>101</sup> My aim here has been to draw attention to Schechtman's claim that these questions have been conflated in the analytic literature using thought experiments, I will return to Schechtman's analysis of this conflation in the following chapter, through her argument that questions of characterisation are best answered via a narrative approach to identity.

Mackenzie identifies four interconnecting assumptions underpinning much of the analytic debate on personal identity, concerning whether bodily continuity or psychological continuity is the correct criterion for continuity of personal identity.<sup>102</sup> These assumptions are:

The first is that the relation between person *A* at *t*<sub>1</sub> and person *B* at *t*<sub>2</sub> is a logical relation of identity. The second is that our fundamental interest in continuity of personal identity over time is primarily an interest in continuity of numerical

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<sup>99</sup> Schechtman, *The Constitution of Selves*, 73.

<sup>100</sup> Schechtman, *The Constitution of Selves*, 26ff.

<sup>101</sup> Schechtman's solution mobilises the distinction between human being and person, in a similar way to how Locke distinguishes between man or human as a biological category and person as a forensic or moral concept.

<sup>102</sup> Mackenzie, "Practical Identity and Narrative Agency," 3.

identity.<sup>103</sup> The third is that the concept “person” is structured around a set of necessary and sufficient conditions that must obtain for its correct application. The fourth is the reductionist assumption that what makes for continuity of personal identity over time is the causal connections between distinct temporal parts or stages of the person and that these connections can be described without reference to the first-person perspective.<sup>104</sup>

As Mackenzie notes a number of theorists have questioned some or all of these assumptions. In what follows, I focus on the reductionist assumption and its conclusion that we can explain a person and the continuity of their life without reference to the first-personal perspective. I focus on reductionism because it is presented as the only methodological alternative to nonreductionism (understood as the idea that there is some non-material essence or soul that provides a person with continuous identity through change). Secondly, Parfit’s claim that numerical (of one’s body) identity is not essential to survival, gives us a way to critique his understanding of embodiment, which I do in section 2.3 drawing on Atkins’ account of practical identity.

## 2.2.b Parfit - an impersonal account

*Personal identity is not what matters.*<sup>105</sup>

In this section I outline Parfit’s reductionist view and his use of thought experiments, namely those involving Replicas and teletransportation, in establishing his conclusions. I also outline the implications of these views for personal identity and the first personal perspective. I briefly outline Parfit’s own psychological account and solution to the thought experiment; however, my main aim is to outline his reductionist methodology which proposes an impersonal description of psychological continuity, in which the first-person perspective is not required.

Parfit proposes a reductionist or impersonal approach to questions of personal identity. This approach claims that we can give a complete description of the facts of a person’s life - whether relating to a psychological or bodily criterion, without explicitly claiming that persons exist. For Parfit, the unity of a person’s life is constituted by impersonally describable causal interrelations. Parfit argues that a reductionist view makes two claims:

[T]he fact of a person’s identity over time just consists in the holding of certain more particular facts ... [and] these facts can be described without either presupposing the identity of this person, or explicitly claiming that the

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<sup>103</sup> Although, as Mackenzie notes, and as I will be discussing in this section, this assumption is not shared by Parfit, who argues that numerical identity does not matter. Mackenzie, “Practical Identity and Narrative Agency,” 24 fn.4.

<sup>104</sup> Mackenzie, “Practical Identity and Narrative Agency,” 3-4.

<sup>105</sup> Parfit, *Reasons and Persons*, 217.

experiences in this person's life are had by this person, or even explicitly claiming that this person exists. These facts can be described in an *impersonal* way.<sup>106</sup>

For Parfit what makes for continuity over time is not numerical identity, but the causal connections between distinct temporal parts or stages of the person, whether or not brought about by numerical identity. Moreover, these connections can be explained from a third-personal perspective, without reference to the first-personal perspective.

Parfit argues that the only alternative to his reductionism is non-reductionism, which assumes a "further fact" about identity. This further fact is a Rationalist commitment to the self or person as some kind of special entity, something over and above one's body and brain. This assumption is compared by Parfit to the notion of a Cartesian ego or a spiritual substance. Parfit writes:

Many Non-Reductionists believe that *we are separately existing entities*. On this view, personal identity over time does not just consist in physical and/or psychological continuity. It involves a further fact. A person is a separately existing entity, distinct from his brain and body, and his experiences. On the best-known version of this view, a person is a *purely mental entity*: a Cartesian Pure Ego, or spiritual substance.<sup>107</sup>

Using a Kantian inspired critique Parfit argues that this rationalist notion of the self is an illusion, that there is no 'I' over and above our experiences. So, argues Parfit, Reductionism follows:

On the Reductionist View, each person's existence just involves the existence of a brain and body, the doing of certain deeds, the thinking of certain thoughts, the occurrence of certain experiences, and so on.<sup>108</sup>

Whilst Parfit argues the Reductionist view is shared by proponents of both the biological and psychological criterion approaches, he endorses a psychological continuity approach. Parfit writes:

Our identity over time just involves (a) Relation R—psychological connectedness and/or psychological continuity—with the right kind of cause, provided (b) that this relation does not take a branching form, holding between one person and two different future people.<sup>109</sup>

Parfit's solution involves denying that numerical identity matters<sup>110</sup>, he argues that it is qualitative identity that matters to survival, and not numerical identity.<sup>111</sup>

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<sup>106</sup> Parfit, *Reasons and Persons*, 210.

<sup>107</sup> Parfit, *Reasons and Persons*, 210. Parfit also distinguishes the 'Further Fact View', another Non-Reductionist view which whilst it denies that we are separately existing entities, still asserts personal identity as a further fact, which does not consist in 'just physical and/or psychological continuity.' Parfit, *Reasons and Persons*, 210.

<sup>108</sup> Parfit, *Reasons and Persons*, 211.

<sup>109</sup> Parfit, *Reasons and Persons*, 216. Parfit argues both psychological and physical criteria approaches share the same reductionist assumptions, as set out the two reductionist claims above. 'On the Physical Criterion, personal identity over time just involves the physically continuous existence of enough of a brain so that it remains the brain of a living person. On the Psychological Criterion, personal identity over time just involves the various kinds of psychological continuity, with the right kind of cause. These views are both *Reductionist*.' Parfit, *Reasons and Persons*, 209-10.

Qualitative identity is achieved through strong connectedness of overlapping psychological states. Parfit's thought experiments aim to show that numerical identity is not what matters to personal identity, and so personal identity is not what matters, but survival is what matters to us. Parfit argues that this conclusion has moral implications, namely the renunciation of the moral principle of self-interest and the adoption of a sort of 'quasi-buddhist' effacement of identity.

Parfit illustrates his argument with the use of thought experiments, which he says highlight some of the ways we commonly think about personal identity and our continued existence, as well as reveal the incoherence of those beliefs.<sup>112</sup> These are beliefs about the self which presuppose a further assumption about persons. Here, I outline Parfit's teletransportation and replication thought experiment.

When I press the button, I shall lose consciousness, and then wake up at what seems a moment later. In fact I shall have been unconscious for about an hour. The Scanner here on Earth will destroy my brain and body, while recording the exact states of all of my cells. It will then transmit the information by radio. Travelling at the speed of light, the message will take three minutes to reach the Replicator on Mars. This will then create, out of new matter, a brain and body exactly like mine. It will be in this body that I shall wake up.<sup>113</sup>

Parfit describes this example as 'simple transportation'. In order to test our intuitions concerning numerical identity further, Parfit modifies the example. In the modified narrative a new Teletransporter is built which does not destroy my brain body at each time of teletransportation, but rather sends a blueprint to Mars for assembly. This allows the protagonist to see and speak with his Replica on Mars. A problem develops, however, when the scientists realise that the machine on Earth, whilst allowing for perfect replication, is destroying the person on Earth. The protagonist learns he will soon die from organ failure, but is told not to worry, because his Replica is fine.

Since my Replica knows that I am about to die, he tries to console me with the same thoughts with which I recently tried to console a dying friend. It is sad to learn, on the receiving end, how unconsoling these thoughts are. My Replica then assures me that he will take up my life where I leave off. He loves my wife, and together they will care for my children. And he will finish the book that I am writing. Besides having all my drafts, he has all of my intentions. I must admit that he can finish my book as well as I could. All these facts console me a little. Dying when I know I shall have a Replica is not quite as bad as, simply, dying.<sup>114</sup>

The question which arises here, in both cases of teletransportation is whether I survive as my replica; that is, whether, because we share a set of memories, experiences, desires and so on, I would invest in my future self (the replicant) the

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<sup>110</sup> Schechtman recognises that this move by Parfit solves problems of transitivity. We shall see in the following chapter that this is also Parfit's way of addressing the charge of the extreme claim; a move which Schechtman argues fails.

<sup>111</sup> Parfit, *Reasons and Persons*, 201.

<sup>112</sup> Parfit, *Reasons and Persons*, 200.

<sup>113</sup> Parfit, *Reasons and Persons*, 199.

<sup>114</sup> Parfit, *Reasons and Persons*, 201.

same degree of concern that I would in my own future.<sup>115</sup> Parfit's view is that these thought experiments create puzzlement, for it is impossible to tell if I survive or not. As Ricoeur explains:

The question at issue is whether in either case I survive in my replica. Clearly, the function of these puzzling cases is to create a situation such that it is impossible to decide whether I survive or not. The effect of the undecidability of the answer is to undermine the belief that identity, whether in the numerical sense or in the sense of permanence in time, must always be (able to be) determined. If the answer is undecidable, says Parfit, that is because the question itself is empty. The conclusion then follows: identity is not what matters.<sup>116</sup>

If it is impossible to determine this is problematic for numerical identity which must be determinate. This puzzlement belies a faulty logic in our thinking about personal identity.<sup>117</sup> And this stems from the further fact view - the assumption that the person or self is some kind of special entity, something over and above one's body. The further fact view is untenable because it allows for the possibility of the duplication of my identity in another body. From this it follows that the belief in a determinate identity, or self, is an illusion (the first-personal self is 'no self'). So, for Parfit, the question of personal identity is empty, and therefore 'identity is not what matters'.

### 2.2.c Korsgaard - the irreducibility of the first-person perspective

Korsgaard argues, in contrast to Parfit's reductionist conclusion, that the first-person perspective is irreducible and for the necessity of the practical standpoint. Korsgaard provides an agency-based response to Parfit which argues that the unity of a person's life is constituted by the activity of one's agency. For Korsgaard the question of personal identity is a *practical* and not a *metaphysical* matter, and it concerns what a person (as an agent) *does*, and not what she *is*. In contrast to Parfit, Korsgaard draws on Kant's conception of practical agency to explain the unity and continuity of life.

Korsgaard argues that Parfit's presentation of a mutually exclusive methodological choice between reductionism and Cartesianism (the further fact view) is a false binary that only holds sway if we assume we must give a metaphysical account of identity<sup>118</sup>, that is in terms of discrete time-slices.

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<sup>115</sup> Parfit, *Reasons and Persons*, 201-02.

<sup>116</sup> Paul Ricoeur, "Narrative Identity," in *On Paul Ricoeur: Narrative and Interpretation*, ed. David Wood (London: Routledge, 1991), 194.

<sup>117</sup> Hume also argues that numerical identity is not the issue, rather it is our sense of psychological continuity that is important to personal identity. Parfit and Hume both argue that there is no such thing as personal identity, we just happen to be psychologically prone to attribute an enduring 'I' as the experiencer of the series of sensations and experiences that we have. As such, both Parfit and Hume reject the "further fact" view of personal identity.

<sup>118</sup> Korsgaard, Christine. "Personal Identity and the Unity of Agency: a Kantian Response to Parfit." *Philosophy and Public Affairs* 18 (1989): 101-32. See Cassam who argues that Parfit fails to distinguish two irreducible questions: "What, within a given mental life, underpins experience"?

Korsgaard agrees with Parfit's critique of the 'further fact view'; however she notes that whilst Parfit adopts Kant's critique of Rationalism, he fails to follow through with Kant's conclusions about the reflective nature of consciousness. So, although Parfit may show the further fact view (or rationalism) is problematic, he fails to establish the truth of reductionism.

In contrast, Korsgaard adopts Kant's claims about the reflective bi-perspectival nature of consciousness to establish the necessity of a practical identity. Korsgaard's understanding of the reflective bi-perspectival nature of consciousness follows Kant in distinguishing two different standpoints from which we can view ourselves: a theoretical standpoint or third person perspective, and a practical standpoint or first-personal perspective. From the theoretical standpoint, or third-personal perspective, we adopt an 'outside' perspective and ask about what something is - we view ourselves as objects of theoretical understanding, for example, by asking for a causal explanation of things. From the practical standpoint, or first-person perspective, we adopt a perspective from the 'inside' and ask what it is to be a self. From the practical standpoint, we view ourselves as agents, that is, as the originators of our actions. As Mackenzie explains:

Although we can take up a theoretical standpoint from which we regard ourselves from the outside, as merely natural phenomena whose behavior can be explained and predicted in causal terms, in order to live a life we must, as matter of practical necessity, view ourselves from the inside, or from a first-personal perspective. From this practical, first-personal standpoint we cannot view ourselves as bundles of experience. Rather, to live a life we must view ourselves as agents, capable of choice, deliberation, and practical reason.<sup>119</sup>

Korsgaard argues that Parfit's reductionism reduces the internal perspective to the external perspective, then takes the external to be the primary explanation and dismisses nonreductionism and so also the first-personal perspective as important to questions of continuity in personal identity. However, my sense of myself as an agent, in Korsgaard's nonreductive sense does not constitute a 'further fact'. Rather, this perspective of ourselves necessitates the thought of "I" as agent. As Korsgaard explains:

This does not mean that our existence as agents is asserted as a further fact, or requires a separately existing entity that should be discernible from the theoretical point of view. It is rather that from the practical point of view our relationship to our actions and choices is essentially *authorial*: from it, we view them as *our own*.<sup>120</sup>

The necessity of the deliberative standpoint is practical and not metaphysical because we cannot avoid making choices in our lives, and so think of ourselves as

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and "What does the unity of a given life consist in?". Quassim Cassam, "Kant and Reductionism," *Review of Metaphysics* 43 (1989).

<sup>119</sup> Mackenzie, "Practical Identity and Narrative Agency," 8.

<sup>120</sup> Korsgaard, "Personal Identity and the Unity of Agency: a Kantian Response to Parfit," 19.

agents without reference to metaphysical facts.<sup>121</sup> As agents we must act and so make choices about what to do, and what not to do. This characterises the practical standpoint as a deliberative standpoint, by which I mean it is a standpoint that contributes to our reasoning and decision making. From this agential starting point, Korsgaard argues that in order to act we must conceive of ourselves as unified agents. And through deliberation, argues Korsgaard, we constitute ourselves as unified agents.<sup>122</sup> On Korsgaard's account the necessity of the practical standpoint derives from the fact that as embodied beings we have only one life to lead. This conception of ourselves gives us reasons for actions which necessarily project one into the future. For example, considering the effects of alternative choices we may make now on ourselves at a time in the future.

To establish the argument that in order to act we must conceive of ourselves as unified agents (that is, have a sense of ourselves as a unified chooser with reasons), Korsgaard begins with the agent in a given moment and argues there are two elements to this unity. Firstly, the need for unity is forced upon us because we have one body (and only one body) and if we are conflicted or divided about what to do, we need to overcome this conflict in order to act coherently. Korsgaard writes: 'You are a unified person at any given time because you must act, and you have only one body with which to act'.<sup>123</sup> Secondly, this unity is implicit in the standpoint from which one deliberates and chooses. From the deliberative standpoint one must choose the action that properly expresses her will, that is her reasons for action, and not just the strongest of one's desires. Korsgaard writes:

[I]t may be that what actually happens when you make a choice is that the strongest of your conflicting desires wins, but that is not the way you think of it when you deliberate. When you deliberate, it is as if there were something over and above all your desires, something that is *you* and *chooses* which one to act on.

This sense of choosing necessitates that we have reasons for choosing, and these reasons are expressive of your will. So, you must have a sense of yourself as a unified chooser with reasons in order to act. This agential unity is not the stipulation of a "further fact" in the sense of the Parfitian charge, qua an object 'over and above one's brain and body'. Rather, Korsgaard is setting out the deliberative standpoint as a process which brings about a pragmatic unity.<sup>124</sup>

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<sup>121</sup> Susan Wolf argues similarly that our interest in selves is not diminished in the least by the strength of metaphysical arguments, such as Parfit's. See Susan Wolf, "Self-interest and Interest in Selves," *Ethics* 96 (1986).

<sup>122</sup> Christine Korsgaard, "Self-constitution in the Ethics of Plato and Kant," *The Journal of Ethics* 3 (1999), 1.

<sup>123</sup> Korsgaard, "Personal Identity and the Unity of Agency: a Kantian Response to Parfit," 9.

<sup>124</sup> Kennett and Matthews note this point as follows: 'Acting merely on the basis of one's strongest desires fails to meet the standards of rational deliberation. The rational process is, thus, a creative one; one wills it that this or that desire should come to be operative in action. The agent is pragmatically unified in virtue of the fact that the rational process of decision-making requires invoking a principle that can regulate one's choosing. And, as Korsgaard puts it, "such a principle or way of choosing is to be a 'law to yourself", and to be unified as such".' Jeanette Kennett and

Korsgaard further argues that this agential unity (unlike the unity of consciousness) can be seen as stretching over time as well as holding at a time. That is, when an agent acts for reasons she both constitutes herself at a time and projects herself into the future. Korsgaard writes:

The sort of thing you identify yourself with may carry you automatically into the future ... Indeed, the choice of any action, no matter how trivial, takes you some way into the future. And to the extent that you regulate your choices by identifying yourself as the one who is implementing something like a particular plan of life, you need to identify with your future in order to be *what you are even now*.<sup>125</sup>

For Korsgaard, as far as living a life is concerned, metaphysics is secondary to our practical concerns:

I must still decide whether the consideration that some future person is “me” has some special normative force for me. It is practical reason that requires me to construct an identity for myself: whether metaphysics is to guide me in this or not is an open question.<sup>126</sup>

For Korsgaard we must assume, as a matter of practical necessity, the numerical identity of past, present and future selves.

For Korsgaard, then, identity is a practical rather than a metaphysical matter (and one that is central to our normative concerns about agency). This recognises the irreducibility of the first-person perspective, the necessity of the practical standpoint and the role of agency in constituting practical identity - the relationship to our actions is authorial. Agency shifts the focus from what a person is to who a person is (and what she does) - to those characteristics that make her the particular self-consciousness she is or first-personal perspective that she is. As Mackenzie writes:

Korsgaard’s emphasis on the activity of agency shifts the focus of reflection on personal identity from the question “What am I?” to the question “Who am I?” To ask “who?” is not merely to enquire after the person’s memories, experiences and identifying features and their causal interrelations, but to ask about the activities of self-constitution in virtue of which of those features belong to *someone*.<sup>127</sup>

## 2.2.d Ricoeur - the irreducibility of mineness

Ricoeur also draws attention to the question of ‘who one is’ with the concept of ‘mineness’ and the sense of belonging that accompanies this sense of identity. Like

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Steve Matthews, “Normative Agency,” in *Practical Identity and Normative Agency* (New York: Routledge, 2008), 216.

<sup>125</sup> Korsgaard, “Personal Identity and the Unity of Agency: a Kantian Response to Parfit,” 12.

<sup>126</sup> Korsgaard, “Personal Identity and the Unity of Agency: a Kantian Response to Parfit,” 10-11.

<sup>127</sup> Mackenzie, “Practical Identity and Narrative Agency,” 9.



Korsgaard, Ricoeur critiques Parfit's methodology of reductionism, by drawing a distinction between the third- and first- personal perspective and stressing the irreducibility of the first-person perspective. Ricoeur distinguishes two senses of identity - that associated with the concept of 'mineness' or 'selfhood' (*ipseity*) and that associated with the concept of 'sameness' (*idem*). In *Oneself as Another*, Ricoeur argues that personal identity should be understood as a dialectic between sameness and selfhood, wherein sameness refers to identity from a third-personal perspective, including numerical and qualitative identity, and selfhood refers to the first-personal perspective at a time and over time. As Mackenzie explains:

Sameness refers to both numerical and qualitative identity; to those dimensions of our identity that can be described from a third-personal terms, such as our biographical histories, traits of character and temperament, social roles, bodily attributes and so on. Selfhood (*ipseity*) refers to the first-personal phenomenological perspective of an embodied subject both at a time and extended over time; to the sense of "mineness" or "belonging" that characterizes one's own experiences, memories, body, and characteristics.<sup>128</sup>

*Ipsē* identity, and *idem* identity, can both refer to our characteristics - values, embodiment etc - but it is the stance we take towards those characteristics, first-personal or third-personal, that is important.

Ricoeur argues that Parfit's reductionism erases selfhood or mineness and the characteristic sense of one's memories and body as one's own by reducing it to sameness qua numerical identity. Ricoeur writes:

But which identity — identity in what sense of the term — are we asked to renounce? Is it the sameness that Hume held impossible to find and little worthy of our interest? Or mineness, which, in my opinion, constitutes the core of the nonreductionist thesis? Actually, everything leads me to think that Parfit, by reason of not distinguishing between selfhood and sameness, aims at the former through the latter. This is far from uninteresting, for the sort of Buddhism insinuated by Parfit's ethical thesis consists precisely in not making any difference between sameness and mineness.<sup>129</sup>

Ricoeur argues that the vehicle for effecting this erasure is Parfit's thought experiments and that the reductionist assumptions are built in, from the beginning. This is similar to Korsgaard's claim as noted in the sub-section above. Ricoeur writes:

Parfit's puzzling cases are imaginative variations which reveal as contingent the very invariant condition of a hermeneutic of existence. And what is the instrument of this circumvention? Technology — not actual technology, but the dream of technology. ... [T]he Imaginative variations of science fiction bear on a single sameness, the sameness of this thing, of this manipulable entity, the brain. An impersonal account of identity thus seems to be dependent on a technological dream in which the brain has from the start been the substitutable equivalent of the person. The real enigma is whether we are capable of conceiving of alternative possibilities within which corporeity as we know it, or enjoy it or suffer from it,

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<sup>128</sup> Mackenzie, "Practical Identity and Narrative Agency," 10.

<sup>129</sup> Paul Ricoeur, *Oneself as Another* (Chicago: The University of Chicago Press, 1992), 137, cf Ricoeur, "Narrative Identity," 193.

could be taken as a variable, a contingent variable, and without having to transpose our earthly experiences in the very description of the case in question.<sup>130</sup>

Thought experiments ask us to make contingent what is invariant, namely, our corporeal condition, as well as our relation to others.<sup>131</sup> Up to this point I have focussed on the first personal emphasis of Korsgaard, whereas here, with the introduction of Ricoeur, I include relationality as part of an individual's identity. The focus or emphasis on relationality stresses that relations with others are important in constituting our identities. Mackenzie agrees with Ricoeur's analysis arguing also that thought experiments ask us to strip away and treat as contingent those features which we cannot normally separate. Mackenzie writes:

These thought experiments work ... by dissociating those aspects of ourselves that ordinarily we cannot dissociate or disconnect—the interconnections between psychological and corporeal continuity and connectedness, and the phenomenological distinctiveness of one's own experience—inviting us to regard these as merely contingent.<sup>132</sup>

However to make sense of Parfit's thought experiments, Ricoeur notes, we must assume at the same time as we are required to deny, that our continuing connection to the ordinary conditions of human life and what matters to us as human persons, will survive. And we must also assume, at the same time as we are invited to deny it, the importance of selfhood and the first-person perspective.

In doing this, does he not risk throwing out the baby with the bathwater? For, as much as I am willing to admit that imaginative variations on personal identity lead to a crisis of selfhood as such ... I still do not see how the question "who?" can disappear in the extreme cases in which it remains without an answer. For really, how can we ask ourselves about *what* matters if we could not ask *to whom* the thing mattered or not? Does not the questioning about what matters or not depend upon-self concern, which indeed seems to be constitutive of selfhood?<sup>133</sup>

However, rather than adopt Parfit's impersonal response to this type of question, (properly configured) Ricoeur argues that the question still remains: to whom does identity matter?, and is in fact more pressing in this indeterminacy of identity or identity crisis.<sup>134</sup> Ricoeur argues that sameness and selfhood come

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<sup>130</sup> Ricoeur, "Narrative Identity," 197.

<sup>131</sup> As Ricoeur makes clear in this quote: 'In all the experiments of science fiction mentioned above, the subject who undergoes them lacks relations, lacks the other in the sense of the other person. The only things present are my(?) brain and the experimental surgeon. I undergo the experiment alone. The other plays the part of the grand manipulator, hard to distinguish from an executioner. As to my replica, it is no sense an other.' Ricoeur, "Narrative Identity," 197.

<sup>132</sup> Mackenzie, "Practical Identity and Narrative Agency," 10. Tamar Gendler and Richard Wollheim make similar objections to the structure of thought experiments and argue that reductionist assumptions are built into these thought experiments. See Richard Wollheim, *The Thread of Life* (Cambridge: Cambridge University Press, 1984), 21ff; Tamar Gendler, "Personal Identity and Thought Experiments," *The Philosophical Quarterly* 52 (2002); Tamar Szabo Gendler, "Exceptional Persons: on the Limits of Imaginary Cases," in *Models of the Self*, ed. Shaun Gallagher and Jonathon Shear (Thorverton: Imprint Academic, 1999).

<sup>133</sup> Ricoeur, *Oneself as Another*, 137.

<sup>134</sup> For further discussion, see Ricoeur, "Narrative Identity," 198-99.

together in the question of permanence in time and at the moment when we recognise that the self does not have determinate permanence in time. The fact that the question remains, as there is someone who can ask it, is Ricoeur's springboard for arguing that narrative identity mediates this dialectic. I will turn to the distinction between selfhood and sameness in the following section in discussion of Atkins' approach to numerical identity, and to Ricoeur's narrative solution in following chapter.

### *Conclusion:*

In this section I have argued against metaphysical reductionist approaches to personal identity which argue that identity can be reduced to a set of distinct, causally related time-slices that explain a person's identity without reference to the individual. In contrast, using Korsgaard's and Ricoeur's critiques of Parfit, I have demonstrated that questions concerning the first-personal perspective cannot be reduced to the third-personal perspective. Therefore, we cannot straightforwardly assume that identity questions concerning change always and only concern numerical or metaphysical identity. Rather, questions of practical identity, concerning the 'who' of identity, are fundamental. Moreover, metaphysical approaches, by stripping away these relations from the first-personal perspective, obscure and occlude what is at issue in these accounts of first-personal change.

## **2.3. Practical Identity: Embodied and Relational**

I have argued for the irreducibility of the first-personal in questions of personal identity and for the necessity of the practical deliberative standpoint qua agential unity. I now turn to developing an approach to practical identity. I start with Korsgaard's definition of practical identity and explain how our practical identities are both a source of reasons and obligations. I identify two issues in Korsgaard's account: the role of embodiment in her account and the strong connection between practical identities and normative commitments. I address these issues by drawing on Atkins' embodied relational approach to practical identity. Korsgaard's overly rational approach to agency and connection between practical identities and normative commitments is mediated by Atkins' approach to practical identity as embodied and situated, involving an interplay of three perspectives - first-, third- and second-personal - which also clarifies the relationship between identity, agency and embodiment.

### 2.3.a Korsgaard and practical identity

In the previous section I outlined the reflective bi-perspectival nature of consciousness, arguing for the irreducibility of the first-personal perspective and the necessity of the practical standpoint. I outlined Korsgaard's argument that we must conceive of ourselves as unified agents. Here I outline Korsgaard's normative concept of practical identity and what's involved in acting on reasons, qua constituting our practical identities.

Korsgaard's account of practical identity qua self-constitution aims to explain how we integrate the first- and third- personal perspectives through reflective agency. Korsgaard argues that the self is a self-constituting agent and compares this constitution making to the way a political entity constitutes itself, i.e. the agent constitutes/unifies herself through adopting normative reasons for action.<sup>135</sup> What is normative about one's reasons is that the actions they recommend unify the person both at a time and over time. Korsgaard writes: '[D]eliberative action by its very nature imposes unity on the will ... whatever else you are doing when you chose a deliberative action, you are also unifying yourself into a person ... action is self-constitution'.<sup>136</sup> So, unity is a pre-condition for taking any action.

Korsgaard sets out her account of practical identity in the context of a theory of normativity (i.e. in terms of explaining the source of our reasons and obligations). Korsgaard argues that the reflective nature of self-consciousness both sets up the problem of the normative, as well as providing a solution. The reflective structure of consciousness both provides us with distance from our mental activities, such that we need a reason to act, as well as forcing on us to adopt a 'conception of ourselves'. Korsgaard writes:

The reflective structure of the mind is a source of "self-consciousness" because it forces us to have a *conception* of ourselves. As Kant argued, this is a fact about what it is *like* to be reflectively conscious and it does not prove the existence of a metaphysical self. From a third-person point of view, outside of the deliberative standpoint, it may look as if what happens when someone makes a choice is that the strongest of his conflicting desires wins. But that isn't the way it is *for you* when you deliberate. When you deliberate, it is as if there were something over and above all your desires, something which is *you*, and which *chooses* which desire to act on. This means that the principle or law by which you determine your actions is one that you regard as being expressive of *yourself*.<sup>137</sup>

On Korsgaard's account, the reflective structure of human consciousness both forces us and enables us to make laws for ourselves and these give us authority over ourselves. 'Reflection gives us a kind of distance from our impulses which

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<sup>135</sup> Korsgaard, "Self-constitution in the Ethics of Plato and Kant."

<sup>136</sup> Korsgaard, "Self-constitution in the Ethics of Plato and Kant," 27.

<sup>137</sup> Korsgaard, *The Sources of Normativity*, 100.

forces us, and enables us, to make laws for ourselves, and it makes those laws normative'.<sup>138</sup> Korsgaard argues that when we make a law for ourselves we at the same time invoke or give expression to a practical conception of ourselves.<sup>139</sup> This practical conception of ourselves is what Korsgaard calls our 'practical identity'. Our practical identity determines which of our impulses will count as reasons, in this way it is a normative self-conception.

Korsgaard describes practical identity as a normative self-conception, a description under which you value yourself and think the things you do are worth doing. These practical identities are complex and made up of and dependent on one's abilities, commitments, relationships and embodied situation.<sup>140</sup> This is contrasted with a theoretical conception of one's identity - 'a view about what as a matter of inescapable scientific fact you are'. Korsgaard writes:

The conception of one's identity in question here is not a theoretical one, a view about what as a matter of inescapable scientific fact you are. It is better understood as a description under which you value yourself, a description under which you find your life to be worth living and your actions to be worth undertaking. So I will call this a conception of your practical identity. Practical identity is a complex matter and for the average person there will be a jumble of such conceptions, You are a human being, a woman or a man, an adherent of a certain religion, a member of an ethnic group, a member of a certain profession, someone's lover or friend, and so on.<sup>141</sup>

On Korsgaard's account, reasons are normative for us; this allows us to explain actions third-personally and also to justify them first-personally. For example, I am writing a thesis. I work evenings and weekends because I value the project of completing a thesis in philosophy. Writing a PhD is part of my identity and structures my time, as well as my discussions and interactions with others. Moreover it provides reasons for my actions.

Korsgaard explains that practical identities are both found and constructed. So, practical identity is both a condition for and a product of our agency. As Mackenzie writes:

[O]ne's practical identity is both discovered and constructed. On the one hand, many aspects of one's practical identity are not matters of choice but arise from the material and practical constraints that define one's situation and the nonvoluntary aspects of one's identity, such as one's individual bodily and intellectual capacities, one's sexual, racial, linguistic and cultural or ethnic identity, one's family relationships. ... On the other hand, by virtue of the reflective structure of human self-consciousness, as agents we have the capacity to

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<sup>138</sup> Korsgaard, *The Sources of Normativity*, 129.

<sup>139</sup> Korsgaard, *The Sources of Normativity*, 129.

<sup>140</sup> As Atkins notes: 'A practical identity is composed of complex sets of subscriptions pertaining to one's physical and psychological abilities (and inabilities), occupation, ethnicity, gender, relations of family and friendship, religious and political convictions, and so on.' Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 1.

<sup>141</sup> Korsgaard, *The Sources of Normativity*, 101.

call into question whether certain aspects of our identities, and the beliefs, desires, and motives to which they give rise, constitute *reasons* for us. So even if aspects of our identity may not be a matter of choice and even if the different aspects of our identity may give rise to conflicting demands and values, through processes of reflective endorsement we can construct a self-conception that then comes to have normative authority for us.<sup>142</sup>

Korsgaard argues that these practical identities give rise not only to reasons to act but are also a source of obligations.<sup>143</sup> For Korsgaard '[a]n obligation always takes the form of a reaction against a threat of a loss of identity'.<sup>144</sup>

It is the conceptions of ourselves that are most important to us that give rise to unconditional obligations. For to violate them is to lose your integrity and so your identity, and to no longer be who you are. That is, it is to no longer be able to think of yourself under the description under which you value yourself and find your life to be worth living and your actions to be worth undertaking. It is to be for all practical purposes dead or worse than dead. When an action cannot be performed without loss of some fundamental part of one's identity, and an agent could just as well be dead, then the obligation not to do it is unconditional and complete. If reasons arise from reflective endorsement, then obligation arises from reflective *rejection*.<sup>145</sup>

This invokes an understanding of integrity in terms of living up to one's standards, that is, by acting according to those reasons, by acting out of our practical identities.<sup>146</sup>

Further, Korsgaard argues that practical identities are mainly contingent; we can choose to drop or alter them. In her account however, practical identity depends on a conception of moral identity. Moral identity stands behind all our practical identities.<sup>147</sup>

Korsgaard's account shows us that agency is reflective (integrated agency) and through the exercise of reflective endorsement, a person gives expression to their practical identity. A person constitutes her identity through living a life and acting; it is not given in a metaphysical account. Therefore identity is not given; rather identity is a project, one that takes work and that can fail. On Korsgaard's account failure is not living up to one's identity. This account draws out further the relationship between agency and identity and autonomy. Korsgaard's account of practical identities is an autonomy-based view. For Korsgaard autonomy is our capacity to give ourselves obligations to act based on our practical identities. For my account of personal identity, the relationship between identity, agency and autonomy will be significant. I further discuss the relationship between autonomy and identity in the fourth and fifth chapters.

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<sup>142</sup> Mackenzie, "Practical Identity and Narrative Agency," 11.

<sup>143</sup> Korsgaard, *The Sources of Normativity*, 101.

<sup>144</sup> Korsgaard, *The Sources of Normativity*, 102.

<sup>145</sup> Korsgaard, *The Sources of Normativity*, 102.

<sup>146</sup> Korsgaard, *The Sources of Normativity*, 102.

<sup>147</sup> Korsgaard, *The Sources of Normativity*, 129-30.

Here I identify two problems with Korsgaard's account. First, Korsgaard's conception of agency is overly rational, there's not enough about the first-personal sense of embodiment and the importance of embodiment to our self-conception and practical identities. Whilst Korsgaard recognises the practical necessity that comes from being embodied, in one body, she does not develop an account of the impacts and constraints of embodiment on our practical identities. Second, the connection between our practical identities and normative commitments in Korsgaard's account is overly strong, because on Korsgaard's account if one doesn't live up to one's commitments, or acts against them, one is at risk of losing one's identity. As Mackenzie and Walker recognize this suggests that Korsgaard's conception of practical identities tends towards rigidity and as such is not as well suited to explaining personal change over time.<sup>148</sup> Thus, Korsgaard's account, while it recognises the role of others in generating a conception of our practical identities, does not develop an account of the role of others in the constitution and negotiation of our practical identities. Both these problems need to be addressed in order to adequately explain the accounts of apparent change in who a person feels she is after a neural implant.

### 2.3.b Atkins and selfhood

Atkins draws on and critically develops Korsgaard's approach to practical identity by adopting a phenomenological approach to embodiment that is fundamentally intersubjective. This allows us to understand the role of embodiment in constituting the first-personal perspective. It also draws out the social and bodily conditions of agency.

Atkins, like Korsgaard, challenges Parfit's reductionism by rejecting the false methodological choice between reductionism and Cartesianism dualism through reference to the Kantian thesis of the bi-perspectival nature of consciousness.<sup>149</sup> However, Atkins extends Korsgaard's critique to apply to the role of the body in Parfit's account (as well as in Kant's). She argues for the importance of one's body in the constitution of personal identity and selfhood. Atkins argues that Parfit's approach incorrectly dismisses the importance of embodiment for identity, and articulates the consequences of severing identity from persons, their experiences and their bodies. Atkins, in a similar way to Ricoeur, argues that whilst Parfit, and

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<sup>148</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 379. I will take up the concern with authenticity in chapter 5.

<sup>149</sup> Kim Atkins, "Personal Identity and the Importance of One's Own Body: a Response to Derek Parfit," *International Journal of Philosophical Studies* 8 (2000). Atkins, like Korsgaard, draws on Cassam's claim that the argument against nonreductionism only works on the basis of methodologically drawing a choice between only reductionism and dualism. See Cassam, "Kant and Reductionism."

the Kantian critique of rationalism, might demonstrate that there is no 'I' over and above our experiences, it does not do away with the question of the relationship between a person's identity and subjectivity.

Atkins argues that these are the failings of the sceptical thrust of the Kantian view that excludes a framework in which to articulate the 'I- body relation'.<sup>150</sup> Atkins argues that without an account of the connection between one's body and subjectivity, the concept of "person" remains problematic in Kant's work.<sup>151</sup> Atkins argues that

[H]uman consciousness defies reduction in the manner Parfit proposes. I propose a conception of selfhood (or personhood) as "bodily perspective" ... On this view, perception and thus consciousness, is not simply an abstract intellectual act, but an expression of a world articulated through one's body; the expression of a *lived* world. Here, the apparatus of perception is not a supersensible intellect, but one's body itself; consciousness is expressive of one's bodily participation in the world, in the broadest sense.<sup>152</sup>

Thus, Atkins' critique of Parfit involves a critique to Kant's scepticism, which involves bringing the body into our perspectives on the self.

Atkins, like Korsgaard, identifies the first- and third-personal perspective and their irreducibility to one another. Atkins argues that these perspectives arise from our embodiment and so an account of identity must adequately explain embodied consciousness, which is irreducibly first-personal and more complex than causal accounts suggest.<sup>153</sup> Drawing on phenomenological accounts from Merleau-Ponty and Marcel, Atkins argues that we have reflective self-awareness because we are beings with bodies; we are not Cartesian egos but corporeal beings. On this view, Atkins explains:

[C]onsciousness is a function of our bodily powers of perception. We perceive, not with an abstract intellect, but with our sensory-motor capacities. This encompasses such things as a sense of one's muscular power, the position of one's limbs in space, and the auditory and motor apparatus of language. As the expression of a bodily individual, perceptual-based consciousness is always perspectival; the features of objects and experiences are articulated against the backdrop of the sensory-motor capacities of one's body.<sup>154</sup>

Our embodied situation engenders an ambiguity because our bodies are both objects of experience for us, as well as the subjects of experience - we experience the world with the perception of one's own body. On this understanding, my body is something I am and something I have; it is not transferable property.

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<sup>150</sup> Atkins, "Personal Identity and the Importance of One's Own Body: a Response to Derek Parfit," 335.

<sup>151</sup> Atkins, "Personal Identity and the Importance of One's Own Body: a Response to Derek Parfit," 334.

<sup>152</sup> Atkins, "Personal Identity and the Importance of One's Own Body: a Response to Derek Parfit," 335.

<sup>153</sup> Kim Atkins, "Narrative Identity, Practical Identity and Ethical Subjectivity," *Continental Philosophy Review* 37 (2004), 341.

<sup>154</sup> Atkins, "Narrative Identity, Practical Identity and Ethical Subjectivity," 344.



To be precise, rather than a *relation* between body and self, there is a mutual presupposition between oneself as subject (I) and oneself as object (body). This structures subjectivity with a series of dialectical oppositions: subjective/objective; self/other; active/passive; personal/impersonal; mental/physical. Irreducible to any single component in the dialectic, “I” is to be understood as a dynamic *bodily perspective*. Consequently, “I” and “body” are always in an inseparable tension with one other. “I” and “body” are not two distinct components of a single person, but a single, irreducibly ambiguous structure, a “my body”, or, as Marcel and Merleau-Ponty have described it, a “body-subject.”<sup>155</sup>

It is this understanding of subjectivity as embodied consciousness that renders the first-personal perspective irreducible for logical reasons. As we saw in Korsgaard, that we can take a perspective on ourselves is a matter of practical necessity, and not a theoretical fact. In this way, Atkins’ account shifts the focus on continuity in identity to continuity of a bodily perspective. This also redefines our understanding of numerical identity in a way reminiscent of Korsgaard’s statement that we must just assume numerical identity, but Atkins’ account give us the grounds or substance for doing so. Atkins’ framework informs and clarifies the discussion in Ricoeur earlier about the dialectic of selfhood and sameness (2.2.d). It is the ambivalent condition of our embodiment or bodily perspective that means that the numerical identity of one’s body is different from - takes a different logical form to - the numerical identity of objects, while at the same time this dialectic necessitates and guarantees the numerical identity of my bodily perception over time. The coherence of my first-personal perspective logically presupposes the numerical identity of my body when I regard my body from the third-person perspective, as an object while at the same time the bodily basis of consciousness ensures that my first-personal perspective implies the same, numerically identical body. This Atkins describes as a form of “self-constancy”.<sup>156</sup>

This attention to embodied identity is incredibly important for our discussion about the impacts of neural implants on identity. It shows that I relate to my body as *mine*, my own; it is not something that we can transfer, or make a major change to, without there being an impact on our way of experiencing the world and making sense of ourselves. Moreover, the embodied basis of reflective selfhood explains why a change in embodiment can impact on one’s identity so forcefully. Atkins explains this through reference to victims of torture and violence:

If we were not constituted by this integrated but tensive bodily continuity the pain of losing a sense of one’s body as one’s own — as well as one’s capacity to rebuild one’s life as one’s own — could not arise, as it does for victims of torture and violence.<sup>157</sup>

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<sup>155</sup> Atkins, “Narrative Identity, Practical Identity and Ethical Subjectivity,” 344.

<sup>156</sup> For a discussion of this point, see: Atkins, “Narrative Identity, Practical Identity and Ethical Subjectivity,” 345.

<sup>157</sup> Atkins, “Narrative Identity, Practical Identity and Ethical Subjectivity,” 345-46.

In chapter 4.1.a, I explain further the processes of self-constancy and secondary reflection in securing our practical identity. The important thing to draw out of Atkins' approach at this point is the difference between the body of the first-person embodied account of agency and the body conceived as a biological given. On Atkins' account we can express (and fail to express) agency in and through our interaction with other bodies; the experience of agency is always already embodied. As Merleau-Ponty writes, we experience life as embodied or as engagement in the world - we do not experience our body as just a biological object, but rather our perception of our bodies, our ways of engaging with the world, as well as other's people's responses to our bodies, all shape the way, from a first-personal perspective we experience our bodies, our embodiment. This contrasts with accounts, like Korsgaard's, which favour descriptions of agency as rational, in terms of conscious activity or a particular set of cognitive capacities. Letitia Meynell notes that much feminist work on agency and embodiment has been conducted parallel to one another.<sup>158</sup> A striking contribution of Atkins' work is that it brings these concepts together. It thus addresses the concerns raised about Korsgaard above. Practical identities have to be negotiated; it can't just be a matter of fidelity to values. Note that whilst Korsgaard does discuss social relationships as contributing to some of our most important practical identities, her account does not go far enough to explain the role of others in how I come to understand, and others come to understand, who I am. Moreover, as we will see in future chapters, this account of embodiment provides a necessary corrective to Marya Schechtman's approach to narrative agency and her solution to the relationship between questions of reidentification and characterisation.

Atkins adds a further perspective to our embodied subjectivity, the second-personal relational perspective - that 'of the communicative situation of social existence'.<sup>159</sup> Atkins argues that selfhood is developmental and fundamentally inter-subjective. We are born and grow up through the bodies of others. According to Atkins that we are able to regard ourselves from the first- and third-personal perspective implies or presupposes that we are able to regard ourselves from a second-personal perspective also.<sup>160</sup> On this account agents are constituted by their bodies in a social context.

The double perspective of embodied subjectivity is further complicated by a second-person perspective, which arises from and expresses the social—that is, intersubjective—mediation of one's sense of self. The second person mediation is related to the developmental nature of embodied consciousness. ... Born immature and enduring a long period of juvenile dependency, we learn about our own bodies and capacities through our involvement with the bodies of other

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<sup>158</sup> Letitia Meynell, "Minding Bodies," in *Embodiment and Agency*, ed. Sue Campbell, Letitia Meynell, and Susan Sherwin (University Park: The Pennsylvania State University Press, 2009).

<sup>159</sup> Atkins, "Narrative Identity, Practical Identity and Ethical Subjectivity," 343.

<sup>160</sup> Kim Atkins, "Narrative Identity and Embodied Continuity," in *Practical Identity and Normative Agency* (New York: Routledge, 2008), 87.

people, for example, directly through the communication of touch and vocalisation in being cared for (or abused), and indirectly through representations, observation and instruction, as well as through the complex processes of cultural encoding of differently sexed, coloured, aged or abled bodies. Through the communicative processes of socialisation we come to acquire concepts, emotional schema and behavioural repertoires through which we develop our self-conceptions.<sup>161</sup>

Selfhood is a mediation of these perspectives and this mediation structures and unifies our life, so that we can ask and answer the question 'Who am I?'. This means we have achieved coherence in our perspectives and that a coherent identity is an achievement.

[O]ur identities are formed socially and communicatively. We each form our self-understandings in relation to a community of interlocutors, either directly through interpersonal dialogue or indirectly through the communicative networks implied in the meanings that constitute our languages. Understanding who a person is, then, requires coherence and continuity in the psychological, physical, social, cultural and historical aspects of a person's life. Furthermore, this must be a coherence that can be grasped and endorsed in the first-person. I come to understand myself (and likewise, others understand who I am) as the subject of a certain life, for example, as someone who was born at a specific date and place into a certain family; who has lived at certain places in certain ways; who has particular physical and character traits, weakness and abilities, hopes and fears; who has acted and suffered in certain ways; and who enjoys or is denied certain social and political status. In other words, who a person is is the named subject of a practical and conceptual complex of first, second and third-person perspectives which structure and unify a life grasped as it is lived.<sup>162</sup>

The relational aspects of Atkins' approach are important because they draw our attention to the fundamentally intersubjective nature of selfhood and the importance of others in how our identities are achieved and mediated (and valued). The thoroughly relational nature of Atkins' approach also provides a further corrective to Korsgaard's approach. I will be building on this understanding of relationality in the following chapters on narrative agency and relational autonomy.

Practical identity is a project. It is messy, perspectival, situated and embodied. On a practical approach the focus changes to who I am - it's about how I can practically be the person I, and others, understand myself to be. To be a self is to act in the world, to be agent. To be a self is to constitute oneself as a self (it is a project), selfhood is not given, but an activity, an activity which involves ourselves and others in the embodied spaces we find ourselves - a self in the middle of things. These approaches explain the connection between identity, agency and embodiment.

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<sup>161</sup> Atkins, "Narrative Identity, Practical Identity and Ethical Subjectivity," 346. I discuss issues related to the role of socialisation in both enabling and hindering our exercise of autonomy in chapter 5, and the embodied and social aspects of impairment in chapter 6.

<sup>162</sup> Atkins, "Narrative Identity, Practical Identity and Ethical Subjectivity," 346-47.

### *Conclusion:*

In this section I have developed an approach to embodied relational practical identity, firstly drawing on Korsgaard, then on Atkins. This has drawn attention to the role of agency in constituting our practical identities. With this account I have also provided a refiguring of numerical identity, in terms of self-constancy. I now turn to applying this approach to the accounts of self-change consequent upon neural implants.

## **2.4 Practical Identity and Neural Implants**

With this approach to practical identity in hand, I revisit the accounts of first-personal change discussed in the first section (of this chapter). I argue that the issues and challenges related to self-change consequent upon neural implants are best understood as concerns about practical identity. Threats to practical identity can challenge one's sense of who one is, in the sense of the identity crisis identified by Schechtman. These manifest as threats to agential continuity, as an inability to act out of one's self-conception. By locating the domain of the potential threat to personal identity consequent upon neural implants in practical identity, potential threats to identity are understood in terms of a threat to the unity of one's psychobodily agential continuity and not in terms of the metaphysical threat of going out of existence. This shifts the focus to shifts and breaks in identity and to restoring or integrating self-change. A practical approach to identity clarifies how changes might be seen from a first- or third-personal perspective as potential threats to identity, as well as explaining how change consequent upon neural implants can be seen as both dissociating and liberating.

The proponents of these stories of first-personal change following neural implants discuss aspects of themselves, their normative self-conception and embodiment and capacities for agency. The accounts of first-personal change raise issues related to practical identity - they discuss changes in characteristics, such as those discussed by Schechtman's characterisation questions. Moreover, identity and the four features - concerns related to our survival, moral responsibility, self-interested concern, and compensation - come in degrees, so a practical account can make sense of claims to more or less survive, for example. They raise discussion of people's self-conceptions and their understandings of who they are, in terms of reflective selfhood. In Korsgaard's terms they raise discussion of a person's practical conception of who she is. A challenge to practical identity concerns how you understand yourself and your ability to act on these

understandings (and to integrate these things). These accounts do not discuss threats to numerical identity, in the sense of going out of existence.

If practical identity is a condition for agency, who we understand ourselves to be in part determines what we do, and if our practical identities are also a product of our agency, then what we do, in part constitutes who we are. An embodied relational approach to practical identity allows us to make sense of how changes to our body, as well as our embodied engagement in the world, and our social relations with others, can affect our self-understanding. Our sense of who we are and what matters to us can be affected by the changes in our sense of embodiment in both gross and more subtle ways. For example, it can be affected by the difference between walking and not walking, but also having something inside us, as well as how others relate to us.

If identity isn't given, but an activity (including one of integrating perspectives into a unified self-conception), this is a project that can come apart; one could become a different self, or lose oneself. Trauma, illness, disability, can all impact on our practical identities.<sup>163</sup> From this, we see that a practical identity approach shows that a coherent identity is an achievement, and therefore, also, something that can fail. Conditions and interventions can challenge our integrated self-conception or ability to form one. Atkins writes that a coherent identity can fail for a variety of reasons:

[P]hysiological pathology (for example, brain or metabolic disease), psychological pathology (for example, the trauma of personal violence), or social pathology (for example, political or religious persecution), all of which interfere with the afflicted person's capacity to form an integrated and positive self-conception, or to integrate his self-conception with his situation such that he can form meaningful and accurate practical expectations and appropriate intentions to act.<sup>164</sup>

On some approaches, practical identities might also only ever achieve a partial unity or coherence, as will be explored further in the treatment of the first-person accounts in the following chapters. In contrast to metaphysical identity, practical approaches preserve the first-personal perspective and so can make sense of claims like "I am no longer the same person". These are claims about changes in characteristics and not in terms of numerical identity. These claims make sense with a practical conception - if these characteristics change radically, these claims

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<sup>163</sup> Poltera notes that 'While the cause and nature of an identity crises varies dramatically from person to person, the nature of an identity crisis is that there is a sense in which we no longer know who we are and we find ourselves feeling estranged from aspects of ourselves and our lives.' Jacqui Poltera, "Self-narratives, Story-telling and Empathetic Listeners," *Practical Philosophy* 10 (2010), 66. Brison also argues that the cause of such an identity crisis can result from trauma. See Susan J Brison, "Outliving Oneself: Trauma, Memory, and Personal Identity," in *Feminists Rethink the Self*, ed. Diana Tietjens Meyers (Colorado: Westview, 1996); Susan J Brison, *Aftermath: Violence and the Remaking of a Self* (Princeton: Princeton University Press, 2002).

<sup>164</sup> Atkins, "Narrative Identity, Practical Identity and Ethical Subjectivity," 347.

about being different, as Schechtman argues, could literally be true.<sup>165</sup> That is, to the person, and/or perhaps others around her, the change in her characteristics and orienting values might be so great so as they are to themselves, and/or to others, a different person.

As discussed through Ricoeur and Mackenzie, thought experiments build in reductionist assumptions and so strip away, or ask us to treat as contingent, what they argue is invariant - the embodied and social aspects of identity. Atkins' stress on the second-personal perspective again demonstrates the paucity of these reductionist approaches.

The second-personal perspective and the social context exercise a significant constraint upon the formation of practical identity. Understanding the role of the second-personal perspective makes clear why the kind of transfer of minds and identity between persons, as it is commonly depicted in philosophical thought experiments, is simply not credible. 'I' is anchored not in a bodily organ that is transferable between individuals but in a complex and (partly) socially constituted dynamic and temporally extended self-aware existence. My attributes and the processes of attribution that constitute who I am exist, not simply 'in' me but also 'in between' me and other people, in the form of relationships with different people and the regard in which we hold each other. My identity is not analogous to a piece of information that can be abstracted from my body and transferred to another person but rather is dynamic and discursive, a collaboration that is continually renewed and reformed through my relations with other people and by my internalisation of and response to the regard of others. In short, who I am is partly constituted by forms of social recognition.<sup>166</sup>

Reductionist approaches occlude what's at issue in identity change. Metaphysical accounts deny the importance/ignore the role of the first personal perspective and the practical dimensions of living the life of a particular person. This is what makes thought experiments so troubling, but on a practical approach we have the resources to illuminate why these cases are troubling in terms of changes in characteristics from the perspective of selfhood and inquire into the impacts of neural implants on practical identity and agency. Rather than looking at threats to identity on the basis of challenges to metaphysical sameness, the practical approach directs our focus to whether we integrate our experiences of change.<sup>167</sup>

If we compare metaphysical to practical approaches to identity, we see that the focus in terms of 'threats' is differently conceived. On a metaphysical account the focus is on identity qua sameness. If there is a change in identity that is extreme,

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<sup>165</sup> Schechtman, *The Constitution of Selves*, 86-89.

<sup>166</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 67.

<sup>167</sup> Brison notes whilst philosophers use thought experiments 'that slice and splice the self, they seldom consider real trauma. She argues that if they were to consider trauma, their focus would change questions such as can the soul survive the death of the body to the issue of whether the self can reconstitute itself after 'obliteration at the hands of another', see: Brison, "Outliving Oneself: Trauma, Memory, and Personal Identity."; Brison, *Aftermath: Violence and the Remaking of a Self*.

one literally goes out of existence and/or becomes a metaphysically distinct entity. This focuses the philosophical discussion on the wrong plane. Rather we should focus on the practical domain as posing 'threats' to our practical identity and agency. In contrast, on a practical account the focus is on agency which, like survival, comes in degrees, and so the stress falls on integration. Our focus is on the change and articulating this change in identity with an understanding of embodied agency (and not on whether you have become a metaphysically different human being).

Moreover, practical identity approaches illuminate why changes consequent on intervention can be perceived as challenging. The shift to agency and the first-personal perspective and an understanding of our lives as authorial provides a perspective on why change brought about by others (or intervention) can be seen as challenging. Korsgaard notes that agential continuity is what makes up practical identity and so changes that are brought about by factors other than our own agency can present a challenge to our practical identity. So, what is concerning about the thought experiments used by reductionists is that the changes are brought about by agencies other than our own.<sup>168</sup> She writes:

Where I change myself, the sort of continuity needed for identity may be preserved, even if I become very different. Where I am changed by wholly external forces, it is not. This is because the sort of continuity needed for identity essentially involves my agency.<sup>169</sup>

Korsgaard's account thus shows how changes not from our agency, for example from medical intervention and neural implants, can be seen as a potential threat as such changes challenge our identities as the author of our actions.

Drawing on Korsgaard's work on the connection between practical identities and agency - that one's practical identity involves expectations about how we should act, for what we are responsible and to whom we are accountable - Hilde Lindemann Nelson argues that bodily illness and injury can (force) a change in our conception of ourselves that challenges our ability to act out of our primary practical identities, that is out of our sense of who we are.<sup>170</sup> Nelson examines Margaret Edson's play *Wit*, and describes the change in identity of the main character with a diagnosis of cancer, from 'a witty, imperious, and articulate woman with a passion for the English language and an affection for her students that is tinged with contempt' to 'dying patient'.<sup>171</sup> Nelson argues that the impact of

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<sup>168</sup> Mackenzie makes this point in her discussion of Korsgaard's understanding of our relationship to our actions and lives as authorial and first-personal: see, Mackenzie, "Practical Identity and Narrative Agency," 9.

<sup>169</sup> Korsgaard, "Personal Identity and the Unity of Agency: a Kantian Response to Parfit," 21.

<sup>170</sup> Hilde Lindemann Nelson, "Damaged Bodies, Damaged Identities," *Philosophy in the Contemporary World* 11 (2004).

<sup>171</sup> Nelson, "Damaged Bodies, Damaged Identities," 7.

the illness is a challenge to her practical identity, because it challenges her agency - her ability to act out of her conception of who she is.

By applying a practical identity approach to the first-personal accounts we see that claims about identity change - that there's something about themselves that's been affected by the neural implant, even though their condition might be 'fixed' - aren't nonsensical. Even if a condition is ameliorated by the treatment, there may be a change in my practical identity. Our concern should be not just for unexpected clinical outcome, such as mania from DBS, but also with respect to whether can make sense of, and integrate, these changes.<sup>172</sup>

As reasons are normative for us, they allow us to explain actions third-personally and also to justify them first-personally. A threat to our practical identity would mean not valuing being the kind of person whose actions are guided by these attitudes. For example, the female journalist who says "I don't recognise myself anymore" is explaining that fighting the symptoms of Parkinson's provided the justification for, or made sense of, many of her actions and commitments, and now this identity no longer exists, she feels alienated from the person she was - who was a 'Parkinson's fighter'. And as Mackenzie and Walker note this also clarifies how changes from a third person perspective may be seen as potential threat. For Mr Garrison's wife, and the wife of the 'awakened' DBS patient, her practical identity as care-giver is called into question - all of a sudden, her actions don't seem to be meaningful.<sup>173</sup>

However it is not just the responses in terms of perceived threats that practical identity can make sense of. This account of practical identity shows how changes from neural implants may provide opportunities for people to constitute their chosen practical identities that were unavailable due to some cognitive or physical impairment. For example, Mike Robbins identifies with the implant as allowing him to engage in activities that represent a sense of who he is. Similarly, Michael Chorost describes his new found confidence and ability to engage in activities that he finds meaningful.

This account still leaves us with unresolved issues concerning whether the change is good or bad independent of whether the first-person accounts describe them as alienating or self-fulfilling. In this analysis I have focussed on the unity of practical identity; however, the analysis I have presented so far has been more appropriate to unity at a time - synchronic identity, in contrast to unity of a life

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<sup>172</sup> Note, agential unity (and an integrated sense of embodied self) may already be damaged or partial due to impairment from the condition which is being treated. I will be taking up these issues more directly in chapters 6.

<sup>173</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 379.



over time - diachronic identity. That is an account of the importance a person attaches to being the same experiential subject over time in response to the contingency inherent in living a human life over time.

As noted above, Korsgaard argues that her account of the unity of agency provides for identity at a time, and identity over or across time. That is, her account explains both synchronic agency and diachronic agency. This claim has been criticised by several philosophers - Schechtman, Mackenzie and Atkins - all of whom argue that Korsgaard's account explains synchronic agency (very well), but fails to give an adequate account of diachronic agency. These philosophers all argue that we need to move to a narrative account of identity in order to explain diachronic agency. Below, I outline these criticisms as a way of justifying the claim that in order to explain change over time we need a narrative account of identity.

Mackenzie and Walker note that a problem with Korsgaard's account 'is that her analysis of self-constitution is primarily synchronic; that is, it focuses on moments of deliberation and decision but not on the constitution of our identities over time'.<sup>174</sup> And so, Korsgaard's account is not adequate to explain changes in selfhood over time. In contrast to Korsgaard's primarily synchronic account of practical identity, Mackenzie and Walker argue that narrative accounts aim to explain 'the diachronic constitution and reconstitution of identity' and so are better able to explain how we construct our identities over time, in the face of the 'flux, fragmentation and contingency' that characterise human lives.<sup>175</sup>

As noted in the section above, Atkins draws heavily on Korsgaard's approach to practical identity. However, Atkins argues that we need to move beyond this approach and stipulate that the kind of unity required for human agency is specifically narrative unity - narrative integrates and unifies the tri-perspectival nature of selfhood and so explains continuity of practical identity over time (in temporally extended, human selfhood).

Given this developmental, intersubjective, practical, conception of selfhood, what is required for personal identity—that is, the unity of a single life such that it could be one's own life—a model that can mediate and synthesise the diverse and heterogeneous aspects of life. That model is narrative.<sup>176</sup>

### *Conclusion:*

In this section I have shown that the sense of identity raised in the first-personal accounts of self change is practical identity. Changes from interventions

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<sup>174</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 379.

<sup>175</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 380.

<sup>176</sup> Atkins, "Narrative Identity, Practical Identity and Ethical Subjectivity," 347.

can challenge agential unity and given the role of agency in constituting personal identity – these changes can challenge our ability to act out of our self-conceptions. The understanding of selfhood as integrating different or multiple perspectives shows that unified agency or identity is an achievement, one which can fail and is subject to changes from social and embodied conditions of agency. We see that changes in characteristics, including our embodiment, can challenge the practical identities of ourselves and others and directs the focus to how change can be integrated. This is in contrast to reductionist metaphysical approaches which in denying the role of the first-person perspective and practical dimensions of our lives are not only unhelpful for our accounts of self change consequent upon neural implants, but if used to understand the claims of identity change at issue, obscure what is at issue in identity change, and unhelpfully configure the threat to identity in terms of going out of existence. Thirdly, by drawing on critiques of Korsgaard, I motivated the need to adopt a narrative approach to agency, in order to explain identity and identity change over time.

## 2.5 Conclusion

In this chapter I have shown that the sense of identity raised in the first-personal accounts of self change from neural implants is practical identity. Further I have argued that any adequate account of identity of persons requires an adequate account of characterisation across change in order to address the concerns raised by the accounts on implant recipients' experiences. Using critiques by Korsgaard and Ricoeur I argued for the irreducibility of the first-person perspective and the practical necessity of agential unity. I argued that the unity of a person is achieved through agency or self-constitution and cannot be explained solely through reference to the unity relation of causal interrelations. Building on Korsgaard's approach to practical identity, using the work of Atkins, I showed that an embodied relational approach to practical identity understands selfhood as tri-perspectival and agency involves integrating these perspectives. The relational embodied approach to selfhood and the account of numerical identity as body constancy provides a corrective to metaphysical approaches to personal identity. I have also developed a relational concept of practical identity, outlining the relation between agency, embodiment and identity. The understanding of selfhood as integrating different or multiple perspectives shows that unified agency or identity is an achievement, one which can fail and is subject to changes from social and embodied conditions of agency. We see that changes in characteristics, including our embodiment, can challenge the practical identities of ourselves and others and directs the focus to how change can be integrated.

Understanding potential threats from neural implants in terms of practical identity gets us some way to seeing what's at issue in understanding the impacts of neural implants on personal identity - that is, an understanding of practical identity illuminates what matters to us from our first-personal perspective in identity change, and also the concerns we have when that change is not caused by the agent herself. This, however, does not resolve the question concerning the impacts of neural implants on personal identity. Any approach to practical identity must give an account not just of the unity of agency at a time, but must provide an explanation as to what gives unity or coherence to our agency over time. In the following two chapters I argue that narrative provides the structure by which we unify our practical identities over time and that the narrative approach illuminates threats to personal identity consequent upon neural implants in terms of one's ability to meaningfully author one's life. In the fifth chapter I argue that a relational approach to autonomy can make sense of changes from intervention, understanding these not in terms of an (external) threat per se, but as parallel to many other experiences that affect an agent's sense of who she is.

### 3. Narrative Agency & the Unity of Practical Identity

In this chapter, I inquire into what explains the continuity of a person's practical identity over time. I argue that narrative structures our experience and self-understanding and can account for the deeply unified and persisting subject of experience over time. In doing so, narrative approaches can explain what's at stake in identity change. Change can threaten narrative coherence, thus challenging our self-understanding and sense of being a continuing person, who is able to meaningfully author our lives. My argument builds on the critique of reductionism prosecuted in the previous chapter. Here my focus is on demonstrating that psychological reductionist approaches cannot account for the deep unity of a person's life over time and so cannot explain what matters to us in identity change and so what's at stake in changes consequent upon neural implants. This further develops my argument that a relational embodied approach to narrative agency and autonomy provides resources for understanding the impacts of neural implants on a person's identity.

In the first section I outline Schechtman's narrative self-constitution approach to practical identity as an answer to the characterisation question, an approach which can explain the deep unity of person's life. I contrast this approach with Schechtman's critique of psychological continuity approaches which fail to account for unity over time by addressing their answers about personal identity to the reidentification question. In doing so I set out the basic features of a narrative self-constitution approach, showing that it is concerned with practices of life organisation, including the role of constraints on what counts as a self-constituting narrative, and so further develop the relationship between identity and agency.

In the second section I address criticisms to the claim that narrative approaches assume a self as distinct from the human being and assume falsely that there is a deep diachronic unity to our lives. I introduce Galen Strawson's critique of narrative as consisting of a false empirical claim and as an ethically pernicious claim. I then respond to these criticisms by first drawing on the role of "narrative emplotment" to show that the claim about narrative unity is not an empirical claim, but a conceptual claim that narrative is a necessary organising principle of our lives, a principle which makes our lives ours. Moreover, by arguing that narrative synthesises time, it provides the ground for the claim that narrative is dynamic and can explain both continuity over time, as well as address the question of change over time. I then respond to Strawson's second, ethical criticism by drawing out the importance of narrative coherence for unified agency. I discuss

accounts of people suffering from narrative disruption to show the importance of a coherent self-narrative and unified agency for personal flourishing.

### 3.1 Personal Identity and the Extreme Claim

In the previous chapter I argued that the first-personal accounts are best illuminated as claims about practical identity (and not theoretical claims about metaphysical identity). In so doing I argued for the irreducibility of the first-personal perspective and an understanding of personal identity in terms of self-constitution and (self-reflexive) agency. I drew on and developed Korsgaard's approach to practical identity as about acting for reasons which unify agency and establish a character over time. I also raised concerns by Atkins and Mackenzie that Korsgaard's approach, whilst explaining unified agency at time, accounts less well for unified agency, or the persistence of an agent, over time. Korsgaard's discussion of self-constitution and that reasons project one into the future and thereby impose unity on the self does provide the direction for developing an account of the persistence of an agent over time. This connects with a narrative approach to self-constitution, wherein it is argued that the unity of a person's practical identity is understood as structured by narrative. This also provides a basis for seeing what was missing in the analysis of first-personal accounts of self-change consequent upon neural implants (2.4) - that we need to incorporate narrative structures as making sense of a life as *my life* over time. Narrative self-understanding is how we organise our experience and constitute the self as continuous and persistent in the face of the flux, contingency and change of everyday experience. In contrast to psychological and biological continuity approaches outlined in the previous chapter, the central claim of narrative is that personal identity should not be thought of in terms of discrete events or time-slices, but rather personal identity, and a person, should be understood in terms of the narrative structures which unify their lives. As Mackenzie writes:

The central claim of narrative approaches to identity or agency is that the lives of persons cannot be thought of as a series of discrete, disconnected experiences or events. Rather, to be a person is to exercise narrative capacities for self-interpretation that unify our lives over time.<sup>177</sup>

In this section I provide an account of the general features of Schechtman's narrative approach of self-constitution and how such an approach can explain the persistence or continuity of the agent over time. I build on Schechtman's distinction between questions of reidentification and characterisation outlined in the previous chapter (2.1.b & 2.2.a). I present Schechtman's argument that contemporary psychological continuity approaches are vulnerable to the extreme

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<sup>177</sup> Mackenzie, "Practical Identity and Narrative Agency," 11.

claim – the objection that identity as defined by psychological continuity theorists ‘is not *sufficient* to bear the importance we attach to it’.<sup>178</sup> Schechtman argues that because psychological continuity approaches attempt to explain identity through addressing the reidentification criterion, in terms of the sameness of consciousness of independent time-slices, this is an insufficient account of the persisting subject of experience. Without such an account psychological and biological continuity approaches are unable to explain the practical importance we attach to identity, nor the relation between identity and the four features - survival, compensation, self-interested concern and moral responsibility.<sup>179</sup> I then present Schechtman’s argument that the narrative self-constitution approach, by addressing the characterisation question, can account for an enduring subject of experience and explain the relation between personal identity and the four features. As such the narrative constitution view can account for the importance we attach to personal identity and is not vulnerable to the extreme claim. Schechtman’s argument turns on refiguring the understanding of ‘the sameness of consciousness’ from a causal relation of discrete time slices to a relation of attribution, which is structured by narrative and creates a temporally extended, single subject of experience.

### 3.1a Reidentification and the extreme claim

In this section I set out Schechtman’s argument that psychological continuity approaches are vulnerable to the extreme claim; that is, they fail to account for the practical importance we attach to identity, because they cannot account for the unity of a single persisting subject of experience.

Schechtman argues that we have pre-philosophical intuitions about the relation between personal identity and the four features of existence - survival, compensation, moral responsibility, and self-interested concern. Schechtman argues that we have intuitions that a persisting subject must endure in order to explain the set practices surrounding the four features.<sup>180</sup> Schechtman argues that any adequate account of personal identity must be able to express this relation to the four features in order to adequately explain what matters to us in claims about identity change - it must account for the unity of the experiencing subject.<sup>181</sup> As Schechtman states:

Survival involves the continuation of the same experiencing subject; moral responsibility requires that the experiencing subject who commits a crime be the one to experience the punishment; self-interested concern requires that the person having an experience in the future be the one who anticipates it, and

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<sup>178</sup> Schechtman, *The Constitution of Selves*, 62.

<sup>179</sup> Whilst the aim of biological continuity approaches may not be to explain the practical significance of the first-person perspective in identity, Schechtman’s point is that any approach to identity should explain this significance.

<sup>180</sup> Schechtman, *The Constitution of Selves*, 51.

<sup>181</sup> Schechtman, *The Constitution of Selves*, 78, cf 158.

compensation demands that the same experiencing subject who suffers a sacrifice enjoy the later benefits. In order to capture the connection between personal identity and the four features, then, we need a view according to which personal identity implies sameness of experiencing subject.<sup>182</sup>

Schechtman argues that psychological continuity approaches have been attractive because they implicitly draw upon the importance to us of practical continuity in survival, compensation, self-interested concern and moral responsibility. However, whilst psychological continuity approaches take it as their task to explain this relation, the form of the reidentification question forces their responses in a direction that makes this impossible and makes them vulnerable to the extreme claim.<sup>183</sup> And so, Schechtman's critique strikes these approaches where they claim to be the strongest.<sup>184</sup>

Schechtman sets forth the original formulation of the extreme claim as follows.<sup>185</sup> The first premise claims that numerical identity is required to explain the relation to the four features, that qualitative similarity between the psychological lives of distinct individuals is not a deep enough relation to account for a persisting subject of experience and so to underlie the four features.

Schechtman writes:

[T]he first premise tells us that qualitative similarity of the psychological life of two distinct individuals, A and B, is not sufficient for A to survive as B, or for B to be held morally responsible for A's actions, or for A to have self-interested fear regarding B's pain, or for B to be compensated by rewards to A.<sup>186</sup>

When unpacking this claim in terms of compensation, Schechtman draws on the example of Sally and her twin sister – whilst it may be appropriate to expect Sally to work overtime to pay for her college expenses, it is not appropriate to expect Sally's twin sister to work overtime to pay for Sally's college expenses.<sup>187</sup> The second premise claims that on the psychological continuity view all that identity amounts to is psychological similarity between distinct individuals' - this collapses the distinction between *being* me and someone being *like* me.<sup>188</sup> On the psychological continuity approach all it is for some future person to be me is for that person to have a psychological life qualitatively like mine. Schechtman argues

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<sup>182</sup> Schechtman, *The Constitution of Selves*, 149.

<sup>183</sup> Schechtman, *The Constitution of Selves*, 91-92.

<sup>184</sup> In the previous chapter I outlined Schechtman's argument that the logical form of the reidentification demands an all or nothing response, and to account for the fact that psychological continuity comes in degrees, psychological continuity theorists are forced to adopt either a reductionist or a four-dimensionalist view of persons to avoid problem cases like fission. Here, I set out her claim, that in doing so this makes them vulnerable to the extreme claim, that is, they construe psychological continuity in terms of the relation between two distinct temporal person-slices. This understanding of identity is too weak to explain the relation to the four features, and so, psychological theories are vulnerable to the extreme claim.

<sup>185</sup> Schechtman notes that this objection was originally raised against Locke by Reid and Butler, see Schechtman, *The Constitution of Selves*, 52.

<sup>186</sup> Schechtman, *The Constitution of Selves*, 52.

<sup>187</sup> For a fuller discussion of the motivation for the first premise, see Schechtman, *The Constitution of Selves*, 52-53.

<sup>188</sup> Schechtman, *The Constitution of Selves*, 53.

that this position is forced upon the psychological continuity approach because it defines personal identity in terms of causal relations between temporal parts that are really distinct from one another.<sup>189</sup> These two premises establish the conclusion that the psychological continuity theory cannot explain the relation between identity and the four features, because it cannot account for the sameness of the continuing subject, and so fails to account for the importance of identity.

Schechtman argues that the extreme claim, whilst historically set forth as a general problem for psychological approaches to identity, can also be applied to contemporary psychological continuity approaches, including both reductionist and four-dimensionalist variants.<sup>190</sup> This happens because they address the relation to the four features in terms of the reidentification question and so are forced to treat the sameness of consciousness in terms of the logical form of the reidentification question - in terms of the relation between person-stages at two different times.<sup>191</sup> The structure of the reidentification question 'draws a wedge' between the person at t1 and t2. Schechtman describes this wedge in terms of the inability of psychological approaches to account for the deep persisting subject and so for moral responsibility, thus demonstrating their vulnerability to the extreme claim.

The phrasing that is forced on reidentification theorists draws a wedge between the criminal and the recipient of the punishment which is not easily bridged. It requires that we first attribute the crime to one person (or person time-slice) and then attribute the punishment to an independently definable person (or person time-slice) and then ask whether these two persons are the same (or whether these two person time-slices are slices of the same person). The problem is that this means we can only attribute the crime to the person receiving the punishment *indirectly*—it must first be attributed to a past subject and then attributed to the present subject only via its connection with the past one. The need to define these two subjects independently, which reidentification theorists must do to avoid circularity, makes it impossible to attribute the past crime directly to the presently existing subject. ... [H]owever, if the crime is not attributed directly to that subject we cannot define a strong enough relation between the subject to whom it is attributed and the subject we plan to punish to make the punishment justifiable (the same argument holds, of course, for self-interested concern, compensation, and survival).<sup>192</sup>

Schechtman notes that there have been many attempts by proponents of psychological continuity approaches to respond to the extreme claim, but argues none are satisfactory, because the form of the reidentification question prohibits

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<sup>189</sup> Schechtman, *The Constitution of Selves*, 53-54.

<sup>190</sup> Schechtman notes that Parfit labels the charge "the extreme claim", see Schechtman, *The Constitution of Selves*, 51; Parfit, *Reasons and Persons*, 307-11.

<sup>191</sup> For a fuller discussion of Schechtman's claims that both four dimensionalist and reductionist accounts of persons are committed to treating persons in terms of time-slices see: Schechtman, *The Constitution of Selves*, 57-60.

<sup>192</sup> Schechtman, *The Constitution of Selves*, 90.



an answer that can capture the relation between the four features and identity.<sup>193</sup> Here I outline Parfit's response to the extreme claim and Schechtman's analysis of it. Recall in the previous chapter that Parfit concluded that 'identity is not what matters' in survival - what matters in survival is psychological connections. Schechtman considers two ways that Parfit's claim might undercut the force of the charge of the extreme claim: directly, by denying identity matters, i.e. that identity is not as important as we thought it was,<sup>194</sup> or indirectly by denying the first premise that numerical identity is required for personal identity and to explain the relation to the four features, and so avoid the conclusion.<sup>195</sup> Schechtman rejects both, the first carries no weight against the charge of the extreme claim, just claiming that it is not a problem does not actually meet the objection contained in the extreme claim, and the second only serves to demonstrate that psychological continuation is itself unimportant and so the affect we feel concerning the four features requires some other sort of explanation.<sup>196</sup>

Parfit's response however takes a different, counterintuitive, tack. Parfit would be non-plussed or unconvinced by Schechtman's arguments, for he takes the conclusion that numerical identity does not matter, not to be a refutation of his theory, but rather as an interesting result, in the face of which Parfit urges us to revise our pre-philosophical intuitions concerning the relation of identity to the four features and so reject our common sense conceptions about survival, compensation, self-interested concern and moral responsibility and revise our practices accordingly. Schechtman writes:

Parfit ... does not suggest that his claim that identity is not what matters refutes the extreme claim. Instead, he acknowledges that his psychological criterion has the consequence that we are mistaken in some of our most fundamental beliefs and practices. He is willing to admit that a person's relation to himself in the past and future is no different in kind from his relation to others, and that there is no reason why we should attach the affect and importance we do to either identity or psychological continuity. Parfit's ingenious move is to refuse to see this consequence as a *reductio* of the psychological continuity theory, claiming it instead as an interesting result.<sup>197</sup>

Whilst counterintuitive, Schechtman recognises Parfit's response is consistent, but questions 'why we should be willing to accept it'.<sup>198</sup> If we started out wanting to explain the relation identity bears to the four features and common practices,

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<sup>193</sup> Schechtman, *The Constitution of Selves*, 66.

<sup>194</sup> Schechtman, *The Constitution of Selves*, 61.

<sup>195</sup> Schechtman, *The Constitution of Selves*, 62.

<sup>196</sup> For a fuller discussion of Schechtman's objections, see Schechtman, *The Constitution of Selves*, 62.

<sup>197</sup> Schechtman, *The Constitution of Selves*, 63. For example it dissolves the conflict between self-interest and interest in others and so dissolves the conflicts between the demands of self-interest and of morality. Also, on seeing how tenuous one's connection to one's future self is may make one worry less about future suffering.

<sup>198</sup> Schechtman, *The Constitution of Selves*, 65.

and psychological continuity approaches argue we should be convinced by their accounts precisely because they can explain this relation, when they fail to do so, why shouldn't we reject psychological continuity approaches, rather than abandon our aim? Just because psychological continuity approaches are presented as 'our best hope' of capturing our intuitions about personal identity, if they cannot explain the phenomena, why should we then reject our pre-philosophical intuitions and so accept that there is no deep unity throughout the course of a person's life, i.e. no deep connection between different parts of a person's life.<sup>199</sup> Just because reidentification theorists have failed to show that there is a deep unity throughout the course of a person's life it doesn't mean that no account of identity can capture the relation to the four features, only that there is no reidentification criterion that can. Schechtman argues that rather than abandon our pre-philosophical intuitions we should give up the goal of attempting to explain these intuitions using the reidentification criterion. Instead we should address ourselves to answering the characterisation question with a different kind of theory of identity, which is narrative self-constitution.

### 3.1.b Characterisation and narrative self-constitution

Schechtman argues that the characterisation question is the appropriate context in which to investigate the relation between personal identity and the four features – i.e. our intuitions linking identity to the four features arise in the context of questions of characterisation. Recall, the characterisation question understands identity as 'the set of characteristics that make a person who she is', in contrast to the reidentification question which understands identity as 'the relation that every object bears to itself and to nothing else'.<sup>200</sup> Schechtman further argues that as narrative self-constitution addresses the characterisation question it can account for the persistence of the subject over time and as such can explain the relation between identity and the four features and so is not vulnerable to the extreme claim.

In contrast to the reidentification question, the characterisation question asks 'which actions, experiences, beliefs, values, desires, character traits, and so on ... are to be attributed to a given person'.<sup>201</sup> Schechtman contrasts the differing logical forms of the two questions and the answers they require as follows:

The reidentification question seeks to define a relation between *two distinct person-time-slices* that makes them slices of the same person. The characterization question, on the other hand, seeks to define a relation that holds between a *person* and *particular actions, experiences, or characteristics* that are hers.<sup>202</sup>

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<sup>199</sup> Schechtman, *The Constitution of Selves*, 65.

<sup>200</sup> Schechtman, *The Constitution of Selves*, 76.

<sup>201</sup> Schechtman, *The Constitution of Selves*, 73.

<sup>202</sup> Schechtman, *The Constitution of Selves*, 77.

As such, Schechtman argues, the form of the characterisation question, which defines connections between persons and their actions, and not between two independent time-slices, is in harmony with the four features and not automatically vulnerable to the extreme claim - that is, we can attribute actions and experiences directly to a subject.<sup>203</sup>

In the context of the characterization question we define connections between persons and the actions, experiences, and characteristics which are theirs, and so the question, "Is this the person who committed the crime?" can be seen quite simply as the question, "Is this past action attributable to the person/subject we plan to punish?" There is nothing in the form of the characterization question that prevents us from attributing past actions and experiences directly to present persons, and so providing them with a strong enough relation to those actions and experiences to justify our judgments of moral responsibility, self-interested concern, compensation, and survival.<sup>204</sup>

Moreover, the logical form of answers to characterisation are in harmony with psychological continuity which comes in degrees - a characteristic can be central to one's actions, one can have a belief to certain degree, unlike the demands of the reidentification criterion that understands identity as an all-or-nothing affair.

When we ask whether a person at t2 is the same as a person at t1 the answer should be quite simply "yes" or "no." ... With many questions of characterization, however, the requirement of all-or-nothingness does not apply. If, for instance, we ask whether P1 believes X or desires Y, the answer might be a simple "yes" or "no," but it might also be a longer story. We could be told "he believes X, but only half-heartedly" or "she says she wants Y, but she certainly doesn't seem to be very actively pursuing it" or "he believes X, but I bet if you pressed him he would be willing to give it up" or "her desire for Y is the driving force of her existence, it is what her whole life is about."<sup>205</sup>

Schechtman notes that the characterisation question is most often framed in terms of which characteristics are 'truly' those of some person, in contrast to those which just occur in her history.<sup>206</sup> Relations of attribution answer the characterisation question and these can come in degrees.

The degree to which an action expresses a person's identity is, moreover, precisely what the characterization question seeks to determine. An account of characterization should tell us whether a particular action is something that merely occurs in a person's history ..., something that is quite solidly hers, or something that flows naturally from features absolutely central to her character.<sup>207</sup>

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<sup>203</sup> Schechtman, *The Constitution of Selves*, 92.

<sup>204</sup> Schechtman, *The Constitution of Selves*, 90-91.

<sup>205</sup> Schechtman, *The Constitution of Selves*, 76.

<sup>206</sup> Characteristics that are truly those of some person are also contrasted with characteristics that do not arise from the agent herself, such as beliefs arising from brainwashing, hypnosis or coercion. The connection between questions of characterisation and autonomous (or authentic) agency is significant for questions concerning the impacts of neural implants on a person's identity. I discuss this more fully in chapter 5 on relational autonomy.

<sup>207</sup> Schechtman, *The Constitution of Selves*, 81.

It is not just whether an action occurs in a person's history, but whether and to what degree one identifies with it. Further, the four features admit of degrees. Looking at the centrality of an action to a person's identity, in the characterisation questions sense of identity, is relevant to moral judgments, questions of self-interested concern, compensation and survival, all of which come in degrees. For example, one can be more or less responsible for a given action that occurs in one's history and the degree to which an action is central to her identity links to how responsible we hold her to be. With respect to self-concern a person has an interest in the fulfillment of her desires, but more importantly not every desire, rather her considered desires; that is, the question as to which desires and goals a person takes to be important (important enough to sacrifice others desires or goals).<sup>208</sup> With respect to compensation we ask about the degree to which an individual is compensated for something and 'the degree to which a given individual is compensated by something obviously depends (at least in part) on how internal the goal it allows him to fulfill',<sup>209</sup> that is, rewards can be more or less his, and compensate him, more or less. Survival also admits of degrees and survival is linked to identity in the sense of characterisation rather than reidentification. As Schechtman notes a person is alive, that is, survives, to the degree to which her characteristics, actions and experiences are her own - to the degree to which they are expressed in her life.<sup>210</sup> To demonstrate this claim, Schechtman cites a continuum of cases, including irretrievable loss of consciousness (literal psychological death), and changes in personality experienced by victims of trauma, addicts, or cult members.

[W]hat the addict, prisoner of war, or abused spouse is being robbed of is, in a very real sense, his or her *life*.

... There is a clear sense in which it is reasonable to say that those living under such extreme duress and coercion that their lives are in no way self-expressive are indeed less alive than a person in ordinary circumstances.<sup>211</sup>

On this understanding, Schechtman claims we can make sense of the statements that people have "lost their identities" and "are no longer the same person" or "that the person we knew is gone" - these types of statements should not be understood as merely or entirely metaphorical, but as statements that can be taken literally and as such can be taken as literally true.

Having argued that questions of characterisation are not automatically vulnerable to the extreme claim, Schechtman proposes the narrative self-

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<sup>208</sup> Schechtman recasts self-interested concern from a concern with pain and pleasure to a concern to fulfill desires and pursue goals. Schechtman similarly recasts compensation, for example we forgo some desire to be better able to fulfill others. See Schechtman, *The Constitution of Selves*, 85-86.

<sup>209</sup> Schechtman, *The Constitution of Selves*, 86.

<sup>210</sup> Schechtman, *The Constitution of Selves*, 89.

<sup>211</sup> Schechtman, *The Constitution of Selves*, 88. Poltera notes that survivors of trauma often say that they are not the same person they were before, see Poltera, "Self-narratives, Story-telling and Empathetic Listeners," 71.

constitution view as the adequate theoretical response to the characterisation question concerning personal identity. Narrative self-constitution can account for a deeply unified and persisting subject of experience and so can illuminate our intuitions concerning the relationship between identity and the four features and so can explain the sense of a life as mine and why things matter to me.<sup>212</sup>

The formation of an identity-constituting narrative creates a single, temporally extended subject of experience, and any two actions or experiences attributed to the same person by this view are necessarily attributable to the same subject of experience. It is thus fairly clear, at least in general terms, that the narrative self-constitution view is able to avoid the extreme claim and to illuminate our intuitions concerning personal identity and the four features.<sup>213</sup>

I now explain on Schechtman's account how narrative creates a persisting subject of experience. Schechtman argues that 'a person creates his identity by forming an autobiographical narrative—a story of his life'.<sup>214</sup> On this approach, '[a] person's identity is created by a self-conception that is narrative in form'.<sup>215</sup> Schechtman writes:

At the core of this view [the narrative self-constitution view] is the assertion that individuals constitute themselves as persons by coming to think of themselves as persisting subjects who have had experience in the past and will continue to have experiences in the future, taking certain experiences as theirs. ... On this view a person's *identity* (in the sense at issue in the characterization question) is constituted by the content of her self-narrative, and the traits, actions, and experiences included in it are, by virtue of that inclusion, hers.<sup>216</sup>

Through narrative structures individuals organise their experience which establishes the individual's subjective relation to her actions and experiences. Schechtman argues that narrative self-conceptions have the logic and form of a story, that is, of a conventional, linear narrative.<sup>217</sup> A narrative is a form of self-conception that involves holism - individual events become intelligible when their place in the broader story is articulated.<sup>218</sup> The claim about holism, that actions are only intelligible in the context of the whole of a person's life, contrasts with those approaches that understand the lives of persons in terms of discrete time-slices.<sup>219</sup>

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<sup>212</sup> Schechtman, *The Constitution of Selves*, 161.

<sup>213</sup> Schechtman, *The Constitution of Selves*, 149.

<sup>214</sup> Schechtman, *The Constitution of Selves*, 93. This claim connects with Korsgaard's practical identity account as set out in the previous chapter, as Schechtman states: 'Seeing oneself as the protagonist of an identity-constituting narrative requires that one consider oneself as an agent, acting for reasons.' Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 85.

<sup>215</sup> Schechtman, *The Constitution of Selves*, 93.

<sup>216</sup> Schechtman, *The Constitution of Selves*, 94.

<sup>217</sup> Schechtman, *The Constitution of Selves*, 96.

<sup>218</sup> Schechtman, *The Constitution of Selves*, 96.

<sup>219</sup> Schechtman's claims about holism are also seen in the work of Richard Wollheim and Alasdair MacIntyre. Like the discussions of the previous chapter which critique reductionism, Wollheim argues that leading a life is a process and should not to be taken as a metaphysical claim - in order to understand the person and their life (qua product) we need to understand this process, and not the other way around, see Wollheim, *The Thread of Life*. For MacIntyre, human

To say that a person's life is narrative in character, then, is at least in part to claim that no time-slice (if you will) is fully intelligible—or even definable—outside the context of the life in which it occurs. To say that a person's *self-conception* is narrative is to say that she understands her own life in this way—interpreting the individual episodes in terms of their place in the unfolding story. A person's self-conception is a narrative self-conception, then, insofar as the incidents and experiences that make up his life are not viewed in isolation, but interpreted as part of the ongoing story that gives them their significance.<sup>220</sup>

Narrative form is both intelligible and coherent. Moreover, Schechtman argues that our self-conception must take this form i.e. the form of a narrative but more specifically the form of the story of a person's life. And, being a person involves recognising that it should be so, that is, in order to be a person one must have a 'particular type of subjectivity and orientation towards one's life' and that is, to see one's life unfolding 'according to the logic of a story'.<sup>221</sup> As Schechtman writes: 'The narrative self-constitution view thus demands that a person's self-conception take the form of a traditional linear narrative because it is this kind of self-conception which underlies the attitudes and practices that define the life of a person'.<sup>222</sup> On Schechtman's approach, a narrative self-conception is not a 'luxury', but rather is a principle by which we organise our lives:

The sense of one's life as unfolding according to the logic of a narrative is not just an *idea* we have, it is an organizing principle of our lives. It is the lens through which we filter our experience and plan for actions, not a way we think about ourselves in reflective hours.<sup>223</sup>

A narrative is intelligible in degrees, varying from an extreme of perfect intelligibility in which there is a strong or high degree of cohesion between the aspects in a person's life story in to a random sequence of experiences (which bear little relation to one another). Narratives can be mostly intelligible, conflicted, such as in an identity crisis, and disjointed, such as a person with advanced Alzheimer's disease.<sup>224</sup>

Personhood and attribution, like coherence, admit of degrees, and the degree of personhood and attribution varies with the degree to which a person's narrative coheres. This is true in two senses. First the degree to which a person's identity is well-defined overall depends on the degree of cohesiveness of his narrative as a whole. This fits nicely with our pre-philosophical intuitions—the more the different elements of a person's life hang together the more definite she is as a character, and so the better defined her identity. Second, the more a particular action, experience, or characteristic coheres with the rest of a person's narrative (that is, the more in character it is), the greater the degree to which it contributes

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action is not just a chronicle or a mere causal sequence. Rather human action has a narrative form and narrative is central to thinking about the identity of persons across time. See Alasdair MacIntyre, *After Virtue: a Study in Moral Theory* (Indiana: University of Notre Dame Press, 2010).

<sup>220</sup> Schechtman, *The Constitution of Selves*, 97.

<sup>221</sup> Schechtman, *The Constitution of Selves*, 113-14.

<sup>222</sup> Schechtman, *The Constitution of Selves*, 105.

<sup>223</sup> Schechtman, *The Constitution of Selves*, 113.

<sup>224</sup> Schechtman, *The Constitution of Selves*, 98.

to the overall intelligibility of that narrative and so the greater degree to which it is attributable to him.<sup>225</sup>

So, for a narrative to be self-constituting, narrative must be intelligible and coherent, and the more intelligible and coherent, the more well defined the character of the person. However, not all personal narratives are identity-constituting (and not all are autonomy enhancing, as well shall see in chapter 5). According to Schechtman, a self-narrative must be intelligible, to oneself and to others, at least in part and to some degree. A self-narrative is identity-constituting if it satisfies two constraints - the articulation constraint and the reality constraint. As Schechtman writes:

A view that held that *any* narrative self-conception was identity-constituting would be committed to the obviously false claim that persons cannot be mistaken about themselves. The narrative self-constitution view avoids this result by placing constraints on the kind of narrative that can constitute a person's identity. Only narratives that fall within these constraints are taken to be identity-defining, and what we commonly take to be mistakes in self-conception are, on this view, places where a person's self-narrative violates these constraints.<sup>226</sup>

These constraints introduce the idea that a person's self-conception must cohere with others' expectation of what a self-constituting narrative is, as well as their understanding of her narrative. With these constraints on narrative, Schechtman introduces a relational understanding of narrative identity. Not just any story I tell is identity-constituting; rather, others play a role in the constitution of my narrative identity.<sup>227</sup> If a self-narrative is to be identity-constituting, the articulation constraint requires that one's self-narrative is capable of articulation. That is, one should be able to give an account of one's history and motivations. As Schechtman writes: '[t]he narrator should be able to explain why he does what he does, believes what he believes, and feels what he feels'<sup>228</sup>, in response to others' requests for an explanation of his actions, motives and so on. Whilst one need not be able to self-consciously narrate their whole life, on Schechtman's account, one must be able to narrate parts of it. Further, Schechtman draws a distinction between "implicit" self-narratives and "explicit" self-narratives. An implicit self-narrative includes a person's underlying 'psychological organization', one may not be able to explain one's implicit self-narrative, but should be able to articulate, or render explicit, a self-narrative.<sup>229</sup> On Schechtman's account, those self-narratives that I explicitly endorse are more identity-constituting than those that are not. Below a minimal level of self-articulation one becomes incapable of directing and taking responsibility for one's actions.

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<sup>225</sup> Schechtman, *The Constitution of Selves*, 98.

<sup>226</sup> Schechtman, *The Constitution of Selves*, 94.

<sup>227</sup> In the following chapter (4.1.b) I will extend on the understanding of relationality in narrative identity.

<sup>228</sup> Schechtman, *The Constitution of Selves*, 114.

<sup>229</sup> Schechtman, *The Constitution of Selves*, 115.

The reality constraint requires that one's self-narrative cohere with reality if it is to be identity-constituting. Schechtman explains that whilst a self-narrative need not be accurate in every regard, to be identity-constituting it must cohere with basic observational facts about the world. Schechtman writes: 'This is not to say that a narrative must be totally accurate in every regard or contain no trivial mistakes, but it should exhibit a fundamental grasp of what the world is like'.<sup>230</sup> This constraint rules out self-narratives that are delusional, based on large or obvious factual errors, or at odds with others' views about oneself.

These constraints on narrative underscore the importance of these activities for identifying and constructing patterns of meaning. As Atkins' notes: 'Behind all these constraints on identity is the same principle, namely, that elements of a narrative identity must stand in relations of mutual implication and explanation'.<sup>231</sup> So, constraints on narrative work to explain the interplay between the first and third perspectives. This is where challenges to a person's identity arise, causing a disjunction between first- and third-personal perspectives. Schechtman's approach here recognises that self-constitution requires objective reference.

Schechtman argues that these constraints on narrative explain the four features and yield the kind of subjectivity that allows for the life of a person.<sup>232</sup> Schechtman draws on a rereading of Locke's "sameness of consciousness" in terms of attribution to support her account of what it is to have an identity-constituting self-narrative and so her argument that narrative avoids charges of the extreme claim. This rereading argues that Locke's discussions about identity and reward and punishment (i.e., forensic personhood) address the characterisation question - the ascription of particular actions and experiences to a particular person, in terms of a relation of attribution, and that Locke is not meaning to address the reidentification question in terms of memory connections. Schechtman argues that with this phrase 'personal identity consists in sameness of consciousness' Locke is talking about the extension of consciousness, stressing the affective (and not so much cognitive) side of consciousness.<sup>233</sup> Locke describes consciousness in terms of pleasure and pain and happiness and memory, as Schechtman writes: 'it is in consciousness that we experience the affect that underlies self-interested concern, compensation, and justice and punishment'.<sup>234</sup> Locke makes a connection between the affective aspects of consciousness and the appropriation of particular actions and experiences and so explains how certain present experiences become part of

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<sup>230</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 83.

<sup>231</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 79.

<sup>232</sup> Schechtman, *The Constitution of Selves*, 114.

<sup>233</sup> Schechtman, *The Constitution of Selves*, 122.

<sup>234</sup> Schechtman, *The Constitution of Selves*, 109.



present consciousness, as well as past experience, i.e. consciousness extending back in time.

Present actions are made part of a person's present consciousness by affecting his well-being or causing him pleasure or pain. Locke tells us that persons make past actions and experiences theirs on just the same grounds, so on his view past actions and experiences become those of a present person if they affect *present* consciousness, causing the person pleasure and pain in the *present*. On this reading we extend consciousness back in time to some past action or experience by caring about it in the appropriate way — by *feeling* its effects.<sup>235</sup>

With this argument, Schechtman argues that narrative creates a single persisting subject of experience over time. As Schechtman writes:

The formation of an identity-constituting narrative alters the nature of an individual's experience in a way that extends consciousness over time, producing a persisting experiencer who is the primary experiencing subject.<sup>236</sup>

Schechtman argues that consciousness and subjectivity should be conceived as spread out over time rather than made up of a series of independent time-slices, and that the incorporation of actions and experiences into one's narrative alters subjectivity. This shows that the experience of a person is had by an extended narrative subject and not by a time-slice.<sup>237</sup> Schechtman uses a set of analogies to draw out the difference. Whilst substantialist accounts view the continuity of persons in terms of beads on a string (where the string is the person and the beads their distinct experiences)<sup>238</sup> and reductionist views in terms of a river (where the flow of the river indicates the unity of a person, i.e. 'persons consist in the steady stream of different experiences'),<sup>239</sup> narrative self-constitution views the composition of the person in terms of a 'complicated soup or stew'<sup>240</sup> - whilst made up of separate ingredients, they interact and influence one another. On this analogy the ingredients are understood as a complex whole and not as a 'collection of ingredients laid out in some particular arrangement'.<sup>241</sup> As Schechtman writes:

The narrative is like the soup into which experiences are thrown, seasoning and altering one another — the past is reinterpreted and experienced in a new light in virtue of the present; the expectation of the future gives a different taste to current experience; and future experiences will have their character within the context of the whole.<sup>242</sup>

This process creates a subject who is conceptually prior to experience (i.e. conceptually prior to its temporal parts). As Schechtman writes:

[T]he organization of experience into a narrative self-conception actually changes the nature of subjectivity in a way that is reasonably described as the creation of a

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<sup>235</sup> Schechtman, *The Constitution of Selves*, 109.

<sup>236</sup> Schechtman, *The Constitution of Selves*, 149.

<sup>237</sup> Schechtman, *The Constitution of Selves*, 144.

<sup>238</sup> Schechtman, *The Constitution of Selves*, 143.

<sup>239</sup> Schechtman, *The Constitution of Selves*, 143.

<sup>240</sup> Schechtman, *The Constitution of Selves*, 143.

<sup>241</sup> Schechtman, *The Constitution of Selves*, 143.

<sup>242</sup> Schechtman, *The Constitution of Selves*, 144..

temporally extended experiencing subject who is conceptually prior to experience.<sup>243</sup>

Further, with narrative self-constitution we attribute actions to the same narrative self.

The formation of an identity-constituting narrative creates a single-temporally extended subject of experience, and any two actions or experiences attributed to the same person by view are necessarily attributable to the same subject of experience. It is thus fairly clear, at least in general terms, that the narrative self-constitution view is able to avoid the extreme claim and to illuminate our intuitions concerning personal identity and the four features.

Schechtman argues that, with an account of the persistence of a single, experiencing subject, we can further make sense of the attitudes and practices surrounding the four features.<sup>244</sup> In this analysis, again, the relevant unit is narrative as a whole (and not a time-slice)

Since the relevant unit of concern on this view is the narrative as a whole, and since a person has an interest in the character of the whole of her life story, it makes sense that just punishment must take questions of identity into account. On the narrative self-constitution view, that the person who committed the crime is the one who is punished for it is saying that the crime and punishment occur in the same narrative.<sup>245</sup>

Thus, for Schechtman, narrative self-constitution creates a single persisting subject which acts as the basis for the four features. This subject has an interest, or concern for, not just the present moment, but in the whole of her life story. As such the narrative self-constitution can explain why personal identity matters and the role of our pre-philosophical intuitions and practices surrounding the four features, and is not vulnerable to the extreme claim.

### *Conclusion:*

In this section I have outlined Schechtman's narrative self-constitution approach to practical identity as an answer to the characterisation question, an approach which can explain the deep unity of person's life in relation to the four features grounding our concerns about identity over time. I have contrasted this approach with her critique of psychological continuity approaches which fail to account for unity over time by addressing their answers about personal identity to the reidentification question. In doing so I set out the basic features of a narrative self-constitution account, showing that it is concerned with practices of life organisation, including the role of constraints on what counts as a self-constituting narrative, and so the relationship between identity and agency.

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<sup>243</sup> Schechtman, *The Constitution of Selves*, 145, cf 157.

<sup>244</sup> Schechtman, *The Constitution of Selves*, 161.

<sup>245</sup> Schechtman, *The Constitution of Selves*, 160.

## 3.2 Defending Narrative

The claim that persons constitute their identity through the construction of self-narratives has been subject to a number of criticisms. These can broadly be grouped into ‘metaphysical’ and ‘ethical’ criticisms. These criticisms are recognised in Strawson’s well-known arguments against narrative approaches - that they present a false descriptive thesis and a pernicious ethical thesis. In this section, drawing on the role of constraints on narrative for identity-constituting narrative, I defend Schechtman’s narrative self-constitution approach against these criticisms.<sup>246</sup> This draws out the importance of narrative as an organising principle of people’s lives that can explain both the unity (or stability) and contingency and flux of human lives, as well as the importance of narrative coherence or unity for an integrated self-conception and leading the life of a person. In doing so, I also distinguish Schechtman’s narrative approach from other approaches to narrative self-constitution.<sup>247</sup>

I firstly introduce Strawson’s critique of narrative as both a false empirical claim and as an ethically pernicious claim. I then respond to these criticisms by first discussing the role of narrative emplotment and temporality using Ricoeur to show that narrative unity is not a claim about an empirical unity, rather it is a claim about a necessary organising principle of our lives which make our lives ours - that is, a conceptual claim about the necessity of practical unity and the role of narrative in structuring subjectivity. I then respond to the ethical criticism by drawing on accounts of people who suffer incoherence in their lives to show the importance of self integration to our flourishing and that narrative coherence is a claim about the practical importance of diachronic unity in a person’s life.

### 3.2.a Strawson’s critique of narrative

Strawson argues for a metaphysical materialist account of the synchronic unity of the (mental) self which he uses as the basis for critique of narrative approaches to personal identity. Narrative approaches, Strawson argues, rely on a mistaken understanding that self continuity is diachronic, which Strawson thinks rests on the mistaken assumption that the self is a distinct entity from the human being. From this position Strawson argues that narrative is a false descriptive thesis and a pernicious ethical thesis.

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<sup>246</sup> In the following chapter, I critically engage with, and extend on, Schechtman’s self-constitution view of narrative. Here, my aim is to show that Schechtman’s narrative self-constitution can meet Strawson’s objections.

<sup>247</sup> See Schechtman for a discussion of differing approaches to narrative in personal identity. Marya Schechtman, “The Narrative Self,” Shaun Gallagher (Oxford: Oxford University Publishing, 2011). Also, see Anthony Rudd, “In Defence of Narrative,” *European Journal of Philosophy* 17 (2007).

Strawson argues that the problem of the self arises from the phenomenological experience of a “sense of self”, and as such, the problem of the self is not an illusion which arises from an improper use of language. Strawson writes:

Most people believe in the self, conceived of as a distinct thing, although they are not clear what it is. Why do they believe in it? Because they have a distinct sense of, or experience as of, the self, and they take it that it is not delusory. This sense of the self is the source in experience of the philosophical problem of the self.<sup>248</sup>

Strawson argues that a metaphysical account of the self must start with the phenomenological experience of the self; the factual metaphysical question - is there such a thing as a self? - requires an answer to the phenomenological question, what is the nature of the human sense of self? Strawson defines the phenomenological as experience/conception of a mental self<sup>249</sup> - ‘a distinctively mental phenomenon’ or ‘distinct mental thing’.<sup>250</sup> This he distinguishes and separates from consideration of the human being as a whole.

What, then, is the ordinary, human sense of the self, in so far as we can generalize about it? I propose that it is (at least) the sense that people have of themselves as being, specifically, a mental presence; a mental someone; a single mental thing that is a conscious subject of experience, that has a certain character or personality, and that is in some sense distinct from all of its particular experiences, thoughts, and so on, and indeed from all other things.<sup>251</sup>

Strawson lists eight properties that the sense of the mental self is ordinarily conceived or experienced as, including: as a single, distinct mental thing, both at a time and over time, as the subject of experience, an agent and as a personality. Strawson writes:

[T]he mental self is conceived or experienced as (1) a *thing*, (2) a *mental* thing, a *single* thing that is single both (3) *synchronically* considered and (4) *diachronically* considered, (5) a thing that is *ontically distinct* from all other things, (6) a *subject of experience* and (7) an *agent* that has (8) a certain personality.<sup>252</sup>

From this list of properties Strawson rejects properties (4), (7) and (8) and argues that the sense of the mental self (SMS) should be thought of as a single thing which has a strong unity of internal connectedness (and its principle of unity is taken to be mental).<sup>253</sup> Strawson argues that the phenomenological experience

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<sup>248</sup> Galen Strawson, “The Self,” in *Models of the Self*, ed. Shaun Gallagher and Jonathon Shear (Exeter: Imprint Academic, 2002), 2.

<sup>249</sup> This is phenomenology understood as a form of bracketing with direct experience of the object (a kind of empirical phenomenology), i.e. we can establish a metaphysical self in abstraction from thinking about the complex embodied human being considered as a whole. This is in contrast to the phenomenological approach I draw on in the previous chapter and develop throughout this thesis. The phenomenological approach I develop takes psychico-corporeal holism as its starting point. On this account embodiment grounds agency, which precedes, and enables, a unified self-conception. Strawson denies the importance of agency to the question of selfhood.

<sup>250</sup> Strawson here perpetuates the mind/body distinction as he connects, or motivates, our sense of ourselves a distinct mental thing with ‘the feeling that one’s body is just a vehicle or vessel for the mental thing that is what one really or most essentially is.’ Strawson, “The Self,” 3.

<sup>251</sup> Strawson, “The Self,” 3.

<sup>252</sup> Strawson, “The Self,” 8.

<sup>253</sup> As my concern here is more with criticisms of narrative, I do not address Strawson’s arguments for materialism.

of self yields a synchronic unity of self, as a thing existing at a given time - 'an experientially unitary or unbroken or hiatus-free period of thought or experience'.<sup>254</sup> This sense of self exists momentarily for a small duration of time, a few seconds of thought or experience. According to Strawson, the phenomenological experience does not reveal a sense of self as a diachronic unity - of a single thing that persists through time, having long-term continuity.<sup>255</sup> '[O]ne can have a full sense of the single mental self at any given time without thinking of the self as something that has long-term continuity'.<sup>256</sup> Strawson finds 'no direct phenomenological warrant in the moment-to-moment nature of our thought processes'<sup>257</sup> for long-term continuity and concludes that a sense of self is complete without it.

Strawson argues for a metaphysical "pearl theory" of momentary successive mental selves - selves which follow each other one at a time like pearls on a string. Strawson writes:

I will call my view the Pearl view, because it suggests that many mental selves exist, one at a time and one after another, like pearls on a string, in the case of something like a human being.<sup>258</sup>

Strawson concludes that diachronic unity across time is not necessary for an account of the self (as mental and metaphysical), despite the common conviction to the contrary, and explains that the sense of any long term continuity is derived from indirect sources such as through memory.

I have been arguing ... that the sense of the mental self as something that has long-term continuity lacks a certain sense of direct phenomenological warrant in the moment-to-moment nature of our thought processes. It is not supported at the level of detail by any phenomenon of steady flow. If there is any support for belief in the long-term continuity of the self in the nature of moment-to-moment consciousness, it is derived indirectly from other sources — the massive consultancies and developmental coherencies of *content* that often link up experiences through time, and by courtesy of short-term memory, across all the jumps and breaks of flow.<sup>259</sup>

Diachronic self-experience involves an extended experience of the self over time. Strawson states that '[t]he basic form of Diachronic self-experience is that one naturally figures oneself, considered as a self, as something that was there in

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<sup>254</sup> Strawson, "The Self," 9.

<sup>255</sup> As we saw in 2.2.b, Parfit also denies the possibility of any kind of real extension of consciousness over time, beyond that of overlapping connections. Strawson goes a little further than Parfit in his denial that there is no diachronic unity.

<sup>256</sup> Strawson, "The Self," 19.

<sup>257</sup> Strawson, "The Self," 19.

<sup>258</sup> Strawson, "The Self," 20. Strawson further explains and defends this view in Galen Strawson, "The Self and Sesmet," in *Models of the Self*, ed. Shaun Gallagher and Jonathan Shear (Exeter: Imprint Academic, 2002). Strawson distinguishes his "Pearl view" from Hume's "bundle theory" and Dennett's view of the self as an abstraction, both of which propose a diachronic unity of differing sorts. See Strawson, "The Self," 21. Strawson also argues that his account is not reductionist, as he rejects both thick and thin psychological continuity conditions.

<sup>259</sup> Strawson, "The Self," 19.

the (further) past and will be there in the (further) future'.<sup>260</sup> In contrast, Episodic self-experience is characterised as the negative of Diachronic self-experience. Whilst Episodics are aware from the human perspective that they are continuous, qua self: 'If one is Episodic, by contrast, one does not figure oneself, considered as a self, as something that was there in the (further) past and will be there in the (further) future'.<sup>261</sup> Diachronics, in contrast to Episodics, thus experience their lives as structured, far more so than Episodics.

Strawson connects this conclusion to people having different characters, as episodic or diachronic, and claims that certain differences, such as a good memory, (or a narrative sense of their lives), might encourage a sense of the mental self that has long-term diachronic continuity, that is, in thinking of one's past, or in anticipating one's future.

One can be fully aware of the fact that one has long-term continuity as a *living human being* without *ipso facto* having any significant sense of the *mental self* or *subject of experience* as something that has long-term continuity. One can have a vivid sense of oneself as a mental self, and strong natural tendency to think that this is what one most fundamentally is, while having little or no interest in or commitment to the idea that the I who is now thinking has any past or future.<sup>262</sup>

Strawson further links these claims about episodic and diachronic personality types to narrative ways of thinking, arguing that episodic personality types are non-narrative, whereas diachronic personality types are narrative.

Strawson takes most narrative theorists to be committed to two claims: a descriptive, empirical claim and a normative, ethical claim. The 'psychological Narrativity thesis', is that human beings 'see or live or experience their lives' in narrative terms.<sup>263</sup> Strawson characterises the psychological narrative thesis as 'a straightforwardly empirical, descriptive thesis about the way ordinary, normal human beings experience their lives'.<sup>264</sup> 'This is how we are, it says, this is our nature'.<sup>265</sup> Strawson cites examples of this thesis in formulations of narrative by Oliver Sacks, Jerry Bruner and Daniel Dennett.<sup>266</sup> The 'ethical Narrativity thesis' claims that 'we ought to live our lives narratively, or as a story'.<sup>267</sup> It 'states that experiencing or conceiving of one's life as a narrative is a good thing; a richly Narrative outlook is essential to a well-lived life, to true or full personhood'.<sup>268</sup> Strawson cites examples of this thesis in formulations of narrative by Charles

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<sup>260</sup> Galen Strawson, "Against Narrativity," *Ratio* 17 (2004), 430.

<sup>261</sup> Strawson, "Against Narrativity," 430.

<sup>262</sup> Strawson, "The Self," 14.

<sup>263</sup> Strawson, "Against Narrativity," 428.

<sup>264</sup> Strawson, "Against Narrativity," 428.

<sup>265</sup> Strawson, "Against Narrativity," 428.

<sup>266</sup> Strawson, "Against Narrativity," 435.

<sup>267</sup> Strawson, "Against Narrativity," 428.

<sup>268</sup> Strawson, "Against Narrativity," 428.

Taylor and Marya Schechtman. Strawson further notes that some approaches combine both the descriptive and normative claims, such as Schechtman's formulation. Strawson argues that both theses are false, but whilst the descriptive thesis is straightforwardly or trivially false, the ethical thesis is also destructive.

Strawson writes:

It's just not true that there's only one good way for human beings to experience their being in time. There are deeply non-Narrative people and there are good ways to live that are deeply non-Narrative. I think the ... views [that the normative thesis is true (only) or that both the descriptive and normative theses are true] hinder human self-understanding, close down important avenues of thought, impoverish our grasp of ethical possibilities, needlessly and wrongly dismiss those who do not fit their model, and are potentially destructive in psychotherapeutic contexts.<sup>269</sup>

Strawson's argument against the descriptive and normative thesis turns on the distinction between 'Episodic' and 'Diachronic' self-experience and types of persons noted above.

According to Strawson, the distinction between Diachronics and Episodics shows that the descriptive and narrative claims are false. Many people, including Strawson himself, do not experience their life in the structured form of a narrative.<sup>270</sup> Strawson describes these two types as follows:

Some people live deeply in narrative mode: they experience their lives in terms of something that has shape and story, narrative trajectory. Some of them are self-narrators in a stronger sense: they regularly rehearse and revise their interpretations of their lives. Some people, again, are great planners, and knit up their lives with long-term projects.

Others are quite different. They have no early ambition, no later sense of vocation, no interest in climbing a career ladder, no tendency to see their life in narrative terms or as constituting a story or a development. Some merely go from one thing to another. They live life in a picaresque or episodic fashion. Some people make few plans and are little concerned with the future. Some live intensely in the present, some are simply aimless.<sup>271</sup>

Strawson argues that those (many) people who are Diachronic are also Narrative in their approach to life, and whilst Episodics are 'perfectly well aware that one has long-term continuity considered as a whole human being. Episodics are likely to have no particular tendency to see their life in Narrative terms'.<sup>272</sup> So, whilst narrative identity, with its stress on temporally extended self-experience may well characterise the experience of Diachronics, it does not characterise the

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<sup>269</sup> Strawson, "Against Narrativity," 429.

<sup>270</sup> Strawson describes himself as Episodic, claiming he has no sense of his life as narrative in form, nor any sense of it being his, in anything but an 'utterly remote and theoretical sense'. Strawson, "'The Self,'" 16. Strawson also describes these dispositions, or personality types, as genetically determined.

<sup>271</sup> Strawson, "'The Self,'" 15.

<sup>272</sup> Strawson, "Against Narrativity," 430.

experience of all people, most notably, Episodics. Moreover, Strawson claims, as an Episodic, leads a flourishing life.<sup>273</sup>

On this basis of this argument, Strawson argues that narrative is a false descriptive thesis which mistakenly understands the self as an enduring entity which exists distinct from the human being and mistakenly posits a deep or real diachronic unity in our lives. So, the narrative claim that people constitute their identities through the constitution of narrative is accordingly false. Strawson's criticism of narrative self-constitution as a false descriptive thesis draws attention to a set of associated charges: that the concept of self-narrative suggests that we have more authorial control over our lives and identities than we in fact do - our lives are rather ones characterised by contingency and change in unpredictable ways;<sup>274</sup> that the stress on authorship suggests that we must try to act like a character in a novel or make our lives fit the form of a literary genre - rather than living our lives we are constantly reflecting on them;<sup>275</sup> and, that as narrative self-constitution concerns interpretation and not just representation, narrative self-constitution approaches cannot adequately distinguish truthful from deceptive or delusional self-narratives.<sup>276</sup>

On the basis of this argument, Strawson also argues that narrative is an ethically pernicious feature, because it encourages the view that only some types of self-narratives are socially valuable. Because of the stress that narrative places on unity, as well as the social context, this leads to charges that narrative views tend towards the conventional, and so can be conservative and limiting.<sup>277</sup>

Below I demonstrate that both of Strawson's claims fail against Schechtman's self-constitution approach. Schechtman's focus on narrative as a necessary organising principle, which presupposes a "conceptually prior" subject, as well as the formulation of narrative constraints, meets Strawson's objections.<sup>278</sup> I firstly

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<sup>273</sup> Strawson, "Against Narrativity," 430.

<sup>274</sup> For an example of this line of criticism, see John Christman, "Narrative Unity as a Condition of Personhood," *Metaphilosophy* 35 (2004).

<sup>275</sup> For examples of this line of criticism, see Strawson, "Against Narrativity."; S. Vice, "Literature and the Narrative Self," *Philosophy* 78 (2003); Peter Lemarque, "On Not Expecting Too Much From Narrative," *Mind & Language* 19 (2004); Peter Lemarque, "On the Distance Between Literary Selves and Real-life Narratives," *Royal Institute of Philosophy* 60 (2007).

<sup>276</sup> For a presentation (and response) to this line of criticism, see: Kennett and Matthews, "Normative Agency."; Mary Jean Walker, "Neuroscience, Self-understanding and Narrative Truth," *American Journal of Bioethics* 3 (2012).

<sup>277</sup> For examples of these lines of criticism, see Paul John Eakin, "Narrative Identity and Narrative Imperialism: a Response to Galen Strawson and James Phelan," *Narrative* 14 (2006); Michel Foucault, "About the Beginning of the Hermeneutic of the Self," *Political Theory* 21 (1993); Strawson, "Against Narrativity."

<sup>278</sup> Schechtman does respond to Strawson's criticisms, see Marya Schechtman, "Stories, Lives, and Basic Survival: a Refinement and Defense of the Narrative View," *Royal Institute of Philosophy* 60 (2007). I do not engage directly with Schechtman's response, as my concern here is to defend



respond to the argument that narrative is a false descriptive claim and then the charge that narrative is an ethically pernicious claim.

### 3.2.b The synthetic powers of narrative

In this section I respond to Strawson's claim that narrative is a false descriptive or empirical thesis, which assumes a self as distinct from the existence of the human being and a deep diachronic unity in identity. I firstly draw on Schechtman's arguments that narrative shapes subjectivity and creates an enduring subject, that is conceptually prior to experience. This draws attention to the fact that Schechtman is making a conceptual claim that narrative is an organising principle, and as such, is not an empirical claim about how individuals experience their lives. I then develop this argument by drawing on Ricoeur's arguments that "narrative emplotment" synthesises and organises our experiences. Ricoeur's arguments, like Schechtman's, stress that narrative synthesis is a conceptual claim about how our practical identities are structured over time, and neither an empirical claim about experience is organised, nor a metaphysical claim about an ontologically prior subject. I then demonstrate that this understanding provides a "full blooded", or thick, account of agency, which sets out the relationship between identity and agency.

Schechtman argues that narrative shapes subjectivity which creates a conceptually prior subject. Narrative structures integrate our experience (an act of self-constitution) and thereby constitute the self as temporally extended. This stresses the point that narrative self-constitution is not an empirical claim, but a conceptual claim about narrative as an organising principle. According to Schechtman, the continuity of our lives should not be conceived as a string of pearls, as Strawson describes it. Rather the recognition that narrative is an organising principle which processes experiences, so that actions and events are understood holistically, means the continuity of our lives is better understood through analogy with a complex soup, a combination of ingredients that flavour one another. This addresses Strawson's claims that narrative explanations are descriptive or empirical claims; moreover it addresses the argument that narrative is merely some reflective activity and so the charge that narrative implies that we must live our lives as if there were a narrative, trying to make them fit some genre. Recall, on Schechtman's account a narrative self-conception is not a 'luxury', but rather is a principle by which we organise our lives:

The sense of one's life as unfolding according to the logic of a narrative is not just an *idea* we have, it is an organizing principle of our lives. It is the lens through

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the general contours of Schechtman's view against Strawson's objections. In the following chapter I critically engage with Schechtman's view, extending on it to more adequately account for the role of embodiment and others in the constitution of our self-narratives.

which we filter our experience and plan for actions, not a way we think about ourselves in reflective hours.<sup>279</sup>

As noted in section 3.1:

The central claim of narrative approaches to identity or agency is that the lives of persons cannot be thought of as a series of discrete, disconnected experiences or events. Rather, to be a person is to exercise narrative capacities for self-interpretation that unify our lives over time.<sup>280</sup>

Ricoeur argues that narrative thinking deploys structures, forms of practical reasoning (that is, reasoning directed towards action), which coordinate two orders of time: cosmological time - our linear time span from birth to death - and phenomenological time - how we experience time in terms of past, present and future. Ricoeur argues that mainstream philosophy has tended to treat these two conceptions of time in opposition to one another, understanding cosmological time as pertaining to physical objects and phenomenological time to psychology. In contrast, narrative structures bring these two orders together and it is through these organising and interpretative structures the unity and continuity of identity is articulated.<sup>281</sup> This responds to the complexity of the human experience of temporality.

Ricoeur draws on the mediating role of the plot in Aristotle's *Poetics* to explain how narrative understanding renders our lives intelligible, through a process of "emplotment".<sup>282</sup> Just as a story's plot configures the characters, motives and actions into a unified whole, rendering the elements of the story meaningful, so narrative emplotment creates a temporally, continuous, conceptual whole, thus rendering elements of our lives meaningful. Ricoeur writes of narrative understanding, that narrative is dynamic 'synthesis of the heterogeneous'.<sup>283</sup> Narrative emplotment 'extracts a configuration from a succession'<sup>284</sup> of events, incidences, agents, goals, and so on; that is, narrative converts contingency to causality by ordering the elements of a life chronologically.<sup>285</sup> As Atkins writes:

The central feature of narrative is emplotment. ... In a narrative, the schematisation of characters, objects, motives, places, circumstances, events, and times within a chronological order, defined by a specified beginning and end, brings about a cognitive affect in the reader. It converts "one thing after another" to "one thing because of another." This effect is produced when the plot organises the connections between characters, agents, motives, objects, consequences, and so on, in a way that provides answers to questions of 'who?', 'with whom?', 'how?', 'when?', and so on. When the plot provides answers to these questions it

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<sup>279</sup> Schechtman, *The Constitution of Selves*, 113.

<sup>280</sup> Mackenzie, "Practical Identity and Narrative Agency," 11.

<sup>281</sup> See Paul Ricoeur, *Time and Narrative* (Chicago: The University of Chicago Press, 1990), pp23ff., and Ricoeur, *Oneself as Another*.

<sup>282</sup> Ricoeur, *Time and Narrative*, 65ff.

<sup>283</sup> Ricoeur, *Time and Narrative*, 66.

<sup>284</sup> Ricoeur, *Time and Narrative*, 65.

<sup>285</sup> Ricoeur, *Time and Narrative*, 82-87.

simultaneously delineates the sphere of action and constitutes the internal logic of the narrative.<sup>286</sup>

Emplotment and narrative understanding render events intelligible and meaningful.<sup>287</sup> Emplotment structures our understanding of our lives in terms of a beginning, middle and end, as well as allowing us to ask Who, What, Why, and When? Narrative is the product of a protagonist's process of emplotment. The relevance of the structure of emplotment is that it demonstrates that agency has a narrative template, and so is narrative agency. As Meyers writes:

Intentional agency — schematically, a purpose moves someone to act in order to bring about an outcome — coincides with the most familiar, barebones narrative template — beginning/purpose, middle/act, end/outcome.<sup>288</sup>

On Ricoeur's account, narrative solves the problem of change through time, and thereby constitutes a continuing self, because it mediates between *idem* – sameness – and *ipse* – selfhood, senses of identity. Recall, this distinction was set out in 2.2.d to distinguish between two senses of identity and was also used by Atkins to motivate a contrast between the numerical identity of objects, from a third-personal perspective, and the self-constancy of our first-personal sense of embodiment. *Idem* is concerned with identity of a person as an object in time and space and *ipse* identity is concerned with the identity of a person in terms of reflective selfhood. They respond to the questions: “What am I?” and “Who Am I?”, respectively. Ricoeur argues that there is a dialectical tension between these two senses of identity; *ipse* recognises that people change but *idem* identity requires sameness. Narrative structures experience, mediating between concordance and discordance – that is, unexpected events – to create a permanence within change. Like the plot makes sense of change and creates permanency, so narrative can explain why we change over time (our *ipse* identity changes), yet remain the same (*idem* identity) over time. Narrative thus solves this problem by mediating between these two senses of identity. Through emplotment narrative synthesises reality and so unifies actions and events. This thereby creates unified patterns of meaning out of what would be random, or chaotic series of events. Whilst narrative emplotment creates a permanency of narrative and character,

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<sup>286</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 73-74.

<sup>287</sup> This understanding of narrative emplotment as rendering events intelligible and meaningful distinguishes narrative from bare causal accounts and the understanding of narrative as a mere list or chronicle of events. For a casual understanding of narrative, see Lemarque, “On Not Expecting Too Much From Narrative.” For critical discussion of this understanding see J. David Velleman, “Narrative Explanation,” *Philosophical Review* 112 (2003); Peter Goldie, “One's Remembered Past: Narrative Thinking, Emotion, and the External Perspective,” *Philosophical Papers* 32 (2003), 303. Goldie argues that emplotment and narrative understanding, in addition to rendering events intelligible and meaningful, also allows one to achieve an emotional response towards oneself. See Goldie, “One's Remembered Past: Narrative Thinking, Emotion, and the External Perspective,” 312.

<sup>288</sup> Diana Tietjens Meyers, *Being Yourself: Essays on Identity, Action, and Social Life* (Maryland: Rowman & Littlefield, 2004), 159.

Ricoeur notes that narrative identities are not closed or static but rather change over time. As Atkins writes:

Narrative emplotment ... is a configurational act that articulates the experience of permanence in time proper to selfhood—a permanence that is not the immortality of an extramundane ego, nor the indifferent endurance of an object, nor the ephemeral existence of a punctual ‘I.’ The permanence in time of selfhood is a mixed temporality that combines the first-personal experience of phenomenological time with the objective succession of cosmological time within the discursive structures of society and culture.<sup>289</sup>

Narrative structures organise and interpret our experiences and make sense of our lives. Through these we forge patterns of coherence in our lives, making our lives intelligible to ourselves. As Mackenzie explains, in engaging in these activities of practical reasoning we develop a self-conception that brings about the integration of the self over time, giving a degree of permanence and coherence in our lives. Mackenzie writes:

Narrative theorists of identity argue that we deploy these same organizing and interpretative structures of practical reasoning in order to make sense of the experience of living a human life over time. Even if what makes us persons is a capacity for the first-personal perspective, our temporally extended first-personal experience is often of change, fragmentation, contingency. Narrative self-interpretation is a response to this experience of change and fragmentation. Narrative identifies and forges patterns of coherence and psychological intelligibility within our lives, connecting our first-personal perspectives to our history, actions, emotions, desires, beliefs, character traits, and so on. By appropriating our past, anticipating our future actions and experiences, and identifying with or distancing ourselves from certain characteristics, emotions, desires, and values, we develop a self-conception that brings about the integration of the self over time.<sup>290</sup>

With this understanding of emplotment I have provided an argument against Strawson’s objection that narrative is a false descriptive thesis. The discussion of narrative emplotment and having a narrative self-understanding is not concerned with the empirical question and that of deciding what one should include in one’s narrative understanding, rather it describes the structures that make having a narrative self-understanding possible. Narrative is not a description in the empirical domain that can be tested against evidence, i.e. whether you or I experience our lives in terms of narrative, rather it is a conceptual claim about what it is to live the life of a person and have the subjectivity of a person. As the discussion of emplotment above shows, and Schechtman’s discussion in the previous section argues, narrative is a ‘configurational act’ that creates permanence of the subject in time (to use Ricoeur’s language), or the enduring subject of experience (in Schechtman’s language). Atkins writes:

The processes I am describing [emplotment] are not concerned with the empirical question of selection, that is, of which experiences or representations of action are

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<sup>289</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 77.

<sup>290</sup> Mackenzie, “Practical Identity and Narrative Agency,” 12.

selected for inclusion or exclusion from a narrative. Rather, it is a description of the underlying processes that make a narrative a narrative as such. Our reflections and recollections are inevitably incomplete and subject to selective pressures conscious or otherwise. This is for at least two reasons - the inherent limitations of memory and the contextualised nature of acts of reflection. This account says nothing of the veridicality of any narrative. False narratives or true narratives share the same basic structures in order to be a narrative.<sup>291</sup>

Drawing on the role of narrative as a way of making sense of the contingency and flux through identifying and constructing patterns of meaning, we can address the charge that the concept of self-narrative suggests that we have more authorial control over our lives and identities than we in fact do. Noting the role of the articulation constraint as underscoring the importance of these activities for identifying and constructing patterns of meaning and that in order to self-constituting a narrative must be articulable to only some degree, Mackenzie and Walker argue that this shows that a narrative self-constitution approach does not entail that narrative self-interpretation must take the form of a tightly structured or articulate literary narratives or even stories.

The concern that narrative identity is inconsistent with acknowledging the extent to which human lives are subject to randomness and contingency is, therefore, misplaced. Narrative understanding is a way of making sense of flux, contingency, and temporal change. Contingency — illness, accident, trauma, and bereavement — can derail even the most carefully planned life and challenge our self-narratives. To reconstruct our lives and reconstitute our identities in the face of such contingency, we need to find ways of incorporating it into our self-understandings and life stories. Thus narrative coherence is dynamic and provisional. The patterns within a person's identity shift and change over time, in response to contingency, or changes to a person's commitments and values, intimate relationships, or sociopolitical environment.<sup>292</sup>

Mackenzie and Walker draw attention here to the point that embodiment, as well as the social context, can threaten the coherence of our lives. To the extent that my self-narrative and your narrative about me cohere, that helps to ensure that my self-narrative coheres with the basic facts and constructs (for good or ill) a social scaffolding for my identity. This underscores the point made above, and quoted in Atkins: whether an individual actually experiences her life as narrative is an empirical question, and nor can narrative self-understanding guarantee that lives are always lived coherently, but the extent to which a life is coherent is so because it deploys narrative strategies. Therefore coherence is crucial to agency, an argument that I will be taking up in the following sub-section (3.2.c).

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<sup>291</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 74. For other defences of narrative against the charge of revisionism and accuracy, see: Kennett and Matthews, "Normative Agency."; Goldie, "One's Remembered Past: Narrative Thinking, Emotion, and the External Perspective."; Velleman, "Narrative Explanation."; Walker, "Neuroscience, Self-understanding and Narrative Truth."

<sup>292</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 381.

This understanding also distinguishes Schechtman's (and Ricoeur's) narrative approach from those that do not adequately distinguish between narratives and life, arguing that we are literally the authors of our lives.<sup>293</sup>

Furthermore, Schechtman's formulation of the reality constraint allows her approach to distinguish between truthful and delusional narratives. Whilst false narratives and true narratives share the same structure, through application of the constraints on narrative, we can distinguish between them. Delusional and false narratives are narratives that do not cohere with the basic facts of reality and so are not identity-constituting. The constraints that Schechtman imposes on narrative distinguish her approach to narrative self-constitution from accounts that may suggest that narrative identity consists of 'telling a good story' and is solely about 'self-creation', for example accounts by Daniel Dennett and Richard Rorty.<sup>294</sup> These types of approaches may be vulnerable to Strawson's criticisms; however, Schechtman's approach to narrative self-constitution is not.

Atkins explains that narrative emplotment offers 'a "full-blooded" account of who I am 'by coordinating the first-, second-, and third-personal perspectives in a practical, temporal unity according to a semantics of action.'<sup>295</sup> Atkins writes:

When we give an account of ourselves we provide a narrative: a report from a first-personal perspective to a second-person (implicitly or explicitly) that links together third-personal objects, actors, times, and places in a temporally extended, causally related coherent whole, with a beginning, a middle, and an end.<sup>296</sup>

According to Atkins, on this account, continuity of identity is agential continuity.

A full-blooded first-personal perspective is not simply a point of view, in the sense of an imagined seeing, but is an "agential orientation," a perspective which has built into it the subject's sense of herself as an agent, an 'I can,' and not merely an 'I think.' A full-blooded first-personal perspective is reflective, affective, evaluative, and agential. Sameness of consciousness, then, involves not simply memory but full-blooded first-personal recall. ... A full-blooded first-personal memory is one in which a person understands herself as the same *agent* of her past thoughts and actions, on the basis of which she can own and impute to herself and her thoughts and actions, past and present. ... Continuity in identity holds when someone constitutes the continuity in her understanding of herself as the same agent at different times by having a first-personal perspective that is epistemically, affectively, and evaluatively continuous in such a way that the agent can regard herself (and be regarded by others) as the author of, and accountable for, her thoughts and deeds, past and present.<sup>297</sup>

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<sup>293</sup> For an example of such an account, see MacIntyre, *After Virtue: a Study in Moral Theory*.

<sup>294</sup> See for example, Daniel Dennett, "The Self as a Center of Narrative Gravity," in *Self and Consciousness: Multiple Perspectives*, ed. Frank S Kessel, Pamela M Cole, and Dale L Johnson (Hillsdale, NJ: Erlbaum Associates, 1992).

<sup>295</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 73.

<sup>296</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 76.

<sup>297</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 80-81.

This contrasts with both Strawson and Parfit's accounts of the self. This full-blooded account demonstrates the practical basis of human selfhood, in contrast to a metaphysical account of the self, which draws on Schechtman's attention to forensic personhood in Locke, and fills out Schechtman's claim that the narrative posits a conceptually prior subject.

The claim that persons constitute their identities through the constitution of self-narratives is not a descriptive claim but is a conceptual claim about narrative as an organising principle which helps us make meaning or patterns of meaning from chaotic events. Moreover, narrative creates a persisting subject and a coherent subject at a time. This account of narrative selfhood, as a perspective we take towards ourselves, also provides a response to Strawson's metaphysical reductionism, which draws out the claims about the status of agential unity in these accounts. The conceptual claim about unity is that narrative thinking provides agential unity (a perspective form which to act, a self conception), this is not a metaphysical claim about the self. Furthermore with this understanding in hand we can see that narrative makes sense of the flux and contingency in our lives. This further underscores the role of embodiment and socialisation in selfhood and further fleshes out the relationship between identity and agency on a narrative self-constitution account.

So, by applying this account of narrative as structuring of experience, we see that the claim about narrative unity is not an empirical claim. Rather, the claim about narrative unity is a claim about how experience comes to be unified, what counts as a unified life and that this unity cannot be reduced to discrete elements given in experience. Human understanding takes a narrative form which is not given in experience, but rather is an activity of self-constitution.

Here, my intention has been to show that Strawson's charge that narrative is a false descriptive or empirical claim is false. I have argued, rather, that the necessity of narrative form is a conceptual thesis about how experience is organised, and must be so organised, in order to live the life of a person. There is a further claim that this creates an understanding of a coherent, enduring subject of experience, and that this understanding does not presuppose a metaphysical self as distinct from the existence of the human being. I will take up this discussion, and critically engage with Schechtman's understanding of the enduring subject of experience, and whether to instantiate this claim Schechtman implicitly relies on a 'metaphysical' or 'ontological' self as distinct from the existence of the human being, in the following chapter (section 4.1).

### 3.2.c The significance of narrative coherence and integration

As discussed in section 3.2.a, Strawson's charges against narrative – that it involves false empirical and normative theses – are related. Both charges rely on a distinction between episodic and diachronic forms of self-experience and the argument that diachronics are mistaken about the existence of deep synchronic unity in their self-experience, relying on an understanding of an ontologically distinct self from the human being. Drawing on the understanding of narrative as an organising principle, I address Strawson's charge that narrative is a pernicious ethical claim. Strawson's sees the ethical question being addressed as: What have I made of my life? - and that seeking the good life requires one to take up a narrative perspective.<sup>298</sup> I argue that rather the aim is about the practical necessity of a unified perspective in order to understand one's life *as one's life*, that without this coherence it's very difficult to live a life. The narrative ethical claim should not be understood as a claim about a particular ethics, but rather, as a claim about the practical necessity of narrative coherence for personhood - an appreciation of the significance of narrative coherence for personal integration, as well as for a flourishing life. Narrative integration is a fragile achievement of agency, rather than a given of experience. Without a coherent unified perspective and attendant sense of an enduring self, fragmentation of narrative can result making it difficult to engage and access the goods of personhood. Without a coherent narrative a person's effective agency is compromised.<sup>299</sup>

I draw on Schechtman's arguments that narrative is necessary for personhood to show that claims about narrative coherence and the requirement for a coherent, linear narrative are claims about what it is to have a narrative per se. I draw on Mackenzie and Poltera's argument that Strawson's presentation of the episodic is incoherent which presupposes that the unity of a life is given in experience. I make reference to their discussion of the impacts on selfhood from schizophrenia, drawing attention to the distress caused by narrative fragmentation.

Schechtman's claim that narrative must take the form of a conventional linear narrative is a claim about what it takes to be a 'person' at all, not what it takes to be a 'good' or 'bad' person and the associated claim that people with narratives are good and those without narrative are bad - that is, that only certain types of self-narrative count as socially and morally valuable. This is not a conservative and

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<sup>298</sup> Strawson, "Against Narrativity," 437.

<sup>299</sup> Brison describes the impacts on her narrative self-understanding and agency following a sexual assault and attempted murder. She describes how the trauma shattered her self-narrative and left her unable to engage in activities she had previously found meaningful, such as setting goals and making plans. See Brison, *Aftermath: Violence and the Remaking of a Self*. For a discussion of the impacts of trauma on survivors' narrative and agency, see Poltera, "Self-narratives, Story-telling and Empathetic Listeners."



limiting (narrow and repressive) claim; rather, the claim is that in order to be a person at all one must provide a narrative of this form, or one would have a subjectivity very different from that of persons, and the corollary claim that this self-conception provides the basis for the four features (as we understand persons and the surrounding practices around personhood). Recall Schechtman's claim that:

The narrative self-constitution view thus demands that a person's self-conception take the form of a traditional linear narrative because it is this kind of self-conception which underlies the attitudes and practices that define the life of a person.<sup>300</sup>

This approach does argue that individuals without a narrative sense of self are not persons, for it is narrative that allows people to engage in practices that are definitive of personhood, and also problematises Strawson's claim that there are deeply non-narrative people. Further, Schechtman's claim about narrative linear form is accused of being chauvinistic. Schechtman addresses this by arguing that whilst her approach requires narrative form for identity-constitution, it allows that a range of narrative styles can count as standard.

In response to the claim that narrative is conservative, Schechtman draws attention to examples of people who have consciousness without narrative capacity. There is a related and significant claim however that people with fragmented narratives do suffer and their abilities to lead a flourishing life, that is, self-directed engagement in the activities and practices of personhood, are impaired. Schechtman argues that the significance of emplotment is that one cares for one's life as a whole – unified agency is challenged if one does not develop or loses this ability. In support of this claim, Schechtman cites examples of people who for various reasons cannot develop a coherent narrative of their lives or lose narrative capacity (and as such cannot integrate memories or have a sense of themselves as an extended subject), for example, people suffering from Alzheimer's or dementia,<sup>301</sup> individuals with conditions, such as schizophrenia, but also in contrast to these non-chronic states, developing infra-lingual infants.<sup>302</sup> Schechtman describes dementia as the losing of a kind of organisation of experience (a phenomenological change) as well as bringing about a change in capacities. As Schechtman explains, such a person is unable to participate (fully or at all) in the practices surrounding personhood - they fail to recognise others, are unable to anticipate the implications of their actions, and in significant ways are unable to project themselves into the past or future. As Schechtman writes in the context of the relationship between narrative and survival:

The loss of a self-narrative puts a stop to the kind of experience, action and, interactions uniquely enjoyed by persons, and so the end of a self-narrative ends

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<sup>300</sup> Schechtman, *The Constitution of Selves*, 105.

<sup>301</sup> Schechtman, *The Constitution of Selves*, 147.

<sup>302</sup> Schechtman notes that infancy seems more like a case where we might think of consciousness in terms of discrete time-slices, see Schechtman, *The Constitution of Selves*, 146.

the experiencing subject and agent who was the person. An individual who has lost her narrative is no longer able to lead the life she was leading, and the loss is severe in the extreme.<sup>303</sup>

The cases Schechtman refers to entail gross developmental challenges. Psychological conditions which are episodic provide an interesting case study. Elyn Saks autobiographical memoir, *The Centre Cannot Hold*, describes her experiences of living with schizophrenia. She writes of how her condition fractures her sense of an enduring coherent self, what Saks labels the experience of 'disorganisation'. Saks writes:

Consciousness gradually loses its coherence. One's center gives way. The center cannot hold. The "me" becomes a haze, and the solid center from which one experiences reality breaks up like a bad radio signal. There is no longer a sturdy vantage point from which to look out, take things in, assess what's happening. No core holds things together, providing the lens through which to see the world, to make judgments and comprehend risk. Random moments of time follow one another. Sights, sounds, thoughts, and feelings don't go together. No organizing principle takes successive moments in time and puts them together in a coherent way from which sense can be made.<sup>304</sup>

Mackenzie and Poltera provide a response to Strawson's rejection of narrative conception of the self through a discussion of Saks' experience with schizophrenia. Saks, they argue, exhibits a lack of narrative coherence in her life that narrative approaches argue is necessary for a unified sense of self. They argue that reflection on the breakdown of the self-narrative in schizophrenia calls into question the coherence of Strawson's notion of the Episodic self. In order to have an episodic self in the way that Strawson describes it, is to already have an integrated understanding of oneself. Mackenzie and Poltera argue that Strawson's description of himself as episodic, relies on, or presupposes, some underlying or overarching diachronic identity. This underscores the point made in the previous section that narrative is a necessary organising principle of experience. In order to be able to describe the experiences he does, Strawson relies on a unified sense or structure of self - he has a 'centre' from which to speak, understand, interpret, experience and temporalise his experiences. This is presumed as a condition of his critique of diachronic identity and with it, narrative approaches to identity - Strawson's experience is not fragmentary. Reflection on the personal experience of the breakdown of a unified self experience, which Saks' experience of schizophrenia documents, reveals that the claims made by narrative approaches that narrative self-understanding is essential for a flourishing life, are similarly, not claims about a 'morality' but rather about the normative pre-conditions for unified self-experience. As Mackenzie and Poltera argue: 'the suffering caused by

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<sup>303</sup> Schechtman, *The Constitution of Selves*, 151.

<sup>304</sup> Elyn R. Saks, *The Centre Cannot Hold* (London: Virago Press, 2007), 12.

such breakdown provides evidence for the view that narrative self-understanding is essential for a flourishing life'.<sup>305</sup>

Mackenzie and Poltera argue that Strawson's claim to be episodic presupposes a unified perspective, given in experience, and does not recognise that the integration of selfhood is an achievement of agency. Elsewhere Mackenzie argues that Strawson slides between a metaphysical claim about the duration of the self and a phenomenological claim about self-experience as following from Strawson's claim that one's self-experience is episodic. The metaphysical claim is that there is no enduring metaphysical entity, the self, just a succession of selves, lasting about three seconds in duration. So, at best, Diachronics are deluded in their experience of a temporally extended self. The phenomenological claim is that Episodics lack affective access to their past and future and don't care too much about them, whilst recognising that they are part of the same human life. Mackenzie notes that because Strawson views the continuity of the self as related to how much one identifies with actions, goals and commitments to past and future events, he takes it that continuity of the self is (just) about a commitment - some of us are less committed, less connected, and some of us more committed and more connected. Mackenzie points out that a narrative approach does not rule out that at times we are more connected, and at others disconnected, and alienated, from our actions and the commitments of our past selves, that:

To talk of the practical necessity of narrative integration does not entail that this integration is seamless: there are degrees of integration and disintegration. It is because we can feel disconnected from our emotional commitments, alienated from the actions of our past selves, unable to project ourselves into the future, that the integration of selfhood across time is fragile, an achievement of agency rather than a given of experience.<sup>306</sup>

So, what Strawson is describing is not something that (many) narrative theorists would disagree with. Rather, he is describing the achievement of unified selfhood, but attributes this as given in experience, rather than as a capacity, even he, has achieved.

Kennett and Matthews make a similar point about unified agency and flourishing. They argue that unified agency on a self-constitution or narrative coherence model is not an all or nothing achievement and that the elimination of deliberative conflict is a struggle for many.

[W]e claim that significantly unified agency is necessary to access a range of central normative goods and that unified agency is largely constituted by the capacity to act in accordance with normative reasons. In support of this, we turn to cases of DID, where it is certain we have a failure of unified agency, and there what we find is an inability to access the normative goods we have spoken of.

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<sup>305</sup> Catriona Mackenzie and Jacqui Poltera, "Narrative Integration, Fragmented Selves, and Autonomy," *Hypatia* 25 (2010), 44.

<sup>306</sup> Mackenzie, "Practical Identity and Narrative Agency," 14.

These cases also make it quite clear that the disunity of agency corresponds to the lack of persistence of normative reasons.<sup>307</sup>

The significance of cases of fragmented selfhood shows that integrated selfhood is an achievement of narrative agency, not a given in experience. This points to the fragility of the integrated self and the fact that changes can threaten or fragment the integrated self, for example through illness or trauma. On commenting on narrative emplotment, Atkins writes:

[Narrative] cannot guarantee coherent identity because it is a tensive, collaborative effort that can fail. Identity can fail precisely because it is composite and intersubjective, requiring the integration of heterogeneous elements: organic and physical factors, psychological, emotional, interpersonal, and sociopolitical factors. A deficit or failure of any one of these factors can incapacitate the network: a brain tumour, schizophrenia; ostracism; domestic violence; sexism, religious or racial persecution; and so forth. In the face of these constant and pervasive threats to the unity of our lives, telling, hearing and emplotting our own and each other's stories are necessary components of the fundamentally human endeavour to live a good life.<sup>308</sup>

The claim that persons constitute their identities through the constitution of self-narratives is not a pernicious ethical claim but rather is conceptual claim about the necessity of narrative integration for personhood and the related practices and normative goods we attribute to persons. These normative claims are not claims that people with narratives are good people or lead good lives and those without are bad or lead bad lives. The focus on narrative integration as an achievement of agency brings into view the fragility of this achievement which is developmental but also vulnerable to changes in embodiment and from our social embeddedness, such as those from illness and trauma.

Strawson does point to the issue, though, that Schechtman's formulation of narrative form is too strict. I argue that Schechtman's constraints on narrative are too strict and do exclude persons with fragmented, disjointed or disrupted narratives from being agents and in turn from participating in narrative repair and achieving integration. I take up this criticism in 4.2.

The charges of chauvinism that I have addressed here, that only certain types of narrative are valuable, focuses on the conventional aspect of narrative self-constitution approaches. In this section I have drawn attention to the creative form of narrative emplotment. In order to properly address this criticism though, and further demonstrate the innovative or creative aspects of narrative, an account of autonomy and realising self-directed agency is needed. I will do this in the fifth

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<sup>307</sup> Kennett and Matthews, "Normative Agency," 217.

<sup>308</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 77.

chapter. For the moment, my aim is to demonstrate the importance of narrative integration and its connection to agency.

### *Conclusion:*

In this section I have argued that narrative understanding is an organising or structuring principle that renders human experience intelligible. Narrative allows one to connect events, to connect the past to the future in one's life, and thus provide unity of agency over time; it works not by connecting two time slices but by providing a unified perspective from which to make sense of one's life. I have thus shown that narrative can explain the diachronic constitution and reconstitution of identity (i.e., the dynamic nature of identity), and so can make sense of change over time. Narrative unity (integrated selfhood) is an achievement of narrative agency and so crises, for example, can challenge patterns of coherence. Further, I have shown that narrative coherence (integrated selfhood) is important to living the life of a person.

In so doing I have addressed a number of objections to narrative and shown that Strawson's own claims about being an 'episodic' are incoherent. I have demonstrated that both Strawson's claims are misplaced - narrative is not a descriptive thesis, it is a conceptual claim about how selfhood is integrated. Understood this way we see that narrative understanding is neither a claim that we have excessive authorial control over our lives, nor that we must live our lives as if they were a narrative, or some literary genre, but rather a sense-making activity that we bring to our everyday lives. Nor is narrative a pernicious ethical claim; it is a claim about the necessity of integration for living the life of a person; without self-integration, people find it difficult to connect their experiences. I have also developed a narrative self-constitution view in contrast to narrative accounts that are solely about self-creation, and that do not include constraints on identity-constituting narratives.

## **3.5 Conclusion**

### **3.5.a. Conclusion**

In this chapter, I have set out Schechtman's narrative approach to self-constitution, as well as, the constraints on narrative to count as a identity-constituting narrative. I have argued that narrative structures our experience and self-understanding and can account for the persisting subject of experience over time. In doing so, narrative approaches can explain what's at stake in identity change. Change can threaten narrative coherence, thus challenging our self-

understanding and sense of being a continuing person, of being able to meaningfully author our lives. In this chapter I have argued that this narrative approach can explain continuity over time, as well as being appropriate for explaining change over time.

In the first section I showed how Schechtman's narrative self-constitution approach can account for the deep unity of a person's life over time, in contrast to psychological continuity approaches. In the second, I outlined the general shape of the narrative approach by addressing Strawson's criticisms, arguing first that narrative synthesises the temporal - a necessary structuring of our experience, and secondly, that narrative is a normative account demonstrating the importance of narrative coherence or unity for a life and for flourishing life.

### **3.5.b Embodied, relational narrative agency**

Whilst I have argued that Strawson's arguments against narrative as a false empirical thesis and/or a false normative thesis fail – the claim that narrative is an organising principle of experience is a conceptual thesis – this does not mean that Schechtman's account of narrative self-constitution and her conception of the enduring subject of experience is without problems. In the following chapter I critically engage with Schechtman's narrative self-constitution view. I argue that Schechtman's view fails to adequately explain the role of embodiment in constituting the first-person perspective and narrative self-understanding the approach to narrative, and draw on Atkins' discussion of embodiment (2.3.a) to demonstrate that narrative unifies experience because it synthesises two perspectives of time which arise from our being embodied beings in time. I further argue that Schechtman's view fails to adequately explain the role of others, and social understandings, in the constitution of our first-personal perspective and our identity-constituting narratives, and draw on Baylis to show that who we are is not just up to us, but rather requires uptake by others. These arguments further strengthen the claims made in this argument that an adequate account of narrative self-constitution can account for the deep diachronic unity in our lives and that disruptions to narrative coherence can challenge our self-understanding and our sense of ourselves as continuing persons. With this understanding in hand, I apply the narrative view I have developed to demonstrate that narrative can explain what's at stake in the first-personal accounts of change following neural implants.

## 4. Narrative Identity & Agency

### Illuminating the threat to identity from neural implants

*'I don't feel like myself anymore'; 'I haven't found myself after the operation'; 'I feel like an electric doll'; 'I feel like a robot'; 'She's no longer the same person'*

In this chapter, drawing on Schechtman's narrative self-constitution approach set out and defended in the previous chapter, I develop an approach to narrative that I think best explains what's at stake in change following neural implants. I argue that an adequate account of narrative agency must take account of the role of embodiment and the social context in integrating or threatening narrative agency.

I show that this approach illuminates potential threats to personal identity that neural implants may engender in terms of changes, or disruptions in, in the narrative structures that give meaning to our lives. Neural implants can challenge narrative coherence and frustrate unified agency.

In the first section I expand on Schechtman's narrative approach to self-constitution by arguing for an embodied, relational approach to narrative. I identify two criticisms with Schechtman's approach and extend her account by firstly discussing the role of embodiment in narrative, drawing on Kim Atkins to show how narrative integration explains continuity over time, and the importance of a thoroughly relational account of narrative, drawing on Hilde Lindemann Nelson and Françoise Baylis, to adequately account for the role of others in the constitution of our self-narratives.

With this approach to narrative in hand, in the second section I turn to debates amongst proponents of narrative self-constitution to questions of the impacts of neural implants on identity. I demonstrate that a narrative approach is well-suited to explaining the impacts of changes consequent upon neural implants. I also review the question concerning potential threats to narrative identity from neural implants. I survey the responses of Schechtman and Françoise Baylis concerning whether Deep Brain Stimulation (DBS) treatment for Parkinson's Disease poses a threat to narrative identity. I show that whilst Schechtman concludes that DBS poses a threat to narrative identity, Baylis argues that this conclusion is incorrect. In contrast, Baylis, argues that biographical disruption is not equivalent to a threat to identity and that the impacts of DBS are better understood in terms of potential threats to agency, which in turn may impact on one's ability to meaningfully

author one's life. I conclude that this approach to narrative identity is not yet enough to answer the question about threats to identity consequent upon neural implants. In order to do so, we must first direct our attention to the social context and ask how we can direct (realise, construct and revise) our self-narratives. I develop an approach to relational autonomy in the following chapter to demonstrate this.

## **4.1 What type of narrative approach? Embodied and relational**

In the previous chapter I set out Schechtman's narrative self-constitution approach and its focus on narrative constraints and defended this approach from charges by Strawson and others. Here I develop further the type of narrative I think best addresses my question concerning the impact of neural implants on personal identity by developing an embodied and relational approach to narrative. In this chapter, I expand on Schechtman's approach by identifying two shortcomings. Although Schechtman's approach acknowledges the role of embodiment and relationality in identity, it does not develop these two factors deeply enough. I argue that Schechtman's approach fails to adequately account for: the role of the body as constitutive of our first-personal perspectives as well as the role of others in both shaping and frustrating our identity-constituting narratives.

Firstly I draw on Atkins to show that Schechtman's approach treats the body as passive with respect to questions of characterisation and to argue for the role of embodiment in the constitution of our first-personal narratives - that embodiment is the ground of narrative. This provides a refiguring of the understanding of the first-person significance of sameness in terms of bodily constancy and provides a necessary corrective to Schechtman's understanding of sameness in terms of questions of reidentification. Secondly, I draw on work by Baylis and Nelson to show that Schechtman's account understands the role of others as limited to historical influence on the individual and treats the social context as 'objective'. This critique motivates the importance of recognising the relational mediation of identity. These arguments again draw attention to the point that any adequate account of selfhood needs to take account of the importance of the role of embodiment and intersubjectivity in the formation of identity-constituting narratives.

### **4.1.a Narrative and bodily perspective**



Here I draw on Atkins' approach to practical identity as embodied and multi-perspectival, as developed in the previous chapter in section 2.3, to demonstrate Atkins' argument that narrative synthesises these perspectives. In the previous chapter I set out Atkins' argument that narrative coordinates two senses of time and so articulates the unity and continuity of one's identity (that is, how narrative emplotment secures identity). Here I focus on Atkins' argument that embodiment is the ground of narrative and the role of self-constancy in explaining the constitution of selfhood over time. This discussion also builds on Ricoeur's discussion of the role of the dialectic of sameness and selfhood in explaining self-constancy over time as the appropriate model for understanding the unity and continuity of embodied selfhood. It critically engages with Schechtman's argument in section 3.1 that only narrative can account for the persisting subject of experience by noting that without a model of identity that can account for embodied continuity, narrative fails in this task.

Atkins argues that Schechtman's narrative self-constitution approach addresses the characterisation question well (and that her critique of psychological continuity approaches is convincing). However, Atkins also argues that Schechtman's approach relies on an inadequate understanding of the role of the body in constituting our first-personal perspective. This is seen in Schechtman's rendering of the solution to the relationship of questions of characterisation and reidentification in which Schechtman argues that questions of characterisation involve psychological narrative identity and questions of reidentification concern biological numerical identity (2.2.a).

Schechtman argues that there are two dominant intuitions with respect to questions about what makes for the continuity of personal identity: that the continuation of personal identity consists in continuity of the body - the brain (or bits of the brain); and, that the continuation of personal identity consists in continuity of our psychology. Arguments for psychological continuity note that just because we normally experience identity in terms of the same body, identity and the body can come apart, for example, in arguments that the soul survives the body, or in practical cases such as advanced dementia. Schechtman argues that the solution to understanding the relation between the reidentification and characterisation question is to see that each question, once properly understood, speaks to one of these two intuitions. Questions of reidentification properly inquire into bodily continuity and the bodily criterion for identity - for example, fingerprints, DNA etc. In contrast, questions of characterisation inquire into psychological continuity, understood narratively, and the relation to the four features.<sup>309</sup> So, the two questions speak to the two dominant intuitions that we

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<sup>309</sup> Schechtman, *The Constitution of Selves*, 68.

have concerning personal identity - that both our relation to our bodies and our psychological relations are important to explaining who we are over time. Schechtman argues that the thought experiments, as discussed in the second chapter, reveal that it is psychological survival that matters in questions of characterisation and that biological survival is parasitic on psychological survival.

Atkins notes that this solution belies an understanding of the body as passive in contributing to our first-personal perspective; that is, it ignores the role of embodiment in the constitution of narrative identity. This is demonstrated through Schechtman's reliance on examples drawing on the body from the third-person perspective. Atkins writes:

Schechtman's account in *The Constitution of Selves* can take us only so far, because she continues the long tradition of representing the body in impersonal terms. To this extent, she overlooks the significance of the body in the constitution of selfhood and practical identity. While the narrative view of identity is necessitated by the constitutive role of the first-personal perspective, it is also necessitated by the constitutive role of embodiment in the first-personal perspective.<sup>310</sup>

Mackenzie also criticises Schechtman's passive treatment of the body in her solution to the relation between questions of reidentification and characterisation and her reliance on examples of third-person reidentification when discussing the role of the body in claims about identity. Mackenzie draws attention to the distinction between mind and body and thought-experiments. Like Atkins, Mackenzie argues that embodiment is constitutive of our first-personal perspective and our practical identities.

The problem with this solution is that it reproduces, in a different guise, the stand-off between psychological and bodily continuity theories, treating questions of characterization as entirely psychological and representing the body in impersonal terms. This impersonal conception of the body, which pervades the literature, provides a foothold for the idea that we can make sense of science-fiction thought experiments such as teletransportation, bodily transfer, and fission. Schechtman's solution does not challenge such views because she conceptualizes our practical interests in the body almost entirely as an interest in reidentification. However, our practical interests in the connections between embodiment and personal identity are not just focused on questions of third-person reidentification but lie at the heart of many of our first-personal subjective concerns about identity, including, importantly, the first-personal significance of one's own body in the constitution of one's practical identity.<sup>311</sup>

As Mackenzie notes, Schechtman's solution does not address the dualism between mind and body that is assumed in the debates between biological and psychological continuity theories. Without an adequate account of the role of the

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<sup>310</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 64.

<sup>311</sup> Mackenzie, "Practical Identity and Narrative Agency," 4-5. Cf. Catriona Mackenzie, "Personal Identity, Narrative Integration, and Embodiment," in *Embodiment and Agency*, ed. Sue Campbell, Letitia Meynell, and Susan Sherwin (2009), 112-14. And cf. Atkins, "Narrative Identity and Embodied Continuity."

body in constituting our first-personal perspective, Schechtman's self-constitution view is unable to adequately account for the persisting subject of experience which she argues is necessary to avoid charges of the "extreme claim". This lack might further raise the spectre of a reliance on a metaphysical posit to justify this claim. Rather, we need an approach that challenges the separation of mind and body and the attendant conception of the body as passive with respect to constituting the first-personal perspective and our narrative self-understanding.

Note, Schechtman's commitment to the mind/body dualism means that we cannot just build the body into the first-person perspective without undermining the solution she gives to questions of characterisation and reidentification. What is required rather to challenge this dualism is a refiguring of our conceptual understanding of numerical identity. This is done by Atkins through her use of the concept of psycho-corporeal holism and the process of self-constancy and secondary reflection, as I set out below.

In the second chapter (2.3.b), I set out Atkins' argument that selfhood is a practical unity of three perspectives - the first-, second- and third-personal perspectives, which are grounded in embodiment. I showed that Atkins argues that the continuity our bodily perspective is a dynamic process of "self-constancy" (the model for "ipseity" in Ricoeur's terminology) and that this is a process of reflective self-awareness which presupposes the numerical identity of our body.<sup>312</sup> Here, I connect these claims with Atkins' argument that narrative self-understanding arises from the 'multi-perspectival character of embodied human understanding'<sup>313</sup> and her argument that narrative synthesises these perspectives through a process of 'secondary reflection' - a mode of reflection that 'forces one to question oneself about who one is' and so 'secures continuity in my practical identity'.<sup>314</sup> With this account, Atkins makes good on Schechtman's argument that narrative can account for a persisting subject of experience (as set out in 3.1.b) by both accounting for the continuity of our bodily perspective and by arguing that narrative presupposes this structure. As such, with Atkins' account we can adequately explain how narrative can explain what matters to us in identity and so fulfill Schechtman's argument that narrative is not subject to the extreme claim.

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<sup>312</sup> On Atkins' account our awareness of our self-constancy and the presumption of numerical identity, qua personal continuity, are dependent on our first-personal perspective. So, for example, in a case of severe dementia wherein one may lose the first-person perspective, the person may well lose their sense of personal continuity but retain biological continuity over time. Others may serve the role of identifying the person from a third-person perspective. This further underscores the irony in claims made about people with the dementia by their significant others, such as: "She's no longer there".

<sup>313</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 70.

<sup>314</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 64.

Atkins extends Korsgaard's account of practical identity by specifying that the kind of unity required for human agency is specifically *narrative* unity. Drawing on the understanding of narrative emplotment (as set out in 3.2.b) Atkins argues that narrative understanding unifies the perspectives of selfhood thus creating a temporally extended, human selfhood.

Narrative provides the means to unify the first-, second-, and third-personal aspects of human selfhood because it deploys strategies that integrate different characters, actors, motives, places, events, perspectives, and even different orders of time. ... I argue that this semantic web has its basis in human embodiment, and that narrative understanding is a second-order intelligibility built upon, and expressive of, the practical competencies of the lived body.<sup>315</sup>

As the quote above points out, these narrative structures arise from human embodiment, a bodily-perspective that is lived in time.

Atkins draws on the concept of "secondary reflection", as well as "self-constancy", to support the claim that narrative is necessitated by the constitutive role of embodiment in the first-personal perspective and the role that narrative plays in securing my identity. Both concepts are invoked in questions of "Who am I?" - secondary reflection 'secures continuity in my practical identity' and self-constancy continuity in my embodied selfhood.<sup>316</sup> The success of secondary reflection in securing who I am relies on establishing continuity in one's first-personal perspective, secured through self-constancy.

Atkins distinguishes two modes of reflection in self-consciousness – primary and secondary reflection, which arise from interruptions to our engaged experience and promote reflection.<sup>317</sup> It is the latter mode, engaging in secondary reflection, that 'forces one to question oneself about who one is' and through the process of responding to this question 'secures continuity in my practical identity'.<sup>318</sup> In moments of secondary reflection one experiences 'an interruption to my sense of myself that provokes in me a question about who I am'.<sup>319</sup> Atkins explains the difference between these modes of reflection by distinguishing an interruption which is external to our sense of sense, from which we can remain detached, from an interruption which provokes in us an internal questioning concerning who one is. Primary reflection might be provoked by a loud noise, which breaks my concentration disrupting my current activity, for example, reading a book. Once I locate the source of the interruption, a noise outside, I can return to my activity. Secondary reflection, in contrast, arises in moments when I question my own behaviour: Atkins gives the example of telling a colleague that

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<sup>315</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 4.

<sup>316</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 64.

<sup>317</sup> Atkins' discussion of "secondary reflection" draws on Gabriel Marcel's work on the role of reflection in embodied subjectivity. For Marcel's discussion, see Gabriel Marcel, *The Mystery of Being: 1. Reflection and Mystery* (Chicago: Henry Regnery, 1965).

<sup>318</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 64.

<sup>319</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 64.

you will join her reading group when you have no intention of doing so. In these moments, in contrast to interruptions provoked by primary reflection, I cannot take the same detached perspective, I cannot readjust my sense of self as I do, returning to my book once I've located the interruption from an unexpected (external) noise, because in cases of secondary reflection, 'I am both the object and the subject of the disturbance'.<sup>320</sup> Atkins writes:

I, the questioner, constitute the domain under enquiry. In changing my perspective to reflect on who I am, I simultaneously mobilise a third-personal detached point of view and first-personal subjective point of view in a kind of dialogue with myself in the second person. When I attempt to answer the question "Who am I?," I reflectively appropriate my third-personal attributes as my own from my first-personal perspective to myself in the second person – to myself as someone who I recognize as having the moral authority to ask this of myself.<sup>321</sup>

Secondary reflection involves a kind of mutual dialogical engagement of my self-perspectives wherein I apply a second-personal perspective which mediates my first- and third-personal perspectives. I ask of myself how I should mediate or balance this third personal perspective in relation to my actions and how I acted at the time. Atkins notes that I may respond in different ways to the question, in the case of the insincere response to my colleague – I may see it as a recurrent character flaw requiring action, an isolated break in my usual behaviour or a predictable response to social pressure, but the response aside, what is important is that by 'responding to the question of who I am, I strive to reconstitute the unity in my sense of who I am by integrating my first-, second-, and third-personal perspectives'.<sup>322</sup>

Atkins notes that moments of secondary reflection can also arise from other people's actions, as well as events; that is, causes which are external to oneself, for example, 'as an effect of psychological persecution or physical trauma, which causes one to doubt one's competence or convictions'.<sup>323</sup> Atkins account shows how changes following neural implants might provoke moments of secondary reflection concerning 'Who am I'? So, for Atkins, when I take up the question, 'Who am I?', I engage in secondary reflection which is a 'response to the need to maintain the continuity in my relation to myself by restoring the unity of my conscious life'.<sup>324</sup> If my reflection is successful I secure the continuity of my sense of who I am.<sup>325</sup>

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<sup>320</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 65.

<sup>321</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 65.

<sup>322</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 65.

<sup>323</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 65.

<sup>324</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 65. This is an integrative process which Atkins notes is indicative of the recuperation engaged in by Susan Brison. See Brison, *Aftermath: Violence and the Remaking of a Self*.

<sup>325</sup> Note, success here means re-establishing continuity in one's sense of oneself. This act does not guarantee that my sense of myself is not mistaken - I might be deluded about my motives, for example. Rather, the contrasting understanding of failure here would be to fail to establish continuity in one's identity, which would mean fragmentation in one's sense of self. As Atkins

Atkins argues that the success of secondary reflection turns on the process of self-constancy; that is, my success in securing the continuity of my identity in secondary reflection turns on establishing continuity in my first-personal perspective, the process of 'self-constancy'. This process creates constancy of character over time.<sup>326</sup>

Continuity in one's identity is a self-constitutive process of self-constancy — backwards- and forward-looking processes through which I integrate my past, present, and anticipated future into a chronological order, from my first-person perspective, in such a way that those aspects are intelligible to and normative for me. The backward- and forward-looking processes of self-constancy mobilise and coordinate two different experiences of time, which themselves coordinate the first-, second-, and third-personal perspectives: phenomenological and chronological (or cosmological) time. These two orders of time — and the need for their coordination — again arise from the structure of embodiment. Because the psychological perspective is a bodily perspective, and because the body lives — that is to say, exists and is experienced over time — selfhood is inherently temporal, and identity is inherently historical. Because the integrative processes of self-constitution are embodied, they operate over time and thereby constitute the self as temporally extended.<sup>327</sup>

Our experiences arise from our embodied subjectivity which is lived in time. Secondary reflection relies on bodily continuity and bodily continuity on secondary reflection.

On Atkins' approach the relationship between psychological and bodily continuity is understood as psycho-corporeal holism, and not in terms of a mind body dualism. Returning to the question of sameness, and in contrast to Schechtman's solution, Atkins argues that 'what makes a bodily perspective the same bodily perspective' is the model of permanence suggested in time by Ricoeur's formulation of ipse identity. This model is proper to embodied selfhood, whereas the language of numerical identity is not well suited to this conception of selfhood. Atkins, following Ricoeur, argues that mainstream accounts fail to differentiate two conceptions of permanence in time: one belonging to numerical identity (*idem*) and the other belonging to self-constancy (*ipse*). On this account 'the numerical identity of my body (*idem* identity) presupposes continuity in my first-personal perspective (or *ipse* identity), while the continuity in my first-

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writes '[E]ven if I am deluded about myself, insofar as I have a reflective sense of who I am, the continuity in my identity is secured through the kind of appropriation that belongs to secondary reflection.' Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 65.

<sup>326</sup> Atkins notes that the unity of self-constancy is similar to Korsgaard's discussion of the unity necessary for practical identity. Yet, on Korsgaard's account reflective endorsement structures the will and incorporates *only* attributes that have been reflectively endorsed, and so alienates attributes that are deemed undesirable. In contrast Atkins' secondary reflection includes all attributes and seeks a means of resolving them. For this discussion, see Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 55-56.

<sup>327</sup> Kim Atkins, "Re Alex Narrative Identity and the Case of Gender Dysphoria," *Griffith Law Review* 14 (2005), 70-71.

personal perspective likewise presupposes the numerical identity in my body'.<sup>328</sup> And with it, Atkins sets out a model of permanence suitable to embodied selfhood, self-constancy underpins the continuity of the four concerns.

With this argument Atkins concludes that narrative interpretation is presupposed by the reflective nature of embodiment,<sup>329</sup> and so both responds to the criticism that Schechtman adopts an impersonal approach to the body and so does not adequately account for the persisting subject of experience. By explaining the role of self-constancy, as well as the process of secondary reflection built upon this, Atkins is able to explain both the persisting subject of experience, without an additional metaphysical posit, as well as provide an argument as to why it is narrative that unifies our practical identities. And so, Atkins provides us with an account of narrative that is able to account for the ways that practical identity matters to us. It can explain how changes to embodiment can impact on narrative self-understanding and threaten integrated identity. An understanding of psycho-corporeal identity, and the significance of agential unity, illuminates how changes in embodiment can affect this unity, threatening our psycho-corporeal unity which narrative synthesises.

Atkins' approach not only illuminates the role of embodiment in narrative identity, but also the role forms of social recognition play in constituting who I am, particularly the emphasis on the second-personal perspective. I discuss the importance of the second-personal perspective in accounts of relational autonomy in the following chapter. Here, I turn to the importance of accounting for the social context in constituting my identity, so further developing Schechtman's narrative self-constitution approach.

#### **4.1.b The role of others in identity-negotiation**

Here I draw on relational approaches to narrative identity, in the work of Baylis and Nelson, focussing on their formulation of constraints to narrative which recognise the role of others in narrative self-constitution. This discussion builds on Schechtman's recognition that in order to be identity-constituting narratives are subject to objective constraints, and so on the narrative self-constitution approach, not just any story counts as identity-constituting. However, whilst both Nelson and Baylis recognise that Schechtman's account is relational,

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<sup>328</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 69.

<sup>329</sup> Atkins writes: 'Narrative, however, provides strategies that coordinate these two orders of time and through which the unity and continuity of one's identity can be articulated. Narrative can have this effect because it deploys structures presupposed in our experience of time.' Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 70. And, 'What is striking about narrative emplotment is the ability to convert contingency to causality through the chronological ordering of its elements. This ordering allows narrative to imitate—in fact, articulate—the temporality of human action and, of life.' Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 74.

they challenge Schechtman's view that identity-constituting narrative are in the main constituted by an individual's subjective self-understanding. Nelson and Baylis draw attention to the need to negotiate first- and third-personal ascriptions of personal identity. Nelson introduces a "credibility constraint" and Baylis an "equilibrium constraint". Whilst Nelson recognises that narratives must be evaluated against the criteria of strong explanatory force, correlation to action, and heft, to see which is the more credible narrative, Baylis argues that narratives are always subject to uptake, and not just credibility. Whether an identity-constituting narrative can be enacted is matter of achieving equilibrium between our self-understanding and what others allow us to be. This draws our attention to the role of inter-subjective relations in both shaping our self-understandings, and to the fact that others may frustrate our ability to perform or adopt our chosen self-narratives, as well as limit the range of identity-constituting narratives available to us. Our identity-constituting narratives are not solely up to us (personal identity is only partly constituted by the self), and so we need an account of the role others play in defining who we are.

I firstly discuss Nelson's formulation of a "credibility constraint" and her criticism of Schechtman's reality constraint as failing to adequately account for the social environment. I then turn to Baylis' criticism of Nelson's credibility constraint and Baylis' formulation of the "equilibrium constraint". I endorse Baylis' approach over Nelson's.

For Nelson, personal identity depends on recognition and acknowledgement by others. As Nelson argues 'identity is a lever for agency'. Here Nelson draw attention to both how others can constrain the exercise of our agency, and also to how the role of others in shaping our self-understanding can constrain our agency.

[P]ersonal identity, understood as a complicated interaction of one's own sense of self and others' understanding of who one is, functions as a lever that expands or contracts one's ability to exercise moral agency. The way in which others identify us establishes what they will permit us to do; if they identify us as morally defective, they will perhaps humor us or hospitalize us, or else treat us with suspicion, contempt, or hostility. This restricts our freedom to act. How we identify ourselves establishes our own view of what we can do; if our self-conception marks us as morally defective, we will mistrust our own capabilities and so treat ourselves with suspicion or contempt, or exempt ourselves from full responsibility for our actions. This too restricts moral agency.<sup>330</sup>

Nelson explains that personal identities consist of narratives told from the first- and third-personal perspectives. Stories from the first-personal perspective feature the things that a person most cares about - their experiences, characteristics etc. In contrast, in stories from the third-personal perspective what

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<sup>330</sup> Nelson, *Damaged Identities, Narrative Repair*, xi.



features is those things which matter most to others about the person. As Nelson writes:

Personal identities consist of a connective tissue of narratives ... which we weave around the features of our selves and our lives that matter most to us. The significant things I've done and experienced, my more important characteristics, the roles and relationships I care about most, the values that matter most to me — these form the relatively stable points around which I construct the narratives that constitute the sense I make of myself. ... But my identity is also constituted by the stories other people construct around the things about me that seem most important to *them*.<sup>331</sup>

Nelson notes that these first- and third-personal stories can come into conflict. Nelson advocates a “no trump” view which recognises that a person's own stories are not automatically taken to be authoritative. Nelson argues that there are epistemic, practical and conceptual reasons why other people's stories may sometimes be more authoritative. This draws attention not only to the fact that self-knowledge can be deceptive, but also to the role of others in both letting us be, as well in shaping our understandings of, who we are. As Nelson writes:

The credibility constraint suggests a number of reasons why my own self-constituting stories don't automatically trump other people's stories about me. For one thing, self-knowledge is fallible, so there are gaps and distortions in my understanding of who I am. This is an *epistemic* consideration. But there are also *practical* reasons why other people's stories about me are sometimes more authoritative than my own: who I am depends to some extent on who other people will let me be. And finally, there are *conceptual* grounds for denying that I hold trumps: my identity is always contingent in part on others, because personal identities are necessarily social or interpersonal. ... I espouse a “no-trump” view of personal identities, arguing on epistemic, practical and conceptual grounds that I cannot be the sole arbiter of the stories that constitute me.<sup>332</sup>

Nelson argues that when first-person stories come into conflict with third-person narratives, we can adjudicate between these stories through use of the credibility constraint to assess which is the ‘better story’, i.e. which should be regarded as identity-constituting.<sup>333</sup> As Nelson notes in the quote above, the credibility constraint introduces three criteria for adjudication: strong explanatory force, correlation to action and heft.<sup>334</sup> For Nelson when a narrative has strong explanatory force it best explains a person's characteristics, such as why someone behaves as they do: ‘Identity-constituting narratives are those that don't just take the evidence into account — they're the ones that fit the evidence best’.<sup>335</sup> A narrative has correlation to action when it relates to the person's actions. ‘[S]ince acts express a person's identity, we have reason to believe a story is identity-constituting only if there is a strong correlation between it and the person's

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<sup>331</sup> Nelson, *Damaged Identities, Narrative Repair*, 72.

<sup>332</sup> Nelson, *Damaged Identities, Narrative Repair*, 99.

<sup>333</sup> Nelson, *Damaged Identities, Narrative Repair*, 101.

<sup>334</sup> Nelson, *Damaged Identities, Narrative Repair*, 93.

<sup>335</sup> Nelson, *Damaged Identities, Narrative Repair*, 93.

actions'.<sup>336</sup> A narrative meets the criteria of heft when it is about important features of a person's story, or of others' stories of her. '[A] story is credibly a contribution to a person's identity if it possesses the right amount of heft. The criterion of heft underscores the idea that identity-constituting narratives are woven around the features of people's lives that they, or some of the rest of us, care about most'.<sup>337</sup> With these three criteria, Nelson argues we can decide between contending or conflicting narratives to assess the merits of two (or more) contending narratives. Nelson further notes that if both stories meet these criteria, then the first-personal narrative should be taken as identity-constituting.

Nelson contrasts her formulation of the credibility constraint with Schechtman's articulation and reality constraints, arguing that both constraints, as formulated by Schechtman, privilege self-knowledge, as well as fail to adequately account for our relation to others. Nelson argues that Schechtman's articulation constraint, which argues that if someone cannot articulate her actions then the relevant trait is not fully identity-constituting, treats identity solely as a function of one's knowledge, where in fact, what we do not know about ourselves, and perhaps what others know about us, can be identity-defining.<sup>338</sup> Nelson also criticises the reality constraint by questioning the standard Schechtman proposes for evaluating how closely one's self-conception coheres with reality - checking 'whether my self-concept is in synch with the view held of me by others' fails to acknowledge that the view of others may be 'mistaken, bigoted or hostile'.<sup>339</sup> As Nelson writes:

The reality constraint as Schechtman understands it seems to suppose that the question of who gets to say what is real about me has already been settled, by majority vote, but that implies that others' understandings of me could never be challenged.<sup>340</sup>

Schechtman's formulation of the reality constraint does take account of the role of others in assessing whether a self-narrative is identity-constituting. However, this is not an understanding in terms of the role of others in shaping or determining our identities; rather, it is a recognition of an 'objective' reality to test a narrative. Nelson's criticisms of Schechtman's constraints recognise that personal identity is only partly constituted by the self.

Baylis also proposes a relational approach to narrative identity in contrast to Schechtman's. Like Nelson's account, Baylis argues that Schechtman's approach fails to properly account for the role of others in our self-constitution and criticises Schechtman's formulation of the constraints on narrative. Baylis' approach differs from Nelson's however. According to Baylis, Nelson's approach fails to

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<sup>336</sup> Nelson, *Damaged Identities, Narrative Repair*, 95.

<sup>337</sup> Nelson, *Damaged Identities, Narrative Repair*, 96.

<sup>338</sup> Nelson, *Damaged Identities, Narrative Repair*, 91.

<sup>339</sup> Nelson, *Damaged Identities, Narrative Repair*, 92.

<sup>340</sup> Nelson, *Damaged Identities, Narrative Repair*, 92.

adequately account for the role of others in a relational context because Nelson still conceives that narratives can be weighed up against each other (to see which is the most credible). In contrast, Baylis argues that narratives must get uptake and that in order to be identity-constituting narratives must achieve equilibrium.

On Baylis' relational approach to narrative identity, our identity-constitution is understood as a form of negotiation involving others, both intimate relations with others, as well as public interactions, in which persons are constituted through these relationships. Baylis writes that according to the relational approach to personal identity:

[M]y identity is neither in my body (viz., the somatic or biological account of personal identity) nor in my brain (viz., the psychological account of personal identity) but, rather, in the negotiated spaces between my biology and psychology and that of others. These others include those who are a part of my familial, social, cultural, and political clusters of meaning and belonging, those who know me from a distance, and still others, near strangers, who do not know me.<sup>341</sup>

This is a dynamic account of identity, which Baylis argues is a balance between self-ascription and ascription by others - between 'how we see and understand ourselves and how others see and understand us'.<sup>342</sup> And like Atkins, Baylis argues for a non-dualistic understanding of embodiment, and so differs from both biological and psychological continuity approaches to personal identity as well as from Schechtman's understanding of the relationship between mind and body and their connection to narrative.

In explaining her relational approach to personal identity, Baylis contrasts her approach with Schechtman's. Baylis, like Nelson, recognises that whilst Schechtman acknowledges the role of others in the formation of identity-constituting narratives (i.e. they must meet the reality constraint and the articulation constraint), Schechtman views personal identity as in the main constituted by the self, as understood in terms of the subjectivity of the individual and self-constitution through acts of self-creation.<sup>343</sup> In contrast, a relational approach takes as important the attitudes of others, and the role they play, in shaping our self-narratives. For Baylis, our identities are 'co-creations'. Baylis writes:

Family members, friends, colleagues, community or tribal members, acquaintances, and even strangers play an active role in shaping the self-narratives of others not only by contributing to, but also by endorsing, questioning, and in some cases, actively contesting, another's self-narrative. With

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<sup>341</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 110.

<sup>342</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 117.

<sup>343</sup> Baylis further notes that Schechtman recognises the role of others in the development of our self-constitution primarily in terms of the past conditioning the present (for example a well-nurtured child in their formative years). Baylis argues that the present role of others is just as important. Baylis, "The Self in Situ: a Relational Account of Personal Identity," 118.

relational identity, persons are (and only can be) dynamic complex co-creations informed by the perspectives and creative intentions of others.<sup>344</sup>

Baylis argues that given the dynamic nature of self-narratives and the role of others in their formation,<sup>345</sup> others not only contribute to the shaping of our identities, but are actively involved in endorsing, questioning and contesting these self-narratives. According to Baylis, narratives require uptake by others in order to be identity-constituting, and this requires a balance or equilibrium between how a person sees and understands herself and how others see and understand her.<sup>346</sup> In order for a self-narrative to be identity-constituting it must achieve equilibrium - 'only self-narratives capable of equilibrium are identity-defining'.<sup>347</sup> Baylis argues that our self-narratives can be endorsed, as well as dismissed or challenged. When the self-narrative is challenged the individual will need to achieve equilibrium<sup>348</sup> and has a number of options available in order to do so, including to re-project the narrative, revise the self-narrative, adopt the self-understanding of others, dismiss the views of others, or to change one's community to one more accepting of one's projected self-narrative.<sup>349</sup> Importantly, for Baylis, relational identity is dynamic and identity-constituting narratives shift over time. Whilst narratives are more or less stable, achieving equilibrium is temporary; we move in out of periods of equilibrium and disequilibrium.<sup>350</sup> As such, Baylis argues that stability is not the 'end game' of identity formation and nor do periods of equilibrium reveal an insight into one's true self.<sup>351</sup> As Baylis writes:

[I]t is important to insist on the fact that all self-narratives are always more or less stable. The nature of the equilibrium varies depending upon the complexity of the self-narrative, how many of the narrative details are subject to multiple interpretations, and the social, cultural, political, historical, and other context(s) in which the self-narrative is projected. For example, a seemingly robust and stable self-narrative in one socio-political context may become a very fragile and unstable self-narrative in another. ... In addition, it is expected that over a lifetime, there will be interludes of disequilibrium, the frequency and intensity of which will vary.<sup>352</sup>

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<sup>344</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 118.

<sup>345</sup> Nelson too recognises that narratives are dynamic, that some are constant, whilst 'others shift over time'. See Nelson, *Damaged Identities, Narrative Repair*, 72.

<sup>346</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 119.

<sup>347</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 119.

<sup>348</sup> As Baylis writes: '[E]quilibrium is crucial for identity constitution. A self requires minimal uptake by others. This uptake may be granted or withheld based upon judgments about "reality," "coherence," "unity," "consistency," "credibility," "plausibility," or the like, but what crucially matters given that we are constituted through our personal and public relations is the prospect of "equilibrium"'. Baylis, "The Self in Situ: a Relational Account of Personal Identity," 124.

<sup>349</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 120.

<sup>350</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 128.

<sup>351</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 123.

<sup>352</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 123.

Baylis contrasts her formulation of the equilibrium constraint with Nelson's credibility constraint. Whilst Nelson recognises the role of others in our self-constitution, and the importance of recognition by others, the credibility constraint implies that we just need to choose between stories - to see which is the most credible.<sup>353</sup> Nelson's formulation fails to recognise the necessity of uptake in the performance and projection of our self-narratives. Baylis contrasts her account with both Schechtman and Nelson as follows:

With the equilibrium constraint, unlike the reality constraint (advocated by Schechtman), there is neither care nor concern with what others "objectively" believe to be true, except insofar as others' perceptions are invitations to practise one's narrative and performance skills. Further, with the equilibrium constraint, unlike the credibility constraint (advocated by Nelson), there need be no effort to identify the "better" of two or more competing stories. Again, at most, there is an invitation to revise one's projected self-narrative or one's community of belonging to achieve a certain balance through minimal uptake of one's projected self-narrative.<sup>354</sup>

Baylis' (and Nelson's) relational approach to personal identity shows that identity and (autonomous) agency are not co-extensive. Identity is not just about self-creation or self-understanding, but rather, identity, in some part, relies on others. This draws attention to the fact that not all identity-constitutive narratives are morally good for us. In circumstances in which a person is able to project a narrative that she values and there is uptake from others, we may attribute autonomy to them 'as opposed to mere agency'.<sup>355</sup> However, in other circumstances, such as when a person is constrained by the narrative understandings of others and is unable to contribute meaningfully to their own self-narrative, this may be a case of oppression, and as such a threat to autonomy. This approach recognises that others can both assist with the formation of valuable self-narratives as well as constrain our ability to do so, so others shape our identity-constituting narratives and so our agency, in ways that both facilitate and hinder identity construction and the exercise of autonomy. I further develop the distinction between identity and autonomy in the following chapter on relational autonomy.

Both Nelson and Baylis provide a necessary corrective to Schechtman's understanding of the role of others in identity-constitution. I endorse Baylis' response because her account more adequately accounts for how social understandings can threaten identity. As I show in the following section, this recognition illuminates that threats to identity may not be the result of implant, but rather from social understandings of people with disabilities and illness.

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<sup>353</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 119. In this way, Nelson's credibility constraint operates in a similar to Schechtman's reality constraint, that is, comparison against an objective standard.

<sup>354</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 121.

<sup>355</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 123-24.

### *Conclusion:*

In this section I have developed an approach to narrative identity as embodied and relational. This approach to narrative can explain the complexity of selfhood and practical identity established in the previous two chapters. Firstly, drawing on Atkins I argued that contrary to Schechtman, we need an embodied approach to narrative identity in order to adequately explain both continuity and change in narrative identity over time and so properly meet any objection concerning the extreme claim. Secondly, drawing on Nelson and Baylis, I argued that contrary to Schechtman, we need a thoroughly relational approach to narrative in order to adequately explain the role of others in the constitution of our narratives. In doing so, I have further articulated the relation of the concepts of identity, agency and identity, as well as the role of embodied and social constraints on (and constitution of) our identities.

## **4.2 Narrative Identity & Neural Implants**

*'I don't feel like myself anymore'; 'I haven't found myself after the operation'; 'I feel like an electric doll'; 'I feel like a robot'; 'She's no longer the same person'*

In chapter 2.4, I argued that the sense of identity at stake in the claims about self-change consequent upon neural implants is practical identity - which concerns my sense of "who I am". I showed how changes in behaviour, characteristics, and desires consequent upon neural implants might be seen as a potential threat to our self-understanding and sense of who we are by challenging our ability to act out of our self-conceptions, by disrupting one's projects and the reasons for one's actions, from a first- and third-personal perspective. I argued that the strength of the practical identity approach is that it takes the first-personal perspective as irreducible and so illuminates the practical importance to us, that is, what is at stake in identity change. In this section, I show that narrative identity approaches to practical identity and the question "Who am I?", which explain self-constitution (and reconstitution) over time (diachronic identity), and posit a dynamic understanding of selfhood, are able to explain how we construct our identities over time (patterns out of change), in the face of the contingency of human lives. Because narrative can account for a persisting subject it can explain identity over time and the importance of being the same experiential subject through time. It can also explain why narrative breaks matter; these change our subjective relations to our identity-constituting characteristics. As such, narrative provides a normative framework through which we can better understand what's at stake in

identity change and whether and how neural implants might threaten identity.<sup>356</sup> Disruptions to narrative self-understanding can challenge the patterns of coherence and meaning through which we make sense of our lives over time. Some people find it difficult to see their lives as continuous pre and post-treatment. I show that neural implants may challenge and disrupt patterns of narrative coherence and in some cases narrative integration, and make self-understanding difficult. A narrative account offers practical resources for responding to these changes, that is, in the form of narrative repair, if persons are to achieve and sustain a temporally-extended sense of their identity.

Below, I engage with, and analyse, the responses from Schechtman and Baylis concerning whether Deep Brain Stimulation (DBS) treatment for Parkinson's Disease (as well as for psychiatric conditions) poses a threat to narrative identity. I focus on Schechtman and Baylis because each develop narrative accounts independently of issues related to neural implants, and whilst they come to differing conclusions, comparing the two responses draws out the need to distinguish more fully between identity, agency and autonomy, as I do in the following chapter. Both Schechtman and Baylis discuss the self-changes as raised by Schüpbach and colleagues. I show that whilst Schechtman concludes that DBS poses a threat to narrative identity, Baylis argues that this conclusion is incorrect. Rather, argues Baylis, the impacts of DBS are better understood in terms of potential threats to agency, which may hinder one's ability to meaningfully author one's life, and so in turn threaten one's identity. I conclude that an account of narrative identity is not yet enough to answer the question about threats to identity consequent upon neural implants, because as yet we have no way to determine whether the changes consequent upon DBS are 'good' or 'bad', except in terms of whether the person identifies with, or likes, the changes or not. In order to do so, we must direct our attention to understanding autonomy as a competence that is acquired developmentally, with recognition that we exercise this capacity in an embodied social setting.

Firstly I set out Schechtman's response to self-change consequent upon neural implants - that DBS can disrupt the narrative thread and can threaten personal identity. I outline Schechtman's analysis that DBS threatens Mr Garrison's identity because of his inability to meet both the articulation and reality constraints. Secondly, I review, and criticise, Schechtman's response through firstly comparing Baylis' application of constraints to the case of Mr Garrison. I show that the issue is one of whether Mr Garrison can achieve uptake of his narrative (and so achieve narrative integration) and that whether he can achieve uptake will be up to others (as well as the success of the treatment and the

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<sup>356</sup> A similar claim is made by Mackenzie and Walker, see Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity."

progression of his illness). This shifts the ethical discussion from a concern with whether he is the same person to what options are present for narrative integration of self-change and a narrative sense of self-continuity.

#### **4.2.a Schechtman - DBS and threats to narrative identity**

Schechtman applies her narrative approach to identity to explain changes in characteristics, mood and behaviour following DBS as identified in cases by Schüpbach and colleagues.<sup>357</sup> Schechtman argues that because the narrative approach to identity is formulated within a “dynamics of change”, and views selfhood as tied to our ability to understand ourselves and others in narrative terms, it is well placed to explain the theoretical challenges posed by DBS, that is, how identity can be maintained through change (even when mechanically caused), as well as to provide practical direction for therapeutic responses by suggesting we can mitigate this change through helping patients construct and maintain a coherent narrative of change.

A narrative approach, Schechtman claims, provides a straightforward way of explaining the perceived threats to identity from DBS - psychological changes consequent upon DBS disrupt the narrative flow, or coherence, of our lives.

Schechtman writes:

The narrative view ... places identity in the dynamics of psychological change. This makes it especially useful as a framework for thinking about the psychological changes that sometimes occur with DBS. ... [I]t gives us a straightforward way of describing the kinds of threats to identity that DBS can seem to raise. According to the narrative approach, a threat to selfhood or identity stems from a disruption of the narrative flow of a life, and the resolution of that threat comes from repairing the narrative thread.<sup>358</sup>

Schechtman argues that responses of self-alienation and perceived negative changes from DBS quoted in Schüpbach and colleagues reveal a loss of the organising principles which structured the patient’s self-narrative, which involve the patterns of meaning and projects formed around these self-understandings, including, for example, around a patient’s illness. As such, patients may become confused about how to proceed and may have difficulty seeing their lives post DBS as continuous with their lives before DBS.<sup>359</sup>

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<sup>357</sup> Schüpbach, Gargiulo, and Welter, “Neurosurgery in Parkinson’s Disease: A Distressed Mind in a Repaired Body?”; Schüpbach and Agid, “Psychosocial Adjustment After Deep Brain Stimulation in Parkinson’s Disease.”

<sup>358</sup> Schechtman, “Philosophical Reflections on Narrative and Deep Brain Stimulation,” 137.

<sup>359</sup> This understanding of the role of illness in figuring one’s self-understanding and providing meaning to one’s projects helps to explain the difficulties identified by Wilson et al that some patients treated for epilepsy with DBS have problems adjusting to being symptom or seizure free, what Wilson et al. label “the burden of normality”. See: Wilson, Bladin, and Saling, “The “Burden of Normality”: Concepts of Adjustment After Surgery for Seizures.”; Wilson, Bladin, and Saling, “The Burden of Normality: a Framework for Rehabilitation After Epilepsy Surgery.” For an



The range of problems patients can face in their lives after their symptoms improve can be understood as a problem in picking up and continuing one's life story after the changes brought about by DBS. Patients whose illnesses gave them a sense of drive or purpose may not know what to do with themselves now or how to structure their activities when the symptoms are gone. Relationships that had formed around their illnesses can now come undone, and professional goals change. In general, patients who report adjustment problems seem to have a hard time seeing the life they were living after treatment as the continuation of the life they were living before, and so find themselves having to reinvent themselves. The metaphor of "second birth," while it can signify new beginnings, also signifies the loss of one's identity.<sup>360</sup>

This theoretical understanding points to directions for therapeutic responses in order to mitigate these disruptions, which involves ways to preserve narrative integrity, or to repair the narrative thread. Schechtman argues that a focus on narrative continuity can help patients understand these disruptions to self-understanding by providing a broader perspective on one's life. By taking a broader perspective on the events and changes, one is encouraged to see these events not as isolated but as part of an unfolding self-narrative.

A longer term narrative perspective will thus provide a viewpoint from which what may look like a narrative break, up close, can be seen as a small segment of a continuous and self-expressive life narrative. ... The longer term adjustment problems can be addressed by helping patients and their close associates see their lives as a continuation of the lives they were living before.<sup>361</sup>

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[T]he narrative approach suggests encouraging a long view of a life in a way that allows for moments of radical change or anomalous circumstances to be appropriated into an ongoing story, finding a way into one's life narrative, rather than allowing them to disrupt it.<sup>362</sup>

Through this process patients would be encouraged to try to understand events and changes as part of unified or coherent narrative, that is, to construct a story that articulates a single ongoing self. Pre-treatment might involve anticipating changes to narrative, such as the role of illness as an organising principle, and helping patients to construct a story of how their projects and relationships, for example, pre-treatment might be continued post-treatment. Ideally, notes Schechtman, this should be a process, and narrative, which the patient actively takes towards their self and which they see as self-directed.<sup>363</sup> This

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application of the narrative approach to this question in DBS patients, see: Frederic Gilbert, "The Burden of Normality: From 'chronically ill' to 'symptom free'. New Ethical Challenges for Deep Brain Stimulation Postoperative Treatment," *Journal of Medical Ethics* 38 (2012). See also Gisquet who raises similar issues concerning the difficulties patients face in adapting to a lack of symptoms following treatment for DBS. Gisquet, "Cerebral Implants and Parkinson's Disease: a Unique Form of Biographical Disruption?"

<sup>360</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

<sup>361</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

<sup>362</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 139.

<sup>363</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

Notably, Schechtman argues that what support is appropriate will depend on the individual person. The narrative approach proffers a particularism - some may need little support, in part depending on how important narrative coherence is for an individual. With this statement,

might allow patients to see their lives pre- and post-treatment as continuous and of their making. I will return to this point in discussions of autonomous agency in the following chapter.

Schechtman also analyses shorter term adjustment problems experienced by some patients who have used DBS for treating psychiatric disorders, wherein the changes from DBS can be immediate and acute, such as when prior to the stimulation the patient was depressed and immediately upon stimulation, happy. Schechtman argues that in these cases the threat to identity comes from the anomalous nature of the change, that is, from stimulation of the brain. This causal or mechanical explanation challenges our conception of ourselves (and others) as agents, as the cause of the changes in the agent's actions and values post DBS does not seem to be the product of the person themselves. As Schechtman writes, this explanation 'seems more in place in the chronicle of an object's history than in a personal narrative'.<sup>364</sup> This understanding views the threat to identity as flowing from the cause of the changes and not so much from disruption to the long-term narrative coherence. The response that Schechtman suggests though, is similar to that advocated in the cases of longer-term adjustment problems - urging patients to take narrative, long-term perspectives on these changes which occur in the short time span after stimulation. If we focus on that short period we will indeed see narrative discontinuity, but if we take a broader perspective, we might see this time span as part of a broader coherent life story. In contrast to the mechanical explanation, Schechtman argues that by taking a narrative perspective, the patient can see their role in choosing the DBS as a cause of the changes also, and so be the author or protagonist of the subsequent changes. As Schechtman writes:

If we take a broader perspective, however, we can see that time span as a coherent part of an ongoing story — the story, for example, of someone battling depression who has tried a variety of treatments without success and who has decided, maybe with some trepidation or maybe with great hope, to try DBS. The change that occurs may have direct stimulation to the brain as its most proximate cause; we can understand it more broadly as being caused also by patients' desire to rid themselves of depression and their willingness to be treated in this way to do so. This allows a description of the change in terms of the plans, projects, and relationships that make up patients' lives and that they cannot pursue their lives as fully as they wish because of their depression.<sup>365</sup>

And so, from this longer-term narrative perspective what might appear as a break in the narrative can be understood as a part of a continuous, and ideally, self-expressive narrative.<sup>366</sup> I address the connection between narrative identity and autonomy further in the following chapter, here my aim has been to draw

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Schechtman indicates a response to Strawson and his claims that Episodics are less concerned with narrative in their lives. Given Episodics live with a fairly loose narrative structure they may need very little support of this type. Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

<sup>364</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 137.

<sup>365</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

<sup>366</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

attention to the role of narrative perspective in understanding changes from neural implants.

As noted at the start of this section Schechtman argues that narrative identity is well-placed to explain threats to identity because it presents a dynamic understanding of identity and psychological change. Schechtman contrasts this understanding of threats to narrative coherence, with a more “traditional” understanding of personal identity in terms of a collection of core psychological traits or commitments that are thought to define the true self. This traditional approach views DBS as a threat to identity through the ‘removal or diminishment’ of these core traits.

One standard way of thinking about identity is in terms of a collection of core or key psychological traits that define the true self. Threats to identity are thus envisioned as involving the removal or diminishment of these traits. According to this understanding, DBS threatens identity in the case of acute changes by undermining a fundamental sense of oneself as an agent with defining core traits, and, in the case of longer term changes, by altering core feature of personality.<sup>367</sup>

This type of approach, according to Schechtman, understands selfhood and identity in ‘static’ terms, unlike the ‘dynamic’ terms of the narrative approach, and so provides little direction for therapeutic care, and so little guidance as to how to avoid these threats.

In some cases, Schechtman argues that the disruption of the narrative thread can be so dramatic, such that it can break off one narrative and start a new one, so that the pre- and post-DBS selves may be seen as different people. In the previous chapter (3.1.c) I outlined Schechtman’s view that when narrative is disrupted, identity is decreased. Narrative disruption challenges agency per se - a person needs a narrative self-conception in order to be an agent at all, and also, with respect to particular actions - if actions don’t stem from a person’s coherent and stable pattern of values, and the source of actions is viewed as external to the person, this also mitigates agency<sup>368</sup> with respect to those values or actions. When this connection is lacking, it can compromise one’s narrative capacity so decreasing the degree of forensic personhood. A failure to meet narrative constraints will compromise forensic personhood, forensic personal identity, or possibly both.

There are, of course, many different degrees of narrative cohesion and many different degrees to which either of these constraints on an identity-constituting narrative can be met. ... The more fully developed and cohesive someone’s

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<sup>367</sup> Schechtman, “Philosophical Reflections on Narrative and Deep Brain Stimulation,” 136. A similar argument is made by Baylis, “‘I Am Who I Am’: on the Perceived Threats to Personal Identity From Deep Brain Stimulation.”; DeGrazia, “Enhancement Technologies and Human Identity.”; Mackenzie and Walker, “Neurotechnologies, Personal Identity, and the Ethics of Authenticity.”; Maartje Schermer, “The Mind and the Machine: on the Conceptual and Moral Implications of Brain-machine Interaction.,” *Nanoethics* 3 (2009).

<sup>368</sup> Schechtman, *The Constitution of Selves*, 159.

narrative, the more fully a forensic person she is. To the extent that her narrative is compromised, so is her forensic personhood. ... A person's forensic identity is determined by her narrative, so when a narrative is disrupted or discontinuous, the degree of identity is correspondingly decreased.<sup>369</sup>

On Schechtman's approach a person survives if the unity of their agency persists. For Schechtman this unity is provided for by narrative, so as long as the narrative persists, then so does the person; narrative defines the bounds of the person. Moreover, one's narrative identity can change so much that one can become a different person both because of a changed, destroyed narrative or an inability to form a coherent narrative. To demonstrate this point I turn to Schechtman's analysis of the hypothetical case of Mr Garrison, who, following treatment for Parkinson's Disease with DBS, demonstrates radical changes in his personality, commitments and desires which impact on his professional, as well as his social and family, ties.

Schechtman argues that Mr Garrison's narrative identity is threatened because his post and pre DBS self-narratives do not conform to the constraints required for a narrative to be identity-constituting. Schechtman argues that Mr Garrison's post DBS self-narrative cannot adequately meet the articulation constraint because Mr Garrison cannot tell a story of how these new values and motivations are related to his actions, ideas etc, without acknowledging that the cause of these values and motivations is the DBS. That is, Mr Garrison cannot provide an explanation of why he does what he does such that we understand his actions as flowing from his own values.

If Mr. Garrison articulates his history without running afoul of the reality constraint, he will have to acknowledge that his current passions and interests — the things he takes as reasons — were caused by manipulation of his brain. It is not because he learnt something important about the defects of his previous commitments that he gave them up; it is because he had electrodes implanted in his brain. Having acknowledged this, however, Mr. Garrison will have difficulty taking his current commitments seriously as reasons for action. Knowing that his enthusiasm for the Democrats and the environment is brought about by direct stimulation of his brain should make him suspicious of these passions as genuinely reason-giving.<sup>370</sup>

This is because Mr Garrison's actions post-DBS do not flow from his own intentions, projects and goals, that is from his reflected-upon reasons, but rather are caused by the DBS. Furthermore, Schechtman argues that if Mr Garrison ignores the role of DBS in causing his new commitments and interests (ignores meeting the articulation constraint), then he would fall foul of the reality constraint, because the story he might tell would not accord with the objective fact

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<sup>369</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 83-84.

<sup>370</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 85.

of the role of DBS in his change of characteristics.<sup>371</sup> Schechtman concludes that the disruption to Mr Garrison's narrative thread poses a threat to his personal identity because of his inability to meet the constraints on identity-constituting narrative - this diminishes his personhood and identity. Mr Garrison cannot see himself as the protagonist of an identity-constituting narrative, because he is not an agent acting for reasons of his own. Seeing oneself as the protagonist of an identity-constituting narrative requires that one consider oneself as an agent, acting for reasons.<sup>372</sup> The relevant factor here for Schechtman is the cause of Mr Garrison's changes, that is, that they were caused by the DBS.<sup>373</sup> Schechtman argues that this is the case anytime when the cause of changes in commitments, desires, or projects does not lie in the agent. As Schechtman writes:

When there is a change in personal commitments caused by illness, medical treatment, accident, or brainwashing, there is no narrative solution that does not result in a decreased degree of narrative coherence and so a decreased degree of forensic personhood and/or identity.<sup>374</sup>

On this reading Mr Garrison is a different (forensic) person following the DBS, than he was prior to the treatment with DBS.

The post-DBS Mr. Garrison has interests, enthusiasms, and passions. He is able to make commitments to causes and to people and make important decisions. The passions and commitments that guide him after DBS, however, are very different from those that guided him before. It is thus easy to see him as a forensic person post-DBS, but hard to see him as the *same* forensic person as before DBS.<sup>375</sup>

The moral implications of this claim are significant because it becomes unclear whether we are able to hold Mr. Garrison, or many people (given that life is full of so many changes that are not caused by the agent), accountable for, nor responsible for, his actions and choices.<sup>376</sup> Nonetheless Schechtman does suggest a way forward for Mr. Garrison, a suggestion which recognises the cause of his values as a result of the DBS, but the price of this suggested solution is that it lessens his connection to the person he was prior to the DBS.

Mr. Garrison is thus in something of a bind with respect to his self-narration. If he is to consider himself as an agent, take his current reasons seriously, and act accordingly, he will need to start anew—with the passions he finds himself with after DBS and not questioning too hard how he came to have them. This will impede his ability to fully meet the articulation constraint. If he does articulate the source of these passions realistically, he will either have to feel his agency compromised by their anomalous origins or will have to ignore them and act on his previous commitments, even though he is alienated from them. In either of these cases, his narrative will be compromised because he does not fully consider

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<sup>371</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 86.

<sup>372</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 85.

<sup>373</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 77.

<sup>374</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 86.

<sup>375</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 76.

<sup>376</sup> Whilst I do not go into the issue of moral responsibility here, for example, criminal responsibility for actions committed pre DBS and whether the post DBS person could be held responsible, on Schechtman's account there will be degrees of responsibility. On Schechtman's account the relationship of identity and responsibility is not an all or nothing affair.

himself an agent. ... The best solution seems to be ... taking the newfound enthusiasms as a starting point and critically evaluating them from where one stands now, without much attention to one's earlier views and commitments. This will maximize one's degree of forensic personhood but decrease forensic identity with one's earlier self.<sup>377</sup>

Schechtman's application of her narrative account of identity does help to explain the significance of changes following DBS, as well as accounting for why these changes, even though sometimes expected, as well as unexpected, might be perceived by patients in terms of a threat to their identity. As Schechtman notes, DBS can cause a disruption to the narrative thread, to the degree of narrative coherence, and thus on her account diminish both personhood and identity over time. Further, her account provides resources for responding to this disruption, in terms of attempting to preserve narrative integration and narrative coherence.

Schechtman's argument that questions of characterisation and narrative identity are under discussion in cases of self-change consequent upon neural implants has been highly influential. Much of the neuroethics literature that discusses the cases in Schüpbach and colleagues argues that it is narrative identity that is under discussion when considering changes from neural implants, and other types of neurotechnologies, and not numerical identity, in statements such as "I am no longer the same person".<sup>378</sup> However, although there is agreement that DBS can cause narrative disruption, as well as about suggested therapeutic directions for attending to narrative disruption, there is disagreement as to whether these changes should be understood in terms of *threats* to narrative identity, as Schechtman maintains. Whilst Schechtman (and others) argue that the psychological changes consequent upon DBS can be understood as threats to

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<sup>377</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity," 85-86.

<sup>378</sup> See Focquaert and DeRidder, "Direct Intervention in the Brain, Ethical Issues Concerning Personal Identity."; Johansson, "Authenticity, Depression, and Deep Brain Stimulation."; Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation."; Schermer, "Changes in the Self: the Need for Conceptual Research Next to Empirical Research."; Nir Lipsman and Walter Glannon, "Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?," *Bioethics* 27 (2013); Frederic Gilbert and Eliza Goddard, "Thinking Ahead Too Much: Speculative Ethics and Implantable Brain Devices," *American Journal of Bioethics: Neuroscience* 5 (2014); Glannon, "Stimulating Brains, Altering Minds."; Gisquet, "Cerebral Implants and Parkinson's Disease: a Unique Form of Biographical Disruption?"; Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity."; Gilbert, "The Burden of Normality: From 'chronically ill' to 'symptom free'. New Ethical Challenges for Deep Brain Stimulations Postoperative Treatment." Also, see DeGrazia who argues that it is narrative identity and projects of self-creation at stake in the context of enhancement technologies: David DeGrazia, "Prozac, Enhancement and Self-creation," *The Hastings Center Report* 30 (2000); DeGrazia, "Enhancement Technologies and Human Identity.". According to DeGrazia: 'Nearly all personal identity related worries regarding direct interventions in the brain (e.g., DBS for neuropsychiatric [sic.] disorders) rest upon a conflation of narrative and numerical identity.' Focquaert and DeRidder, "Direct Intervention in the Brain, Ethical Issues Concerning Personal Identity," 2; DeGrazia, "Enhancement Technologies and Human Identity."

identity,<sup>379</sup> several authors disagree with this conclusion. These authors emphasise the dynamic nature of identity and argue that it is static notions of identity that conceive of change as presenting threats to identity.<sup>380</sup>

Would Schechtman's approach be useful in all circumstances though? There are cases in the literature, in which it may be impossible for the patient to 'repair' their narrative thread, due to diminished agency. These are cases in which the changes consequent upon either the illness or the treatment are so great, that such a direction (or set of strategies) is just not possible. Glannon cites the case of a patient who received treatment with DBS for advanced Parkinson's Disease.<sup>381</sup> The treatment with the DBS however caused mania in the patient, such that he was admitted to a psychiatric ward. When the stimulator was altered and his rational judgement restored, the symptoms of Parkinson's Disease returned, leaving him bedridden. This left the patient with an unenviable dilemma and without the requisite resources to restore the narrative thread. Glannon writes:

This left the patient and his healthcare providers with a choice between two mutually exclusive options: to admit the patient to a nursing home because of a serious physical disability, despite intact cognitive and affective capacities; or to admit the patient to a chronic psychiatric ward because of a manic state, despite restoration of good motor function.<sup>382</sup>

Glannon concludes that sometimes the change in mental states can be so great, such that disruption to the narrative is too great.<sup>383</sup>

Further, I argue that the inadequacies, which I identified in Schechtman's narrative self-constitution approach in the previous section (4.1) - to the role of embodiment in constituting the first-personal perspective and self-constancy in articulating who I am, and recognition of the role of others in narrative self-constitution, constrain the theoretical resources of Schechtman's approach in explaining the changes consequent upon DBS; these appear as points of tension and difficulty in her account of the changes consequent upon DBS and detract

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<sup>379</sup> Schechtman, "Getting Our Stories Straight: Self-narrative and Personal Identity."; Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation." See also Glannon, "Stimulating Brains, Altering Minds."

<sup>380</sup> See Focquaert and DeRidder, "Direct Intervention in the Brain, Ethical Issues Concerning Personal Identity."; Baylis, "'I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation."; Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity."; Schermer, "Changes in the Self: the Need for Conceptual Research Next to Empirical Research."; DeGrazia, "Enhancement Technologies and Human Identity."

<sup>381</sup> Glannon, "Stimulating Brains, Altering Minds."

<sup>382</sup> Glannon, "Stimulating Brains, Altering Minds," 290.

<sup>383</sup> So, on Glannon's account the patient could be understood as different person on and off the treatment. Glannon does note that there may be strategies for seeing the patient as the same person, but with a weaker sense of identity: 'In spite of the change from a non-manic to a manic state, there may be enough physiological continuity and narrative integrity for him to retain a meager yet sufficient sense of identity to remain the same person.' Glannon, "Stimulating Brains, Altering Minds," 292.

from the ability of her account to explain both the theoretical challenges as well as to offer practical directions for therapy.

Firstly, as Atkins noted, Schechtman's solution to questions of characterisation and reidentification relies on an impersonal understanding of the role of the body in constituting our first-personal perspective. Therefore, Schechtman's approach fails to account for continuity properly, focussing on psychological change (at the expense of self-constancy). Because Schechtman views narrative identity predominantly in terms of psychological change, like psychological and biological continuity approaches to personal identity, Schechtman's focus in evaluating questions of psychological change consequent upon DBS tends to focus on questions of survival, that is change in terms of whether someone is (literally) the same or different person post DBS treatment and so casts change in terms of threats to identity. A focus on embodied continuity, on self-constancy, would instead direct our attention to how we integrate of our embodied bodily perspective.

Secondly, as Baylis and Nelson argue, Schechtman's constraints on narrative fail to adequately account for the role of others in self-constitution. Schechtman's analysis concluded that it was difficult to see Mr Garrison as the same person following the DBS; she demonstrated this claim by arguing that Mr Garrison was unable to meet either the articulation or reality constraint. Baylis questions Schechtman's conclusion that DBS threatens Mr Garrison's narrative identity and Schechtman's analysis of the role of constraints on Mr Garrison's ability to form an identity-constituting narrative. Baylis asks why the DBS cannot be incorporated into an explanation of the changes consequent upon DBS.<sup>384</sup> Further, whilst Baylis does not apply her own relational approach to the case of Mr Garrison, a focus on relational narrative identity and Baylis' formulation of the equilibrium constraint points to an alternative reading of what determines whether Mr Garrison's narrative is identity-constituting.<sup>385</sup> It is not determined which stories or self-narratives will be identity-constituting independent of the context of uptake by others.

Mackenzie and Walker apply Baylis' understanding of relational identity and the equilibrium constraint to the conflicting narratives of the husband and wife in Schüpbach and colleagues, in which the husband describes himself as having been asleep prior to the treatment, yet his wife finds it difficult to adjust to, and see as valid, these 'new' or post-DBS desires. On Baylis' approach the husband has a

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<sup>384</sup> Though, this is a point that Schechtman recognises in her discussion of the short term changes following from DBS, see Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

<sup>385</sup> This is also different to Nelson's approach which in the case of the husband and wife's conflicting narratives would look to see which is the most credible.



number of options: to try to project his self-narratives more successfully, to revise his projected self-narrative in response to others' reactions, to defer to others' perceptions, to reject others' interpretations of his character or actions, or to seek recognition of his preferred identity within a different community of belonging.<sup>386</sup>

As such, Baylis' approach offers a more nuanced analysis of such cases.

Mackenzie and Walker offer such an analysis using Baylis' relational approach:

In the case described by Schüpbach and colleagues, the patient seems both to reject his wife's interpretation of who he is and to want to seek out a different community of belonging in which he will be recognized for who he takes himself to be. This is what Baylis refers to as his "preferred self-narrative". But whether he will be able to enact or "perform" this self-narrative and achieve a temporary stability will not be entirely up to him, since it will be subject not only to uptake by others but also to the progress of the disease and the success of the DBS in treating it. This is why achieving equilibrium requires finding a balance between how a person perceives and understands himself, how others see and understand him, and the constraints of his lived embodiment.<sup>387</sup>

On Baylis' relational approach, the husband's wife will need to engage in a similar process.

Mackenzie and Walker draw our attention to the question of whether Mr Garrison might get uptake of his story in a different context, but whatever his approach it will be a performative (relational) negotiation. Baylis' relational approach and equilibrium constraint focus our attention on whether Mr Garrison would get uptake, and the role of his wife, and perhaps others, in this negotiation. Schechtman views identity-constitution primarily in terms of self-constitution conceiving of the articulation constraint in terms of self-understanding, so, on Schechtman's account what is peripheral is less constituting. Schechtman's constraints on narrative reveal an overly individualistic approach to identity in terms of self-creation, and so fail to acknowledge that whether Mr Garrison can achieve narrative self-constitution is not entirely up to him, but will involve others; that is, as a project of co-creation.

These criticisms problematise Schechtman's claim that her narrative self-constitution approach is well suited to explaining change, and change following from neural implants. This conclusion that DBS can pose a threat to narrative seems as odds with Schechtman's other claims that a narrative self-constitution account of personal identity is well placed to account for radical changes in narrative continuity. Whilst Schechtman's account constrains her from fully establishing her claims, Schechtman's proposed solution to the threat posed by DBS does point to the importance of self-direction and self-realisation in terms of achieving integration. So whilst Schechtman discusses changes in terms of

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<sup>386</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 389.

<sup>387</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 389.

narrative threats, her advice for therapeutic responses points in the direction of establishing narratives that are autonomous (as does her analysis that DBS challenges autonomous agency, which I return to in the following chapter).

Baylis argues that Schechtman's conclusions concerning threats to identity are in part driven by her failure to follow through with the implications of a dynamic account of narrative identity in terms of incorporating the role of relationality. I now turn to Baylis' critique of Schechtman's analysis of the potential threat posed by DBS to narrative identity.

#### **4.2.b Baylis - DBS and threats to narrative agency**

Baylis applies her 'dynamic, narrative, and relational' account of personal identity to the first-person descriptions of self-alienation, for example, "I don't recognize myself" to argue that the 'claim that DBS is a threat to identity is deeply problematic'.<sup>388</sup> Baylis concludes that when 'DBS dramatically disrupts the narrative flow, this disruption is best examined through the lens of agency'.<sup>389</sup> This shifts the focus of discussion to looking at the social and embodied aspects of identity and in doing so shifts our focus to what's involved in autonomous agency.

Baylis argues that whilst Schechtman's conclusion - that DBS threatens identity by disrupting the narrative flow - is initially appealing, it is incorrect and at odds with her more fundamental claims about identity and change - that 'since narrative is a dynamic notion, continuity of narrative is thoroughly compatible with even quite radical change'.<sup>390</sup> Rather, according to Baylis, we should understand change as constitutive of identity, and not as a threat to identity. Baylis interprets Schechtman's claim as equivalent to the claim that DBS constrains how a person sees and understands herself - but for the DBS, Mr Garrison would still be the shy Republican.

On a relational account of personal identity, "but for" the DBS the identity-constituting narrative would be quite different (perhaps even radically different). On this view, DBS for PD distorts the dialectical process of identity formation and, for this reason, is a threat to personal identity. DBS for PD limits how a person sees and understands herself; as such DBS limits what the protagonist of an autobiographical narrative can project for minimal endorsement by others. A person with PD who has been treated with DBS cannot successfully project a self-narrative that is impervious to the fact of DBS. This constraint on what can be projected, acts as a constraint on what can be perceived. In turn, the interplay

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<sup>388</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 513.

<sup>389</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 513.

<sup>390</sup> Whilst Baylis argues that Schechtman's claims about threats are mistaken, she distinguishes Schechtman's claims about threats to identity from other accounts which argue that DBS poses a threat to identity on the basis of a threat to core or key psychological commitments.

between constrained projected and perceived self-narratives gives rise to a different identity-constituting narrative.<sup>391</sup>

The problem with this answer is that it renders any and all disruptions, not just those from DBS and illness, to narrative, a threat - all and any change could turn out to be threatening, argues Baylis, including, for example, marriage, a change in jobs, perhaps even submitting a thesis. Rather, biographical disruption does not in itself constitute a threat to identity.

A problem with this perspective on DBS for PD as a threat to personal identity, however, is that it renders any and all life events and experiences (whether initially considered positive or negative) potential threats to identity. If DBS for PD is a threat to personal identity because it constrains how a person sees and understand herself, which in turn constrains the dialectical process of identity formation, then so too PD is a threat to identity, and so too is potentially every other life event or experience integrated into an identity-constituting narrative including graduation, promotion, job loss, marriage, birth of a child, tsunami, divorce, death of a loved one, earthquake and so on.<sup>392</sup>

Moreover, Schechtman's conclusion cannot account for the significance of personal change - why for some change may be disruptive, but for others liberating or 'the making of the man'.<sup>393</sup>

Consider another example — onset of a severe neurodegenerative disease such as PD. For some this will be a devastating occurrence, for others this may prove to be 'the making of the man'. In either case the narrative flow will be disrupted.<sup>394</sup>

On Baylis' account, changes do not pose a threat per se - regardless of whether or not they are caused by the agent; rather, changes are constitutive of, and so compatible with, identity. What is important is whether and how the change is integrated into one's self-narrative. Rather, we need an account that explains both the ways that impairments and treatments might promote, as well as frustrate, narrative coherence and integration.

Baylis concludes that framing the impacts of DBS in terms of threats to identity is thus deeply problematic. Rather, the challenges posed by DBS to narrative identity are better understood, from the perspective of relational identity, through 'the lens of agency'. Baylis explains that challenges or threats to agency from DBS arise when a person's actions do not flow from her intentions or beliefs, but rather are the result of direct brain manipulation; and if the threat to

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<sup>391</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 523.

<sup>392</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 523.

<sup>393</sup> Baylis also makes the point that when DBS is used to treat psychological problems, in contrast to motor problems, the aim is precisely to change someone's psychological characteristics, such as when DBS is used to treat depression. Baylis asks in these circumstances, would we be as likely to see the change as a threat? Baylis also makes the point that the patient could include a description of consenting to DBS in their articulation of a self-constituting narrative. Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 522.

<sup>394</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 524.

agency is significant, the person may longer be able to meaningfully author their lives and thereby cannot contribute to the process of identity formation (and in this way may give rise to a threat to identity).

A ... plausible response to the question "Is DBS for PD a threat to personal identity?" suggests that DBS is such a threat but only insofar as it is a threat to agency—the ability to make informed and rational choices—as when a person's actions do not flow from her intentions or beliefs but rather are the result of direct brain manipulation.<sup>395</sup>

And

There is one sense, however, in which it may be accurate and not trivially true to describe DBS as a threat to personal identity. This is when DBS undermines agency to such an extent that the person is no longer able to meaningfully contribute to the authoring of her own life (i.e., to contribute to the cyclical and iterative process of projecting, defending and revising a self-narrative). Without the ability to contribute to the process of identity formation, a person loses the ability to hold on to a sense of self.<sup>396</sup>

Baylis draws on the evidence that DBS may lead to gambling in patients as an example of how DBS might threaten autonomous agency and in turn interfere with narrative self-constitution. If the person didn't choose to gamble, but the intervention made them do it, then Baylis concludes that the DBS poses a threat to that person's agency. This is still conceived as a threat to identity, but not in the sense that someone might be a different person, and not in terms of a threat to the narrative thread per se (as in Schechtman), but in the sense that they may not be exercising self-directed choice concerning the activities they engage in and the consequences that ensue. If their agency is compromised, and there is a serious threat to agency, then this might in some circumstances also present a threat to identity. Baylis notes that in addition to making claims such as 'I feel like a different person' and 'I don't feel like myself anymore', patients also report feelings of alienated agency following DBS treatment, such as: 'I feel like a robot' and 'I feel like an electric doll'.<sup>397</sup>

Schechtman views DBS as a threat to identity which results in compromised agency. Baylis, in contrast, argues that DBS can threaten autonomous agency, which in turn impacts on the ability to meaningfully author one's life. How do we adjudicate between these responses; is DBS a threat to identity or to agency or both, and how? In both instances, Schechtman and Baylis when discussing threats to identity are concerned with the mechanism of change, as arising from the DBS and not the agent.

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<sup>395</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 524.

<sup>396</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 525.

<sup>397</sup> Baylis, "I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 524.

The move from conceiving changes as a threat to identity to a focus on autonomous agency is a helpful one. This is why we need a relational conception of autonomy to fill out some of these claims further and so normatively adjudicate the ethical significance of change, which does not solely rely on whether the patient identifies with the changes or not.<sup>398</sup> In the following chapter I will argue that if we turn to an account of relational autonomy, with a focus on autonomy competences, we are able to articulate on the basis of the impact of neural implants on autonomy competences how neural implants may in turn threaten identity. By being relational, this approach allows us to distinguish between autonomy, agency and identity - identity is not just up to us, and nor is it just a matter of self-identification. This discussion further draws out the distinction between identity and autonomy.

Whilst Baylis argues that the conclusion that DBS poses a threat to identity is deeply problematic, she argues there are legitimate concerns of threats to identity caused by social assumptions about disability, including discriminatory attitudes and negative stigmatisation. In these cases, it is not DBS that threatens identity; as Baylis argues, such claims mislocate the potential threat to identity. These negative assumptions constrain or limit the types of identity-constituting narratives available to those with illness and impairments and an agent's ability to actively contribute to authoring their own lives, and also can become integrated into one's self-understanding.

Consider, for example, the scope of possible identity-constituting narratives available to persons with PD (with or without DBS) in a society that is not welcoming of persons with physical and psychological disabilities. In such a society, person's experiences will be significantly affected by stories others have constructed to restrict the range of narratives that can be appropriated and successfully enacted. ... In such a society, discriminatory attitudes towards persons with disabilities, not DBS or PD, would be a serious potential threat to personal identity. ... The threat, such as it is, are the beliefs and attitudes of others that result in stigmatization and alienation, which in turn may result in negative experiences and feelings being integrated into one's identity-constituting narrative.<sup>399</sup>

I take up Baylis' claims about threats from social understandings about disability in the following chapters, which will also discuss how not all identity-constituting narratives are self-directed, and hence narrative integration isn't always positive as integration might be indicative of the internalisation of negative

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<sup>398</sup> If our analysis of assessing the impacts of neural implants on personal identity comes down to whether the patient likes the change or not, we have no resources to anticipate how a patient will respond to self-change from neural implants, and also no real insight on how to respond in terms of repair.

<sup>399</sup> Baylis, "I Am Who I Am": on the Perceived Threats to Personal Identity From Deep Brain Stimulation," 514.

stereotypes<sup>400</sup>; I also investigate how we might challenge negative-identity constituting narratives. This, like Baylis' conclusion that DBS can threaten agency, points towards autonomy and the need to distinguish between agency, identity and autonomy. An account of autonomy can answer the question of whether narratives are our own and whether we value them; this helps us distinguish between autonomy and mere agency. So Baylis locates both embodiment and our social embeddedness as twin constraints or concerns.

Mackenzie and Walker nicely sum up Baylis' argument, drawing attention to Baylis' argument that we should not view deep brain stimulation (nor disability) as presenting threats to identity. Rather, by focussing on agency, Baylis sets out the twin constraints of embodiment and the social context that contribute to self-alienation. As Mackenzie and Walker write:

In social contexts in which the beliefs and attitudes of others towards physical and psychological disability are stigmatizing and negative, achieving equilibrium will be a fraught and difficult process (with or without neurotechnological intervention), often resulting in feelings of self-alienation. Baylis argues, however, that this sense of self-alienation should not be understood as the result of a threat to identity caused by disability or neurotechnological intervention. Baylis does not deny that life-changing disruptions to a person's narrative identity "undeniably constrain[s] the dialectical process of identity formation (and thereby alters a planned and anticipated narrative)" (2011). However, in her view such experiences of self-alienation are usually either the result of internalization of social stereotypes or social relations of misrecognition, or the effect of direct brain interventions that impair a person's capacities for autonomous agency (2011).<sup>401</sup>

#### *Conclusion:*

Schechtman often uses language about self-direction or self-expression as important to narrative coherence and integration, and this is an issue for Mr. Garrison also. This leads us in the direction of having to provide an account of autonomy. Baylis also leads us in this direction with her discussion of threats to agency and the impacts on being able to 'meaningfully author one's life'. Whilst Schechtman and Baylis disagree in their analysis and locus of threats consequent upon DBS, both point in the direction of autonomy as the salient theoretical issue, as well as the salient domain for therapeutic interest.

Viewing the impacts of DBS in terms of narrative disruption is helpful. However, the impact of neural implants cannot be understood in terms of threats to narrative identity per se. In order to address these questions more satisfactorily,

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<sup>400</sup> For an account of challenges to moral agency in the context of identity-constituting narratives, see Margaret Urban Walker, *Moral Understandings: a Feminist Study in Ethics* (Oxford: Oxford University Press, 2007).

<sup>401</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 389.

we will need to explore the relationship between identity, agency and autonomy further in order to adequately respond to the question and understand the claim about threats to narrative. In the next chapter I argue that we need an account of relational autonomy to adjudicate these issues. However, it is also clear that there can be threats to identity in the social context, that is, the social understanding of disability. This is something I will also discuss in the following chapter as a central concern of relational approaches to autonomy.

## **4.3 Conclusion**

### **4.3.a. Conclusion**

In this chapter I have developed an embodied relational narrative approach to practical identity and agency. This approach does not privilege intellectual reflection and rationality over embodiment. It also seeks to incorporate the social context in the constitution of our identities. I further demonstrated that a narrative approach can explain the significance of self-change consequent upon neural implants for personal identity, by showing how these changes can alter the patterns of coherence in our lives and impact on our agency.

In the first section I developed a specific approach to narrative - a dynamic relational and embodied account which can explain continuity over time, as well as account for the role of others in our identity-constituting narratives. In the second section, using the work of Schechtman and Baylis, I demonstrated the explanatory force of this approach for explaining the significance of self-change consequent upon neural implants for personal identity. I showed that changes can impact on the patterns of coherence, as well as impact on our agency and on one's ability to meaningfully author one's life. I concluded however that a narrative account alone is not enough to fully explain the significance of these changes for it is not enough to assess for the normative significance of self-change, that is, why some people might find changes liberating and others alienating. This raises the question of whether neural implants intervene on an agent's choice process and abilities for self-governance that is sufficient to undermine autonomous agency and so interfere with narrative self-constitution.

### **4.3.b Relational Autonomy**

In the following chapter I argue that in order to fully and adequately address the significance of self-change consequent upon neural implants we need an account of autonomy. In order to understand the type of agent I can be (over

time), we must first look at how I can govern my life and my options for self-realisation and self-direction.

The embodied relational approach to narrative identity developed in this chapter has implications for how we understand autonomy as well as the role of others and the social context in the development and exercise of autonomy. This understanding of narrative identity leads us to ask about autonomy as it is exercised in a relational context. I set out an understanding of autonomy in terms of competences; competences which can be both hindered and fostered by neural implants and by others. I argue that a relational approach to autonomy focusses our attention on the impact of neural implants on our autonomy competences as the salient issue, with attention to the role of neural implants in fostering or hindering these competences. In recognition of the social understandings of people with illness and disability, I further argue that in addition to autonomy competences we need to pay attention to self-referring attitudes, that is normative competences, in assessing whether neural implants foster or hinder autonomy.



## 5. Relational Autonomy & The Project of Selfhood

### Refiguring threats to identity from neural implants - autonomy competency and narrative integration

*'I'm part cyborg'; 'Now I'm going to turn myself on'; 'He and I no longer value the same things', 'I no longer value the same things'*

In this chapter, in order to further develop my argument that a relational embodied approach to narrative agency and autonomy provides resources for understanding the impacts of neural implants on a person's identity I inquire into what it means to be autonomous, understood as being self-governing. An autonomous agent is one who is able to express herself - her values and projects - through her actions and choices; that is, she is able to express actions and chooses as part of becoming a self - as a project of selfhood. I shift from an account of what constitutes narrative agency to how we exercise autonomous agency; that is, I argue that there is a difference between my actions having a narrative structure and the reasons for my actions being structured by a narrative that engages with what I value. This shifts consideration of the impacts of neural implants to making sense of the claim of whether a neural implant may in some sense take away a person's autonomous choice and interfere with their narrative self-constitution.

I argue that autonomy must be understood in relational terms, recognising the embodied and intersubjective nature of practical identity or selfhood. I develop an approach to autonomy as the exercise of a set of skills, or "autonomy competences", for self-realisation, self-determination and self-evaluation. These competences are developmentally acquired through relation with others and intersubjectively exercised and it is through the exercise of these competences that authentic selfhood emerges. I further argue that relational autonomy must be understood in constitutive terms, and not solely in causal terms; that is, an approach which takes intersubjectivity and relationality as part of the defining conditions of autonomy, and not just a concern for the impacts of intersubjectivity on an agent's capacity to exercise autonomy competency. I argue that an adequate approach to relational autonomy is one that in addition to the exercise of autonomy competence, includes recognition of the need to value one's own judgement and capacity to act in accordance with what one values; that is, one must have a specific normative commitment to oneself. This draws attention to the role of "normative competences", such as self-referring attitudes like self-trust and self-respect, in facilitating, or undermining, autonomous agency.

In doing so I argue that a weak substantial approach to relational autonomy, and embodied narrative agency best addresses questions about self-change and so best illuminates concerns related to the impacts of neural implants on identity and autonomy. This approach builds on the account of selfhood developed in the previous chapters and further develops the “full-blooded” account in terms of autonomous agency. This further sets out the concepts of identity, autonomy and agency, including their interrelation in the project of selfhood (and how they might come apart). I show that this full-blooded account addresses deficiencies in mainstream approaches to personal identity, as well as meets postmodern objections concerning the possibility of autonomous agency. Further, this account adjudicates between the analyses concerning the impacts of DBS on identity, as set out by Schechtman and Baylis in the previous chapter (4.2).

This approach has the resources to explain how neural implants and their availability can support or undermine autonomy. Adopting this relational approach to autonomy and identity shows that the salient issue in accounts of first-personal change is how neural implants might either foster or hinder one’s development and/or exercise of autonomy competences (for example, controlling one’s tremors to allow one to pursue what one wants to do) and/or the exercise of one’s normative competences (for example, by leaving one feeling unconnected to one’s actions it may undermine my capacity for self trust). These impacts on our autonomy competence may in turn affect our capacity for narrative self-reflection and coherence (and so our sense of being a unified enduring self over time). Further, this approach draws our attention to the role of social understandings of disability and those seeking treatment, and how these can be undermining of autonomy; for example, if one internalises negative stereotypes which indicate the disabled as incapable. A relational competency approach opens up and refigures the question concerning the impacts of neural implants originally posed in terms of ‘threats’ to identity. It is not the implant itself that is threatening per se, or that the narrative thread itself is threatened; rather, the relational approach understands the impacts of implants on autonomous agency as similar in kind with many other significant events or causes that are in some sense external to the agent. By drawing our attention to how such neural implants may both hinder and foster autonomy and narrative integration, this approach focusses on how people respond to and integrate change.

In the first section I demonstrate the need for a more nuanced account of autonomy than is often employed in the neuroethics literature to understand what is ethically at stake with changes from DBS and neural implants. Drawing on the experiences of the recipient’s of implants in the first-personal accounts, as well as criticisms of hierarchical procedural approaches to autonomy, and to procedural

approaches more generally, I show that approaches that understand neurological intervention as a threat to authenticity per se are mistaken and that the application of a test for authenticity in terms of identification with one's desires is inadequate for illuminating the ethical significance of neurological interventions on selfhood.

In the second section I set out a weak substantial relational approach to autonomy. I draw on Meyers' procedural approach to set out an understanding of autonomy in terms of the exercise of a suite of competences, through which authentic selfhood emerges. Drawing on the constitutive role of embodied relationality I have developed throughout this thesis, I supplement this approach with the claim that relationality should be understood constitutively and that further constraints on autonomous actions and choices. Drawing on Mackenzie I argue for the importance of normative competences of self-trust, self-esteem and self-respect for the exercise of autonomy. I further argue that autonomy competences are narratively structured. This shows that the salient issues in times of self-change are how our autonomy competences and narrative competences are fostered or impaired and the role of these competences in establishing and restoring narrative coherence.

In the third section I demonstrate the practical and theoretical resources of this type of relational approach to autonomy to the question of the significance of first-personal change consequent upon neural implants. Returning to the first-personal accounts I demonstrate that this approach can explain how neural implants can support or undermine autonomy and narrative competences, in turn affecting narrative self-understanding and coherence. Further, I show that this approach articulates the relation between identity, autonomy and agency, and can accord practical identity to individuals whilst recognising that their autonomy might be impaired.

## 5.1 Autonomy and Neural Implants

*'I'm part cyborg'; 'I feel like a robot'; 'Now I'm going to turn myself on'; 'I no longer value the same things'*

In what follows, I demonstrate the importance of the concept of personal autonomy for understanding change consequent upon neural implants. I show that whilst self-change consequent upon neural implants raises concerns that neural implants may threaten personal autonomy, as changes are understood as the result of the implant and not the agent, it is also the case that the first-personal accounts challenge this interpretation of the changes, as often neural implants assist people's abilities to exercise self-governance and so set their own ends.

Drawing on accounts in neuroethics concerned with DBS and authenticity, I show that we need a more nuanced account of autonomy to understand what is ethically at stake with changes from DBS and neural implants, one which recognises that threats to autonomy arise not merely from external interference qua brain manipulation and which further recognises the role of others in the constitution of our autonomy. An adequate approach must clarify the discussions as well as account for autonomous (in contrast to, mere) agency consequent upon neural implants.

First, I situate these discussions in terms of contemporary philosophical approaches to autonomy which understand the central aspects of personal autonomy to include the capacity to self-govern through critical reflection according to one's own values and that the exercise of autonomy should be free from external interference. I focus on procedural approaches to autonomy, particularly those which specify identification conditions for authenticity, and set out criticisms to these approaches. Second, I discuss how autonomy arises in the first-personal accounts of self-change consequent upon neural implants. Third, I review the treatment of questions relating to autonomy and neurological intervention in the neuroethics literature. I draw on Neil Levy's and others arguments against the claim that neurological intervention poses a threat to authenticity. I then identify shortcomings in approaches that argue that whether an action is authentic post DBS can be settled by a process of identification.

### 5.1.a Philosophical approaches to autonomy

'Autonomy' literally refers to self-rule or self-governance. Personal autonomy is concerned with the authority individuals have of self-governance - that is, 'autonomy' refers to an individual's capacity for self-determination or self-governance. Joel Feinberg catalogues four senses or conceptions of autonomy in moral and political philosophy: as a *capacity* to govern oneself, the *actual* condition of governing oneself, as an *ideal* of character and as the *authority* to govern oneself.<sup>402</sup> The capacity to govern oneself is often thought of in terms of basic capacities, such as cognitive abilities, and also on a continuum from agents who lack autonomy to those who instantiate it as a full ideal. The second sense of autonomy, actual autonomy, recognises that one may possess the capacity to govern oneself in the first sense (*dispositional autonomy*), but lack the external conditions for its instantiation, perhaps due to social oppression, and so lack

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<sup>402</sup> Joel Feinberg, "Autonomy," in *The Inner Citadel: Essays on Individual Autonomy*, ed. John Christman (New York: Oxford University Press, 1989), 28.

effectual actual autonomy (*occurrent autonomy*).<sup>403</sup> On this second sense, one must possess the internal capacities as well as the external opportunities to exercise autonomy. The third sense of autonomy is as a moral ideal of character, the achievement of fully autonomous agency is something to be promoted and valued (the other end of the continuum described above in the first sense of autonomy). There is disagreement as to whether this state is achievable. However, there is a shared understanding that autonomy is a valuable concept; self-government is understood as central to ethical life. The fourth sense of autonomy, the sovereign authority to govern oneself, understands autonomy as the right to have one's autonomy respected. Autonomous agents have normative authority over their decisions.

John Christman notes that central to theories of personal autonomy is a concern with the exercise of autonomy and what it means to say that one's values, desires and choices are "one's own"; that is, a conception of the person as 'able to act, reflect, and choose on the basis of factors that are somehow her own'.<sup>404</sup> Natalie Stoljar makes a similar claim, that to be autonomous is to act on motives, reasons, or values that are one's own.<sup>405</sup> Further, Christman states that individual autonomy is 'generally understood to refer to the capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own and not the product of manipulative or distorting forces'.<sup>406</sup> Schechtman makes a similar claim when she argues that the narrative self-constitution view aims to identify those characteristics that are truly one's own and not the result of coercion or brainwashing. Broadly autonomy contains the idea that it matters to be me that I act on values that are mine - rather than accepted blindly what is given to me or imposed upon me. Autonomy is thus connected to the idea of authenticity - in addition to the capacity to critically reflect and act on my desires and values, I need also to identify, 'own' or 'accept' them as mine. I need to ask whether they are my values or choices. Christman notes '[p]ut most simply, to be autonomous is to be one's own person, to be directed by considerations, desires, conditions, and characteristics that are not simply imposed externally upon one, but are part of what can somehow be considered one's authentic self'.<sup>407</sup>

Contemporary discussions of personal autonomy in moral psychology focus on how to understand when an action is one's own in terms of establishing

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<sup>403</sup> This is sometimes cashed out in terms of a difference between *de jure* autonomy - the right to self-government, and *de facto* autonomy - which includes both the competence and opportunities necessary to exercise the right to self-determination.

<sup>404</sup> John Christman, "Autonomy in Moral and Political Philosophy," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2015).

<sup>405</sup> Natalie Stoljar, "Feminist Perspectives on Autonomy," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2014).

<sup>406</sup> Christman, "Autonomy in Moral and Political Philosophy."

<sup>407</sup> Christman, "Autonomy in Moral and Political Philosophy."

authenticity conditions by which an action can be said to be autonomous. A number of contemporary approaches argue that the conditions necessary for autonomy should be understood *procedurally* and as content neutral. On these approaches autonomy is achieved when the agent engages in a process of reflection on her desires, values or beliefs and revises her desires, values or beliefs in light of the process of reflection. This process is content neutral because it is the process by which the desire or value is deemed autonomous and not via the content. These approaches do not specify any particular values or principles that must be endorsed; that is, they make no claims about what values, principles or motivations an autonomous agent must have.

Below I set out Frankfurt's procedural approach to autonomy in terms of hierarchical identification with one's desires. I then present arguments against this approach, including that it is ahistorical and fails to account for occurrences of manipulation. Moreover, I present criticisms to procedural approaches in general, that in addition to procedures, there must be additional specification of the normative constraints on the contents of our desires, values and motives; that the conditions for autonomy must be understood *substantively*; that is, procedural approaches must be supplemented by some non-neutral conditions.

Frankfurt argues that autonomy requires second-order identification with one's first-order desires.<sup>408</sup> This is a hierarchical model wherein the process of critical reflection is secured through a process of hierarchical identification with one's desires.<sup>409</sup> For Frankfurt, my actions are autonomous if I reflect upon and endorse a first-order desire and then take that desire as the motive for my actions. Autonomous actions are those that are the result of reflective identification with one's desires; that is, when I take the second-order desire as the cause of my actions. Inauthenticity on Frankfurt's account arises when one does not identify with one's desires but acts on them anyway. Dworkin's hierarchical model places importance on being able to ask whether I do, in fact, identify with my desires or whether I might overrule those desires.<sup>410</sup>

Frankfurt's theory and the hierarchical model have been subject to a number of objections. "The problem of manipulation" is concerned with the ahistorical nature of Frankfurt's model - it does not ask how the individual came to have her second order desires, so it cannot distinguish between a mind-controlled agent and an autonomous one. Jane Dryden expresses the problem as follows:

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<sup>408</sup> Frankfurt, "Freedom of the Will and the Concept of the Person."

<sup>409</sup> Harry Frankfurt, "Freedom of the Will and the Concept of the Person," *The Journal of Philosophy* 68 (1971).

<sup>410</sup> Gerald Dworkin, "The Concept of Autonomy," in *The Inner Citadel: Essays on Individual Autonomy*, ed. John Christman (New York: Oxford University Press, 1989).

[T]he Problem of Manipulation criticism points out that because Frankfurt's account is ahistorical, it does not protect against the possibility that someone, such as a hypnotist, may have interfered with the agent's second-order desires. We would hesitate to call such a hypnotized or mind-controlled agent autonomous with respect to his or her actions under these circumstances, but since the hierarchical model does not specify where or how the second order volitions ought to be generated, it cannot adequately distinguish between an autonomous agent and a mind-controlled one. The structure of autonomous agency therefore seems to have a historical dimension to it, since the history of how we developed or generated our volitions seems to matter.<sup>411</sup>

Further, and related objections, concern the threat of an infinite regress of conditions. If first-order desires are tested against second-order desires, what is the test for second-order desires? This seems to introduce the need for third-order desires and so on. Similarly, what is the source of second-order desires? If they rest on third-order desires, this presents a regress in how to determine the source of autonomous identification. If a person is manipulated then her second-order volitions could be inauthentic, thus, it is unclear that higher level judgements have any greater claim to authenticity than first-order ones.<sup>412</sup> A further objection concerns ambiguities in the concept of identification.<sup>413</sup>

In response to criticisms of Frankfurt's theory and the hierarchical procedural model of autonomy, Christman argues that autonomous agency has a historical character. Christman's procedural approach stresses the importance of the personal history of the agent whereby a person acquired a given desire in determining his or her status as autonomous or not. Christman argues that we should impose further conditions on critical reflection, that the process must be free of distorting elements and must reflect an adequate causal history. In this case, a person must reflect on the genesis of a desire<sup>414</sup> and not be alienated from the process of the formation of one's desires.<sup>415</sup>

The criticism above notwithstanding, Christman's approach, like Frankfurt's is a procedural approach which argues that the conditions necessary for autonomy should be understood procedurally and as content neutral. Procedural models in general have been challenged as to whether procedural independence is sufficient for autonomy. As procedural approaches do not stipulate the content of desires, they fail to take account of the role of others and the social context in the

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<sup>411</sup> Jane Dryden, "Autonomy," in *The Internet Encyclopedia of Philosophy*.

<sup>412</sup> For a formulation of this objection, see Gary Watson, "Free Agency," *Journal of Philosophy* 72 (1975).

<sup>413</sup> Christman argues that on Frankfurt's model it is unclear whether identification is a process one merely acknowledges (without judgement) or a process which one must approve. For a formulation of this objection, see: Christman, "Autonomy in Moral and Political Philosophy."

<sup>414</sup> See John Christman, "Autonomy and Personal History," 1 (1991).

<sup>415</sup> For an outline of this model, see Mackenzie, "Relational Autonomy, Normative Authority and Perfectionism."

formulation of our desires - simply looking to the process of reflection on our desires or choices fails to capture more subtle effects of socialisation on our autonomy and so may accord autonomy to people in oppressed situations. For example, we might hesitate to identify as autonomous a woman from an oppressive culture who has internalised the negative stereotypes that shape her choices: 'we cannot choose to be enslaved'.<sup>416</sup> If she has internalised others' understandings of herself and these restrict and shape her choices and values, whilst she may undergo a process of critical reflection, if she fails to critically interrogate these values, and she acts in accordance with those values, one might argue these values are not truly or authentically hers, but are set externally. It is impractical to think that we can become people who make choices without engaging with others. As such, procedural approaches do not adequately capture the complexity of what's involved in autonomous action because they fail to distinguish between those processes that help develop autonomy and those that frustrate it.

In response to these criticisms, proponents of substantial approaches to autonomy reject content-neutrality and argue that procedural approaches must be supplemented with some non-neutral conditions in order for an action to count as autonomous. In addition to critical reflection, one must value one's own judgements and have the capacity to act and choose in accordance with what one values. Substantive approaches thus require critical normative reflection by the agent in addition to procedures of self-reflection.

In section 2.3.a I noted the importance of autonomy to Korsgaard's account of practical identity. Korsgaard argues that normativity comes from our practical conception of our identities. Recall Korsgaard argued that as human beings we must act, and as reflective beings we need reasons to act and these arise from our conceptions of ourselves that are most important to us; that is, our practical identities. On Korsgaard's approach an action or motivation is authentic if it is reflectively endorsed. One is alienated from one's action when one does not engage in a process of critical reflective endorsement with respect to them.

Korsgaard argues however that the conditions necessary for autonomy should be understood substantively and that the content of our values is subject to some normative constraints. In addition to a process of critical reflective endorsement, Korsgaard argues for a moral identity that stands behind our practical identities. Korsgaard's approach is referred to as a strong substantial approach because it

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<sup>416</sup> For accounts which argue that agents subject to oppressive socialisation may not be autonomous see: Paul Benson, "Autonomy and Oppressive Socialization," *Social Theory and Practice* 17 (1991); Wolf, Susan. "Sanity and the Metaphysics of Responsibility," In *Responsibility, Character, and the Emotions: New Essays in Moral Psychology*, edited by Ferdinand David Schoeman, 46-62. Cambridge: Cambridge University Press, 1987.



rejects content neutrality requiring some particular value that must be included within autonomous decision-making.

Strong substantial approaches argue that socialisation can threaten autonomy by impeding an agent's ability to identify false norms in an oppressive culture.<sup>417</sup> These approaches have been criticised for requiring specific content on the autonomous preferences of agents. As Christman notes:

This claim, however, threatens to rob the attribution of autonomy of any claim to value neutrality it may otherwise carry, for if, conceptually, one is not autonomous when one (freely, rationally, without manipulation) chooses to enter conditions of severely limited choice, then the concept is reserved to only those lifestyles and value pursuits that are seen as acceptable from a particular political or theoretical point of view.<sup>418</sup>

This has led to charges that strong substantial approaches require too much for an action to count as autonomous; that is, are too stringently normative, and so put autonomy out of reach for many if not most people. Substantial approaches have also been criticised for conflating personal and moral autonomy, for advocating perfectionism.<sup>419</sup>

Weak substantial approaches mediate between strong substantive and procedural approaches by setting conditions on the agent's normative competences – they stipulate further necessary conditions on autonomy that operate as constraints on the contents of an agent's desires and values. For example, Paul Benson's weak substantial account does not state any particular content but does argue that an agent must regard herself as "worthy to act", and to do so must have normative competences, such as self-trust, self-worth and self-respect.<sup>420</sup> This side steps the objection made above by linking oppression to psychological impairment; that is, to impairment of one's self-referring attitudes which undermines autonomy.<sup>421</sup> I will take up this discussion further in the following section where I argue for adopting a relational approach to autonomy that is weakly substantial.

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<sup>417</sup> Examples of strong formulations include those by Susan Wolf who argues for the importance of normative competences and Paul Benson who also stresses normative competences and how socialisation can threaten autonomy by impacting on these normative competences. See: Susan Wolf, *Freedom Within Reason* (New York: Oxford University Press, 1990); Paul Benson, "Autonomy and Oppressive Socialization".

<sup>418</sup> Christman, "Autonomy in Moral and Political Philosophy."

<sup>419</sup> See Mackenzie for a characterisation and defence against this charge: Mackenzie, "Relational Autonomy, Normative Authority and Perfectionism." Also see: Paul Benson, "Free Agency and Self-Worth," *Journal of Philosophy* 91 (1994).

<sup>420</sup> See Benson, "Autonomy and Oppressive Socialization."

<sup>421</sup> These approaches must still demonstrate that they can account for feminist intuitions regarding choice in oppressive cultures; that is, the concerns motivating strong substantial approaches. For a discussion of this claim, see: Natalie Stoljar, "Autonomy and the Feminist Intuition," In *Relational Autonomy - Feminist Perspectives on Autonomy, Agency, and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar. New York: Oxford University Press, 2000.

These contemporary discussions draw attention to the connection between autonomy as a capacity for self-reflection and the conditions by which an action counts as autonomous. An agent's motives are not her own when they are in some sense external to her. How a motive is understood as external to the agent is explained differently on procedural and substantial accounts. On procedural approaches external motives are those that are not identified with or critically reflected upon and endorsed. If the agent acts on these, then it is the desire and not the agent that is in control. Procedural approaches further stipulate conditions such as that the desires were not acquired by mind control, brainwashing or the like. On substantive approaches, in contrast, a desire is external to the agent if the agent lacks self-trust or self-respect to form a viewpoint that can be thought of as her own. As Buss notes:

If an agent's point of view does not reflect her respect for herself and for her ability to set her own ends and assess the reasons relevant to pursuing some ends and not others, then the direction her reasoning takes cannot be attributed to her.<sup>422</sup>

In this subsection I have sketched out the central features of the concept of autonomy as including both a competence or capacity as well as including conditions for authenticity, when an action is one's own and free of manipulative external forces. Actions and desires that arise from ends not set by the agent herself raise questions about whether those actions and desires can be considered autonomous. I also set out the distinction between procedural and substantive approaches to autonomy and how weak substantial approaches attempt to mediate between these. Where do neural implants fit it? How do we understand the impacts of these devices on autonomy? What if the neural implant interferes with or actively gives me my values, would this undermine my autonomy? A procedural approach would suggest that if I identify with the values then I am autonomous. However, if the implant interferes this process of critical reflection then the implant would be a cause for concern, whether or not I identify with the implant. In addition to the concern of whether a neural implant might interfere with or distort the capacity to engage in a process of critical reflection, substantial approaches share a concern with whether the implant might change my values or desires. A substantial approach would suggest that consideration must also be paid to how the implant affects my self-referring attitudes and would direct attention to social understandings of those with disability and seeking treatment. Below I return to and draw on the first-personal accounts to situate and continue the investigation.

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<sup>422</sup> Sarah Buss, "Personal Autonomy," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2014).

### 5.1.b Accounts of first-personal change

Michael Chorost raises issues related to autonomy when he describes himself as “part-cyborg” following the implantation of his Cochlear. He describes how his experience of reality following the implant is in part determined by the Cochlear technology. Chorost argues that the Cochlear is “cyborg” technology because the software selectively transmits information to his brain; it makes if-then-else decisions and then acts on the body to carry them out. These are decisions that are “algorithmic and automated” and do not involve the individual’s choice or awareness. Chorost distinguishes cyborg technology from artificial body parts, such as the artificial hip or hearing aid, which are not cyborg, because the artificial hip, (unlike a pacemaker, or Cochlear for example), is passive, it does not make choices that shape what the individual experiences.<sup>423</sup> Within cyborg technologies, Chorost draws a contrast between those that act on the brain and fundamentally alter one’s experience of reality, such as the Cochlear, and those that act ‘solely’ on the body, such as a pacemaker. Chorost writes:

A pacemaker regulates the pump that keeps your body going, and as long as it works, your life is what it was before. You can forget about it (although I don’t doubt that people with pacemakers may be profoundly affected by the knowledge that their life is dependent on a computer). When the control is over your *senses*, however, you can never forget about it. You are living in a new version of reality.<sup>424</sup>

What should we make of Chorost’s claim that he is “part-cyborg”, and that his experience of reality and perceptual experience is “controlled by a device”. If Chorost is controlled by the device in the way he describes, should we view his actions as autonomous? Whilst Chorost strongly puts the point that the Cochlear controls his version of reality it does not seem to interfere with his ability to be self-directed according to his own values. Chorost seems to exercise autonomous choices and to pursue projects that matter to him, including a PhD, a career and indeed choosing to have a Cochlear. In his autobiographical novel he describes his plans and his reasons for his actions. In day-to-day activities Chorost describes how having the Cochlear has allowed him to participate in conversations on the telephone and has been integral in him meeting new people, including forming intimate relationships. Whilst Chorost does list frustrations involved in making the

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<sup>423</sup> Chorost also contrasts his understanding of implants which give cybernetic control with use of the concept “cyborg” by cultural theorists to describe people or societies that use technological modification. Chorost also distinguishes his use of the term cyborg from Donna Haraway’s use to indicate that people have multiple and conflicting perspectives. See Chorost, *Rebuilt: My Journey Back to the Hearing World*, 42-43.

<sup>424</sup> Chorost, *Rebuilt: My Journey Back to the Hearing World*, 41. Jean-Luc Nancy describes the impact on his self-understanding after undergoing a heart transplant. Francine Wynn notes that Nancy describes ‘the temporal nature of an ever-increasing sense of strangeness and fragmentation which accompanies his heart transplant’, see Francine Wynn, “Reflecting on the Ongoing Aftermath of Heart Transplantation: Jean-Luc Nancy’s *L’intrus*,” *Nursing Inquiry* 16 (2009), 3.

Cochlear work, he broadly describes adapting to the Cochlear as a self-conscious project of transformation.

Chorost, however, also describes how, despite the Cochlear, he at times feels alienated from the hearing community, as well as the deaf community. He explains how the device connects him to others, yet sometimes puts distance between himself and others. He describes the impact of the realisation that Cochlear hearing is not hearing in the usual sense, and that he will always engage in an act of guessing when it comes to understanding speech. Chorost also muses about what his life might have been like had he been educated in using sign language and attended a signing school.

The control that Chorost describes is over his senses, and whilst he distinguishes this form of control from mere control over his body, what if the control was directly over his brain? Mike Robbins' video, in which he turns the DBS device off and then on again, demonstrates the efficacy of the device in controlling his tremors from Parkinson's Disease. With the device on, Robbins discusses clearly and forcefully his condition and the role of the DBS device in allowing him to manage the tremors associated with Parkinson's; the device allows him to get on with his own actions and projects. With the device off, and within seconds, Robbins finds it increasingly difficult to maintain his dialogue, it takes all his intentional focus to control the tremors. Mike identifies with the device, saying "Now I'm going to turn myself on".

Robbins' video demonstrates the role of the DBS in giving him control over his life. He sees the implant as providing him with a degree of control to facilitate his self-governance and so engage in the activities that he values. Whilst Chorost's and Robbins' actions and experiences are caused or shaped by their implants, they still demonstrate capacities for self-governance. In what sense wouldn't their actions be theirs? Clearly they are exercising their capacities for autonomy. What role should we give to the fact that these capacities are in part caused by the device?

Robbins' account stresses the role of the DBS in helping him engage in activities that matter to him, and he seems to identify with the device when it is on. However, I have discussed contrasting patients' accounts which report feelings of estrangement or alienation from their DBS selves, including feelings of mechanisation and bodily-alienation, despite amelioration in their symptoms from Parkinson's Disease. The first-personal accounts following DBS in Schüpbach and colleagues raised divergent responses concerning self-change consequent upon DBS. Whilst some patients reported newfound confidence and a desire to engage in more activities, for example the wife of the man who described himself

as being asleep prior to DBS, others reported feeling no longer oriented by their previous values and projects. For example, the journalist who is no longer interested in her professional life or the patient who describes feeling like a machine post DBS.

In contrast, the case of the fictional Mr Garrison involves someone who seemingly feels no estrangement from his new orienting values post DBS, however his wife seems to see them as inauthentic, as not originating from him but the DBS. Following DBS for treatment of tremors associated with Parkinson's Disease, Mr Garrison displays radical changes in his behaviour, beliefs and character traits. Mr Garrison, prior to the DBS treatment, was shy and introverted, whereas post treatment he became gregarious and extroverted, seeking to dominate conversation and be the centre of attention. Previously a loyal Republican party member, post-DBS treatment, Mr Garrison became a Democrat member, attaching himself to various social movements and causes. He later quits his job without consulting his wife and directs their charity donations, without her consent, to the various environmental and social causes to which he now commits most of his time. Mr Garrison's wife expresses dismay at these changes, seeing them as the product of the DBS and not Mr Garrison's own values.

What then of Mr Garrison? If his values and motivations are the result of the DBS implant, in what sense, if any, are Mr Garrison's actions which are motivated by 'DBS' autonomous? Mr Garrison's case raises questions concerning autonomy and authenticity. Is Mr Garrison an autonomous agent with respect to his new values? If the change in values is caused by the treatment, is he acting from his own direction? Is he acting autonomously? Are those values authentic (has he lost touch with his authentic self)? Should his wife respect his choices and actions as his? If the source of the value change is direct manipulation of the brain then Mr Garrison's actions could be interpreted as inauthentic given an autonomous action is one in which my values are mine and not influenced or set by something external to me. Recall Schechtman concluded that Mr Garrison's identity was compromised because he could not comply with the articulation and reality constraints for narrative agency; that is, he could not tell an identity-constituting narrative story about his new values post DBS in which DBS does not feature as the cause of them (section 4.2.b). Schechtman argued that the personal changes were caused by the neural implants and did not arise from his agency. Baylis was also concerned with autonomy in terms of autonomous agency, she argued that if changes in behaviour were a result of the neurotechnologies and not the agent (for example compulsive gambling as a result of DBS) then the agent is not autonomous with respect to them (section 4.2.b). Baylis argued that if neurotechnologies do pose a threat, it is to autonomous agency.

The first-personal accounts draw attention to: descriptions of being controlled by a machine; of having increased self-control; as well as feelings of identification with, and alienation from, their values; as well as, concerns about changes in values caused by the neural implant. As set out in section 5.1.a above, in contemporary philosophical approaches autonomy is understood as both a capacity for self-governance as well as acting on motives, reasons, or values that are one's own. Acting on values that are one's own is to operate without external interference, including from brainwashing, manipulation and on substantial approaches, concern for the influence of socialisation. How should we understand the impacts of neural implants on autonomy given these understandings and in the light of first-personal reports? It appears that neural implants could be seen as both increasing options for self-governance by increasing bodily control (e.g., in the case of DBS) or sensory capacities (e.g., in the case of the Cochlear implant) and hence autonomous bodily agency. However, it appears that neural implants might also challenge autonomy - for example, is it the device driving the agent's choice and preference formation, and not the agent? How do we understand the nature of external interference to autonomy? Can we exercise autonomy if our actions result from a neural implant, such as the Cochlear or DBS? Further, how do we understand my sense of "mineness" or "ownness" over my actions? And what weight or role do we give to others' assessment of our autonomy? What's the difference between an autonomous and nonautonomous action from a neural implant, such as the Cochlear or DBS? Do neural implants threaten autonomy, and if so how?

An adequate approach to autonomy will need to account for the role of the implant, as well as others' understandings of the agent, on an agent's autonomy, as well as provide resources for explaining why some may find the device enabling, whilst others report feelings of alienation and estrangement (despite improvement in the symptoms for which they sought treatment).

### **5.1.c Accounts of first-personal change, autonomy and neuroethics**

Here I discuss how questions concerning autonomy arising from the first-personal accounts are treated in the neuroethics literature and the characterisation that neural implants pose a potential threat to authenticity. I show that positions that argue that neurological intervention per se threatens authenticity are mistaken; neural implants are not a special case of threat. Rather, the impacts of implants on autonomy should be understood as parallel to those from other events in our lives where the source of changes may be external to the agent; that is, not of the agent's making. I argue that in order to adequately explain the impacts of neural implants on autonomy, we need to move beyond assessments in terms of an

ethics of authenticity and individualism. I further show that an adequate account must also take into consideration substantial concerns about stipulating normative constraints on autonomy to account for the internalisation of ideas about people with disability and seeking treatment as well as to adequately account for feelings of self-estrangement that patients report.

First, I look at the claim that neurological intervention per se threatens authenticity. I draw on arguments by Neil Levy and Felicitas Kraemer to argue against the charge that change from direct intervention is ‘automatically’ a threat to authenticity. This conclusion, however, leaves open the question of which changes are problematic or might threaten autonomy. I then review and critique the use of procedural theories of identification, as adopted in assessments of whether an action is authentic post DBS by Kraemer, and Matthias Synofzik and Thomas Schlaepfer, to argue that some normative constraints on the content of actions and desires needs to be considered for a value or action post DBS to be considered autonomous. I then take up Kraemer’s concern that neuroethics needs to take into account both felt authenticity and competence when assessing the impacts of neurotechnological intervention on autonomy.

In the neuroethics literature, some take the view that any personal change, even if intended, caused by external or artificial means, is a threat to authenticity, even when it is intended. One approach argues that neurological intervention per se threatens authenticity because it *directly* manipulates people’s brains, in contrast to traditional means of indirectly influencing people’s minds through reasoning or the like. Recall, in previous chapters, I have discussed the claim that neural implants, including DBS, may threaten identity (section 4.2.b). Often claims that neural intervention threatens identity are linked to claims about threats to authenticity. Levy and DeGrazia argue these claims assume a mistaken conception of authenticity understood in terms of discovery of one’s “true self”.

Levy cites examples of the view that authenticity is threatened by direct manipulation of people’s brains in debates about the ethics of pharmaceutical intervention, namely Prozac. The view that pharmaceuticals threaten authenticity is put forward by Carl Elliot<sup>425</sup> who frames the concern about authenticity in terms of a threat to identity, of becoming a different person - ‘I am no longer the person I was’.<sup>426</sup> Elliot argues that if I am changed by the intervention, and even if the change might be perceived as resulting in a better personality, this new personality is not mine. Levy cites Elliot’s worry as follows:

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<sup>425</sup> Carl Elliot, *Better Than Well: American Medicine Meets the America Dream* (New York: W. W. Norton & Company, 2003).

<sup>426</sup> Levy, *Neuroethics*, 130.

It would be worrying if Prozac altered my personality, even if it gave me a better personality, simply because it isn't *my* personality. This kind of personality change seems to defy an ethics of authenticity.<sup>427</sup>

Levy notes that this conclusion is puzzling in the light that some users of psychopharmaceuticals see this project (of self-transformation) as authentic.<sup>428</sup> Levy dismisses Elliot's concern as based on a static conception of the self and a mistaken notion of authenticity as being 'true to oneself' which emphasises self-discovery. One *discovers* their real self, most deeply who they are. In contrast, Levy promotes a conception of authenticity in terms of *self-creation*. This draws on work by David DeGrazia who argues that once we understand that the relevant questions in these cases concern our narrative identity, which DeGrazia understands in terms of projects of self-creation, we see that there is no "true self" to be discovered. As such, changes in personality do not make someone a different person and so do not threaten authenticity by interfering with their neural state. For DeGrazia the crucial question is whether the intervention was autonomously chosen, which he understands in terms of whether a person identifies with or endorses the changes that follow from intervention. Levy concludes that:

Once we realize that selves are continually recreated and transformed, throughout life, we shall lose the urge to accuse someone of inauthenticity on the grounds of character change alone.<sup>429</sup>

As such, Levy dismisses the view that direct (or neurological) interventions automatically result in threats to autonomy. Rather, Levy argues that interventions should be assessed 'one by one' in the context of their application.<sup>430</sup>

Kraemer applies a similar argument to emotional changes consequent upon DBS to argue that self-change achieved through artificial means is not necessarily inauthentic. Kraemer argues against writers who distinguish between the origin of change as natural or artificial and who conclude that artificial means necessarily lead to an inauthentic result. Kraemer, like Levy, draws on cases where people have understood self-change consequent upon pharmaceuticals as authentic and concludes that 'authenticity or inauthenticity cannot be inferred from the naturalness or artificiality of the devices employed'<sup>431</sup> and 'the authenticity of an emotion seems to be independent of its natural or artificial origin'.<sup>432</sup>

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<sup>427</sup> Carl Elliot, "The Tyranny of Happiness: Ethics and Cosmetic Psychopharmacology," in *Enhancing Human Traits. Ethical and Social Implications*, ed. Erik Parens Georgetown University Press, 1998), 182; Neil Levy, "Enhancing Authenticity," *Journal of Applied Philosophy* 28 (2011), 309.

<sup>428</sup> Peter Kramer notes examples of patients who identify with the self they are on antidepressants and report not feeling themselves when they are not taking the antidepressants. See Peter D. Kramer, *Listening to Prozac* (New York: Penguin Books, 1997), ch1. For discussion of this topic, see DeGrazia, "Enhancement Technologies and Human Identity," 268; Levy, *Neuroethics*, 108.

<sup>429</sup> Levy, *Neuroethics*, 108.

<sup>430</sup> Levy, *Neuroethics*, 131.

<sup>431</sup> Felicitas Kraemer, "Authenticity Anyone? the Enhancement of Emotions Via Neuro-psychopharmacology," *Neuroethics* 4 (2011), 63.

<sup>432</sup> Kraemer, "Authenticity Anyone? the Enhancement of Emotions Via Neuro-psychopharmacology," 63.



Lipsman and Glannon describe this worry concerning direct manipulation in terms of free will and agency. They discuss a patient, an accountant, who undergoes DBS for a Major Depressive Disorder. This treatment is successful in that the patient's symptoms of depression are reduced and he returns to work and resumes his family life. After a period of time the patient reports that the symptoms of depression have returned. When it is discovered that the implant has a faulty lead stopping it from functioning properly to treat the patient's depression, the patient remarks: 'I'm just happy it wasn't me, that it was the battery'.<sup>433</sup> Lipsman and Glannon note that the patient appears to be identifying with the implant. However he is controlled by the device, which raises the question, whether 'the will is really his'. They write:

It appears that he retains a full sense of agency and free will when the stimulator is functioning properly, and that these capacities are significantly diminished when it malfunctions or ceases to function. His will is free only because DBS regulates the affective and motivational capacities that constitute a major component of his agency and will. But this raises the question of whether this will is really *his*.<sup>434</sup>

Lipsman and Glannon describe this problem in terms of establishing whether the patient can be described as being the genuine source or author of his actions. With cases involving DBS, it could be the stimulator that is the source of (some of) the patient's thoughts, moods and behaviour, and not the agent. So, paradoxically whilst the patient might have improved control over his body or affect, that control is from the implant and not the patient. They write:

The implanted device may threaten his conviction that he can control how he thinks and acts. It seems that it is not the accountant but the device implanted in his brain that is the real agent. The modulating effects of DBS suggest that the device does not merely supplement his impaired agency and will but supplants them.<sup>435</sup>

Lipsman and Glannon, however, question this conclusion on the grounds that some people perceive the device as an enabling tool, similar to Chorost and Robbins whose self-understanding appears to integrate the device. They argue that, by modulating his mood, and alleviating his depression, the DBS allows the patient to attain a degree of control over his thoughts and behaviour so as to be

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<sup>433</sup> Lipsman and Glannon, "Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?", 467.

<sup>434</sup> Lipsman and Glannon, "Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?", 468.

<sup>435</sup> Lipsman and Glannon, "Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?", 468. Lipsman and Glannon note a similar point as that made by Chorost when he states that the nature of 'control' is very different when the control is over your senses from 'cyborg technologies'. Lipsman and Glannon explain that unlike technologies, such as like pacemakers and defibrillators, DBS directly modifies moods by altering the neural bases of mental states. See Lipsman and Glannon, "Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?", 468.

‘the author and genuine source’ of his thoughts and behaviour.<sup>436</sup> As such the device might strengthen rather than impede his autonomous agency and so the patient might perceive the device as integrated into his identity and not something that replaces him as an agent.<sup>437</sup> They conclude ‘a device implanted in the brain that operates outside of our conscious awareness need not threaten our experience of ourselves as effective agents’.<sup>438</sup>

These arguments challenge the view that interventions may pose a threat to autonomous agency per se. The point that neural implants do not threaten authenticity per se parallels claims made throughout this thesis that the impacts of neural implants on selfhood are not special, or rare cases, rather the impacts of neural implants should be understood as of a kind with changes experienced in everyday life that do not arise from the agent herself. Once we move away from the understanding that neural implants are ipso facto external threats to identity, we can start to view the impacts of neural implants as parallel to many other experiences that affect the agent’s sense of self; cases in which the agent is not the initiating cause, such as through trauma or illness. Nonetheless, this does not settle the issue of how neural implants might impact on a person’s autonomy and nor does it explain how an action or end might be external to an agent. If neural implants are not a threat per se, we still need an account of when an action or motive is truly reflective of the agent and expresses her identity.

A common approach in the neuroethics literature to settle the question is to apply a procedural approach which tests for authenticity via a process of identification, similar to Frankfurt’s hierarchical identification approach (as discussed in 5.1.a). For example, Synofzik and Schlaepfer argue that once we understand that neural implants do not threaten authenticity per se, the key question is whether the intervention alters a person’s behavior in a way that the person identifies with, in a way that they like. They write: ‘[T]he ethically decisive question is not whether DBS alters personality or not, but whether it does so in “a good or bad way” from the patient’s very own perspective’.<sup>439</sup> Kraemer also relies on an understanding of authenticity in terms of hierarchical identification when making her assessment of the impacts of DBS on authenticity. For Kraemer,

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<sup>436</sup> Lipsman and Glannon, “Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?”, 470.

<sup>437</sup> Lipsman and Glannon, “Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?”, 469.

<sup>438</sup> Lipsman and Glannon, “Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?”, 469.

<sup>439</sup> M Synofzik and TE Schlaepfer, “Stimulating Personality: Ethical Criteria for Deep Brain Stimulation in Psychiatric Patients and for Enhancement Purposes,” *Biotechnology Journal* 3 (2008), 4. Schermer makes a similar point when she notes the salient point is how the patient perceives the changes; that is, whether the person welcomes the changes caused by DBS. Schermer, “Ethical Issues in Deep Brain Stimulation,” *Frontiers in Integrative Neuroscience* 5 (2011), 2-3.

authenticity is a felt characteristic of the person's own emotions, desires and values; an emotion or desire is authentic if the person recognises it as such. Kraemer writes an emotion is 'authentic if the individuals experiencing it recognize their own feelings really as their own and identify with them'.<sup>440</sup> Kraemer applies this understanding to argue that some individuals might find their DBS selves authentic. Drawing on the case of the Dutch patient treated with DBS who following treatment became manic (discussed in the previous chapter 4.2.a), Kraemer argues that in choosing the mania the patient was choosing authenticity over competence; the latter term she uses interchangeably with autonomy. In the switched on state Kramer argues that the patient has a feeling of authenticity, much like cases cited in the literature of Prozac induced felt authenticity. This interpretation, Kraemer argues, contrasts with Glannon's reading in which the patient chooses mania not for any felt reasons of authenticity, but a preference for a reduction in the motor symptoms of Parkinson's; Kramer describes Glannon's reading as the patient deciding for his well-being (in terms of reducing the Parkinson's symptoms) over his mental competence.

In these analyses the central ethical issue is understood in terms of whether the person identifies with the change, and this is seen to settle the question of the impacts of direct intervention on autonomy. As long as the implants do not interfere with the process of critical reflection on one's desires and values, neural implants pose no threat to autonomy. But is this enough? Lipsman and Glannon argue that a procedural approach that tests for authenticity on the basis of whether the patient identifies with, or likes, the change is inadequate for theorising the impacts of DBS on autonomy. Recall criticisms made to procedural accounts, particularly those that rely on identification, from both proponents of other procedural approaches, as well as those that argue for further specification on the content, or constraint on the content, of desires and values (section 5.1.b). As discussed in the previous section this procedural approach is unable to account for the problem of manipulation and so cannot account for interference in the formation of desires. In terms of being an approach to the question of the role of direct manipulation in autonomy, this approach is empty from the start as it is precisely the question of how to understand the role of external interference that is at issue. Moreover, procedural approaches in general, by requiring content neutrality, fail to account for the possible impact of neural implants on a person's normative competences, either via interference with the content of their values or desires, or by undermining their capacities for self-trust, self-esteem or self-worth. As noted in 5.1.a a key concern with *any* procedural approach to autonomy is whether further conditions for authenticity are necessary for a desire or action to count as autonomous. Further, as discussed above, Levy and DeGrazia set out an

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<sup>440</sup> Felicitas Kraemer, "Authenticity Anyone? the Enhancement of Emotions Via Neuro-psychopharmacology," *Neuroethics* 4 (2011), 57-58.

approach to authenticity in terms of self-creation in contrast to self-discovery. Whilst this approach challenges understandings of a static self, this approach relies on an individualistic understanding of autonomy. Further, it does little to challenge the understanding of the distinction between, and relationship of, autonomy and identity. I will take up these points further in section 5.3.b.

Recall in the previous chapter (4.2.b) I set out Baylis' claim that the real threat to identity comes not from the device but from people's attitudes towards people with illness and disabilities. These attitudes constrain the identity-defining narratives available to people and may result in self-alienation due to either internalisation of negative stereotypes or social relations of misrecognition. Baylis' critique draws our attention to the role of social and psychological forces, as well as the role of others, in the frustration of capacities for autonomy, as well as our experiences of ourselves, and our choices. This further underscores the importance of recognising and accounting for social understandings of recipient's of neural implants as they might indicate that a person does not merit self-esteem, or is incapable of making judgements or is deviant. These ideas can be internalised and so also hinder the exercise of autonomous agency. For example, choices might be shaped by social understandings of illness, and for those seeking treatment this might impact both on their ability to exercise her autonomy competence – if one is constrained by illness defining narratives which cast the patient as passive or defective – but also, if these understandings are internalised they can impact on normative competences such as self-trust. Whether an action is autonomous cannot simply be up to individual choices without consideration of the social factors shaping those choices, and nor can we adequately assess the normative implications with an approach that says the ethical issues comes down to whether someone likes the changes, that is, identifies with the changes, or not. Wardrope, in his criticism of Kraemer's analysis of the Dutch patient, makes a similar claim when he argues that on Kraemer's account there is little consideration given to threats to autonomy beyond consideration of the impacts of the intervention.<sup>441</sup> He writes 'challenges to autonomy extend beyond the rare cases discussed by Kraemer; they occur wherever an individual's social political and cultural context can undermine development of capacities necessary for its exercise'.<sup>442</sup>

Whilst drawing on a process of identification as a test for authenticity, Kraemer's broader concern is that the neuroethics literature on DBS has not paid

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<sup>441</sup> Wardrope makes a related claim when he draws on Baylis' relational insight concerning the stigma attached to disability and illness. Wardrope writes 'that attending solely to the differences in perspective held by the treated and untreated patient in examining respect for autonomy may disregard the more salient threats to autonomy posed by the patient's social context'. Alistair Wardrope, "Authenticity and Autonomy in Deep Brain Stimulation," *Journal of Medical Ethics* 40 (2014): 566.

<sup>442</sup> Wardrope, "Authenticity and Autonomy in Deep Brain Stimulation," (2014): 566.

enough attention to considerations related to subjective issues of authenticity and alienation, instead paying more attention to issues related to autonomy understood as competence. Kraemer draws on Baylis and others to argue that the central issue here is one of alienation and authenticity, which is evidenced in the patients who see their DBS selves as authentic. Kraemer argues that responses from patients to DBS, such as those in Schüpbach and colleagues, show that these two dimensions of autonomy can come apart and point to the importance of taking account of both competence and authenticity conditions when considering the impacts of DBS.<sup>443</sup> This point arose in discussion on the first-personal accounts in the previous subsection (5.1.b). The accounts of first-personal change motivates these questions, which revolve around an interplay between understandings of autonomy in terms of capacity or competence and as actions being in some sense one's own. As Kraemer notes, autonomy must encompass authenticity and capacity but that these can come apart. Kraemer's analysis is instructive because it raises considerations related to both the impacts of neural implants on our capacities to exercise self-governance, but also draws attention to consideration of feelings of alienation that can arise from implants also. However in her approach these two dimensions of autonomy are set out as completely distinct, rather I argue we need an account that understands autonomy in terms of a set of skills or competency that arise in, and are assessed against, the practical context in which they are developed and exercised. On this approach authentic selfhood emerges through the exercise of autonomy competence.

### *Conclusion:*

In this section I have located the accounts of first-personal change in terms of philosophical concerns about autonomy. I showed that the accounts reveal different aspects of autonomy, for example, questions concerning the source of our values, beliefs, characteristics and desires and how we understand the role of heterogeneous causes as inimical to autonomy, as well as questions concerning the exercise of autonomy, as self-reflective competences or capacities. I argued that a procedural approach to autonomy in terms of identification is not sufficient to address the question of the impacts of neural implants on autonomy, particularly how social understandings of conditions and treatments might threaten autonomy and not just the treatments and conditions themselves might. Taking on board these relational insights about threats from the social context is compatible with

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<sup>443</sup> Wardrobe presents a critical analysis of Kraemer's treatment of autonomy (understood primarily as competence) and authenticity as competing concepts, rather arguing that contemporary approaches understand autonomy to encompass both competence and authenticity conditions. I agree with Wardrobe's analysis I do not engage directly with Kraemer's account of autonomy solely in terms of competence here. Wardrobe, "Authenticity and Autonomy in Deep Brain Stimulation," 566.

procedural and substantive approaches to autonomy. In the following section I set out the broad shape a relational approach should take – procedural in terms of competences and weakly substantive recognizing the importance of self-trust for autonomy; that is, of seeing oneself as a legitimate source of reasons for acting.

## 5.2 Relational Autonomy – a constitutive approach to embodied autonomy competency

The relational and embodied approach that I have developed throughout this thesis in terms of practical identity and narrative agency, whilst drawing attention to the irreducibility of the first-person subjective perspective, has also challenged understandings of the self in terms of individualism; that is, the understanding of the self as a self-contained abstract individual. Much feminist work in personal autonomy draws attention to, and criticises, the characterisation of autonomy in terms of a self-sufficient individual; that is, autonomy understood in terms of substantial individualism.<sup>444</sup> As Atkins writes: ‘On the mainstream liberal view, autonomy is the exercise of rational, informed, and uncoerced choice by mature agents employing their individual free wills’.<sup>445</sup> This view has been associated with adopting an atomistic conception of personhood and an ideal of autonomy as independence from others, which emphasises substantive independence and values rationality as a source of autonomy at the expense of emotions and embodiment. This conception of autonomy belongs loosely to the analytic tradition and is often explicitly linked to defences of liberalism.<sup>446</sup>

As Mackenzie and Stoljar note this conception of autonomy has been subject to much critique, particularly salient in feminist responses, which identify a connection between the conception of autonomy and the promotion of “masculinist” ideals of personhood, such as presupposing a conception of the person as atomistic, self-sufficient, as unaffected/untouched by social relationships, or as an abstract reasoner stripped of distorting influences. A point that motivates feminist critiques is that traditional theories have excluded groups of people on the basis of their dependence and thus denied them the status of

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<sup>444</sup> Mackenzie and Stoljar note that personal autonomy is a central concept employed in moral, legal and bioethical discussions. They further argue however that in these debates that autonomy is often reduced to a narrow conception, conceived in terms of libertarian individualism; that is ‘the caricature of individual autonomy as exemplified by the self-sufficient, rugged male individualist, rational maximizing chooser of libertarian theory’. Mackenzie and Stoljar, “Autonomy Refigured,” 5. This conception they argue contributes to confusion in these debates. This assessment of the nature of the disagreements echoes Mackenzie’s and others’ analysis of problems in discussions of personal identity as set out in 2.1.b, wherein different questions about personal identity are understood in terms of questions of reidentification.

<sup>445</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 125.

<sup>446</sup> Marilyn Friedman, “Autonomy and Social Relationships,” in *Feminists Rethink the Self*, ed. Diana Tietjens Meyers (Boulder, Colorado: WestviewPress, 1996).

autonomous agency. Mackenzie and Stoljar identify five categories of feminist critiques of the liberal or traditional conception of autonomy - symbolic (for example in the work of Lorraine Code), metaphysical (for example in the work of Annette Baier), care (for example in the work of Carole Gilligan and Nancy Chodorow), postmodern, and diversity.<sup>447</sup> These critiques all challenge the metaphysical understanding of atomistic personhood and the value of autonomy as self-sufficiency by drawing attention to the complex social nature, or intersubjectivity, of selfhood.

Relational approaches to autonomy share feminist concerns about conceiving autonomy in terms of abstract individualism and take as their starting point that autonomy needs to be understood in an embodied relational context of agency and raise concern about the impacts of socialisation on people's ability and opportunities to lead an autonomous life. As such, relational accounts do not argue that all and any formulations of autonomy are suspect, but rather, that any inquiry into autonomy must take on board that the agent is embedded in and constituted through relationships and that any adequate account must explain autonomy, and the relationship to selfhood, within this context. Relational approaches point to the necessity of taking a richer account of autonomous agency. They thus aim to 'rehabilitate' autonomy within a relational understanding.<sup>448</sup> Here, I adopt an understanding of 'relational' in the sense of denying a metaphysical conception of atomistic personhood and not merely a denial that autonomy requires independence or self-sufficiency.<sup>449</sup> On this understanding, intersubjectivity is primary to any account of autonomy.

Mackenzie and Stoljar understand relational autonomy as 'an umbrella term' which groups a 'range of related perspectives' that focus on the implications of intersubjective dimensions of selfhood and identity for conceptions of autonomy and agency. They write:

These perspectives are premised on a shared conviction, the conviction that persons are socially embedded and that agents' identities are formed within the

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<sup>447</sup> See Catriona Mackenzie and Natalie Stoljar, "Autonomy Refigured," in *Relational Autonomy - Feminist Perspectives on Autonomy, Agency, and the Social Self*, ed. Catriona Mackenzie and Natalie Stoljar (New York: Oxford University Press, 2000), 5-12. For another characterisation of feminist critiques of autonomy, see Baylis, "The Self in Situ: a Relational Account of Personal Identity."; Friedman, "Autonomy and Social Relationships," 41-42.

<sup>448</sup> Meyers argues that in practice autonomy is an important concept for us, see Meyers, *Self, Society and Personal Choice*, 41. These claims echo Schechtman's discussion set out in 3.1.a that not all theories of personal identity should be abandoned, we still have pre-philosophical intuitions and surrounding practices around identity that demand explanation.

<sup>449</sup> As Stoljar notes 'relational' can be understood in degrees of strength. 'Relational' may be used to mean 'merely' denying that autonomy requires self-sufficiency. A more robust understanding means denying the assumption of a metaphysically isolated subject of autonomy, which I have critiqued in the previous section. This latter account takes intersubjectivity to be primary to an understanding of autonomy. See Stoljar, "Feminist Perspectives on Autonomy."

context of social relationships and shaped by a complex of intersecting social determinants, such as race, class, gender, and ethnicity.<sup>450</sup>

Amongst these diverse perspectives, Mackenzie and Stoljar identify some shared assumptions: 1) a socially embedded conception of agency and as agents our practical identities and value commitments are constituted in and by our interpersonal relationships and social environment; and 2) autonomy is a socially constituted capacity and so its development can be impaired (and fostered) by the actions or omissions of others. These views stress the relationships of dependence and interdependence in the development of (and frustration of) autonomy.

As Mackenzie and Stoljar note there is a range of related perspectives under the rubric of relational autonomy. These relational approaches to autonomy can most broadly be distinguished in terms of the distinction between procedural or substantive approaches (as set out in 5.1.a); that is, those approaches that argue that the conditions necessary for autonomy should be understood procedurally and as content neutral, and those approaches that reject content neutrality and argue that the process of critical reflection must be supplemented by some non-neutral conditions. These latter substantial approaches are further distinguished as strong – those that require specific content of desires and values – and weak – those that suggest further conditions which act as constraints on the content of desires and values.<sup>451</sup> The approaches to autonomy set out in section 5.1.a are not incompatible with relational assumptions about autonomy, nor do they necessarily presuppose atomism.<sup>452</sup> Clearly Korsgaard's is a relational substantive approach, as is Benson's. My aim here is to distinguish those approaches which take assumptions about relationality and the person as relational as their self-conscious starting point for any analysis of autonomy and this position is consistent with the argument I have put throughout this thesis that any account of selfhood must start with the agent in their embodied intersubjective context. In addition to the distinction between procedural and substantive, relational approaches may be classified as either causal - autonomy is understood as a social capacity mainly in the sense that social relationships contribute to its development - or as constitutive – social relations are understood as constitutive of autonomy. Stoljar sets out the distinction as follows:

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<sup>450</sup> Mackenzie and Stoljar, "Autonomy Refigured," 4.

<sup>451</sup> For an articulation of the difference between strong and weak substantive approaches, see Paul Benson, "Feminist Intuitions and the Normative Substance of Autonomy," in *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy*, ed. James Stacey Taylor (Cambridge: Cambridge University Press, 2005).

<sup>452</sup> There is disagreement as to whether the procedural and substantive approaches, as discussed in 5.1.a presuppose individualistic assumptions. Mackenzie and Stoljar argue that these approaches have relational assumptions and as such are 'compatible' with the notion that persons are relational, see Mackenzie and Stoljar, "Autonomy Refigured." However, Friedman argues these approaches presuppose individualistic assumptions about persons, see Friedman, "Autonomy and Social Relationships."



Causal conceptions acknowledge the impact of both social relationships and socio-historical circumstances in agents' capacities. ... Causal accounts investigate the effects of external "relational" factors on agents' autonomy; they do not offer an *analysis* of autonomy using such external factors. On *constitutively relational* accounts, however, interpersonal or social conditions are part of the "defining conditions" of autonomy.<sup>453</sup>

Stoljar further notes that the procedural/substantive distinction 'cuts across' the causal/constitutive distinction.

In this section I set out the broad shape that an approach to autonomy should take in order to best address questions concerning self-change and autonomy, and so questions concerning the impacts of neural implants. I recommend an approach that is not wholly procedural nor strongly substantive. This avoids the criticisms levelled at both procedural and strong substantive approaches and adequately captures what we should attend to in assessments of autonomous choice. I argue that autonomy should be understood as the exercise of a set of skills that are developmentally acquired in the context of others; through the exercise of these competences the authentic self emerges. Further to this procedural approach, in recognition of starting with primary embodied intersubjectivity in an analysis of autonomy I argue that relationality must be understood constitutively; that is, that social relations are constitutive of autonomy competence, and not just causally related to the development and exercise of autonomy competence. I argue that in addition to a process of critical reflection upon one's values and desires, a person must regard herself as a worthy source of reasons which requires attention to the importance of normative competences, that is self-referring attitudes such as self-trust, self-esteem and self-respect, as further requirements for autonomy. Thus, I set out and argue for a relationally constitutive weak substantial embodied approach to autonomy.

First, in order to further underscore my argument that any adequate of autonomy must be based on a more complex notion of selfhood and one specifically that recognises the embodied intersubjective nature of selfhood, I draw on Annette Baier's concept of "second persons" to show that persons are not atomistic, rather agency is intersubjective and on Mackenzie's understanding of bodily autonomy in terms of integrated bodily perspective to show that the body is not just something we own, but rather is constitutive of our autonomy. I focus my critique on libertarian conceptions of autonomy because they have been influential in the development of approaches to autonomy relevant to health care ethics. Second I set out a weak substantial approach to autonomy which understands autonomy in terms of the exercise of a suite of skills, including autonomy competences of self-direction, self-definition and self-discovery and normative competences, including self-respect, self-esteem and self-worth. Drawing on

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<sup>453</sup> Stoljar, "Feminist Perspectives on Autonomy." .

Diana Meyers' approach I set out an understanding of autonomy in terms of a set of competences which argues that the authentic self emerges through the exercise of autonomy competence. Meyers' approach is procedural and relationally causal. In recognition that embodied primary intersubjectivity requires a constitutive relational approach to autonomy, I then draw on Mackenzie's constitutively relational approach to autonomy that emphasises embodiment and the importance of normative competences; that is, self-referring attitudes such as self-trust and self-respect. This is a weak substantive approach that draws attention to the importance of social scaffolding as providing a framework for the development of autonomy competences. Third, I draw together claims about narrative agency and autonomy competence in the project of selfhood. Drawing on Atkins, I further develop the "full-blooded" account of selfhood in terms of the innovative capacities of an autonomous agent. I present the argument that autonomy competences are narrative competences: that is, autonomy competences are narratively structured and as such impacts on autonomy competences interfere with narrative coherence and agency. I show that the salient issue in circumstances of self-change is how our autonomy competences are fostered or impaired and how this affects narrative coherence. I show that such an approach can articulate the relation between narrative agency and autonomy, and autonomy and identity. In doing so I contrast my approach with both metaphysical (reductionist) and postmodern approaches, and further address criticisms concerning the conventionality of narrative (as set out in chapter 3.2.c).

## 5.2.a Embodied intersubjective autonomy

Baier presents a critique of metaphysical or atomistic conceptions of autonomy in terms of an argument against individualism. Against the claim that agents are causally isolated from other agents, Baier argues that persons are "second persons". Baier's argument turns on a reformulation of understandings of persons in Descartes. Baier describes four assumptions about mental states in understandings of Descartes (what Baier describes as a "Cartesian strawman"); that mental states are not bodily states, that they are private, that they are experiences, and that they are viewed in terms of time slices.<sup>454</sup> In contrast Baier argues that Descartes' approach recognises the embodiment of agents, the normative heteronomous character of thought, distinguishes between active and passive modes and temporal diversity. This reformulates our understanding of Descartes and provides a foothold for thinking about the intersubjectivity of agency. Baier links this Cartesian reformulation of persons to a recognition of self- or reflective-consciousness (a Cartesian consciousness as consciousness of

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<sup>454</sup> Annette Baier, "Cartesian Persons," in *Postures of the Mind: Essays on Mind and Morals* (London: Methuen, 1985), 79.

ourselves and our place in the world), as opposed to simple consciousness. This shift involves recognition of the second person perspective as primary and as what allows for the possibility of first- and third-personal ascription.<sup>455</sup> As Baier writes ‘we are second persons before we are first or third persons’.<sup>456</sup>

Baier argues from the position that intersubjectivity is primary - that identity and agency are intersubjectively and socially constituted. This occurs in the context of relations of dependence and independence. Baier’s approach emphasises ‘the developmental facts about persons’. These relations begin with infancy. Baier’s approach recognises that language use and cultural activities depend upon human maturation, which are acquired through a ‘drawn-out’ dependency on other persons. As such, according to Baier, persons are essentially “second persons”. As Baier writes:

A person, perhaps, is best seen as one who was long enough dependent upon other persons to acquire the essential arts of personhood. Persons essentially are *second* persons, who grow up with other persons.<sup>457</sup>

During infancy, childhood, youth (and throughout our lives) we learn the skills of personhood, these in turn generate ambitions.

Persons are essentially successors, heirs to other persons who formed and cared for them, and their personality is revealed both in their relations to others and in their response to their own recognized genesis.<sup>458</sup>

And:

I have linked this emphasis on the second person with the fact that, in learning from other persons, we acquire a sense of our place in a series of persons, to some of whom we have special responsibilities. We acquire a sense of ourselves as occupying a place in an historical and special order of persons, each of whom has a personal history interwoven with the history of a community.<sup>459</sup>

Mackenzie and Walker draw out Baier’s characterisation of second persons as follows:

This primary intersubjectivity, which is rooted in corporeal interactions with caregivers, is subsequently layered by more complex forms of intersubjectivity, which are made possible by cognitive and linguistic development, and by our participation in the social world. This complex intersubjective layering includes the way our identities are shaped by familial and personal relationships; by our embodiment; by social identity categories, such as those relating to gender, race, ethnicity, class, sexual orientation, and disability; and by the cultural, religious, political, and geographical communities into which we are born or to which we now belong.<sup>460</sup>

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<sup>455</sup> Schechtman’s reformulation of sameness of consciousness in Locke has commonalities with Baier’s reformulation of persons and consciousness in Descartes. Whilst I do not go into these commonalities here, both motivate a reading of these early modern thinkers in terms of the relational constitution of agency and the social nature of the concept of personhood.

<sup>456</sup> Baier, “Cartesian Persons,” 90.

<sup>457</sup> Baier, “Cartesian Persons,” 84.

<sup>458</sup> Baier, “Cartesian Persons,” 85.

<sup>459</sup> Baier, “Cartesian Persons,” 90.

<sup>460</sup> Mackenzie and Walker, “Neurotechnologies, Personal Identity, and the Ethics of Authenticity,” 387.

Part of maturation on Baier's approach is moving from simple consciousness to self-reflective consciousness, and integral to this process is the development of the second-personal perspective. The second-personal perspective is primary or 'key', it allows for the development of the first- and third-personal perspectives, as well as articulating their interrelation. As Baier writes:

Persons are self-conscious, know themselves to be persons among persons. Knowledge of this shows in the grasp of all the pronouns, none of which has sense except in relation to the others, but there are several ways in which the second person is the key person. My first concept of myself is as the referent of "you," spoken by someone whom I will address as "you." ... The second person, the pronoun of mutual address and recognition, introduces us to the first and third ... To get at the difference between second and third person uses the child must differentiate between persons and nonpersons, present and absent persons, participants and nonparticipants. The correct use of the second person pronoun is the test for that grasp of the concept of a person which is essential to persons.<sup>461</sup>

To be a person, then, one must recognise oneself and others as persons. Baier further connects this claim to self-conscious agency:

This grasp of the second person pronoun is vital for self-conscious action as well as for self-conscious thought. The standards by which our actions are judged are, like the standards by which thought is judged, interpersonal, and learned from others. ... In action and thought about action, as much as in other thought, we are second persons before we are first or third persons.<sup>462</sup>

So, according to Baier, '[p]ersons are not causally isolated from other persons; indeed, the development of persons *requires* relations of dependency with others'.<sup>463</sup> We do not form desires or values independent of others, but rather test whether we have understood things through other people. With the recognition of persons as second persons; that is, persons in a series of persons and that agents are socially and bodily embedded, Baier shows that attributing autonomy to agents that are atomistic, or separate or radically individualistic, is mistaken, and any concept of autonomy should attend to the fundamental intersubjectivity of agency and the social nature of the concept of personhood.

Atkins also used claims about the second person perspective to ground the intersubjective nature of personhood, as embodied and relational (2.3.b and 4.1.a). Baier's discussion provides background for, and strengthens, the discussion of the role of the second person perspective and the development and articulation of narrative agency, as outlined in the work of Atkins and others in the previous chapters. Thus, it further builds on the understanding of the intersubjective, and relational, nature of selfhood developed in this thesis.

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<sup>461</sup> Baier, "Cartesian Persons," 89-90.

<sup>462</sup> Baier, "Cartesian Persons," 90.

<sup>463</sup> Mackenzie and Stoljar, "Autonomy Refigured," 7.

For Atkins embodiment is the ground of these perspectives and so the second-person perspective arises from and is fundamentally shaped by our embodiment. Mackenzie also argues for an account of embodied intersubjectivity in her approach to bodily autonomy. Drawing on a critique by Ricoeur, Mackenzie develops an understanding of bodily autonomy in terms of integrated “bodily perspective”. Mackenzie contrasts this understanding with “maximal choice” conceptions of bodily autonomy (which take their justification from libertarian substantial individualism) and which understand bodily autonomy in terms of instrumental control and expanding the range of bodily options. Mackenzie claims this understanding conflates negative liberty - freedom from external interference - with autonomy. Mackenzie argues this understanding provides an inadequate account of the role of embodiment in autonomy and fails to provide for the social shaping of our ideas.

Mackenzie characterises maximal choice conceptions of bodily autonomy as involving the view that bodily autonomy is enhanced when the range of bodily options available to a person are ‘maximised’ and that increasing bodily options and instrumental control over one’s body enhances bodily autonomy.<sup>464</sup> Mackenzie notes that these views take their justification from libertarian conceptions of autonomy.<sup>465</sup> These include: autonomy as the right to negative liberty - that as long as one’s choices do not harm others and the choice is non-coerced, then one should be free from interference to do with her body as she pleases; the view that a liberal society should remain neutral between competing conceptions of the good, that autonomy is best promoted by maximising choice; and, the understanding of bodily autonomy in terms of control over the body and bodily processes.<sup>466</sup> Mackenzie notes that on the libertarian view choice is equated with the expression of subjective preferences. Mackenzie writes: ‘The view of choice embodied in these conceptions is the view that a person is entitled to potentially unlimited scope in the range of bodily options available to her and that the more such options she has open to her the better’.<sup>467</sup> On Mackenzie’s view, it is the equation of bodily autonomy with bodily control that provides support for the assumption that by expanding the range of options available to us we extend instrumental control over our bodies. As such, ‘[m]aximal choice conceptions construe bodily

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<sup>464</sup> Catriona Mackenzie, “On Bodily Autonomy,” in *Handbook of Phenomenology and Medicine*, ed. S. Kay Toombs 2001), 418.

<sup>465</sup> Mackenzie critiques maximal choice conceptions in a number of places. See: Mackenzie, “On Bodily Autonomy.”; Catriona Mackenzie, “Conceptions of Autonomy and Conceptions of the Body in Bioethics,” in *Feminist Bioethics: At the Center, on the Margins*, ed. Jackie Leach Scully, Laurel E. Baldwin-Ragaven, and Petya Fitzpatrick (Baltimore, Maryland: John Hopkins University Press, 2010); Mackenzie, “Autonomy.”

<sup>466</sup> Mackenzie, “On Bodily Autonomy,” 419.

<sup>467</sup> Mackenzie, “On Bodily Autonomy,” 419.

autonomy or bodily-self-determination as maximising control over one's body and having the freedom to dispose of one's body and body parts as one chooses'.<sup>468</sup>

Mackenzie argues that maximal choice conceptions of autonomy are mistaken for a number of related reasons. Maximal choice conceptions conflate two senses of bodily control and mistake our normative relationship to our bodies - they mistake bodily integration for control over the body rather than viewing bodily integration as constitutive of bodily autonomy. Maximal choice conceptions of bodily autonomy, argues Mackenzie, ground the rights to respect bodily autonomy (the right to non-interference and to self-determination) with understanding bodily control in terms of the notion of bodily ownership.<sup>469</sup> Drawing on Ricoeur's critique of Parfit (as discussed in the chapter 2.2.d). Mackenzie argues that grounding the rights to non-interference and bodily self-determination in body ownership misunderstands the relationship our bodies have to our identity – rather than the idea that our bodies belong to us, like we might own a car, our bodies are constitutive of our identities. This mistakes two notions of belonging – qua ownership and qua selfhood. Mackenzie writes;

Ricoeur's critique of Parfit ... helps to clarify the difference between two senses of belonging: belonging in the sense of what one owns or possesses or has, that is, ownership; and belonging in the sense of who one is, or identity. Following Ricoeur, I ... argue that a person's body belongs to her in this second sense of being constitutive of her identity, rather than in the sense of ownership. Ricoeur's critique of Parfit ... draws attention to one of the central tenets of a phenomenological approach to embodiment, namely that human corporeality is the invariant condition of our selfhood.<sup>470</sup>

In this quote Mackenzie draws attention to the fact that understandings of bodily ownership illicitly abstract the person from her body. Via this process of abstraction the body is treated as something separate; that is, something separate over which a person can exercise proprietorial rights. It is this understanding that provides the foothold for conceiving of bodily autonomy in terms of instrumental control over the body and rights to non-interference and bodily self-determination.<sup>471</sup>

Mackenzie further argues that maximal choice theories of autonomy in bioethics view respect for autonomy in terms of informed consent.<sup>472</sup> This understanding of bodily autonomy in terms of instrumental control, however, based as it is in a mistaken sense of bodily belonging, provides an inadequate basis

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<sup>468</sup> Mackenzie, "Conceptions of Autonomy and Conceptions of the Body in Bioethics," 73.

<sup>469</sup> Mackenzie notes that this understanding of bodily autonomy in terms of body self-ownership has its origins in understandings of Locke. Mackenzie, "Conceptions of Autonomy and Conceptions of the Body in Bioethics."

<sup>470</sup> Mackenzie, "On Bodily Autonomy," 421.

<sup>471</sup> Mackenzie, "On Bodily Autonomy," 424.

<sup>472</sup> Mackenzie, "On Bodily Autonomy," 420; Mackenzie, "Autonomy". Mackenzie also critiques decisional conceptions of autonomy (as well as conscientious conceptions of autonomy) in bioethics, arguing that a relational conception of autonomy can better account for the intuitions of each.

for grounding those rights to non-interference and bodily self-determination.<sup>473</sup> Mackenzie uses her critique of maximal choice theories to criticise this understanding and argues that conceiving of threats or hindrances to autonomy solely in terms of freedom from coercion is not enough to secure autonomy.<sup>474</sup> It fails to account for the embodied subjectivity of human experience, including the normative significance of the body in the exercise of autonomy. Rather, drawing on Ricoeur's understanding of the body as constitutive of selfhood, Mackenzie argues that bodily autonomy should be recast in terms of integrated "bodily perspective". On the basis of her arguments Mackenzie argues for a more 'nuanced' understanding of respect for patient autonomy, which broadens respect for autonomy from 'merely' securing informed consent.<sup>475</sup>

Further to this point, by reducing autonomy to negative liberty - that is, an understanding of autonomous actions as those that are freely chosen and that are not coerced – maximal choice theories of bodily autonomy fail to take account of the social shaping of ideas; that is, how our choices are shaped. Drawing on the examples cosmetic surgery and breast augmentation, Mackenzie argues that maximal choice conceptions cannot distinguish between aspects of socialisation that might impair autonomy and those that facilitate autonomy. For example, if a person undergoes cosmetic surgery to meet someone's opinion about what would make her life better, this does not indicate autonomous choice. If she lacks self-esteem, self-worth or self-trust, even though she goes through a process of critical self-reflection on her values and choices, these need not be viewed as autonomous. Much feminist work on cosmetic surgery and surrogacy raises these questions. For example, whether the internalisation of socially reinforced values may lead to conformity or conventionality.<sup>476</sup> These arguments show that not all expansions in the range of bodily choices enhance autonomy, in fact some options may be unjust and entrench existing inequalities, further, oppressive social understandings can also be internalised. As such, these conceptions cannot say which choices are autonomy enhancing and which are autonomy impairing. On the basis of this conclusion, Mackenzie argues that we must include a requirement for normative reflection. Autonomous agency involves critical reflection both on the worth or value of one's choices, and the desires guiding them, and on the historical and

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<sup>473</sup> Mackenzie, "On Bodily Autonomy."

<sup>474</sup> For critiques of respect for autonomy in terms of informed consent, see: Mackenzie, "Relational Autonomy, Normative Authority and Perfectionism."; Claudia McLeod and Susan Sherwin, "Relational Autonomy, Self-trust, and Health Care for Patients Who Are Oppressed," in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency and the Social Self*, ed. Catriona Mackenzie and Natalie Stoljar (Oxford: Oxford University Press, 2000); Dodds, "Choice and Control in Feminist Bioethics."; Stoljar, "Informed Consent and Relational Conceptions of Autonomy."

<sup>475</sup> For this account, see: Mackenzie, "On Bodily Autonomy."; Mackenzie, "Conceptions of Autonomy and Conceptions of the Body in Bioethics."

<sup>476</sup> Mackenzie and Stoljar, "Autonomy Refigured," 17-18.

social processes of formation of one's choices and desires.<sup>477</sup> Autonomy requires that the person values her own judgement and capacity to act and choose in accordance with what she values. I will take up discussion of this requirement in the following sub-section.

These arguments show that conceiving of autonomy in terms of substantive individualism is inadequate, approaches which rely on this conception are unable to account for the importance and role of embodiment and our relation with others in the exercise (and development) of autonomy. Any adequate account of autonomy must be based on a more complex notion of selfhood and one specifically that recognises the embodied intersubjective nature of selfhood. An approach to autonomy must take account of the complex nature of the agent in her embodied, relational setting.

Baier's and Mackenzie's arguments draw on, and give further support to, arguments for relational approaches to identity and agency made in the previous chapters. They draw out the significance of intersubjective embodiment to practical identity and agency, as well as for autonomy. Below I set out the broad shape of a constitutive approach to relationality that is weakly substantial, drawing on Meyers' procedural causal relational approach to autonomy in terms of the exercise of a set of autonomy competences and Mackenzie's constitutive weak substantial approach which recommends the inclusion of normative constraints on reflection.

### **5.2.b A weak substantial relational approach to autonomy**

Meyers develops a relational approach to autonomy as acting according to one's sense of personal identity. On Meyers' approach '[a]utonomous people are in control of their own lives inasmuch as they do what they really want to do'.<sup>478</sup> This approach understands autonomy as a competence that is developed and exercised relationally. On Meyers' approach, autonomy is understood as a set of complex competences or reflective skills that emerge developmentally, that can be exercised to a greater or lesser extent in different contexts and that are sustained and exercised in social situations.<sup>479</sup> This is an approach which aims to explain both the enabling and impairing aspects of socialisation. Meyers' approach also

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<sup>477</sup> Mackenzie, "On Bodily Autonomy," 420.

<sup>478</sup> Meyers, *Self, Society and Personal Choice*, 26.

<sup>479</sup> Meyers shifts the discussion of socialisation, drawing on Feinberg. She writes: 'Feinberg's view ... reorients speculation about personal autonomy. Instead of asking how the prefabricated adult can gain control over a manufacturing process run wild, Feinberg's insight encourages us to ask how the socialization process can be adjusted to promote the harmonious development of the individual.' Meyers, *Self, Society and Personal Choice*, 41.



gives an account of the skills and competences necessary for autonomy and what kinds of socialisation are necessary to promote these skills and capacities (and so providing, in addition to the theoretical resources, a direction for therapeutic repair). On Meyers' approach the function of competences is integration of the self and authentic selfhood emerges through the exercise of autonomy competence.

Meyers proposes a relational procedural model to assess whether a desire or action is autonomous - autonomous desires are those that are developed through the exercise of autonomy competence. Meyers contrasts her relational procedural approach in terms of the exercise of autonomy competence with other procedural approaches, such as Frankfurt's, which she argues regard social relations as causal conditions that promote self-sufficiency rather than as intrinsic to autonomy. Meyers targets Frankfurt's procedural approach to autonomy, outlined in the previous section (5.1.a), for construing autonomy as a form of free will.<sup>480</sup> Meyers argues that this approach treats autonomy as subsidiary to free will, meaning that autonomy exists where an ontologically free agent can be found. This understanding treats a free agent as an 'authentic' self who is independent of, or 'untainted' by socialisation. In contrast, Meyers argues that we should understand social relations as intrinsic to autonomy; we need a more sophisticated account of autonomy and one that can account for the social and not just devise ways to transcend it. On Meyers' approach, socialisation is not inimical to autonomy; rather, developing autonomy competences depends on socialisation.

Meyers outlines three specific skills that are essential to autonomous agency – skills in self-discovery (understanding oneself), self-definition (defining one's values and commitments), and self-direction (directing one's life). Meyers argues that there are three components to autonomy: reflection, revision, and action (that is, having opportunities to choose, control over the context, and the exercise of competence). As Meyers writes:

Autonomous people must be able to pose and answer the question "What do I really want, need, care about, believe, value etcetera?"; they must be able to act on the answer; and they must be able to correct themselves when they get the answer wrong. To perform these tasks, people must have autonomy competency—the repertory of coordinated skills that makes self-discovery, self-definition, and self-direction possible.<sup>481</sup>

And,

The skills that enable people to make this inquiry and to carry out their decisions constitute what I shall call *autonomy competence*.<sup>482</sup>

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<sup>480</sup> Meyers also links this criticism to other procedural accounts as a shared methodological fault. Meyers includes procedural approaches which examine authenticity in terms of examining the socialization process (in Emmet, Young and Richards), in coherence (Frankfurt and Benn) and through identification (Frankfurt, Dworkin, Young and Watson).

<sup>481</sup> Meyers, *Self, Society and Personal Choice*, 76.

<sup>482</sup> Meyers, *Self, Society and Personal Choice*, 53.

As such this is a much more nuanced account of autonomy competence than that in terms of legal competence. Meyers' conception of autonomy competences includes volitional, emotional, imaginative and evaluative skills of critical reflection. As Mackenzie and Walker note:

Autonomy competence encompasses not just the minimal requirements of legal competence — understanding, minimal rationality, and the capacity to communicate one's decision — but an array of complex competences. These include volitional skills, such as self-control and motivational decisiveness; emotional skills, such as the capacity to interpret and regulate one's own emotions; imaginative skills, required for understanding the implications of one's decisions and envisaging alternative possible courses of action; and capacities to reflect critically on social norms and values.<sup>483</sup>

Because autonomy competences are a set of skills that can be acquired developmentally, the exercise of autonomy can be a matter of degree and varies in different domains. Meyers distinguishes between episodic and programmatic autonomy, in terms of one's life plans. A life plan consolidates and unifies one's decisions.

People direct their lives *episodically* and *programmatically*. Autonomous episodic self-direction occurs when a person confronts a situation, asks what he or she can do with respect to it—the options may include withdrawing from it as well as participating in it in various ways—and what he or she really wants to do with respect to it, and then executes the decision this deliberation yields. Autonomous programmatic self-direction has a broad sweep. Instead of posing the question “What do I really want to do now?” this form of autonomy addresses a question like “How do I really want to live my life?” To answer this latter question, people must consider what qualities they want to have, what sorts of interpersonal relations they want to be involved in, what talents they want to develop, what interests they want to pursue, what goals they want to achieve, and so forth. Their decision about these matters together with their ideas about how to effect these results add up to a life plan.<sup>484</sup>

Programmatically autonomous people have autonomous life plans. Life plans facilitate the harmony that autonomy requires. People's self-concepts stand in a reciprocal relation to their life plans. On Meyers' approach life plans set the ‘parameters of autonomous spontaneous conduct’.

A life plan is a comprehensive projection of intent a conception of what a person wants to do in life. Any life plan must include at least one activity that the agent consciously wants to pursue or a value that the agent consciously wants to advance or an emotional bond that the agent consciously wants to sustain, But most people want to enjoy a variety of goods, and their life plans must distribute their energy and time so as to satisfy these diverse desires.<sup>485</sup>

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<sup>483</sup> Mackenzie and Walker, “Neurotechnologies, Personal Identity, and the Ethics of Authenticity,” 388. For a discussion of these self-reflective skills, see Catriona Mackenzie, “Critical Reflection, Self-knowledge, and the Emotions,” *Philosophical Explorations* 5 (2002).

<sup>484</sup> Meyers, *Self, Society and Personal Choice*, 48.

<sup>485</sup> Meyers, *Self, Society and Personal Choice*, 49.

Two important points about life plans can be made. Firstly, these plans are not optional, but rather, are necessary for the exercise of autonomy. As Meyers notes: 'From the standpoint of autonomy, however, the issue is not whether most people have life plans but whether anyone can be autonomous without one'.<sup>486</sup> This is similar to the point made earlier in the thesis that narrative is a necessary organising principle (see 3.2). Secondly, whilst necessary, life plans can't provide for all life's contingencies; 'there is a reciprocal and dynamic relation between the true self and life plans'.<sup>487</sup>

In doing what they really want to do, autonomous people control their own lives. Of course, no one can control all of the circumstances that might help or hinder one's projects. Strictly speaking, then, no one can dictate his or her own fate. But, inasmuch as autonomous people are able to match their conduct to their selves within the constraints of the opportunities that circumstances afford and are sometimes able to enlarge their opportunities to suit their selves, they exercise as much power over their destinies as anyone can.<sup>488</sup>

Mackenzie and Stoljar point out that on Meyers' approach self-realisation involves 'the capacity to develop those potentialities that are central to the agent's authentic self-conception, in the context of the agent's life plan'.<sup>489</sup> It does not require her to develop all her potentialities. Moreover, it requires the recognition that autonomy is relative to opportunities and circumstances, and as such, autonomy is a relative assessment and not made externally, as if one were free from all constraints.

On Meyers' approach, autonomy competences play a role in securing personal integration. Meyers explains that the overarching function of autonomy competency is self-governance understood as the use of autonomy competency to secure an integrated personality. This is autonomy competence in the exercise of a life plan, which in turn gives one control and spontaneity in one's life.

[A]utonomy competency has an overarching function that determines what skills people must have at their disposal and how they must use these skills in order to exercise the competency successfully ... . That function, of course, is self-governance—controlling one's life by ascertaining what one really wants to do and by acting accordingly. ... [T]he overarching function of the competency of autonomy is to secure an integrated personality. To have control over their lives and to be able to act spontaneously without compromising this control, people must have integrated personalities.<sup>490</sup>

Given the function of autonomy competence is integration of selfhood, as the quote above makes clear, authentic selfhood, on Meyer's account, emerges through the exercise of autonomy competence. Meyers writes:

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<sup>486</sup> Meyers, *Self, Society and Personal Choice*, 51.

<sup>487</sup> Meyers, *Self, Society and Personal Choice*, 53.

<sup>488</sup> Meyers, *Self, Society and Personal Choice*, 46.

<sup>489</sup> Mackenzie and Stoljar, "Autonomy Refigured," 17.

<sup>490</sup> Meyers, *Self, Society and Personal Choice*, 59-60.

[P]ersonal autonomy is a way of living in harmony with one's true self. Conceived as the exercise of competency comprising diverse self-reading and self-actualizing skills.<sup>491</sup>

This understanding of authenticity contrasts with those procedural approaches discussed in section 5.1.a which test for authenticity conditions, for example, using identification, endorsement and non-alienation. Meyers argues we should reorient autonomy away from a matter of desires competing to be reasons for action, to the idea of the integration of the self. We should address the question of how a person can live in harmony with his or her authentic self, 'considering the characteristic unity and vigor of the autonomous life'.<sup>492</sup> By understanding autonomous actions and desires as those that are developed through the exercise of autonomy competence – namely self-discovery, self-definition and self-direction – Meyers' approach has the further virtue that it can account for both dimensions of autonomy as set out in section 5.1.a, that is as both a capacity and as involving authenticity. This further contrasts with a number of the procedural approaches set out in 5.1.a, which whilst they recognise capacity as important for the exercise of autonomy, tend to focus solely on authenticity dimensions. Further, on Meyers' approach alienation or lack of endorsement does not undermine autonomy competence. One might fully exercise the skills comprising autonomy competence yet still experience a certain amount of alienation.

On Meyers' approach, because autonomy competences are conceived relationally, and developmentally, their development and exercise can also be frustrated or impaired by others. For example, the social context may impair an agent's capacities to achieve autonomy by encouraging the development of some skills at the expense of others. For example, Western patriarchy tends to encourage women and girls to develop skills in self-discovery, but less so skills in self-direction and self-definition. This is because self-discovery is seen as more amenable to emotional abilities. Autonomous agency is not just the expression/realisation of our identity; rather exercising autonomy involves a set of skills, which necessarily involve negotiation with others. Clearly, on this account, self-determination is not solely up to the individual.<sup>493</sup>

On this approach, whether a person is autonomous, or not, depends on whether the person possesses and successfully uses the skills comprised by the competency of autonomy. As Meyers writes:

The difference between autonomous people and nonautonomous ones depends on the capabilities people have at their disposal and the way in which people go about fashioning their lives. Autonomous people ... possess and exercise skills that maintain a fluid interaction between their traits, their feelings, their beliefs, their

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<sup>491</sup> Meyers, *Self, Society and Personal Choice*, 20.

<sup>492</sup> Meyers, *Self, Society and Personal Choice*, 40.

<sup>493</sup> Jackie Leach Scully, *Disability Bioethics: Moral Bodies, Moral Difference* (Lanham, Maryland: Rowman & Littlefield Publishers, Inc., 2008), 162.

values, their extended plans, their current possibilities for realizing these plans, and their conduct.<sup>494</sup>

Whilst Meyers recognises that external factors can impede the development of autonomy competences, hers is a causally relational approach; whether an agent develops autonomy competence is a matter of social conditions (for example level and kind of education or the nature of the environment, for example growing up as a girl in a patriarchal society as referred to above). On Meyers' approach once autonomy competences are developed, it is up to the individual. In recognition of the arguments put throughout this thesis I argue that social relations must be understood as constitutive of autonomy, and not just as causally relevant. The causal approach is inadequate for theorising primary intersubjective embodiment. It is not just that others can thwart the development or exercise of our autonomy competency, rather we need recognition of the social shaping of our ideas; that is, that social understandings can be internalised and that autonomy requires that a person values her own judgement and capacity to act in accordance with what she values.

Recall, substantive approaches to autonomy argue that a procedural approach may yet include people that we might hesitate to call autonomous, such as those in oppressive environments. Mackenzie and Stoljar argue that despite Meyers' aims, by failing to rule on the content, her procedural approach might yet still accord autonomy to nonautonomous people. As Mackenzie and Stoljar explain, the development of autonomy may be impaired in hostile environments and by practices of domination marginalization and social oppression.<sup>495</sup> Furthermore, not being recognised as an autonomous agent can also impair autonomy by restricting the range of identity-constituting narratives available to an individual.<sup>496</sup> Further, as Mackenzie and others argue, these oppressive stereotypes can be internalised, which further impair autonomy by undermining a sense of oneself as an autonomous agent. As Mackenzie writes:

Relational autonomy theorists claim that the internalization of oppressive social stereotypes, and social relations of misrecognition that deny members of oppressed social groups the *status* of being autonomous agents, can further impair autonomy by undermining a person's sense of his or her self as an autonomous agent. One way this can occur is by corroding self-evaluative attitudes of self-respect (regarding oneself as the moral equal of others, self-trust (the capacity to trust one's convictions,

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<sup>494</sup> Meyers, *Self, Society and Personal Choice*, 55.

<sup>495</sup> For examples of these claims, see the essays in Catriona Mackenzie and Natalie Stoljar, eds. *Relational Autonomy - Feminist Perspectives on Autonomy, Agency, and the Social Self* (New York: Oxford University Press, 2000).

<sup>496</sup> As set out in the accounts by Nelson and Baylis in the previous chapter, 4.1.b. Also as Mackenzie and Walker note the intersubjective shaping of our identities can be understood as enabling if it supports a person's capacities to exercise an autonomous self-narrative and can be understood as damaging if it constrains the range of identity constituting narratives available to her or interferes with the development or exercise of autonomy competence. See Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 387.

emotional responses, and judgments), and self-esteem or self-worth (thinking of oneself, one's life and one's undertakings as meaningful and worthwhile).<sup>497</sup>

For this reason, (weak) substantive approaches, argue for a set of normative competences which involve self-trust, self-esteem and self-worth. This approach does not stipulate the content a desire should have. This is important because a strong substantive approach would seem to deny the possibility of autonomous action as the demands placed on autonomous agency are just too high.

In summary, the relational approach I adopt is more than procedural, because it requires that the person values her own judgement and her capacity to act and choose in accordance with what she values. This requires that she must (substantively) view her actions as her own in the sense that her actions reflect the value she places on her standing as an agent worthy of respect (that she has self-respect), that her projects are meaningful and worthwhile (that she has self-esteem) and that she has the competence to make good decisions based on her convictions and judgements (that she has self-trust). So, this involves not only a process of reflection on one's choices and values, but a specific commitment to her self and what she values. Neither is the view I propose a strong substantive account, it does not require any other substantive values, for example, valuing independence. Unlike strong substantive approaches it does not place too stringent commands on autonomy. However, on the view I propose a person cannot be indifferent to her own values; that is, she needs to, in some sense, endorse them to the extent that she thinks her values and judgements merit consideration, that her life and projects should count and that her judgement about actions or values matter.

In the following section I set out how this account is relevant to understanding cases of self-change consequent upon neural implants. Firstly, I draw together arguments made in previous chapters to set out the relationship between the exercise of autonomy and narrative self-understanding.

### **5.2.c Autonomy competences and narrative competences**

Atkins builds on Meyers' work on autonomy competences, life projects, and integration, by explicitly theorising the relationship to narrative. Atkins articulates the relation between (relational) autonomy competences and narrative structures - the exercise of autonomy competences deploys narrative competences. Meyers also connects narrative and autonomy competences - on Meyers' approach,

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<sup>497</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 388. For such an account, see Mackenzie, "Relational Autonomy, Normative Authority and Perfectionism."

autonomous agency requires the same strategies that are employed in narrative understanding. As Atkins writes: 'Self-knowledge is achieved, says Meyers, through communication with others where we test our explanations and receive feedback about them. In this way we self-consciously invoke the articulation and reality constraints on narrative self-understandings'.<sup>498</sup>

Atkins extends on this understanding and argues that Meyers' understanding of autonomy competences presupposes the view of human embodiment and narrative identity that Atkins develops, and which I have presented in the previous chapters.

Atkins argues that: 'A narrative model of identity requires an account of autonomy that integrates the first-, second and third-personal aspects of selfhood. This requires a theory in which the social and bodily dimensions of agency are explicitly theorized'.<sup>499</sup> And that '[a]utonomy competencies unify the self by integrating beliefs, desires, dispositions, goals, and so on, to minimize inner conflict and to articulate a comprehensive agential perspective'.<sup>500</sup> On Atkins' approach a relational theory aims to unify the first-, second- and third-perspectives of selfhood.<sup>501</sup>

Autonomy competencies presuppose narrative competencies, and so they effect narrative coherence by coordinating first-, second-, and third-personal aspects of agents' lives. In this way autonomy integrates the self, making possible a coherent agential perspective and a unified sense of who one is and, thereby, making possible the life one really believes to be worth living.<sup>502</sup>

So, the autonomous self is a narrative self, and personal autonomy turns on the deployment of narrative competences. Atkins, like Mackenzie, in recognition of primary embodied intersubjectivity, argues that relationality should be conceived constitutively, and not merely causally, and for the importance of inclusion of normative competences in considerations of autonomy.

This approach articulates the relationship between narrative (identity) and autonomy – given the relational account of autonomy, autonomous agency is developed and exercised through narrative understandings with others. Factors that undermine autonomy can interfere with narrative integration. Further, the relational autonomy approach, by taking the developmental, embodied and social setting into account as primary, distinguishes between identity and autonomy - autonomous agency cannot simply be the realisation of one's authentic desires or control over one's desires and actions (will). Understanding autonomy is not done simply in terms of self-creation/freedom, nor in terms of a model of self-control or

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<sup>498</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 132.

<sup>499</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 123.

<sup>500</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 129.

<sup>501</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 136-7, 141.

<sup>502</sup> Atkins, *Narrative Identity and Moral Identity - A Practical Perspective*, 141.

strong identification, but is the exercise of competences within a context to achieve integration, and so autonomy comes apart from identity. Our identity and its constitution, rests in the development of skills in negotiation with others.

This understanding builds on the “full-blooded” account of selfhood that I have been developing throughout this thesis.<sup>503</sup> In the second chapter I demonstrated the complex nature of selfhood involved in practical identity, as embodied and social. In the third and fourth chapters it was to show how narrative structures agency. With this approach to relational autonomy in terms of autonomy competences, we can see the role of autonomy and normative competences in integrating the multi-perspectival nature of embodied agency. Moreover, through understanding autonomy as a set of self-reflective skills that are exercised in development with others, this approach emphasises the innovative and creative nature of narrative synthesis. This draws on the account of agency developed through the chapters, building on Korsgaard, Ricoeur, Schechtman, Atkins, Baylis, Nelson and Mackenzie. The “full-blooded” account of agency as dynamic embodied perspectival selfhood I have developed, given its stress of the relational and developmental nature of selfhood, does not presuppose any self or unified entity that stands against or behind this activity of self-constitution. Rather, it sketches out a developmental account of selfhood in its practical stance and the effects of this stance on our self-understanding and human flourishing.

With this understanding in hand, we can address postmodern critiques claiming that autonomy and agency are illusions, as well as provide a further response to criticisms that narrative is conventional. Like the criticisms of libertarian approaches presented in the second section of this chapter (5.2.a), the postmodern “critique of the subject”, which groups a number of theorists, criticises metaphysical assumptions implicit in this ideal of autonomy. These include assumptions that agents are self-transparent, psychically unified, and capable of achieving self-mastery. This includes psychoanalytic critiques of the agent as conflicted (and not as psychically unified), as well as Foucauldian critiques that agents are constituted by power relations (and that there is no metaphysical self). These critiques of the subject coalesce around the argument that autonomy, and so autonomous agency, is an illusion. Mackenzie and Stoljar identify this unifying theme underlying the postmodern critique of the subject.<sup>504</sup>

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<sup>503</sup> Mackenzie and Stoljar note that substantive approaches, weak and strong, presuppose a richer account of agency than do procedural accounts, because they treat ‘autonomy as intrinsically relational and introduce necessary conditions of autonomy that derive from the social relations within which agents are embedded’. Mackenzie and Stoljar, “Autonomy Refigured,” 20. This observation is consistent with my claim that the approach I develop is a theoretically rich account of agency and selfhood.

<sup>504</sup> Mackenzie and Stoljar, “Autonomy Refigured,” 11.



The theme is that the notion of autonomy is a kind of conceit or illusion of the Enlightenment conception of the subject. Thus it is charged that defenders of autonomy still cling to the Cartesian idea that consciousness can be transparently self-aware or to the Kantian view of persons as rational self-legislators, despite the fact that such views have been so decisively challenged since Nietzsche, Freud, and their heirs. Moreover, the persistence of such views is not just a harmless anachronistic hangover of the Enlightenment. It is complicit with structures of domination and subordination, in particular with the suppression of others—women, colonial subjects, blacks, minority groups—who are deemed incapable of achieving rational self-mastery.<sup>505</sup>

These critiques, like the relational critique of autonomy, are important because they also draw attention to the complex social nature, or intersubjectivity, of selfhood. However, I argue, following the theorists I have drawn on throughout this thesis, that demonstrating that there is no “metaphysical self” does not mean that there is no self to deal with.<sup>506</sup> Moreover on the “full-blooded” account of selfhood in terms of autonomous agency that I develop, I have articulated how narrative can account for the continuity and permanence of self, and the role of autonomy competences in unifying agency, in terms of the innovative capacities of self-constitution.

Narrative self-understanding contains a critical facility essential for autonomous agency, which further addresses the objection that because the narrative model places stress on unity and the social context, it has a strong tendency towards conventionality. By contrast, Ricoeur, Meyers, Nelson, Atkins and others, highlight the innovative aspects of autonomy. For example, Ricoeur emphasises the creative aspects of the self in the process of narrative synthesis, Meyers’ the interplay of socialisation and critical skills of autonomous agency, and Nelson, the emancipatory effects of counter narratives.<sup>507</sup> Further, this approach allows us to explain how autonomy competences may be hindered or enabled.

The approach I have developed recognises that identity and the project of selfhood is an integrative project and that the unity of agency is not given, contra metaphysical reductive approaches. Moreover, because it recognises the importance of integration to autonomous agency, it can account for the fragility of autonomous agency as well as the personal significance of self-disintegration,

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<sup>505</sup> Mackenzie and Stoljar, “Autonomy Refigured,” 11.

<sup>506</sup> In this way my position is distinct from Dennett’s claim that the self is merely a ‘center of narrative gravity’, see Dennett, “The Self as a Center of Narrative Gravity.” My account is more similar to Velleman’s account of the multi-perspectival nature of selfhood and his understanding of agential agency in virtue of which a person is autonomous. For further discussion, including of the differences between Dennett and Velleman see J. David Velleman, “The Self as Narrator,” in *Self to Self* (New York: Cambridge University Press, 2006). Goldie also disagrees with accounts that understand the self as a narrative fiction, see Goldie, “One’s Remembered Past: Narrative Thinking, Emotion, and the External Perspective.”

<sup>507</sup> I discuss Nelson’s arguments about counternarratives further in 6.2.b.

contra postmodern approaches. As such, throughout this thesis, I have developed an argument concerning the relation of the key concepts relevant to selfhood – identity, agency and autonomy – which address deficiencies in mainstream accounts, as well as meeting postmodern objections concerning narrative as conventional and autonomy as an illusion. The problem with metaphysical accounts of identity is that they assume the integrated or given self. The problem with postmodern accounts is that they downplay the practical force/experience of self-fragmentation. Recognition of the constraints of the relational context of identity formation - as social and embodied, also meets responses by postmodern critiques that we are free to take on whatever identity we like.<sup>508</sup>

### *Conclusion:*

My aim in this section has been to draw attention to three significant points raised by relational approaches which will in turn be helpful in illuminating my questions concerning self-change as raised in the first-personal accounts of neural recipients. These are: a recognition of the intersubjective shaping of our identities - an agent's capacities for autonomy should be understood relationally; an understanding of autonomy as a suite of skills or competences which are developmentally acquired and constitutive of autonomy; that autonomy competences can be impaired or enabled in this social context; and, that autonomy further requires normative critical reflection. This approach connects autonomy and narrative, whilst also distinguishing between identity and autonomy in an account of autonomous agency.

In this section I have argued for the broad shape a relational approach to autonomy should take in terms of autonomy competences that are developmentally acquired and so can be impaired or fostered. Drawing on the approach to autonomy in terms of the exercise of autonomy competence has the consequence that authentic selfhood emerges through the exercise of selfhood. As such, when understanding the impacts of changes in our lives, the emphasis is placed on the importance of self-integration. In recognition of embodied primary intersubjectivity I have argued for a constitutive understanding of relationality, which requires recognition that there should be some substantial conditions for autonomous actions. I argued for a weak substantial approach that recognizes the importance of paying attention to self-referring attitudes such as self-trust and self-respect. This approach sets out a rich account of selfhood which includes understanding agency, identity and autonomy as relational – as distinct yet inter-relational, where none of the concepts is foundational.

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<sup>508</sup> For an example of this approach see: Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (London: Routledge, 1990).

This approach to autonomy competency has the further virtue that it addresses a twin concern - to explain how oppressive socialisation can impair autonomy, as well as, to explain how people subject to oppressive socialisation may be autonomous to some extent and exhibit autonomy in some areas of their lives (whilst perhaps not in others). The approach does not view socialisation as something to be transcended for authenticity, but works to theorise the interrelation of socialisation and subjectivity. Whilst these theories are aimed at explaining feminist concerns about socialisation, they are nonetheless useful for thinking through the effects of neural implants. The question is not whether we are in world without any external interference; the important thing for my autonomy is whether DBS (or socialisation) impedes my capacity for critical self-reflection. What matters is whether I can take a critical stance and not whether changes are caused by the DBS (or the result of socialisation). Thus, the question of DBS is not different in kind from the question of socialisation; implants are not a threat to identity *per se*.

The approach includes consideration of the broader social context in which medical treatment occurs and the status of people with conditions, which they seek treatment for with neural implants. In a context where understandings of disability and illness are prevalent, this is an important point. I will take up this discussion in the following section in which I apply the embodied relational approach to narrative agency and autonomy to the first-personal accounts of implant recipients and neuroethics discussions concerning the impacts of neural implants on identity and autonomy.

### **5.3 Relational Autonomy and Neural Implants**

In this section, with this embodied relational approach to narrative agency and autonomy in hand, I demonstrate the resources the approach I have developed for illuminating the claims about identity and autonomy in the first-personal accounts of neural implant recipients, as well as for clarifying claims in the neuroethics literature concerning threats to identity and autonomy from neural implants. The approach I have put forward puts emphasis on the exercise of autonomy competences and normative competences, that they are narratively structured, and developed and exercised in an embodied and intersubjective context in a project of integrating selfhood.

The approach I develop shows that we must be attentive to the embodied dimensions of selfhood. I argue that this approach focuses our attention on the impacts of neural implants on a person's autonomy competences. In addition to autonomy competence we must attend to the impacts of neural implants on

normative competences. This approach shows that the salient issue arising from changes consequent upon neural implants is their impact on fostering or impairing autonomy competences with an understanding of the role of autonomy competences in facilitating narrative coherence and the sense of an enduring self. Given the constitutive nature of embodied intersubjectivity it also shows the importance of paying attention to the social shaping of our identities and the importance of self-referring attitudes like self-trust and self-respect to autonomous actions. On a relational approach, autonomy is not an all or nothing capacity, nor is the issue whether the 'cause' of the value change is external to us. Rather the important area of focus is whether one can reflect upon and integrate the implant into one's self-understanding; that is an integrated bodily perspective, through the exercise of autonomy competency.

Further, the approach I develop clarifies the neuroethics literature concerning the impacts of neural implants on autonomy and identity. The focus on relational autonomy competences shifts the discussion away from an ethics of authenticity, which is based on individualist understandings of persons and also refigures these discussions concerning threats to concerns for self-integration. Further, by focussing on the conceptual relations of the concepts of identity, agency and autonomy, the approach illuminates the disagreement between Schechtman and Baylis concerning whether DBS threatens narrative identity *or* agency.

First, I show that attention to relational competences provides theoretical resources for understanding the first-personal accounts of self-change. The approach shifts the focus to a more substantial account of selfhood which recognises the complexity of the project of selfhood in its relational and embodied context and so whilst it acknowledges that practical identity is messy and (sometimes fragile) it allows for a more nuanced account of the impacts of neural implants. The approach can explain how neural implants might enable autonomy competency and facilitate narrative integration, but also how neural implants might impair autonomy competence and narrative integration and perhaps undermine normative competence. I argue that this approach shows the importance of taking the first-personal subjective response to implants into consideration when making assessments of impacts and that these assessments need to be made on a case-by-case basis. Second, I show how my approach clarifies the debates in the neuroethics literature (discussed in section 5.1.c). Drawing on arguments by Mackenzie and Walker I argue that the relational approach to autonomy competences redirects the debate about threats to identity away from an ethics of authenticity to a focus on the exercise of autonomy and normative competence and narrative integration. This approach allows us to ethically adjudicate about changes (without resorting to tests of identification and the like for authenticity). Further, the approach I develop in terms of setting out

the broad shape of a theory and the conceptual relation between autonomy, agency and identity, adjudicates between Schechtman and Baylis, who seemed to disagreed whether the focus of the impacts of DBS should be on impacts to identity or agency – it shows that each was concerned with a different, but related aspect of the project of selfhood and integrating change.

### **5.3.a Returning to the first-personal accounts**

An embodied relational approach to agency and autonomy is helpful for understanding the impacts of neural implants because it focusses our attention on the role of embodiment and the social context in the development and exercise of autonomy, and conceives of autonomy as a set of competences; it focusses the attention of the impact of neural implants on these autonomy competences. More specifically, it focusses on how implants might both foster and impair the exercise of autonomy competences which in turn may facilitate or frustrate narrative coherence (narrative understanding and the skills of narrative self-revision). These are exercised in an embodied social context. Meyers' approach, by conceiving of autonomy in terms of competences approach draws our attention to how neural implants might foster or impair these competences. By focussing on autonomy competence through which authenticity emerges, we see that the project of selfhood and the expression of autonomy are complex involving volitional, imaginative and self-governance skills; and so, the exercise of autonomy is not simply about expressing choice, assessed often, minimally in terms of legal competence. And given this complexity tests for identification simply cannot be adequate. Further as the weak substantive approach tells us, it is not just causal relations that are at issue, we must pay attention to some normative constraints also. Mackenzie's approach to bodily perspective shows the importance of bodily integration in the uptake and alienation from implants, and her focus on normative self-concepts draws out attention to the subjective shaping of our desires and actions and the importance of understanding and engaging with the patient's subjective perspective.

For Mike Robbins, the DBS allows him to continue to exercise autonomy competences that allow him to be the practical identity he understands himself to be. Michael Chorost whilst he describes himself as part cyborg and that his identity has changed, is concerned with engaging in a thoroughgoing understanding of the Cochlear, how it works, and his interaction with it, drawing on his literary and computer science background, testing and pushing the implant and his engagement with it. This is a creative project for Chorost. Chorost integrates the Cochlear into his understanding of himself and acts autonomously. This is the aim of epilepsy prediction devices; one of the recognised impediments

is unpredictability of seizures, and by providing warning, epilepsy prediction devices can facilitate the exercise of autonomy competences.<sup>509</sup> In the cases of Robbins and Chorost, the concern is not with whether the source or causes of these changes is externally caused (by the implant). Whilst the implant may impact on their agential continuity, they see the change as self-directed. The concern rather is with how they direct and integrate these changes.

Chorost does however express feelings of alienation, at times he describes feeling alienated from the hearing world, and, also from the deaf community. These insights show that the neural implant may challenge Chorost's trust in, and respect for, himself and his project of self-transformation. Chorost though engages in critical normative reflection and recognises that the implant does provide him with the ability to engage in projects that matter to him in the hearing world, yet can also act as a source of alienation in other ways, at other times, in other circumstances. As the relational approach attests autonomy is not an all or nothing concept, nor is it a global or pervasive concept, one might express autonomy in some parts of their life but not others, and in exercising autonomy competence one may yet still have feelings of self-alienation.

Whilst Robbins and Chorost present cases of how implants might foster autonomy competences, facilitate narrative integration and assist self-directed agency, the approach I have put forward is also useful for understanding the cases of people who felt alienated from the changes consequent upon neural implants, cited in the first personal accounts of people treated with DBS. Chorost recalls his interaction with a fellow recipient of a Cochlear who doesn't feel the same with the implant. Here the autonomy competences of these individuals have been hindered. This could be twofold: people might feel alienated and unable to engage in activities of self-definition, or self-revision, such as the journalist who become uninterested in work. This may further impair normative competence if this further damages competences of self-trust: for example, the couple whose marriage is in conflict following the implant. The impairment of autonomy competences impacts on narrative self-understanding and narrative-revision and narrative-continuation. Sometimes, as in the case noted by Glannon, the impact on autonomy competences is too severe for the person to engage in narrative self-revision.

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<sup>509</sup> Whilst epilepsy prediction devices are only in the early stages of first human trials, some recipients have reported increased autonomy. See Cook et al: "Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study." For a discussion of the ethical implications of epilepsy prediction devices with a focus on autonomy, see Gilbert, "A Threat to Autonomy: the Intrusion of Predictive Brain Devices."

So, this approach has the resources to explain how neural implants and their availability can support or undermine autonomy. Neural implants may support or undermine autonomy depending on whether the condition or treatment supports or undermines the individual's autonomy competences in self-discovery, self-definition and self-direction; that is the capacity to exercise procedural autonomy. As Robbins' video so forcefully demonstrates the DBS stops his tremors from DBS so that he can engage in conversation and activities that matter to him. We might further imagine a case though where the implant has the effect of interfering with these competences. This approach also shows that that neural implants may support or undermine autonomy depending on whether the condition or treatment supports or undermines my self-evaluative attitudes of self-respect, self-trust or self-esteem. For example, if the treatment leaves me feeling that my desires are not connecting to my actions in the right way, I may feel like I cannot trust myself to do what I thought I wanted to do.

Neural implants may be experienced as fostering autonomy and supporting normative competence, as such facilitating narrative integration and assist self-directed agency. This may promote feelings of authenticity. Indeed, neural implants might act to facilitate and repair (for example, mitigate alienation caused by narrative disruption from the condition). Also, implants might impair autonomy competence and or normative competence and so frustrate narrative integration and may be accompanied by feelings of alienation. The approach I set out can explain why an individual might have increased competence yet still feel alienation at times. Furthermore, the first-person accounts show how individuals might suffer alienation in some parts of their lives, but not others. As such the approach I adopt shows how neural implants may be a source of repair – they may assist in the exercise of autonomy competence and foster narrative integration. Neural implants, however, may also frustrate the exercise of autonomy competence, or challenge our self-referring normative competences, such as self-trust, and as such, neural implants might cause a need for repair. The approach I develop can account for the nuances and complexities that is the practical project of selfhood, it draws attention to the importance of the first-person subjective perspective in understanding self-change and shows that assessments of neural impacts on practical identity must be taken on a case-by-case basis.

### **5.3.b Refiguring threats to identity from neural implants – returning to the neuroethics literature**

Mackenzie and Walker, in a discussion of the significance of neurotechnological interventions, argue that a relational approach to autonomy focusses attention on the impacts of neural implants on autonomy competences.

They argue that neurotechnologies may impair or foster autonomy competence which in turn bear on the ability to engage in the skills of narrative understanding, including narrative self-revision, both positively and negatively. Narrative self-constitution requires exercising the skills of autonomy competence.

Once this question [whether neurotechnological interventions impair autonomy competence] is brought to the fore, however, it is evident that it can only be answered case by case. In some cases, such as the tragic case discussed by Glannon ..., an intervention such as DBS can disrupt a person's autonomy competence to such an extent that he is unable to engage in narrative self-revision. In other cases, neurotechnological interventions, by alleviating the physical or psychological effects of illness (including mental illness), may thereby restore some of the volitional, emotional, motivational, imaginative, and critically reflective capacities necessary for autonomous deliberation and action. In so doing, such interventions may make it possible for a person to reengage in the process of reconstructing or repairing an integrated narrative identity.<sup>510</sup>

Mackenzie and Walker demonstrate the theoretical benefits of using a relational narrative approach to autonomy by contrasting it with much of the neuroethics literature which frames the ethical implications of neurotechnologies, and concerns about self-change or identity change, in terms of an "ethics of authenticity". In section 5.1.c I set out Levy's and DeGrazia's claim that positions, such as Elliot's, which argue that pharmaceutical intervention, and by extension direct neurological intervention, threaten authenticity by potentially changing someone into a different person without the person's active agency, are mistaken. Levy and DeGrazia argue these positions are based on a mistaken assumption of the authentic self; rather than discovering our authentic selves, we create our authentic selves through our choices and actions (5.1.c). Mackenzie and Walker argue that understanding the normative implications of neurological intervention on the basis of an ethics of authenticity is conceptually flawed or misleading. They argue that both understandings of authenticity – as either self-discovery or self-creation – are flawed. They argue that whilst notions of self-discovery rely on a static conception of identity, notions of self-creation are equally problematic because they conflate identity and autonomy; they are overly individualistic and take self-realisation to amount to self-determination,<sup>511</sup> and so fail to properly take account of relationality and the role of others in self-determination. They argue that DeGrazia's approach whilst narrative is not relational enough.

DeGrazia's account of the role of others in the construction of our self-narratives is, however, insufficiently relational and still adheres to a view of the self as the inner citadel, to which others may be admitted but only on one's own terms. ... However, we endorse a more thoroughly relational view of identity, according to which our self-narratives are not discrete and self-contained inner stories. Rather,

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<sup>510</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 390.

<sup>511</sup> This line of criticism appears to parallel Meyers' argument that Frankfurt's approach conflates self-realisation and self-definition. For Meyers' discussion, see Meyers, *Self, Society and Personal Choice*, 26ff.



our self-narratives are constructed through interpersonal relationships and in the context of the larger social, historical, political, and cultural narratives within which we live our lives and seek to define and understand ourselves.<sup>512</sup>

On Mackenzie and Walker's view, whilst Levy and DeGrazia both criticise an understanding of authenticity based on self-discovery, their critique is still theoretically framed by understandings about the relationship between autonomy and identity that the ethics of authenticity presupposes.

Baylis similarly criticises DeGrazia's account from a relational perspective: she sees the source of the problem as the inability of his narrative account to sufficiently account for the conflict between first- and third- personal perspectives. DeGrazia's analysis of delusional self-narratives uses the example of Mr Reilly.<sup>513</sup> Baylis argues that DeGrazia's attempt to resolve the discordance between first and third person narratives and whether first-person narratives should be authoritative, indicates that on his account the first-person perspective 'trumps'. Quoting DeGrazia in part, Baylis writes:

DeGrazia suggests retaining the first person perspective on identity but qualifying its objects. In answer to the identity question "Who is Mr. Reilly?" DeGrazia describes him as "someone who, for example, is X years old, has such-and-such family, and went to these schools ... [and] who *deeply believes* that." In this way DeGrazia attempts to resolve the discordance between the first and third person narratives.<sup>514</sup>

Whilst this might be an acceptable analysis if Mr Reilly is unaware of the discordance, if he is aware that his delusions are caused by extreme psychosis, however, Baylis argues this will not be a satisfying answer. This line of criticism is also directed to Schechtman's narrative approach as it relies on the assumption that narratives are tested against a standard of objectivity to assess whether they are identity-constituting. Baylis demonstrates the significance of a thoroughly relational approach to identity:

[W]ith my view of relational identity, all self-narratives (not only those that admit of delusions) are at risk of falling apart if others withhold their (most minimal) endorsement. They need not collapse, however, provided there is an opportunity to shift one's narrative or community of belonging sufficiently for there to be the prospect of achieving some measure of equilibrium.<sup>515</sup>

On Baylis' account, there is evidence of autonomy, and not just 'mere agency'<sup>516</sup> when a person is able to project an identity-constituting narrative that she values, and for which she gets uptake. In such cases a person actively contributes to authoring her life.

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<sup>512</sup> Mackenzie and Walker, "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," 387.

<sup>513</sup> For DeGrazia's account see: David DeGrazia, *Human Identity and Bioethics* (New York: Cambridge University Press, 2005).

<sup>514</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 122.

<sup>515</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 122.

<sup>516</sup> Baylis, "The Self in Situ: a Relational Account of Personal Identity," 124.

Mackenzie and Poltera also draw a distinction between autonomy and identity in criticising Schechtman's narrative self-constitution account. They argue that her account does not properly distinguish between autonomy and identity.<sup>517</sup> This appears in the context of a reply to Strawson's criticisms of narrative that draws on the experiences of schizophrenia and its effect on personal identity (referred to earlier at 3.2.c to demonstrate the importance of narrative coherence and the importance of a sense of an enduring self). Mackenzie and Poltera argue that Saks' illness narrative – that is the narrative which includes her schizophrenia and its effect on her life and self-understanding - can be identity-constituting. Due to the fragmentary nature of her experience Saks' ability to exercise autonomy competences has been hindered – at times Saks cannot engage in skills related to self-governance and the disconnection to her episodic states makes narrative integration difficult. Further it undermines her normative competences of self-trust and self-respect. However, whilst schizophrenia fragments the nature of her experience, telling and sharing the illness narrative provides a sense of narrative coherence; with the illness narrative Saks is able to weave together (enough for) a coherent or enduring sense of self. Whilst recognising that her identity lacks a single narrative at times, this approach attributes to Saks' practical identity, though it also recognises her autonomy is diminished. Saks' autonomy qua authenticity is undermined by the alienation she experiences in response to the intrusive thoughts that characterise her illness. Saks' illness narrative includes that she has schizophrenia and that this influences her actions and behavior at times. In this way Saks is able to incorporate her illness into her self-understanding as part of her identity. The role of neural implants on someone's behavior and actions might be included as part of their identity in a similar way; that is, as a way of incorporating the effects of the DBS or neural implant as part of a person's identity which acknowledges the implant as a source of behavior or actions, but includes this recognition as part of a person's self-understanding providing a sense ownership and facilitating self-directed activity. This response makes better sense of Schechtman's claim that by taking a longer-term perspective recipients of DBS might incorporate DBS as part of an identity-constituting narrative, whilst also showing that Schechtman's other claim that DBS 'automatically' threatens identity is mistaken (section 4.2.a). Thus, the significance of Mackenzie and Poltera's account is that it demonstrates the resources that a relational approach has by being able to distinguish between identity and autonomy; thereby a relational approach can both account for people with impaired autonomy, without dismissing their abilities to construct identity-constituting narratives.<sup>518</sup> The work

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<sup>517</sup> Mackenzie and Poltera, "Narrative Integration, Fragmented Selves, and Autonomy."

<sup>518</sup> This distinction has been critiqued by Christman who suggests that their approach to narrative self-constitution presupposes a unified agent in addition to self-constitution, see John Christman, "Comments on Westlund and Mackenzie and Poltera," *Symposia on Gender, Race and Philosophy* 7 (2011). Whilst I do not engage directly with this critique in this thesis, I'd suggest that

by Mackenzie and Walker and Mackenzie and Poltera stress the importance of others and social scaffolding in fostering autonomy competences and narrative understanding.<sup>519</sup>

Further, recall Baylis argued that the real threat to identity is not neurological intervention, but rather from stigma surrounding disability and illness and the feelings of alienation that may arise if these are internalised. Wardrope summarises the point as follows:

If the epistemic resources available for interpreting a given illness within a community construct it as entailing a certain identity—a physically disabled person as passive and invalid, for example, or a depressed person as unstable and dangerous—and a person internalizes such a narrative, but does not identify with it, then the very experience of symptoms of that illness may lead to their adopting aspects of that identity, though they feel alienated from it.<sup>520</sup>

Wardrope further explains how neural implants, if they alleviate these symptoms of the illness may assist with the feelings of alienation. He writes: '[t]he alleviation of symptoms of that condition may thus help the individual to feel less compelled to apply to themselves the identity constructed for those with that condition and so result in greater felt authenticity'.<sup>521</sup> In this way, neural implants may function like illness narratives in bringing together a more coherent narrative though the exercise of competency, even though that competency might be impaired. However, as Baylis and Wardrope note, the threat to authenticity lies less with the disability or illness than with the discriminatory narrative surrounding disability and illness. This shows that the availability of neural implants might undermine autonomy if the treatment or condition is socially understood as indicating (or causing it to be the case that) the person does not merit esteem, is incapable of making judgements and this view is internalised by the patient. In this instance, the forging of a new narrative would model the role of the illness narrative. This notion of an illness narrative is helpful in illuminating the experiences of recipients of neural implants. It provides an explanation of how people might experience the implant as alienating even though their condition is treated, as well as providing an explanation of the connection between narrative coherence and autonomy. I will take up the role of narrative counterstories and repair in the following chapter.

This focus on relational autonomy competences refigures the idea that (external) change automatically “threatens” identity or autonomy. Attention to relational autonomy competence shifts the focus away from conceptualising neural

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the full-blooded account of selfhood that I have developed throughout this thesis meets Christman's objection.

<sup>519</sup> See Poltera's article On the Importance of Listening. Poltera, “Self-narratives, Story-telling and Empathetic Listeners.”

<sup>520</sup> Wardrope, 566.

<sup>521</sup> Wardrope, 566.

implants as a threat to identity per se. Changes from neural implants are not understood as from the 'outside' (including understandings of not from our agency); rather, we assess autonomy within the situation we find ourselves in – within these embodied and social constraints. If we move to a 'thoroughly' relational account, we reframe or refigure the question of the impacts of neural implants from whether they constitute a threat to identity, to how they might foster or impair competence, with a focus on achieving self-integration. This provides us with an approach that allows us to normatively adjudicate the personal changes from neural implants (without resorting to limited tests of identification and the like for authenticity).

This relational embodied approach to narrative agency and autonomy sets out conceptual relation between autonomy, agency and identity. We can now see the resources of this approach brought to bear on Schechtman and Baylis – that is, we can now revisit the conclusion of the previous chapter (4.2). Both Schechtman's and Baylis' conclusions can be seen as 'correct' if viewed through the lens of a relational approach to autonomy competences. Rather than providing competing explanations each is concerned with a different, but related aspect of the project of selfhood and integrating change. Schechtman and Baylis were emphasising different aspects of the problem - Schechtman focusses on the narrative aspect of selfhood and views threats in terms of narrative disruption – whereas, Baylis pays attention to the agency aspect of selfhood viewing threats in terms of diminished agency (as opposed to self-directed agency). Baylis' insight that the 'real' threat to identity is the constraints on the available identity-constituting narratives for people with illness and disability, and how this impairs autonomy competence, further underscores this point. Both the social and embodied nature of selfhood present twin constraints on the constitution of, and exercise of, autonomous agency.

### *Conclusion:*

In this section I have argued that a relational approach to autonomy focusses our attention on the development of autonomy competences and the role of social forces in their exercise and the choice of identity constituting narratives available to one. When applied to the question of the impact of neural implants on identity this approach has the following implications: it is not threats to identity per se, but impacts on autonomy competences that are significant - neural implants can impair autonomy competences (sometimes to the point that self-directed agency and the ability to meaningfully author one's life is not possible). Neural implants may also foster autonomy competences, allowing people opportunities for self-

governance and to contribute to authoring their own lives in ways that matter to them.

## **5.4 Conclusion**

### **5.4.1 Conclusion**

In this chapter I have argued that the complexity of selfhood demands a relational approach to autonomy that starts with, and can account for, our embodied and intersubjective context. I have set out the broad shape of the relational approach to autonomy which I think is best suited to addressing the question concerning self change consequent on neural implants. In doing so I have built on the embodied and relational approach to practical identity and narrative agency set out in the previous chapters. I have shown that the claims about changes to practical identity should be understood in terms of a relational account of autonomy which focusses attention on autonomy competence as the salient issue; this focus shifts attention to how neural implants may foster or frustrate the development of exercise of these competences and facilitate narrative integration. Further, I have argued that relationality should be conceived as constitutive and proposed a weak substantial approach which pays attention to the importance of normative competences. This approach provides a nuanced approach to the questions, being able to explain how people have different responses to the impacts of neural implants, how they may foster or hinder autonomy competency, but also, how whilst they may improve symptoms of illness may result in feelings of self-alienation. Further this approach clarifies and refigures the discussions concerning the potential threat to identity posed by neural implants. This approach understands impacts from neural implants as parallel to other events and focusses our attention to integration and away from concerns about threats from neural implants per se. Exercising autonomy competences involves integrating the perspectives of selfhood in an embodied social environment and this in activity that can be supported or frustrated.

In doing so, I explained the relationship between agency, identity and autonomy and further developed the “full-blooded” account of selfhood in terms of narrative autonomous agency that I have been developing throughout this thesis. The relational autonomy approach, by including the developmental, embodied and social setting, distinguishes between identity, agency and autonomy - autonomous agency cannot be simply the realisation of one’s authentic desires or control over one’s desires/will. Our identity and its constitution, rests on the development of skills in negotiation with others.

There may, however, be a number of approaches within this theoretical space that can illuminate questions concerning how to understand the impacts of neural implants on personal identity, indeed I have drawn on Korsgaard, Schechtman, Baylis, Atkins, Mackenzie and others to show just this. Whilst I do not advocate a particular approach in this space; that is, put forward one theory, and only one, as providing a (definitive) answer to our questions, the (preliminary) approach I develop has the virtue that it argues for *how* we should understand the conceptual role of identity, autonomy and agency in structuring our moral psychology in order to be *an* answer to questions of self-change consequent upon neural implants.

#### **5.4.2 Theorising disability and directions in repair**

Now, with this full-blooded account of embodied relational narrative autonomy and agency in hand I turn to the concluding chapter which sets out the theoretical and practical implications of this account. That is, the focus on autonomy competences and an understanding of their role in facilitating narrative coherence in a relational context with others, sets the direction for a theoretical understanding of the subjective experience of the conditions which give rise to these treatments, as well as the social shaping of understandings of disability. The account also sets the direction for repair in terms of a focus on fostering autonomy competences and their role in narrative integration, as well as stressing the role of the care-giver, and others, in fostering normative competences, such as self-trust.

I outline these theoretical resources by setting out a disability ethics, drawing on a phenomenological approach from Jackie Leech Scully and her use of the concept of “disabled habitus”. This approach sets out a way of understanding disability and the disabled experience not in merely negative terms; that is, as a lack. It can account for the ‘being’ of disabled in terms of way of being and (knowing), as well as recognising the embodied constraints of impairments. This approach cuts across the therapy/enhancement distinction both ontologically, as it does not rely on a normal type for comparison, and also normatively, by challenging the idea that disability is a condition that (automatically) needs ‘fixing’.

I outline the practical resources by setting out a direction for repair. Narrative repair is a popular method in therapeutic approaches to understandings of self-change. I address issues related to challenging identity-constraining narratives (such as those related to disability) in terms of counter-narratives, as well as, the resources for preserving continuity in the narrative thread (as we saw in the work of Schechtman, 4.2.a).

I conclude with the final point that the account I have developed has relevance not just for understanding self-change consequent upon neural implants, nor medical intervention, but for self-change consequent upon trauma, illness and the contingencies of life; that is, changes that result from incidents or experiences that are not entirely of our making, but nonetheless entirely of our living.

## 6. Implications for Understanding Conditions & their Treatments

### Responding to threats from neural implants

Theorising disability is difficult, in part, because the concept is used to include a diverse number of impairments, including sensory and cognitive conditions, chronic illness and disease. These impairments can arise from varying causes. They may be congenital or they may be acquired as the result of an accident or trauma, and others may be the result of human ageing. These conditions present differently also; some may be intermittent, some always present, others worsen over time. As Scully writes:

[D]isability is an organizing idea that has to hold together a daunting variety of body states, some universally agreed to be disabling, and others whose status is more contested: sensory impairments, mobility restrictions, missing or lost limbs, skeletal dysplasias (including restricted growth), morphological anomalies ranging from conjoined twins to extra toes, genetic syndromes with complex phenotypes, cognitive impairments and learning difficulties, mental illnesses, disablement due to chronic illness such as HIV/AIDS or metabolic dysfunction, and neurological disorders. The concept of disability also has to cover impairments with different origins: an arm can be missing because someone was born without it, lost it in an accident, or had it amputated to prevent the spread of cancer. It must also include impairments, like spinal cord lesion, that are present all the time; those that are intermittent, such as multiple sclerosis; and others that get progressively worse, like osteoarthritis. And it has to account for the fact that there are people with the *same* bodily variation who disagree on whether they are disabled at all.<sup>522</sup>

As Scully suggests at the end of this quote, there is also disagreement about whether, which and how impairments are disabling. Is it our bodily condition that is disabling, or our social responses to these bodily conditions, or some interaction of both? It is not just that disability is used to cover a diverse variety of conditions and impairments, but that the discourse of disability is ‘inevitably’ normalising and normative. ‘Disabled’ is conceived and described in contrast to ‘abled’ and this theorisation is itself contestable. As Scully notes, the language for theorising disability is inadequate, with ‘disabled’ framed as the negative contrasting term for ‘abled’. Many ‘disabled’ people do not view themselves as ‘disabled’ even though they may be described as such, for example, someone with one leg who moves ably through space, or someone who is Deaf who ably communicates in sign with

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<sup>522</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 21. Wasserman et al also note problems with theorising disability as a common concept given the heterogeneity of impairment. See David Wasserman et al., “Disability: Definitions, Models, Experience,” in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2013).



others.<sup>523</sup> As Scully notes this is further complicated by individual variance. People with the same ‘disability’ will disagree as to whether they are disabled. These issues are further complicated by perceived connections between capacities and a person’s autonomy, whereby people are taken to have less autonomy because they have reduced capacities, for example degrees of hearing impairment.<sup>524</sup>

Philosophical theories have historically not directly attended to disabled experience and have tended to theorise disability in terms of defectiveness, as something to be transcended or overcome. As Silvers writes:

The general culture usually associates disability with defectiveness, insufficiency, and imperfection, in other words, with states that philosophy throughout its history has mainly aimed to transcend or overcome. Traditionally, philosophers rarely mentioned the kinds of impairments that are identified with disabling conditions. And when they did mention disability, their purpose almost always has been to invoke a limiting case ..., for example, babies so deformed as to vitiate the value of human life ..., or adults too dependent and noncontributing to be parties to the social contract.<sup>525</sup>

As Silvers notes philosophical approaches have tended to abstract the concept of disability. Scully notes a similar concern, that diverse impairments are treated as a common condition, when the lived experience of these conditions is so very different. As Scully writes:

All this heterogeneity makes problematic the philosophical habit of invoking an abstract “disability” without saying exactly what kinds of body are involved. Indisputably, the lives of a paraplegic wheelchair user, a signing Deaf person, an adult with Down syndrome, or an infant with the metabolic disorder Gaucher syndrome are significantly different due to the *specific* nature of their impairment.<sup>526</sup>

Silvers argues that disabled experience and disability resist abstraction. She demonstrates this by pointing to the limitations of traditional philosophical approaches in dealing with disabled bodies. According to Silvers these limitations illuminate their failure to adequately respond to disability. Silvers writes:

Examples of the resistance of disability to being subsumed under philosophical theories turn up throughout the discipline's history, from Plato's uncharacteristic emphasis on fleshly ideals in settling the fate of infants with deformities ... to Hume's setting aside the testimony of individuals with illnesses as pertinent to theories of perception .... to Rawls's declaration that justice for disability is a

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<sup>523</sup> I capitalise ‘Deaf’ in these contexts to distinguish being ‘Deaf’ as a culture and way of life with which one identifies, from the use of ‘deaf’ to describe a person with a hearing impairment, which refers to a medical understanding of the condition. I discuss this issue in 6.2.a.

<sup>524</sup> And, Scully notes, we have ‘relatively little empirical or phenomenological knowledge of the experience of disability’. Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 21.

<sup>525</sup> Anita Silvers, “Feminist Perspectives on Disability,” in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2012), 1.

<sup>526</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 21. Scully makes the further point that such abstraction has relevance for judgements in bioethics. ‘At least some of these judgements will be relevant to the judgements that bioethics wants to make about their quality of life—whether other embodiments would be preferable, whether termination of a fetus with the condition is ethically justifiable, and so on’. Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 21.

detour that cannot be addressed when basic principles of justice are formulated and therefore must wait for the later, legislative stage.<sup>527</sup>

This critique of philosophical approaches to disability resonates with feminist critiques of philosophical approaches which conceptualise autonomy in terms of an abstract individual, as noted in the previous chapter. The critiques are structurally similar - they argue that the abstract claim is both descriptively false and conceptually unjustifiable. The feminist move to theorising bodily difference provides resources for theorising bodily variation.<sup>528</sup>

In this chapter I demonstrate that the approach I have developed has resources for understanding disability which mirror the account I gave for understanding self-change consequent upon neural implants. It provides a positive approach to understanding disability that focuses attention on how impairments may hinder, as well as foster, autonomy competences and impact on narrative integration and agency. The approach I have developed addresses problems with the understanding of impairment and limitation which underlie the medical and social models of disability. By accounting for the role of bodily and social conditions in subjective experience, it can account for the body in disabled experience, as well as the social shaping of understandings of disability, and so offers a more adequate account of disability. Further, the approach has resources for understanding repair and the role of neural implants in repair. Neural implants are understood as one element of repair, amongst a suite of options. The approach I have developed addresses problems with understandings of repair offered by the medical model - as correction of biological impairment - and the social model - as the removal of barriers to participation. By focussing on integration, and the wider context of repair, it can account for individual responses which may involve intervention.

## 6.1 Understanding Disability – theorising anomalous embodiment

In this section I develop a model of disability in terms of the relational embodied narrative approach to autonomy and agency I have developed in previous chapters and draw out the implications for understandings of disability

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<sup>527</sup> Silvers, "Feminist Perspectives on Disability," 2-3.

<sup>528</sup> Whilst disability critiques of mainstream philosophical approaches share much in common with feminist critiques, feminist theory has been subject to criticism by disability theorists. One significant criticism is that feminist theories fail to attend to anomalous bodily difference, instead taking abled bodies as the norm. A related criticism is that feminist theory has ignored and marginalised disabled experience, see: Shelley Tremain, "Introducing Feminist Philosophy of Disability," *Disability Studies Quarterly* 33 (2013). Also, for a theorisation of embodiment, disability and oppression, see Susan Wendell, "Toward a Feminist Theory of Disability," *Hypatia* 4 (1989).

for autonomy and agency. I draw on arguments made concerning the irreducibility of the first person perspective to questions about personal identity and that embodiment is constitutive of first-personal experience (as advanced in this thesis by Ricoeur, Mackenzie and Atkins) to both criticise the dominant models for understanding disability and set out an alternative approach to theorising disability. This alternative approach recognises the constitutive role of embodiment in first-personal experience and the importance of an integrated bodily perspective for autonomous agency, and also takes into account how social understandings of disability shape individual subjectivity and understandings of the disabled.

In the first section I contrast two dominant models of disability - the medical and social models - and argue that both fail to account for the subjective experience of embodied disability. In the second section I draw and expand on the phenomenological approach to embodiment, using the concept of the “lived body” to demonstrate the importance of integrated bodily experience to agency. In the third, drawing on Scully’s account of a “disabled habitus”. I develop a deeper understanding of disability through an understanding of anomalous embodiment. This shows how the approach I have developed can account for both the embodied and social aspects of disability. In the last section, I sketch out implications for autonomy, agency and disability, drawing on the embodied relational narrative approach to autonomy and agency I have developed in this thesis.

### **6.1.a Models of disability - Medical and Social**

There are two dominant yet opposed models for understanding the relation between impairment and limitation: the medical model of disability which understands disability as arising from biological impairments, and the social model of disability, which understands disability predominantly in terms of its social and environmental causes. The former takes its origin from the biomedical sciences and the latter from social and disability rights movements. The medical model understands disability as arising from biological impairment and emphasises ‘normal’ human functioning. The social model understands disability as arising from social and environmental barriers to participation and emphasises how these barriers limit individuals. Whilst both models aim to capture what’s involved in impairment and disability, both fail. Put in crudest form, the medical model fails to account for the social aspects of disability – those aspects of the social and built environment which limit social activity, such as stairs and the width of doorways for those with mobility issues. The social model, however, by focussing on the social factors of disability, fails to account for the very real, often debilitating

impacts of impairment. Neither can adequately account for the subjectivity of disabled embodiment.<sup>529</sup>

On the medical model, disability is understood as an impairment (physical or mental) including its attendant consequences for the individual.<sup>530</sup> On this model the limitations faced by people with disabilities arise primarily from their impairment. As such, disability is perceived to be an individual problem, as a lack or deficit in the person. This lack or deficit is further understood as a deviation from normal functioning. Scully writes:

Broadly, the key feature of a medicalized view is that disability is a nominative pathology: a defect or deficit located in an individual. What counts as defect or deficit is determined by reference to a norm of physical or mental structure and function. The parameters of the norm are given by biomedical science, which since the eighteenth century has increasingly been concerned with quantifying deviation. So from a medicalized perspective, disability is an abnormality of form or function, the cause of which lies in the biology of the individual.<sup>531</sup>

The aim of the medical model is to correct or fix the deficit, to restore normal functioning and normality. The medical model of disability conceptualises the body as a machine<sup>532</sup> that needs to be fixed, because it is not operating normally. As Scully notes, whilst the medical model often gives a role to non-medical factors in contributing to causing disability, it generally does not implicate the environment or social-world in the constitution of disability.<sup>533</sup> Wasserman et al note that the medical model of disability is adopted uncritically in bioethics and philosophy. They write:

The medical model is rarely defended but often adopted unreflectively by health care professionals, bioethicists, and philosophers who ignore or underestimate the contribution of social and other environmental factors to the limitations faced by people with disabilities.<sup>534</sup>

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<sup>529</sup> I recognise this is a 'crude' formulation which characterises and opposes 'strong' formulations of the medical and social models of disability. However, I think the characterisation is appropriate as it draws out the point that neither model accounts for the constitutive role of disability in shaping the first-personal perspective as well as social understandings of disability, nor their interaction.

<sup>530</sup> Wasserman et al., "Disability: Definitions, Models, Experience," 4.

<sup>531</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 23. Scully cites an example of this model at work in theoretical accounts of genetics and understandings of disability, in the 'reductionist and determinist paradigm of gene action'. See Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 24.

<sup>532</sup> For a discussion of the body as machine in medical sciences, see S. Kay Toombs, "Introduction: Phenomenology and Medicine," in *Handbook of Phenomenology and Medicine*, ed. S. Kay Toombs (Dordrecht: Kluwer Academic Publishers, 2001), 5; Drew Leder, "Medicine and Paradigms of Embodiment," *The Journal of Medicine and Philosophy* 9 (1984).

<sup>533</sup> Scully notes that whilst the medical model has been modified in the light of criticisms from the strong social model of disability, and so includes recognition of disability caused by the environment, this is not seen as 'actively generating disability'. Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 27.

<sup>534</sup> Wasserman et al., "Disability: Definitions, Models, Experience," 4. Scully also notes that the medical model has been the dominant view in medicine and bioethics, see Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 23.

As Scully's and Wasserman's comments suggest, the medical model of disability has been criticised for failing to account for the role of social and environmental factors in creating disability. In contrast to the medical model, others have advocated a 'social model of disability' which locates the source of disability in environmental and social factors, including the built environment and people's attitudes towards people with impairments. The social model of disability argues that it is environmental and social barriers that cause disability, not physical impairments, and taken to its extension, if these barriers were removed, so would all the social limitations that cause disability. Proponents of the social model of disability argue that rather than expecting people with impairments to fix themselves (or be fixed) in order to fit in, the environment surrounding those with impairments should be changed (ramps, doors widened, access to braille or sign language), and that social attitudes towards people with impairments should be changed also. Early versions of the social model are drawn from the UPIAS (Union of the Physically Impaired Against Segregation) 1976 definition of disability which explicitly separates impairment - understood as the individual biological manifestation or condition - from disability - understood as the disadvantage caused by social and environmental features, and so separates disability from the body.<sup>535</sup>

One can distinguish several variants of the social model. Scully notes there are number of alternatives to the medical model which are grouped under the label of "social models of disability". Scully identifies the prominent model as "the strong social model" which tends to locate all disability in social and environmental factors, and "social-relational" approaches which 'suggest that disability is a product of the interaction, at personal and structural levels, between physical or mental anomaly and the social world in which someone lives'.<sup>536</sup> Wasserman et al distinguish between various social models of disability also: they distinguish between a "human variation model" and a "social minority model".<sup>537</sup> Scully describes the social minority model as a social-relational approach.

Whilst the social model of disability is proposed in response to problems with the medical model, various critiques have been raised which question the ability of this model to adequately theorise disability. Silvers raises the concern that the social model of disability is unable to account for cases where changing the body might be the chosen response of an individual. Referring to body dysmorphia, Silvers writes, 'the experiences of transgendered people suggest that there are circumstances in which altering one's body to better execute preferred social roles

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<sup>535</sup> UPIAS, *Fundamental Principles of Disability* (London: Union of the Physically Impaired Against Segregation, 1976). The social model of disability has explicitly become part of disability policy in many countries.

<sup>536</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 25.

<sup>537</sup> Wasserman et al., "Disability: Definitions, Models, Experience."

can be an affirming, rather than a degrading, choice'.<sup>538</sup> Wasserman et al make a similar point when they argue that sometimes medical responses to correcting impairments might be appropriate. Wasserman et al write:

But claims about the causes of disadvantage do not always yield straightforward prescriptions for their remediation ... . In some cases, medical or surgical "correction" may be the most effective way to escape discrimination; if correction is not appropriate, that is because it reinforces discriminatory attitudes and practices. The proper response to the disadvantages associated with disability depends not only on causal attributions but moral judgments about responsibility, respect, justice. The debates over cleft lip surgery and breast reconstruction after mastectomy are not only about the comparative importance of biological and social factors in making the treated conditions disadvantageous. They also concern whether those interventions are justifiable uses of scarce medical resources, and whether they are complicit with suspect norms ..., as in the case of skin-lighteners for people of color.<sup>539</sup>

However, as this quote from Wasserman et al suggests, articulating when and under which circumstances 'correction' may be appropriate is not straightforward. We need an approach to understanding disability that can advise or adjudicate in these cases.

A further concern is that strong versions of the social model appear to deny any (causal) role to impairment in disability - that is, the model denies or understates the role of impairment itself as a source of disadvantage.<sup>540</sup> If disability is conceived as entirely socially generated, we tend to lose sight of the body as a source of suffering, and as a source of social evaluations. The social disability model of disability is in real danger of discounting the pain and suffering that often accompanies impairment, as well as the impacts of some conditions on one's self-understanding and abilities for self-direction. But also, the social model discounts the role that understandings of disabled bodies have in societies, that is the normative status of impaired or variant bodies.

A common criticism levelled at the medical and social models of disability is that both rely on a problematic dichotomy between biological impairments and social disability; that is, a 'binary split' between impairment (as bodily) and disability (as social).<sup>541</sup> Shelley Tremain argues that impairment is no less a social construction than disability. Tremain writes that impairments 'must no longer be theorized as essential biological characteristics (attributes) of a "real" body on

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<sup>538</sup> Silvers, "Feminist Perspectives on Disability," 14. Nelson makes a similar point in her use of the example of transsexuals and sex reassignment surgery, see Nelson, *Damaged Identities, Narrative Repair*. I discuss this example in the following section on repair (6.2).

<sup>539</sup> Wasserman et al., "Disability: Definitions, Models, Experience," 8.

<sup>540</sup> Wasserman et al., "Disability: Definitions, Models, Experience," 5.

<sup>541</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 28. Both Scully and Silvers note that this criticism parallels the separation of sex and gender in feminist theory, and the conceptual claim that we can distinguish sex from gender on the ground that gender is socially constructed whereas sex is biological. See Silvers, "Feminist Perspectives on Disability."

which recognizably disabling conditions are imposed'.<sup>542</sup> Rather, being classified as impaired is an integral part of the social process of disablement.<sup>543</sup> Silvers and Scully both raise the concern that models of disability dichotomise the natural and social dimensions of embodiment.<sup>544</sup>

These criticisms recall the problematic distinction between body and mind that has been the subject of critique in this thesis. This was evident in the views of Ricoeur, Mackenzie and Atkins to the effect that reductionism erases embodiment. These critiques argued that psychological and bodily continuity approaches to personal identity rely on a dichotomy between body and mind that treats the body in third-personal terms, and as passive with respect to the constitution of, and so to questions of, personal identity.<sup>545</sup>

Given problems with the social model of disability, Shakespeare and Watson argue that it is time to move beyond the social model of disability, to a social model which adopts an 'embodied ontology'.<sup>546</sup> Scully too criticises the social model and argues for a phenomenological approach to theorising embodiment in order to adequately theorise disability.<sup>547</sup>

In this section I have argued that neither of the two dominant models of disability adequately account for the role of impairment and limitation. The medical model fails because it focusses on physical impairment as giving rise to disability and therefore cannot account for the social factors which contribute to disability, nor recognise the 'normative' underpinnings of the medical conception of disability. The social model fails because it focusses on the social and environmental factors which cause disability and therefore fails to account for the

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<sup>542</sup> Shelley Tremain, "On the Government of Disability," *Social Theory and Practice* 27 (2001), 632; Wasserman et al., "Disability: Definitions, Models, Experience."

<sup>543</sup> Scully makes a similar claim that strong social models fail to take into account 'the subjective experience of the impaired body, or its psychoemotional aspects, or the processes through which disability is constructed by cultural representations and language'. Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 27.

<sup>544</sup> Silvers, "Feminist Perspectives on Disability."

<sup>545</sup> Whilst it may look like biological continuity approaches take the body into consideration to answer questions of reidentification, this is not a first-personal understanding of the body as it contributes to subjectivity and personal identity, but rather the body as third personal object for the purposes of reidentification.

<sup>546</sup> Tom Shakespeare and Nicholas Watson, "The Social Model of Disability: an Outdated Ideology?," in *Exploring Theories and Expanding Methodologies: Where We Are and Where We Need to Go*, ed. Sharon N Barnett and Barbara M Altman (Oxford: Elsevier Science Ltd, 2001), 9. Shakespeare and Watson argue that we're all vulnerable, it's not 'us' versus 'them'. Whilst I think recognising shared vulnerability is correct, without a theoretical shift to phenomenology to explain how these differences or vulnerabilities impact on individuals, Shakespeare and Watson's account runs the risk of 'minimising' the experience of the impacts of impairment. So, their account is still within a social model of disability, even though, as they argue, they are trying to move away from this model.

<sup>547</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*.

role of bodily impairment in causing limitations, and nor for the role of the social valuing of bodies.

I have located a common source of difficulty in these models - that both conceptualise the distinction between impairment and disability in terms of a distinction between mind and body, which casts the body as third-personal with respect to the constitution of first-personal perspective and subjectivity. The medical model reduces people to their bodies and the social model fails to account for the effects of the body altogether. In order to account for disability more adequately (and to address the associated question of when it might be appropriate to use medical intervention to address impairments) we need an approach that can account for the role of embodiment in constituting our first-personal perspective, as well as the social shaping of our understandings of disability. A different understanding of embodiment needs to inform our understanding of impairment, one which can account for both the social and bodily aspects of impairment. In the next subsection I sketch out how the account I have developed provides these resources and so can better account for both the embodied and social aspects of identity and disability. An adequate account will acknowledge that disability is variously experienced even within the same society, that different disabilities have different impacts on a person's opportunity to pursue a life that they find valuable in the society in which they live and that different individuals with the same impairments have different understandings and experiences of their condition.

### **6.1.b The lived body**

In this thesis I have argued for starting with embodied (and relational) aspects of practical identity. I have drawn on phenomenological accounts of relational embodiment in the work of Paul Ricoeur, Catriona Mackenzie and Kim Atkins. Each argues for the necessary role of embodiment in constituting first-personal continuity, as well as the role of others in the constitution of our first-personal perspective. Below I draw out facets of these accounts of embodiment which illuminate the relationship between bodies, impairment, disability and the role of others. I argue for the importance of recognising the constitutive role of embodiment in subjectivity and agency, the importance of an integrated bodily perspective for agency, and explain how the impacts of illness can be understood as 'foregrounding the body' and challenging this 'integrated bodily perspective'

In contrast to philosophers who adopt a third-personal or impersonal understandings of the body and who dismiss the body as important to questions of (change in) personal identity, phenomenological philosophers, like Merleau-Ponty, recognise the dynamic role of the body in structuring perception and



subjectivity and the ineliminable role of the body in the constitution of human subjectivity. Phenomenology's starting point is the thinking embodied subject in the social world.<sup>548</sup>

Merleau-Ponty, in the *Phenomenology of Perception*, introduces the concept of the "lived body". Merleau-Ponty makes the point that I do not (primarily) experience my body as an object among other objects in the world. Rather I experience my body as for me, as subject – 'my body as I live it represents my particular point of view on the world'.<sup>549</sup> This understanding motivates a first person-perspective of my body, my body as I experience, or as I live it. This is in contrast with a third-person perspective towards my body, as an object amongst others. According to Merleau-Ponty, we take different perspectives toward our embodied experience – we view our experience from the first personal perspective and from the third personal perspective. Seeing myself as both an object and an experienter necessitates a point of view on the world. Thus, our embodiment is not just a vessel through which we interact with the world; rather it is through our bodies that we experience the world and interact with others.<sup>550</sup> This understanding motivates a sense of relationship to my body, not in the sense of ownership – that I possess my body, like I own a car or some other thing – but in a sense belonging, that I live in it<sup>551</sup>; one's being in the world is as embodied.

On the phenomenological account the lived body is my point of view on the world, my scheme of orientation and the locus of my intentions. The lived body enables my scheme of orientation in the world – things appear relative to where I am. As Kay Toombs writes in the context of theorising the lived experience of disability:

Physical space is thus for my body oriented space. Points in space do not represent merely objective positions but rather they mark the varying range of my aims and gestures. For example, the narrow passageway through which I must pass represents a "restrictive potentiality" for my body, requiring a modification of my actions.<sup>552</sup>

'As orientational locus in the world, my body both orients me to the world around by means of my senses and positions the world in accord with my bodily

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<sup>548</sup> The relationally situated phenomenology I outline here should be contrasted with an understanding of phenomenology as getting to direct experience that either reveals (or does not) reveal selfhood, such as the approach that Strawson adopts as discussed 3.2.a.

<sup>549</sup> Maurice Merleau-Ponty, *Phenomenology of Perception* (London: Routledge, 1962), 70.

<sup>550</sup> Recall Atkins' argument that we learn develop and learn through the bodies of others (2.3.b) and Baier's argument that we are second persons (5.2.a).

<sup>551</sup> This point was made by Mackenzie who distinguishes two relations we have to our bodies – relations of ownership and of belonging (5.2.a).

<sup>552</sup> S. Kay Toombs, "Reflections on Bodily Change: the Lived Experience of Disability," in *Handbook of Phenomenology and Medicine*, ed. S. Kay Toombs (Dordrecht: Kluwer Academic Publishers, 2001), 248. Note as Toombs is describing being in a wheelchair in this paper, her use of Merleau-Ponty's discussion of narrow passageways has special resonance; Toombs cannot just turn sideways in order to make her way through. See Merleau-Ponty, *Phenomenology of Perception*, 143.

placement and actions'.<sup>553</sup> Furthermore the lived body is the locus of my intentions – I engage with the world relative to my projects. The keyboard is for writing, the desk for sitting. 'The surrounding world is always grasped in terms of a concrete situation'.<sup>554</sup> Thus physical space is oriented space and functional space and agency is purposeful - embodiment structures perception and consciousness; agents are constituted by their bodies.

Shaun Gallagher, drawing on phenomenology, as well as recent studies in neuroscience, cognitive science and psychology, explains the ways that the body shapes the mind (how embodiment structures consciousness).<sup>555</sup> Gallagher develops Merleau-Ponty's concepts of "body schema" and "body image"<sup>556</sup> arguing that they play an essential role in understanding self-consciousness and personal identity.<sup>557</sup> Gallagher describes the concept of "body image" as way of thinking about (or representing) the body to oneself. In contrast, the concept of "body schema" is one's awareness of one's body, of where one is in space. Body schema is linked to proprioception, the system by which the brain knows where the parts of the body are. Body schema functions as a background condition of movement. Gallagher writes:

A *body image* consists of a system of perceptions, attitudes, and beliefs pertaining to one's own body. In contrast, a *body schema* is a system of sensory-motor capacities that function without awareness or the necessity of perceptual monitoring. This conceptual distinction between body image and body schema is related respectively to the difference between having a perception of (or belief about) something and having a capacity to move (or an ability to do something). A body image involves more than occurrent perceptions, however. It can include mental representations, beliefs and attitudes where the object of such intentional states (that object or matter of fact towards which they are directed, or that which they are about) is or concerns one's own body. The body schema, in contrast, involves certain motor capacities, abilities, and habits that both enable and constrain movement and the maintenance of posture. It continues to operate, and in many cases operates best, when the intentional object of perception is something other than one's own body. So the difference between body image and body schema is like the difference between a *perception* (or conscious monitoring) of movement and the actual *accomplishment* of movement, respectively.<sup>558</sup>

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<sup>553</sup> Toombs, "Reflections on Bodily Change: the Lived Experience of Disability," 248.

<sup>554</sup> Toombs, "Reflections on Bodily Change: the Lived Experience of Disability," 248.

<sup>555</sup> On Gallagher's account embodiment physically structures the brain's neural pathways.

<sup>556</sup> Gallagher notes that whilst Merleau-Ponty carefully distinguishes between the terms, translators of Merleau-Ponty, and authors that followed, often used the terms interchangeably. Gallagher further notes that the concepts have been used across a numerous disciplines and their use has been ambiguous. See Shaun Gallagher, "Dimensions of Embodiment: Body Image and Body Schema in Medical Contexts," Kluwer Academic Publishers, 2001), 148; Shaun Gallagher, *How the Body Shapes the Mind* (Oxford: Oxford University Press, 2005), 19-24.

<sup>557</sup> Gallagher also argues that these two concepts, mapping as they do onto the first-personal and third-personal perspectives, can negotiate the impasse caused by mind-body dualism. For further discussion of this claim, see Gallagher, *How the Body Shapes the Mind*.

<sup>558</sup> Gallagher, *How the Body Shapes the Mind*, 24; Gallagher, "Dimensions of Embodiment: Body Image and Body Schema in Medical Contexts," 149-50.

Gallagher argues that various elements of the body-schema system are responsible for important aspects of self-reference and sense of personal identity, specifically involving a basic phenomenological differentiation between self and non-self, and the senses of agency and ownership'.<sup>559</sup> Gallagher also argues that the concepts of body image and body schema can be 'usefully employed in systematic explanations of certain pathological conditions (including aplasic phantoms and schizophrenia, as well as other conditions)'.<sup>560</sup> The concepts have also been applied to explain the disruption of body image and can be used to explain gender dysmorphia and anorexia - this is when my body image doesn't match given reality.<sup>561</sup>

Drawing on Ricoeur's understanding of the body as constitutive of selfhood, Mackenzie develops the concept of a "bodily perspective" and the importance of an integrated bodily perspective for agency. For Mackenzie a person's bodily perspective includes the biological, social and individual dimensions of embodiment: '[o]ur bodily perspective incorporates both certain facts about our embodiment and the social and individual significance of our bodies for us'.<sup>562</sup> For Mackenzie our bodily perspective is the meaning of one's body to oneself and this meaning will change over time in response to changes in our own body, situation and relationships with others.<sup>563</sup>

Mackenzie argues that this bodily perspective, that is a narrative of one's embodied subjectivity, forms the background against which our characteristics are intelligible to ourselves, and to others,<sup>564</sup> but that in times of impairment and illness our bodily perspective is foregrounded.

The intimate connection between our bodies and our selfhood is usually immanent in our self-conceptions and in our interaction with others and the world. However, events that disrupt our everyday taken-for-granted bodily existence often make this connection very salient to us. Such events include illness, injury and trauma. They also include bodily changes, gradual or radical, and voluntary or involuntary. When these are sufficiently severe or disruptive they can induce a sense of loss of self that can have profound effects on an agent's emotional responses, intimate relationships, and sense of the future.<sup>565</sup>

Recall, Atkins argues that the success of secondary reflection in securing continuity in identity and integration turns on establishing continuity in one's

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<sup>559</sup> Gallagher, "Dimensions of Embodiment: Body Image and Body Schema in Medical Contexts."; Gallagher, *How the Body Shapes the Mind*.

<sup>560</sup> Gallagher, "Dimensions of Embodiment: Body Image and Body Schema in Medical Contexts."

<sup>561</sup> Atkins demonstrates the conceptual resources afforded by these concepts in her analysis of gender dysmorphia, see Atkins, "Re Alex Narrative Identity and the Case of Gender Dysphoria."

<sup>562</sup> Mackenzie, "On Bodily Autonomy," 425.

<sup>563</sup> Mackenzie, "On Bodily Autonomy," 426.

<sup>564</sup> Mackenzie, "Personal Identity, Narrative Integration, and Embodiment," 102-03.

<sup>565</sup> Mackenzie, "On Bodily Autonomy," 421.

first-personal perspective, a process that Atkins describes as ‘self-constancy’ (3.3.a). Atkins also argues that an integrated kind of bodily continuity can be threatened or lost, by trauma or accident. It is because we have an integrated perspective, itself a (developmental) achievement, that it be threatened; illness and disability foreground the body. On Atkins’ account this can be explained as an interruption to reflection which I cannot dismiss, as I would in primary reflection. Illness and disability may constantly interrupt my reflection, as in secondary reflection, (whether this be the impact on my body, self-understanding, from others or from myself), encouraging one to engage in secondary reflection, on who we are, and attempting to secure who we are.

### 6.1.c Anomalous embodiment

Kay Toombs describes how motor disorders resulting in loss of mobility engender a profound disruption of the “lived body”, by transforming the experience of the body in its orientational and intentional locus. Toombs describes how for someone like her, with multiple sclerosis, space becomes something that needs to be planned and negotiated and how she experiences her body in terms of its restrictions and limits. Toombs writes:

[P]henomenology provides a powerful means to illuminate the experience of loss of mobility – a bodily dysfunction that is common in neurological and other degenerative diseases. In particular, in rendering explicit the dynamic relation between body and world, the phenomenological notion of lived body provides important insights into the disruption of space and time that are an integral element of physical disability. Furthermore, a phenomenological account of bodily disorder discloses the emotional dimension of physical dysfunction. In providing a window into lived experience, phenomenology gives invaluable information about the everyday world of those who live with disabilities.<sup>566</sup>

These first-personal subjective accounts of living with illness and disability are at odds with the third personal mechanistic descriptions of disease and deviance prevalent in medicine and medical studies.<sup>567</sup> Biomedical models of disease use a mechanistic description - for example such models describe motor neurone diseases in terms of central nervous dysfunction, brain lesions etc. However, as Toombs points out, this type of description captures little, if anything, of the actual experience of bodily disorder. In writing of her experiences as a person living with multiple sclerosis, Toombs’ writes:

I do not experience the lesion(s) in my brain. Indeed, I do not even experience my disorder as a matter of abnormal reflexes. Rather, my illness is the impossibility of

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<sup>566</sup> Toombs, “Reflections on Bodily Change: the Lived Experience of Disability,” 47-48. Toombs, like Scully, argues that inclusion of phenomenological accounts of disability is important in the clinical and bioethical setting.

<sup>567</sup> Silvers notes parallels in the way that medicine has treated women’s bodies with medicine’s approach to disabled bodies, see Silvers, “Feminist Perspectives on Disability,” 12.

taking a walk around the block, of climbing the stairs to reach the second floor in my house, or of carrying a cup of coffee from the kitchen to the den.<sup>568</sup>

Nancy Mairs describes living with multiple sclerosis and the way her body intrudes into her daily life with a heaviness all of its own:

haunted by ... a mean spirited ghost ... which trips you when you are watching where you are going, knocks glassware out of your hand, squeezes the urine out of your body before you reach the bathroom and weighs your body with a weariness no amount of rest can relieve ... my body ... is a crippled body ... doubly other ... by the standards of physical desirability erected for everybody in our world.<sup>569</sup>

Whilst Toombs and Mairs describe bodily interruptions caused by their condition, they also describe becoming used to their changed embodiment. Both Toombs and Mairs say it is difficult to recognise the (walking) person of the past, in photographs, or in memory. This is reported to be often the case for people who have lived with an impairment or disability most of their lives.<sup>570</sup> Phenomenology is useful not just for explaining the foregrounding of the body when a person experiences illness, trauma or impairment and consequent challenges to an integrated bodily perspective and agency, it is also useful for explaining continued, habituated ways of being in the world. The approach offers a way of thinking about impairment and disability as it is lived. However the phenomenological approach needs to be modified to include the experience of people with anomalous or impaired bodies. Merleau-Ponty's account of the body schema has been criticised for not adequately taking into account differences in bodies and bodily abilities and their impact on how we experience the world.<sup>571</sup> Merleau-Ponty's account needs to be modified to include variant bodies.

Scully draws on Merleau-Ponty's concept of the "lived body" and Bourdieu's concept of "habitus" to argue for an understanding of disability as a way of being in the world and as constitutive of identity. On Scully's account, disability is constitutive of embodied subjectivity.

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<sup>568</sup> Toombs, "Reflections on Bodily Change: the Lived Experience of Disability," 247.

<sup>569</sup> Nancy Mairs, "Carnal Acts," in *Writing on the Body*, ed. K Conboy, N Medina, and S Stanbury (New York: Columbia University Press, 1990); Kathleen Lennon, "Feminist Perspectives on the Body," in *Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (2014). Here Mairs also draws attention to social understandings of disability. I take this point up in the following section.

<sup>570</sup> 'Individuals who 'acquire' disability later in life are likely to have stronger motivation to restore their ability. However, for many disabled individuals, if they were born with a disability or developed it at a young age, living with their current abilities is their normality.' Academy of Medical Sciences, *Human Enhancement and the Future of Work. Joint Report of the Academy of Medical Sciences, the British Academy, the Royal Academy of Engineering and the Royal Society*. (2012), 46.

<sup>571</sup> Whilst Merleau-Ponty spent much time researching people with illnesses and disabilities, both he and Bourdieu are criticised for not theorising different types of bodies and for assuming the abled body as standard. For this criticism, see Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 67 and 83ff.

Bourdieu is trying to articulate a way in which a physical body interacts with a social world to generate meaning. The individuality of this production derives, in part, from the specifics of the body: what the constraints of biology and physics allow the body to do, and the possibilities that are open to *that* kind of body in *that* social organization. Looking at it in this way means we need not agonize over whether disability is “really” a consequence of an impaired phenotype, or alternatively the result of a society’s oppression. Disability becomes a way of being that arises only because of the existence of both body and world. The question we can then ask is, what is the effect on habitus of the experience of being/having a body that is not the standard model?<sup>572</sup>

Part of Scully’s project is to investigate whether there is a ‘disabled’ moral understanding that can contribute new insights to normative understanding. Scully uses feminist epistemology to motivate a ‘disability standpoint’. If there are different ways of knowing the world, then we can explore disability as a source of knowledge and as a source of values.

This approach to disability as constitutive of embodied subjectivity moves us away from the assumption or idea that there is one standard model of embodiment by which all other shapes and forms are measured, and away from the idea of the body as a machine which has only one ‘proper’ use, to a conception of anomalous bodies. If one’s engagement in the world is understood through the way one moves through the world we can therefore understand disability differently, as there’s not just one way of being in the world. This approach which recognises anomalous embodied and thus includes the ‘non-standard’ yields a non dichotomous positive understanding of difference. This is an understanding that ‘disabled’ bodies can never have on the definition of disability as contrast to ability, wherein impairments are conceived as inadequacies or limitations. As Scully writes of her own hearing impairment:

While only a slavish commitment to ideology would permit anyone to claim that bodily anomaly is *never* a source of difficulty and frustration, it is also true that the experience of embodied difference is not always straightforwardly bad. Corporeally anomalous people are of course different, because that’s what being anomalous means, but difference need not always be a *problem*. By definition my own hearing impairment affects my relationship to sound. It also affects how I deal with space, light, noisy neighbors, air travel, being underwater, playing the saxophone, and men whose faces are obscured by their beards. Being deaf has, at times, influenced my evaluation of family and community ties, the obligations of the state and its citizens, and the value of organic matter compared to artificial aids to hearing. I usually find these effects more interesting and complicated than the simple not-being-able-to-hear that the hearing world takes as the essential fact of deafness. None of them are just side effects of my hearing impairment. They are constitutive of my experience of deafness, and as constitutive of my identity as is being a woman or being of mixed race.<sup>573</sup>

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<sup>572</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 67.

<sup>573</sup> Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 16.

By starting with embodiment, my argument takes as significant that I live in a body, and although the meaning of that body is shaped by recognition that it is variant, for me, it is the only body through which I express my agency and autonomy.

This approach illuminates the role of embodiment in constituting subjectivity. As such it can explain why changes in embodiment may result in changes in self-understanding. This approach to embodiment explains that illness and impairment can foreground the body and challenge our unified bodily perspective, and agency. An understanding of disability as constitutive of subjectivity can account for habituated ways of being in the world - on this understanding impairment is not something other, although it can be experienced as such. A person's identification with their disability can be negative or positive. Some with a disability do not perceive themselves as deficient or lacking, but for others, and for some types of disabilities, perhaps those that arise from trauma or illness, where my identity may have developed and be framed independently of the current impairment, the impairment is experienced as other, or as disruption.

#### **6.1.d The embodied, relational approach to narrative agency and autonomy**

Scully's focus on "habitus" provides the relational approach I have developed in this thesis with a deeper and more nuanced understanding of embodied experience and the impacts of impairments in and on lived experience. The embodied narrative relational approach I have developed to autonomy and agency emphasises the embodied and socially situated aspects of identity and draws our attention to the relational context. The approach refigures our understanding of self-change consequent upon impairment not in terms of threats, but relative to context. The push of the relational approach is to understand impairment relative to capacities (and social setting). Recognising the relational aspect shows that impairment is not a defective case – we are all embodied and socially situated.

In the previous chapter I outlined critiques to approaches that characterise autonomy primarily in terms of independence. This characterisation has also been subject to critiques from disability theorists. Approaches that characterise autonomy in terms of independence represent disabled people in terms of dependence, and so by aligning independence with self-determination may represent disabled people as lacking autonomy.<sup>574</sup> The relational approach I have developed however tells us to look to the context for support for capacities (such

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<sup>574</sup> For discussion of this claim, see Carolyn Ells, "Lessons About Autonomy From the Experience of Disability," *Theory and Practice* 27 (2001).

as, self-trust) and for avenues of narrative self-constitution and self-determination (open narratives).

The relational approach to narrative agency and autonomy showed us that the salient issue with respect to self-change consequent upon neural implants was to autonomy competencies and their role in narrative integration and agency. By foregrounding our bodily perspective and threatening bodily integration (or unified bodily perspective) we see how illness might threaten bodily autonomy and frustrate autonomy competences. Conditions such as Parkinson's disease frustrate the exercise of autonomy competences—self-realisation, self-direction and self-knowledge—through impacting on agency and threatening embodied narrative integration. We saw with Mike Robbins that the tremors in his arm prevented him from being able to carry out any sustained thinking or conversation. This lack of control made him unable to engage in the activities that he sees as indicative of the person he is, and which he values. Some impairments therefore might incapacitate greatly. Embodied habitus is more clearly interrupted by sudden illness, impairment or trauma that occurs later in life, and which characterises one's embodied habitus as being split between the "before" and "after" habitus.<sup>575</sup>

The understanding of disabled embodied habitus argues, which argues that impairment is a way of being, is in turn related to the development and ongoing exercise of competences. A varied habitus is a way of being with attendant autonomy competences, for example a deaf habitus and an attendant sense of belonging (with others) in this way of being. Responses to bodily difference (embodied social practices like use of sign language) can foster autonomy competences and help develop a sense of individual and collective identity.

The relational approach also directs our attention to the social context of impairment and the role of others in the constitution of our identities (self-determination is never solely about the individual). Social understandings can impair by causing practical frustration and undermine normative competences. Social understandings can close down the range of narrative understandings (close down avenues for self-determination) and one's ability to act according to the life they value. As noted in the previous chapter, this is what Baylis identified as the 'real threat' to identity – *people's attitudes* toward disability and not the neural implant or treatment. The relational approach also draws attention to the role of the social in developing and fostering normative competences in facilitating narrative integration and unified practical agency.

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<sup>575</sup> Scully notes that whilst disability is often thought of in terms of congenital disabilities, most people acquire impairments through the course of their lives, and as such have no prior experience of being 'disabled', see Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 13.



The relational understanding shows that impairments can frustrate autonomy competences by altering our embodied habitus and challenging social understandings.<sup>576</sup> However, by drawing attention to the lived or altered habitus illuminates how people do exercise autonomy competences (relative to their embodied and social context). Autonomy competences can also be frustrated for those with impairments by negative social understandings of disability which can limit self-constituting narratives and frustrate self-determination, and further undermine narrative competence. However, we have also seen how social interactions can foster autonomy competences, in terms of fostering self-direction and providing social scaffolding to develop competences of self-trust. This approach gives a better understanding of disability than either the medical model or the social model by attending to how embodiment and social factors can both impair and foster. Thus, it more adequately addresses both the role of the body and others in the experience and construction of disability. This approach to impairment reveals more clearly the embodied and social constitutive conditions of subjectivity, not just the subjectivity of those with impairments.

## 6.2 Repair and Neural Implants

This relational understanding of the constitutive role of embodied disability will have implications for how we understand the nature of repair and the role of neural implants in repair.<sup>577</sup> On the account I develop, repair is understood in terms of the wider context of supporting people with a focus on narrative-integration and building autonomy competence with attention to the social and embodied factors constitutive of subjectivity and the first-personal perspective. This approach understands neural implants as one option amongst others for responding to impairments. It draws attention to the social aspects and may accord better understanding and respect for people's lived understanding of

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<sup>576</sup> Catriona Mackenzie and Jackie Leach Scully draw on Merleau-Ponty and later phenomenologists, as well as recent work in cognitive science, to argue for the importance of the role of embodiment in identity, see Catriona Mackenzie and Jackie Leach Scully, "Moral Imagination, Disability and Embodiment," *Journal of Applied Philosophy* 24 (2007).

<sup>577</sup> Scully argues that she is developing a "disability ethics" in contrast to an "ethics of disability". An ethics of disability sets out ways that we should treat disabled people. In contrast a disability ethics develops an ethical account of bodily difference, see Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 9. I take a similar approach to the question of neural implants in light of a "disability ethics". In the following section, I offer a direction based on a relational understanding of narrative agency and autonomy which draws attention to autonomy competences and the role of the second person in social scaffolding. I am not setting out an account of when neural implants are appropriate or inappropriate as such.

themselves,<sup>578</sup> as well as pointing to wider forms of repair, including recognition of the role of narrative and social scaffolding in this project.

The approach I develop advocates making evaluations of directions for repair on a case-by-case basis and illuminates issues related to uptake of devices. This can be contrasted with the medical model of disability which understands repair in terms of fixing biological impairments and the social model which understands repair in terms of removing barriers to participation. These models take opposing views on the role of neural implants for repair, as for or against. The medical model should attend to repair beyond a focus simply on the neural implant and its impact on the condition. Social models should recognise that repair may include neural implants. The approach I develop recognises that neural implants can play a role on fostering autonomy competences and narrative integration and so assist people to live the lives that they value. It also recognises that social understandings of disability shape the understanding and availability of neural implants, and that as such the views of the people who are the potential recipients of these treatments should be included in the discussion with a focus on their experience of their lived condition. The relational account I develop also has implications for broader issues in bioethics, however I do not go into these here.<sup>579</sup>

## 6.2.a Medical and Social Models: Repair and neural implants

As noted in the first section of this chapter, the medical and social models of disability pose different ways of responding to people with disabilities. The medical model suggests correction of biological impairment and the social model advocates the removal of social and environmental barriers to social participation.<sup>580</sup> I argue that neither is an adequate understanding of repair - the understanding of correcting biological impairments focuses repair narrowly to fixing the condition and relies on a theoretically unjustifiable conception of

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<sup>578</sup> Scully argues that bioethics must include more empirical and phenomenological research involving impaired people and must include their perspective. A similar recommendation came out of the deliberative workshop on nano-bionic medical devices. See Goddard, *Clinical Trials for Nanobionics: Testing Wearable and Implantable Medical Devices*, 14.

<sup>579</sup> Jackie Leach Scully argues that disability is under-theorised in bioethics, which like medicine has adopted an approach to bodies which takes able bodies to be the norm. Mackenzie argues that bodies have been ignored from bioethics. I don't address the broader implications of relational autonomy beyond the question of implants in this thesis.

<sup>580</sup> Again, I recognise that this is a crude formulation of repair on both the medical and social models. However, the formulation draws attention to the fact that neither model considers adequately the way disability shapes subjectivity. Whilst the social model advocates changing ideas about the disabled and disabled lives, the model does not focus on how these ideas are shaped and contribute to the shaping of subjectivity and so fails to adequately account for the role of disability in identity.

normality and the social model also conceives of repair too narrowly and fails to allow avenues for the possibility of repair through bodily modification. These views frame repair in terms of neural implants *or* social restitution.

Wasserman et al also argue that the medical model suggests correction of biological conditions as the appropriate response to disabilities.<sup>581</sup> On the medical model, neural implants are viewed as ways to repair, correct or ameliorate biological impairments. The Cochlear treats hearing impairment and provides both adults and children with abilities to understand spoken language, communicate in this medium and so participate with others. DBS treats movement or affective disorders and allows people to participate in and continue to participate in daily activities, as can be clearly demonstrated in the video by Mike Robbins. In the same way, epilepsy prediction neural implants aim to provide patients with ways to anticipate the likelihood of a seizure.

For most theorists, the ethical permissibility of the clinical use of neural implants is underpinned by a distinction between treatment and enhancement. Treatments restore capacities and enhancement takes people beyond the norm. Neural implants are permissible, and perhaps required, to restore people's capacities. Neural implants for enhancement may be seen as morally permissible, or as many argue, impermissible.

In contrast, on the social model of disability, it is the social practices surrounding disability and the factors in the built environment which limit possibilities for social activity and the removal of these barriers to participation are the focus for repair. The social model of disability directly questions the medical understanding of 'fixing'. This is captured in the phrase: 'Don't fix us, fix yourselves'. The following quote from a Deaf individual sums up this idea:

I'm happy with who I am [...] and I don't want to be 'fixed.' Would an Italian-American rather be a WASP? In our society, everyone agrees that whites have an easier time than blacks. But do you think a black person would undergo operations to become white?<sup>582</sup>

On the social model of disability the development and use of medical bionics may put pressure on disabled people to conform to society's understanding of them, to 'fix themselves'. This may further undermine the rights of people with impairments to have the environment or workplace changed to accommodate them, expecting people with impairments to change or modify themselves to fit

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<sup>581</sup> Wasserman et al., "Disability: Definitions, Models, Experience," 7-8.

<sup>582</sup> Neil Levy, "Reconsidering Cochlear Implants: the Lessons of Martha's Vineyard," *Bioethics* 16 (2002), 137; Dolnick, Edward, "Deafness as Culture." *The Atlantic Monthly*, 1993, 38.

with the environment or workplace.<sup>583</sup> If we spend our resources and time in developing neural implants, there is little impetus to encourage people to change their practices towards people with disabilities.

These concerns about the impacts of neural implants on people with disabilities are particularly evident in debates concerning the impacts of Cochlear ear implants on Deaf culture. These impacts are often conceived in terms of threats to Deaf culture and Deaf identity. When the Cochlear was first implanted in children in Australia, the doctors were confronted with concerns from people advocating for the right to be Deaf, and the Deaf Power movement. Graeme Clark, the developer of the Cochlear ear implant reflects on how surprised they were by the response from any parent that they wouldn't want their child to hear. As Clark describes it, '[t]he signing deaf had developed a view that deafness was acceptable, and hearing by any means could be a threat'.<sup>584</sup> Advocates of the Deaf culture movement, argue that one's identity is not just an individual matter, but is cultural, and a way of life (that is, identity is relational). Signing is a language that creates a community and many deaf people argue that there is a felt belonging; a sense of community with other deaf people in this community and this is not an impoverished life (and one that could never be achieved with the use neural implants). In Chorost's case is it deafness that impedes his autonomy or is it that spoken language is the primary mode by which we communicate? Does this focus on fixing the impairment occlude consideration of other possible courses of repair?<sup>585</sup>

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<sup>583</sup> A similar question can be asked about enhancement technologies and their impact on disabled people, as raised in the Human Enhancement and the Future of work report: '[T]he availability of these technologies [ETs] might risk undermining the rights of the disabled to have workplaces designed to accommodate them, and instead place on them the expectation to accommodate to the workplace by using enhancement technologies.' *Human Enhancement and the Future of Work. Joint Report of the Academy of Medical Sciences, the British Academy, the Royal Academy of Engineering and the Royal Society*, 53. Not to mention that people with impairments might be used as the 'test ground' for medical neural implants. The development of prosthetic neural implants for persons in the military injured in the line of duty could be viewed as a similar instance of trying out developments in bionics on the injured and impaired for enhancement purposes in able bodied people in the future.

<sup>584</sup> Clark, *Sounds From Silence: Graeme Clark and the Bionic Ear Story*, 164.

<sup>585</sup> Whilst these issues may not seem as pertinent to recipients of other neural implants, such as DBS for Parkinson's Disease - that is, it may appear that there is no comparable Parkinson's culture - the point I am making is broad concerning social understandings of disability, and so applies to both recipients of Cochlear Implants and DBS, as well as the further application of DBS to a variety of psychiatric conditions. The focus of the critique made by the social model is that the focus on fixing the condition closes down other possibilities for amelioration of the condition. For example, looking for ways to restore the ability to walk after spinal damage when attention could be paid to facilitating competences that contribute to daily self-governance and self-esteem and trust.

Oliver Sacks argues that signing is its own rich language and provides scientific data showing enhanced spatial cognition in deaf signers.<sup>586</sup> Sacks also cites evidence to show that depriving the deaf of Sign is effectively to prevent them from developing normal mental capacities.<sup>587</sup> On a Deaf culture response, any disability experienced by the Deaf is social, and not biological, in origin - the decline in signing-only schools is viewed as an attack on Deaf culture.<sup>588</sup> Rather than directing attention to fixing the deaf, attention and resources should be directed to fixing society - for example introducing Sign as a recognised language.<sup>589</sup> Advocates argue that there should be respect for Deaf culture, and not the pressure to fix and adapt to fit in with others.

On (a strong version of) the social model, Cochlear implants are not endorsed as an appropriate response to Deafness (which indeed may not be viewed as a disability for some) because the use of these neural implants may reinforce negative social stereotypes of people with disabilities, and their adoption by individuals may be viewed as inauthentic.

Parents who choose to have their children implanted are in effect saying, 'I don't respect the Deaf community, and I certainly don't want my child to be a part of it. I want him/her to be part of the hearing world not the Deaf world.'<sup>590</sup>

Levy identifies three arguments made by Deaf activists against the use of Cochlear implants: 1) the "disability argument" - 'deafness is not a disability (anymore than is blackness). Since it is not a disability it is inappropriate to treat it by medical intervention'; 2) the "message argument" - 'that medical intervention to treat deafness is insulting or demeaning to the Deaf: it communicates to them that they are of lesser worth simply because they are Deaf'; and 3) the "culture

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<sup>586</sup> Oliver Sacks, *Seeing Voices* (London: Picador, 2012). Sacks notes that this result is not just an enhancement due to poverty in another sense, like the blind who have enhanced hearing, but are higher order enhancements. Sacks argues that sign is an incredibly rich, perhaps richer language, than many verbal languages - with sign one has the ability to both temporally and spatially order language.

<sup>587</sup> Sacks, *Seeing Voices*, 27.

<sup>588</sup> Parents of children who are implanted with the Cochlear are urged by some practitioners to not teach their children sign language. It is argued that the uptake of the Cochlear could be hampered. Evidence from neural plasticity would suggest the opposite conclusion also, that there is scope for both use of a Cochlear and learning sign. For example, children that learn foreign languages are able to learn more than one language at a time and the learning of one language helps with the learning of another.

<sup>589</sup> There is evidence that in communities in which the use of sign is widespread, such as on Martha's Vineyard, that deaf people perform as well as, and sometimes better, than non deaf people on educational and social indicators. See Nora Ellen Groce, *Everyone Hear Spoke Sign Language: Hereditary Deafness on Martha's Vineyard* (Cambridge: Harvard University Press, 1985); Sacks, *Seeing Voices*, 28-30; Levy, "Reconsidering Cochlear Implants: the Lessons of Martha's Vineyard," 140-41.

<sup>590</sup> Levy, "Reconsidering Cochlear Implants: the Lessons of Martha's Vineyard," 141; Dolnick, "Deafness as Culture," 43.

argument”<sup>591</sup> - ‘that deafness, whether or not it is a disability, is the constitutive condition of access to a rich and living culture. Since cultures are intrinsically valuable, we may not engage in actions that would tend to undermine or destroy them’ therefore the use of Cochlear implants is impermissible because Deaf culture is intrinsically valuable.<sup>592</sup> Levy dismisses each of these arguments. I do not outline Levy’s individual criticisms, as my interest is with Levy’s conclusion. Levy concludes that arguments against the moral permissibility of Cochlear implants fail because they put the onus or burden on people who have no familiarity with Deaf culture. Since

the potential recipients of cochlear implants are, in the main, the prelingually deaf children of hearing parents, the burden of banning the implants would be borne by people who are not members of Deaf culture, and we owe that culture nothing over and above what we all owe cultures in general. I conclude that we cannot ask the parents of these children to sacrifice the interests of their children for the sake of Deaf culture.<sup>593</sup>

Whilst I have sympathy for Levy’s conclusion in that we cannot take our responses to medical technology in an all-or-nothing way, my aims here are slightly different. I aim to develop an approach to understanding personal identity, agency and autonomy that can account for the constitutive role of embodiment in our selfhood, such that it can do justice to the claims by proponents of Deaf culture that their lives are not impoverished and do not need ‘fixing’, in order that we can allow all considerations to be in play when making decisions about adopting medical technology as well as understanding the impacts of the availability of neural implants more broadly.<sup>594</sup> That is, I advocate an approach that can account for the constitutive role of disability in selfhood, and for the social shaping of disability.

This point becomes salient in analysis of a case involving a couple, both deaf, seeking assisted reproduction (IVF) who did not want to genetically screen out any donor eggs carrying hearing defective genes. The couple was quoted as saying that ‘a deaf child would be a gift’. Much of the public responses, including philosophical responses, decried this declared preference, most often using

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<sup>591</sup> For discussion of the cultural claim, see Robert Sparrow, “Implants and Ethnocide: Learning From the Cochlear Implant Controversy,” *Disability & Society* 25 (2010).

<sup>592</sup> Levy, “Reconsidering Cochlear Implants: the Lessons of Martha’s Vineyard,” 137-38.

<sup>593</sup> Levy, “Reconsidering Cochlear Implants: the Lessons of Martha’s Vineyard,” 134.

Chorost’s parents were not deaf or hearing impaired. Despite advocating for the Cochlear, Chorost does muse about how his life might have different had he been enrolled in a signing school from an early age, wondering what it might have been like to growing up with people, to whom he might feel a sense of belonging.

<sup>594</sup> Perhaps if the claims to Deaf culture had been better understood signing would not have banned from schools after 1880 in the USA and Europe. Perhaps also parents might have the option to school their children in both signing and verbal languages, rather than the choice between implants and signing as an ‘either/or’. This might lead to a richer culture. For a discussion of the history of signing in schools see Sacks, *Seeing Voices*.

statements to the effect that the prospective parents were limiting the future possibilities of their unborn child.<sup>595</sup> Scully makes the point that most responses to the couple's declared preference reveal an assumption that to be deaf is to have an impaired, and impoverished, life and show that there is no positive understanding of Deafness. Similar discussions can be found with respect to Down's syndrome and testing for the gene – Parens and Ash argue that the message sent about Down's is that this is not a life worth living.<sup>596</sup> These discussions show that cultural understandings of people with disabilities play into choices concerning the availability and uses of medical technologies. Whilst outside the topic of this thesis, this raises questions about which lives are (more) worth living or more highly valued.

Debate about the use of medical intervention is often framed in terms of a distinction between treatment of disease and impairment and enhancement of traits beyond the norm. Interventions that treat impairment are seen as permissible, perhaps even obligatory. Enhancements, in contrast, are often seen as impermissible. As Levy points out:

Many people ... have importantly different responses to actual and potential neuroscientific (as well as medical) interventions, depending upon what they are being used *for*. Interventions to *treat* diseases and impairments are regarded as significantly more permissible (perhaps even obligatory) than interventions aimed at *enhancing* normal capacities. Treating disease is generally regarded as an intrinsically worthwhile activity, and we are therefore under a (possibly defeasible) obligation to engage in it, but enhancing already normal capacities is a luxury, which is at best permissible, and not obligatory, and at worst impermissible.<sup>597</sup>

As Levy notes, the distinction is 'supposed to give us a means of evaluating whether a proposed intervention aimed at correcting for an impairment is permissible (or obligatory, or ought to be state-funded, depending upon the account) or not'.<sup>598</sup> Whilst there is widespread use of this distinction, there is disagreement on how to draw to the distinction. There are two dominant approaches to defending the distinction: by contrasting disease and non-disease states or by reference to species-typical functioning (departure from the norm). Many now argue that the distinction is conceptually unsound.<sup>599</sup> Levy notes that formulations of the treatment/enhancement distinction rely on being able to draw a line between treatment and enhancement that can be used as an independent standard. However, neither approach is able to do this. According to Levy, the problem with the disease-based approach is that the distinction between disease

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<sup>595</sup> See Neil Levy, "Deafness, Culture and Choice," *Journal of Medical Ethics* 28 (2002).

<sup>596</sup> See Erik Parens and Adrienne Asch, "Disability Rights Critique of Prenatal Genetic Testing: Reflections and Recommendations," *Mental Retardation and Developmental Research Reviews* 9 (2003).

<sup>597</sup> Levy, *Neuroethics*, 88.

<sup>598</sup> Levy, *Neuroethics*, 95.

<sup>599</sup> Levy, *Neuroethics*, 94.

and other undesirable conditions (including disabilities on this understanding) is rather unclear, 'part of the problem for the disease-based approach to the treatment/enhancement distinction is that the concepts of disease and disability are far more malleable than proponents are willing to recognize'.<sup>600</sup> Accordingly, no clear sense can be made of the terms being contrasted, and therefore of the contrast itself. The problem with the species-typical or departure from the norm approach is that it depends upon our being able to identify a natural baseline from which disease or disability is a departure. This Levy argues is 'biological nonsense' as it relies on biological determinism. Rather we need to understand 'the way in which genes function in building phenotypes - the observable characteristics of organisms'.<sup>601</sup>

Thus, there is no natural (or even "natural") baseline against which we can measure departures. Because phenotypic traits vary as a function of the way the environment is structured, because they do not have *any* determinate effect, not even a tendency, outside a particular environment, talk of what a person's capacities would have been in the absence of a disease is either entirely empty, or it presupposes a determinate environment.<sup>602</sup>

This approach assumes that either the baseline or the environment is natural, if it were social, then disability would be relative to a social norm, for example, being tonal deaf shows up as an impairment only in a country that speaks a tonal language. Levy argues that the inability to set a baseline against which to measure normal functioning not only applies to the species-functioning approach to the treatment/enhancement distinction, but all formulations of it. '[W]ithout a baseline to appeal to, *all* conceptions of enhancement, at least all which to look to the distinction for an independent test of permissibility, are in trouble'.<sup>603</sup>

As such, Levy argues we should recognise that the distinction is a moral and normative standard and that it ought to be abandoned as an independent standard for settling moral arguments concerning whether a technology can be used or not.

I ... argue that both of these approaches have insurmountable difficulties, and that the treatment/enhancement distinction ought to be abandoned. It cannot ... do the work that writers on the topic hope for it: it cannot provide us with an *independent* standard to which we can appeal to settle moral arguments. Instead, it is already (at best) a thoroughly moralized standard. We ought, therefore, to recognize that it is a moralized standard, and assess it on moral grounds.<sup>604</sup>

Levy concludes that some enhancement technologies may be acceptable and promotes the use of an 'intervention test' when assessing which neurotechnologies are permissible or not.

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<sup>600</sup> Levy, *Neuroethics*, 95.

<sup>601</sup> Levy, *Neuroethics*, 97. For a discussion of problems with theorising disability in terms of phenotypes and genotypes, see Scully, *Disability Bioethics: Moral Bodies, Moral Difference*, 23-25 and 30-32.

<sup>602</sup> Levy, *Neuroethics*, 98.

<sup>603</sup> Levy, *Neuroethics*, 102.

<sup>604</sup> Levy, *Neuroethics*, 94.



I agree with Levy concerning the normative status of the distinction, that is, that it is our moral judgments about the permissibility of an intervention that drive our intuitions about the distinction. Levy's conclusion is to endorse more human enhancement. My aim is to draw attention to the arguments concerning the treatment side of the distinction - that impairments automatically require fixing, that there is a norm or baseline and the understandings of disability entailed therein. Levy and Scully both challenge the views of disability which underlie formulations of the distinction between treatment and enhancement and as such the general standard for deciding upon the permissibility of an intervention.

Neural implants offer very real opportunities for participation in social activities and to direct one's life, but they should not be the default option - the idea of correction of biological impairment should not be the sole response of repair. However, arguments against the use of neural implants, whilst challenging the idea of repair as correction fail to give an adequate account of repair. Appropriate repair cannot consist entirely in focussing on the social and environmental factors. We need to look beyond the biomedical model and the social model for an adequate understanding of repair. Questions about repair should not be framed in terms of a contrast between neural implants or social change. Whilst the medical model pays some attention to repair beyond biological repair, and whilst social models pay some attention to repair in the biological context, both are conceptually impoverished as they don't take account of embodiment as constitutive of the first-personal perspective, nor the social shaping of understandings of disability and their role in shaping first-person subjectivity. As such, these accounts cannot adequately account for repair. Focus must be paid to the embodied impacts of impairment and the social shaping of disability and their interaction.

### **6.2.b Relational implications for repair and neural implants**

Here, I am concerned with the implications of this relational approach for understanding repair and the role of neural implants in repair. I develop two directions: narrative repair for responding to the impacts of neural implants and the resources narrative repair may offer to challenge the social shapings of disability and their impact on individuals.

In this section I outline an account of narrative repair put forward by Schechtman. I argue that on the narrative account, repair is refigured in terms of fostering integration - psychosocial holism - and not in terms of returning to a normal state (or restoring a true self). I also draw on Poltera and Nelson to argue for the importance of fostering autonomy and normative competences, of social scaffolding and the role of others and listening in repair. I then turn to the broader

project of repair. I argue that Nelson's account of narrative repair using counterstories provides direction for challenging master narratives of disability.

The approach I develop shows that first-personal accounts of self-change consequent upon neural implants demonstrate the necessity of attending to the first-personal response, with an understanding that embodiment constitutes subjectivity and in terms of narrative self-understanding.<sup>605</sup> This is in contrast to an approach that views repair simply in terms of fixing the biological impairment. As raised in 3.4.a and 4.4.a, on the narrative account, repair is refigured in terms of fostering integration - psycho-coporeal holism, and not in terms of returning to a normal state (or restoring a true self). Marya Schechtman argued that the narrative self-constitution approach provides directions for therapeutic responses to self-change, as well as theoretical resources for understanding the impacts of change on self-understanding). If the threat to identity is a threat to narrative coherence, then the response is to 'repair the narrative thread', which is done by preserving 'narrative integrity'.

If the perceived threats to identity and selfhood emerge from a disruption of narrative, these threats can potentially be avoided by support aimed at helping patients to preserve narrative integrity. ...The important thing is that the change be understood in a way that makes it part of a coherent personal narrative, one that patients and their close associates can see as, overall, self-expressive and self-directed.<sup>606</sup>

Schechtman suggests that narrative integrity draws attention to the broader perspective so that individuals are more likely to see the person post-intervention as continuous with the person pre-intervention. Schechtman writes:

[T]he narrative approach suggests encouraging a long view of a life in a way that allows for moments of radical change or anomalous circumstances to be appropriated into an ongoing story, finding a way to bring potential discontinuities back into one's life narrative, rather than allowing them to disrupt it.<sup>607</sup>

Notably, Schechtman argues that the form that narrative repair may take will be varied. Schechtman cites one example of the patient who painted a portrait of herself depicting the DBS device as a response to their feelings of self-alienation.

A nice example of this kind of solution to threatened identity (and of the wide variety of forms it might take) is found in one of the cases discussed by Schüpbach and colleagues. One of the women who reported feeling alienated from her activity, knowing that she had an electronic device in her brain, "finally

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<sup>605</sup> The role of narrative in repair has been recognised in many domains. The role of narrative self-understanding in structuring and integrating selfhood over time, and integration, and narrative repair, has been discussed in psychotherapeutic contexts. For example, see James Phillips, "Psychopathology and the Narrative Self," *Philosophy, Psychiatry, & Psychology* 10 (2003); James Phillips, "Schizophrenia and the Narrative Self," in *The Self in Neuroscience and Psychiatry*, ed. Tilo Kircher and Anthony David (Cambridge University Press, 2003).

<sup>606</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 138.

<sup>607</sup> Schechtman, "Philosophical Reflections on Narrative and Deep Brain Stimulation," 139.

coped well with it and made an artwork of her chest X-ray showing the stimulator.” While initially this women felt her selfhood threatened by the device, she eventually found a way to view it as part of herself by taking an active stance toward it and including it in a moment of artistic self-expression.<sup>608</sup>

Schechtman argues that what support is appropriate will depend on the individual person/patient.<sup>609</sup>

Jacqui Poltera argues that ‘constructing self-narratives and sharing them with empathetic others promotes a more flourishing life, and can be an especially valuable process for those who suffer from mental illness or trauma’.<sup>610</sup> Describing the impacts of schizophrenia and trauma as both splintering self narratives, drawing on Saks’ accounts of the impacts of schizophrenia and Brison’s account of the impacts of trauma, Poltera draws attention to the role of others in facilitating their repair.<sup>611</sup> ‘[B]oth Saks and Brison discuss how suffering from the effects of mental illness or disorder can splinter an individual’s self-narrative, and conversely, how empathetic others can help to rebuild it’.<sup>612</sup> Poltera notes that a pervasive theme involves the role of empathetic others in enabling trauma sufferers to piece their self-narratives back together:

Empathetic others are those who are able to bear witness to the victim’s trauma and to identify with her suffering. ... Brison argues that trauma survivors ‘are dependent on empathetic others who are willing to listen to their narratives’.<sup>613</sup>

Poltera notes that by ‘sharing her trauma narrative with empathetic others, and through the process of empathising with other trauma survivors and hearing their stories’ that Brison was able to begin to piece her life back together.<sup>614</sup>

Nelson also draws attention to the role of empathetic others in repair, also using Brison’s account, arguing that recounting one’s self-narrative to empathetic others can facilitate rebuilding the self in the wake of social oppression or trauma.<sup>615</sup> In her discussion of the impacts of violence (as one of the five faces of

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<sup>608</sup> Schechtman, “Philosophical Reflections on Narrative and Deep Brain Stimulation,” 139; Schüpbach, Gargiulo, and Welter, “Neurosurgery in Parkinson’s Disease: A Distressed Mind in a Repaired Body?”, 1813.

<sup>609</sup> The therapeutic suggestion to prepare patients for potential narrative change is suggested by a number of authors. For example, see Schermer, “Ethical Issues in Deep Brain Stimulation.”

<sup>610</sup> Poltera, “Self-narratives, Story-telling and Empathetic Listeners,” 65.

<sup>611</sup> Saks writes of her psychotherapist ‘Her tolerance and understanding seemed endless, and her steady and calm presence contained me, as if she were the glue that held me together. I was falling apart, flying apart, exploding—and she gathered my pieces and held them for me.’ Saks, *The Centre Cannot Hold*, 93.

<sup>612</sup> Poltera, “Self-narratives, Story-telling and Empathetic Listeners,” 65. Brison argues that the experience of trauma illustrates that the self is fundamentally relational: ‘capable of being undone by violence, but also of being remade in connection with others.’ See Brison, *Aftermath: Violence and the Remaking of a Self*, xi; Poltera, “Self-narratives, Story-telling and Empathetic Listeners,” 72.

<sup>613</sup> Poltera, “Self-narratives, Story-telling and Empathetic Listeners,” 72; Brison, *Aftermath: Violence and the Remaking of a Self*, 62.

<sup>614</sup> Poltera, “Self-narratives, Story-telling and Empathetic Listeners,” 72-73.

<sup>615</sup> Nelson, *Damaged Identities, Narrative Repair*, 111-12.

oppression) on our understanding of who we are and others understanding of us, Nelson writes:

Hate-motivated violence, directed at people just in virtue of their group membership, can catastrophically damage their understanding of who they are, shattering their sense of self and sometimes undoing an entire lifetime of self-respect. Violence can also alter other people's understanding of who the person is: the rape victim is taken to be defiled, the ridiculed person is seen as ridiculous. As Susan Brison has argued, if victims of violence are to regain an integrated self, they must be able to tell their identity-constituting stories of what was done to them, but just as important, the stories must be heard by caring others who are able to listen. ... [V]iolence can shatter a person's identity at the same time as it destroys the trust in others that is crucial for constructing the forward-looking stories that constitute the person's understanding of who she now can be.<sup>616</sup>

Mackenzie and Poltera adopt a narrative relational approach to autonomy and agency when evaluating the impacts of schizophrenia on Saks' life. In their analysis they draw attention not only to theoretical value of a narrative approach in understanding the trauma of integration but also to the role of 'talk therapy' in Saks' ability to integrate her condition into her self-understanding. They make the point that we must focus on the first person perspective for any therapeutic goal or purpose to be successful and that there is a role for causal explanation, which is interrelated with the narrative understanding.<sup>617</sup> Narrative repair should not be understood as in opposition to medical intervention aimed at repair, but rather is one form of repair that should be included with the use of neural implants.

I have just argued for including narrative repair as a response to treatment that is experienced as alienating, as well as a kind of treatment, and outlined in broad terms the shape of narrative repair. The relational approach to repair I have developed, however, presents the view that 'real' or 'proper' repair must include challenging the social assumptions about disability which close down the available identity-constituting narratives available to people with disabilities and which can damage normative competencies. This was Baylis' point that the 'real threat' to personal identity is from assumptions about disability and not from neural implants. Here I argue that Nelson's work on counterstories provides direction for a form of narrative repair that challenges the social shaping of disability. Nelson analyses how medical master-narratives of patients deny a person agency and also draws on the example of master narratives of 'the clinically correct story' which encourage sex reassignment surgery for transsexuals to demonstrate how a

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<sup>616</sup> Nelson, *Damaged Identities, Narrative Repair*, 111.

<sup>617</sup> Mackenzie and Poltera, "Narrative Integration, Fragmented Selves, and Autonomy," 42-43. Mackenzie and Poltera use this understanding of the difference, and connection between, causal explanation and narrative self-understanding, as an argument against Strawson's objection to use of narrative in psychotherapeutic contexts, as noted in 3.2.b. For a discussion of the distinction between causal explanation and narrative understanding in psychotherapeutic contexts, see James Phillips, "Understanding/explanation," in *The Philosophy of Psychiatry*, ed. Jennifer Radden (New York: Oxford University Press, 2004).

counterstory might challenge the ‘clinically correct story’. This analysis could be adopted in bioethics and elsewhere to challenge the construction of disabled identities. This necessitates involving the people with the disabilities themselves in the development of these narratives. As counterstories need uptake to be successful, and cannot just be sound, this shows the importance of the role of others in this ‘deeper’ form of repair.

Nelson explores connections between damage to bodies and to identities to understand: the kinds of illness and medical intervention that damage a person’s identity; how the damage is inflicted; and, what form repair to identity might take.<sup>618</sup> Nelson argues that identities are narratively constituted and ‘because identities are narrative constructions, the damage inflicted on them requires narrative repair’. Nelson distinguishes between ‘damage inflicted on an identity by an assault to the body’ and ‘damage inflicted by defective identity-constituting stories’ and distinguishes between the types of repair in each case. Nelson argues that bodily illness and injury can damage identity-constituting narratives,<sup>619</sup> whilst defective identity-constituting narratives can damage the body. In the former, the mechanism of repair to identity is achieved via repair to the body, and in the latter it consists in making use of the counterstory. Nelson writes: ‘Damage inflicted by defective identity-constituting stories can also be repaired, but here the work of repair consists in uprooting the defective stories and replacing them with stories that more accurately represent the person’.<sup>620</sup>

As noted in an earlier chapter (2.4) Nelson argued, drawing on Korsgaard, that illness and bodily damage, can threaten who one is, and one’s ability to take up the narratives that have constituted her life.<sup>621</sup> Nelson distinguishes between damage to self-understanding from illness (inability to take up self-constituting narratives) and repair to the body that medical intervention may give in terms of providing avenues for self-control and self-direction.<sup>622</sup>

In addition to the damage of illness on identity-constituting narratives, Nelson identifies the (further) damage done to the character in Wit’s play by the identity-constituting narrative of ‘patient’ which denies her exercise of autonomous agency.

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<sup>618</sup> Nelson, “Damaged Bodies, Damaged Identities.”

<sup>619</sup> As Nelson discusses, not all bodily damage causes damage to an identity, as not all illness or damage changes one’s, and other’s, sense of who one is. For example, an ingrown toe nail (and surgery to fix this) most likely will have little impact on one’s sense of who one is and how they ought to act. In contrast, Alzheimer’s Disease, or open heart surgery for heart disease, may have significant impacts on one’s sense of who one is.

<sup>620</sup> Nelson, “Damaged Bodies, Damaged Identities,” 10.

<sup>621</sup> Nelson, “Damaged Bodies, Damaged Identities.”

<sup>622</sup> Nelson states that repair for identities damaged by severe illness or injury can be difficult or even impossible to do. In cases where repair is possible this is achieved through medical intervention.

A patient, Nelson notes, is not constructed as an agent but rather someone to be acted upon. This identity as patient, Nelson argues, sets up different expectations 'about how she is to act, what she is responsible for, to whom she is accountable (and more importantly still, ... how she may be treated'.) Nelson describes the damage to identity that third person constructions can do using a discussion of a medical interview which treats its subject as a third person construction - 'as a research subject with a clinically fascinating mass of cancerous ovarian tissue'. Nelson argues this is a third-person construction of the patient because it reduces her to a research subject and does not include any of the stories that constitute the patient from the first person perspective. Nelson argues that this further damages the patient's identity, beyond the damage of the illness.

In this analysis, Nelson draws on an account of master-narratives as causing narrative damage and counterstories as the means by which to effect narrative repair as articulated in *Damaged Identities, Narrative Repair*. Nelson argues master narratives construct defective narratives about (groups of) people, which cast them as morally lacking which limit their ability to exercise normative competencies and constrain their agency. Nelson writes:

I argue that personal identity, understood as a complicated interaction of one's own sense of self and others' understanding of who one is, functions as a lever that expands or contracts one's ability to exercise moral agency. The way in which others identify us establishes what they will permit us to do; if they identify us as morally defective, they will perhaps humor us or hospitalize us, or else treat us with suspicion, contempt, or hostility. This restricts our freedom to act. How we identify ourselves establishes our own view of what we can do; if our self-conception marks us as morally defective, we will mistrust our own capabilities and so treat ourselves with suspicion or contempt, or exempt ourselves from full responsibility for our actions. This too restricts our moral agency.<sup>623</sup>

Nelson argues that master narratives cause 'doxastic damage': that is, they cause damage to how we understand ourselves, and how others understand us.<sup>624</sup> Nelson argues that the damage done to a sub-group's identity comprises both harms from the third- and first- personal perspectives. Nelson argues that the identity of a sub-group is damaged from a third-personal perspective when stories depict the sub-group as morally unworthy. This, Nelson argues, has the effect of crowding out stories that a sub-group might tell from a first-personal perspective. Individuals of the sub-group can then suffer the harm of deprivation of opportunity of the goods on offer from society - jobs, social standing etc. A sub-group's identity is damaged from a first-personal perspective when members of the sub-group accept those identity-constituting stories as their own (the third-personal and first-personal stories align). Individuals of the sub-group can then

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<sup>623</sup> Nelson, *Damaged Identities, Narrative Repair*, xi.

<sup>624</sup> Nelson, *Damaged Identities, Narrative Repair*, 106.

suffer infiltrated consciousness.<sup>625</sup> These harms - deprivation of opportunity and infiltrated consciousness - are described by Nelson as compound harms, because they arise from the damage done to the sub-group's identity is depicted as moral unworthy. The practical harms that arise are practical because they result in diminished possibilities for autonomous agency.

Nelson argues that master narratives which damage identities need to be resisted. The tool by which to do this, and to repair the damage done, is the counterstory. Nelson argues that '[t]he proper tool for this sort of resistance and repair is the counterstory'.<sup>626</sup> Whereby, master narratives depict groups as morally defective - counterstories affirm their status as competent moral agents. Counterstories replace (resist and overturn) these defective narratives with a narrative that describes the people more accurately and accords full moral agency to members of the subgroup.

Counterstories, which root out the master narratives in the tissue of the stories that constitute an oppressive identity and replace them with stories that depict the person as morally worthy, supply the necessary means of resistance. Here, resistance amounts to *repair*: the damaged identity is made whole. Through their function of narrative repair, counterstories thus open up the possibility that the person could attain, regain, or extend her freedom of moral agency.<sup>627</sup>

This involves replacing the defect identity constituting narratives which depict members of the sub-group as morally defective with identity constituting narratives that depict the members as morally worthy. It is this aspect which Nelson views as resistance. Note, resistance, for Nelson, leads to repair of identities damaged by master narratives. The repair function amounts to the replacement of partial or limited narratives with a fuller picture of identity (one of moral worth), the practical impact is described by Nelson as the attaining and regaining of freedom and moral agency. By resisting master narratives and repairing damaged identities members of the subgroup can reduce (and if effective do away with) the practical harms of deprivation of opportunity and infiltration of consciousness. So, counterstories are a means by which individuals and groups can reidentify themselves.

Nelson identifies three modes of counterstory/resistance from minimum to maximal resistance: refusal, repudiation and contestation.<sup>628</sup> These range from minimally putting one's own counterstory (mere first-person perspective repair); through to attempting to change third-person narratives, and from a piecemeal approach to a systematic one. 'Full' repair mends damage done to the first-person perspective - the infiltrated consciousness is removed, as well as damage done by the third-person perspective - developing stories the person/subgroup can tell that

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<sup>625</sup> Nelson, *Damaged Identities, Narrative Repair*, 107-08.

<sup>626</sup> Nelson, *Damaged Identities, Narrative Repair*, 149.

<sup>627</sup> Nelson, *Damaged Identities, Narrative Repair*, 150.

<sup>628</sup> Nelson, *Damaged Identities, Narrative Repair*, 169.

are identity constituting from a first-person perspective. There are limits to what amount or repair minimal strategies can make, as the conditions remain unchanged, and my identity will still in part be seen and constituted by others through/in terms of the master narrative.

Nelson argues that the success of repair depends on both the soundness of the narrative counterstories (in terms of the credibility constraints articulated in chapter 3) and the willingness of others to take up the story. Like Schechtman, Nelson recognises that individual counterstories will vary.

Nelson's approach gives us resources for responding to Baylis' argument that the 'real' threat to identity in cases of intervention is not the implant, but the views of illness and disability which reduce the range of identity-constituting narratives available to those who are ill or disabled. Nelson's response is that these master-narratives about illness and disability need to be challenged with counterstories; that is, accounts in which disability is not presented as indicative of a defective, or less valuable life.

In the context of sex reassignment as the clinical model of treatment for transsexuals, Nelson illuminates the role of the notion of restoring normality that this narrative promotes as well as the possibilities for counterstories. Nelson's discussion illuminates how the clinically correct medical narrative casts 'repair' for identity issues in terms of medical intervention, for example, surgery, which repairs/corrects the pathology or defect. Nelson questions whether this medical intervention is 'repair' and what it is 'repairing' by first analysing the construction and mechanisms of the master narrative, and then by posing (three) possible modes of counterstory. A counterstory which repairs damaged identity aims to open up new identity-constituting identities. This is in contrast with the surgery which repairs the pathology, but leaves the damaged identity 'in tact'.

Nelson acknowledges that some individual's counterstories might endorse 'sex reassignment surgery'. Nelson cautions that this must be a story that redescribes passing, in terms that are not defective. Without performing this role the decision to engage in sex reassignment surgery does not constitute narrative repair, but rather would amount to (understandable) conformity and not resistance.

In the face of a gender ideology that is particularly intransigent, one might find it considerably easier to relieve one's gender dysphoria by reshaping one's body than by trying to reshape our culture's understanding of gender. In any case, that larger social understanding cannot be reshaped merely by a theoretical debunking of gender essentialism. What is required in addition are identity-constituting stories that offer alternative possibilities for being gendered — stories that transgendered people might then be able to incorporate into their own sense of



who they are. ...[T]hough, these new stories wouldn't preclude undergoing physical changes, including sex changes.<sup>629</sup>

This account of repair necessarily means involving, hearing from and listening to the people who are ill or disabled. This is a point that Scully makes forcefully - that we need to include the people whose lives are directly affected in the project of theorising disability's significance.

Nelson's account of master narratives and counterstories draws our attention to the role of master narratives in frustrating narrative competence. Nelson draws on Paul Benson's understanding that freedom is related to one's normative competence to support her argument for this link between identity and agency. Nelson claims that normative competence can be understood through three conditions: (1) The ability to understand and act on moral norms; (2) The ability of others to recognise by one's actions that one is a morally responsible person; and (3) The ability of the agent to see herself as a morally responsible person. Nelson uses this analysis to argue that oppressive narratives can reduce one's normative competence, and thus reduce one's freedom. Nelson's relational account also draws our attention to the role of others in building competences, and the importance of others in listening. Nelson's understanding thus broadens our understanding of repair, paying attention to the role of others in repair.

The approach shows we should attend to the practical impacts of neural implants on self-understanding and widen our understanding of 'repair' to include narrative repair focussing on autonomy competencies and their role in narrative integration and agency. We should attend to the wider environment of repair, beyond simply focussing on the neural implant and its impact on the condition. This involves a particularism, and necessitates a case-by-case approach. It also illuminates the role of others and social scaffolding in building autonomy and normative competences, and so in effective repair. Implants are one option for and in repair.

The approach recognises the social shaping of understandings of disability and the subjective shaping of disability on our first-person subjectivity, beyond social and environmental factors only and offers resources for challenging these understandings. Here we are urged to attend to the wider social context of repair, that is beyond the removal of social barriers and to challenging the narratives which construct and limit the range of identity-constituting narratives for people with disabilities. This points to the necessary involvement of people with disabilities in constructing these narratives.

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<sup>629</sup> Nelson, *Damaged Identities, Narrative Repair*, 129.

This approach to repair addresses the inadequacies of the social and medical models' responses to repair. Both correction of impairments and concern for the social barriers which limit participation are important. However, repair should be understood more broadly in terms of assisting to support the lives of others.

Moreover, it provides tools for understanding that people have differing responses to neural implants, even people with the same condition. And so, it contributes to the practical problem of uptake - both for the people with the implants and the practitioners who suggest these forms of treatment. It also shows the crucial role of others in practical uptake of neural implants.

The social model of disability fails to recognise that there are sometimes biological and social grounds for repair that recommends fixing a biological impairment. The medical model of disability fails to recognise that there are sometimes biological and social grounds for repair that do not involve (just) fixing a biological impairment.

The relational approach challenges the medical assumption that impairments automatically require fixing, and the social assumption that removing barriers to participation is enough for repair. It directs attention to 'what' it is that the neural implant is fixing or ameliorating (and perhaps should be directed functionally). This is important also when we consider that neural implants are being developed for, and used for, conditions which include cognitive impairments.

## **6.3 Conclusion**

In this chapter I have shown that the approach I develop provides resources for an understanding of impairment in its constitution of embodied identity and the shaping of understandings, as well as for developing a positive understanding of disability. I further argued that the approach I develop widens the concept to include narrative repair at the level of treatment with a neural implant, as well as narrative repair aimed at challenging assumptions about disability. This is not an argument against neural implants, but rather for a better understanding of disabled experience and the moral choices that follow from this. This approach might endorse the choice of an implant as well as attending to social shapings of disability. Neural implants are one option for repair, and there are other therapeutic responses, in addition to, or alternative to them. Importantly, for repair to be effective, these discussions need to involve the potential recipients of implants and intervention, and others need to be sympathetic listeners prepared to assist with uptake of people's stories.

### 6.3.1 Thesis conclusion

In this thesis, I have explored the philosophical, and practical, problems arising from understanding reports of self-change following neural implants. I have used case studies from recipients of neural implants, focussing on changes from sensory prosthetic neural implants, the Cochlear for hearing impairments, and cognitive prosthetic neural implants, such as DBS for motor and psychiatric disorders.

I have answered the key theoretical challenges I set out in the first chapter: 1) to clarify the literature - do neural implants threaten identity? And if so how? 2) to make sense of the first-personal accounts - what does it mean to say that someone is a different or no longer the same person? 3) to outline the relation between the key concepts raised in the first-personal accounts - identity, agency and autonomy. In doing so, I have also addressed the key practical problem concerning what it means to say an implant works for me but not you, where we have different uptake or responses to the effects of the implant: those cases when an implant can be experienced as threatening by one person, and empowering by another.

To address these challenges, I have developed an account of understanding the impacts of change in terms of impacts on practical identity, narrative agency and autonomy competences. I have argued that the accounts of self-change reveal that changes from implants can both facilitate and frustrate the exercise of autonomous agency, and both foster and challenge narrative coherence and self-understanding. I showed that these first-personal accounts are not merely metaphorical; rather they illuminate what's involved in personal change and reveal the impacts of neural implants on our identity, autonomy and agency.

A summary of the argument and conclusion is as follows. I located the domain of the problem as one concerning agency (as embodied and relational), set out understanding the problem in terms of change over time in terms of narrative (in terms of impacts on narrative agency), and argued that the salient impact is on autonomy competences. I concluded that it is better to understand the impacts of self-change in terms of impacts on autonomy competences that may be hindered or fostered, and their role in impairing or fostering narrative integration which will have an impact on our autonomous agency and self-understanding; rather than in terms of metaphors, threats to narrative identity, or threats to autonomy and authenticity. I further argued for the importance of attending to the impact of neural implants of our self-referring attitudes; that is: our normative competence. This approach can inform cases of self-change not just from neural implants, but change from illness, trauma, or major social disruption

In the first chapter I identified the problem as a philosophical problem - there is a disagreement as to whether and how neural implants threaten personal identity. Whilst most agree that it is our practical or narrative identity that is at issue following neural implants, there was disagreement as to whether and how neural implants threaten identity. Schechtman argues that neural implants threaten narrative identity, Baylis that neural implants threaten agency and Mackenzie and Walker that neural implants threaten autonomy. I also set out the practical problem raised by change consequent upon neural implants. I argued that an adequate account of personal identity should both be able to explain what's at stake in these changes, as well as explain why for some, changes can be experienced as empowering, but for others, they can be experienced as threatening.

In the second chapter I used literature in practical identity, using Ricoeur, Korsgaard and Atkins to show that it is practical identity, a concern with who we are from our first-personal understandings, that is at stake in changes following neural implants, and not metaphysical identity, a concern for what we really are. An approach to practical identity focusses attention on the continuity and unity of agency to selfhood. I showed that neural implants can both assist with our ability to act out of our self-conceptions of who we are and so facilitate agential unity, as well as frustrate this ability.

In the third chapter, I argued that in order to adequately explain what's at stake in these cases of changes to our practical identity, that we need to adopt a narrative understanding of the unity and continuity of practical identity. Using work by Schechtman, Ricoeur, and Atkins, I argued that narrative structures our understanding and can account for the persisting subject of experience over time, the narrative agent. As such, a narrative approach accounts for why it matters to us to be a continuing person over time.

In the fourth chapter I developed an account of narrative agency to illuminate potential threats to narrative coherence. Using work by Atkins, Baylis and Nelson, I showed that neural implants can both challenge, as well as facilitate, narrative coherence, and so our understandings of ourselves as continuous persons. I also showed that implants might directly challenge our agency, which in turn can threaten narrative coherence. I argued that this focusses our attention on how change is integrated; it is not the change itself that is salient, nor whether my identity survives per se, but whether I can integrate change. I located a further threat to identity, not from neural implants, but from social understandings of people with illness and disabilities.

In the fifth chapter I argued that by adopting a relational narrative approach to autonomy this illuminates the salient issue as how neural implants affect our autonomy competences, i.e. how neural implants might facilitate the exercise of autonomy skills, as well as frustrate the exercise of these skills. I further showed that impacts on autonomy and narrative competences might have implications for the ability to meaningfully author one's life, through interfering with narrative integration and so impacting on autonomous agency. In doing so, I refigured the question concerning whether and how neural implants threaten identity – we should not understand impacts consequent upon neural implants (self-change) in terms of threats to identity; rather we should examine change in terms of impacts on autonomy competence and their role in impairing or fostering narrative integration and agency. I argued that the relational approach focusses our attention on both the embodied and socially situated nature of selfhood.

In the sixth and final chapter, I offered a positive understanding of impairment and sketched out the directions for a wider way of therapeutically responding to the adoption of neural implants, as well as to understandings of impairments, with an understanding of how narratives of disability shape our understandings of people with disabilities (in turn suggesting the forms of treatment options that should be available).

In building this argument I have drawn attention to the constitutive role of embodiment and the social setting of agents, as well as to how both changes in embodiment and the role of others can challenge our abilities to act out of our conception of who we are, our narrative coherence and ability to meaningfully author our own lives. Through this argument I have outlined the three concepts – agency, identity and autonomy, and suggested that they are interconnected aspects of selfhood, and should not be understood in a reductive manner. The first-personal accounts reveal that these different aspects of the self are all at play when assessing the impacts of neural implants on personal identity, and that whilst interrelated these concepts come apart. In doing so I have developed a full-blooded account of agency, as embodied and relational, including narratively structured agency and autonomous agency.

I have positioned my approach not only against metaphysical reductionist approaches to selfhood and personal identity and autonomy, but also against postmodern approaches which profess agency and autonomy to be illusions - both approaches provide no place for agency, let alone a full-blooded account of agency. Through doing so I demonstrated that whilst these are divergent responses to the conclusion that there is no Cartesian ego, metaphysical, and postmodern approaches, have much in common because they both deny the importance of the first-person perspective and so are inadequate to both explain

what matters to us in self-change, as well as in providing resources for responding to self-change. Metaphysical approaches assume the unity of agency, whereas postmodern approaches fail to account for the challenges that self-fragmentation present.

The approach I have developed has relevance beyond understanding the impacts of neural implants, because it offers a theoretical lens for understanding and responding to self-change from situations which arise in the contingency of life - illness, trauma and so on. By taking our embodied and relational situation as fundamental to any account, this approach illuminates the conditions which constrain and shape the lives of all embodied persons as they live together.

# References

- Academy of Medical Sciences. *Human Enhancement and the Future of Work. Joint Report of the Academy of Medical Sciences, the British Academy, the Royal Academy of Engineering and the Royal Society*. 2012.
- Adams, Henry. *Justice for Children: Autonomy Development and the State*. Albany: SUNY Press, 2008.
- Agid, Y., M. Schüpbach, M. Gargiulo, L. Mallet, JL Houeto, C. Behar, D. Maltete, V. Mesnage, and ML Welter. "Neurosurgery in Parkinson's Disease: the Doctor is Happy, the Patient Less So?" *Parkinson's Disease and Related Disorders* (2006): 409–14.
- Asch, Adrienne. "Disability Equality and Prenatal Testing: Contradictory or Compatible?" *Florida State University Review* 30 (2003): 315–37.
- Atkins, Kim. "Personal Identity and the Importance of One's Own Body: a Response to Derek Parfit." *International Journal of Philosophical Studies* 8 (2000): 329–49.
- Atkins, Kim. "Re Alex Narrative Identity and the Case of Gender Dysphoria." *Griffith Law Review* 14 (2005): 1–16.
- Atkins, Kim. "Narrative Identity and Embodied Continuity," In *Practical Identity and Normative Agency*, 78–98. New York: Routledge, 2008.
- Atkins, Kim. "Narrative Identity, Practical Identity and Ethical Subjectivity." *Continental Philosophy Review* 37 (2004): 341–66.
- Atkins, Kim. *Narrative Identity and Moral Identity - A Practical Perspective*. New York: Routledge, 2008.
- Baier, Annette. "Cartesian Persons," In *Postures of the Mind: Essays on Mind and Morals*, 74–92. London: Methuen, 1985.
- Baylis, Françoise. "'I Am Who I Am': on the Perceived Threats to Personal Identity From Deep Brain Stimulation." *Neuroethics* (2011): 513–26.
- Baylis, Françoise. "The Self in Situ: a Relational Account of Personal Identity," In *Being Relational: Reflections on Relational Theory and Health Law*, edited by J. Downie and J. J. Llewellyn, 109–31. Vancouver: UBC Press, 2012.
- Beauchamp, Tom L. and James F. Childress. *Principles of Biomedical Ethics*. New York: Oxford University Press, 2013.
- Benson, Paul. "Autonomy and Oppressive Socialization." *Social Theory and Practice* 17 (1991): 385–408.
- Benson, Paul. "Feminist Intuitions and the Normative Substance of Autonomy," In *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy*, edited by James Stacey Taylor, 124–42. Cambridge: Cambridge University Press, 2005.
- Benson, Paul. "Free Agency and Self-Worth." *Journal of Philosophy* 91 (1994): 650–88.
- Brison, Susan J. "Outliving Oneself: Trauma, Memory, and Personal Identity," In *Feminists Rethink the Self*, edited by Diana Tietjens Meyers, 12–39. Colorado: Westview, 1996.
- Brison, Susan J. *Aftermath: Violence and the Remaking of a Self*. Princeton: Princeton University Press, 2002.
- Buss, Sarah. "Personal Autonomy," In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, 2014.

- Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. London: Routledge, 1990.
- Cassam, Quassim. "Kant and Reductionism." *Review of Metaphysics* 43 (1989): 72–106.
- Chorost, Michael. *Rebuilt: My Journey Back to the Hearing World*. Boston: Mariner Books, 2006.
- Christman, John. "Autonomy and Personal History." 1 (1991): 1–24.
- Christman, John. "Narrative Unity as a Condition of Personhood." *Metaphilosophy* 35 (2004): 695–713.
- Christman, John. "Comments on Westlund and Mackenzie and Poltera." *Symposia on Gender, Race and Philosophy* 7 (2011): 1–5.
- Christman, John. "Autonomy in Moral and Political Philosophy," In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, 2015.
- Clark, Graeme. *Sounds From Silence: Graeme Clark and the Bionic Ear Story*. St Leonards: Allen & Unwin, 2000.
- Cook, M.J., T.J. O'Brien, S.F. Berkovic, M. Murphy, A Morokoff, G Fabinyi, W D'Souza, R Yerra, J Archer, L Litewka, S Hosking, P Lightfoot, V Ruedebusch, WD Sheffield, D Snyder, K Leyde, and D Himes. "Prediction of Seizure Likelihood With a Long-term, Implanted Seizure Advisory System in Patients With Drug-resistant Epilepsy: a First-in-man Study." *The Lancet Neurology* 12 (2013): 563–71.
- DeGrazia, David. "Prozac, Enhancement and Self-creation." *The Hastings Center Report* 30 (2000): 34–40.
- DeGrazia, David. *Human Identity and Bioethics*. New York: Cambridge University Press, 2005.
- DeGrazia, David. "Enhancement Technologies and Human Identity." *The Journal of Medicine and Philosophy* 30 (2005): 261–83.
- Dennett, Daniel. "The Self as a Center of Narrative Gravity," In *Self and Consciousness: Multiple Perspectives*, edited by Frank S Kessel, Pamela M Cole, and Dale L Johnson, 103–15. Hillsdale, NJ: Erlbaum Associates, 1992.
- Dodds, Susan. "Choice and Control in Feminist Bioethics," In *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar, 213–35. New York: Oxford University Press, 2000.
- Dolnick, Edward. "Deafness as Culture." *The Atlantic Monthly*, 1993.
- Dryden, Jane. "Autonomy," In *The Internet Encyclopedia of Philosophy*.
- Dubiel, Helmut. *Deep in the Brain: Living With Parkinson's Disease*. New York: Europa Editions, 2009.
- Dworkin, Gerald. "The Concept of Autonomy," In *The Inner Citadel: Essays on Individual Autonomy*, edited by John Christman, 54–62. New York: Oxford University Press, 1989.
- Eakin, Paul John. "Narrative Identity and Narrative Imperialism: a Response to Galen Strawson and James Phelan." *Narrative* 14 (2006): 180–87.
- Elliot, Carl. "The Tyranny of Happiness: Ethics and Cosmetic Psychopharmacology," In *Enhancing Human Traits. Ethical and Social Implications*, edited by Erik Parens, Georgetown University Press, 1998.
- Elliot, Carl. *Better Than Well: American Medicine Meets the America Dream*. New York: W. W. Norton & Company, 2003.
- Ells, Carolyn. "Lessons About Autonomy From the Experience of Disability." *Theory and Practice* 27 (2001): 599–615.



- Feinberg, Joel. "Autonomy," In *The Inner Citadel: Essays on Individual Autonomy*, edited by John Christman, 27–53. New York: Oxford University Press, 1989.
- Focquaert, F. and D. DeRidder. "Direct Intervention in the Brain, Ethical Issues Concerning Personal Identity." *Journal of Ethics in Mental Health* 4 (2009): 1–7.
- Foucault, Michel. "About the Beginning of the Hermeneutic of the Self." *Political Theory* 21 (1993): 198–227.
- Frankfurt, Harry. "Freedom of the Will and the Concept of the Person." *The Journal of Philosophy* 68 (1971): 5–20.
- Friedman, Marilyn. "Autonomy and Social Relationships," In *Feminists Rethink the Self*, edited by Diana Tietjens Meyers, 40–61. Boulder, Colorado: Westview Press, 1996.
- Gallagher, Shaun. "Dimensions of Embodiment: Body Image and Body Schema in Medical Contexts," 147–75. Kluwer Academic Publishers, 2001.
- Gallagher, Shaun. *How the Body Shapes the Mind*. Oxford: Oxford University Press, 2005.
- Gendler, Tamar. "Personal Identity and Thought Experiments." *The Philosophical Quarterly* 52 (2002): 34–54.
- Gendler, Tamar Szabo. "Exceptional Persons: on the Limits of Imaginary Cases," In *Models of the Self*, edited by Shaun Gallagher and Jonathon Shear, 447–66. Thorverton: Imprint Academic, 1999.
- Gilbert, Frederic. "The Burden of Normality: From 'chronically Ill' to 'symptom Free'. New Ethical Challenges for Deep Brain Stimulations Postoperative Treatment." *Journal of Medical Ethics* 38 (2012): 408–12.
- Gilbert, Frederic. "A Threat to Autonomy: the Intrusion of Predictive Brain Devices." *American Journal of Bioethics - Neuroethics* (Forthcoming December 2015).
- Gilbert, Frederic and Eliza Goddard. "Thinking Ahead Too Much: Speculative Ethics and Implantable Brain Devices." *American Journal of Bioethics: Neuroscience* 5 (2014): 49–51.
- Gisquet, E. "Cerebral Implants and Parkinson's Disease: a Unique Form of Biographical Disruption?" *Social Sciences & Medicine* 67 (2008): 1847–51.
- Glannon, Walter. "Stimulating Brains, Altering Minds." *Journal of Medical Ethics* 35 (2008): 289–92.
- Goddard, Eliza. *Clinical Trials for Nano-bionics: Testing Wearable and Implantable Medical Devices*. Canberra: Australian Government: Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education, 2013.
- Goldie, Peter. "One's Remembered Past: Narrative Thinking, Emotion, and the External Perspective." *Philosophical Papers* 32 (2003): 301–19.
- Groce, Nora Ellen. *Everyone Hear Spoke Sign Language: Hereditary Deafness on Martha's Vineyard*. Cambridge: Harvard University Press, 1985.
- Johansson, V. "Authenticity, Depression, and Deep Brain Stimulation." *Frontiers in Integrative Neuroscience* (2011): 1–3.
- Kennett, Jeanette and Steve Matthews. "Normative Agency," In *Practical Identity and Normative Agency*, 212–31. New York: Routledge, 2008.
- Korsgaard, Christine. "Personal Identity and the Unity of Agency: a Kantian Response to Parfit." *Philosophy and Public Affairs* 18 (1989): 101–32.
- Korsgaard, Christine. "Self-constitution in the Ethics of Plato and Kant." *The*

- Journal of Ethics* 3 (1999): 1–29.
- Korsgaard, Christine. *The Sources of Normativity*. Cambridge University Press: Cambridge, 1996.
- Kraemer, Felicitas. “Authenticity Anyone? the Enhancement of Emotions Via Neuro-psychopharmacology.” *Neuroethics* 4 (2011): 51–64.
- Kraemer, Felicitas. “Authenticity or Autonomy? When Deep Brain Stimulation Causes a Dilemma.” *Journal of Medical Ethics* 39 (2013): 757–60.
- Kramer, Peter D. *Listening to Prozac*. New York: Penguin Books, 1997.
- Kyle, Renée and Susan Dodds. “Inside, Outside: Nanobionics and Human Bodily Experience,” In *Nano Meets Macro: Social Perspectives on Nanoscale Sciences and Technology*, 263–82.
- Leder, Drew. “Medicine and Paradigms of Embodiment.” *The Journal of Medicine and Philosophy* 9 (1984): 29–43.
- Lemarque, Peter. “On Not Expecting Too Much From Narrative.” *Mind & Language* 19 (2004): 393–408.
- Lemarque, Peter. “On the Distance Between Literary Selves and Real-life Narratives.” *Royal Institute of Philosophy* 60 (2007): 117–32.
- Lennon, Kathleen. “Feminist Perspectives on the Body,” In *Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, 2014.
- Levy, Neil. “Deafness, Culture and Choice.” *Journal of Medical Ethics* 28 (2002): 284–85.
- Levy, Neil. “Reconsidering Cochlear Implants: the Lessons of Martha’s Vineyard.” *Bioethics* 16 (2002): 134–53.
- Levy, Neil. *Neuroethics*. Cambridge: Cambridge University Press, 2007.
- Levy, Neil. “Enhancing Authenticity.” *Journal of Applied Philosophy* 28 (2011): 308–18.
- Lipsman, Nir and Walter Glannon. “Brain, Mind and Machine: What Are the Implications of Deep Brain Stimulation for Perceptions of Personal Identity, Agency and Free Will?” *Bioethics* 27 (2013): 465–70.
- Locke, John. *An Essay Concerning Human Understanding*. Oxford: Clarendon Press, 1975.
- Ludlow, Karinne, Diana Bowman, and Graeme Hodge. *Final Report: Review of Possible Impacts of Nanotechnology on Australia’s Regulatory Frameworks*. Melbourne: Monash Centre for Regulatory Studies, Monash University, 2007.
- MacIntyre, Alasdair. *After Virtue: a Study in Moral Theory*. Indiana: University of Notre Dame Press, 2010.
- Mackenzie, Catriona. “Practical Identity and Narrative Agency,” In *Practical Identity and Narrative Agency*, edited by Catriona Mackenzie and Kim Atkins, 1–28. New York and London: Routledge, 2008.
- Mackenzie, Catriona. “Relational Autonomy, Normative Authority and Perfectionism.” *Journal of Social Philosophy* 39 (2008): 512–33.
- Mackenzie, Catriona. “Personal Identity, Narrative Integration, and Embodiment,” In *Embodiment and Agency*, edited by Sue Campbell, Letitia Meynell, and Susan Sherwin, 100–25. 2009.
- Mackenzie, Catriona. “Three Dimensions of Autonomy,” In *Feminism and Autonomy*, edited by Mark Piper and Andrea Veltman, 15–41. New York: Oxford University Press, 2014.
- Mackenzie, Catriona. “Autonomy,” In *The Routledge Companion to Bioethics*, edited by John D Arras, Elizabeth Fenton, and Rebecca Kukla, 277–90. New

- York: Routledge, 2015.
- Mackenzie, Catriona. "On Bodily Autonomy," In *Handbook of Phenomenology and Medicine*, edited by S. Kay Toombs, 417–39. 2001.
- Mackenzie, Catriona. "Critical Reflection, Self-knowledge, and the Emotions." *Philosophical Explorations* 5 (2002): 186–206.
- Mackenzie, Catriona. "Conceptions of Autonomy and Conceptions of the Body in Bioethics," In *Feminist Bioethics: At the Center, on the Margins*, edited by Jackie Leach Scully, Laurel E. Baldwin-Ragaven, and Petya Fitzpatrick, 71–90. Baltimore, Maryland: John Hopkins University Press, 2010.
- Mackenzie, Catriona and Jackie Leach Scully. "Moral Imagination, Disability and Embodiment." *Journal of Applied Philosophy* 24 (2007): 335–351.
- Mackenzie, Catriona and Natalie Stoljar, eds. *Relational Autonomy - Feminist Perspectives on Autonomy, Agency, and the Social Self* New York: Oxford University Press, 2000.
- Mackenzie, Catriona and Natalie Stoljar. "Autonomy Refigured," In *Relational Autonomy - Feminist Perspectives on Autonomy, Agency, and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar, 3–34. New York: Oxford University Press, 2000.
- Mackenzie, Catriona and Mary Jean Walker. "Neurotechnologies, Personal Identity, and the Ethics of Authenticity," In *Handbook of Neuroethics*, edited by Jens Clausen and Neil Levy, 374–92. Netherlands: Springer, 2014.
- Mackenzie, Catriona and Jacqui Poltera. "Narrative Integration, Fragmented Selves, and Autonomy." *Hypatia* 25 (2010): 31–54.
- Mairs, Nancy. "Carnal Acts," In *Writing on the Body*, edited by K Conboy, N Medina, and S Stanbury, 296–308. New York: Columbia University Press, 1990.
- Marcel, Gabriel. *The Mystery of Being: 1. Reflection and Mystery*. Chicago: Henry Regnery, 1965.
- Mathews, Debra J.H., Hilary Bok, and Peter V. Rabins, eds. *Personal Identity & Fractured Selves: Perspectives on Philosophy, Ethics, and Neuroscience* Baltimore: The John Hopkins University Press, 2009.
- McLeod, Claudia and Susan Sherwin. "Relational Autonomy, Self-trust, and Health Care for Patients Who Are Oppressed," In *Relational Autonomy: Feminist Perspectives on Autonomy, Agency and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar, 259–79. Oxford: Oxford University Press, 2000.
- Merkel, R, G Boer, J Fegert, T Galert, D Hartmann, B Nuttin, and S Rosahl. *Intervening in the Brain. Changing Psyche and Society*. Berlin: Springer, 2007.
- Merleau-Ponty, Maurice. *Phenomenology of Perception*. London: Routledge, 1962.
- Meyers, Diana Tietjens. *Self, Society and Personal Choice*. New York: Columbia University Press, 1989.
- Meyers, Diana Tietjens. *Being Yourself: Essays on Identity, Action, and Social Life*. Maryland: Rowman & Littlefield, 2004.
- Meynell, Letitia. "Minding Bodies," In *Embodiment and Agency*, edited by Sue Campbell, Letitia Meynell, and Susan Sherwin, 1–24. University Park: The Pennsylvania State University Press, 2009.
- Nelson, Hilde Lindemann. *Damaged Identities, Narrative Repair*. Ithaca: Cornell University Press, 2001.
- Nelson, Hilde Lindemann. "Damaged Bodies, Damaged Identities." *Philosophy in the Contemporary World* 11 (2004): 7–11.

- Olson, Eric T. "Personal Identity," In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, 2010.
- Parens, Erik and Adrienne Asch. "Disability Rights Critique of Prenatal Genetic Testing: Reflections and Recommendations." *Mental Retardation and Developmental Research Reviews* 9 (2003): 40–47.
- Parfit, Derek. *Reasons and Persons*. Oxford: Clarendon Press, 1984.
- Phillips, James. "Psychopathology and the Narrative Self." *Philosophy, Psychiatry, & Psychology* 10 (2003): 313–28.
- Phillips, James. "Schizophrenia and the Narrative Self," In *The Self in Neuroscience and Psychiatry*, edited by Tilo Kircher and Anthony David, 319–35. Cambridge University Press, 2003.
- Phillips, James. "Understanding/explanation," In *The Philosophy of Psychiatry*, edited by Jennifer Radden, 180–90. New York: Oxford University Press, 2004.
- Poltera, Jacqui. "Self-narratives, Story-telling and Empathetic Listeners." *Practical Philosophy* 10 (2010): 65–79.
- Ricoeur, Paul. *Time and Narrative*. Chicago: The University of Chicago Press, 1990.
- Ricoeur, Paul. "Narrative Identity," In *On Paul Ricoeur: Narrative and Interpretation*, edited by David Wood, 188–99. London: Routledge, 1991.
- Ricoeur, Paul. *Oneself as Another*. Chicago: The University of Chicago Press, 1992.
- Rorty, Amélie Oksenberg. "Introduction," In *The Identities of Persons*, edited by Amélie Oksenberg Rorty, 1–16. Berkeley: University of California Press, 1976.
- Rudd, Anthony. "In Defence of Narrative." *European Journal of Philosophy* 17 (2007): 60–75.
- Sacks, Oliver. *Seeing Voices*. London: Picador, 2012.
- Saks, Elyn R. *The Centre Cannot Hold*. London: Virago Press, 2007.
- Schechtman, Marya. *The Constitution of Selves*. Ithaca, NY: Cornell University Press, 1996.
- Schechtman, Marya. "Getting Our Stories Straight: Self-narrative and Personal Identity," In *Personal Identity & Fractured Selves*, edited by Debra J. H. Mathews, Hilary Bok, and Peter V. Rabins, 65–92. Baltimore, Maryland: The John Hopkins University Press, 2009.
- Schechtman, Marya. "The Narrative Self," edited by Shaun Gallagher, Oxford: Oxford University Publishing, 2011.
- Schechtman, Marya. "Stories, Lives, and Basic Survival: a Refinement and Defense of the Narrative View." *Royal Institute of Philosophy* 60 (2007): 155–78.
- Schechtman, Marya. "Philosophical Reflections on Narrative and Deep Brain Stimulation." *The Journal of Clinical Ethics* 21 (2010): 133–39.
- Schermer, Maartje. "The Mind and the Machine: on the Conceptual and Moral Implications of Brain-machine Interaction." *Nanoethics* 3 (2009): 217–30.
- Schermer, Maartje. "Ethical Issues in Deep Brain Stimulation." *Frontiers in Integrative Neuroscience* 5 (2011): 1–5.
- Schermer, Martjee. "Changes in the Self: the Need for Conceptual Research Next to Empirical Research." *American Journal of Bioethics* 9 (2009): 45–47.
- Schüpbach, M. and Yves Agid. "Psychosocial Adjustment After Deep Brain Stimulation in Parkinson's Disease." *Nature Reviews Neurology* 4 (2008): 58–59.

- Schüpbach, M., M. Gargiulo, and M. L. Welter. "Neurosurgery in Parkinson's Disease: A Distressed Mind in a Repaired Body?" *Neurology* 66 (2006): 1811–16.
- Scully, Jackie Leach. *Disability Bioethics: Moral Bodies, Moral Difference*. Lanham, Maryland: Rowman & Littlefield Publishers, Inc., 2008.
- Shakespeare, Tom and Nicholas Watson. "The Social Model of Disability: an Outdated Ideology?," In *Exploring Theories and Expanding Methodologies: Where We Are and Where We Need to Go*, edited by Sharon N Barnett and Barbara M Altman, 9–28. Oxford: Elsevier Science Ltd, 2001.
- Sherwin, Susan. "A Relational Approach to Autonomy in Health Care," In *The Politics of Women's Health: Exploring Agency and Autonomy*, 19–47. Philadelphia: Temple University Press, 1998.
- Silvers, Anita. "Feminist Perspectives on Disability," In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, 2012.
- Sparrow, Robert. "Implants and Ethnocide: Learning From the Cochlear Implant Controversy." *Disability & Society* 25 (2010): 455–66.
- Stoljar, Natalie. "Autonomy and the Feminist Intuition," In *Relational Autonomy - Feminist Perspectives on Autonomy, Agency, and the Social Self*, edited by Catriona Mackenzie and Natalie Stoljar, 94–111. New York: Oxford University Press, 2000.
- Stoljar, Natalie. "Informed Consent and Relational Conceptions of Autonomy." *Journal of Medicine and Philosophy* 36 (2011): 375–84.
- Stoljar, Natalie. "Feminist Perspectives on Autonomy," In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, 2014.
- Strawson, Galen. "'The Self'," In *Models of the Self*, edited by Shaun Gallagher and Jonathon Shear, 1–24. Exeter: Imprint Academic, 2002.
- Strawson, Galen. "The Self and Sesmet," In *Models of the Self*, edited by Shaun Gallagher and Jonathan Shear, Exeter: Imprint Academic, 2002.
- Strawson, Galen. "Against Narrativity." *Ratio* 17 (2004): 428–52.
- Synofzik, M and TE Schlaepfer. "Stimulating Personality: Ethical Criteria for Deep Brain Stimulation in Psychiatric Patients and for Enhancement Purposes." *Biotechnology Journal* 3 (2008): 1511–20.
- Talan, Jamie. *Deep Brain Stimulation: a New Treatment Shows Promise in the Most Difficult Cases*. New York: Dana Press, 2009.
- Institute, The Bionics. "Bionic Ear: Fact Sheet."
- Institute, The Bionics. "Neurobionics: Fact Sheet."
- Toombs, S. Kay. "Introduction: Phenomenology and Medicine," In *Handbook of Phenomenology and Medicine*, edited by S. Kay Toombs, 1–28. Dordrecht: Kluwer Academic Publishers, 2001.
- Toombs, S. Kay. "Reflections on Bodily Change: the Lived Experience of Disability," In *Handbook of Phenomenology and Medicine*, edited by S. Kay Toombs, 247–62. Dordrecht: Kluwer Academic Publishers, 2001.
- Tremain, Shelley. "On the Government of Disability." *Social Theory and Practice* 27 (2001): 617–36.
- Tremain, Shelley. "Introducing Feminist Philosophy of Disability." *Disability Studies Quarterly* 33 (2013).
- UPIAS. *Fundamental Principles of Disability*. London: Union of the Physically Impaired Against Segregation, 1976.
- Velleman, J. David. "Narrative Explanation." *Philosophical Review* 112 (2003): 1–25.

- Velleman, J. David. "The Self as Narrator," In *Self to Self*, 203–23. New York: Cambridge University Press, 2006.
- Vice, S. "Literature and the Narrative Self." *Philosophy* 78 (2003): 93–108.
- Walker, Margaret Urban. *Moral Understandings: a Feminist Study in Ethics*. Oxford: Oxford University Press, 2007.
- Walker, Mary Jean. "Neuroscience, Self-understanding and Narrative Truth." *American Journal of Bioethics* 3 (2012): 63–74.
- Wallace, Gordon G, Simon E Moulton, Robert M Kapsa, and Michael J Higgins. "Medical Bionics," In *Organic Bionics*, 1–39. Wiley-VCH Verlag GmbH & Co. KGaA, 2012.
- Wardrope, Alistair. "Authenticity and Autonomy in Deep Brain Stimulation." *Journal of Medical Ethics* 40 (2014): 563–66.
- Wasserman, David, Adrienne Asch, Jeffrey Blustein, and Daniel Putnam. "Disability: Definitions, Models, Experience," In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, 2013.
- Watson, Gary. "Free Agency." *Journal of Philosophy* 72 (1975): 205–20.
- Wendell, Susan. "Toward a Feminist Theory of Disability." *Hypatia* 4 (1989): 104–24.
- Wilson, Sarah, P Bladin, and M Saling. "The "Burden of Normality": Concepts of Adjustment After Surgery for Seizures." *The Journal of Neurology, Neurosurgery and Psychiatry* 70 (2001): 649–56.
- Wilson, Sarah J, Peter F Bladin, and Michael M Saling. "The Burden of Normality: a Framework for Rehabilitation After Epilepsy Surgery." *Epilepsia* 48 Suppl 9 (2007): 13–16.
- Witt, Karsten, Jens Kuhn, Lars Timmermann, Mateusz Zurowski, and Christiane Woopen. "Deep Brain Stimulation and the Search for Identity." *Neuroethics* (2011):
- Wolf, Susan. "Self-interest and Interest in Selves." *Ethics* 96 (1986): 704–20.
- Wolf, Susan. *Freedom Within Reason*. New York: Oxford University Press, 1990.
- Wolf, Susan. "Sanity and the Metaphysics of Responsibility," In *Responsibility, Character, and the Emotions: New Essays in Moral Psychology*, edited by Ferdinand David Schoeman, 46–62. Cambridge: Cambridge University Press, 1987.
- Wollheim, Richard. *The Thread of Life*. Cambridge: Cambridge University Press, 1984.
- Wynn, Francine. "Reflecting on the Ongoing Aftermath of Heart Transplantation: Jean-Luc Nancy's *L'intrus*." *Nursing Inquiry* 16 (2009): 3–9.