PERSONAL IDENTITY AND PSYCHIATRIC WELLNESS: A SPINOZIAN VIEW

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Outline

• The link between identity and health

• A brief overview of contemporary theories of identity
  • These are limited because they attempt to explain identity only in terms of the mind

• A Spinozian theory of identity
  • A brief summary of Spinoza’s ‘activistic’ ontology
  • Persons are agents: persons are identified by their effective actions, and by the particular relationships that enable these actions
  • How effective agency is known: the adequacy of self-knowledge

• Implications for healthcare
  • Self-efficacy and healing is achieved through understanding and connection
  • The autonomous self is not known simply through introspection and self-report
PART 1:  
The link between identity and health, and psychological theories of identity
How identity is relevant to healthcare

• The problem of personal identity: what makes a person the person they are, especially given all the change they go through? (i.e. what is the ‘self’)

• This question is central to how we understand autonomy
  ▪ Autonomy means ‘self-rule’: in respecting autonomy we take account of a patient’s choices
  ▪ It is central to much of the discussion around capacity assessments

• It is also relevant to our understanding of suffering and healing
  ▪ Eric Cassell says that suffering occurs when a person perceives themselves to be at risk of ‘disintegration’ (2). This corresponds with the idea of healing as the recovery of ‘personal wholeness’ (3)
  ▪ What does it mean for a person to be more-or-less integrated? Or whole or not-whole?
Personal identity explained via the mind
(a brief overview of some contemporary theories)

• Descartes equated the self with the mind (or ‘soul’).

• Locke equated the self with conscious awareness:
  ‘as far as [a person’s] consciousness can be extended backwards to any past action or thought, so far reaches
  the identity of that person; it is the same self now it was then; and it is by the same self with this present one
  that now reflects on it, that that action was done.’ (9)

• Locke’s view is generally interpreted as referring to ‘memory’. It is the forerunner of
  ‘psychological continuity theories’, according to which a person is identified with
  the contents of their mind.

• These theories have been extensively criticized, for philosophical and psychological
  reasons.
  • The ‘archival model of memory’ has been widely discredited (1 & 6)
In place of psychological continuity theories, Schechtman has proposed that a person’s identity is a ‘self-constituted narrative’ (14)

Similarly, Korsgaard has argued that the self is constituted in rational agency, i.e. the reasons a person acts on. (12 & 13)

These theories fit with the emphasis many place on ‘meaning’ (e.g. Frankl’s notion of the ‘will to meaning’) (4 & 5)
Personal identity explained via the mind
(a brief overview of some contemporary theories) ... cntd...

• If the self is a narrative, or rationally constituted, then questions about autonomy might be addressed under the notion of coherence or narrative consistency. Suffering and healing can be understood through the meanings that a person attributes to their condition.

• The notion of coherence suggests there is a degree of truthfulness or realism that an identity needs to be sustainable.

However:

• It seems to me that these theories offer little to the clinical questions that have been outlined.

• People who are ill may or may not be able to respond to reasons. These theories say little about how a person comes to identify with certain meanings, stories, or reasons.

• To address these questions we need to say more about the nature of human agency, and the evaluative processes underpinning our identification with certain reasons/meanings.
PART 2
A Spinozian theory of personal identity
Spinoza’s ontology

“Cogito ergo sum” – Descartes

• Whereas Descartes grounded his philosophy on the phenomena of conscious thought (cogito), Spinoza’s theory is grounded on existence itself (sum)

• Spinoza viewed the existence of a thing (including a thought) as an expression of power: the power to cause something to be. It is in other words, it is the power to act. Hence, ‘to be is to act’

• Power is only limited by a greater power, and hence there exists an infinite power, which is the cause of itself.

• Spinoza describes the being that is the cause of itself variously as God, Substance, Nature, and also God-or-Nature

• ‘Mind’ and ‘body’ are different attributes of the one substance (mind-body parallelism)
Individuation

• Every finite thing that is exists within the infinite activity of ‘God-or-nature’.
  ‘whatever is, is in God, and nothing can be or be conceived without God’
  Ethics, PI, prop. 15

• As power is actualized, i.e. determined, into a particular thing, other things are thereby created or negated.
  ‘From the necessity of the divine nature there must follow infinitely many things in infinitely many modes, (i.e., everything which can fall under an infinite intellect)’
  Ethics, PI, prop. 16.

• Every thing is a unity. The more a thing is united to other things, the more power it has. In other words, there is greater potentiality in the unified activity of particular agencies. The more isolated a thing is, the less power it has.

• The human body ‘is composed of a great many individuals of different natures, each of which is highly composite’ Ethics, PII, postulate 1.
Persons and Personal Identity

• The identity of any given thing consists in its power-to-act.

• As effective agency always involves integration (unified activity), the identity of a thing also consists in the relationships that enable it to act.

• A person is an active unity: a highly complex composite of many parts, with the potential to act in a wide variety of ways, through interacting with a vast array of more-or-less conducive ‘others’.
Spinoza’s account of self-knowledge.
(i.e. how a person’s identity is known)

- Effective agency is known ‘in the doing’. Free action is innately enjoyable: it is simply valued.
  - Spinoza’s describes the knowledge and enjoyment of being as the third kind of knowledge (‘scientia intuitiva’).
  - We all have this knowledge, by degrees. Hence, ‘what do you enjoy doing’ is a key question in find out who are person is?

- However, because of our complex natures, and our natural vulnerabilities, human agency is inherently problematic. Actualizing our potential is difficult:

  ‘Each thing, as far as it can by its own power, strives to persevere in its being’

  Ethics, PIII, Prop. 6.

- To be truly ‘oneself’, one needs to understand and integrate the forces at work in her, and an environment that enables this.
Self knowledge and feelings

• Our minds are constantly monitoring ‘how things are going’ through the quality of our feelings – feelings are a kind of perception.

• We feel joy when we perceive our power to be increasing. Sadness when we perceive our power to be decreasing
  • These feelings come in many different forms, varying according to the kind of change that is occurring in the mind

• Pleasure and pain are feelings of joy and sadness associated with a particular part of the body

• Cheerfulness and melancholy are feelings ascribed the person as a whole.

• As our natures are complex, it is possible to experience feelings of joy and sadness simultaneously
Self-knowledge, rationality and imagination

• The mind can perceive the properties that things have in common (‘kinds’)  
  • Spinoza describes this as ‘ratio’ – the second kind of knowledge
• These are not ideas of any particular thing, or universal entities, but abstractions that exist only in thought. All general ideas fall into this category.
• Through this knowledge we can learn how to modify patterns of behavior, and how people or environments tend to affect us, and learn how to respond ‘pro-actively’.
• The reasons, meanings, stories and purposes that we use the structure our agency, all belong to this kind of knowledge.
The self as relationally constituted

• Successful agency is always co-operative: it requires understanding of and respect for those persons or things interacted with

• Spinoza defines *love* as joy associated with something that increases power of acting, and *hate* as sadness associated with something that decreases our power of acting. Ethics, P III, prop. 13.

Ergo...

• A person’s nature is constituted by that which he loves (the persons and things that enable him to act)

• We become more free as we become more conscious of how we are connected (e.g. through spiritual practices)

‘Man’s struggle for his self and his identity is doomed to failure unless it is enacted as dedication and devotion to something beyond his self, to something above his self’

PART 3:  
Some implications for healthcare
Implications regarding our understanding of suffering

• On the Spinozian view:
  • A person is more-or-less integrated in so far they are successful in actualizing potential
  • A person is whole when their activity is perfectly free

Hence

• Suffering is a loss of agency (real or perceived), i.e. a loss of autonomy.

• To resolve the suffering we must either address the impediment, or enable the person to adapt their actions – their intentions and purposes – to fit what is possible.
  • This may involve acceptance and re-imagination.
Implications regarding autonomy

• When we ask a person to make an autonomous decisions, we are asking them to act as themselves.

• On the Cartesian theories mentioned, the self is seen as constituted by ‘internal’, cognitive criteria. This suggests that the self should be discoverable by ‘looking inside’. This is the Disney model of identity. On the Spinozian account, the self is identified by effective action, not a person’s current thoughts or feelings.

• Many mental health patients, when they ‘look inside’, they find only sadness. In that moment of introspection, they have at best a confused understanding of who they are.

• Hence, especially in these cases, autonomy should not be inferred from self-perception

However:

• This is not an argument for paternalistic medicine: self-efficacy is essential. What is needed is a supportive, response model of care, which re-orientates the person to herself and world such that she is able to act
The restoration of autonomy

• If we expect a person who is has no power-to-act to make a decision, the failure they will sense in trying to do this will only reinforce their feeling of sadness.

• Restoring autonomy – and wellness – requires enabling the person to retain a degree of control over their life. There are, broadly speaking, two aspects to this:
  • Addressing false perceptions of themselves.
  • Connecting them with an environment in which the are able to act (‘a place to stand’)

• It some cases it might help the person to narrow their attention to the smallest possible scope (mindfulness meditation?)

• The more-or-less nature of autonomy appears to support an asymmetric approach to capacity assessment
References


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