

LETTERS

Dear Mr. Ballantyne

Thank you for publishing the article, "Direct Intervention in the Brain: Ethical Issues Concerning Personal Identity" by F. Focquaert and D. DeRidder in the November 2009 issue. It led me to rethink what personal identity is about, vis-à-vis my own history of who I am as context for this reflection, combined with research leading to the French philosopher, Paul Ricoeur, and his writings, especially his three volume opus, *Time and Narrative* (1983-1985). Though this work is certainly pertinent to the article's topic, neither these books nor any other of his works were cited in the article mentioned.

My main point in response to the authors, though: Their perspective is not global enough for their conclusion to be convincing, "Overall, from a cost/benefit perspective, the possible benefits of DBS [deep brain stimulation] for treatment-resistant neurological and neuropsychiatric disorders outweigh the possible harm of narrative identity change."

The crux here: The authors limited personal identity to *idem-identity* or sameness of person in space time, i.e., its persistence, at the expense of *ipse-identity*, or ipseity -- selfhood entertaining questions such as "Who am I?" and "Does there need to be an other for me to be the one I really am?"

Surprisingly, however, this is not necessarily a negative criticism of the authors' point of view.

That is, when *ipse* is added to *idem* in one's assessment of cost/benefit or risk/benefit to personal identity of a particular medical intervention such as neuromodulation via a subcortical implant, it's possible that it is not the medical practitioner who has ultimate control of the outcome but the person being treated, who may decide years later that he or she can no longer bear up to a regimen of direct -- or even indirect -- brain stimulation. Such action may even be unexpected by the attending physician, yet can arise from the initiative a human person takes for himself or herself *ipse* to choose instead a completely different approach to having a more functional and meaningful life.

I speak from personal experience, as under the Americans with Disabilities Act, I am disabled, having had struggled in the workplace with depression, anxiety, and OCD, for example. Nonetheless, I decided not to undergo shock therapy, and after years of being on prescribed medications and taking talk therapy, stopped doing that, too. What happened from taking initiative for my own 'treatment' was actually the discovery that I had tried so hard to be someone I really was not. My "sameness" over time had been a seemingly intractable desire to make my own life, choose my own identity, until circumstances finally led to a freely taken decision to give up all I had worked my entire adult life to achieve and be, and to start all over with the one I really

am. No narrative story spoken by anyone else could have revealed this one to me, no psychoanalysis, no relief of the incessant pain experienced emotionally and in many other ways. What did it was an awareness of what had really happened to me, including injury experienced at other people's well intentioning hands. Thus the DSM-IV in effect amounted to a medical Gulag from which I emerged not only a seared survivor, but now someone who does have a life after all, who knows he is loved -- who is fully human.

Accordingly, my narrative identity *has* changed, has conformed itself to my *ipse* identity as true, real, substantial being. Correspondingly, my symptoms have changed, too -- they are gone, even that nasty, seemingly intractable one of restless leg syndrome.

Life and love in relationships with others, those are more convincing as gold standards for analyzing ethical -- actually, moral -- issues regarding effects of medical interventions on personal identity and its expression in space-time, issues really brought to the fore when one's mental health hangs in the balance.

Thank you.

Sincerely,

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