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I am submitting herewith a dissertation written by F. Wayne Vaught entitled "Narrative Identity and Narrative Autonomy: a Contextual Approach to Persons and Pediatric Decision-Making." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Philosophy.

Richard Aquila, Major Professor

We have read this dissertation
and recommend its acceptance:

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Associate Vice Chancellor and
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# Narrative Identity and Narrative Autonomy: a Contextual Approach to Persons and Pediatric Decision-Making

A Dissertation
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F. Wayne Vaught
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DEDICATION

To Eileen

In appreciation of her unconditional love and encouragement

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## ABSTRACT

The importance of personal identity to the survival of the self is an issue of considerable debate. Derek Parfit, in reasons and persons, argues persuasively against its importance, claiming that we can know all we need to know about the survival of a person without being able to answer the question of identity. This view, I argue, is shortsighted. The confusion surrounding the importance of personal identity stems from a failure to appreciate two distinct forms of identification: identification-as and identification-with. I argue that this latter form of identification, which can be understood as narrative identity, should be the focus of our concern regarding questions of personal identity. The use of narrative identity, understood as identification-with, not only provides a better understanding of the self, but it also enhances our understanding of autonomy. This interpretation of autonomy will prove important to understanding how children can participate meaningfully in treatment decisions.

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CHAPTER

# INTRODUCTION

In *Reasons and Persons* philosopher Derek Parfit argues persuasively against the importance of personal identity to the survival of the self. Those who account for survival of the self in terms of personal identity traditionally concentrate on their ability to determine if some individual, at a given time, can be thought of as identical to an individual at another time. If we can demonstrate that they are in fact the same, then we may say that the individual survives for the duration in question. Survival becomes a matter of maintaining those characteristics that are necessary to allow for such identity determinations.

Parfit, however, considers the attempt to make such identity determinations futile. By appeal to several thought experiments, Parfit builds support for his claim that personal identity is not, contrary to popular belief, all that important to the survival of a self. Rather, the survival of a self can be reduced to certain continuities and connections. This shift in focus, he argues, will have a considerable effect on the way we consider numerous important ethical issues.

In what follows I explore a narrative view of personal identity and show how it provides an alternative to the view of identity offered by Parfit. I argue that the narrative view of the self offers a unique way of looking at personal identity. Then, I show that this view of identity proves important to the way that we look at persons and individual autonomy. This revised view of autonomy

provides a way of understanding how a child or adolescent can participate in treatment decisions.

In Chapter One I begin by reviewing reductionist's and non-reductionist's approaches to personal identity. These are the two categories that Parfit finds helpful in classifying general theories of personal identity. Next I explore his argument against the importance of personal identity, highlighting several of its important premises. I then, by appeal to Paul Ricoeur, raise the possibility of a narrative view of personal identity and explore two distinctions entailed by this view: identity as selfhood vs. identity as sameness, and identification-as vs. identification-with.

In Chapter Two I explore further the nature of the act identification-with which plays a central role in the concept of narrative identity. I suggest ways in which individuals may identify themselves with narratively constructed characters. I then explore the implications that such identifications have on our ability to identify with ourselves. Then, by way of contrast with John Dewey and Jean-Paul Sartre, I examine further implications of the self thought of as resulting from narrative emplotment. Most important, I show that this view of identity provides a counter-example to Parfit's thesis.

In Chapter Three I apply the concept of narrative identity, developed in the first two chapters, to the issue of autonomy by reviewing Harry Frankfurt's theory

of autonomy and showing how it may be thought to rely on the concept of identity in terms of identification-as. I then argue that the basic issues raised by Frankfurt's view of autonomy are best understood by appeal to the concept of identification-with. This is in direct contrast to Jan Bransen who argues that Frankfurt should opt for the concept of identification-as over identification-with. Ultimately, the use of identification-with allows for a narrative concept of autonomy.

After developing the theoretical concerns in Chapters One through Three, I turn to some conceptual issues in pediatrics. Here, I review several legal and ethical considerations important to the issue of medical decision-making in pediatrics, such as issues concerning the role of the parent/child relationship and issues pertaining to what children tend to know about their medical condition. Finally, I explore some of the issues that must be taken into consideration when evaluating a child's or an adolescent's competence to make treatment decisions.

Chapter Five provides a synthesis of the theoretical issues raised in chapters One through Three with the conceptual issues raised in Chapter Four. The narrative view of identity provides a means of understanding both children and their relationship to their families. Finally, I show that the narrative view of autonomy provides an important means of including children and adolescents in treatment decisions and enhances their ability to make autonomous decisions.

# CHAPTER I

## CONSIDERING IDENTITY

My main task in this chapter is to show how the concept of narrative and narrative identity allows us to deal with traditional dilemmas of personal identity and the survival of the self. I examine Paul Ricoeur's claim that narrative gives rise to our sense of self. It is the self as delineated by this sense, in addition to the self as characterized by certain physical and psychological continuities and connections, with whose survival we have a vested interest.

In so arguing I defend a position that, in partial agreement with Derek Parfit, seeks to avoid a certain sort of non-reductionist view, which I will call the metaphysical view, of personal identity. On the metaphysical view, personal identity is a fact about a special sort of entity, a self or a person, that cannot be reduced to facts about certain sorts of continuities and connections among a multiplicity of states, whether physical or mental, that would ordinarily be regarded as mere states *of* a self or person. Such a non-reductionist view appeals to a special sort of entity supposed to underlie, or at least to have or possess, such states. Personal identity is regarded as an irreducible fact about that entity.

Descartes offers what may be considered a classical conception of the metaphysical view of the self. However, this is an example of what Parfit refers to as a view of the self as a "separately existing" entity. He distinguishes this from another version of non-reductionism. On this account, the self is not thought to be an entity which exists separately from his or her own body and experiential states, nor reducible to the latter. Parfit calls all versions of identity based on this notion the "Further Fact View."[1] Both the "separate existence" and the "Further Fact" views would be examples of what I have called a metaphysical view of personal identity. They seem to exhaust the possibility of a non-reductionist approach to personal identity for Parfit. I propose that the concept of narrative identity provides a third alternative.

Parfit adopts a reductionist view of persons. However, his main concern is to argue on the basis of such a view that personal identity is not something that ought to be of particular importance to us in the first place. His reasoning to this conclusion centers mainly on the fact that a reductionist view of personal identity leads to the conclusion that questions of personal identity are not always determinate. If identity cannot always be determined, can it be very important to our understanding of the self? Therefore, Parfit concludes that personal identity is

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[1]Derek Parfit, *Reasons and Persons* (Oxford: Clarendon Press, 1984), 212-11.

simply not of particular *importance* to our lives. He agrees with the reductionists that what *is* important is nothing more than the sorts of continuities and connections to which reductionists appeal in their accounts of personal identity. Parfit is thus willing to sacrifice a deeply rooted sense of the identity of a self to whom such connections and continuities belong in favor of a view whereby what matters, in any real questions regarding survival of the self, are simply those connections and continuities.

In opposition to Parfit, I argue that personal identity is what matters in the survival of the self. Any theory that hopes adequately to capture a unity of the self sufficient to justify talk about survival must take personal identity seriously. Parfit's failure to take this sufficiently seriously rests on two critical errors: his belief that the importance of identity requires determinacy and his supposing that the only serious alternative to a reductionist approach would be a metaphysical approach.

In the first two chapters I analyze both of these. I begin with a brief review of the non-reductionist and reductionist versions of personal identity. I then turn to a general discussion of Parfit's thesis, highlighting the premises which lead to his rejection of personal identity. Then, in the section on Ricoeur and Narrative Identity, I underscore important distinctions offered by Paul Ricoeur which challenge Parfit's position. Finally, I show how Ricoeur's thesis begins to allow us

to undermine Parfit's basic assertion that personal identity is not all that important to our sense of self.

## Parfit on Identity

In "Personal Identity" and later in *Reasons and Persons*, Derek Parfit argues persuasively against our natural inclination to believe that questions regarding personal identity are important. Such questions, according to Parfit, are often empty; they have no correct answers. However, in spite of Parfit's claim, concerns about personal identity seem naturally important. Personal identity does, after all, seem essential to understanding ourselves and our survival. Thus:

> In rejecting identity . . . it might seem that we risk losing what language we have for even beginning to talk about what matters in survival. For most of our talk of survival is suffused with, indeed, it is often taken to presuppose, identity.[2]

Parfit nevertheless maintains that personal identity is not important. His argument is based on his belief that:

> We can, I think, describe cases in which, though we know the answer to every other question, we have no idea how to answer a question about personal identity (that is, it is indeterminate).[3]

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[2]Georges Rey, "Survival," in *The Identities of Persons*, ed. Amelie Oksenberg Rorty (Berkeley: The University of California Press, 1976), 44.

[3]Derek Parfit, "Personal Identity," *The Philosophical Review* 80 (1971): 3-27.

Parfit believes that this problem has been appreciated insufficiently because of a failure to distinguish between two questions regarding personal identity: what is its nature and what is its importance? Parfit spends the bulk of "Personal Identity" and a considerable section in *Reasons and Persons* dealing with these questions. His ultimate response is that the existence of persons is reducible to the obtaining of certain psychological continuities and connections. Reflection on this fact leads Parfit to conclude that the question of personal identity is unimportant.

## Approaches to Personal Identity

A general understanding of what is meant by personal identity can best be explained by reviewing several of its important formulations. Parfit distinguishes between two approaches to identity: reductionism and non-reductionism. I begin with a discussion of the latter, which Parfit rejects.

### Non-reductionism

The non-reductionist view of personal identity is divisible into two categories depending on whether it views the self as 1) a separately existing entity, or 2) an entity whose identity is a further fact. Parfit explains this difference in the following manner:

> 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.
>
> There is another Non-Reductionist View. This view denies that we are separately existing entities, distinct from our brains and bodies, and our experiences. But this view claims that, though we are not separately existing entities, personal identity *is* a further fact, which does not just consist in physical and/or psychological continuity. I call this the Further Fact View.[4]

However, though the contrast between these two views seems evident, Parfit does not make much use of the distinction. This is because on Parfit's view:

> We cannot defensibly believe that our identity involves a further fact, unless we also believe that we are separately existing entities, distinct from our brains and bodies.[5]

Though I will show why such a position is mistaken, it does explain Parfit's almost exclusive categorization of the non-reductionist view of identity in terms of something like a Cartesian Ego. Descartes, according to Parfit, provides us with the most sophisticated argument supporting this view of personal identity. And according to Parfit, if we have reason to dismiss the Cartesian view of personal identity then we should have reason to abandon the entire non-reductionist account. This is exactly what Parfit asks us to do.

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[4]Parfit, *Reasons and Persons*, 210.

[5]Parfit, *Reasons and Persons*, 239.

Parfit is not suggesting that the non-reductionist account of identity is illogical. In fact, Parfit admits that "we might reasonably conclude that such an entity is what each of us really is."[6] But Parfit claims that we could neither know it to be true, nor ever have reason to believe that it is true. So,

> If we have no reason to believe that such entities exist, we should reject this belief. I do not, like the verificationists, claim that this belief is senseless. My claim is merely like the claim that, since we have no reason to believe that water-nymphs or unicorns exist, we should reject these beliefs.[7]

The point of emphasis, then, is not that Parfit has disproved the non-reductionist thesis, nor found it to be incoherent. Rather, Parfit suggests that due to a lack of empirical support, we simply have no reason to believe it, and hence, no reason to accept the view of personal identity stemming from it.

The success of Parfit's argument against non-reductionism is relatively unimportant for our purposes. We should note that in making the distinction, Parfit attempts to direct our attention to the fact that accepting personal identity as important to our survival necessarily requires us to hold a certain metaphysical view of identity. As already suggested, Parfit ties the importance of identity to its determinacy. For personal identity to be important, in Parfit's view, it must be

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[6]Parfit, *Reasons and Persons*, 227.

[7]Parfit, *Reasons and Persons*, 224.

determinate. And this belief, according to Parfit, is inconsistent with reductionism, which he suggests on independent grounds is the favorable position:

> If we accept a Reductionist View, we shall believe that the identity of such a thing may be, in a quite unpuzzling way, indeterminate. If we do not believe this, we are probably Non-Reductionist about this kind of thing.[8]

Since Parfit tends to equate non-reductionism with a metaphysical view of identity, a problem arises when someone rejects the metaphysical view of the self and yet continues to believe that the question of personal identity is important. Parfit's main task, then, is to demonstrate that such a view is untenable. According to Parfit, belief in the importance of personal identity leads to a metaphysical, non-reductionist account of personal identity. It is this conclusion, and the premises that lead to it, upon which I concentrate in the later part of this chapter.

**Reductionism**

According to Harold Noonan, one of Parfit's major accomplishments has been to "present a considerable challenge to those who wish to combine preservation of the common-sense idea that what matters in survival is identity with rejection of the Simple [non-reductionist] View of personal identity."[9] To

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[8]Parfit, *Reasons and Persons*, 213.

[9]Harold Noonan, *Personal Identity* (New York: Routledge, 1989), 27.

appreciate Noonan's critique we must now turn to an alternative view of personal identity, reductionism.

Reductionists are those who, in agreement with Parfit, reject the belief that appeal to separately existing entities, or further facts, are helpful ways of considering the possibility of our survival. Reductionists do, however, tend to believe that questions pertaining to personal identity are important to survival. On the reductionist account, personal identity is to be explained in terms of continuity among physical and/or psychological events:

> (1) that the fact of a person's identity over time just consists in the holding of certain more particular facts, and (2) that these facts can be described without either presupposing the identity of this person, or explicitly claiming that the 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.[10]

The reductionist view (of which there may be several varieties) essentially claims that the essential features of personal identity can be reduced to certain facts expressible in terms of mental and physical criteria. For example, according to the physical criterion of personal identity, some X may be said to be the same X so long as its physical substance remains numerically identical over time. Hence, I would be the same person that I was yesterday, and several years ago, and will be the same person in the future, so long as my physical substance remains intact.

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[10]Parfit, *Reasons and Persons*, 210.

Even apart from the question of cellular and sub-cellular change, which is constant, it is clear that this is too extreme a view. A person may, for instance, require an artificial limb or a kidney transplant. We do not typically think that such modifications destroy the person's identity. So if we are to adopt a physicalist version of the reductionist view, we need to modify our claim to suggest that we merely need *enough* of the same physical parts, or at least enough of the *right* parts, to ensure our personal identity.

Given the proper technology, it is possible that we could transplant almost every part of our body. For some, however, the physical criterion can simply be restricted to the brain, as it is the locus of our thoughts and seems irreplaceable. This view maintains that our brain, or enough of our brain, must remain intact to ensure identity. These considerations lead Parfit to the following proposal as a view of identity employing the physical criterion:

> (1) What is necessary is not the continued existence of the whole body, but the continued existence of *enough* of the brain to be the brain of a living person. X today is one and the same person as Y at some past time if and only if (2) enough of Y's brain continued to exist, and is now X's brain, and (3) there does not exist a different person who also has enough of Y's brain. (4) Personal identity over time just consists in the holding of facts like (2) and (3).[11]

A second reductionist position is one that appeals to a psychological criterion for personal identity. Because of the influence of Locke, the

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[11]Parfit, *Reasons and Persons*, 204.

psychological approach is most likely to emphasize the importance of continuity and connectedness of memories as being what is important in identity. As frequently espoused regarding Locke's theory of personal identity, this view holds that "experience-memory provides the criterion of personal identity."[12]

Parfit suggests several modifications to Locke's view of personal identity in order to preserve its general coherence. This is important. While Parfit ultimately denies the importance of personal identity, what is important for Parfit, regarding the survival of the self, is largely consistent with what for Locke is important for identity.[13] Parfit provides the following as a version of the psychological criterion:

> *The Psychological Criterion*: (1) There is *psychological continuity* if and only if there are overlapping chains of strong connectedness. X today is one and the same person as Y at some past time if and only if (2) X is psychologically continuous with Y, (3) this continuity has the right kind of cause, and (4) there does not exist a different person who is also

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[12]Parfit, *Reasons and Persons*, 205.

[13]There is no need to go into the detail of these modifications. Of primary importance, however, is the expansion of the notion of memory beyond one that is already logically tied to the identity of a person. We can conceive, Parfit claims, of quasi-memories of which such "personal" memories are a sub-class. This would allow us to attribute a (quasi-)memory of some event E to X (say, the event of visiting Venice at some particular time) without already being logically committed to supposing that X is identical with a person existing at that earlier time. (Such a commitment would make the account of identity circular.) In addition, Parfit also modifies the Lockean position by broadening the notion of psychological continuity beyond the case of memory-continuity altogether. This, as Parfit notes, allows for cases of personal identity that Locke himself would have rejected [Reasons and Persons p. 207-8]

> psychologically continuous with Y. (5) Personal identity over time just consists in the holding of facts like (2)to (4).[14]

Parfit is here distinguishing between two types of relations: psychological continuity and connectedness. Psychological connectedness "is the holding of particular direct psychological connections and psychological continuity is the holding of overlapping chains of strong connectedness."[15] Though the details are not necessary for our purpose, direct psychological connections may be considered as the immediate awareness of one's environment. Psychological continuity, on the other hand, is the overlapping connections of those things. For instance, I am now aware of my present activities. Yesterday I was aware of what I was doing at a given time. Between myself now, my past, and my future is an overlapping of such awareness.

Thus while the non-reductionist believes that personal identity can be explained either by appeal to an independent self, or by appeal to a further, independent fact, the reductionist claims that identity can be reduced to a set of psychological or physical criteria. (Of course a "mixed" view is possible involving both sorts of criteria.) We should also note that, in Parfit's formulation of such claims, they also prohibit the possibility of competing claims to identity (numbers

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[14]Parfit, *Reasons and Persons*, 207.

[15]Parfit, *Reasons and Persons*, 207.

(3) and (4) respectively). This is relevant to the possibility of branching continuities. It will prove to be a key reason for Parfit's rejection of such approaches as theories of what is important to our understanding of the survival of the self.

## Parfit's Argument Against the Importance of Personal Identity

Having completed this brief overview of reductionist and non-reductionist views of personal identity, it is now possible to outline Parfit's argument against the latter's importance. As suggested earlier, Parfit's primary task is to show that one cannot be a reductionist and believe that personal identity is important. From Parfit's argument in *Reasons and Persons* we can draw the following premises:

**(a) If personal identity is important then the question of personal identity must be determinate**

and, accordingly

**(a') if the question of personal identity is indeterminate then personal identity is unimportant.**

These premises are important to Parfit's argument and they do appear to require little justification. If we believe that personal identity is really important, then it would seem necessary to maintain its determinacy. We would not, for instance, claim that such things as the identity of a shirt, or the identity of a spouse are important if we do not believe that questions regarding them are determinate. How

could the identity of a shirt possibly be important if, when taking it out of the closet, I am unable to distinguish it from my other shirts? And what importance could the identity of my spouse have if I could never pick her out from other women? If her identity were indeterminate in such a way, we could hardly hold it to be important. Thus, it appears that Parfit is at least justified in holding these premises.

Parfit next directs his attention to reductionism and introduces the following premise:

**(b) If reductionism is true then personal identity is indeterminate**

This premise is connected with two different issues. First, reductionists attempt to avoid the problem of indeterminacy with respect to at least certain sorts of puzzle cases raised by Parfit. However, they do so by appeal to what I call a non-competition clause. This clause, offered earlier in both the physical and psychological reductionists' criterion of identity, suggests that with any identity determination, there must not exist some third entity who possesses the requirements necessary to preserve the identity of the entity in question. While this may, at first blush, appear helpful, such a clause is problematic. Clearly, without this clause, the question of personal identity would be indeterminate in certain cases. If there were two equally competing entities presenting themselves

as the survivor of the entity in question, we would have no way of adjudicating the ensuing conflict. But, as will become clear, the utilization of this clause leads to its own special problems regarding identity. Second, appeal to less controversial cases can be utilized to demonstrate that if we accept reductionism as an account of identity, our identity would always be a matter of degree. An individual Y, for instance, may be more or less strongly related, by means of the sorts of relations to which reductionists appeal, to a previous self W or X. This leads to additional problems of indeterminacy regarding personal identity. Given non-reductionism as the only alternative, both of these issues tend to support Parfit's argument against the importance of personal identity.

The first issue, pertaining to non-competition clauses, can be explained by considering potential consequences of Parfit's puzzle case. The difficulty involved in answering questions regarding personal identity then becomes clear. The case begins:

> I enter the Teletransporter. I have been to Mars before, but only by the old method, a spaceship journey taking several weeks. This machine will send me at the speed of light. I merely have to press the green button.[16]

As the scenario continues, we are faced with two potential outcomes. In the first, which Parfit calls simple teletransportation, we find that the normal function of a teletransporter is to encode the current "passenger's," X's, cellular information.

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[16]Parfit, *Reasons and Persons*, 199.

The information is then sent, via radio transmission, to a distant location, in this case Mars, where a receiving unit decodes the information and creates an exact duplicate Y. Every detail of X is completely duplicated in Y. At the other end, during encoding, the teletransporter destroys X.

The second scenario is similar to the first with the exception that the teletransporter does not destroy the original body. While X is not destroyed, the teletransporter does cause X to suffer severe cardiovascular damage which results in an untimely death. Y, on the other hand, is created as in the previous case and continues on Mars unscathed. Parfit refers to this latter scenario as the "Branch-Line case."

If we accept a physical reductionist view of identity, we might conclude that person X and person Y, in both scenarios, are not identical. A person's identity remains attached to the identity of the living person's body, and the only case in which such identity is maintained is in the second scenario, where the teletransporter fails to destroy X. The person Z who remains on earth is identical with the person X who entered the teletransporter, but not with Y who appeared on Mars. In the latter case, nothing after teletransportation is identical to X.

Many of us, however, tend to be dissatisfied with the physicalist view. For instance, if it were possible completely to transplant every body part, including the brain, we would be inclined to believe that the person who emerges after such

surgery is identical to the person who entered, as long as he or she is sufficiently psychologically similar. On these grounds we might be appealing, as does Parfit, to a psychological criterion of identity.[17]

The psychological reductionist view of identity allows for a different evaluation of these cases. The first scenario, for instance, seems to pose little concern for personal identity. Person Y who appears on Mars appears psychologically identical to person X who entered the teletransporter on earth. If we agree, we may in fact be inclined to believe that this is a legitimate means of travel. Persons X and Y are identical. Such a case would not be significantly different from a situation in which person X entered a car at home and person Y exited the car and entered an office. In both situations, psychological continuity is maintained.

However, a problem for personal identity arises when, in the second scenario, a duplicate is formed without destroying the original. This case seems significantly different from normal modes of travel. For instance, normally when we return home from work we do not encounter a duplicate of ourselves who remained at home. And if we did, it would certainly raise a legitimate problem for the theory of personal identity.

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[17]We could be appealing to something else -- e.g. the fact that all the new parts were placed into the original body.

Theories of personal identity are incapable of dealing with such dilemmas unless they are allowed to utilize specially constructed "non-competition" clauses. According to the physical reductionist, as we saw in Parfit's formulation of that view, identity is preserved so long as "there does not exist a different person who also has enough of Y's brain."[18] Similarly, the psychological reductionist claims that identity is preserved so long as "there does not exist a different person who is also psychologically continuous with Y."[19] Without such non-competition clauses, we get competing claims to identity.

The problem, however, with such non-competition clauses is that it forces our concern with identity to include events that might be happening elsewhere in the universe. However, connecting our identity to events elsewhere in the world would lead to numerous dilemmas. Suppose, for instance that an evil scientist replaces an airport metal detector with a cellular "scanner." This device has the same scanning capabilities as does the teletransporter in Parfit's example. However, it lacks the capacity to destroy the scanned body. Suppose further that this scientist then secretly duplicated the body on another planet. Would the identity of the original person now be in question after he or she walked through the scanner?

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[18]Parfit, *Reasons and Persons*, 204.

[19]Parfit, *Reasons and Persons*, 204.

It certainly seems that non-competition clauses serve to prevent such troublesome cases. But further, there seems to be a sense in which *my* identity and *my* survival should not depend on the identities of other individuals. But it is precisely such issues that physical and psychological reductionists require of our concern with our own identity. Bernard Williams similarly argues against such clauses:

> The principle of my argument is, very roughly put, that identity is a one-one relation, and that no principle can be a criterion of identity for things of type T if it relies only on what is logically a one-many or many-many relation between things of type T.[20]

In recognizing this concern, the reductionist theory turns to a non-competition clause in order to avoid making identity a many-one relation. But this creates a problem:

> In particular, no principle P will be a philosophically satisfactory criterion of identity for Ts if the only thing that saves P from admitting many-one relations among Ts is a quite arbitrary provision.[21]

Hence, non-competition clauses seem to provide an inadequate solution to the problem of indeterminacy. In Parfit's scenarios we have competing parties claiming a single identity. And it seems that we have several ways of settling the claims. We could say that identity was preserved with one but not the other. We

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[20]Bernard Williams, *Problems of the Self* (Cambridge: Cambridge University Press: 1973), 21.

[21]Williams, 21.

may, for instance, say that X is identical with Z, who remained on Earth, but not Y, whose body was produced on Mars. Or, we could say that both Y and Z are identical to X. Or, we could say that as a result of the split, neither Y nor Z are identical to X. In fact, all of these may seem equally justifiable in the Branch-line case.

Non-competition clauses, then, may stipulate that either there can be no such competition regarding identity determinations (i.e., that in the case of such competition identity is not preserved) or else, in case of competition, some further condition may be stated as a condition of identity that would not otherwise have been required. Without these clauses, the question of identity becomes indeterminate.

We thus encounter a problem. We do not want our identity to be dependent on the identity of any other person. We believe that our identity should be determined solely in regards to factors relating to ourselves, not to others. On the other hand, given the psychological reductionist criteria for personal identity, if we do not have non-competition clauses, then we encounter the problem of indeterminacy. Given these negative consequences, it seems best that we abandon our concern with personal identity, so long as non-reductionism is our only alternative.

A second reason for rejecting the importance of personal identity concerns the fact that what is important to survival holds to degrees. Parfit claims:

> What is most important in the survival of a person are a number of psychological relations. Most of these relations hold, over time, to varying degrees. So the identity of a person over time is only in its logic all-or-nothing; in its nature, it is a matter of degree. Between him now and his recent self there are strong psychological connections; between him now and his earlier self, there are only weak connections.[22]

The foundation that Parfit lays for this claim is that the concept of personal identity is in its essence something that is all or nothing. An individual X either is or is not the same as Y. Personal identity, on this view, cannot hold to degrees. According to the reductionist view, on the other hand, what is important to personal survival does hold to degrees. On the reductionist view, a self consists of certain physical and psychological relations which, over time, hold to degrees. Personal identity, on the other hand, cannot hold to degrees. Thus, according to Parfit, personal identity is not important to survival.

With psychological reductionism, the survival of a self must be related to the psychological continuities and connections which connect the present self to certain past and future selves. So, for instance, my current self may be only loosely connected to my self five years ago. Further, there may be hardly any connections and continuities to myself fifteen years ago. But it does seem that I

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[22]Derek Parfit, "On the Importance of Self-Identity," *The Journal of Philosophy* 68 (1971): 683-90.

am rather strongly connected to myself yesterday and will most likely be strongly related to myself tomorrow. Clearly, the relations between successive selves over time holds to differing degrees. Memories, goals, and desires fluctuate quite extensively during the course of a lifetime. My current goals may be considerably different from the goals that I had fifteen years ago. Memories of my life then may not be as sharp as my memories of more recent events. Accordingly, questions regarding my survival must also be questions whose answers admit of degrees.

We do not, we might note, impose this same requirement for all questions of identity. For instance,

> We do not believe that any collection of sand must either be, or not be, a heap. We know that there are borderline cases, where there is no obvious answer to the question "Is this a heap?" But we do not believe that, in these cases, there must *be* an answer, which must be either Yes or No.[23]

But we do not believe that the same holds for ourselves. And this is because we believe that the answer to questions about our identity must be determinate:

> If someone will be alive, and will be suffering agony, this person either will or will not be me. One of these must be true. And we cannot make sense of any third alternative, such as that the person in agony will be *partly* me.[24]

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[23]Parfit, *Reasons and Persons*, 233.

[24]Parfit, *Reasons and Persons*, 233.

We cannot, according to Parfit, make sense of the claim that a person may be partly identical to me. But, if we accept reductionism as an account of survival, then what matters to our survival clearly holds to degrees. This shows, as suggested earlier, that:

> If we accept a Reductionist View, we shall believe that the identity of such a thing may be, in a quite unpuzzling way, indeterminate. If we do not believe this, we are probably Non-Reductionists about this kind of thing.[25]

Since many of us believe that our identity cannot hold to degrees, we cannot hold a reductionist view of identity. But if we do hold the reductionist view of selves, and accept that what matters to our survival holds to degrees, then personal identity cannot be what is important to our survival.

As Noonan suggested, Parfit does seem to offer serious challenge to anyone who accepts the reductionist view of persons yet continues to hold identity as important to our survival. According to Parfit, our only alternative, if we believe identity to be important to the survival of the self, is to accept a non-reductionist view of personal identity. For Parfit, this entails the holding of a metaphysical view of the self. Narrative allows for a third alternative.

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[25]Parfit, *Reasons and Persons*, 213.

## Ricoeur and Narrative Identity

Paul Ricoeur's most significant contribution to the discussion of personal identity stems from his emphasis on the distinction between what he calls sameness-identity and self-identity and from his introduction of narrative to the concept of personal identity. Though Ricoeur has previously written several important papers on this issue, his views reach their fruition in *Oneself as Another*, where he claims that one of his philosophical intentions:

> Is to distinguish two major meanings of "identity", depending on whether one understands by "identical" the equivalent of the Latin *ipse* or *idem*. The equivocacy of the term "identical" will be at the center of our reflection on personal identity and narrative identity . . . .[26]

Further, Ricoeur states that:

> The problem of personal identity constitutes, in my opinion, a privileged place of confrontation between the two major uses of the concept of identity, which I have evoked many times without ever actually thematizing them. Let me recall the terms of the confrontation: on one side, identity as *sameness* (Latin *idem*, German *Gleichheit*, French *memete)*; on the other, identity as *selfhood* (Latin *ipse*, German *Selbstheit*, French *ipseite*). Selfhood, I have repeatedly affirmed, is not sameness.[27]

Ricoeur suggests that Parfit ultimately fails to appreciate this important equivocation regarding the concept of identity.

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[26]Paul Ricoeur, *Oneself as Another,* trans. Kathleen Blamey (Chigago: The University of Chicago Press, 1983), 2.

[27]Ricoeur, *Oneself as Another*, 116.

Parfit is concerned only with the concept of personal identity in terms of what at least he himself equates with sameness, as is clear when he claims "there are two kinds of sameness, or identity."[28] This account of personal identity is not, however, exclusive. As Ricoeur suggests, it is important that we not limit our discussion of identity to sameness but also consider the implications of identity in terms of selfhood. And our understanding of selfhood is best understood, according to Ricoeur, through narrative.

In this section, I examine the distinction between what Ricoeur calls sameness and selfhood as alternative ways of considering our identity. I seek to clarify this distinction in an effort to establish a counter-argument to Parfit's thesis by showing that personal identity remains important even in light of insights implicit in reductionism. I suggest that the distinction can best be understood as a contrast between what might better be called "descriptive" and "experiential" identity. The essence of my concern with personal identity rests with the latter.

**Selfhood, Sameness and Identity**

Appreciating the significance of Ricoeur's argument for the importance of personal identity first requires the clarification of his distinction between sameness and selfhood. Unfortunately, both in "Narrative Identity," and later in *Oneself as*

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[28]Parfit, *Reasons and Persons*, 201.

*Another*, Ricoeur fails to present his argument in the clearest fashion. The ambiguity of the concept of selfhood itself makes it a poor candidate for terminology to be helpful in clarifying what is shortsighted about Parfit's view of identity. But before I turn to this, I want first to look more closely at Ricoeur's use of the terms 'sameness' and 'selfhood.'

Ricoeur indicates that by the term 'sameness' he has in mind a relation to be established by appeal to those descriptive characteristics which traditionally play a central role in discussions of personal identity. These include such things as numerical identity, qualitative identity, extreme resemblance, uninterrupted continuity and permanence in time.[29] This observation does not, however, fully capture Ricoeur's main emphasis in the classification of sameness identity. The importance of Ricoeur's distinction becomes clearer if we understand the function served by the terms in question in facilitating determinations of identity. When we are concerned with our ability to make an identity judgment utilizing these terms, our primary task is to determine, over a period of time, whether one individual is identical to what is possibly another individual. In such a case we would ask: Is X at $t^1$ the same as Y at $t^2$? Here it is essential that we are able to "pick out" the individuals X and Y. In doing so we isolate them from other individuals and then make a comparison. We attempt to decide, by appeal to some descriptive criteria,

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[29]Ricoeur, 116-17.

whether or not the two are identical. This, remember, is precisely what Parfit was asking us to do in relation to the Puzzle cases.

We can characterize this sort of judgment of identity as one that involves the activities of selecting, objectifying, isolating, and comparing. In these situations identity tends to take on a descriptive form. What we are essentially concerned with is whether or not individuals X and Y at two different points in time are in fact the *same* individual, according to criteria of sameness bearing on the descriptions of the individuals in question.

Parfit, as we saw earlier, offers lengthy argumentation in an effort to show that such concerns for personal identity ultimately fail to provide us with any insight into personhood when faced with perplexing puzzle cases. In fact, his examples of teletransportation, brain-splits and divisions, and quasi-memories, all appeal to the satisfaction of descriptive criteria, on the part of independently identifiable individuals, when attempting to make determinations of identity. It is the inability to make such determinations, according to Parfit, that should persuade us that concerns with personal identity do not assist us in understanding what is essential to human nature and important to survival. According to Parfit, we may know all that we need to know about the latter and yet still be unable to make determinations of identity.

However, even if Parfit is correct concerning the indeterminacy of judgments of identity with respect to description, i.e., what Ricoeur calls "sameness," we must ask if this is the only concern that can be raised regarding the nature or importance of personal identity. It seems clear, as Ricoeur plainly suggests, that this is not the only way to think about personal identity. What Ricoeur attempts to provide is an exploration of the concept of personal identity in terms of selfhood, or what might be called "self-identity." This element, though central to Ricoeur's argument, unfortunately seems to be the most obscure of his work. But to understand what Ricoeur is offering to the discussion of personal identity, it is essential that we understand what he means by identity as selfhood. After all, Parfit would presumably claim that the question of "self-identity" is nothing other than a question of identity in terms of descriptive criteria of sameness -- simply applied, in this case, to individuals that happen to be selves, or persons.

**Identification-*as* and Identification-*with***

Ricoeur frequently refers to selfhood in terms of such things as ownership, possession, attestation, and mineness. In doing so, he emphasizes elements of identity quite distinct from the characteristics of *sameness* commonly utilized in discussions of identity. To better clarify the distinction between sameness and

selfhood and provide a more thorough explanation of the concept of selfhood, I now want to introduce a further distinction, namely, between what I shall call identification-*as* and identification-*with*.

When I suggest that I can identify myself *as* someone, I am referring to my ability to pick out a particular individual and then describe myself as possessing qualities sufficient to support the judgment that I am that individual. For instance, one might identify himself as Superman. In this identification scenario, he would pick out an individual whom he identified as Superman and then, by virtue of comparison of certain qualities of that individual and himself, identify that individual as himself (or himself as that individual). One might, for instance, describe oneself as having X-ray vision, or perhaps as being able to leap tall buildings in a single bound. In this way, one might be able to identify oneself as Superman.

This way of looking at identity might be supported by the fact that in everyday life I identify myself in terms of certain character traits and other qualities. So, we may say that I identify myself in terms of my brown hair or brown eyes. My identity might also be determined by some string of memories or life-events. For instance, I may identify myself as the person who attended certain schools. I might also be identified by some particular disposition. I may, for instance, be identified as kind and witty. In any event, what occurs here concerns

our ability to make certain identity claims based on descriptive characteristics. For example, suppose that some individual is to be presented with an award. In presenting the award, someone may read through a list of the person's achievements. After hearing this list, the person receiving the award may be said to identify the person being presented the award *as* himself or herself. What Ricoeur has in mind, and what I am calling "identification-with," involves something different.

When considering our capacity to identify *with* someone, I do not first pick out or isolate an individual, and then consider whether his or her qualities or traits and mine are such that I can make the judgement that this individual is myself. What is in question is rather something more like my ability to experience the identity in question. Given great enough imaginative and narrative capacities, I might be capable of imagining, or experiencing, a host of situations much as I experience my everyday life. In fact, in a sense, I might be capable of forgetting about my self altogether, as some particular entity on which I might be focussing in order to consider its identity with some distinct individual. Instead, I "live" a particular sort of self's experience, and derive a particular sense of identity from it. Steven Reynolds provides an excellent example of such an imaginative experience:

> Suppose I have been reading a vivid account of Napoleon's conduct during the battle of Waterloo. Putting the book aside for a few minutes, I actively imagine myself being Napoleon in the battle of Waterloo. I imagine that I

> am mounted on horseback, watching the battlefield. I see my aides come and go bearing messages and I hear the cannons roar in the distance.[30]

In this example the radical distinctions between two types of identity become readily apparent. On the one hand, we can discuss my ability to identify myself *as* Napoleon. Here, I would be reading and gathering descriptive facts, perhaps even picturing myself on a horse in the battle. But here, I would merely be appealing to the descriptive characteristics of sameness. I would be concerned with my ability to make a judgment as to whether the facts that I read, and those facts I know about myself, are sufficiently similar to support a judgment that I can be thought of as Napoleon.

Our concern with personal identity in terms of identification-with, however, becomes interesting at the point where I, in Reynold's words, "put the book aside for a few minutes." It is here that a different process takes place. I am no longer picking out certain descriptive characteristics, but rather (at least imaginatively), living those experiences. Most important, the imaginative experiences are my experiences. I feel the tension of the battle. I am overcome with the fear of defeat. To the degree that narrative imagination allows, I very well may share these experiences with Napoleon. And in this sense, I can be said to be identifying *with* Napoleon.

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[30]Steven L. Reynolds, "Imagining Oneself to be Another," *Nous* 23 (1989): 615-33.

I believe that this distinction between identification-*as* and identification-*with* provides a better understanding of what Ricoeur has in mind in distinguishing between identity in terms of sameness and identity in terms of selfhood. The former is concerned with gathering descriptive facts that allow identity determinations to be made. The later, on the other hand, concerns identity in terms of experience. It is this, according to Ricoeur, that provides the basis for self-identification.

Such active imagination requires narrative capacities. As Reynolds suggests:

> Active imagining of this sort is plausibly regarded as a kind of story telling. The imaginer tells himself a story using mental images, and perhaps some narration, in the way movie makers use images and sounds to tell stories. In this particular case I tell myself a Napoleonic story using mental images and perhaps some supplementary commentary. When asked what I have imagined, it seems that I should respond by saying what happens in this story.[31]

When employing such narrative capacities I am not imagining myself *as* Napoleon, in the sense of setting before my mind an individual with certain traits and qualities, and deliberating as to whether I can be thought of as that individual. Rather, what I imagine are precisely the experiences of the story itself. In this sense, I identify myself *with* the Napoleonic character, not *as* Napoleon. Identification-*with* is then to be understood in terms of experience rather than in

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[31]Reynolds, 616.

terms of judgments of comparison according to descriptive criteria. And these experiences, like the experiences in our everyday life, can be regarded as having narrative quality.

In identifying with Napoleon, it is not the case that I pick out the important characteristics of Napoleon and then simply imagine that I have those features. Rather, I begin to narrate a story in which I am the central character. The events that occur in that narrative are, at least to a certain extent, identical with the events that happened to Napoleon. But the narration that permits the imaginative experience is, nevertheless, my experience. In that imaginative enterprise I may not ever encounter, as an identifiable object, either any individual that I identify as my *self* or any individual that I might claim to be Napoleon. Rather, in a certain way, I simply 'live' those experiences themselves. Up to a point, this might be compared to what Hume said in *A Treatise of Human Nature*:

> When I enter most intimately into what I call *myself*, I always stumble on some particular perception or other, of heat or cold, light or shade, love or hatred, pain or pleasure. I never can catch *myself* at any time without a perception, and never can observe anything but the perception.[32]

However, the point is that, contrary to Hume, this need not rule out a genuine experience of identity.

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[32]David Hume, *A Treatise of Human Nature*, ed. P.H. Nidditch (Oxford: Clarendon Press, 1978), 252.

This, I believe, helps to shed light on the important distinction offered by Ricoeur. On the one hand, we can think of identity in terms of satisfaction of a description. Our sense of "sameness" identity arises from the utilization of descriptions in application to objects independently picked out as candidates for identification in terms of such descriptions. But this is not the only way that we can think of our identity. We can also think of our identity more directly in terms of our experience of that identity. What Ricoeur wants to do is to show that such experience is constructed in terms of narrative.

Ricoeur illuminates this contrast at an important section in "Narrative Identity":

> . . . the disintegration of narrative form parallel to the loss of identity of the character exceeds the limits of narrative and draws the literary work closer to the essay. It is thus no longer by chance that so many modern autobiographies, that of Leiris for example, deliberately stretch narrative form and come to resemble that least configured genre, namely the essay.[33]

Here, Ricoeur suggests that the abandonment of narrative, especially in the case of autobiography, leads the author to utilize the more descriptive form of the essay. In doing so, I believe it is safe to say, the individual loses touch with the very experiences that give rise to his or her sense of self-identification, leaving only the simple descriptive features characteristic of sameness-identification.

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[33]Paul Ricoeur, "Narrative Identity," in *On Paul Ricoeur: Narrative and Interpretation,* ed. David Wood (New York: Routledge, 1991), 196.

In one respect the approaches of Parfit and Ricoeur are similar. The concern with personal identity is traditionally a temporal concern. We are interested in determining a person's identity over time. The theories of both Parfit and Ricoeur are clearly concerned with some sort of permanence in time. What Ricoeur calls the "pole" of sameness-identity emphasizes descriptive characteristics which might remain as constants in spite of temporal continuation. According to Parfit, these constants would be the enduring psychological continuities and connections that allow us to account for the survival of the self. The other pole, that of selfhood, finds the expression of identity more directly in the process of temporal change itself. Here we should note that narrative is in its essence also temporal. It requires the progression of events in a temporal sequence. The unity of the self in narrative terms is to be found in the unity of the story that is told. The ongoing story itself allows for preservation of the identity of a character in spite of character augmentation or other change.

However, it should be clear from this analysis that we are dealing with two different ways of looking at identity. First, there is a concept of identity understood in terms of my ability to pick out individuals and compare them with regard to descriptive characteristics. This concept of identity typically focuses on those traits that comprise what would traditionally be understood as identity criteria. On the other hand, we have a concept of identity understood in terms of

individual experience. These form two poles of identity which contribute to the constitution of personal identity. It is in mediating between these two poles that personal identity, for Ricoeur, arises. Personal identity, in such terms, is best understood through the use of narrative. In the following chapter, I show that this latter view of identity offers a challenge to Parfit's view regarding the importance of personal identity for survival of the self.

# CHAPTER II

## NARRATIVE AND THE SELF

The importance of narratives to the development of personal identity, and ultimately the self, has been noted by several leading scholars. Paul Ricoeur, for instance, claims that his goal in *Narrative Identity* is:

> To examine more closely the concept of narrative identity, that is to say, the kind of identity that human beings acquire through the mediation of the narrative function.[1]

For Ricoeur, narratives are central to our ability to understand the self. He asks, "do not human lives become more readily intelligible when they are interpreted in the light of the stories that people tell about them?"[2] The importance Ricoeur places on narratives is echoed in Charles Taylor's highly influential work, *Sources of the Self.* There, Taylor argues that "in order to have a sense of who we are, we have to have a notion of who we have become and of where we are going."[3] Such

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[1]Paul Ricoeur, "Narrative Identity," in *On Paul Ricoeur: Narrative and Interpretation,* ed. David Wood (New York: Routledge, 1991), 188.

[2]Ricoeur, 188.

[3]Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge: Harvard University Press, 1989), 47.

a sense can only be acquired through the utilization of narrative in the development of a life story. "But this is to state another basic condition of making sense of ourselves, that we grasp our lives in a *narrative*."[4]

Eric Cassell, in *The Nature of Suffering*, also emphasizes the importance of narratives to the development of a sense of self. "Our innumerable actions, small and large, write the narratives of our lives, which in turn describe us."[5] He further suggests that "to know the person, one must know something of the narrative."[6] Thus, while knowledge of a person's actions is necessary, it is not sufficient for understanding the self. This is where the narrative theory of identity most radically differs from that of Parfit. According to Parfit:

> Our existence just involves our brains and bodies, and the doing of our deeds, and the thinking of our thoughts, and the occurrence of certain other physical and mental events. Our identity over time just involves Relation R -- psychological connectedness and/or psychological continuity.[7]

However, we can distinguish between two conceptions of continuity and connectedness. On the one hand there is the sort that Parfit talks about, purely in

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[4]Taylor, 47.

[5]Eric Cassell, *The Nature of Suffering and the Goals of Medicine.* (New York: Oxford University Press, 1991), 166.

[6]Cassell, 167.

[7]Derek Parfit, *Reasons and Persons* (Oxford: Clarendon Press, 1984), 212-11.

terms of the relations between certain objects, thoughts and events in question. In addition there is the sort that is constructed by placing the latter into the story of a *character* to whom they are attributed. On this latter view, awareness of certain continuities and connections provide only static facts. And as Cassell suggests, these "static facts of the person's life are the framework on which is hung the narrative revealing them as the particular persons they are."[8]

In this chapter I examine in greater detail the way in which narratives give rise to the self and how we are, through narrative, able to achieve an identity that goes beyond the sorts of "continuities and connections" utilized by Parfit and others. I argue that personal identity, so far as it is of importance to us, is something more than such continuities and connections, and in fact the latter have an importance only in relation to this further element. This further element is our capacity to identify with a narratively constructed "character."

This point will become clear with the help of a distinction between what I will call Type-I Identity (based on the concept of identification-as) and Type-II Identity (based on the concept of identification-with). Type-I Identity is based on the concept of identity judgments as involving the comparison of what might possibly be two objects to determine if they can be thought of as the same. So, for instance, A is thought of as identical to B if and only if A is thought of as B. The

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[8]Cassell, 168.

latter determination must then be made by whatever criterion of identity we choose to employ. Type-II identification, however, is based on the general observation that persons are capable of identifying with various characters. What is important here is that A may identify with B without having to make a judgment or comparison in which A is thought of *as* B. It is traditionally assumed that when we are speaking of personal identity, we must be referring to a Type-I identification. As suggested in the preceding chapter, in agreement with Ricoeur, personal identity should more appropriately be thought of in terms of Type-II identifications.

One important corollary of this will be that personal identity and our ability to identify with "others" are more closely intertwined than may be generally realized. There is certainly no suggestion of this in Parfit's approach. The reason for this is that the construction of our own personal identity, through identification with a certain narratively constructed "character," is simply one instance of the exercise of the very same capacity that we utilize in identifying ourselves with any character, for example, with historical individuals about whom we may have read, or with fictional characters. As I have indicated, this approach to personal identity will allow for an alternative to the view suggested by Parfit. More generally, it will allow us to concede, with Parfit and others, the legitimacy of a certain sort of reductionist view (at least as contrasted with what Parfit calls "further fact"

approaches), without having to deny that what is really important in questions of "survival" is genuinely a kind of identity, and not simply a matter of the obtaining of certain sorts of continuities and connections that fall short of real identity.

## The Alternative Approaches to Identity

One way to approach this issue is to say that, in arguing for the unimportance of identity to the survival of the self, Parfit does not distinguish between what may be considered unique characteristics of personal identity and identity in general. If there is, as I would argue, a legitimate distinction to be made, then while Parfit may successfully argue that, as it is considered in general, identity is unimportant in questions of human survival, he does not then simultaneously reveal the relative unimportance of personal identity for such questions. The use of narrative, I argue, makes this distinction clear and thereby preserves the importance of personal identity from Parfit's attack.

Admittedly, this is to raise a controversial claim regarding questions of personal identity. Generally speaking, questions of personal identity are regarded as just questions about identity in general applied to persons. In this regard, so far as the general concept of identity goes, the questions of the identity of a table, of a forest, or of a person are the same. The question of personal identity is a mere particular application of *the* question of identity. As such, the real problem of

personal identity has then been reduced to a task of determining which criteria are important for establishing that identity. Most such arguments then focus on some appeal to either mental or physical factors, or both, which seem to be essential to the survival of a self.

The notion of identity in general, as it figures in such thinking, may be connected with what I have referred to as identification-as. This is because when we are concerned with identity in general, apart from the special case of personal identity, it is a question of first *picking out*, over some period of time, what we can identify as the same individual at each point. This is accomplished by identifying certain characteristics which satisfy particular criteria at each point. Person A at $t^1$ and person B at $t^2$ are the same if and only if certain characteristics of A stand in the appropriate relation to those of B over the duration in question. In this sense, we can say identity is constituted by certain descriptive facts, namely, facts as to the relations in question. This general approach to questions of identity is of course not limited to persons. For instance, we could inquire as to whether or not the suitcase of the teletransported traveler, in Parfit's example, was the same as the one brought into the teletransporter. Perhaps we could question whether or not the "lucky" Babe Ruth autographed baseball, carried in that suitcase, is the same after teletransportation as the original. In each case, it is a matter of picking out some item A, and picking out an item B; only subsequently do we then raise the question

of identity (given the characteristics of, and relations between, A and B are they the same or not?). In the particular case, I believe that we would probably want to say that it is not the same ball that was signed by Babe Ruth; rather, it is an exact copy of the original ball, regardless of what happened to the original during transportation.

Such technology, we might note, is not completely fictional. The use of a modern fax machine utilizes much of the same technology that we would expect to be employed by the teletransporter. In this case, a document can be mechanically created and, with expensive enough equipment, be identical, in appearance, to an original document. But in this case there is no question as to whether the original document and the document produced by the fax machine are the same in anything more than appearance. Clearly, the fax-produced copy is just that, a copy. But suppose that I use a software program to transfer a document from my computer to the fax machine. Suppose further that the computer, to my dismay, deletes the original document line by line as it sends it to the fax machine. Is the faxed arrival the survivor of the deleted original, actually preserving its identity? Perhaps here we might want to say that it is identical to the original. But, we also might not.

The problems of indeterminacy in such cases lead Parfit to conclude that identity must not, then, be all that important. For Parfit, at least in certain cases, the identity of the thing in question is simply not a major concern. As in the

previous case, as long as there is a document in the future whose characteristics stand in certain relations of continuity and connection with the original, then that may well be all that really matters to us. Whether or not we say that the survivor preserves the actual identity of the original, so long as its characteristics stand in certain relations to the original, that is presumably good enough for our purposes. If an original were to be destroyed, I would consider the survival of the faxed copy as good as ordinary survival of the original document, whether or not I regard it as "identical" to it.

Again, the type of identity discussed above involves "picking out" an individual. In essence, we are asking whether one can "pick out" individual A and then "pick out" some individual B, and then ask whether the one can be regarded "as" the other. Thus, it is a case of Type-I identity. In Parfit's teletransportation example, we have three elements with which to work. Here, we are asked to "pick out" individuals A, B, and C.[9] In the normal course of things, Parfit argues that we would be inclined to believe that, in picking out A and B, one can be regarded as the same as the other. The same applies to A and C. But the identity problem arises when, after agreeing that A=B and A=C, we have some question as to whether B=C. In the case of identity in general, given its very logic, this transitive

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[9]A refers to the passenger before teletransportation, B refers to the teletransported passenger, and C refers to the passenger who remains on earth in Parfit's modified example.

relationship would necessarily obtain. However, due to the conflicts that arise, and the indeterminacy of identity in such cases, Parfit concludes that in the case of survival of persons, identity must not really be of particular importance.

The traditional debate surrounding the issue of personal identity has focused on this very point. Personal identity is simply the general question of identity applied to persons. The controversy has then focused on our ability to determine the precise criteria by which we should make these kinds of identity judgments. Some have then argued that identity is determined by appeal to physical continuity, some argue that it is psychological continuity, etc. But in all cases, identity seems to be regarded as concerned only with our ability to "pick out" certain important factors, whatever they are, which will allow us to make the determination that A can be thought of "as" B.

As already suggested, the question we must ask is whether or not this is the only way of, or even a particularly appropriate way of, regarding personal identity. Or, rather, is there a type of identity that is specific to persons which in some sense goes beyond, or is at least distinguishable from, a particular application of the concept of identity in general. In essence, I am suggesting that there is something that can genuinely be called "identity" in the case of persons that differs from such a particular application This element of identification is based on our

unique ability to identify ourselves, not wholly *as* another, but to identify, rather, *with* another. It leads to what I called Type-II identity.

**Identifying with the Other.**

The act of identifying with another is actually a rather common occurrence. Identifying with a fictional character, for instance, is something with which almost everyone is familiar. We frequently experience this type of identification when we identify with a character encountered in either literature or film. Such cases afford us ample opportunity to engage, for significant periods of time, in creative acts of identification-with. This seemingly benign act of identification, however, will prove to play a significant role in the development of our individual identities.

People enjoy watching films. This enjoyment, however, is not derived merely from observing interactions between the characters in the film. Nor is it derived from some sort of comparison of oneself with some character in the film. Rather, much of the thrill of the action film, for instance, or the emotional charge of a drama, arises from the act of *identifying* with a character in the film. Film-makers recognize and utilize this phenomenon in an effort to entice the audience. In so doing, they further enhance the act of identification-with through creative acts of cinematography, allowing the action in the film to be viewed "through the

eyes" of the main character. The members of the audience are then able to view things as if they were that character.

When identifying with a main character, the audience members "place themselves" in that character's role. In so doing, the action in the film created by the antagonists will elicit certain responses on the part of the audience members. They may feel fear, anger, frustration and a host of other responses in accordance with the action on the screen. The act of identification-with brings the audience members into the action and allows them to thereby enjoy and perhaps "experience" the action in the film.

Film-makers rely on the ability of the audience to identify with certain characters. To further guarantee the desired identification, they often create characters that represent certain values, beliefs, and experiences which are similar to those of the anticipated audience member. Or, a character may be created, like a James Bond or Superman, who possesses certain idealized characteristics with which many people may wish to identify. The villain is then derived by creating an antagonistic character to the one with which the film-makers want their audience to identify. Such techniques would probably not work well at creating the desired effect if audience members, for whatever reason, were to identify themselves with the antagonist. How would one respond to a film if one identified with the pathological killer in *Cape Fear*, or perhaps Freddy Kruger in *Nightmare*

*on Elm Street*? In any case, our ability to identify with a character plays an important role in both our ability to enjoy a film and the film maker's ability to create a desired effect. But here, the relevant acts of identification are nothing like acts in which oneself, A, is held up for a comparison where A is able to be regarded *as* some B (e.g. James Bond). Identification-with is radically different from identification-as.

Another valuable means of identifying with a character is derived from our engagement with the novel. Whereas in film, identification with a character can be enhanced through cinematography, identification with a character in a novel must be mediated entirely through the narrative itself. This requires greater sophistication on the part of the reader, who must then create, in his or her mind, the images described in the text. In this way, the reader creates and enters the world of the text. Ricoeur claims:

> A text is not something closed in upon itself, it is the projection of a new universe distinct from that in which we live. To appropriate a work through reading is to unfold the world horizon implicit in it which includes the actions, the characters and the events of the story told. As a result, the reader belongs at once to the work's horizon of experience in imagination and to that of his or her own real action.[10]

Ricoeur goes on to suggest that:

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[10]Paul Ricoeur, "Life in Quest of Narrative," in *On Paul Ricoeur: Narrative and Interpretation,* ed. David Wood (New York: Routledge, 1991), 26.

> Reading is itself already a way of living in the fictive universe of the work; in this sense, we can already say that stories are recounted but they are also *lived in the mode of the imaginary*.[11]

In other words, even more so than with a movie, reading a novel almost inevitably involves "placing oneself" into a particular domain of reality.

But novels and films are significantly similar in many ways. In both, to be successful, there must be some character with whom the intended audience can identify. Further, there must be some recognizable plot wherein the main character is able to develop. And finally, there must be some recognized goal for which the main character strives. It is the responsibility of the narrative to allow for the successful interplay between these various elements.

What, then, seems to be happening when I identify with a literary character? Part of the experience suggests that in identifying-with, it is necessary that the agent adopt, or take over, the "vantage point" of the character. And clearly, as film directors are quite aware, this partially means being able to see things from the main character's point of view. Quite simplistically, this may entail having objects leaping toward the audience, as if they were coming toward the main character. Looking out from the eyes of the character enhances our ability to identify with the character. The novelist, on the other hand, must rely on other aspects of the reader's imagination to facilitate identification-with.

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[11]Ricoeur, "Life in Quest of Narrative," 27.

But merely possessing the same vantage point as the main character is not sufficient. It is also essential that we understand his or her role in relation to other characters in the story. Further, a character must have certain values and beliefs which motivate his or her action. These may include bravery, generosity, loyalty, etc. To identify with the character, it is essential that he or she possess some values and beliefs which we, the audience, feel are important or which reflect our own values. We would have a difficult, if not impossible time, identifying with some character who did not share any of the values that we believe to be important. There must, then, be some similarity in shared values and beliefs in order for the act of identification with this character to occur. But the critical point is that, in all of this, what is in question is not simply a mental comparison in which, with an eye on such various elements as point of view, relations, and psychological makeup, one regards oneself (even imaginatively) *as* the character in question. Again, it is not simply a matter of A regarding itself *as* B (or, for that matter, B *as* A). Identifying with character B involves somehow *taking on* (at least imaginatively) the role of B. Whatever role is played here by attention to the point of view, relation, and character of B, it seems to be nothing like the role played by such attention when we are concerned with criteria for regarding (even in imagination) one thing *as* another.

This type of identification, then, cannot be understood as a particular case of identification in general. It is not a Type-I identification. I am not picking out a particular character A (James Bond, for instance) and a particular character B (myself) and asking if it is possible to think of A *as* B. Rather, I am asking whether B is able to identify-with A. And while we may say no to the first question (we cannot think of A *as* B) we may nevertheless agree that B is able to identify with A. In fact, the success of literature and film seems to depend on this unique capacity.

Our ability to identify-with, on which Type-II identity is based, is clearly made possible by the very nature of narrative. A character in a novel or film is not an entity or item available for being "picked out" as a possible object of comparison in the first place. Or if we do speak of "picking out," then "picking out" Sherlock Holmes, for example, in a novel or film is significantly distinct from "picking out" some individual that is simply given to us as a brute fact, as for instance some person who may be standing in front of me. Rather, the identity of Sherlock Holmes as someone available for identification-with, arises within the context of the narrative in the first place. We are able to identify with Sherlock Holmes only because we are somehow able to take over some position of that narrative. To that extent, we are able, for a time, to adopt that story as "our own." We identify with a character when we place ourselves within the narrative itself. It

is the special sort of ability that this involves that, as I want to suggest, is also involved in the constitution of our own actual identities as persons. Appreciation of this point will finally allow us to see that identity is indeed of primary significance in one's day-to-day "survival" as a person.

## Narrative Identity and the Constitution of the Self

In the previous sections I identified important elements surrounding a particular type of identity, which I called Type-II identity, and ways in which it allows for a unique relationship with fictional characters. It is important, however, to distinguish between two distinct aspects of this relationship. On the one hand, we have the fictional character that arises through a process of narrative emplotment. On the other, there is the unique ability people have to identify with such fictional characters; this also relies on the act of narration. I have already given attention to these two aspects in explicitly fictional contexts. I now wish to argue two important points correlative with these two aspects. First, the character that represents our own self is constituted in a way similar to that which gives rise to fictional characters. Second, we are able to identify with that character who represents our own self in much the same way that we can identify with a fictional

character. Anthony Kerby writes, "it is as a character in our (and other people's) narratives that we achieve an identity."[12] This same point is suggested by Taylor:

> I am a self only in relation to certain interlocutors: in one way in relation to those conversation partners who were essential to my achieving self-definition; in another in relation to those who are now crucial to my continuing grasp of languages of self-understanding -- and, of course, these classes may overlap. A self exists only within what I call 'webs of interlocution.'[13]

And while, for Taylor, we can only understand ourselves in terms of our relations to others, the true defining characteristic of the self arises when we orient ourselves to the good. "We are only selves insofar as we move in a certain space of questions, and we seek and find an orientation to the good."[14] This orientation is accomplished through active self-evaluation which requires narration. "We find the sense of life through articulating it."[15] Ricoeur, offers a similar argument when he writes:

> Our own existence cannot be separated from the account we can give of ourselves. It is in telling our own stories that we give ourselves an identity. We recognize ourselves in the stories that we tell about ourselves. It makes

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[12]Anthony Kerby, *Narrative and the Self* (Bloomington: Indiana University Press, 1991), 40.

[13]Taylor, 36.

[14]Taylor, 34.

[15]Taylor, 18.

> little difference whether these stories are true or false, fiction as well as verifiable history provides us with an identity.[16]

Personal identity can then be understood as the upshot of a process similar to the act of identifying with a fictional character. A character in a story is understood in terms of its relations with other characters and events in the story. The narrative translates those relations into a coherent story. The fictional character arises, and is sustained, through this act of narration. We then identify with that narrative character by "taking-on" or "playing" the role of that character. Our own selves arise in a similar way. Hence, what is important to the survival of the self is thus identity after all, namely, identity of this latter sort.

It seems evident that we use our capacity to identify with fictional characters to gain access to, and enjoy, both literature and film. What may not seem quite as evident is that the same process of narration which constitutes fictional characters may also play a role in the constitution of our own self. As we have seen, this is precisely Ricoeur's suggestion. He claims:

> The self does not know itself immediately, but only indirectly by the detour of the cultural signs of all sorts which are articulated on the symbolic mediation which always already articulates action and, among them, the narratives of everyday life. Narrative mediation underlines this remarkable characteristic of self-knowledge, that it is self interpretation. The appropriation of the identity of the fictional character by the reader is one of its forms. What narrative interpretation brings in its own right is precisely

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[16]Paul Ricoeur, "History as Narrative and Practice," *Philosophy Today* 29 (1985): 214.

> the figural nature of the character by which the self, narratively interpreted, turns out to be a *figured* self which imagines itself (*se figure*) in this or that way.[17]

According to this account, the self arises through a process of narrating the various aspects of everyday life. One does not have direct awareness of the self as an entity (or even as a sequence of continuities and connections among entities), given independently of such a narrative process. Rather, the self is the product of the reflective articulation and interpretation of what one understands to be important events in one's life, turning them into a unified, coherent, story. This view, according to Ricoeur, is:

> Already anticipated, or if you will, presupposed by the way in which we talk in everyday life about a life-story. We equate life with the story or stories that we can tell about it.[18]

Self-knowledge is gained by attention to the various stories we tell about our life. An individual self is thus constituted in much the same way as a historical-fictional character in a novel, through the stories attributed to the individual character:

> Self knowledge is an interpretation; self interpretation, in its turn, finds in narrative among other signs and symbols, a privileged mediation; this mediation draws on history as much as it does on fiction, turning the story of one's life into a fictional story or a historical fiction, comparable to those biographies of great men in which history and fiction are intertwined.[19]

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[17]Ricoeur, "Narrative Identity," 198-9.

[18]Ricoeur, "Narrative Identity," 196.

[19]Ricoeur, "Narrative Identity," 188.

From this we can conclude that the self may be understood as a character, no different from that which we find in historical literature and film. The self arises, as does the character in a story, from the act of narration itself.

Oliver Sacks, in an interesting collection of essays entitled *The Man Who Mistook His Wife for a Hat and Other Clinical Tales*, argues for a similar point:

> We have, each of us, a life story, an inner narrative -- whose continuity, whose sense, *is* our lives. It might be said that each of us constructs and lives, a "narrative", and that this narrative *is* us, our identities. If we wish to know about a man, we ask "what is his story -- his real inmost story?" -- for each of us *is* a biography, a story. Each of us *is* a singular narrative, which is constructed, continually, unconsciously, by, through, and in us -- through our perceptions, our feelings, our thoughts, our actions; and not least our discourse, our spoken narrations . . . . A man *needs* such a narrative, a continuous inner narrative, to maintain his identity, his self.[20]

In the process of telling stories a character arises to whom those stories are attributed. This character is supported by an underlying narrative. This is similar to the way in which such characters as Sherlock Holmes and James Bond are supported by a series of stories attributed to those characters. For our own personal identity, it is then essential that we are both able to construct such characters and to identify with those characters.

But to what degree, we might ask, must some entity be capable of narration to be considered a person? What, in essence, constitutes a narrative sufficient for

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[20]Oliver Sacks, *The Man Who Mistook His Wife for a Hat: and Other Clinical Tales* (New York: Harper Perennial, 1985), 110-11.

personhood? Ricoeur offers a minimalist approach to narratives. He claims, "Telling a story is saying who did what and how, by spreading out in time the connection between these various viewpoints."[21] For Taylor, on the other hand, identity requires something much stronger than the mere piecing together of these various elements:

> The notion of identity refers to certain [strong] evaluations which are essential because they are the indispensable horizon or foundation out of which we reflect and evaluate as persons. To lose this horizon, or not to have found it, is indeed a terrifying experience of disaggregation and loss. This is why we speak of an "identity crisis" when we have lost our grip on who we are. A self decides and acts our of certain fundamental [strong] evaluations.[22]

This position, like that of Harry Frankfurt which I will explore further in Chapter Three, suggests that the essence of personhood is to be found through extensive reflection. Frankfurt speaks of such reflection in terms of second-order volitions. Taylor argues that identity should be understood in terms of strong evaluations.

However, we encounter a problem, as Owen Flanagan points out, if we adopt this as our view of persons. In an important article entitled "Identity and Strong and Weak Evaluation,"[23] reprinted as a chapter in his most recent work *Self*

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[21]Ricoeur, *Oneself as Another*, 146.

[22]Charles Taylor, "What is Human Agency?" in *The Self: Psychological and Philosophical Issues*, ed. T. Mischel (Oxford: Basil and Blackwell, 1977), 35.

[23]Owen Flanagan, "Identity and Strong and Weak Evaluation," in *Identity, Character, and Morality: Essays in Moral Psychology*, ed. Owen Flanagan and

*Expressions,*[24] Flanagan argues that such a position is too demanding of personhood and ultimately threatens to leave out many entities that we might otherwise have good reason to consider persons.

Flanagan argues that there are three fundamental truths of philosophical psychology which "express certain necessary conditions of distinctively human lives."[25] These are 1) the intersubjective conception of the self, 2) that humans are self-comprehending creatures, and 3) that people need not comprehend themselves in terms of the intersubjective conception of the self.[26] There are many people, Flanagan argues, who may fail to demonstrate ethical concerns or are not particularly articulate about their own life experience. Professional athletes and the sorts of peasants introduced in Tolstoy's novels are but two such examples. Flanagan's point is that "persons can satisfy these three truths and live morally good lives without satisfying the further conditions of strong evaluation."[27]

> If firm, self-respecting identity is possible for persons who are both inarticulate and (let us suppose) unaware of contrastive possibilities, and of both these things are necessary for strong evaluation, then it follows that

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Amelie Oksenberg Rorty (Massachusetts: The MIT Press, 1990), 37-65.

[24]Owen Flanagan, *Self Expressions: Mind, Morals and The Meaning of Life* (New York: Oxford University Press, 1996), 142-170.

[25]Flanagan, 150.

[26]Flanagan, 148-9.

[27]Flanagan, 150.

> strong evaluation is not a necessary foundation and indispensable font of identity and motivation.[28]

We do not, however, in adopting a narrative conception of the self, need to accept the strong sense of reflection require by Taylor. Certainly Taylor's account would establish a strong sense of identity. But it is unlikely that many people, and most of us from time to time, exhibit the requisite strength of reflection required by Tayor. We all act from greater and lesser degrees of reflection from time to time. We would not, however, be inclined to believe that through such variation that our selves, and our identity, is in jeopardy. Instead, in agreement with Ricoeur, we can adopt a minimalist interpretation of identity and suggest that a self arises through the ability to take certain events, place them within a narrative sequence, and give meaning to those events. This requires some minimal ability to narrate.

## Some Comparisons: Dewey and Sartre

What is now needed is a further exploration into the means by which a self, as a character, results from a creative act of emplotment and how it is then possible to establish one's identity by identifying with this character. On my account, the self both arises, and we identify with that self, through the act of narration. I will

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[28]Flanagan, 150-1.

return to this position later in this chapter. But to further explain what is involved in this overall process of self-creation and identification, it will be helpful to examine some other approaches to the self. In particular, I want to review those concepts of the self offered by John Dewey and Jean-Paul Sartre.

In *Human Nature and Conduct*, Dewey suggests that:

> Selfhood (except as it has encased itself in a shell of routine) is in process of making, and that any self is capable of including within itself a number of inconsistent selves, of unharmonized dispositions.[29]

Here, Dewey presents the view of an individual agent as being composed of numerous, perhaps conflicting, selves. However, these so-called selves are more accurately understood as individual dispositions. Not only is the self made up of these numerous "selves," but the individual selves which constitute the self may themselves be inconsistent with each other. This would seem to be supported by the fact that at any given time, a particular individual may engage in a variety of diverse acts, some being inconsistent with others. An agent may, for instance, though generally cruel and hateful, demonstrate isolated acts of compassion. "Even Nero may be capable upon occasion of acts of kindness."[30] Given that a self

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[29]John Dewey, *Human Nature and Conduct,* ed. Jo Ann Boydston (Carbondale: Southern Illinois University Press, 1988), 96.

[30]Dewey, 96.

appears to be nothing other than a mixed bag of dispositions, from what does that entity, which we recognize as the self, acquire its apparent unification?

Dewey abandons the notion that the unification of a self is to be derived by appeal to a single substantial entity underlying individual actions, choices, beliefs, motivations, etc. Instead, the self must be understood as a collection of those features and personality traits which contribute to our understanding of the individual at a fixed time:

> Inconsistencies and shiftings in character are the commonest things in experience. Only the hold of a traditional conception of the singleness and simplicity of soul and self blinds us to perceiving what they mean: the relative fluidity and diversity of the constituents of selfhood. There is no one ready-made self behind activities. There are complex, unstable, opposing attitudes, habits, impulses which gradually come to terms with one another, and assume a certain consistency of configuration, even though only by means of a distribution of inconsistencies which keeps them in water-tight compartments, giving them separate turns of tricks in action.[31]

There is, according to Dewey's view, no substantial self at all. Rather, the self is unified only in the sense that the opposing complex features, both diverse and fluid, which constitute that self form a coherent, organized configuration. But this self, according to Dewey, is in a state of continual progression and change. The self is in fact constituted by an ongoing struggle to unify a divergent range of desires.

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[31]Dewey, 96.

We cannot, then, understand the self as a pre-existing entity that merely possesses certain individual habits. Dewey suggests that habits are not possessed by a pre-existing self, as if they were tools in a box; rather, they should be thought of as projecting themselves outward and in that sense creating the self:

> Pity fulfills and creates a self when it is directed outward, opening the mind to new contracts and receptions. Pity for the self withdraws the mind back into itself, rendering its subject unable to learn from the buffetings of fortune . . . . What makes the difference in each of these cases is the difference between a self taken as something already made and a self still making through action. In the former case, action has to contribute profit or security or consolation *to* a self. In the latter, which is possible but as yet unrealized, an experiment in creating a self which shall be more inclusive than the one which exists.[32]

Individual dispositions create the self in the process of exploration and the development of habits. The self is an experiment in self-creation.

But if we argue that habits project themselves outward, do we not run the risk of begging the question of personhood? From where, we might ask, do these habits project themselves if not from a pre-existing self? We do not, on Dewey's account, need to presuppose an underlying self to establish a foundation for desires and habits. Rather, habits, Dewey claims, should be considered no different than other biological features:

> Habits may be profitably compared to physiological functions, like breathing, digesting. The latter are, to be sure, involuntary, while habits are acquired. But important as is this difference for many purposes it should

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[32]Dewey, 96-7.

> not conceal the fact that habits are like functions in many respects, and especially in requiring the cooperation of organism and environment.[33]

We need not believe that a self exits simply from the fact that something is capable of developing habits. Nonhuman animals, for instance, are all capable of a variety of physiological functions. Further, they clearly demonstrate a host of desires and habits: toward food, shelter, sex, etc. They demonstrate these capacities do not imply that we must believe that they possess what we are calling a self. Likewise, human animals may be thought of as possessing these features without presupposing that a self must exist to which they can be attributed. Rather, it is the unique way in which human animals express their habits that gives rise to the self. The self is somehow the product of the expression of individual habits.

We typically think of habits as being something "possessed" by persons. I, for instance, "have" habits. As such, we consider them to be comparable to other things that I possess, e.g. my car, my clothes, my computer, etc. But Dewey believes this to be an objectional view of individual habits. A more acceptable view is suggested by the way we think of bad habits:

> A bad habit suggests an inherent tendency to action and also a hold, command over us. It makes us do things we are ashamed of, things which we tell ourselves we prefer not to do. It overrides our formal resolutions, our conscious decisions. When we are honest with ourselves we

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[33]Dewey, 16.

> acknowledge that a habit has this power because it is so intimately a part of ourselves. It has a hold upon us because we are the habit.[34]

It is this view of habits as a kind of demand that Dewey wishes to utilize. Our habits are not mere tools, on this view, utilizable at the whim of a pre-existing self, but rather demands that may serve to create the self in the first place:

> All habits are demands for certain kinds of activity; and they constitute the self. In any intelligible sense of the word will, they *are* will. They form our effective desires and they furnish us with our working capacities.[35]

As such, habits are not, in their essence, passive objects ready to be picked out. By their nature they bring the agent to action:

> We may think of habits as means, waiting like tools in a box, to be used by conscious resolve. But they are something more than that. They are active means, means that project themselves as energetic and dominating ways of acting.[36]

In this sense, the self is in its essence, an active process.

The importance of an active self in the mode of self-creation is also discussed by Sartre. In *Being and Nothingness,* however, Sartre provides a useful contrast to Dewey's interpretation of the self. Whereas on Dewey's account, the self is understood in terms of dispositions and habits, Sartre adopts a more ontological approach to the self, discussing it in terms of being. We can

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[34]Dewey, 21.

[35]Dewey, 21.

[36]Dewey, 22.

distinguish between two types of being: being-in-itself and being-for-itself. Sartre says the following about being-in-itself:

> Being-in-itself *is*. This means that being can neither be derived from the possible nor reduced to the necessary. Necessity concerns the connection between ideal propositions but not that of existents. An existing phenomenon can never be derived from another existent qua existent. This is what we shall call the *contingency* of being-in-itself. But neither can being-in-itself be derived from a *possibility*. The possible is a structure of the *for-itself*; that is, it belongs to the other region of being. Being-in-itself is never either possible or impossible. It *is*.[37]

We must be careful to avoid being misled by Sartre's description. Though Sartre claims that being-in-itself can neither be derived from the possible nor reduced to the necessary, it is clearly not the case that objects exist in isolation from possibility. Possibility is not attributable exclusively to the for-itself. A thing that has being in-itself is itself the actualization of certain possibilities. It is clearly possible, for instance, that some object X could have been different. This glass from which I drink could have been a vase or a window, or remained a pile of sand. That it is a glass requires that certain possibilities were actualized. Further, its existence in the future also depends on certain possibilities. An ink bottle, for instance, could be broken or melted into something else. Thus, to say that such an object is, is not to say that it exists of necessity. Clearly, there are no objects which exist such that their essence includes existence. Nor, Sartre suggests, is the

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[37]Jean-Paul Sartre, *Being and Nothingness: A Phenomenological Essay on Ontology,* trans. Hazel E. Barnes (New York: Washington Square Press, 1992), 29.

existence of such an object derivable from the existence of another. Sartre's point, in denying that possibility pertains to the in-itself, must be understood as a claim about a mode of being, not about the *beings* that exist in that mode. Thus even if the beings in question are actualizations of possibilities, Sartre's point is that their being does not *consist* in the actualization of certain possibilities. Their being does not consist in any sort of relationship to possibilities at all, even if *they* (the objects in question) have some sort of relationship to possibilities.

By contrast, the possible is a structure of the for-itself. This must be a statement about the very mode of being of beings that are not objects but persons. An object, as a being-in-itself does not, in its very "act" of being, relate to possibilities. While it does exist in relation to certain possibilities, it need not include possibility as part of the very structure of its mode of being. However, the being of a for-itself *consists* in the actualization of certain possibilities. As we might put it, a person needs to *do* something in order to be, and its being *consists* in that doing. By contrast, being-in-itself is not an actualizing-of-a-possibility, even if the things that are in the mode of being-in-itself are the actualizations of possibilities.

Sartre emphasizes a similar point concerning the relationship between beings. The nature of relationships differs drastically between the in-itself and the for-itself. The in-itself, Sartre claims:

> Knows no otherness; it never posits itself as *other-than-another-being.* It can support no connection with the other. It is itself indefinitely and it exhausts itself in being. From this point of view we shall see later that it is not subject to temporality.[38]

Again, we must be careful not to misinterpret Sartre's position. Surely he does not mean to deny that objects have various sorts of relations to other objects. The various objects on my desk, for instance, must exist in relation to each other. They cannot all exist in the same spot. Some objects are capable of moving others. There are numerous such examples which indicate relationships between objects. Sartre's point, then, is rather about the very being of such beings: the being of an in-itself does not consist in relations to other things, just as it does not consist in the actualizing of certain possibilities. The being of the in-itself is not a *being-related*, even though it (the thing that *is* in itself) is related to various things.

The preceding discussion should make clear that being-in-itself is not attributable to persons. Being in the mode of the in-itself can be understood as simply being what a thing is, while recognizing that this involves certain relationships and possibilities. Being-for-itself, however, is, in its essence, the *desire* to be what it is:

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[38]Sartre, 29.

> Fundamentally man is *the desire to be*, and the existence of this desire is not to be established by an empirical induction; it is the result of an *a priori* description of the being of the for-itself.[39]

The being of an object, being-in-itself, does not consist in the desire to be. Such objects simply are what they are. As such, there is no requirement, on the part of something that is in the mode of being-in-itself, that it strive to be, or desire to be, in order to be. Persons, on the other hand, exist only to the degree that in their very being they are actualizing possibilities, and in their being they are being-related to others. Unlike the case of being-in-itself, their being is a kind of *doing*. But, as we shall see, being-for-itself is also not cut off from being in-itself.

For one thing, that for which man fundamentally strives, Sartre suggests, is precisely to be in the mode of being-in-itself. But, a person cannot be in the mode of being-in-itself. This makes such striving futile. For another, in so striving the self acts on the basis of a factual situation, which it transcends in that striving, but where that facticity exists in the mode of the in-itself. Understanding the self, then, requires an appreciation of the relation between the being-for-itself, which is the only kind of being attributable to a person, and the being-in-itself, toward which being-for-itself is said to strive and beyond which it transcends in its being. This relationship then includes both a striving-toward, transcendence-beyond.

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[39]Sartre, 722.

The essence of the self is contained in the very act of *being*. As we saw above, the act of being is not something attributable to a being-in-itself, as the being-in-itself exists independently of any act on its part. But selves can be only insofar as they are engaging in the act of being. So while we find that being-for-itself can be considered a striving toward being-in-itself, a being that exists in the mode of the for-itself is ultimately capable of becoming a being-in-itself only insofar as it could become a mere object, or brute fact, such as at death. But as our being then no longer requires an act on our part, at that point we no longer exist as a person:

> Death reunites us with ourselves. Eternity has changed us into ourselves. At the moment of death we *are*; that is, we are defenseless before the judgments of others. They can decide *in truth* what we are; ultimately we have no longer any chance of escape from what an all knowing intelligence could do . . . by death the for-itself is changed forever into an in-itself in that it has slipped entirely into the past. Thus the past is the ever growing totality of the in-itself which we are.[40]

As this last passage also makes clear, our being as persons, though radically distinct from being-in-itself, nevertheless essentially involves being-in-itself and not merely the act of desiring it. As Sartre puts it, it involves a past which "we *are*." The past, as well as our factual situation and our physical bodies, are for Sartre examples beings in the mode of being-in-itself. The past is "present" as a brute fact. In its being, as the past, it is in itself no longer possible or impossible,

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[40]Sartre, 169.

though it certainly exists in relation to other events and is itself the actualization of certain possibilities. It is what it is. But it is also part of the for-itself's act of being what it is. "The past is the in-itself which I am, but 'I am' this in-itself as *surpassed.*"[41] The past is an essential part of whom we are as persons. But the past is not wholly that which I am. There is something to my being which is lacking in my past. And that which my self in terms of my past lacks, is the necessity to transcend that past in order to *be* it. "What the for-itself lacks in order to be made a whole with itself is the for-itself."[42] I am not this past in the sense, for example, that a glass is sand. Rather, I am this past in the sense that in order to be, I must actively surpass this past:

> I am the lacking for-itself in the mode of having to be the for-itself which I am not, in order to identify myself with it in the unity of the self. Thus the original transcendent relation of the for-itself to the self perpetually outlines a project of identification of the for-itself with an absent for-itself which it *is* and which it *lacks*.[43]

In what sense are we a certain past? Not in the way, clearly, that brute facts or mere things are what they are. For one thing, a brute fact is what it is by its very existence, its being what it is is not an act of any sort. For another thing, as an in-itself the past is precisely not present. So a being cannot simply "be" it any more.

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[41]Sartre, 173.

[42]Sartre, 147.

[43]Sartre, 147.

Rather, a being can only "be" it by being a surpassing of it. And that is something only selves can do. Again, the being of a self requires active participation on the part of the agent. "So long as we are not dead, we are not this in-itself in the mode of identity. We *have to be it.*"[44] We can then conclude, quite clearly, that an important relationship exits between being-for-itself, which is the mode of being of persons, and being-in-itself which is the mode of being of objects and mere facts. Unlike the latter, the former involves an *act* of being.

We might compare this with Dewey's view about such "things" as pity and courage in relation to persons. For Sartre, courage can be understood as a being-in-itself, as a particular sort of *fact* about a person. People, in fact, often strive to *be* courageous. But they cannot ever succeed, so long as being courageous is regarded as a mode of being-in-itself. Rather persons can *be* courageous only to the degree that they are engaging in an *act* of being it.

Dewey would agree with Sartre, at least in part, on this point. For Dewey, it is because we misunderstand the role of habits, and view them as things-in-themselves, things to be "had" by a self, that we tend to misunderstand their true significance. Persons are courageous only in the sense that they act courageously. For Sartre, they are courageous in the sense of *being* courageous in the mode of being-for-itself, which is an act. But there is, nevertheless, an important

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[44]Sartre, 169.

distinction that must be stressed in regards to these two views. For Sartre, persons can only act *at* being courageous, they must *play* at it. It is in such playing that *being* in the mode of the for-itself can be understood as a kind of fiction. There is nothing in Dewey's work to suggest an identity of a self in such terms. In fact, we do not find in Dewey any articulation of a self as being something other than certain desires and habits.

In addition to this point of difference, instead of focusing on individual dispositions, Sartre tends to focus on elements of the factual situation and the past as the representatives of being-in-itself important to understanding personhood. Few would deny that part of being who we are requires some understanding of our past. But for Sartre, even though the past is a sort of being-in-itself, it is important to remember that it is not something external to and possessed by the self, as one might possess some material object. For instance, I may accurately say that I have a car, that I have a computer, etc. But I cannot, according to Sartre, similarly say that I have a past:

> One cannot "have" a past as one "has" an automobile or a racing stable. That is the past cannot be possessed by a present being which remains strictly external to it as I remain, for example, external to my fountain pen. In short, in the sense that possession ordinarily expresses an *external* relation of the possessor to the possessed, the expression of possession is inadequate.[45]

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[45]Sartre, 166.

To have a past, then, does not mean that one is in possession of something external to the self. The important relationship between the being-in-itself and the being-for-itself is not one that can be explained in terms of ownership and possession. Rather, as a being-for-itself having a past entails the act of *being* one's past:

> There is a past only for a present which cannot exist without being its past -- back there, behind itself; that is, only those beings have a past which are such that in their being, their past being is in question, those beings who *have to be* their past. These observations enable us to refuse *a priori* to grant a past to the in-itself.[46]

We *are our* past in the special sense of *having* to be it, i.e., Sartre seems to intend, in the sense of having to *make* something of ourselves out of that past. "[T]he present being has to be in its being the foundation of its past while *being* itself this past."[47] A being-in-itself, on the other hand, "whose present is what it is, cannot 'have' a past."[48] That is, it has no special obligation to enact for itself a particular past in order to be what it is. People, on the other hand, are their past in the sense that they have the obligation of being a particular past. A similar point applies to the possibility of recollection and adopting of attitudes toward one's past:

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[46]Sartre, 167.

[47]Sartre, 168.

[48]Sartre, 166.

> It is not because I "represent" my past that it exists. But it is because I *am* my past that it enters into the world, and it is in terms of its being-in-the-world that I can by applying a particular psychological process represent it to myself.[49]

However, Sartre goes on to suggest that:

> On the other hand I am not my past. I *am* not it because I *was* it. The malice of others always surprises me indignant. How can they hate in the person who I am now that person who I was? . . . Whatever I am doing, whatever I am saying- at the moment when I wish *to be it*, already I *was doing it*, I *was saying it.* But let us examine this aphorism more carefully. It amounts to saying that every judgment which I make concerning myself is already false when I make it; that is, that I have become *something else*.[50]

I am not my past in the sense that the past is what it is in-itself. Once something has occurred, that act, and those facts, which constitute the past are objects in-themselves with which I cannot be united:

> I *am* not a diplomat or a sailor, that I am a professor, although I can only play this being as a role and although I can never be united with it. If I cannot re-enter into the past, it is not because some magical power puts it beyond my reach but simply because it is in-itself and because I am for-myself.[51]

I am not, then, the past in the sense that I cannot be united with the past. But this is just to say that I cannot be it in the mode of the in-itself. In essence, I cannot be thought of *as* that past. I am my past, however, in the sense that I must "live out"

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[49]Sartre, 170.

[50]Sartre, 170.

[51]Sartre, 173.

or "enact" my past in the present. As we might put it, my present is contingent on the past in that the past provides the "materials" through which my current self is constructed. The being of the self has the constant obligation of creating, and enacting, itself out of its past. Thus my not being the past in question is itself a kind of action, since it is the very same as the act being-for-itself:

> If I am not what I pronounced myself to be, this is not because of a slight cleavage between judicative thought and being, not because of a retardation between the judgment and the fact, but because on principle in my immediate being in the presence of my present, I *am* not it. In short the reason why I *am* not what I was is not that there is a change, a becoming conceived as a passage to heterogeneity taking place in the homogeneity of being; on the contrary, a becoming is possible there only because on principle my being and my modes of being are heterogeneous.[52]

As a being-for-itself, it is then necessary that we make ourselves what we are:

> In this sense it is necessary that we *make ourselves* what we are. But what *are we* then if we have the constant obligation to make ourselves what we are, if our mode of being is having the obligation to be what we are?[53]

However we answer this latter question, it is not the case that we can, in good faith, think of ourselves as being some particular thing, or character that we have in fact made. In this sense, the desire to "be something" is futile. It is the futile position, for example, of the attentive pupil:

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[52]Sartre, 171.

[53]Sartre, 101.

> The attentive pupil who wishes *be* attentive, his eyes riveted on the teacher, his ears wide open, so exhausts himself in playing the role that he ends up by no longer hearing anything.[54]

As noted earlier, according to Sartre, the being that is the self is one's "own" being only in the project of "playing at" being that being. It is futile to try really to be the thing in question except precisely as something that one is playing. That futile attempt is tantamount to trying to be something not in the mode of for-itself, but in-itself.

To further explore this position, it will be helpful to examine Sartre's example of the cafe waiter. The cafe waiter presents himself as an odd sort of character:

> His movement is quick and forward, a little too precise, a little too rapid. He comes toward the patrons with a step a little too quick. He bends forward a little too eagerly; his voice, his eyes express an interest a little too eagerly; his voice, his eyes express an interest a little too solicitous for the order of the customer.[55]

We find, in fact, that the cafe waiter, according to Sartre, is engaged in a game:

> He is playing, he is amusing himself. But what is he playing? We need not watch long before we can explain it: he is playing at *being* a waiter in a cafe.[56]

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[54]Sartre, 103.

[55]Sartre, 102.

[56]Sartre, 102.

It is only in bad faith that a person deceives himself into thinking that he is what he is in fact not, namely, a cafe waiter. The cafe waiter cannot really be a waiter. Or at least "[t]he waiter in the cafe cannot be immediately a cafe waiter in the sense that this inkwell *is* an inkwell, or the glass is a glass."[57] Rather, a person can only *be* a waiter in the sense of playing the role of the waiter. But in so doing one only represents oneself as a waiter. When in fact, one cannot be the waiter: "I cannot be he, I can only play *at being* him; that is, imagine to myself that I am he."[58] In this sense, we could say that one is not what one is. But then there is the other sense in which one is what one is not. While I may not be able to *be* the waiter in the sense that a glass is a glass, there must be some sense in which one is the waiter:

> Yet there is no doubt that I *am* in a sense a cafe waiter -- otherwise could I not just as well call myself a diplomat or a reporter? But if I am one, this cannot be in the mode of being in-itself. I am a waiter in the mode of *being what I am not.*[59]

Here, Sartre is referring to the facticity (the body, situation, and past) which the waiter is. He is these things in the sense that it is from them that he must make himself. But he is not them, in the sense that to be them he has the self-imposed

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[57]Sartre, 102.

[58]Sartre, 103.

[59]Sartre, 103.

*obligation* to be them. Thus the waiter can be understood as "making himself" out of his past. He does this only by playing at being, and this requires a type of fiction on his part.

What Sartre then seems to offer us, that is useful to the initial argument against Parfit, is an example of a non-metaphysical version of the self that does not collapse it into certain physical or psychological continuities and connections. Important to Sartre's formulation is that the self exists only by the act of playing at being. This playing involves a certain kind of fiction in which one plays the role of a given character derived from elements of facticity. Both of these issues lend support to the narrative view of the self.

### Dewey, Sartre, and Ricoeur: Toward a View of the Self

At the beginning of this chapter I suggested, with Ricoeur, that an emphasis on narrative identity would provide a meaningful way of examining the importance of personal identity. In particular, I suggested that it helps to avoid the attack that Parfit levies against it. Furthermore, I suggested that it was Type-II identity, based on identification-with, that held the key to understanding the importance of personal identity to the survival of the self. Our capacity to identify with narratively constructed characters plays a more important role than most realize. It is, I suggested, a capacity similar to that in which individuals identify

with a narratively constructed character that gives rise to the self. It would then seem to follow that the continued capacity to engage in such a narrative enterprise would be important to the continued survival of the self.

I then explored the views of John Dewey and Jean-Paul Sartre as examples of views which, like the one I have suggested, regard the self as something created rather than pre-existing. According to Dewey, the self is created from the ongoing struggle between individual desires and the moments of coherency offered by habit. Sartre, on the other hand, adopts a more ontological approach, by emphasizing an act of being. In fact the notion of an *act* seems to be doubly appropriate here, since it is through individuals' *playing* at being that they come to create, for themselves, the self that they *are*.

In this final section I explore further the interrelatedness of these three views. They have something important in common. In particular, they allow us to look at the self in a way that emphasizes the importance of identity without forcing us into a metaphysical view of the self. And this is important. For, according to Ricoeur, Parfit argues that we can only hold on to personal identity as important for the continuing existence of selves, if we accept a non-reductionist view of the self as some sort of substantial entity. Narrative allows us to reject the sort of non-reductionist view which Parfit has in mind while retaining the importance of personal identity for the continuing existence of selves.

By reviewing some of what Ricoeur shares with Dewey and Sartre we can perhaps gain a better understanding of the narrative position. Both Sartre and Dewey, for instance, emphasize the self as the result of an ongoing creative act. This is important to Ricoeur as well. As Mark Muldoon suggests:

> Narrative identity is not some permanently subsisting substance (*idem*) but a reinterpreting identity (*ipse*) which knows that its life narrative is never *fait accompli*.[60]

However, only Sartre emphasizes the concept of a self creating itself through the act of playing at being. It is this latter view that can be interpreted as similar to Ricoeur's view of the self in terms of narrative. On Ricoeur's account, the self is understood as being constituted by the very act of narrative emplotment that gives rise to the character with which we identify. As with Sartre's example of the waiter, the self, to be, must take historical fragments (being-in-itself) and place them within a narrative framework. It is within the context of the narrative that one is able to play the role of the character with which one identifies. "Our identity is that of a particular historical being, and this identity can persist only through the continued integration of ongoing experience."[61]

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[60]Mark Muldoon, "Time Self, and Meaning in the Works of Henri Bergson, Maurice Merleau-Ponty, and Paul Ricoeur," *Philosophy Today* 35 (1991): 263.

[61]Kerby, 45.

In the case of the waiter, we would say that this individual identifies himself with the character of a waiter. As Sartre points out, the waiter:

> Knows well what it "means" [to be a waiter]: the obligation of getting up at five o'clock, of sweeping the floor of the shop before the restaurant opens, of starting the coffee pot going, etc. He knows the rights which it allows: the right to tips, the right to belong to a union, etc.[62]

In essence, the waiter knows the role of the waiter. With an eye toward facticity, he is able to play that role, to identify with the character created from those materials. It is in the waiter's comprehension of the role of the waiter that he is able to play at being a waiter, and then to *be* the waiter to the extent that the for-itself can be anything at all.

Dewey also emphasizes the importance of the self as arising from an act of being. Habits are, as he emphasized, active projections, not passive tools. As such they express the self though their act of being. "The nature of habit is to be assertive, insistent, self-perpetuating."[63] It is in the act of expressing themselves that habits give rise to the self. But here, there is no sense in which the self is thought to be engaged in any sort of "role playing." Rather, the self is what it is according to whatever set of desires and habits that it currently possesses. This is significantly different from the nature of the self with Sartre. For Sartre, it is in the

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[62]Sartre, 102.

[63]Dewey, 43.

act of *being,* which is a matter of playing at being, that the self arises. This view lends itself quite easily to the conception of a self engaging in a kind of narrative. For Ricoeur, it is in the very act of narrating that the self arises.

However, the self, and its survival, are more closely connected with the act of narrating than with the narrative itself. To view the self *as* a narrative is to slip back into a position where the self is understood in terms of identification-*as*. We would once again be concerned with our ability to pick out a certain narrative and then, perhaps, even make a comparison: is this narrative sufficiently like another such that they can, in fact, be understood as the same? But to view the self *as* a narrative, would be to encapsulate being, on Sartre's view, in terms of being-in-itself. A narrative, once narrated, is what it is. But we cannot, as Sartre emphases, view the self as a being-in-itself. Rather, the self exists, and survives, not because a particular narrative survives, but only because the individual retains the capacity to narrate. To view a self *as* a narrative is to reduce it to an impersonal event. Compare Ricoeur:

> It is because mental states and bodily facts have at the outset been reduced to impersonal events that the self appears to be a supplementary fact. The self, I will claim, simply does not belong to the category of events and facts.[64]

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[64]Ricoeur, "Narrative Identity," 193.

Survival of the self is not to be considered as identical to the survival of a particular, impersonal narrative. I could, for instance, be well acquainted with the life story of some deceased person, as with a close family member. By sharing this narrative with future generations, I could be considered to be preserving that narrative. But the preservation of those facts which constitute the narrative itself is essentially unrelated to the actual survival of a self. A narrative may long outlive the self that narrates. Hence, the self survives only so long as the act of narrating continues. It is in narrating that a self arises, and survives. Furthermore, there must be an act of identifying with the character in question.

In addition to these concerns, we can turn to Sartre to further illuminate another important point in narrative theory. Here, the distinction that Sartre makes between being-in-itself and being-for-itself helps to explain the importance of the distinction between identification-as and identification-with. We would not, on Sartre's view, say that the waiter (except in bad faith) identifies himself *as* a waiter. As Sartre points out, we can think of the glass *as* a glass of water, and the ink bottle *as* an ink bottle. This is because with a being-in-itself we are concerned with descriptive criteria which allow us to pick out certain objects and ask if they can be thought of *as* the same. But this is not, as Sartre clearly suggests, transferable to persons.

A person is his or her past in the sense of being able to identify with that past. But, as we saw, it is impossible that we should view the self *as* the past. One may, as a result of the contingency of one's past, be able to identify with the character of a waiter. However, one cannot identify oneself *as* one's past, nor *as* a cafe waiter. This is because the self cannot be in the mode of being-in-itself.

We see on Sartre's account that the survival of the self depends on the capacity of the self to strive to be. Once the self loses that capacity, it slips into the mode of being-in-itself, and hence loses that which is essential to its personhood, its striving toward being. While the self exists in relation to a being-in-itself, and strives toward being-in-itself, in its essence the self is not itself a being-in-itself. Only bad faith encourages us to hold this deceptive position. Rather, the self survives wholly through the desire to be. And that desire to be is executed in the act of playing the role of a given character *with* which one identifies, as with a cafe waiter. The past is important to the self only in that it provides the materials for the self to construct a meaningful character with which to identify. Survival just involves this type of identification process.

Another general problem that presents itself to any theory of the self stems from explaining how the self appears as a unified whole. It is this appearance of the self that can partially be blamed for contributing to our belief that the self is some sort of substantial entity. But as both Sartre and Dewey suggest, the self

seems to be constituted by a mixture of heterogeneous elements. How, then, does this self, which consists of various heterogenous elements of its past, or various competing dispositions, come to create itself as a unified whole? As we saw with Dewey, the self achieves unification in the formation of habits which serve to establish a self amongst a sea of competing, sometimes conflicting, desires. The unity of the self for Sartre, on the other hand, is to be found as the essence of the fundamental project of persons, which is the striving toward being:

> But *to be* for Flaubert, as for every subject of "biography," means to be unified in the world. The irreducible unification which we ought to find, which is Flaubert, and which we require biographers to reveal to us -- this is the unification of an *original project*, a unification which should reveal itself to us as a *non-substantial absolute*.[65]

The self for Sartre is then constituted by a fundamental project, the fundamental form of its striving toward being. But this fundamental project cannot, unlike on Dewey's view, be reduced to any particular desire, nor the sum total of all desires. Rather the self is unified and complete in itself and expresses itself fully in each of its modes of being:

> On the contrary, in each inclination, in each tendency the person expresses himself completely, although from a different angle, a little as Spinoza's substance expresses itself completely in each of its attributes.[66]

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[65]Sartre, 717.

[66]Sartre, 720.

Sartre's notion of a fundamental project, which is the essence of the being-for-itself or the sort of being possessed by conscious persons, can be understood as the fundamental function of narrative for Ricoeur. According to Ricoeur, what is important for the survival of the self is the continued capacity to narrate. In so doing, the self becomes identical to the plotting of a unified story. The self arises, and receives its unification, from the act of narration as the subject of narrative emplotment.

> The person, understood as a character in a story, is not an entity distinct from his or her "experiences." Quite the opposite: the person shares the condition of dynamic identity peculiar to the story recounted. The narrative constructs the identity of the character, what can be called his or her narrative identity, in constructing that of the story told. It is the identity of the story that makes the identity of the character.[67]

Through the process of narration, one not only develops but identifies oneself with that character which arises from the act of emplotment.

But here again we must be careful not to be misled by Ricoeur's own statement. The last sentence in the above quotation specifies that the identity of the story makes the identity of the character. We could, on this account, take identity to be reducible to the story itself. We could say that the self could be thought of *as* the story. But as I suggested earlier, we cannot think of the self *as* a story. The identity of the story, then, is to be understood as the act of identifying-

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[67]Paul Ricoeur, *Oneself as Another,* trans. Kathleen Blamey (Chicago: The University of Chicago Press, 1992), 148.

with. Here, the story must be understood as the *act* of story telling. It is that act that makes the identity of the character, and thus of oneself insofar as one identifies with that character.

There are, however, a variety of characters (or a variety of narratives) with which one may be said to identify at different times. Dewey has proposed that the self is to be understood as the sum total of those diverse characters. Sartre, on the other hand, argues that the unification of the self is not to be understood in terms of a collected whole:

> There is not first a single desire of being, then a thousand particular feelings, but the desire to be exists and manifests itself only in and through jealousy, greed, love of art, cowardice, courage, and a thousand contingent, empirical expressions which always cause human reality to appear to us only as *manifested* by *a particular man*, by a specific person.[68]

But how specifically must the desire to be, which is the essence of the for-itself, receive expression? If we adopt a narrative view of persons, as offered by Ricoeur, we have one way of answering:

> I shall broadly define the operation of emplotment as a synthesis of heterogeneous elements. Synthesis between what elements? *First of all*, a synthesis between the events or incidents which are multiple and the story which is unified and complete; from this first point of view, the plot serves to make *one* story out of the multiple incidents or, if you prefer, transforms the many incidents *into one* story.[69]

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[68]Sartre, 723.

[69]Ricoeur, "Life in Quest of Narrative," 21.

Life, in terms of Sartre's fundamental project, can then be understood according to Ricoeur "as an *activity and a passion in search of a narrative*."[70] It is in the striving to create a single narrative that we must find the fundamental project of the self.

It is important to point out that this view of the self, in terms of narrative, may not appear to fit consistently with Sartre's view of being. In fact, in *Nausea*, Sartre suggests that narrative is not an essential part of being:

> This is what I thought: for the most banal even to become an adventure, you must (and this is enough) begin to recount it. This is what fools people: a man is always a teller of tales, he live surrounded by his stories and the stories of others, he sees everything that happens to him through them; and he tries to live his own life as if he were telling a story. But you have to choose: live or tell.[71]

Living, according to Sartre, is incompatible with telling. While it may appear that one lives one's life through telling, Sartre points out that in telling, one is distanced from living. It is then necessary to choose.

To demonstrate that a choice is necessary Sartre appeals to the following example:

> when I was in Hamburg, with that Erna girl I didn't trust and who was afraid of me, I led a funny sort of life. But I was in the middle of it, I didn't think about it. And then one evening, in a little cafe in San Pauli, she left

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[70]Ricoeur, "Life in Quest of Narrative," 29.

[71]Jean-Paul Sartre, *Nausea,* trans. Llyod Alexander (New York: New Directions Publishing Corporation, 1964), 39.

> me to go to the ladies' room. I stayed alone, there was a phonograph playing "Blue Skies." I began to tell myself what had happened since I landed. I told myself, "The third evening, as I was going into a dance hall called *La Grotte Bleue*, I noticed a large woman, half seas over. And that woman is the one I am waiting for now, listening to 'blue skies,' the woman who is going to come back and sit down at my right and put her arms around my neck." Then I felt violently that I was having an adventure. But Erna came back and sat down beside me, she wound her arms around my neck and I hated her without knowing why. I understand now: one had to begin living again and the adventure was fading out.[72]

Here, Sartre attempts to highlight the distinction between living and telling. Being, in the mode of the for-itself, is a matter of living, not telling. We are mistaken in believing that living is a matter of telling stories. As Sartre suggests, stories arise after reflecting on the lived experience. They represent an attempt to account for that experience.

This is where the view of the self, in terms of narrative, differs from the view offered by Sartre. On the narrative account, being is a matter of narrating. To *be* is to be engaged in an ongoing act of narration. Though Sartre dismisses narrative as central to living, reflection on his example reveals that such a separation is not as clear as he would have us believe. As an example, in *Nausea*, Sartre suggests that when the woman he is with in the cafe returns from the ladies' room she annihilates his act of narrating and forces him back to living. But what he fails to appreciate is that in living he is also engaged in an act of narration.

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[72]Sartre, *Nausea*, 39.

Suppose, for instance, that when his companion returned from the ladies' room she went to sit with some other man. Or perhaps, becoming tired of his boorish behavior she slips out the back door. On the other hand we might imagine that some other person, undesirable to Sartre, could ease up beside him, flopping an arm around his neck. While each instance may offer an experience which aborts his attempt to engage in fantasy, there is no reason for us to suppose that the experience itself is not dependent on a narrative.

What Sartre fails to realize is that the experience of living is really an experience mediated by narrative. In the modifications suggested above, we would expect Sartre not only to react differently to the individual situations, but to have different experiences. The experience itself will depend largely on Sartre's narrative expectations. Whether the event fits within the narrative framework will affect the actual experience of that event. His experience of his companion slipping out the back door or going to another table will certainly be different from his experience of watching some other person going to another table or slipping out the back door.

One's experience and one's identity are intertwined with the capacity to narrate. Any loss in this capacity for narration can then be understood as the loss of personal identity:

> To the loss of the identity of the character thus corresponds the loss of the configuration of the narrative and, in particular, a crisis of the closure of the narrative.[73]

What is important for personal identity is then determined by my ability to identify with a particular character.

## Conclusion

We can agree with Parfit that personal identity, in terms of Type-I identification, is really not important for our survival. Type-I identification requires that we identify ourselves *as* a particular character. Once that is established, we can go on to the further task of establishing characteristics which allow us to determine if this character A is identical to a certain (either earlier or later) character B. Can A be thought of *as* B? But we find, on the narrative account of identity, that it is not quite right to say that I can think of myself *as* this character. I am not that character, nor can be that character any more than a being-for-itself can be identical to a being-in-itself. This being the case, it becomes rather absurd, as Parfit suggests, to engage in a debate as to whether this character can be thought of as another character. Or more precisely, while we may intellectually engage in such debates, it really has nothing to say of the importance of personal identity as it pertains to the survival of the self.

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[73]Ricoeur, *Oneself as Another*, 149.

But, this is not the only way that we can look at personal identity. I have attempted to show that our ability to identify *with* a historical fictional character, and thus in a certain sense with another, may be more important to our own self-identity than many may realize. That we have a personal identity means, on the narrative account, that we are capable of identifying with a certain character that we take to be the representative of our own life story. What is important then to the survival of this self is that it continues to engage in this act of narration.

We are obligated, Sartre maintains, to create ourselves at each moment. The utilization of narrative, especially in terms of the identity of the self, provides an accessible tool for enabling this process. Our ability to identify with "the other" in terms of the fictional character, provides great insight into our own personal identity:

> The Other appears as being able to effect the synthesis between the unconscious thesis and the conscious antithesis. I can know myself only through the mediation of the other, which means that I stand in relation to *my* "id," in the position of the *Other*.[74]

The other, as Ricoeur similarly indicates in *Oneself as Another*, is of vital importance to the self and its survival. It is not important, however, that we are capable of identifying ourselves *as* any particular character, and of course we are unable to identify ourselves *as* another. In fact, this is not the best way to look at

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[74]Sartre, *Being and Nothingness*, 91.

the nature of our identity. The self survives so long as it is able to narrate, thus giving rise to a fictional character *with* which it is able to identify. This does not, however, require that the self be some substantial entity or a further fact.

> If we think of personal identity as narrative identity, then to speak of the person is not to speak of a supplementary fact. But it is to recognize that the person is not simply the product of some set of actions. The actions that constitute it are its own (*ipsius*) actions. The person finds its own constitution and identity in both its doings and undoings.[75]

A self is a self, and survives, through the act of narration. The ability of the self to identify-with, in this way, is of utmost importance to its survival. This seems to provide a counter-argument to Parfit's rejection of personal identity as being important to the survival of the self.

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[75]Bernard P. Dauenhauer, "Taylor and Ricoeur on the Self," *Man World* 25 (1992): 215.

# CHAPTER III

# NARRATIVE AND AUTONOMY

In this chapter, I utilize the view of self developed in the previous chapters to further explore important areas of personhood. In particular, I explore the way in which a narrative view of the self contributes to our understanding of individual autonomy. It is narration, as described in the previous chapter, that gives rise to the fictional character with which we identify and, in some sense, believe to be ourselves. On a narrative account, agents are autonomous to the degree that they are capable of engaging in acts of self-narration. They are autonomous if they can create, and act in accordance with, a life story.

This view of autonomy has some similarities to a view offered by Harry Frankfurt in *Freedom of the Will and the Concept of a Person.*[1] However, whereas on my view a person is a construct that results from a creative act of emplotment, on Frankfurt's view a person arises from a particular capacity for a freedom of the will and a corresponding ability to develop second-order volitions. An individual

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[1]Harry Frankfurt, "Freedom of the Will and the Concept of a Person," in *The Inner Citadel: Essays on Individual Autonomy,* ed. John Christman (New York: Oxford University Press, 1989), 63-76.

may then be said to be autonomous if his or her actions are directed from an ability to match first-order desires to one's second-order volitions.

Frankfurt's view does offer some insight into those features which are important to our understanding of persons and their capacity for autonomous behavior. But, as will become clear, his actual account of autonomy goes astray. I will show that the narrative account of autonomy can sufficiently capture important issues raised by Frankfurt while avoiding some of the difficulties that arise from his argument.

I begin with a review of Frankfurt's work, examining significant elements which contribute to the development of his overall theory. I then examine more closely the nature of identification that Frankfurt's view requires. To do this, I appeal to a work by Jan Bransen who also reviews Frankfurt's argument in terms of its use of identification. Finally, in the last section, I incorporate the discussion of narrative identity. This will prove to assist Frankfurt's argument, preserving some of its important features though abandoning his overall view of the structure of the person.

## Frankfurt and the Hierarchical Account of Autonomy

In *Freedom of the Will and the Concept of a Person*, Harry Frankfurt argues for a unique conception of persons based on their capacity for a freedom of the

will. Also, in part, he seems concerned to protect the use of the word 'person' from its clear misapplication to nonhuman animals:

> It does violence to our language to endorse the application of the term 'person' to those numerous creatures which do have both psychological and material properties but which are manifestly not persons in any normal sense of the word.[2]

Hence, it is necessary, when developing an appropriate definition of persons, to avoid encouraging an approach which reduces persons in terms of certain psychological and material predicates that may be equally applicable to nonhuman animals. Rather, it is necessary that we probe deeper into the human condition and parse out those specific qualities that can be described as uniquely human. For Frankfurt, this is to be found in the nature of the human will. "It is my view that one essential difference between persons and other creatures is to be found in the structure of a person's will."[3] To explain the uniqueness of the human will, Frankfurt develops a hierarchical theory of individual desires which culminates in those elements which constitute the human will. In the remainder of this section, I explore the various stages that lead to Frankfurt's ultimate definition of personhood.

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[2]Frankfurt, 63.

[3]Frankfurt, 64.

Frankfurt begins by distinguishing among, and placing on a hierarchical scale, individual desires. This distinction not only provides insight into the human psyche, but it also illuminates important differences between humans and other animals. He states:

> It seems to be peculiarly characteristic of humans, however, that they are able to form what I shall call "second-order desires" or "desires of the second order." . . . Besides wanting and choosing and being moved *to do* this or that, men may also want to have (or not to have) certain desires and motives. They are capable of wanting to be different, in their preferences and purposes, from what they are. Many animals appear to have the capacity for what I shall call "first-order desires" or "desires of the first order," which are simply desires to do or not to do one thing or another. No animal other than man, however, appears to have the capacity for reflective self-evaluation that is manifested in the formation of second-order desires.[4]

On this account, our possession of first-order desires is something we share with other species. As such, we may wish to refer to these as primitive desires. Desires for food and water, for comfortable temperatures, and for sexual pleasures represent a few of the characteristics that we share with other species.

We do not however, share the capacity for second-order desires with species other than our own. A first-order desire is simply the desire to do X. A second-order desire, on the other hand, indicates a unique capacity to have, or develop, an inclination toward the desirability of the desire to do X. In essence I may, like my animal counterparts, have desires of a certain sexual nature. Unlike

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[4]Frankfurt, 64.

animals, I may also develop a desire toward that desire. If brought up in a conservative environment, I may desire not to have that desire. I may think poorly of that desire and of myself for having that desire. I may think it evil or dirty, at least in certain contexts. On the other hand, if raised in a more liberal environment, I may think better of, perhaps even encourage myself to cultivate, such first-order desires. I may seek out ways to actualize, rather than subdue, my sexual urges. In essence, I desire the actualization of a desire of the first order. And it is this capacity, Frankfurt claims, that distinguishes us from other animals.

Understanding first-order desires is important, according to Frankfurt, to our understanding of the will. On Frankfurt's view, the will is identical to a first-order desire. But the will must be distinguished from a mere desire of the first-order as it would seem rather weak to describe the will in terms of those particular inclinations which may never move one to action. Smokers, for instance, may believe that it is their will to be non-smokers. But if such a person never makes a concerted effort to quit, or if such attempts are quickly dampened by a desire to smoke, one could hardly say that his desire not to smoke is consistent with his will. Rather, the desire to smoke may then seem more consistent with the will.

Thus, the notion of a desire, as the mere inclination to engage in a certain act, is not sufficient for a delineation of the nature of the will. Frankfurt, then, to

avoid this problem, claims that the notion of a desire, which will lead to the nature of the will, must be that which actually brings an act to fruition. He claims:

> Thus, it may be true that A wants to X when he strongly prefers to do something else instead; and it may be true that he wants X despite the fact that, when he acts, it is not the desire to X that motivates him to do what he does. On the other hand, someone who states that A wants to X may mean to convey that it is this desire that is motivating or moving A to do what he is actually doing or that A will in fact be moved by this desire (unless he changes his mind) when he acts.[5]

This, in fact, is what Frankfurt means by the type of desire that can be thought of as coextensive with the will.

But we cannot end here with our analysis of the will. As Frankfurt suggested earlier, nonhuman animals also have first-order desires which move them to action. But, as we have seen he holds, it would do violence to our language to suggest that such animals are persons; hence, the will cannot be a sufficient condition for personhood. While Frankfurt suggests that the will is identical to an effective first-order desire, it cannot be merely the effective first-order desire that gives rise to our concept of a person. Otherwise, both humans and nonhuman animals would be persons. The concept of a person requires more than a mere examination of those desires which move us to action.

As we saw earlier one of the most important characteristics of persons, Frankfurt argues, is their capacity to form second-order desires. Second-order

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[5]Frankfurt, 65.

desires are particular desires that one might have for a first-order desire. I may, for instance, desire that the desire to exercise be a first-order desire that moves me to action. And, in this sense, it is the case that I would want the desire to exercise to be an effective desire, and hence, to be my will. It is possible, however, that I could have second-order desires that, like certain first-order desires, do not lead to their actualization. To explain this, Frankfurt gives the example of a physician who treats narcotics addicts through psychotherapy. To facilitate treatment, a therapist may want himself to have a desire for narcotics in order to better understand his patients' condition. In essence, he may want to be moved by the desire for such drugs. However, the therapist may not want this first-order desire to be an effective desire. So, while the therapist may want to have the desire to have the drugs, he may not want that desire to result in his taking drugs. "That is, his desire to have a certain desire that he does not have may not be a desire that his will should be at all different than it is."[6]

We can then categorize second-order desires in two different ways. "Someone has a desire of the second order either when he wants simply to have a certain desire or when he wants a certain desire to be his will."[7] The latter, of course, is the stronger case. If, as in the case of the therapist, I want to have a

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[6]Frankfurt, 66.

[7]Frankfurt, 67.

desire of the first order without actualizing that desire, then I do not want that desire to be my will. I may, however, desire that a particular first-order desire be my will, that is, that it is one that will be acted upon. A second-order desire of the latter kind is what Frankfurt refers to as a second-order "volition." And, he adds, "it is having second-order volitions, and not having second-order desires generally, that I regard as essential to being a person."[8] Personhood, and to that degree selfhood, is dependent upon the capacity of an individual to form second-order volitions. A second-order volition is simply that special category of second-order desires whereby one is desirous of having a particular first-order desire be one's will.

In direct contrast to agents capable of forming second-order volitions are "wantons":

> I shall use the term "wanton" to refer to agents who have first-order desires but who are not persons because, whether or not they have desires of the second order, they have no second-order volitions.[9]

Unlike persons, on Frankfurt's account, a wanton is simply not concerned with the desirability of his or her will. Hence, while wantons may certainly have particular first-order desires, and even second-order desires to some degree, they simply do not care whether or not they are moved by those desires; they do not have second-

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[8]Frankfurt, 67.

[9]Frankfurt, 67.

order volitions. This is not, of course, to say that the wanton cannot reason or deliberate over his or her actions. In fact,

> Nothing in the concept of a wanton implies that he cannot reason or that he cannot deliberate concerning how to do what he wants to do. What distinguishes the rational wanton from other rational agents is that he is not concerned with the desirability of his desires themselves. He ignores the question of what his will is to be. Not only does he pursue whatever course of action he is most strongly inclined to pursue, but he does not care which of his inclinations is the strongest.[10]

The wanton may be able to reason. But it is not the capacity to reason that is important to our understanding of the person. Rather, persons are to be understood solely in relation to their reflection on the desirability of their will.

Frankfurt has taken us far from, for example, a Cartesian view of the self whereby the very essence of a person is to be found in his or her rational capacities alone. Frankfurt is quick to point out, however, that he is not implying that an agent who lacks reason could possibly be a person. In fact:

> In maintaining that the essence of being a person lies not in reason but in will, I am far from suggesting that a creature without reason may be a person. For it is only in virtue of his rational capacities that a person is capable of becoming critically aware of his own will and of forming volitions of the second order. The structure of a person's will presupposes, accordingly, that he is a rational being.[11]

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[10]Frankfurt, 68.

[11]Frankfurt, 68.

A wanton, then, may or may not lack rational capacities. In fact, his or her actions, according to Frankfurt, may be well planned and calculated. A drug addict, for instance, may go through great pains to plan out how to acquire his drug of choice and when to use it. However, not having reflected upon the desirability of the desire itself, as it relates to the essence of the agent's will, he or she thereby acts wantonly and as a result is not a person:

> The wanton addict may be an animal, and thus incapable of being concerned about his will. In any event he is, in respect of his wanton lack of concern, no different from an animal.[12]

It appears that the capacity to reason must be an important element in the development of the person for Frankfurt. If, for instance, a person lacks the capacity to reflect on the desirability of her will and form second-order volitions toward that will, then she would not be a person. Likewise, though a person may possess a keen sense of reason, if that person should fail to reflect on the desirability of his will, then he too would not be a person. "When a *person* acts, the desire by which he is moved is either the will he wants or a will he wants to be without. When a *wanton* acts, it is neither."[13]

It is interesting to take note of the class of entities that can be included in the category of wantons, thereby excluding them from the class of persons.

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[12]Frankfurt, 68.

[13]Frankfurt, 69.

Frankfurt includes, as one might imagine, all nonhuman animals in the class of wantons. This, of course, is due to the fact that while they may have desires of the first order, they do not have the capacity for second-order volitions. Also included in this category are very young children. Frankfurt does not offer the precise age group that he has in mind; in fact, he suggests that some adult humans may be included as well. This is based on his earlier argument which suggests that it is not the capacity for reason alone, but the ability to utilize it in a way that enables one to have the will one wants to have that is important to personhood.

After establishing the centrality of second-order volitions to the essence of persons, Frankfurt proceeds to explore one further characteristic that is essential to persons, that is, the capacity of enjoying, or lacking, a freedom of the will:

> It is only because a person has volitions of the second order that he is capable both of enjoying and of lacking freedom of the will. The concept of a person is not only, then, the concept of a type of entity that has both first-order desires and volitions of the second order. It can also be construed as the concept of a type of entity for whom the freedom of its will may be a problem.[14]

Understanding the meaning of freedom of the will is then critical to our development and appreciation of personhood.

For Frankfurt, freedom of the will is not something that can merely be reduced to the ability to do what one wants to do. It must be assumed, he suggests,

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[14]Frankfurt, 69.

that many animals are quite capable of doing what they want to do. So this sort of freedom is not sufficient for personhood:

> Thus, having the freedom to do what one wants to do is not a sufficient condition of having a free will. It is not a necessary condition either. For to deprive someone of his freedom of action is not necessarily to undermine the freedom of his will.[15]

The relationship between freedom of the will and capacity for action then requires some clarification. To be a person, as suggested earlier, one must have certain first-order desires. But more importantly, one must want certain desires to be one's will, and this requires that they must be capable of moving one to act. But what if the freedom to act is restricted by some external, or internal force? I could, for instance, develop a desire for a fancy sports car. I could even desire that the desire for such a thing be my will. However, due to my financial restrictions, I do not have the ability to turn that desire into action. I simply can't afford a convertible BMW. However, should I win the lottery, or otherwise come into huge amounts of disposable income, I would certainly turn that desire into action. This sort of restriction on the will in question is not sufficient, according to Frankfurt, to say that one lacks a freedom of the will in a way that is significant for understanding personhood. In fact, "when we ask whether a person's will is free we are not

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[15]Frankfurt, 70.

asking whether he is in a position to translate his first-order desires into actions. . . . Rather, it concerns his desires themselves."[16]

The freedom that Frankfurt has in mind, when he speaks of a freedom of the will, is focused on a special sort of capacity of an individual to match his will to his second-order volitions. "It is in securing the conformity of his will to his second-order volitions, then, that a person exercises freedom of the will."[17] If a person is incapable of matching the desires that actually motivate his action with the will that he wants to have, he then lacks freedom of the will. Suppose, for instance, that I have the second-order volition not to smoke. This would mean that I have a second-order desire that my first-order desire not to smoke should be my will; I want the desire not to smoke to be an effective desire. However, if, in spite of this second-order desire, I nevertheless continue to smoke, this would indicate that my first-order desire is not consistent with that desire which I wish to be my will. It is the inability to secure the conformity of the will with second-order volitions that results in the lack of a freedom of the will.

This freedom, of course, has nothing to do with my actual ability to smoke. I might have a second-order volition not to smoke. Further, I might find myself in a situation where smoking would be impossible. The fact that my action is

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[16]Frankfurt, 70.

[17]Frankfurt, 70.

consistent with my desire does not mean that I exercise freedom of the will. If, in fact, I would smoke if I could smoke in this particular environment, then it is that desire and not the desire not to smoke that motivates my action. Since my being moved by the desire to smoke is not consistent with my second-order desire that my desire not to smoke should move me to action, the action of smoking could not be said to express a *freedom* of the will, even if it does, in fact, express my actual will on that occasion.

Frankfurt claims that the action by which an agent matches his first-order desires with his second-order volitions requires a decisive act of identification. Hence,

> If there is an unresolved conflict among someone's second-order desires, then he is in danger of having no second-order volition; for unless this conflict is resolved, he has no preference concerning which of his first-order desires is to be his will. This condition, if it is so severe that it prevents him from identifying himself in a sufficiently decisive way with *any* of his conflicting first-order desires, destroys him as a person.[18]

On Frankfurt's account, then, it is the decisive act of identification that constitutes the nature of the self. Within that decisive act of identification rests the capacity for second-order volitions. However, my uniqueness as a person arises not surprisingly from my desire that certain first-order desires be my will. This requires an ability to "identify" with certain first-order desires. It is this sort of

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[18]Frankfurt, 71.

ability that constitutes the sort of autonomy that Frankfurt calls "freedom of the will." I must be free to choose those desires with which I wish to decisively identify. To the degree that this freedom is diminished, so is my capacity for personhood.

**A Critique of Frankfurt's Account of Persons.**

I now wish to address two critical issues in response to Frankfurt's view of persons. First, I argue that the hierarchial of persons does not successfully explain why people possess certain unique first-order desires. As mentioned earlier, Frankfurt argues that it is the capacity for second-order volitions that is essential to being a person. I suggest, however, that second-order volitions fail adequately to explain the uniqueness of human beings. This issue must be taken into account. The second, and more striking problem, concerns the act of identification required by his position. An act of identification, as I proposed in earlier chapters, is central to our understanding of the self, and thereby persons. There are, however, problems with Frankfurt's account of identification. With the assistance of Jan Bransen I explore these problems and then, in the section that follows, show how a theory of narrative identity offers one alternative solution to Frankfurt's dilemma.

The first problem with Frankfurt's account of persons arises with his introduction of the notion of first-order desires. Many animals, Frankfurt claims,

have the capacity for desires of the first order. They share this capacity with humans. However, what is problematic in Frankfurt's discussion of first-order desires is that he does not sufficiently explain the basis for significant differences that exist between the first-order desires of animals and those of persons. Persons have first-order desires of a type unavailable to other animals. There must be some way of explaining this difference.

We do, for instance, share many of our desires with other species. These include such examples as food, shelter, and sex. Other similarities include the fact that both animals and humans tend to mark off and protect their territory. With nonhuman animals this may include either scratching or urinating in the soil. For humans, this act is strikingly similar to those markings of "big city" gangs who use graffiti to mark off and protect their turf from outsiders. But certainly fences, borders, and even the concept of personal property seem to be derived from a similar sort of desire. In this way, persons can be said to share the desire to protect their territory with other animals. In addition, many people, as well as animals, tend to care for their young. But others do not, as some tend to either eat or neglect their young.

However, persons, whether they are wantons or actual persons, according to Frankfurt's definition, are capable of numerous desires of which other animals are incapable. For instance, while we share the desire for food with animals, people

tend to cultivate desires for particular restaurants, as they enjoy not only the food but the ambience. Animals tend to be less "refined" in this regard. Further, many entities, both human wantons and persons proper, tend to develop preferences for fashionable clothing, expensive cars, and a host of other desires not shared by the animal kingdom.

Frankfurt could, of course, respond that it is not the particular first-order desires themselves that are important to our understanding of the relationship between humans and non-humans. Rather, it is the fact that they share the capacity for first-order desires in general that is important. But this is insufficient. Frankfurt wants to use the notion of second-order volitions to differentiate between persons and nonperson. The fact that persons seem to be capable of certain first-order desires of which animals are not suggests that there must be some element, other than second-order desires, volitions, or a freedom of the will, that is unique to persons. An adequate account of personhood, it would seem, must take this issue into account.

This offers us at least one reason to look favorably toward a narrative definition of personhood. On a narrative account, an agent acts such as to place the various elements of his or her life into a coherent story. It is through this process that a self arises. This capacity for narration can be more readily seen to distinguish persons from nonpersons. While both nonhuman animals and humans

have similar capacities for first-order desires, and in fact share many of the same first-order desires, *only* persons possess the further capacity to narrate.

To say that only persons have the capacity to narrate is not, of course, to say that only they use language. Though there is some controversy as to whether nonhuman animals use language, only persons seem to have the unique capacity to explain their experiences and choices in a narrative context. As such, they can, and do, create stories in which to place, and explain, their experiences. It is this unique capacity that seems available only to persons. It is in the exercise of this capacity, I am suggesting, that the self, after the fact, arises.

To understand persons in this way allows us to further explain the unique distinctions between our first-order desires and those of animals. As humans use language to develop a story, they create desires unavailable to those who cannot narrate. So, for instance, in narrating they create a character who exists in relation to certain other characters and objects. Their stories, however, are not simply the retelling of events. Rather, through personal stories, persons explain events. They apply significance and meaning to events and relations. As such, objects, acquisitions, and other persons have value in ways that go beyond their primary utility. In narrating, persons create desires that are inaccessible to those who do not share in such narrative capacities. Here, unlike an approach in terms of

second-order volitions, we do have both a way of explaining the essence of personhood and a way of explaining unique first-order desires.

A second dilemma arises from Frankfurt's use of the concept of identification. Frankfurt claims that it is through a decisive act of identification that an agent matches his or her first-order desires with particular second-order volitions. But, Frankfurt is not at all clear as to what he means by such identification. I do not, for instance, believe that Frankfurt would want to claim that through the decisive act of identification a person thinks of himself or herself *as* a desire, or set of desires, of the first-order. Persons, whatever they are, are not desires. Only in some metaphorical sense would we be inclined to suggest that a person *is* a desire.

I believe that Frankfurt is right in focusing on the importance of identity as it relates to our capacity for autonomous behavior. However, spelling out exactly what type of identification leads to the best expression of autonomy requires some attention. To evaluate this important concept of identification, I appeal to a forthcoming article by Bransen entitled, "Identification and the Idea of an Alternative of Oneself." Here, Bransen also evaluates Frankfurt's thesis in terms of identification. For Bransen it is essential that we distinguish between identification-as versus identification-with. In this section I review Bransen's critique of Frankfurt's argument.

In part I agree with Bransen's analysis of Frankfurt. Bransen argues that it is not necessary to bring in a discussion of a hierarchical account of persons in order to preserve the issues that Frankfurt finds important for autonomy. What Frankfurt finds important, as Bransen clearly states, is:

> To safeguard this idea, i.e., that second-order volitions are the authorized representatives of the person herself; but he is ready to admit that the mere fact that these volitions are second-order desires does not in itself make them the representatives they have to be. In order for such a second-order volition to become the authorized representative, it is necessary that, as it were, the person herself drops by and gives the volition her blessing.[19]

Preserving this concept of a desire being the authorized representative of an agent is what is important for Frankfurt. The hierarchical account is one way of establishing such authority.

However, second-order volitions cannot explain the capacity that persons have for unique first-order desires. Further, they are unable to fully account for the agent's autonomy. What is needed is a better way of explaining how our desires can be the authorized representatives of the self. Both Bransen and I offer solutions to this concern. However, the means by which I wish to preserve this idea is considerably different from that of Bransen. While Bransen argues that the concept of identification-as provides us with a way of avoiding the problems posed

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[19]Jan Bransen, "Identification and the Idea of an Alternative of Oneself," Paper presented to the department of Philosophy, the University of Tennessee, Knoxville, Tennessee, March 1995. A version of this paper is forthcoming in the European Journal of Philosophy.

by the hierarchial account, I argue that these problems can also be avoided by appeal to a narrative understanding of the self. In opposition to Bransen, this essentially requires an appeal to the act of identification-with.

The basic problem with Frankfurt's theory, Bransen claims, can be resolved if we take some time to understand the distinction between identification-with and identification-as. Then, we will realize that "[t]he mistake is to think that the correct preposition that accompanies the word 'identification' is 'with', whereas I shall argue that it should be 'as'."[20] Bransen argues that the fundamental problem with the concept of identification-with is that it ultimately cannot provide sufficient explanation as to how an act can be the authorized representative of a person without ultimately begging the question of personhood. He claims that:

> What you do, by identifying with the desire in question, is express your deep sympathy for this desire. You declare that what is central to your identity corresponds in a significant way with the desire in question.[21]

Further:

> What you *do* by thus identifying yourself with a particular desire is, as Frankfurt puts it, "to establish a constraint by which other preferences and decisions are to be guided."[22]

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[20]Bransen, 8.

[21]Bransen, 8.

[22]Bransen, 9.

It is, Bransen suggests, tempting to interpret Frankfurt's proposal as involving the concept of identification-with. However, this *misinterpretation* leads to the unsavory consequence of stripping the hierarchial account of autonomy of its explanatory force. This results, Bransen argues, because the act of identification-with contributes to the view that what is in question is a matter of transferring the authority from one entity to another, in this case from the person to the desire. There are then, with the concept of identification-with, two entities involved. And this is highly problematic, as it leaves us questioning the locus of authority. This creates a problem because:

> If we *can* answer this question, then the hierarchical account of autonomy is superfluous. But if we *cannot* answer the question, then the hierarchical account of autonomy is empty. Either way it is void of explanatory force. Either way leads, at best, to the question-begging reintroduction of the person as an active and independent, autonomous entity that is supposed to be able to endow a specific desire with authority, putting it in charge on behalf of herself, even though we are unable to understand how it is possible for this person to do as she chooses.[23]

Hence, identification-with leads to the belief that there already exists some entity from whom such authority can be transferred. It requires, to explain personhood, the presupposition of a person from whom such an authoritative act can be made. This, Bransen suggests, is where Frankfurt's theory, by requiring an appeal to the

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[23]Bransen, 9.

hierarchical account of persons, must retreat. Thus, the hierarchal account fails to provide a sufficient interpretation of personhood and autonomy.

Bransen, however, does not agree with this interpretation of Frankfurt. Bransen argues that this inappropriate reading of Frankfurt is due in part to Frankfurt's own careless use of identification-with. If, Bransen argues, we adopt the notion of identification-as as our model, then we can maintain the act of identification as important to autonomy without having to appeal to second-order volitions. As I show, Bransen's view is problematic.

Bransen believes that an act of identification-with forces the agent to:

> Establish, articulate or uncover a contingent relationship between two entities that are supposed to have their own well-determined identities, a relationship that presupposes the identity of both, putting the identity of the first in a particular perspective by means of the second.[24]

With identification-as, on the other hand, we are not concerned with contrasting the identities of two or more objects but are, rather, concerned with an act of determining the identity of a single object. Bransen offers a couple of examples of identity understood in such a way:

> (1) He identifies the well-thumbed book *as* a copy of Kant's first *Critique*.
> (2) She identifies herself *as* the woman they talked about.

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[24]Bransen, 9.

In both cases, Bransen suggests, the identity of the entity in question is concealed from the agent engaging in this act of identification. "The act of identification *as* is an act of determining the identity of an entity that first appears undetermined."[25] Our focus, Bransen claims, is then on the identity of a single entity, not two.

Identification can be understood as an act of determination in the following way:

> The act of identification *as* involves *three* instances of yourself: a) you in the capacity of the *agent* of the act (henceforth "YA"), b) you in the capacity of the experientially given, undetermined entity (henceforth "YU"), and c) you in the capacity of being the person moved by a particular desire (henceforth "YD").[26]

One benefit of such a system is that it avoids the pitfalls of decisionism found in Frankfurt's use of identification-with. Instead of having an agent who decides on those desires with which to identify, on Bransen's account the agent is merely discovering those desires which were possessed by the self in the first place:

> There is no decisionism here. For the identification can be successful only if the undetermined entity YU is given in such a way as to enable YA to discover whether or not identifying YU and YD implies an increased understanding, or a more accurate articulation, of the identity of YU. . . . The act of identification *as* is an *act*, an attempt to articulate your proper identity, an attempt to interpret yourself, which requires that you should

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[25]Bransen, 13.

[26]Bransen, 14.

> somehow be able to *determine* that this person moved by the desire not to touch any cigarettes is the *right alternative of yourself*.[27]

What then happens with the decisive act of identification is that the agent uncovers, or discovers, a single self. Identification is not, on this account, an act whereby the self selects anything. It is not to be understood as a case whereby an individual desires to be identified by some particular desire, and through that act somehow endows it with the authority of the person. Rather, identification is an act whereby one's identity is uncovered or determined:

> The act of identification *as* is not an act that relates two incompatible entities (persons and desires) suggesting that one of them has authority with respect to the identity of the other. Instead it is an act that relates two identical entities (YU and YD), or, rather, that uncovers, articulates or determines the identity of YU and YD as actually being instances of one and the same entity.[28]

Bransen's use of identification-as is consistent with the view of identification-as presented earlier. This is an example of a case where, given what may possibly be *two* entities, in this case YU and YD, we are asking if they can, in fact, be thought of *as* the same, as one. Here, for instance, I may find that the person moved by the desire to finish his dissertation, and myself, are in fact the same. We should not, Bransen would suggest, think that I, through an act of identification, somehow endow the desire to finish my dissertation with a certain authority over other

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[27]Bransen, 14.

[28]Bransen, 15.

desires, such as watching a Kentucky basketball game, and thereby act autonomously if I work on my dissertation. Rather through the process of identification, I come to understand myself better. I find, for instance, that I am the disciplined student who diligently works on appropriate projects. If I then choose to act in accordance with this finding, I thereby act autonomously:

> The same might be said in the case of the autonomous persons, being someone who identifies herself (YU) *as* the person moved by the desire not to touch any cigarettes (YD). In doing so she determines the truth about herself: she (YU) *is* this person (YD), and she is autonomous if she self-consciously succeeds in acting in accordance with this truth about herself.[29]

Autonomy, on this view, is a case where an individual makes a choice to act in accordance with those desires discovered through the act of identification. The agent comes to learn a truth about him or herself. Upon discovering this truth, through an act of identification-as, agents then act autonomously to the degree that they make a decision to act in accordance with this fact about the self. The advantage to Bransen's interpretation is that it removes the decisionistic element from the act of identification, which ultimately led to begging the question of personhood, and places it squarely in the act of autonomy.

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[29]Bransen, 15.

## The Narrative View of Autonomy

There are, nevertheless, certain difficulties with this view of persons, and of autonomy, that I feel are avoidable through narrative. My first concern rests with the very notion of a person to which Bransen's interpretation of Frankfurt commits us. Bransen argues that it is not best to think of this act of identification as a matter of description. Rather, it is more a matter of discovery. Through an investigative process, similar to how I might learn that the book on the desk is Kant's first *Critique*, I discover my own identity. Nevertheless, the type of identity to which Bransen and Frankfurt seem committed is Type-I identity, as I discussed this notion in previous chapters.

What Bransen is clearly concerned with is our ability to pick out some individual. The picture that Bransen gives might be similar to that experience one has, for instance, when recognizing an old friend while walking down the street. There is an initial moment where the figure of that person comes into view. But it is just a figure moving toward me, much like the book on the desk is a figure that I see. But then, there is the immediate shock of recognition as I identify that figure as my old friend. This is clearly not, Bransen would claim, a case where you are comparing two individuals, the person in front of me and an old friend. Rather, in this case, there is no such comparison at all. There is just the immediacy involved in the act of identifying that person as my old friend.

Moreover what I am *not* doing, when I identify my old friend walking down the street, is engaging in Type-II identification. I am not identifying with that friend in the way that I identify with James Bond, or Sherlock Holmes. I am not in anyway playing a role in this act of identification. So, it seems clear that Bransen is using a notion of identification-as that is consistent with the concept as I presented it in earlier chapters.

But this is not the sort of identification, as I have argued in the previous chapters, that is truly important to the self. In chapter two, for instance, I offered several reasons as to why Type-II identity was preferable to Type-I as related to the essence of the self. One particular concern, raised by Sartre, suggests that it is impossible to think of the self as a being in the mode of the in-itself. A self can only be a self in the active mode of being-for-itself. What Bransen is asking us to do, however, is precisely to think of the self as a being that can be thought of in the mode of the in-itself. A being, in the mode of the in-itself, Sartre suggested, is what it is in its being. Ink bottles and other objects were given as examples of beings in this mode of being. Bransen views the self as being exactly like some object that one stumbles over, or discovers, e.g., Kant's first *Critique*. But this is not a particularly helpful way of describing the self.

The act of identification that is important to the self is more consistent with Type-II identification. I identify-with myself by actively engaging in the act of

narrating that self. By narrating, a self is both created and sustained. This is comparable to what I do when I identify with a fictional character in a book, not like identifying my old friend walking down the street. It is nothing like where I discover something that was previously hidden. Through the act of narration the self is created, not discovered. Identification-as is just not an accurate way of describing what an individual does in the act of self-identification.

What then of autonomy? According to Bransen's formulation of Frankfurt's argument, individuals act autonomously if they behave in a way that is consistent with the self discovered through an act of identification-as. On the narrative account, however, agents act autonomously to the degree that they act in a way that is consistent with the articulation of a life story.

This does more justice to the active involvement of the agent. It is through an act of narration that the self arises. It is in that narrative process that one creates the self with which one identifies. Accordingly, one acts autonomously by deliberating over the requirements of a given act and then acting in such a way that the act in question can be fit into the structure of a life story.

It is this process, I argue, that is important to personhood. The account of identification-as, I have attempted to show, is flawed. On the one hand, as Sartre suggests, we cannot really establish such an identification in the first place. The self exists only in the act of playing at being that self: in essence, in the act of

creating a narrative for oneself and then acting in accordance with the role demanded by that self. On the other, even if we could identify the self in such a way as Bransen and others suggest, Parfit has shown us that unless we accept a metaphysical approach such an "identity" would not strictly be a case of identity at all. For it would at most amount to the existence of certain continuities and connections admitting of various degrees of strength. Unlike Parfit, however, I think that it would be a mistake to suppose that the latter are in fact all that could be in question when we consider the question of our "survival" (not of what Parfit would himself call our "identity") from moment to moment.

The position to which we are led is of course comparable to what has been suggested by others. I have tended to emphasize Sartre and Ricoeur. We should also recall Charles Taylor:

> We are selves only in that certain issues matter for us. What I am as a self, my identity, is essentially defined by the way things have significance for me. And as has been widely discussed, these things have significance for me, and the issue of my identity is worked out, only through a language of interpretation which I have come to accept as a valid articulation of issues. To ask what a person is, in abstraction from his or her self-interpretations, is to ask a fundamentally misguided question, one to which there couldn't in principle be an answer.[30]

But this does not, Taylor suggests, have anything to do with a type of self-recognition:

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[30]Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge: Harvard University Press, 1989), 34.

> I remember an experiment designed to show that chimps too have "as sense of self": an animal with paint marks on its face, seeing itself in the mirror, raised with its paws to its own face to clean it. It somehow recognized that this mirror image was of its own body. Obviously, this involves a very different sense of the term from the one I wish to invoke.[31]

Having a sense of self in terms of recognition is insufficient for the possession of a personal identity. Rather, Taylor suggests, it is the capacity to orient oneself in terms of the good that is important to the identity of a self. Such an orientation requires an appeal to the life story.

This capacity, to orient oneself in terms of a life story, is uniquely human. This capacity, however, requires people to place themselves in certain relations with others. "One is a self among other selves. A self can never be described without reference to those who surround it."[32] It is this feature of selves, and the way that it relates to a construction of the good, that was important for Dewey as well:

> If an individual were alone in the world, he would form his habits (assuming the impossible, namely, that he would be able to form them) in a moral vacuum. They would belong to him alone, or to him only in reference to physical forces. Responsibility and virtue would be his alone. But since habits involve the support of environing conditions, a society or

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[31]Taylor, 32-3.

[32]Taylor, 35.

> some specific group of fellow-men, is always accessory before and after the fact.[33]

Having and creating values, then, is a critical part of what it is to be a person. In fact, "in order to have an identity, we need an orientation to the good, which means some sense of qualitative discrimination, of the incomparably higher."[34] Hence, "in order to have a sense of who we are, we have to have a notion of who we have become, and of where we are going."[35] This is the undeniable position of the for-itself, which constitutes the essence of personhood. This would seem to require a life story.

To understand who we are, it is essential that we understand our pasts, as well as other elements of facticity. It is in the attempt to explain these features, to put them into a unified story, that a sense of self arises. It is this act that is truly important to being selves. But this is nothing like the case where one simply happens to be something that one is able to identify as "oneself." It is not a matter of discovering, or even of having something *to* discover, but it is in creating, and continuing to narrate one's life, that the self survives.

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[33]Dewey, *Human Nature and Conduct*, ed. Jo Ann Boydston (Carbondale: Sourthern Illinois University Press, 1988), 16.

[34]Taylor, 47.

[35]Taylor, 47.

To the degree that one engages in this act, and directs one's life in accordance with this continually developing life story, one can be said to be autonomous. It is the act of narration that is responsible for the creation of the self. It is from this act that one finds the type of authority sought by Frankfurt and Bransen. It is through an act of identification, namely, narrative identification, that authority is established. One may then choose to act in a way that coheres with the life story. In so doing, one thereby acts autonomously.

Having now completed this discussion of narrative identity and narrative autonomy, I turn in the next two chapters to an application of these concepts. I focus my attention on the issue of pediatric decision-making and demonstrate how the view of narrative, as developed in chapters One through Three, offers assistance to the ethical dilemmas surrounding this issue.

In Chapter Four, I raise some of the important legal and ethical considerations that must be taken into account when assessing a child's or adolescent's ability to participate in treatment decisions. Then, in Chapter Five, I incoroparate the narrative view of persons and of autonomy in such a way as to enhance our understanding of pediatric decision-making.

# CHAPTER IV

## CONCEPTUAL ISSUES IN PEDIATRIC PRACTICE

The question of how to preserve patient autonomy remains a primary concern in medical ethics. Clearly, there are numerous pertinent issues present in the debate regarding the role of autonomy in the health care setting. In addition, there exists a significant body of literature focusing on the various elements that should be taken into consideration when deliberating over a particular patient's ability to make autonomous decisions regarding his or her treatment. What, for instance, is the role of the family? Are familial considerations unduly coercive, or do they raise legitimate concerns for patient decision making? What is the role of a physician in preserving patient autonomy? Is a physician being paternalistic by attempting to persuade a reluctant patient to accept what he or she believes to be a beneficial course of treatment? Can children and adolescents make autonomous decisions regarding their health care? Certainly all of these issues are important to our concern with autonomy. In this chapter, I deal specifically with this last concern: what is the role of children and adolescents in health care decision making?

This chapter differs significantly from the previous chapters, which were largely theoretical in focus. Here, I deal more specifically with several important conceptual issues that arise within the context of pediatric health care delivery. In particular, I focus on specific ethical and legal issues pertinent to the discussion of autonomy in pediatric practice. Then, in the chapter that follows, I integrate the theoretical issues from the first three chapters with the conceptual issues raised in this chapter to show that the narrative view of the self, and of autonomy, offers a practical way of dealing with several critical issues pertaining to pediatric decision making.

## Legal Considerations

I begin with a brief discussion of some of the important legal concepts pertinent to this issue. Largely, the legal considerations deal with general presumptions concerning the capacity of children and adolescents to make treatment decisions, not the actual competence of an individual to make said decisions. This of course is because legal guidelines provide only limited guidance as to when an individual may be competent to participate in a meaningful way in the decision process. In this way they establish certain age specifications or other specific criteria which must be met in order to set the (somewhat arbitrary) threshold of legal capacity. Even adults may have legal capacity yet lack an

appropriate level of competence necessary to render meaningful decisions. Nevertheless, these laws are important in focusing our attention on the way that the health care provider should approach the minor patient.

State laws pertaining to the status of children changed quite considerably over a rather brief period of time. As Angela Holder points out:

> At common law, a child, which meant anyone under 21, not 18, was a chattel of his or her parent -- actually, of his or her father. A father had the right to sue a physician who treated his son or daughter without his permission, even if the treatment had been perfectly appropriate, because such an intervention contravened the father's right to control the child.[1]

Such provisions, Holder writes, are largely still in place in terms of parents' right over their children in non-emergency situations. Suppose, she suggests, a grandparent were to take a grandchild to a dermatologist to have a mole removed, which the parents intended to leave alone. If a physician performed such a procedure without parental consent, it would certainly constitute grounds for a law suit against the physician. Furthermore, there would likely be no legal recourse for a physician desirous of being compensated for performing such a procedure.

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[1]Angela Holder, "Children and Adolescents: Their Right to Decide About Their Own Health Care," in *Children and Health Care: Moral and Social Issues,* ed. Loretta M. Kopelmann and John C. Moskop (Boston: Kluwer Academic Publishers, 1989), 161.

On the other hand, in emergency situations physicians do have a right to treat without parental consent.[2] In fact, she suggests, a physician might be sued for failing to provide such treatment, thereby placing the child at an increased risk of further complications. In addition to such emergency situations, Holder suggests that such provisions would further support the treatment of children who may present themselves for other minor conditions where the risk of not treating may outweigh the risk of treating. In a similar way Alan Meisel suggests that:

> In fact, hospitals need only make reasonable efforts to obtain parental consent before medical personnel render standard, accepted medical treatment for an injury or suspected injury to the child. Furthermore, obtaining consent from another relative will not shield the hospital or the physician from liability if they render standard or nonstandard treatment in a negligent manner.[3]

Legal guidelines, I suggested, tend to establish a general presumption that should be accepted by those in contact with minors. The general presumption established by such codes suggests that those above the age of eighteen have capacity, and should be presumed competent, to make treatment decisions. For minors the presumption is that they generally lack capacity.

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[2]Holder, 161.

[3]Alan Meisel, "Rights of Minors," in *Ethics in Emergency Medicine,* 2d ed., ed. Kenneth V. Iserson, Arthur B. Sanders, Deborah Mathieu (Tuscon: Galen Press, Ltd., 1995), 75.

In recent years, legislatures and courts have been more attuned to the fact that certain children and adolescents should have the legal capacity to make specific decisions in lieu of parental consent. Increasingly, states have afforded adolescents the right to make their own decisions regarding such important issues as birth control, treatment for sexually transmitted diseases, and abortion:

> As a result, parents, pediatricians, and courts are all now prepared to acknowledge that many children possess the capacity to take part, at some level, in decision making, and that some children possess all or nearly all the capacity to give truly informed consent.[4]

In addition to specific issues regarding reproductive health, states appeal to two general principles as guides for determining the capacity of minors to make their own medical decisions: the emancipated minor and the mature minor.

According to Holder, a minor is emancipated when: "living on his or her own (in earlier days of the law, it was *his* own), is self-supporting, and is not subject to parental control."[5] She points out that some states include pregnant minors in this class and that all runaways are considered emancipated, regardless of the age. The second issue concerns that of the mature minor. According to this principle:

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[4]Nancy King and Alan Cross, "Children as decision makers: Guidelines for Pediatricians," *Journal of Pediatrics* 115 (1989): 11.

[5]Holder, 162.

> If a young person (of 14 or 15 or over) understands the nature of proposed treatment and its risks and can give the same degree of informed consent as an adult patient, and the treatment does not involve very serious risks, the young person may validly consent to receiving it.[6]

While such statutes do provide some guidance, at best they can only set the parameters within which practitioners must work. Ultimately, such laws establish a presumption that minors do not have capacity unless they meet some established criteria. But it is important to indicate that, regardless of legal presumptions regarding capacity, they in no way establish, or insure, that minors are making autonomous decisions regarding their health care. And while practitioners must work within the confines of prescribed law, they have a further ethical obligation to establish, to the best of their ability, patient autonomy, just as they do with adult patients. This, as I argue in the chapter that follows, requires more of the physician than providing the patient with accurate information.

## Ethical Considerations

Given these important legal considerations, we are still left with the problem of decision-making by minors. In the remainder of this chapter, I review some of the ethical considerations pertaining to autonomy and decision making in

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[6]Holder, 163.

children and adolescents. This discussion will provide the backdrop for the integration of the concept of narrative in the chapter that follows.

**Decision-Making and the Parental Relationship**

One of the primary considerations that must be taken into account, in terms of child/adolescent decision-making, concerns the role of parents in these decisions. Concern for autonomy in pediatrics differs greatly from that regarding the average adult as most children remain in the care of a parent or guardian. Parents are generally assumed to have the responsibility for properly raising their children, and are also believed to be in the best position to do so. Clearly, the parent/child relationship is one that is held as nearly sacred. Hence, as Sanford Leikin points out, "young people cannot be viewed in isolation because of the close relationship between them and their parents."[7] The foundation for this relationship is difficult to locate. Leikin claims that some commentators focus on parental rights and duties. But it is hard, he suggests, to isolate any specific, rigid set of parental duties or children's rights. Hence:

> The most that can be said is that society assumes that parents wish to promote their children's interest and that the parents are capable of

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[7]Sanford Leikin, "A Proposal Concerning Decisions to Forgo Life-Sustaining Treatment for Young People, *The Journal of Pediatrics* 115 (1989): 17.

> maintaining a fiduciary relationship or quasi trusteeship unless proven otherwise.[8]

I agree with Leikin that, in general, we should respect the parent/child relationship and assume that parents most frequently act with the best interest of their children in mind. Parents are clearly faced with the difficult challenge of providing adequate care, nutrition, education, and a host of other major considerations. I do not here wish to engage in a discussion of the ethical and legal considerations which grant parents the right to raise their children in a given setting. We clearly accept that parents have the freedom (within certain specified limits) to raise their children in a religious climate of their choosing, to educate their children as they see fit, and to make basic decisions regarding types of food, living locations, etc. In the next chapter, I will show how narrative provides a better guide in understanding the importance of this relationship.

Unfortunately, quite frequently, many parents disregard their children's interest in favor of their own. The popular media are filled with horrifying examples of such cases. Further, the degree to which the state should intervene to protect the interest of the child, against parental authority, is an issue of considerable debate. Certainly children should be protected from blatant parental neglect and abuse. At times, of course, the line between abuse and parental

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[8]Leikin, 18.

freedom becomes blurred. But on the average, I suspect that most parents tend to act with the intention of protecting, not harming, their children. In any event, my concern here is with parents who wish to protect their children, and the relationship of these parents with their children. More specifically, I am concerned with the ethical dilemmas that result from a conflict between parents who want to act in what they regard as the best interest of their children and the autonomy of those children.

There are cases where parents, acting in what they perceive to be the best interest of their child, intentionally withhold information from that child. Such paternalism is certainly understandable. Parents have, Leikin claims:

> An overwhelming wish to protect a very sick child from disturbing information, guilty feelings, or the emotional threat posed by the imminent death of their child may overshadow parental recognition or acceptance of the juvenile's autonomy or even his or her welfare.[9]

It is essential, in such situations, to assist the family in understanding the role that the child should play in treatment decisions, to understand the role of the parents, and to facilitate the best possible relationship among the three parties: patient, parent, physician.

Nevertheless, some parents continue to resist the prospect of telling children potentially devastating news regarding their health. In one case, for example, the

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[9]Leikin, 18.

parents of a young girl diagnosed with Cystic Fibrosis requested that the physician not inform the girl of her condition. The physician was reluctant, but agreed to withhold the information due to his fear that the parents, if he threatened to tell the girl, would remove her from his care. Out of his concern that she receives proper care, he agreed to withhold all specific information regarding the diagnosis and prognosis from the girl. The parents refused future attempts to inform the girl of her condition, threatening each time to remove her from the physicians care. When she turned eighteen, the physician finally informed the girl, against her parents' wishes.[10]

**What Children Know**

There are numerous reasons why patients should be provided with information about their condition. One reason is that out of respect for patient autonomy such information should be provided. But this is problematic with the case of children. We do not typically believe, for instance, that a four-year-old is capable of autonomous medical decision-making. Further, given the special authoritative and developmental role of the parents, a child's decision-making ability is certainly limited. Hence, if we are to believe that children can, in any

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[10]G.S. Sigman, J. Kraut, J. La Puma. "Disclosure of a Diagnosis to Children and Adolescents when Parents object." *American Journal of Diseases of Children*. 147(1993):764-8.

way, make meaningful contributions to treatment decisions, a reformulation of the notion of the autonomous minor agent is required.

In addition to patient autonomy, it is generally believed that patients will be more compliant with necessary courses of treatment, that such treatment will be more effective, and patients will generally be happier if they know what is going on:

> Within the physician-patient relationship, recognition of the patient's decision-making capacities often leads to better patient care and outcomes. Patients generally benefit psychologically from their involvement in decisions, and they can make real contributions to the efficacy of treatment through their observations, perception, and active participation.[11]

But this is frequently not the case. Especially with children, both physicians and parents alike tend to want to keep information from the child. As a result:

> Lying to patients has, therefore, seemed an especially excusable act. Some would argue that doctors, and *only* doctors, should be granted the right to manipulate the truth in ways so undesirable for politicians, lawyers, and others. Doctors are trained to help patients; their relationship to patients carries special obligations, and they know much more than laymen about what helps and hinders recovery and survival.[12]

But, Bok argues, patients are not generally as fragile as most tend to believe. This is true even with children, as the study by Blubond-Langner, which I review below, shows. But most importantly:

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[11]King, 10.

[12]Sissela Bok, *Lying: Moral Choice in Public and Private Life* (New York: Vintage Books, 1978), 234.

> Requiring physicians to give their patients information and advice promotes a physician-patient relationship that can enhance decision-making capacities, and therefore autonomy, in both children and adults.[13]

In spite of these issues many parents tend to fear that a diagnoses of chronic or terminal illness may be overwhelming for a child. Hence, they tend to try to protect their children from such information. But there is considerable support which shows that in spite of parental efforts, children frequently do have considerable knowledge about their condition. In an important work on the topic, Myra Bluebond-Langner argues that dying children in an oncology unit have a very keen sense of what is going on around them. I believe it to be worthwhile to review some of her findings.

Her study indicates that most of the children she studied in an oncology unit had not, before their diagnosis, spent much time in the hospital. Yet they all knew that the hospital was divided into many departments, pediatrics being but one of those departments. They were also quite well aware that the different rooms in their department had a variety of functions. But more striking were the interpersonal observations that children made regarding these rooms. Bluebond-Langner claims that:

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[13]King, 11.

> Many of the children commented on how it seemed that "if the doctor doesn't want your mother around, he takes you in the treatment room."[14]

They were also well acquainted with other activities as they related to individual rooms. For instance, they knew which rooms to enter, which were off limits, and how to approach people in certain rooms. Further, they were keenly aware of the roles and responsibilities of the various members of the health care team. But most important was their understanding of their illness.

Bluebond-Langner reports that not all of the children in the oncology unit "knew the name of their disease, acute lymphocytic leukemia."[15] Nevertheless, most were well aware of the treatment, process and prognosis associated with it. Most children were well acquainted with the various types of medication required to treat their illness. They could distinguish between the purposes and side effects of each. Also interesting is that in many cases, these children would develop languages of their own in which they could discuss their conditions with their peers in ways that would not upset their parents.

Her findings, however, are in direct contrast to what many physicians advocate in the literature regarding the treatment of adolescent patients. She claims:

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[14]Myra Bluebond-Langner, *The Private Worlds of Dying Children* (Princeton: Princeton University Press, 1978), 137.

[15]Bluebond-Langner, 157.

> They start from the premise that children, in contrast to adults, have rather limited linguistic, intellectual, and emotional capacities. Children under ten are not capable of understanding their condition as adults do, therefore the notions of "seriously ill" or "dying" just do not have the same import for them. Without clarifying in what way the children view their conditions, these authors go on to recommend that disclosure of information be left to the discretion of the parents and physician.[16]

This belief, however, seems to be shattered by Bluebond-Langner's study. Terminal children, especially, are well aware of their condition and their prognosis. Some are well aware of when the treatment is not working, and that they are going to die. What is needed is a way of communicating with these children, on their level, about their condition in a way that allows them to participate in, and not be excluded from, treatment decisions.

**Competence for Decision-Making**

This of course leads to another (perhaps the primary) issue in terms of the autonomy of children and adolescents: are they competent to engage in such decision-making? The ability to make an informed choice rests at the heart of our concern for patient autonomy. First and foremost, respect for patient autonomy requires that patients be granted the opportunity to make an informed decision regarding their treatment. The importance of this principle is important even in pediatric practice. As King and Cross suggest:

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[16]Bluebond-Langner, 4.

> The pediatrician who recognizes that informed consent means not only the duty to disclose information about particular procedures but also the broader duty to involve and support patients or their representatives in the process of effective decision-making is already well equipped to involve minor patients appropriately in decisions about their care.[17]

But this, of course requires that children be competent to engage in such deliberation in the first place. Some attention must be given to this aspect of pediatric care.

Dan Brock argues that, for the most part, no one under the age of fourteen has the competence to participate meaningfully in treatment decisions. Those above the age of fourteen, however, do tend, Brock maintains, to have decisional competence:

> ✳ I believe the developmental evidence briefly summarized here supports the conclusion that children, by age 14 or 15 usually have developed the various capacities necessary for competence in health care decision-making to a level roughly comparable to that attained by an adult.[18]

Under that age, Brock suggests that the literature on child development does not support the competence of children to make meaningful contributions to health care decision-making.

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[17]King, 11.

[18]Dan Brock, "Children's competence for Health Care Decisionmaking," in *Children and Health Care: Moral and Social Issues,* ed. Loretta Kopelman and John Moskop (Boston: Kluwer Academic Publishers, 1989), 188.

In general, Brock accepts a threshold concept for competence determinations. Essentially, one need only surpass a certain required threshold, in a specific situation, in order be competent to make decisions in that situation. Each situation has unique demands it places on the decision-maker:

> Different health care decisions vary in the demands they make on the decision-maker, for example, in the complexity of the information that must be understood or the balancing of risks and benefits of different alternatives that must be weighed.[19]

Competence determinations then require that one match the demands of the situation against the individual's capacities:

> Competence determinations, therefore, involve matching the capacities of a particular person at a particular time and under particular conditions with the demands of a particular decision-making task. Competence determinations are decision-specific because both the capacities of the person as well as the objective demands of the decision can vary substantially.[20]

Children below the age of fourteen simply are not competent to meet the demands required of agents making health care decisions.

Brock is clear to point out that he is not suggesting that it is solely because children cannot understand medical concepts or make decisions in lieu of physician assistance, since even adults need such guidance. Rather:

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[19]Brock, 183.

[20]Brock, 183.

> what is in question, just as with adults, is their capacity, with the help of their physician, to understand the nature and consequences of alternative treatments sufficiently well to be able to give or withhold informed consent to a recommended treatment alternative.[21]

It is precisely this capability that Brock denies of children under the age of fourteen.

Brock defines decision-making, rightfully so, as a highly demanding procedure:

> Decision-making is a purposive activity in which people seek best to secure their overall aims. When a particular choice fails best to secure the decision-makers's aims, given the knowledge and information available to the decision-maker, this failure is itself evidence, in that instance, of reduced decision-making competence.[22]

Such a definition, of course, would prevent almost everyone, physicians included, from being able to engage in competent decision-making regarding health care. Recognizing that no one could in all, if any, situations engage in such a demanding act, it is necessary to determine the threshold required to accept someone's attempt at such decision-making. According to Brock, there are essentially three broad capacities required to engage in competent decision-making:

> (1) capacities for communication and understanding of the good.
> (2) capacities for reasoning and deliberation

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[21]Brock, 183.

[22]Brock, 198.

> (3) capacities to have and apply a set of values or conception of the good.[23]

It is because children fail to have these capacities to a sufficient degree that Brock is led to argue in favor of dismissing them as competent decision makers.

Brock provides several reasons as to why children are deficient in these capacities. For one thing, "they have great difficulty in anticipating the future."[24] And this is certainly true. Children do tend to focus more on the present than the future. They may, for instance, strongly protest immunizations due to pain. Brock also notes the fluctuation in a child's values as well as irrational beliefs that contribute to poor decision-making capabilities.

Given these concerns, Brock suggests that our interest in making decisions for children should then focus on three major concerns: 1) the child's well-being, 2) the child's self determination, and 3) parents' interests in making decisions concerning their children. Clearly, acting in the child's best interest is of great concern to all involved in treatment decisions:

> There is a long tradition in medicine that the physician's first and foremost commitment should be to serve the well-being of the patient, and this is no less so when the patient is a child instead of an adult.[25]

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[23]Brock, 184.

[24]Brock, 187.

[25]Brock, 191.

For children, this well-being can be described more in terms of their developmental needs than their long-term goals and values, which are rather transient anyway.

Brock argues that a child's capacity for self determination is a rather weak measure of decision-making capacity. This, of course, is largely due to considerations raised earlier which suggest that children are not capable of developing long-term goals or an appreciation of the future significant enough to really have a sense of self-determination. Finally, parents do have an interest in making decisions regarding their children's welfare. This interest, so long as it does not endanger the developmental needs of the child, should be honored.

But do these considerations raised by Brock really address the issue at hand? Our concern is with the capacity of children to participate meaningfully in treatment decisions. Do the conditions raised above really indicate that children lack *this* ability? Robert Holmes, in a response to Brock, claims that:

> Practically no one without medical training has such competence. Nor, obviously, is the question merely one of capacity to consent, since that is a minimal capacity, possessed by children almost from the time they learn to say 'yes' and 'no'. The question, rather concerns the competence to *share* in decision-making regarding medical care. This is the most that any of us are competent to do. Even if the final decision is our about whether to

> undertake a particular line of treatment, we need the guidance of a competent physician to enable us to do this wisely.[26]

I agree with Holmes on this point. The question of a child's ability to participate meaningfully in treatment decisions does not mean that he or she must have the capacity to participate in all facets of that decision. But children can, quite clearly, *share* in the decision-making process.

The importance of the developmental studies that Brock uses are certainly significant. They provide a good benchmark for assessing the development of normal children. Further, the remarks that Brock makes regarding children and treatment decisions are applicable to the average child who would fit into this developmental scheme. Most children have infrequent, if any, visits to a hospital. Most likely, their experience is limited to yearly visits to their pediatrician. Hence, they are less likely to be able to understand the significance of their treatment. But as the study by Bluebond-Langner suggests, the same is not evident in children suffering from long-term illness.

But even an average child, Holmes suggests, can have some understanding of the situation:

> A child can understand when he is sick and when he is well. He can understand that if he does *x* he will get well and if he doesn't he won't. Or

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[26]Robert Holmes, "A Reply to Dan Brock" in *Children and Health Care: Moral and Social Issues*, ed. Loretta M. Kopelman and John Cl. Moskop (Boston: Kluwer Academic Publishers, 1989), 213.

> that if he does *x* he will get well sooner than if he doesn't. To understand this doesn't require anything in the way of technical medical information about what precisely *x* involves.[27]

Holmes goes on to argue that:

> It is hard to see how there is much in the way of *essential* information that fairly young children (by which I now mean many of those between the ages of 7 and 14) cannot comprehend. Nor is it easy to see why highly sophisticated decision-making skill and reasoning processes are necessary. . . . My point is that we should not exaggerate the abilities that are needed to consent validly.[28]

I agree with Holmes in part. Certainly children can understand the difference between being well and being sick. But how a child comprehends those categories is clearly relative the situation. Does, or can, a child born with Cystic Fibrosis know what it is like to be "well?" Certainly children can know what is like to feel better and to feel worse. The problem with Holmes's statement here is that he presents these as rather objective categories: being well and being sick. As such, he fails to take into consideration the importance of the child's lived experience as it contributes to his or her classifications of being well and being ill.

The second important point that Holmes raises concerns the nature of *essential* information. This is a bit misleading. Children may understand that they need an IV to get better. They may, nevertheless, remove the IV if they find it

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[27]Holmes, 215.

[28]Holmes, 215.

uncomfortable. The only explanation that they may be able to give is that "it was hurting." That they can understand, on one level, that the IV will make them get better, and that they can process that information so as to make an informed decision whether to pull out the IV, are certainly different issues. Brock would probably agree that they can understand that the "stuff" in the IV will make them better, but that they, nevertheless, are unable to make an informed choice when they pull out their IV. But here again, our concern is with children *sharing* in treatment decisions, not in their making final decisions.

I also want to take issue with another point raised by Brock. He claims that the decisions of children and adolescents are often clouded in several ways. They do not, for instance, have a significant grasp of the future. They do not have a well established set of values. In some cases, they may even be so concerned with physical appearance that they are reluctant to have certain necessary medical procedures. The problem here, of course, is that these are qualities they share with many adults. There are certainly many adult patients who "live for the moment"and have no significant handle on their future. Many adults may lack strong personal values, and certainly numerous adults will change those values, perhaps several times, throughout their life. As for appearance, this is a concern for many people of all ages. What needs emphasizing here is that both children and adults should be treated with equal respect in these regards.

There is certainly an important discontinuity in Brock's thesis. First, he wants to argue that we should view competence as a threshold, and not an absolute, in treatment decisions. Also, such decisions are always task specific. These two concerns must be taken into account simultaneously. But with children, he favors the findings in developmental psychology as support for the conclusion that children under the age of fourteen lack competence. But this seems counter to Brock's initial concern. Perhaps this suggests that we should make a shift in our focus. Instead of being concerned with developing exclusion criteria, by which to establish when a person cannot participate in treatment decisions, we need to focus our concern on ways in which almost everyone can be included, to whatever degree possible, in *sharing* in treatment decisions. It is my view that the theory of self and autonomy developed in the first three chapters can provide us with guidance in accomplishing this very goal.

There are several conclusions which may summarize this chapter and focus our discussion in the next. First, the very nature of the relationship between parents and children must be taken into account. We need some way of explaining the importance of this relationship to the decision-making process. Second, some attention must be given to enhancing a child's ability to understand important information pertaining to treatment. And then finally, a way of allowing children

to participate in those treatment decisions requires some attention. I discuss these issues in the following chapter.[29]

[29]I need to note that while I am specifically concerned with issues in pediatrics, many of the concerns that I raise in Chapter Five are equally applicable to adults as well a children. When I refer to patients and medical decision-making it is specifically its application to children that I have in mind. I leave open their application to an adult population.

# CHAPTER V

# A CHILD'S STORY: NARRATIVE IN THE CONTEXT OF HEALTH CARE DECISION-MAKING FOR CHILDREN AND ADOLESCENTS

In this chapter I examine how a narrative approach to identity and autonomy, as developed in the first three chapters, offers assistance to the discussion of ethical issues in pediatrics. In particular, I explore how narrative allows us to deal more effectively with the role of children and adolescents in health care decision-making. In chapter four, I reviewed several pertinent issues that must be taken into consideration when evaluating the competence of a child or adolescent to participate meaningfully in treatment decisions. In this chapter I engage in a more elaborate discussion of some of the pressing conceptual issues raised in the previous chapter. In particular, I show how the use of narrative identity and narrative autonomy provides guidance with these issues.

## Narrative in the Clinical Context

I begin by exploring some of the more general ways in which narrative fits into the clinical context, showing specifically how it affects pediatric practice.

One need not look far to discover a variety of works which explore the complexities of illness within a narrative framework. I earlier quoted from one classic work in this area, Oliver Sacks' *The Man Who Mistook His Wife for a Hat and Other Clinical Tales.* Here and in other works Sacks explores the value of a narrative understanding of illness through multiple case studies. Sacks clearly recognizes the importance of narratives to the understanding of the self and the experience of illness. "A man *needs* such a narrative, a continuous inner narrative, to maintain his identity, his self."[1]

I discussed the relationship between narrative and the self in the previous chapters. This same relationship is of particular importance in medicine and most especially in pediatrics where it has the potential to serve several functions. For instance, physicians and other health care workers could use narrative as a tool to make medical concepts more understandable. This is, as a matter of fact, one important way in which a form of narrative is already used to help children understand their illness and their treatment. A pediatrician or nurse, for instance, may find it helpful to explain the effect of some medication, perhaps an antibiotic, through the use of an analogy. "Think of it," one might suggest to children, "as little soldiers going to battle against the evil disease." If children understand the

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[1]Oliver Sacks, *The Man Who Mistook His Wife for a Hat: and Other Clinical Tales (New York: Harper Perennial, 1985), 111.*

role of a soldier, this may help them to comprehend the function and importance of the antibiotic. Such an example, of course, does not represent the use of narrative in the full sense as we might find with some works such as *Charlotte's Web*. But there is certainly a point where the use of analogy shades into narrative form; for the two don't have sharp boundaries. In this way, narratives enhance patients' understanding of their treatment.

This of course is only one way to view the importance of narratives. Not only do they contribute to our understanding of treatment, they can help us understand the relationship between the self and disease. Howard Brody, for instance, in *Stories of Sickness*, suggests that "we are, in an important sense, the stories of our lives. How sickness affects us depends on how sickness alters those stories."[2] The importance of illness to the patient includes more than clinical diagnoses and treatment options. The nature of illness is important to patients in the way that illness affects their life story. Brody suggests:

> Both sick persons and physicians make the experience of sickness more meaningful (thereby reducing suffering) by placing it within the context of a meaningful story.[3]

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[2]Howard Brody, *Stories of Sickness* (New Haven: Yale University Press, 1987), 182.

[3]Brody, 182.

From her study in a pediatric oncology unit, Bluebond-Langner provides an excellent example of the use of narrative as it relates to an understanding of illness in pediatric practice. She suggests that dying children want to hear stories that relate to, and allow them to better contextualize, their lived experience of disease. She claims:

> The most popular book among these children was *Charlotte's Web*. When Mary and Jeffery reached stage 5, it was the only book they would read. Several children at stage 5 asked for chapters of it to be read. But as one parent stated, 'They never choose the happy chapters.' They always chose the chapter in which Charlotte dies. After any child died, the book had a resurgence of popularity among the others.[4]

But this phenomenon is not limited to *Charlotte's Web*. Dying children also tend to focus on death in other literature. For instance,

> each one would, when reading or retelling a story, focus on those aspects of the story that dealt with death, disease, or violence -- regardless of whether or not it was the main thrust of the story. For example, in the following conversation, an eight-year old girl speaking about *The Secret Garden* discusses the disease and deaths of the mother, aunt, and boy. She does not mention the girl, the main character, except in terms of her relation to the disease and death of these other characters.[5]

Dying children want to hear stories about death. It appears that the use of stories plays an important role in the way that these children understand their own experience of illness and their imminent fate.

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[4]Myra Blubond-Langner, *The Private Worlds of Dying Children* (Princeton: Princeton University Press, 1978), 186.

[5]Bluebond-Langner, 186.

> We know that young children have ideas and worries about death, even before they are old enough to verbalize them, and that fatally ill children have awareness even if they have not been told of their diagnosis and never talk about it.[6]

They know that they are dying; what they need is a context in which to place their death in order to make sense of it. By using such stories as *Charlotte's Web* and *The Secret Garden* children are able, as Brody suggested, to place their deaths within the context of a meaningful story. As Rosalind Ladd suggests:

> The values expressed in *Charlotte's Web* can give a child an understanding and appreciation of dying which may contribute to the good quality of his own dying. That a good dying is in harmony with nature, is anticipated without fear, is peaceful, and is approached with the support of loving friends and family and with hope of some kind of immortality.[7]

Contextualizing illness and death is then another way in which narratives fit into a clinical context.

Narrative may also be used as a foundation for establishing a patient/physician relationship. According to Brody:

> Physicians, because of their special knowledge and their social role, have special powers to construct stories and to persuade others that these stories are the *true* stories of their illness. The emphasis, in the previous two chapters, has been that physicians can properly exercise that power only

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[6]Rosalind Ekman Ladd, "Death and Children's Literature: *Charlotte's Web* and the Dying Child, in *Children and Health Care: Moral and Social Issues*, ed. Loretta M. Kopelman and John C. Moskop (Boston: Kluwer Academic Publishers, 1989), 107.

[7]Ladd, 117.

> when they attend carefully to the stories that their patients tell them and engage them in meaningful conversation.[8]

This is certainly another important function of narratives. Physicians should properly use stories to engage patients in meaningful dialogue. Further, the emphasis of that dialogue should be directed toward the developing narrative, not on persuading a patient to accept a particular story, namely the medical story, as being *the* true story.

Communication breakdown between patients and physicians occurs all too frequently. It is not uncommon for patients to become upset with physicians for failing to explain pertinent information. Encountering such situations, physicians may feel that they *have* informed their patients of every medically pertinent detail. Patients may then become angry with physicians and physicians may become irritated with patients. This conflict can be understood as resulting from a breakdown in narration. Instead of patients and physicians communicating with each other, they encounter two clashing narratives. There is the narrative understanding of patients, in terms of their lived experience of illness, and that of the physician, in terms of medical history. All too often, physicians view the patient/physician dialogue only as an attempt to gather the appropriate information to develop a medical narrative. As Kathryn Montgomery Hunter writes:

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[8]Brody, 182.

> The task of knowing for the physician remains one of rejecting information, sorting through detail, knowing what to ignore, and applying general rules while retaining the skepticism generated by an awareness of the potential exception.[9]

During such exchanges few attempts are made to help patients conceptualize and narrate their own experience into a coherent life story. Such experiential stories are often grouped into the category of rejected information, as they do not contribute much to the clinical narrative. Such failure, however, undermines the importance of narrative as it relates to the development of the self and the capacity for autonomous behavior.

Physicians who ignore patients' narratives may or may not be doing so intentionally. Certainly physicians are interested in resolving their patients' medical condition. This requires them to gather and contextualize information within a clinical narrative in order to determine an appropriate diagnosis and course of treatment. This is precisely how we teach physicians to think during their medical education. As Kathryn Montgomery Hunter suggests:

> In the study of medicine the distance between theory and practice is most evident at the juncture of biological education and clinical training. Each of the two halves of traditional medical education is intended to address one side of the epistemological gap. Scientific education in the first two years supplies the general pathophysiological principles that explain illness nomothetically. Thereafter, clinical training focuses on the individuals who

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[9]Kathryn Montgomery Hunter, "A Science of Individuals: Medicine and Casuistry," *Journal of Medicine and Philosophy*, 14 (1989): 206.

> are ill, narrating the varied courses of illness and treatment until paths of action are well worn in the memories of tired practitioners-to-be.[10]

We would not, I believe, want physicians to do otherwise. We do want them to be able to take an appropriate medical history, seek out the important facts from that history and then compose an appropriate medical narrative which allows them to recognize the nature of the condition and finally offer an appropriate course of treatment.

But this is not the problem. I do not believe that anyone would argue seriously that the medical narrative is unimportant to the clinical encounter. We do want our "condition" to be recognized and treated appropriately. However, we also want physicians to recognize that in deciding upon an appropriate course of treatment they are working with more than a disease, they are working with people and their life stories. As such, we want the physician to appreciate the importance of how illness, and treatment, affects our own life story.

There are, however, two ways that physicians may use medical narratives to oppress their patients, thereby diminishing autonomy. One way is by failing to appreciate the importance of the patient's narrative, and this can take two forms. In one form, a physician may ignore a patient's narrative by simply focusing on medical information with little concern for how such information fits into the

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[10]Hunter, 194.

overall patient narrative. Here, the concern is to gather as much information as possible that can be fit into the context of a clinical narrative. The patient is thereby oppressed, as the physician is not interested in engaging in a narrative in which both persons can actively participate in the conversation. Rather, the physician is only concerned to develop the medical narrative. In another form, a physician may acknowledge the importance of a patient's narrative, yet intentionally avoid it in order to engage in less emotionally charged narratives. For instance, a physician may find it helpful to speak of lesions and neoplasms, instead of cancer. This is because physicians recognize that patients can too easily contextualize cancer, whereas they cannot so easily contextualize neoplasm; patients know stories of cancer, but few about neoplasms. Here, physicians may recognize that neoplasms do not have the same narrative force.

Using less emotionally charged language is not necessarily improper. In some circumstances it may actually be helpful to patients. If, for instance, patients were to become so emotionally disturbed, from hearing a diagnosis of cancer, as to preclude them from engaging in meaningful decision-making, then it might be best to use less emotionally charged language. An excellent example of such a case occurred in the movie *Dad*. There, an elderly man, after noticing some unusual bleeding, was taken to the doctor and was later diagnosed with cancer. The son, knowing how the father would respond to the word 'cancer,' requested that the

physician avoid using that word. Ignoring the son, the physician told the patient that he did, in fact, have cancer and that immediate treatment was necessary. The father became psychotic and was unable to communicate further with anyone.

There are two ways we could look at this case. On one hand, we could argue that the son was being paternalistic and that it would have been inappropriate for the physician to conceal the word 'cancer' from the father. To preserve patient autonomy we might argue that such information should be provided to the patient. Certainly it would be paternalistic if the son and the physician collaborated to deceive the father about his condition, and this would be difficult to justify. However, the physician in this case is unaware of what the word 'cancer' means to the father. That is, the physician does not understand the narrative significance of the word nor how it may fit into the father's life story.

On the other hand, it would have been possible for the physician to probe further into this patient's narrative, especially given the son's request. Patients need an accurate understanding of their condition. That is, they need to develop a narrative framework in which to explain their condition. In the case from the movie *Dad*, the word "cancer" while in some sense correct, created such a distorted picture of this patient's condition as to diminish his ability to narrate, and hence diminished his autonomy. In cases where physicians use less emotionally charged terminology, they clearly recognize the power of narrative. However,

they should not use this technique in such a way as to deceive a patient, or simply to avoid emotional turmoil for themselves. Rather, they should use it only in such a way as to allow the patient to develop an appropriate narrative, and hence a way of coping with the emotional issues.

A second way that a medical narrative can become oppressive to patients is by causing them to view normal conditions as disease states. In this way, physicians may force their patients to accept a medical narrative as a way of experiencing their own normal bodily functions. This is particularly true, as some suggest, of women. As Susan Sherwin points out:

> Medical experts have claimed authority to determine the range of the concepts of health and illness. They have used this authority to declare that many of the conditions that constitute normalcy for women are unhealthy and therefore, suitable subjects for medical management. . . . The decision to view as disease such elements of a woman's life as menstruation, pregnancy, menopause, body size, and feminine behavior forms an integral part of women's general oppression.[11]

Though these forms of oppression are particular to women, the cause of the oppression is not. What physicians do, in convincing women to view normal conditions as disease states, is to restructure their life-story and their experience of their body. They then have a new, and as Sherwin points out, unhealthy way of

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[11]Susan Sherwin, *No Longer Patient: Feminist Ethics and Health Care* (Philadelphia: Temple University Press, 1992), 179.

contextualizing their bodily functions. In these ways, physicians can truly undermine the importance of their patients' life-stories.

These same methods become oppressive in pediatrics to the degree that parents or physicians ignore the significance of patients' narratives or cause children to view themselves in terms of a disease state. Children, as adults, come to understand themselves, and their condition, through the narratives that they use to talk about their condition. By intentionally using narratives to exclude patients from participation, one oppresses them and precludes them from engaging in meaningful decision-making. Narratives should always be constructed in such a way as to be as inclusive as possible, and to produce an appropriate image of the self.

As I suggested in Chapter Three, agents act autonomously to the degree that they are able to narrate significant life events into a meaningful, coherent story and then act in accordance with that story. Physicians who attempt (intentionally or not) to persuade their patients simply to accept a medical interpretation, without concern for patients' narratives of illness, thereby prevent patients from developing their own life story, and thereby their autonomy.

A better interpretation of physicians' role would include an attempt to engage patients in a dialogue where they are afforded the resources necessary to put the illness within a meaningful context. Physicians do have certain clinical

expertise which the patient may not possess. There may also be times in which physicians need to persuade patients to accept the importance of certain facts, as with some cancers, which require immediate attention. But that information need not be presented in a detached, impersonal way. Instead, the physician, by engaging in what Brody refers to as a meaningful conversation, should focus that conversation on allowing the patient and the physician to work together to develop a meaningful story. As with the case in the movie *Dad*, this would require that the physician understand the narrative context in which the word 'cancer' has meaning to this patient.

This leads to an important role for physicians in terms of their participation in the development of the patient's story. As Terrence Ackerman emphasizes:

> The physician is attempting to alter the fundamental ability of patients to carry through their life plans. To accomplish this delicate task requires a personal knowledge about and interest in the patient. If we accept these points, then we must reject the narrow focus of medical ethics upon noninterference and emphasize patterns of interaction that free patients from constraints upon autonomy.[12]

The traditional concern with patient autonomy has been one of removing physician influence from patient decision-making. On this account, physicians become nothing other than an interactive medical dictionary, providing only medical information to their patients. But patients need more than these resources.

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[12]Terrence F. Ackerman, "Why Doctors Should Intervene" *The Hastings Center Report* 12 (1982): 17.

Physicians, given their expertise and experience with similar cases, can help patients construct a coherent narrative. Arthur Frank, in a recent book entitled *The Wounded Story Teller*, makes a similar point:

> The *personal* issue of telling stories about illness is to give voice to the body, so that the changed body can become once again familiar in these stories.[13]

It is, Frank claims, a "*need* of ill people to tell their stories, in order to construct new maps and new perspectives of their relationships to the world."[14]

Physicians have an obligation, out of respect for autonomy, to enable this process of narration. But this requires more than being a detached spectator who simply offers snippets of relevant information to a patient. Patients and physicians must engage in mutual acts of narrative construction. Physicians ought to offer patients ways to overcome their diminished autonomy that results from the incapacity to narrate. This may include offering relevant stories of other somewhat similar cases and exploring whether or not these stories can help patients make sense of their condition. Physicians should be careful, however, not to overpower their patients, or force them to accept some particular narrative. Rather, it should be a mutual act on the part of both. This would seem to

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[13]Arthur W. Frank, *The Wounded Storyteller* (Chicago: The University of Chicago Press, 1995), 2.

[14]Frank, 3.

accomplish the method of interaction that Ackerman and I find important to autonomy.

Narratives, however, are not helpful only in that they enhance patients' understanding of their own illness. They are equally important to physicians. This fact appears to be largely ignored in clinical practice. As Eric Cassell points out:

> Whenever two people sit opposite each other they tell stories. Doctors may try, in the usual fashion of history taking, to restrict their patients to simple yes-or-no answers to questions designed to reveal some diagnostic pattern, but patients almost always respond by telling stories.[15]

Unfortunately such stories, to the degree that they cannot be translated into the standard medical history, are often presumed superfluous. Or worse, if patients either cannot or will not answer questions or explain symptoms in such a way that allows them to be fit into the standard history, they may be deemed poor historians and their input ignored. John Coulehan offers an interesting example of such a problem:

> The intern begins his presentation: 'Mr. Blank is a 52-year-old man who presents with abdominal pain . . . the patient is a poor historian.' . . . We learn that this sick person "claims" to have a number of symptoms and he is "apparently" taking several medications. The intern adds that the patient's compliance is poor, he doesn't seem to understand his illness, and he is, after all, a "poor historian." Having dispensed with the preliminaries, the house officer moves on to reporting the patient's physical findings and the initial laboratory data. At this point, he drops all qualifiers: the magnesium level does not seem to be 2.2, it is 2.2. . . . Once again, we have left the

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[15]Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine* (New York: Oxford University Press, 1991), 167.

> patient and gone on to his biochemistry without learning from him and all because he's a "poor historian.". . . I wonder if the attribution is correct. Perhaps the intern would be more correct in saying, "The history is unclear because *I'm* a poor historian."[16]

On such an account, only the medical narrative is thought to be important to the effective treatment of patients. Physicians claim that patients are poor historians due to their inability to participate in the medical narrative. But could we not, Coulehan suggests, think the same of physicians? Are they not also poor historians to the degree that they cannot, or will not, participate in patients' narratives? To view the clinical narrative as the only important narrative is clearly detrimental to the clinical encounter. Cassell claims:

> The physician must understand that the patient's story is not an intrusion but a legitimate requirement for the clinician's effectiveness. With that understanding, the multiplicity of tools for extracting the information from the narrative is likely to be employed effectively by the doctor.[17]

As Kathryn Montgomery Hunters states, quoting from William Osler, "It is a safe rule to have no teaching without a patient for a text, and the best teaching is that taught by the patient himself."[18] To understand patients' illnesses, it is essential to understand their narratives. One basic problem is that physicians and

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[16]John L. Coulehan, "Who is the Poor Historian," *Journal of the American Medical Association* 252 (1984): 221.

[17]Cassell, 168.

[18]Hunter, 193.

patients are often dealing with two different narratives, which consequently produce two different interpretations of the disease. Kay Toombs, in *The Meaning of Illness*, suggests that patients interpret their illness in terms of their lived experience.[19] It is necessary for patients to explain how illness fits into their lives. Arthur Frank argues a similar point in terms of narrative:

> Disease happens in a life that already has a story, and this story goes on, changed by illness but also affecting how the illness story is formed. I once spoke to a young man the night before he began chemotherapy. He talked about the high incidence of cancer in his family, his father's recent death, and his memories of relatives' deaths. At least on that particular night as he recalled his life, he told a story of having waited for cancer; a story of illness was already in place before his disease occurred. Cancer had long been on his map as a possible destination.[20]

Physicians, on the other hand, tend to be more concerned with illness as a pathological and pathophysiological process. But this medical interpretation is itself a type of narrative. As Hunter suggests:

> Physicians begin by hearing the story of illness, and then 'read' the body, interpreting, sorting, matching all the while. As expert readers they use both scientific knowledge and a familiarity with the plots of similar cases to make sense of a welter of detail, sorting through a differential diagnosis, testing hypothetical accounts of disease against the details of this particular one. The diagnosis that emerges is the physician's interpretation of the events and signs of illness, and it places the patient in the midst of a

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[19]Kay Toombs, *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient (Boston: Kluwer Academic Publishers, 1993)*, 7.

[20]Frank, 54.

> recognizable story of disease. Narrative bridges the gap between rule and case.[21]

I do not want to suggest that one narrative should be thought of as being better than, or more important than, another. Rather, both narratives are important to the clinical encounter. Certainly physicians need to work within a certain narrative framework that allows for a medical resolution. Patients, however, need to work within a narrative that incorporates the experience of illness into their life story. "How," a patient might ask, "will this affect my future, my relationships with others, and the things I enjoy doing?" A problem arises during the clinical encounter when physicians believe that the medical narrative is the only narrative of importance. This leads to mutual frustration on the part of both patients and physicians. Such frustration, Brody claims, can be attributed to:

> The notion that only by abstracting the idea of disease from the particular context of the sickness episode and the sick person can one arrive at the "essence" of disease, which is what counts as true philosophical knowledge.[22]

Rather, to fully understand the illness, and patients' experience of disease, it is necessary that patients and physicians communicate together to create a story of illness that is accessible to both:

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[21]Hunter, 208.

[22]Brody, 20.

> We must interact with the patient to obtain the most useful, robust data possible. No doubt, there will always be poor historians in medicine, but, if we pay more attention to the clinical art, fewer of them will be the doctors.[23]

The use of narrative in the patient/physician dialogue offers one way of meeting on mutual grounds.

## The Family as Narrative

The issues discussed in the previous section are all important in understanding how a child may make meaningful contributions to treatment decisions. However, to appreciate fully the ability of children to participate in treatment decisions, it is first important to understand their relation to their family. This, I might point out, is true of most patients, but it is especially necessary in pediatrics. In this section, I show that narratives enhance the concept of family. I have already given considerable attention to the issue of personal identity and how narrative offers a fresh approach to some rather difficult issues. I now turn to the concept of a family as a narrative to show its importance in medical decision-making.

A full understanding of the family requires some attention to family stories. Families, like persons, are best understood by the stories that told about them. In a recent book entitled *The Patient in the Family*, Hilde and James Nelson argue that

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[23]Coulehan, 221.

it is particularly important to pay attention to families as narratives. In one interesting case Molly, Susan's mother, suffers a mild heart-attack while Susan is away. Molly insists that her family not find out about the incident. Molly doesn't want to alarm Susan and believes that it is best if Susan not know. The Nelsons point out:

> Here again the idea of family as narrative is helpful: it behooves Molly to think of her life with Susan as a story, asking herself whether the course of the narrative to date is such that this insistence on privacy is warranted, or whether, on the contrary, Susan may legitimately expect more openness and trust from her mother.[24]

Family narratives, they claim, provide guides to help us understand appropriate interaction.[25]

To view the family as narrative suggests that it should be considered as comprising of more than the mere members of which it is composed. Generally, biology and marriage provide the traditional means of establishing the existence of a family. One's spouse, children, parents, brothers, sisters, aunts, uncles, cousins, friends, lovers, etc., can contribute to the constitution of the family. They may relate well to each other, each playing important roles in the lives of the other

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[24]Hilde Lindemann Nelson and James Lindemann Nelson, *The Patient in the Family: An Ethics of Medicine and Families* (New York: Routledge, 1995), 111.

[25]Nelson, 113.

family members. Or, on the other hand, they may not relate to each other well at all, perhaps becoming estranged from each other or harboring bitter hostilities.

Instead of thinking of the family as the mere composite of its legally designated constituents, it is possible to think of the family as an entity much like the self. As suggested earlier, humans narrate stories to explain their experiences. In the process of this narration a self arises. It is through a similar process, now a communal effort, by which the various members strive to develop a unified story which gives rise to the family. It is through the process of such narration between these persons that the family in the fullest sense arises and is sustained.

On this account, one identifies oneself with a family in much the same way that one identifies oneself with a fictional character. The family itself will have certain values, goals and objectives, some of which may be inconsistent with those of its various members. But what seems to be important is that in identifying with a family, one does more than simply pick out those persons which may be said to legally constitute a family. The Nelsons argue a similar point:

> Families, too, have purposes which, like winning a competition, can only be accomplished through the activities of individuals, but which are not reducible to individual desires or attitudes; there are some things, as it were, that families are for, and we may quite properly regard as being "in their interests" the circumstances and conditions that are conducive to achieving those ends.[26]

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[26]Nelson, 86.

So, though I could certainly identify a family as my family, as on Bransen's account where I might identify Kant's first *Critique* as Kant's first *Critique*, there is another important sense in which identifying with my family involves a process of "playing at" being a family. The family, to meet its goals and objectives, establishes narrative roles for its members. Family members may come strongly to identify with their roles within the family, perhaps maintaining those roles throughout the course of their lives. We can apply what Sartre said of the self to the family: one can really only be a family in the sense of "playing at being" a family. One's identification with a family can then be considered similar to one's identification with oneself. This understanding of the family provides important insights into its role in the clinical context.

## Narration, the Family and the Self

Much of the reasoning behind the inclusion of the family in medical decision-making, especially when dealing with children, is largely based in law. For instance, in cases of minors or incapacitated adults, a physician's first inclination is to identify the legal representative of the patient. In most cases, certain family members hold this position of authority. In addition, it is generally assumed that they may be best able to determine what the patient himself would have wanted. However, the ability of family members to do so effectively is

highly controversial. Regarding children, as Holder points out, the legal precedent establishing this as the role of parents dates back to a time when children were considered to be the chattel of the father. It was for him, and him alone, to decide what was and was not to be done to his children. Parents are still generally permitted to make treatment decisions for their children.

But there are better justifications in favor of parental involvement. Parents should participate in treatment decisions because they, as the family, play an important role in the child's developing narrative. As the Nelsons suggest "children depend on their parents for information about how the world fits together and what counts as normal behavior."[27] That is, their identity and understanding of their world rely heavily on their parents' narratives. The importance that parents play in their children's decision-making is of special importance due to the way that such interaction contributes to the development of the self. The Nelsons point out that families can be considered valuable in a number of ways, including their ability to provide protection, nurturing and socialization. But a fact of equal importance is that families play a primary role in the development of children's identity. "Tommy's self is forged through his relationships to other family members, in the intimacy characteristic of family life."[28]

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[27]Nelson, 38.

[28]Nelson, 36.

One way to explain the importance of the family to the developing self, consistent with my previous comments concerning identity, would be to say that the family narrative provides an element of facticity for the self. Not only do individuals participate in the act of identification with other family members, but the narrative that arises from that exchange serves to create an element of facticity that must then be incorporated into their own personal narrative. How one perceives one's role in the family will certainly have an effect on the self created in one's personal narrative.

This creates an inter-relatedness that exists between the narrative identity of the self and the narrative identity of the family. The family narrative depends on the individual narratives of its various members. Likewise, the self narrative will include elements of the family narrative. This is especially true with children. The narrative identity of a child is certainly in development. This is not unique to children. Even adults are in a process of continual development. But it is the prominent role that the family narrative plays in the developing identity of the child that contributes to a moral argument favoring parental involvement.

## Narrative and Medical Decision-Making

In Chapter Three I indicated that autonomy may be understood in terms of narrative. A physician, out of respect for patient autonomy, has an obligation to

enable this narrative process. In so doing, physicians are able to fulfill what Ackerman rightfully suggests to be a crucial element in the preservation of patient autonomy:

> The crucial requirement is that physicians tell the truth in a way, at a time, and in whatever increments are necessary to allow patients to effectively use the information in adjusting their life plans.[29]

Often, however, we find that children do not possess narratives sufficiently sophisticated to place their experience of illness into a meaningful context. Such inability, I suggested, diminishes autonomy. Hence, children, to the degree that they lack this ability to narrate, cannot be autonomous agents.

Out of respect for persons, patients should be allowed to make meaningful decisions for themselves if they are, in fact, competent to do so. Competence requires that patients understand their condition clearly enough to make meaningful decisions. Many people, however, feel that children are too immature to participate in treatment decisions. Others are afraid that news of a terminal illness will create undue psychological harm to the child. But as Bluebond-Langner suggests this is not necessarily the case, especially with children suffering from terminal disease. She notes that:

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[29]Ackerman, 17.

> It should be clear that the terminally ill children knew they were dying before death became imminent. What remains unclear, however, is why they kept such knowledge a secret.[30]

She describes the attempt, by both parents and clinical staff, and eventually by children themselves, to conceal what they knew about the illness, as mutual pretense. This, in itself, this is a type of narrative engagement. The staff developed ways of coding information to keep certain facts away from both parents and children, or so they thought. However, as Bluebond-Langner's findings suggest, the children in the oncology unit picked up on these "games" just as they do those of their parents. Hence, the staff was really only creating a narrative in which they believed that the parents and the patients were unaware of the disease. To accomplish this goal, the staff avoided direct questioning by either "leaving the room, reprimanding the children, or by simply ignoring the question." Children recognized the unwillingness, by both parents and staff, to discuss their condition. Many children understood that they would die and would keep this from their parents, so as not to upset them. They too supported their parent's and care-taker's narratives in which they were supposedly unaware of the disease.

Bluebond-Langner emphasizes that what children require is a way to express their feelings and better understand their condition. On the narrative approach to autonomy, the emphasis on patient information is to provide that

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[30]Bluebond-Langner, 198.

information in such a way as to allow both patients and clinical staff to communicate. Some people assume that because children cannot participate in the clinical narrative, they are then unable to participate meaningfully in treatment decisions. But this is an example, like one that I discussed earlier, where a physician may attempt to force patients to understand a clinically oriented narrative and then abandon them when they cannot, or will not, participate. But this is to misunderstand the role of narrative in the patient/physician dialogue.

One important goal of the patient/physician conversation should be to develop a narrative that allows for an avenue of mutual exchange. If the conversation utilizes a narrative which excludes one of the participants, (in this case the child) then a meaningful exchange is impossible. The question that physicians must ask is whether the conversation can occur in such a way as to allow for a mutual exchange of meaningful information. Physicians should not ask only those questions of children, or even adults, designed to be easily fit into the physician's narrative, the medical history. "Where does it hurt?" and "when did it start?" are certainly important questions. Technical terminology is essential for proper communication between health care providers. However, the goal of the narrative exchange is not only to create a medical narrative which can be summarized in a patient's chart. It should also be directed toward enabling the patient to participate fully in the treatment decision. In this sense, the patient and

the physician should negotiate in order to find a mutually satisfactory understanding of things.

Children should not, then, be excluded from medical decision-making simply because they do not understand all the complex requirements of the decision to be made. Rather, the attempt should be made to explore the child's degree of narrative sophistication and then include the child at an appropriate level. As the Nelsons point out:

> When the question is one of medical treatment that benefits the child herself, the degree of power she should have over the decision to accept or refuse it depends very largely on her own medical sophistication and maturity of judgment. A chronically ill child is more likely to be capable of making a good decision at the age of ten than an ordinarily robust child is at twelve: the ten-year-old who has been on kidney dialysis for four years has both a wider and more profound experience of illness and bodily awareness than the child who has never been seriously ill.[31]

This is a most interesting point concerning a child's level of understanding, and corresponds to Bluebond-Langner's study, which can be explained in terms of narrative. A healthy child is less likely to have a sufficiently sophisticated narrative within which to place the experience of illness. Hence, such children may be less likely to participate in meaningful treatment decisions as they are unable to fit their experiences within a more comprehensive story. Children suffering from chronic, or long-term terminal, illnesses are more likely to be able

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[31]Nelson, 102.

to participate in treatment decisions because they are more experienced at working the experience of illness into a life narrative.

Given two eight-year-olds, for instance, we could question their ability to participate meaningfully in treatment decisions. Suppose that one of the children, otherwise healthy, requires an appendectomy. The other, however, has been suffering from leukemia for over a year. The first is functioning with a narrative construct of a healthy child. That child would most likely not be able to fit the experience of this condition into a current life story. The leukemic child, on the other hand, has been forced to fit the lived experience of illness into a life story. In doing so, that child develops an enhanced capacity to make meaningful decisions. There is certainly a difference between children's ability to participate in treatment decisions at the time of diagnosis, and their ability to do so after long-term care.

The task of the physician, then, should be directed toward the development of this capacity as much as possible in all children. This would certainly be difficult for most children who have only limited experiences with illness. However, those children suffering from more long-term conditions will more likely have developed narratives sufficient for meaningful communication about their condition. It is the responsibility of parents and physicians to determine the level of narrative sophistication possible for the child.

Hence, instead of assuming that children under the age of fourteen are unable to make treatment decisions, we must take other issues into consideration. In particular, we should be careful to evaluate children's narrative capacities and determine if he or she can make certain decisions once the conversation occurs on a meaningful level. The question that a physician must ask is whether or not the technical details of the decision to be made can be articulated within the context of that narrative. If they can, and if the child has a sufficient ability to place them within a meaningful context, then that child's decisions should be given legitimate weight in treatment decisions.

There are, however, certain legitimate concerns that remain as to how much information should be disclosed to children. Is it really in the best interest of children, for instance, to force them to understand that they are going to die and the various implications of their death? Would we need to emphasize that they would never see mommy and daddy again, that they will never play with their friends, or go to the zoo, etc.? Such an act might be perceived by many as cruel, stripping what little bit of happiness a child might have in order to protect autonomy. In such a case, arguments in favor of withholding such information seem morally compelling.

There are, however, two reasons that favor disclosure, both regarding the child's ability to understand information. As Mary Mahowald suggests:

> If the child cannot understand these concepts, then mere disclosure is unlikely to be harmful; if the child *may* understand them, disclosure is obligatory in proportion to the probability of understanding and in proportion to the risk of harm from the disclosure.[32]

We might agree that if a child does not understand what death means, then telling them that they are going to die may not have much meaning. But Mahowald then points out that, for those children who can understand such information, the risk of telling should be weighed against the risk of not telling. While I agree, it is important to be careful in assessing the actual harm. As Bluebond-Langner's study shows, people tend to overemphasize the actual risk of disclosing information to a child. Further:

> Failing to communicate with children about what they need or want is likely to increase their feelings of isolation, fear, confusion, and mistrust. Even when information is withheld from them, older children and adolescents are likely to learn about their condition by overhearing others' conversations, observing changes in their care, or recognizing changes in their bodies.[33]

Instead of hiding information from children, they should be provided with information commensurate with their degree of narrative understanding. Certainly, providing too much information, or information in such a way that does not contribute to the development of a child's narrative, will not be helpful. In

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[32]Mary Briody Mahowald, *Women and Children in Health Care: An Unequal Majority* (New York: Oxford University Press, 1993), 198.

[33]Lorretta Kopelman and John C. Moskop, eds. *Children and Health Care: Moral and Social Issues* (Boston: Kluwer Academic Publishers, 1989), 103.

fact, it is possible that in such situations for children to become frightened only because they have not been permitted to create a sufficiently meaningful narrative within which to place that information.

In addition, as the studies of Bluebond-Langner demonstrate, children tend to develop some understanding of their condition. If there is an active attempt to keep information from them, there is always the possibility that they may acquire false information. In attempting to protect children from the psychological harm of a certain diagnosis, the parents may foster other unwarranted fears. If children do not understand, or have an improper understanding of their condition, they may also be less likely to cooperate with necessary treatment. Hence, having an improper understanding of the diagnosis and treatment may actually interfere with the effectiveness of treatment.

## Conclusion

Narratives are important in several ways to issues regarding the ability of children and adolescents to participate in treatment decisions. First, they provide a way for patients to understand medical information. Health care providers can use narratives to explain certain conceptual issues to children that are important for proper treatment and care. This will help children understand what is going on around them. This can give children a sense of security and understanding.

Second, narratives provide a way of understanding the importance of the family in patient decision-making. This is especially important when working with children and adolescents, as there are generally parents who play an important role in treatment decisions. Narratives justify their participation by emphasizing the important interrelatedness between the identity of the self and that of the family.

Third, narratives are important to children's interpretation of illness. Narratives do more than provide explanations of treatment, they provide children with a framework by which to understand their condition. The importance of this will largely depend on the nature of the illness. A child, for instance, who requires surgery for a ruptured appendix may really only need narratives for aid in understanding what has happened. Children with chronic or terminal illnesses, however, will need to be able to fit the lived experience of that illness into their life story.

Fourth, narratives provide physicians with access to patients' interpretations of illness. Physicians tend to focus on the clinical aspects of the disease state. This does not, however, correspond with patients' understanding of illness. Communicating with patients, and developing a narrative structure by which to explain their illness, is one important way in which physicians can understand

patients' experience. This is very useful information in dealing with children's experience of disease.

Finally, narrative allows for autonomous decision-making. I have already argued that autonomy can be understood in terms of narrative. The assessment of a children's ability to participate meaningfully in treatment decisions must be based upon the ability to fit certain amounts of information into a coherent life story. The ability to participate will then depend on the level of sophistication of the life story, and the level of sophistication required by the decision at hand. Both parents and physicians should strive to allow children to develop into autonomous agents. Enabling self-narration provides the means to accomplishing this goal.

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