Readers are invited to contact Greg S. Loeben in writing at Midwestern University, Glendale Campus, Bioethics Program, 19555 N. 59th Ave., Glendale, AZ 85308 (gloebe@arizona.midwestern.edu) regarding books they would like to see reviewed or books they are interested in reviewing.

Divided Minds and Successive Selves: Ethical Issues in Disorders of Identity and Personality, by Jennifer Radden. Cambridge, MA: MIT Press, 1996. 296 pp. $55.00.

Jennifer Radden's subtitle nicely summarizes the set of concerns that animate this rich and provocative book. Radden's aims are at once conceptual and normative. What degree of continuity (over time) or unity (at a time) do selves or persons really possess? And how ought healthcare professionals and others deal with individuals whose selves become "fragmented" or "divided" in various ways? Radden's analysis blends theoretical investigations in the philosophy of mind and metaphysics with key findings in abnormal psychology and psychotherapy to illuminate a nest of issues: Can we legitimately speak of one body housing or supporting more than one "person"? To what extent does our normatively charged notion of "person" presuppose a self that is integrated by continuities of memory, experience, and agency? Must legal conceptions of individual responsibility for civil or criminal wrongs be construed to require a continuous and unified "self" who is accountable? Are paternalistically motivated therapeutic interventions justifiable when dealing with dissociative-identity disorder on the grounds that they protect one "self" from another? Ought psychiatric advance directives be enforceable? What should be the normative goals of therapeutic practice with regard to individuals whose selves are fragmented?

The book is clearly organized and divided into four sections (of uneven length). In the first part, Radden develops and defends the claim that a language of "successive selves" is theoretically defensible as a way of capturing a broad range of clinical phenomena typified by dissociative-identity (i.e., multiple personality) disorder. These are cases in which a "succession of selves sustained through stretches of time and alternating" has control of a "shared body" (p. 8). In her effort to show that talk of successive selves is not merely figurative but conceptually coherent, Radden tries to show that even the selves and persons we encounter in "normal" cases are neither invariant nor fixed by any clear metaphysical properties of persons. Selves are always heterogeneous, containing parts that undergo change over time. Though we believe that persons come "one to a customer" (i.e., that one person or self is uniquely associated with one body), this claim is licensed by our normative commitments, not by the metaphysical facts. It comes as no surprise, then, that the criteria Radden defends for assessing whether a

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given individual is a "multiple" centrally include the normative capacity of agency. In addition to persisting through time and displaying differing personality traits, the fragmented individual contains more than one self only if there are distinct agential patterns—that is, "Evidence of separate sets of propositional attitudes: beliefs, values, goals, desires, and responses" (p. 39). Radden takes the fictional case of Dr. Jekyll and Mr. Hyde to be an exemplar of multiple centers of agency and awareness (p. 42).

With these basic criteria and paradigm cases in hand, Radden then explores a range of clinical and associated phenomena involving personal changes with a view to determining whether they are ones for which a language of successive selves would be appropriate. She concludes that some cases of manic-depressive cycles do count as genuinely successive but that instances of *akrasia*, self-deception, and religious or ideological conversion do not.

Those with an interest in healthcare ethics will find part two of the book to be of the greatest interest, for it is here that Radden takes up a number of questions about responsibility—legal, moral, and therapeutic—that arise when we acknowledge the presence of successive selves. These chapters defend several intriguing theses. Genuine cases of multiplicity, for example, where distinct centers of agency are present in a single individual, are ones in which "it cannot be true that $Self_1$ is always responsible for actions executed by $Self_2$ through their shared body" (p. 107). This bold claim is, however, tempered by others. There is no univocal answer to the question "Is $Self_1$ legally responsible for the deeds of $Self_2$?" Whether responsibility is properly ascribable in cases of successive selves depends on the context. The individual who houses successive selves may be both guilty and innocent in particular situations. There are, for example, familiar cases in which we acknowledge that we have responsibilities for the conduct of others; in a similar fashion, the therapeutic basis for reintegration of the psychologically fragmented individual may necessitate demonstrating to the "reigning" self that it is, at least through causal, bodily links, answerable for the deeds of another self.

Radden critiques many of the approaches commonly proposed as ways of supporting the claim that no one self associated with a given individual body may be held legally accountable for the deeds of other selves sharing that body. Legal notions of insanity reflect a preoccupation with mood disorders and delusional states, not with dissociative-identity disorder; the suggestion that courts treat cases of multiples as analogous to states of unconsciousness is similarly unconvincing, given that unconscious individuals cannot sensibly be accused of committing wrongful deeds. Michael Moore's proposal to treat multiples as incomplete or "suspended" persons wrongly implies that there is a kind of incapacity involved in these cases. Radden proposes that the individual described in the Jekyll/Hyde story might properly be convictable of Hyde's misdeeds, in spite of the fact that punishing him necessitates inflicting harm on an innocent, unknowing self (Jekyll). This is not punishment of the innocent, Radden proposes, but rather more like the hardships typically inflicted on innocent family members of an accused.

Of particular interest is Radden's discussion of justifications for therapeutic interventions (or forbearance of such) based either on paternalistic grounds or on the patient's own previously articulated advance directive. Radden rejects Ruth Macklin's argument that forced treatment of mental

patients is legitimated because it "restores" an earlier, "authentic" self. The later self of a multiple is not necessarily the less authentic; nor are the earlier selves whose restoration is often sought necessarily more self-directed than a later "manic" self, for example (pp. 150–151). The use of advance care planning in the psychiatric setting has been challenged on grounds that the "self" whose wishes are articulated in such a document and the "self" to whom those wishes are later to be applied are distinct, such that the directive is drained of normative force: whatever else it is, the objection goes, it cannot be self-determination to direct someone else's care. Radden's response to this basic objection is nuanced: Successive selves do share a body, so an advance directive seeking to prevent self-destructive behavior does retain moral force, because the other "selves" with whom the body is shared will (presumably) need a body to which to return. In this sense, psychiatric advance directives can be viewed as a limiting application of a liberal "harm to others" principle. Short of preventing self-destruction, however, we must recognize that an individual who has earlier resolved to follow a regime of medication may have undergone a genuine change of mind, which ought then to supplant the earlier agreement. Moreover, the subsequent refusal to adhere to the treatment regime may be, in Mill's phrase, primarily "self-regarding" rather than "other-regarding" behavior and thus should be permitted.

Radden's conclusions are carefully formulated and free of excessive jargon. The range of issues raised in this book is wide and thus will be of interest not only to bioethicists but to healthcare professionals who work with those suffering from psychiatric disorders and to philosophers concerned with issues of personal identity and philosophy of mind. Detailed notes and a thorough bibliography are appended. Clinical case studies of fragmented selves are appealed to throughout, though fewer than the reader might have expected; and although she takes the Jekyll/Hyde case as paradigmatic, Radden's reasons for doing so remain somewhat unclear. Is it because the case is so richly described by Stevenson? Or because it inhabits a possible world closer to the actual world of psychiatric disorders? In the end, the set of arguments she presents concerning the normative implications of a language of successive selves are more compelling than the metaphysical claims on which they are supposed to rest. Radden concludes, for example, that our moral categories of blame and praise, remorse and contrition, do not require the strict, numerical identity of a unifying subject, but that "an empirical self loosely held together by one or several psychological continuities . . . will equally suffice to ensure the goods we cherish" (p. 229). Yet this type of argument conceals something of a false dilemma: rejecting the idea of a Cartesian substance as the invariant essence of the self is not equivalent to demonstrating that Parfitian psychological continuity is adequate to support our moral notions. (Parfit himself, of course, argued for a significant revision of our prereflective views of ourselves and our moral attitudes.) Radden makes it clear that she believes there are practical (normative) reasons to adopt a language of successive selves, but she also asks whether there are "theoretical reasons to eschew it" (p. 270, pp. 9–10). She admits (p. 33) that there are—if it turns out that bodily continuity is a necessary condition of personal identity over time; psychological continuity views (such as Parfit's), however, nicely accommodate talk of successive selves (p. 142). Ultimately, Radden may want to argue

for the metaphysical strength of Parfit's view itself on normative grounds (see, e.g., pp. 83–86, 191), but if so more argument is needed.

Radden's is a rich and ambitious book, with much to repay study.

—David M. Adams

From Detached Concern to Empathy: Humanizing Medical Practice, by Jodi Halpern. London: Oxford University Press, 2001. 165 pp. $37.95.

Dr. Jodi Halpern has written a remarkable book articulating a view of clinical empathy that has practical and philosophical implications for all helping professionals, as well as for normative and relational ethics within the helping professions. Dr. Halpern first carefully deconstructs a detached insight view of empathy (an intellectualist view) and empathy as sympathetic merger between two persons. She rejects both of these models and offers a view of clinical empathy for physicians and other healthcare workers akin to compassionate care:

> The detached insight model is insufficient because it denies the two experiential poles of empathic understanding: the empathizer grasps, more or less, how another person experiences her situation and at the same time experiences the other's attitudes as presences, rather than as mere possibility. . . . Discerning that a situation has certain aesthetic or moral features in the first place—for example, noticing that a landscape is beautiful or that, of all human needs, a particular one exerts a special moral pressure—is a critical aspect of aesthetic or moral judgment. Similarly, empathy is about noticing what is salient from another person's emotional perspective. (p.74)

Dr. Halpern argues for an interpersonal view of empathy that does not involve merging in overidentification with the other and that requires learning particular skills of imagination and communication:

> The empathizer does not just happen to resonate; she cultivates the capacity for imagining perspectives to which she lacks immediate access. The challenge is to describe the precise way that resonance and awareness of the distinctness of another's situation contribute to this imagination work. (p.85)

Dr. Halpern's view of clinical empathy contrasts two views of autonomy—first, "the cognitive capacity to understand one's choice" with a second, Kant's stronger notion of autonomy as the capacity to reason about worthy ends. Dr. Halpern, a psychiatrist and ethicist, draws on a vivid clinical example from her own practice to develop a carefully articulated ethical argument for Kant's stronger definition of autonomy—the capacity to reason about good ends—without

adopting Kant's assumptions that the person has this rational capacity based on "thoughts in the head" alone. That is, Dr. Halpern rejects Kant's assumption that autonomy can be based on "self-standing" reasoning alone. Instead, Dr. Halpern endorses socially constituted, dialogical bases for autonomy as the standard required for all ordinary interdependent human beings who, through their finitude and embodiment, are subject to vulnerability and suffering:

> Although Kant pictures the capacity to generate ends as springing from detached *selbstandig* reason, we can reject this picture by considering that under conditions of suffering, people depend upon empathic recognition to achieve freedom from catastrophic emotions. (p.123)

Although Dr. Halpern uses many examples from clinical practice throughout the book, she effectively organizes this particular philosophical inquiry around a strong clinical example—a paradigm case—from her own practice. She empathically tells the story of a woman, Ms. G., whose world and sense of possibility collapsed suddenly when her husband informed her, immediately after Ms. G. had undergone surgery for the amputation of a second limb, that he no longer loved her and that he had moved in with another woman. Ms. G. suffered from catastrophic emotions related to a sense of abandonment and rejection and could no longer imagine the same possibilities for her life that she had imagined only days before, when she had decided to undergo the surgery. Ms. G. was a successful artist with a strong community of friends, but she could not, in this moment, draw on her usual social and personal resources—the conditions of possibility for autonomous choice. Dr. Halpern demonstrates that detached concern (an intellectualist view of empathy) and a constricted view of autonomy shared by Ms. G.'s other doctors reinforced Ms. G's catastrophic view of her immediate future. By exercising detached insight, other physicians unwittingly rationalized about Ms. G.'s prospects as a result of projecting their own fears of suffering and disfigurement onto Ms. G.

Dr. Halpern's argument is *not* that Ms. G. did not have a right to refuse further lifesaving treatment (dialysis, hydration, and nutrition) but rather that her autonomy had been severely compromised by her catastrophic emotions of rejection, abandonment, and anger. Empathic working through of some of these immediate emotional responses was required before Ms. G. could regain her powers of practical reasoning and possibly weigh ending her life as the most worthy end among other possible ends. However, no such buffering time zone was offered, and the patient died within 24 hours on a morphine drip while dialysis and insulin were withheld as requested by the patient.

Dr. Halpern's use of a case that is controversial, in the context of a principle-based ethics of justifying right decisions, makes her careful reasoning for an agent-centered perspective on experiential, emotional reasoning all the more powerful. Her insights on both the distortions and the intelligence of emotions make this work a tour de force. Dr. Halpern argues that our emotional capacities give us access to a meaningful world and emotional connection and communication with others. However, she rejects a strictly cognitivist view of emotions, while offering evidence that emotions are more cognitively complex than the automatic reflex emotions described by Descartes. Dr. Halpern holds that emotions are always connected to meanings but rejects a cognitivist view

that they are always based on explicit beliefs or concepts. For example, one can experience emotional inertia—holding onto emotional responses that are no longer tied to one's rationally justified beliefs. Also emotions can spread out into moods disclosing the world as risky, dangerous, threatening, manageable, or hopeful. Emotional errors or incapacities lead to errors of attention and judgment. Dr. Halpern argues that emotions can be irrational, but without emotions one cannot be rational at all. Physicians can learn to assess their emotional views for their rationality, and Dr. Halpern gives concrete examples of how to do so, along with recent research on the links between emotions and rational thought and actions.

Despite the subtle philosophical and clinical nuances that this book articulates, it is an engaging and highly accessible work that can be appreciated by a wide range of clinicians, ethicists, policymakers, and philosophers. The philosophical arguments and articulation of moral distinctions are sophisticated and clearly expressed. This book synthesizes a body of literature on emotions, autonomy, relational ethics, and justificatory ethics in a new way, demonstrating from the inside out why we cannot make qualitative ethical distinctions without an agent-centered perspective on morality that incorporates emotions, intents, beliefs, and skills.

I believe that this book should be required reading for all practicing physicians, ethicists, nurses, social workers, other helping professionals, and students in these fields. Dr. Halpern powerfully illuminates a moral vision of helping that resists paternalism and unexamined emotional straitjackets that prevent professionals from seeing and responding skillfully to vulnerability and suffering. To be fully human we must acknowledge that as human beings we are all dependent on one another in situations of collapsing worlds and catastrophic fears. To thrive, human beings need empathic care to hold open human worlds, suspended by human concerns and social relationships.

Dr. Halpern's book powerfully demonstrates that we dare not do without the principle of respect for autonomy and that we must not let our notion of autonomy be constricted down to "simple consumer choice" as deciphered by detached observers. Autonomy is socially supported by empathic clinical reasoning that skillfully supports recovery of autonomous choice, especially when the powers to see and weigh possible ends are compromised by suffering and vulnerability. For ethicists and clinicians alike, Dr. Halpern's book demonstrates why an agent-centered perspective is a necessary companion to normative ethics if we are to *perceive* and skillfully *act* on qualitative ethical distinctions that abound in clinical practice. Emotional attunement and reasoning are required for meeting and fostering the emotional capacities required for autonomous choice.

This book is particularly relevant in this time of commercialized healthcare, where simplified views of patient choice are often forced by lack of time and opportunity to develop and exercise clinical empathy. Our public spaces for meeting and caring for others may diminish patient autonomy to simple consumer choices with no moral vision or opportunity for fostering emotional capacities and relational skills required to consider and evaluate worthy ends. Emotional distortions, such as concretized emotions, depression, and catastrophic thinking, on the part of the patient or the clinician, can foreclose options for a strong version of autonomy.

—Patricia Benner