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RESPECTING AUTONOMY IN CASES OF AMBIVALENCE
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RESPECTING AUTONOMY IN CASES OF AMBIVALENCE REGARDING END OF
LIFE DECISIONS

By

Jennifer Sproul Swindell

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ABSTRACT

RESPECTING AUTONOMY IN CASES OF AMBIVALENCE REGARDING END OF LIFE DECISIONS

By

Jennifer Sproul Swindell

Although personal autonomy is now discussed frequently in both theoretical and applied philosophy, the meaning of the term often shifts; and this has gone largely unnoticed, creating much confusion. I draw a distinction between the way that the term is used in the context of theoretical philosophy and in the context of bioethics. In the context of theoretical philosophy, the trend is to focus is on the agent's internal states. This is largely due to the influence of Harry Frankfurt, who has changed the direction of the free will/determinism debate by arguing that a person is autonomous when the desires that move her to act are ones that she wants to move her to act. I label this notion "metaphysical autonomy."

The overall trend in discussions about autonomy in the bioethical context is to focus on whether the agent has an adequate understanding of the world; if she does, then she is permitted to make decisions about her medical care. I label this notion "bioethical autonomy." There is, however, interesting overlap between metaphysical and bioethical autonomy. Young children, for example, are not permitted to make their own medical decisions because they are not able to engage in the sort of reflection required for metaphysical autonomy. Certain psychiatric patients, for example, are not permitted to

make their own medical decisions because the reflection required for metaphysical autonomy is distorted, or the desires that are moving them to act are not ones that they want to move them to act. But often, patients are ambivalent and cannot decide, or are deeply conflicted about, which of their desires they want to move them to action.

Little to no attention has been paid to the phenomenon of ambivalence in contemporary autonomy and moral psychology literature. This is surprising because accounts of autonomy rely on the assumption that there is something that a person *really* wants, or *really* values. But ambivalence calls this into question. I develop an account of ambivalence, drawing a distinction between paralyzing ambivalence and residual ambivalence. I argue that paralyzing ambivalence results in a loss of both metaphysical and bioethical autonomy, whereas residual ambivalence does not, despite the fact that several major personal autonomy theorists imply that it does. Drawing from existential philosophy, I propose methods to resolve paralyzing ambivalence and to restore metaphysical and bioethical autonomy; and I also respond to challenges the proposals may face. I argue, however, that a certain amount of residual ambivalence is desirable. With an analysis of autonomy and ambivalence in hand, I apply it to cases of ambivalence about end of life decisions. The issue of ambivalence at the end of life is important because it occurs frequently, yet is often responded to with medical paternalism (deciding for the patient). Understanding ambivalence and how to resolve it promotes patient autonomy and patient well-being.

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PREFACE

Although personal autonomy is now discussed frequently in both theoretical and applied philosophy, the meaning of the term often shifts; and this has gone largely unnoticed, creating much confusion. I draw a distinction between the way that the term is used in the context of theoretical philosophy and in the context of bioethics. In the context of theoretical philosophy, the trend is to focus is on the agent's internal states. This is largely due to the influence of Harry Frankfurt, who has changed the direction of the free will/determinism debate by arguing that a person is autonomous when the desires that move her to act are ones that she wants to move her to act. I label this notion "metaphysical autonomy." Of course, the term 'want' begs the question, and this is where contemporary metaphysical autonomy theorists split to develop several different theories of metaphysical autonomy. For Frankfurt, to want a desire to move me to action is to decisively identify with it (for any reason, or for no reason at all). For Michael Bratman, to want a desire to move me to action is view it as reason-giving in light of the normative content of my self-governing policies. For John Christman, it is to be satisfied with the process that led to the desire.

The overall trend in discussions about autonomy in the bioethical context is to focus on whether the agent has an adequate understanding of the world; if she does, then she is permitted to make decisions about her medical care. I label this notion "bioethical autonomy." There is, however, interesting overlap between metaphysical and bioethical autonomy. Young children, for example, are not permitted to make their own medical decisions because they are not able to engage in the sort of reflection required for

metaphysical autonomy. Certain psychiatric patients, for example, are not permitted to make their own medical decisions because the reflection required for metaphysical autonomy is distorted, or the desires that are moving them to act are not ones that they want to move them to act. But often, patients are ambivalent and cannot decide, or are deeply conflicted about, which of their desires they want to move them to action.

Little to no attention has been paid to the phenomenon of ambivalence in contemporary autonomy and moral psychology literature. This is surprising because accounts of autonomy rely on the assumption that there is something that a person *really* wants, or *really* values. But ambivalence calls this into question. I develop an account of ambivalence, drawing a distinction between paralyzing ambivalence and residual ambivalence. I argue that paralyzing ambivalence results in a loss of both metaphysical and bioethical autonomy, whereas residual ambivalence does not, despite the fact that several major personal autonomy theorists imply that it does. Drawing from existential philosophy, I propose methods to resolve paralyzing ambivalence and to restore metaphysical and bioethical autonomy; and I also respond to challenges the proposals may face. I argue, however, that a certain amount of residual ambivalence is desirable. With an analysis of autonomy and ambivalence in hand, I apply it to cases of ambivalence about end of life decisions. The issue of ambivalence at the end of life is important because it occurs frequently, yet is often responded to with medical paternalism (deciding for the patient). Understanding ambivalence and how to resolve it promotes patient autonomy and patient well-being. In fact, the entire dissertation itself was motivated by a case of ambivalence about an end of life decision: The Case of Mr. X.

The Case of Mr. X

During the winter of 2004 I spent most of my time interning at a major US hospital in the bioethics department. Of all of the cases that I was involved in, one in particular stands out. Mr. X, a youthful 70 year old man, was involved in a head on motor vehicle accident. As a result, he lay in a hospital bed unconscious, on a ventilator, and paralyzed from the neck down. Mr. X's wife and adult son and daughter all agreed that there was no way that Mr. X would want to live this way. In fact, they pointed to Mr. X's advance directive to affirm this view. Shortly thereafter, Mr. X regained consciousness. To everyone's surprise, Mr. X asserted that he wanted to remain on the ventilator; he wanted to stay alive. The following day, we went in to talk with Mr. X and he asserted that he did *not* want to remain on the ventilator; he wanted to die. The family, the physicians, and the ethicists talked to Mr. X to try to ascertain what he really wanted. These conversations spanned over weeks, but Mr. X did not know what he really wanted. He was ambivalent.

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Chapter One: Metaphysical and Bioethical Autonomy

“Last night I shot an elephant in my pajamas. What he was doing in my pajamas I’ll never know.”—Groucho Marx

Usage of the Term “Autonomy”

The humor in this joke depends on the ambiguity of language. Unfortunately, ambiguous language most often results not in humor, but in confusion. Such is the case with the word ‘autonomy’. Much has been written about autonomy in philosophy, and especially in bioethics. This is a recent phenomenon. As Tom Beauchamp points out, the 1967 Encyclopedia of Philosophy had no indexed mention of autonomy.¹ The interest in personal autonomy came into vogue shortly thereafter. Although autonomy is now written about frequently in both theoretical and applied philosophy, the meaning of the term often shifts; and this has gone largely un-noted and created much confusion. The major cause of the shifting meaning of the term is the different contexts/realms of discourse in which the term is used. In this chapter I will examine the many ways in which the term is used, focusing on the way that the term is used in the context of theoretical philosophy (what I will call “metaphysical autonomy theories”²) and in the

¹ Tom Beauchamp, “Who Deserves Autonomy, and Whose Autonomy Deserves Respect?” in *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy* (Cambridge University Press 2005), p. 327 footnote 1.

² I suspect that there will be concerns about my use of the term “metaphysical.” Let me explain why I use the term, justify my use of the term, and clarify what I do not see myself as committed to by my use of the term. I use the term because it indicates the context in which the autonomy theorists that I discuss see themselves as working. Harry Frankfurt, the originator of the idea of autonomy as free will, and free will as a certain relationship between desires, takes himself to be doing metaphysics. And all of the autonomy theories that came after Frankfurt are responses to Frankfurt. In defense of Frankfurt considering what he is doing to be metaphysics, and hence in defense of my use of the term “metaphysical autonomy,” let me say that I take metaphysics to be the study of ontology and cosmology, where ontology involves claims about existence—claims about the furniture of reality, so to speak (in what sense the things in one’s ontology exist needs to be cashed out, of course), and cosmology involves claims about how causation and how the ontological elements interact. So, certainly Frankfurt is justified in claiming to do metaphysics, for he is claiming that autonomy or free will exists, and discussing the sense in which it exists and the

context of bioethics (what I will call “bioethical autonomy theories”). After surveying theories of metaphysical autonomy, I will explore the connections between metaphysical autonomy and bioethical autonomy.

The shifting meaning of the term “autonomy” has not gone completely unnoticed. Tom May recognizes two senses in which the term “autonomy” is used: “autonomy as autarkeia” and “autonomy as self-rule.” Autonomy as autarkeia is basically a conception of autonomy as self-sufficiency. External influences cannot be present in order for one to be self-sufficient. May draws on Aristotle for examples of self-sufficiency. A self-sufficient city state is independent from outside powers; it provides all that is necessary to flourish. A self-sufficient friendship is one that is not based upon need; the friend is not there to fulfill some lacking. A self-sufficient person (which Aristotle calls a “great souled man”) is one who does not pursue things because she needs them. So, overall, autonomy as autarkeia is independence from external influences such as a need for utility.³

The second sense in which the term “autonomy” is used, according to May, is autonomy as self-rule. This sense of autonomy allows for external circumstances to be part of the picture. May again draws on Aristotle, this time for examples of self-rule. Aristotle uses the analogy of a helmsman. A helmsman steers the ship, but he does so within the context of external considerations. While external circumstances are allowed to

conditions for its existence—hence, I am justified in calling Frankfurt’s theory of autonomy (and the theories that came into response to it) a metaphysical theory of autonomy. What I do not mean to do by using the term “metaphysical autonomy” is to make any commitments to indeterminism—Frankfurt’s theory of free will and the theories that followed are all compatible with both determinist and libertarian accounts of the ultimate origins of our desires etc. I also do not mean to make any commitments to exactly *how* the [free] will or autonomy exists. Neither Frankfurt nor his responders analyze the sense in which these things exist—they simply acknowledge that they are part of our reality and examine the conditions for their existence.

affect how one behaves, they cannot determine it. The autonomous agent actively assesses the external influences and then acts.⁴

Manuel Vargus has also noted the shifting meaning of the term “autonomy” in the literature. Vargus states, “Autonomy is variously characterized as: bare agency; a species of self-governed agency; a kind of relation to the world; an ideal of self-control that may rarely be had; a kind of rule-governed activity that is frequently had; ownership-taking for what one does; interchangeable with freedom; a conception of morally responsible agency; *neither* freedom nor morally responsible agency; competence for medical decision-making; authority over personal choices; self-rule; a designation for agents bound by political principles governing the basic institutions of society; freedom from external influence; freedom from external control or restriction on choice; and, the kind of thing for which external restrictions on choice are largely irrelevant.”⁵ In more general terms, Vargus identifies three strands of discussion in the autonomy literature: agential autonomy, individual political autonomy, and minimal medical autonomy. Agential autonomy discussions focus on notions of autonomy tied to the work of Harry Frankfurt (which will be discussed later in this chapter), individual political autonomy discussions are tied to social and political aims, and minimal medical autonomy discussions focus on competency and medical decision-making.⁶

Joel Feinberg has also noted the shifting sense of the term “autonomy” in the literature. He identifies four meanings of the term “autonomy”: the capacity to govern

³ Thomas May, “The Concept of Autonomy” in *American Philosophical Quarterly* Vol. 31 No. 2 April 1994, p. 135.

⁴ May, “The Concept of Autonomy,” pp. 139-141.

⁵ Manuel Vargus, “Review of James Stacey Taylor (ed.), *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy* (Cambridge University Press 2005)” in *Notre Dame Philosophical Reviews*, 2004.

oneself and make one's own decisions, the actual condition of self-government, an ideal of character, and the right to govern oneself.⁷

Also noting the shifting meaning of the term "autonomy" in the literature is Nomy Arpaly. Arpaly discusses eight senses in which the term "autonomy" is used: agent autonomy concerns the relationship that an agent has to her motivational states, autonomy as personal efficacy concerns physical independence and not relying on others, autonomy as independence of mind concerns not blindly accepting the views of others, normative autonomy concerns one's moral right to have her decisions respected, autonomy as authenticity concerns the absence of external desires and values, heroic autonomy concerns an ideal condition that a great majority of persons do not have, and autonomy as acting rationally concerns the ability to respond to reasons.⁸ In other work, Arpaly reduces the eight senses in which the term "autonomy" is used into two basic categories: complex autonomy theories and autonomy theories in applied ethics. Complex autonomy theories construe autonomy in terms of hierarchies of mental states, non-alienation, a subjective sense of activity, absence of mental conflict, or wholeheartedness.⁹ Autonomy theories in applied ethics construe autonomy in terms of decision-making capacity.

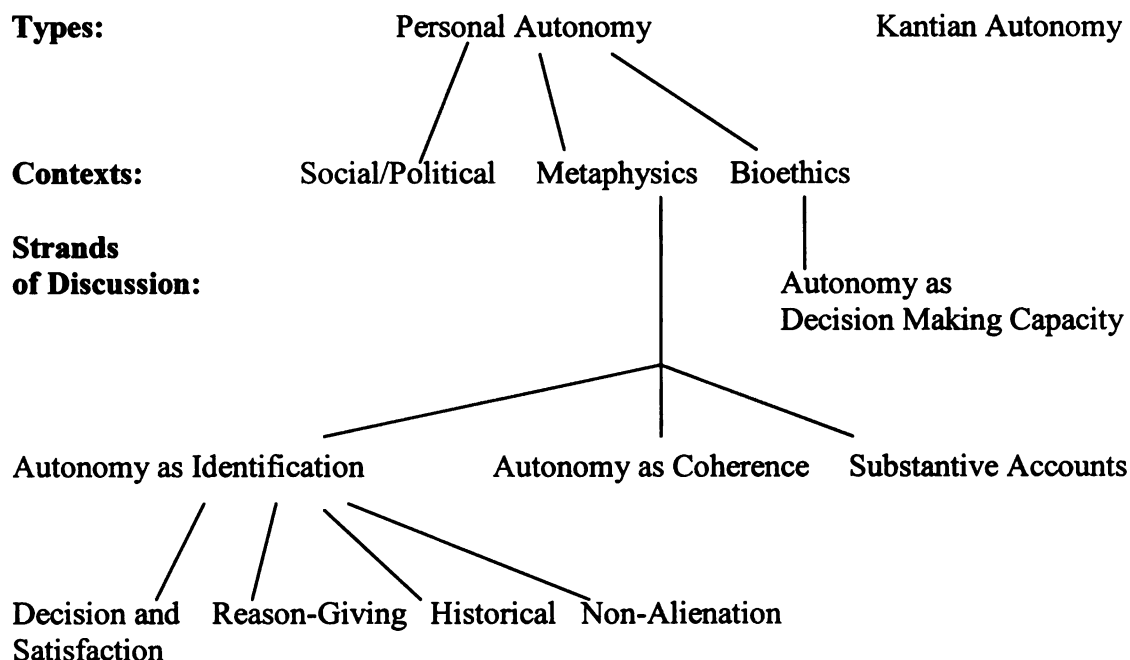
Clearly, the different senses of autonomy are now many and varied. A useful taxonomy for the various uses of the term "autonomy" is the following:

⁶ Vargus, "Review of James Stacey Taylor (ed.), *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy* (Cambridge University Press 2005)."

⁷ Joel Feinberg, *Harm to Self* (Oxford University Press, 1986).

⁸ Nomy Arpaly, *Unprincipled Virtue: An Inquiry Into Moral Agency* (Oxford University Press, 2003), pp. 118-125.

Figure 1: Types of Autonomy



The initial bifurcation is between personal autonomy and Kantian autonomy. A brief explication of Kantian autonomy will be helpful so that readers can get a sense of what contemporary autonomy theory (“personal autonomy” theory) is *not*. Kant held that autonomy is a property of the will that all adult human beings have, although only some of us exercise it.¹⁰ The will is autonomous when it is self-determining and accords with a law.¹¹ In order for the will to be self-determining and at the same time accord with a law, the will must have its own law.¹² The categorical imperative is the law of the autonomous will, and this is the case simply because it was designed this way by

⁹ Nomy Arpaly, “Responsibility, Applied Ethics, and Complex Autonomy Theories” in *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy* edited by James Stacey Taylor (Cambridge University Press 2005), p. 174.

¹⁰ Thomas Hill Jr., “The Kantian Conception of Autonomy” in *Dignity and Practical Reason In Kant’s Moral Theory* edited by Thomas Hill Jr. (Cornell University Press 1992), p. 85.

¹¹ Christine Korsgaard, *The Sources of Normativity* (Cambridge University Press, 1996), p. 98.

¹² Korsgaard, *The Sources of Normativity*, p. 98.

nature.¹³ The categorical imperative tells us to act only on a maxim which we could will to be a [universal] law. When following the categorical imperative, our will is autonomous and we are acting autonomously, because we are acting on a law that came from our own will. And for Kant, everything outside of the will—including our desires and inclinations—counts as alien causes, and as interferences with autonomy.¹⁴ Contemporary personal autonomy theories, on the other hand, view certain types of desires and inclinations as essential elements of autonomous action.

The difference between Kantian autonomy and personal autonomy is explained by a difference in purpose. While Kant developed an account of autonomy for the purpose of developing an account of right action, contemporary personal autonomy theorists have developed accounts of autonomy for the purpose of developing accounts of free action. But free action is important to theorists for different reasons, depending on the context in which they are discussing free action. In the social political context, free action is often argued for as a socio-political right, and theorists spend time constructing ways to structure society so that free action (as opposed to forced or coerced actions) is maximized. In the bioethical context, free action is similarly argued for as a patient right, and theorists spend time constructing tools for evaluating and enhancing decision making capacity and informed consent so that free action is maximized. In the metaphysical context, free action is presented as an ideal, as something that persons should strive for. Ideally, persons should act freely; they should reflect on their desires and strive to act on desires which are wholeheartedly theirs, and resist acting on desires that are not. I will say much more about the connection between free action and

¹³ G.A. Cohen, "Reason, Humanity, and the Moral Law," in *The Sources of Normativity* by Christine Korsgaard (Cambridge University Press, 1996), p. 172.

autonomy in the contexts of bioethics and metaphysics later in this chapter, after I survey the various conceptions of each.

Before surveying the various conceptions of autonomy, I will say a word about why free action (autonomy) is thought to be so valuable. Immanuel Kant and John Stuart Mill are traditionally pointed to as sources for explaining the value of autonomy. Kant argued that we should respect autonomy because it is what makes us persons. We (unlike lower animals) are capable of reflecting on our desires, and then deciding whether or not to will them and act on them.¹⁵ Mill argued that we should respect autonomy because letting people act freely and choose for themselves is what is most likely to enable people to secure their own well-being, and because exercising their own autonomy/making their own choices (even if they later regret them, or they are not in their best interests) is part of well-being itself.¹⁶

Autonomy as a Metaphysical Concept

AUTONOMY AS IDENTIFICATION

Identification as Decision and Satisfaction

Contemporary personal autonomy theories are largely inspired by the work of Harry Frankfurt. In his 1971 seminal paper, “Freedom of the Will and the Concept of a Person,” Frankfurt argued that what makes us persons is the ability to reflect on our desires (our ability to form “second order desires”). When we have a particular “first order desire” to do something (say, eat a cookie), we have the ability to reflect on that desire (to form a “second order desire”). Frankfurt argues that it is when our 2nd order desires are in accord with our 1st order desires that our will is free. It is when I both want

¹⁴ Korsgaard, *The Sources of Normativity*, p. 97.

¹⁵ Korsgaard, *The Sources of Normativity*, p. 93.

to desire the cookie, and I want my desire for the cookie to be effective in action, that my will is free and the action of eating the cookie is free.¹⁷ It is when I *identify* with my first order desire to eat the cookie that my will is free. But, what does it mean to “identify” with a desire? Frankfurt distinguishes between desires that a person identifies with and ones that she views as outlaws. To view a desire as outlaw is to feel like I am a bystander to it, it disturbs me, it makes no sense to me, I’d never think of acting on it, it has no recognizable warrant, it happens to me/enters my mind, it feels oddly disconnected from me or even dangerously antithetical, it is an unacceptable intruder, I feel an anxious disposition to resist it, it is outlawed and disenfranchised, I refuse to recognize it as grounds for what I think and do, I treat it as categorically unacceptable and try to suppress it or rid myself of it entirely, regardless of how insistent it may or how powerfully moved by it I am I give it no rational claim, I am determined to give it no position at all in the order of my preferences.¹⁸ On the other hand, to identify with a desire is to acknowledge that satisfying it is to be assigned some position in his preferences. It may be that the desire doesn’t please me or make me proud, but I am willing to have it represent me; I accept it; I make no determined effort to dissociate myself from it; in weary resignation I consent to having it and to being influenced by it.¹⁹ Or, I could identify more strongly with the desire and regard it with welcoming approval,

¹⁶ John Stuart Mill, *On Liberty* (bnpublishing.com, 2008).

¹⁷ Harry Frankfurt, “Freedom of the Will and the Concept of a Person” in *The Importance of What We Care About* (Cambridge University Press, 1988), p. 15.

¹⁸ Harry Frankfurt, “Taking Ourselves Seriously” in *Taking Ourselves Seriously and Getting It Right* (Stanford University Press, 2006), pp. 8-11.

¹⁹ Harry Frankfurt, “Taking Ourselves Seriously” in *Taking Ourselves Seriously and Getting It Right* (Stanford University Press, 2006), pp. 7-8.

or even feel like not having that desire would be unthinkable.²⁰ Frankfurt further explains, “When a person identifies himself decisively with one of his first-order desires, this commitment “resounds” throughout the potentially endless array of higher orders....The fact that his second-order volition to be moved by this desire is a decisive one means that there is no room for questions concerning the pertinence of volitions of higher orders....The decisiveness of the commitment he has made means that he has decided that no further questions about his second-order volition, at any higher order, remain to be asked.”²¹ In his 1987 paper, “Identification and Wholeheartedness,” Frankfurt attempts to clarify the nature of decisive identification.²² He says, “The fact that a commitment resounds endlessly *is* simply the fact that the commitment is decisive. For a commitment is decisive if and only if it is made without reservation, and making a commitment without reservation means that the person who makes it does so in the belief that no further accurate inquiry would require him to change his mind. It is therefore pointless to pursue the inquiry any further. This is, precisely, the resonance effect.”²³ And Frankfurt remarks that this characterization of decisive identification is influenced by Descartes’s discussion of clear and distinct perception.²⁴ Further revision on the concept of identification came in his 1992 paper, “The Faintest Passion.” Here he moves from a notion of identification that has to do with decisiveness to one that has to do with wholeheartedness and satisfaction. To wholeheartedly identify with certain first order desires is to be “...fully satisfied that they...should be among the causes and

²⁰ See Harry Frankfurt, “Rationality and the Unthinkable” in *The Importance of What We Care About* (Cambridge University Press, 1988), pp. 177-190. Also see Harry Frankfurt, “Discussion With Harry Frankfurt,” in *Ethical Perspectives* Vol. 5 No. 1 1998, pp. 26-27.

²¹ Frankfurt, “Freedom of the Will and the Concept of a Person,” pp. 21-22.

²² Harry Frankfurt, “Identification and Wholeheartedness,” in *The Importance of What We Care About* (Cambridge University Press, 1988), p. 167.

²³ Frankfurt, “Identification and Wholeheartedness,” pp. 168-169.

considerations that determine his cognitive, affective, attitudinal, and behavioral processes.” And, “What satisfaction does entail is an absence of restlessness or resistance. A satisfied person might willingly accept a change in his condition, but he has no active interest in bringing about a change. Even if he recognizes that he could be better off, the possibility does not engage his concern....To be satisfied with something does not require that a person have any particular belief about it, nor any particular feeling or attitude or intention....There is nothing that he needs to think, or to adopt, or to accept; it is not necessary for him to do anything at all.”²⁵ To sum up Frankfurt’s view then, a person is autonomous with respect to the first-order desire that moves her to act if she identifies with it. To identify with a desire is to make a decisive commitment that fulfilling it should be assigned some position in a person’s preferences, and to be satisfied with that commitment.²⁶

Identification as Reason-Giving

More recently, Michael Bratman has developed a hierarchical account of personal autonomy that has become prominent. For Bratman, to identify with a first order desire is to treat it as reason-giving. Bratman’s view of identification involves notions of planning, directed self-governance, and personal identity. In his 1996 paper, “Identification, Decision, and Treating as a Reason,” which was reprinted in his 1999

²⁴ Frankfurt, “Identification and Wholeheartedness,” p. 169 footnote 12.

²⁵ Harry Frankfurt, “The Faintest Passion” in *Necessity, Volition, and Love* (Cambridge University Press, 1999), pp. 103-104.

²⁶ Note that this account of autonomy is local in that it is focused on autonomy with respect to a *particular* decision or action. This is different than a more global account that emphasizes being the sort of person who is usually autonomous with respect to her decisions or actions. Another way to cash this out, and this will become important later, is the difference between synchronic unity and diachronic unity. Synchronic unity concerns unity at a particular time and diachronic unity concerns unity over time. Autonomy as Frankfurt and others talk about it is a matter of synchronic unity between the desire that one identifies with and the desire that moves one to action at a particular time. It is not a matter of unification between the desires that one identifies with over time.

collection, *Faces of Intention*, Bratman argues that to treat a desire as reason-giving is to treat it as end-setting and to take steps towards that end. Bratman also argues that the decision to treat the desire as reason-giving is one that the person must be satisfied with.²⁷ In his 2002 paper, “Hierarchy, Circularity, and Double Reduction,” Bratman argues that a person is autonomous if the desire that moves her to act is one that she supports as functioning as end-setting, which is done by having a non-instrumental higher order self-governing policy in favor of it functioning as end-setting. And, she must be satisfied with that policy.²⁸ In his 2003 paper, “Autonomy and Hierarchy,” Bratman emphasizes that autonomy involves considering whether or not first order desires are justifying reasons for action.²⁹ Bratman further develops his notion of autonomy in his 2005 paper, “Planning Agency, Autonomous Agency.” He again argues that being autonomous involves more than being purposive or intentional. It also involves appealing to considerations treated as in some way legitimizing or justifying—identifying with first order desires involves considering them in light of a self-governing policy with normative content. In addition, the agent must be satisfied with her self-governing policy.³⁰ Bratman has also given consideration to personal identity in relation to autonomy theory. His focus on identification involving policies or plans is partly because he thinks that these policies constitute an important part of our identity. In “Planning Agency, Autonomous Agency,” he notes that a Lockean account of personal identity (the

²⁷ Michael Bratman, “Identification, Decision, and Treating as a Reason” in *Faces of Intention* (Cambridge University Press, 1999), pp. 200-201.

²⁸ Michael Bratman, “Hierarchy, Circularity, and Double Reduction,” in *Contours of Agency* edited by Sarah Buss and Lee Overton (The MIT Press, 2002), p. 77.

²⁹ Michael Bratman, “Autonomy and Hierarchy,” *Social Philosophy and Policy* (2003), p. 168.

³⁰ Michael Bratman, “Planning Agency, Autonomous Agency,” in *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy* edited by James Stacey Taylor (Cambridge University Press, 2005), p. 43.

sameness of a person over time) involves overlapping and interwoven plans.³¹ To sum up Bratman's view, then, a person is autonomous with respect to the first order desire that moves her to action if she identifies with it. And, to identify with it is to treat it as reason-giving in light of one's over-arching policies.

Historical Identification

Recently, John Christman has developed an account of autonomy that has also become prominent. Christman's view is similar to Frankfurt's and Bratman's in that he is concerned with the attitude one takes towards her first order desires. Christman, however, is concerned with one's attitude towards the *process* by which the desire was formed. On Christman's view, being autonomous is partly about *how* one came to have those first order desires. In his 1991 article, "Autonomy and Personal History" and his 1993 article, "Defending Historical Autonomy: A Reply to Professor Mele," he argued that a person is autonomous if she:

- (i) Did not resist the development of the first order desire when attending to the process of development. Or (in cases where she did not attend to the process of development), she would not have resisted the development had she attended to the process.
- (ii) And, the lack of resistance was not under the influence of factors that might inhibit self reflection.
- (iii) And, the self reflection was "minimally rational" (meaning that it did not involve self-deception, or mistakes in logical inference).
- (iv) And, the agent is minimally rational with respect to desire at *t* (where minimal rationality demands that an agent experience no manifest conflicts

³¹ Bratman, "Planning Agency, Autonomous Agency," p. 42.

of desires or beliefs that significantly affect the agent's behavior and that are not subsumed under some otherwise rational plan of action).³²

Like Christman, Gerald Dworkin is concerned with the process by which one came to have the desires that she has.³³ In his article "Autonomy and Behavior Control," Dworkin argued that autonomy = identification with the desire + the desire was formed in an independent manner.³⁴ Years later, Dworkin would revise his view in his 1988 book, *The Theory and Practice of Autonomy*. In this book, Dworkin dropped identification as a requirement for autonomy. He argued that when we think of paradigm cases of lack of autonomy (such as lobotomization of an unsuspecting person, or manipulation), what is crucial is not whether or not they identify with their first order desires; it's that they don't even have the capacity to reflect on their first order desires. Hence, on Dworkin's revised view, a person is autonomous if she has the capacity to reflect (in a procedurally independent way) on her first order desires, and either accept them or try to change them in light of her second order desires. Because of his concern about the general capacity to reflect on desires, Dworkin's view of autonomy is global rather than local. He is not concerned with whether a person is autonomous with respect to any particular first order

³² John Christman, "Autonomy and Personal History," *Canadian Journal of Philosophy* 21 (1991), pp. 10-16.

Christman added criterion four to his account in response to a criticism made by Alfred Mele. See "Defending Historical Autonomy: A Reply to Professor Mele," *Canadian Journal of Philosophy* 23 (1993), p. 228.

³³ Gerald Dworkin, "Acting Freely," *Nous* 9 (1970), pp. 367-383.

Although I am mentioning Gerald Dworkin's work on autonomy rather late in my analysis of the different theories of autonomy, Dworkin was the first to introduce the notion of a hierarchical self, shortly before Frankfurt in 1970. And, Dworkin was the first to directly link the hierarchical view with the term "autonomy."

³⁴ Gerald Dworkin, "Autonomy and Behavior Control," *Hastings Center Report* 6 (1976), pp. 23-28. Dworkin actually used the term "authenticity," not "identification;" but current literature has replaced the terminology of authenticity with that of identification. It is also worth noting that independence in the

desires. A person is autonomous to the extent that she reflects on first order desires and changes them or accepts them based on that reflection.³⁵ It is worth noting, however, that in his scathing criticism of Dworkin's dropping of identification, Haworth shows how dropping identification causes Dworkin's theory to be flawed and how Dworkin's concerns could be addressed without the dropping of identification.³⁶ To sum up, for (the early) Christman and (the early) Dworkin a person is autonomous with respect to the first order desire that moves her to act if she identifies with the process by which it was formed.

Identification as Non-Alienation

Christman further developed his view of autonomy in his 2001 paper, "Liberalism, Autonomy, and Self-Transformation." He developed an account that he calls "autonomy as authenticity." On this account, a person is autonomous so long as she is minimally competent and she is authentic in the sense of being moved by values that, if she undistortedly reflected on them and the process by which they were formed, she would not feel deeply alienated from them.³⁷ So, it is not that she must identify in a positive sense with the process by which the desires were formed, she just must *not* feel alienated from it. Christman goes on to describe alienation from X (where X is a desire or trait) as experiencing a negative affect about X, experiencing diluted or conflicted motivation stemming from X, feeling constricted by X, as though it were an external force. Moreover, to feel alienated from X is to feel a need to repudiate X, to reject X and

manner which the desire was formed is what Dworkin terms "procedural independence," and independence in the content of 2nd order desires he terms "substantive independence."

³⁵ Gerald Dworkin, *The Theory and Practice of Autonomy* (Cambridge University Press, 1988), p. 20.

³⁶ Haworth, Lawrence, "Review: Dworkin on Autonomy," *Ethics* 102 (1991), pp. 129-139.

³⁷ John Christman, "Liberalism, Autonomy, and Self-Transformation," *Social Theory and Practice* 27 (2001), p. 202.

alter it as much as possible, and to resist X's effects.³⁸ To sum up the more recent Christman, a person is autonomous with respect to the first order desire that moves her to act if she does not feel alienated from the process by which the desire was formed.

AUTONOMY AS COHERENCE

Laura Waddell Ekstrom has departed from hierarchical identification analyses of personal autonomy, and developed a coherence account of personal autonomy. In her 1993 article, "A Coherence Theory of Autonomy," Ekstrom explains that she developed her account based on a skepticism about certain aspects of hierarchical accounts: namely, about where second order desires get their authority and about why the self is thought to be determined by second order *desires*.³⁹ On Ekstrom's view, which is developed further in her 2005 paper, "Autonomy and Personal Integration," one acts autonomously when the cause of her action is a preference that was un-coercively formed and that coheres with her other preferences and beliefs.⁴⁰ Ekstrom argues that a *preference* is a desire that one wants to be effective in action and was formed in the search of the good (which can be intrinsic or instrumental⁴¹).⁴² Ekstrom views the set of preferences that cohere ("authorized preferences") as making up the true self because they are long-lasting guides for action that will likely remain because they are supported by reasons, they are "fully defensible" against external challenges, and they are the ones that the person will act on wholeheartedly.⁴³ And, it is when we act from our true self that we act autonomously.

³⁸ Christman, "Liberalism, Autonomy, and Self-Transformation," p. 202.

³⁹ Laura Waddell Ekstrom, "A Coherence Theory of Autonomy," *Philosophy and Phenomenological Research* 53 (1993), p. 602.

⁴⁰ Laura Waddell Ekstrom, "Autonomy and Personal Integration," in *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy* edited by James Stacey Taylor (Cambridge University Press, 2005), pp. 148-152.

⁴¹ Ekstrom, "A Coherence Theory of Autonomy," p. 603.

⁴² Ekstrom, "Autonomy and Personal Integration," pp. 148-152.

⁴³ Ekstrom, "Autonomy and Personal Integration," p. 158.

SUBSTANTIVE ACCOUNTS OF AUTONOMY

Identification and coherence accounts of autonomy have been subject to many feminist critiques. Feminist philosophers have argued that non-substantive requirements like identification and coherence fail to acknowledge that desires and preferences are adaptive⁴⁴—so that while identification with one's desires or coherence among one's preferences may be necessary for autonomous action, it is not sufficient (e.g. the deferential wife who identifies with her desire to spend all of her time serving her husband is not autonomous). Feminist philosophers have also argued that hierarchical identification accounts make individualistic metaphysical assumptions about persons that are false⁴⁵ and make psychological assumptions about persons that are false (such as self-transparency).⁴⁶

In response, some feminist philosophers have argued for content-specific accounts of autonomy⁴⁷ where the desire or decision that one ends up identifying with must be one that is in their best-interest in order for the decision or action to be a free one. Other

⁴⁴ See Diana Meyers, "Intersectional Identity and the Authentic Self?: Opposites Attract!" in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self* edited by Catriona Mackenzie and Natalie Stoljar (Oxford University Press 2000), pp. 151-180.; Marilyn Friedman, *Autonomy, Gender, Politics* (Oxford University Press 2003), pp. 38, 30, 41.

⁴⁵ See John Christman, "Feminism and Autonomy" in *Nagging Questions: Feminist Ethics in Everyday Life* edited by Dana Bushnell (Rowman & Littlefield Publishers Inc. 1995), pp. 28, 32; Marilyn Friedman, *Autonomy, Gender, Politics* (Oxford University Press 2003), pp. 15, 17, 30-35.

⁴⁶ See Diana Meyers, "Intersectional Identity and the Authentic Self?: Opposites Attract!" in *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self* edited by Catriona Mackenzie and Natalie Stoljar (Oxford University Press 2000), pp. 151-180.; Marilyn Friedman, *Autonomy, Gender, Politics* (Oxford University Press 2003), pp. 38, 30, 41.

⁴⁷ For examples of content specific (substantive) accounts of autonomy see Paul Benson, "Feminist Second Thoughts about Free Agency," *Hypatia* 5 (1990): 47-64; Paul Benson, "Autonomy and Oppressive Socialization," *Social Theory and Practice* 17 (1991): 385-408; Sarah Buss, "Autonomy Reconsidered," *Midwest Studies in Philosophy* 19 (1994): 95-121; Sigurdur Kristinsson, "The Limits of Neutrality: Toward a Weakly Substantive Account of Autonomy," *Canadian Journal of Philosophy* 30 (2000): 257-286; Marina Oshana, "Personal Autonomy and Society," *Journal of Social Philosophy* 29 (1998): 81-102; Natalie Stoljar, "Autonomy and the Feminist Intuition," in *Relational Autonomy*, 94-111; Susan Wolf, "Sanity and the Metaphysics of Responsibility," in Ferdinand Schoeman, ed., *Responsibility, Character, and the Emotions* (New York: Cambridge University Press, 1987): 46-62; and Susan Wolf, *Freedom within Reason* (New York: Oxford University Press, 1990).

feminist philosophers have suggested ways to improve the process by which a person comes to identify with certain desires and to decide that she wants them to be effective in action. There are certain skills that work to make sure that a person's preferences are not adaptive or oppressive, and these skills also make it more likely that she will be autonomous (in Christman's sense of being satisfied with the process by which her desires were formed). Some of these skills are suggested by Diana Meyers:

1. Imaginative skills that enable individuals to envisage a range of self-concepts they might adopt
2. Introspective skills that sensitize individuals to their own feelings and desires, that enable them to interpret their subjective experience, and that help them judge how good a likeness a self-portrait is
3. Memory skills that enable individuals to recall relevant experiences not only from their own lives but also experiences that associates have recounted or that they have encountered in literature or other artforms
4. Communication skills that enable individuals to get the benefit of others' perceptions, background knowledge, insights, advice, and support
5. Analytical and reasoning skills that enable individuals to compare different self-concepts and to assess the relative merits of these alternatives
6. Volitional skills that enable individuals to resist pressure from others to embrace a conventional self-concept and that enable them to maintain their commitment to the self-portrait that they consider genuinely their own, that is, authentic
7. Interpersonal skills that enable individuals to join forces to challenge and change social norms⁴⁸

⁴⁸ Diana Meyers, *Gender In the Mirror: Cultural Imagery and Women's Agency* (Oxford University Press 2004), p. 166. Some may find Meyers's skills to require too much introspection, reflection, and activity. As Richard Double remarks, "The man-of-action, so the paradigm goes, shoots first and asks questions later. The true free spirit may not ask questions at all....For many persons, life is to be lived, not worried over..." Double suggests the possibility that unreflectiveness *may* be alright, so long as unreflectiveness is part of her "individual management style" (how she believes she should go about making choices). See Richard Double, "Two Types of Autonomy Accounts," *Canadian Journal of Philosophy* Vol. 22 No. 1 (1992), p. 73.

Autonomy as a Bioethical Concept

AUTONOMY AS DECISION MAKING CAPACITY

When bioethicists talk about patient autonomy, they are concerned with warding off unjustified paternalism. When they talk about a patient's right to exercise her autonomy, they mean the patient's right to make her own decision, so long as she has decision making capacity (DMC) and so long as the patient's choice does not wrongfully interfere with the rights of others.⁴⁹ A patient is autonomous with respect to a choice so long as she has DMC with respect to that choice and she is not subject to controlling influences.⁵⁰ Before explaining what it means to have DMC with respect to a choice and what it means to not be subject to controlling influence, it will be useful to discuss the ground for why we think that allowing patients to make their own decisions/exercise their autonomy is valuable.

Allowing a person who has DMC and who is not subject to controlling influences to make their own decisions is valuable. But what does it mean to have DMC and what does it mean to not be subject to controlling influences? In order to have DMC, the patient must have the ability to understand relevant facts, the ability to appreciate relevance of facts to personal situation, the ability to rationally manipulate information and consider it in light of values and goals to arrive at a choice, and the ability to communicate that choice.⁵¹

⁴⁹ Technically, "decision making capacity" is the clinical term used by bioethicists and clinicians, and "competency" is the legal term used by the courts.

⁵⁰ Tom Beauchamp and James Childress, *Principles of Biomedical Ethics* (Oxford University Press: 1994), p. 121.

⁵¹ M. Bauer, *The Field Guide to Psychiatric Assessment and Treatment* (Philadelphia: Lippincott/Williams and Wilkins, 2003).

In sum, the basic elements of DMC are understanding, appreciating, deliberating, concluding, and communicating. When assessing understanding it is important to note that patients may not be familiar with medical terminology and they may be susceptible to information overload. A useful way to help patients understand is to explain things using analogies (e.g. the risk of procedure X is about the same as the risk of using a power tool).⁵² Even if a patient understands the information that she is given, she needs to accept it as true and appreciate what it means for her.

To assess that a patient has DMC, the following questions are usually asked: Does the patient understand his/her medical condition? Does the patient understand the risks and benefits of the proposed interventions? Can the patient weigh the burdens and benefits of each proposed intervention (test, medication, procedure)? Does the patient understand the concept of life saving interventions? Can the patient express his/her health care values?⁵³

The other component of being autonomous with respect to a particular decision is that the patient is not subject to controlling influences. Three forms of controlling influence are coercion, persuasion, and manipulation. Coercion occurs when one person intentionally uses a credible and severe threat of harm or force to control another. Persuasion occurs when a person is convinced to believe in something through the merit of reasons advanced by another person. Manipulation occurs when a person is being swayed to do what the manipulator wants by means other than coercion or persuasion (e.g. information management).⁵⁴

⁵² Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, p. 158.

⁵³ P.L. Schneider and K.A. Bramstedt, "When Psychiatry and Bioethics Disagree About Patient Decision Making Capacity" in *Journal of Medical Ethics* Vol. 32 February 2006, pp. 90-93.

⁵⁴ Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, pp. 164-165.

In practice, when determining whether or not a patient is autonomous with respect to a particular decision, little attention is paid to whether or not the patient is subject to any of the abovementioned controlling influences. If, however, it was obvious that the patient was subject to a controlling influence, clinicians do not simply revoke the patient's right to have her decision respected. They attempt to remove the controlling influence and then (provided that she still has DMC), follow whatever decision is made once the controlling influence is removed. Likewise, if a patient lacks DMC, clinicians would not simply revoke the patient's right to have her decisions respected. They would attempt to restore her DMC. Often DMC cannot be restored, but sometimes a patient lacks DMC for physiological reasons such as encephalopathy, dehydration, or severe clinical depression. In these cases DMC can be restored provided that there is time to do so before any decisions need to be made. I do want to note that there may be cases where a patient no longer has DMC, but we permit their decision anyway for other reasons (e.g. it is in their best-interest). So, having DMC and hence bioethical autonomy is sufficient but not necessary for permitting someone's decision.

The Connection Between Metaphysical Autonomy and Bioethical Autonomy

In a way, the conception of autonomy in bioethics (a right to make decisions so long as there is an adequate understanding of the external world/the medical condition) seems completely different from the conceptions of autonomy operating in the theoretical and metaphysics discussions (an ideal for persons to aim for that involves a certain relationship among their internal states). It is not as if physicians go around forcing patients to act in ways that fit better with their settled values, and it is not as if we hold persons less responsible for their decisions if they are half-hearted. Frankfurt himself has

admitted that he is interested in metaphysics (just want it *means* to identify with one desire rather than the other) and *not* with ethics (the ethics surrounding the cause of the identification or the bearing on ethical questions). Frankfurt says, “If this were a question of public policy, if we were trying to decide how to conduct our judicial system or our system of rewards and punishments, it would not be terribly useful to talk about wholeheartedness....”⁵⁵ Part of the reason is because we could never really know whether a person is/was wholehearted about a desire moving her to act, for we cannot get inside the person’s head, so to speak.

Although it is true that there is a big difference in the ways that the terms are used and the purposes that the two conceptions have been formed for, I think that Frankfurt is incorrect to say that metaphysical autonomy theories are useless for applied issues such as bioethical autonomy. There many connections between metaphysical autonomy theories and bioethical autonomy. In particular, metaphysical theories of autonomy have influenced bioethical autonomy in two ways: (1) certain classes of people (namely young children and certain psychiatric patients) are have been judged to not have bioethical autonomy *because* they lack metaphysical autonomy, and (2) more generally, the criteria for judging decision making capacity and bioethical autonomy draw on metaphysical autonomy theories.

CHILDREN

Children (mature minors excluded) are not granted bioethical autonomy. They are not permitted to make medical decisions and have them followed so long as they are not interfering with the rights of others. And this is because children lack DMC. Children may lack DMC because they lack understanding of their condition, the possible

⁵⁵ “A Discussion With Harry Frankfurt,” in *Ethical Perspectives* Vol. 5, 1998, p. 35.

therapies, and the consequences of refusing. But even if they did understand and have a grasp of these things, they would lack DMC for another reason. They lack DMC and bioethical autonomy because they lack metaphysical autonomy. And they lack metaphysical autonomy because they are not able to form a will. They are not able to reflect on and deliberate about their first order desires in light of their values, and then settle on a first order desire that they want to move them to action. This is partly because their values are not really formed. Allen Buchanan notes, “An important issue is the extent to which children’s values adequately reflect their future interests. While children in the seven to thirteen age range have largely left the earlier magical stage of thinking and now view the world in concrete, naturalistic terms, they can have great difficulty anticipating their future....A related problem is the instability in children’s values in this period....”⁵⁶

PSYCHIATRIC PATIENTS

Some psychiatric patients are not granted bioethical autonomy (the ability and permission to make their own medical decisions) It is true that in many cases of mental illness, particularly psychosis, the patient lacks DMC because they lack understanding. Delusional beliefs common in some forms of schizophrenia can lead to a lack of understanding, as a patient may, for example, think that a medication is really a poison.⁵⁷ But even if they did not lack understanding, they would lack DMC for another reason. They lack DMC and bioethical autonomy because they lack metaphysical autonomy. And, they lack metaphysical autonomy because there is a disorder of their will. They may understand their condition, the possible therapies, and the consequences of refusing

⁵⁶ Allen Buchanan and Dan Brock, *Deciding For Others: The Ethics of Surrogate Decision Making* (Cambridge University Press 1990), p. 221.

treatment, but may express decisions that are not consistent with their professed values; indicating a problem in the process of deliberation in light of values (a problem in the formation of their will).⁵⁸ Or, their values may be distorted because of their illness. Buchanan notes that severe mental illness can seriously distort a person's underlying and enduring aims and values, "For example, severe depression can result in a person no longer caring about the aims and projects that before the onset of depression had given meaning and value to life, while mania may lead a person to pursue grandiose and unrealistic new plans and projects."⁵⁹ So, a person with mental illness may lack bioethical autonomy not because they cannot form a will (as in the case of children), but because their decisions are not consistent with their will, or their will is distorted by their mental illness.⁶⁰

⁵⁷ Buchanan and Brock, *Deciding For Others*, p. 318.

⁵⁸ Mental illness is not necessary for the patient to express decisions that are not consistent with their professed values. A patient may, for example, be weak of will. For a discussion of this, see footnote 57.

⁵⁹ Buchanan and Brock, *Deciding For Others*, p. 318.

⁶⁰ Note that in cases of "weakness of will," a similar thing occurs. The agent's desires, choices, or actions are not consistent with their will (with the desire that they want to have and want to move them to action). A dieter has a desire to eat a piece of cake (chocolate cake, with buttercream frosting, and chunks of chocolate delicately sprinkled on top), chooses to eat the cake, and does eat the cake. But, upon reflection, he is not satisfied with his desire to eat the cake, and he does not want it to move him to action. In eating the cake anyway, he is being "weak of will." Or, a slight variation, perhaps he does want his desire to eat the cake to be effective in action, but this is only because his craving has distorted his professed value of healthiness. Most of us, however, would grant him permission to eat the cake. Most of us would not, however, grant the mentally ill patient permission to refuse treatment. There is an inconsistency here, as both cases are ones where the person has a similar disorder of the will—their decisions are not consistent with their will, or they are, but only because their will has been distorted (either by a craving or by a mental illness). One could argue then, that in the context of bioethics, we should revoke bioethical autonomy from *all* cases where a person's decision is not consistent with her will (or it is but only because her will has been distorted); and not just limit the revocation to cases where the cause of this is mental illness. If we are pushed, and want to be consistent, we may want to say that anyone who (for whatever reason) acts contrary to their settled will is not acting in an autonomous way, and that therefore the resulting medical decision is also not an autonomous one. The weak of will patient should not be granted bioethical autonomy. Now, whether that means we should override their judgment will depend on other facts (e.g. their best interest). Someone may respond by arguing that we do not need to be consistent in the granting of permission to the mentally ill patient and the akratic cake-eater because the two cases are disanalogous: the consequences of refusing treatment are much more serious than eating cake. But one can easily make the cases analogous: simply substitute having unprotected sex with an HIV+ person every night for eating cake. Now, both situations (the mentally ill one and the weak of will one) are ones with dire consequences. However, without reflecting, we may say that the promiscuous weak of will chap should be granted permission to

INFLUENCE ON THE CRITERIA

Apart from these two particular cases and more generally speaking, the concern for bioethical autonomy and the criteria by which we judge decision making capacity have been influenced by and draws on metaphysical autonomy theories. A major focus of most accounts of metaphysical autonomy is the hierarchical nature of persons—the unique ability of persons to reflect on their first order desires. As Buchanan notes, “The capacities for deliberation, choice and action that normal humans possess make it possible for them to form, revise over time, and pursue in action a conception of their own good. Having a conception of the good is more than merely possessing desires that support goal-directed behavior—a feature that persons share with animals. Persons have a capacity for reflective self-evaluation, for considering what they want their motivations to be, what kind of persons they want to become.”⁶¹ We value this ability, and as a result, this value has led to a concern about bioethical autonomy—a concern for allowing persons to exercise this ability in the realm of medical decision making. Moreover, determinations of DMC that grant a patient bioethical autonomy have been influenced by metaphysical autonomy theories in that the criteria require deliberation in light of patient *values*. Patients are required to do more than just understand the consequences of their choices. They are also required to reflect on the choices they make

Although the criteria for evaluating DMC and granting bioethical autonomy are influenced by metaphysical autonomy theories like Frankfurt’s in that patients are

carry out his choice, but the mentally ill patient should not. But, upon reflection, we see that the cases are the same: they are both cases of agents whose actions are inconsistent with their will. Therefore, cases of mental illness and weakness of will may both be cases where the patient lacks decision-making capacity, and hence bioethical autonomy. And, we do not permit their decision (unless there is another reason for doing so—such as it is in their best-interest).

⁶¹ Buchanan and Brock, *Deciding For Others*, p. 39.

required to reflect on their choices and consider them in light of their values (i.e. they are required to form 2nd order desires and volitions, I would argue that they are not influenced enough. In practice, little attention is paid to whether or not the decisions and values that the patient is professing are her “real” decisions and values (ones that she identifies with or endorses). Paying closer attention to this in determinations of decision making capacity and aiming for a patient’s decisions and values to be ones that they “really want” (to use Frankfurt’s terminology) would enhance bioethical autonomy.⁶²In closing Chapter One, let me note what I hope to have accomplished. I have illustrated that the term “autonomy” has been used very ambiguously in the literature. I have developed a taxonomy to help organize the ways in which the term is used. I have drawn a distinction between the way that the term is used in bioethical (applied) contexts and in metaphysical (theoretical) contexts. Although metaphysical autonomy theories are very different from bioethical autonomy theories, metaphysical autonomy theories do have things to offer bioethical autonomy. In some cases (e.g. young children and some psychiatric patients), they help explain why a person should not be granted bioethical autonomy (e.g. they lack a will or they have a distorted will, respectively). In other cases, they illustrate how bioethical autonomy could be enhanced. An interesting case that has not yet been discussed is the case of ambivalence, where a person’s will is divided. The remainder of the dissertation will focus on this specific case and the impact that it has on both metaphysical and bioethical autonomy.

⁶² It is especially important to pay close attention to this in high stakes decisions. As some bioethicists have argued, the standards for DMC should become more stringent as the stakes rise. See Buchanan and Brock, *Deciding For Others*, pp. 48-57.

Chapter Two: A Philosophical Analysis of Ambivalence

Susanna: I'm ambivalent. In fact that's my new favorite word.

Dr. Wick: Do you know what that means, ambivalence?

Susanna: I don't care.

Dr. Wick: If it's your favorite word, I would've thought you would...

Susanna: It *means* I don't care. That's what it means.

Dr. Wick: On the contrary, Susanna. Ambivalence suggests strong feelings... in opposition. The prefix, as in "ambidextrous," means "both." The rest of it, in Latin, means "vigor." The word suggests that you are torn... between two opposing courses of action.⁶³

Surprisingly little attention has been paid to the phenomenon of ambivalence⁶⁴ in contemporary philosophical literature. I say surprising because much attention has been paid to autonomy, weakness of will, self-deception, and integrity. All of these philosophical discussions rely on the assumption that there is something that the person *really* wants, or *really* values. But ambivalence calls this into question; it calls into question whether there *is* something that the person really wants or really is. So, the issue of ambivalence needs to be properly addressed if the issues of autonomy, weakness of will, self-deception, and integrity are to be properly addressed. As Lynn McFall says, "In order to sell one's soul, one must have something to sell."⁶⁵

First Person Accounts of Ambivalence

Before engaging in a conceptual analysis of the phenomenon of ambivalence, it will be useful to have an idea of the first person experience of the phenomenon. Steve Harrist conducted a phenomenological study of ambivalence, focusing on what the experience of ambivalence is like for those who experience it. His method of

⁶³ *Girl Interrupted*

⁶⁴ As I am using the term, ambivalence is a feeling that arises out of a certain relationship between mental states. More specifically, it is the feeling of internal conflict that arises when a person is drawn both towards and away from an object, a desire, or a course of action.

⁶⁵ Lynn McFall, "Integrity," *Ethics* Vol. 98 No. 1 (1987), p. 10.

investigation was semi-structured interviews that were transcribed and then interpreted. He found that the experience of ambivalence has the following movements: background, disorientation, exploration, and resolution.⁶⁶ Background is a state of pre-ambivalence where the person is not really paying attention; they have taken for granted the flow and direction of life. When ambivalence occurs it interrupts this taken for granted flow, and urgently calls it into question.⁶⁷ The person enters a state of disorientation. The person experiences a feeling of something not being right with the self, a feeling of being trapped and powerless, a sense of things not being under the person's voluntary control, and feelings of being unsettled and unanchored.⁶⁸ Part of the phenomenological experience of ambivalence is an impulse for a return to a simpler experience of the world.⁶⁹ The person then enters a stage of exploration where they weigh options, question, and make judgments.⁷⁰ It is at this point that some feelings may take on greater value or importance than others and this may lead the person into the stage of resolution. Or, the person may not move into the stage of resolution, in which case they experience feelings of being stuck, being powerless, obsessing, being unable to decide, and anxiety⁷¹. The subjects who did experience a resolution of their ambivalence did not have all of their conflicting feelings disappear, but they did feel capable of moving forward in a determinate direction.⁷² "Resolution involves a sense that there is less uncertainty and confusion as it becomes clearer which of the feelings may predominate. As one feeling "overrides" other feelings to a significant extent, it is not necessarily the case that other

⁶⁶ Steve Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," *Journal of Phenomenological Psychology* Vol. 37 No. 1 2006, p. 99.

⁶⁷ Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," p. 101.

⁶⁸ Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," pp. 100-102.

⁶⁹ Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," p. 99.

⁷⁰ Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," pp. 103-104.

⁷¹ Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," p. 89.

feelings simply disappear. Rather, they may recede into the background of the individual's experience and become less figural."⁷³ Resolution of ambivalence was experienced as a change in perspective-- and this change had to come before the choice, or else the choice felt arbitrary and unsatisfactory.⁷⁴

A Conceptual Analysis of Ambivalence

LOCATING AMBIVALENCE

With the experience of ambivalence in mind, let us move to a conceptual analysis of the phenomenon. Perhaps the philosopher who has written the most on ambivalence is Harry Frankfurt. Frankfurt has characterized ambivalence as a conflict that occurs during will formation. According to Frankfurt, an ambivalent person experiences conflict during the process of reflecting on a desire that she has, and the conflict prevents her from forming a will⁷⁵; from taking a position on whether it is a desire that she wants to have and to be effective in action. Ambivalence prevents there from being a "something that she really wants"/a truth about herself.⁷⁶ Recall that for Frankfurt, the objects, people,

⁷² Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," p. 105.

⁷³ Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," p. 106.

⁷⁴ Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," p. 106.

⁷⁵ Cuypers has identified three different senses in which Frankfurt talks about the will. First, the "appetitive will" is the first order desire that is effective in action. For example, I desire a certain person and as a result of that desire I enter into a relationship with that person. The desire that causes me to enter into the relationship is my will. Second, the "active will" is the activity of identifying with the first order desire that is effective in action. When one identifies with the first order desire that is effective in action, she forms what Frankfurt calls a second order volition, or will. Imagine, for example, that I identify with the desire that causes me to enter into a relationship with that person. I want to have it and I want it to move me to action. That identification is my will. It so happens that in this case the will that I do have (my appetitive will) matches the will that I want to have (my active will). Third, the "substantial will", which is the set of our volitional necessities—what we care about, love, and find unthinkable. The substantial will influences what desires we do or do not identify with. Imagine, for example, that I cannot help loving the person that I enter into a relationship with. This love is an essential part of my will. What I am talking about when I characterize ambivalence (and what I think Frankfurt means) is a conflict at the level of the active will such that I do not settle on what I want to move me to action; I do not form a will.

See Stefaan Cuypers, "Harry Frankfurt on the Will, Autonomy, and Necessity" in *Ethical Perspectives* Vol. 5, 1998, pp. 44–45. Note that the terms in quotations are Cuypers's, not Frankfurt's.

⁷⁶ Harry Frankfurt, "The Faintest Passion" in *Necessity, Volition, and Love* (Cambridge University Press, 1999), p. 100.

courses of action etc. that we desire are objects of first order desires. We, as humans, have the ability to reflect on these desires and either want to have them or not want to have them—these desires about our first order desires are second order desires. If, upon reflecting on a desire, we want to have it and we want it to be effective in moving us to action, then it is our will (the will is also referred to by Frankfurt as a second-order volition).⁷⁷ In ambivalence, however, a person is indecisive about whether he wants a particular desire to move him to action. For example, in Aeschylus's play *Agamemnon*, Agamemnon is faced with the conflict of whether or not to kill his daughter Iphigenia in order to spare the lives of his cavalry. The anguish of his mental conflict can be felt in his words:

"A heavy doom, sure, if God's will were broken;
 But to slay mine own child, who my house delighteth,
 Is that not heavy? That her blood should flow
 On her father's hand, hard beside an altar?
 My path is sorrow wheresoe'er I go.
 Shall Agamemnon fail his ships and people,
 And the hosts of Hellas melt as melts the snow?
 They cry, they thirst, for a death that shall break the spell,
 For a Virgin's blood: 'tis a rite of old, men tell.
 And they burn with longing.--O God may the end be well!"⁷⁸

Agamemnon has a desire to spare the lives of his cavalry. His attitude towards that desire, however, is a conflicted one. He is drawn towards the desire because he feels a duty to his cavalry. He is drawn away from the desire because he loves Iphigeneia.⁷⁹ He

⁷⁷ Although Frankfurt does refer to the will as a second order volition (see Harry Frankfurt, "Freedom of the Will and the Concept of a Person" in *The Importance of What We Care About* (Cambridge University Press, 1988)), I thank James Stacey Taylor for pointing out that Frankfurt is wrong by definition in referring to the will as a second order volition, since an X of the second-order is an X about an X; so a second-order desire is a desire about a desire. A person's volitional endorsement of a first-order desire thus involves merely a first-order volition, as its object is not another volition.

⁷⁸ Aeschylus, *Agamemnon*.

⁷⁹ Ambivalence could either be feeling drawn toward and drawn away from X at t1 (simultaneous) or it could be feeling drawn toward X at t1 and t3 and away from X at t2 and t4 (vacillation).

thus cannot decide which desire he wants to be effective in action; he is ambivalent. As a result, he does not form a will.

Ambivalence can occur at either the first order level (e.g. a person is ambivalent about an object that can be described propositionally—for example eating steak for dinner or eating chicken for dinner) or the second order level (e.g. a person is ambivalent about a desire that she has for the object that can be described propositionally—for example about having the desire to eat chicken (or steak) for dinner and about it being effective in action). Ambivalence at the first order can further be distinguished from ambivalence at the second order by noticing that a first order ambivalence does not usually involve any values or goals (the person is just drawn towards the object of chicken and the object of steak), whereas a second order ambivalence does (the person is ambivalent about her desire for health (chicken) being effective in action or her desire for pleasure (steak) being effective in action. Henceforth, when I talk about ambivalence I will be referring to ambivalence occurring at the second order level. This is because it is the most philosophically significant occurrence of ambivalence for the following reasons. First, it is likely the case that first order ambivalence boils down to second order ambivalence.⁸⁰ Often, the reason that a person is ambivalent about an object that can be described propositionally (e.g. steak or chicken) is because she is ambivalent about which of her values (second order desires) she wants to be effective in that circumstance (e.g. her value of pleasure or her value of health). Second, the second order level is the locus

⁸⁰ It is interesting to think about whether first order ambivalence and second order ambivalence always boil down to the same thing. I do not think that they *always* do, for I can think of an example where a person is ambivalent at a first order level but not at a second order level: a person is ambivalent about smoking a cigarette. She has a desire to smoke it, and a desire not to. But she is not ambivalent at the second order level. She simply does not want to have the desire to smoke the cigarette, nor does she want it to be effective in action.

of the theories of autonomous action—and I am ultimately concerned about the effect of ambivalence on autonomy, hence I am concerned with ambivalence that occurs at the second order level.

Returning to Frankfurt's characterization of ambivalence, much still remains to be answered. For example, what is the nature of the reflection on first order desires? What does it mean to want to have a first order desire and to want it to be effective in action? And, why is the person drawn towards and away from the desire?

In his seminal paper, "Freedom of the Will and the Concept of a Person," Frankfurt has the following to say about reflection on first order desires, "In speaking of the evaluation of his own desires and motives...I do not mean to suggest that a person's second-order volitions necessarily manifest a *moral* stance on his part towards his first-order desires. It may not be from the point of view of morality that the person evaluates his first-order desires. Moreover, a person may be capricious and irresponsible in forming his second-order volitions and give no serious consideration to what is at stake. Second-order volitions express evaluations only in the sense that they are preferences. There is no essential restriction on the kind of basis, if any, upon which they are formed."⁸¹

⁸¹ Frankfurt, "Freedom of the Will and the Concept of a Person," p. 19 footnote 6. Some have responded to Frankfurt by distinguishing between identification and endorsement and arguing that our second order volitions (our wills) are not things that we come to through *identification* (in the sense of forming some sort of psychological connection), but through endorsement (considering them to be *endorsable*)—see Cheshire Calhoun, "Standing For Something," *The Journal of Philosophy* Vol. 42 No 5 (1995), p. 243. I think though that the example of Ivan Illych that Lynn McFall mentions shows the superiority of identification to endorsement. Ivan Illych endorses his desires but does not identify with them. He says, "Maybe I did not live as I ought to have done....But how can that be, when I did everything properly?" Ivan Illych had lived in conformity with "legality, correctitude, and propriety." "It occurred to him that his scarcely perceptible attempts to struggle against what were noticeable impulses which he had immediately suppressed, might have been the real thing, and all the rest false." See Lynn McFall, "Integrity," *Ethics* Vol. 98 No. 1 (1987), p. 6.

To form a second order volition with respect to a particular desire is to not only want to have it, but to will that it be effective in action. In “Freedom of the Will and the Concept of a Person,” Frankfurt draws a distinction between wanting to have a desire and wanting that desire to be effective in action.⁸² He gives the example of a psychotherapist who wants to have a desire to smoke because he thinks that it will help him relate to his narcotics patients, but he does not want the desire to move him to actually smoke. It is when a person wants to have a desire *and* wants it to be effective in moving her to action that she wills it.

In Chapter One, I outlined Frankfurt’s explanation of what it means to want a desire. To want a desire is to identify with it; to make a decisive commitment that fulfilling it should be assigned some position in a person’s preferences, and to be satisfied with that commitment. To identify with a desire is to commit to it being assigned *some position* in a person’s preferences. What is important, and what Frankfurt largely ignores, is that the person has to make a second decision. She has to decide on the ordering of the desires that she identifies with. In order to form a will, a person has to decide *which* of her desires she wants to be effective in action at a particular time. And, I would argue, it is in the process of ordering desires that most ambivalence occurs.

Perhaps a visual illustration will be useful:

1. Reflect on first order desires and decide whether they are ones with which I:

Identify (assign some position)



2. Decide on the order

Reject/Outlaw (assign no position)

⁸² Frankfurt notes that it is possible for a person to want to have a particular first order desire, but to not really care which first order desire moves him to action. Frankfurt terms this person a “wanton.”

1. ← The one that I want to move me to act at t_1 (the one that I will)
- 2.
- 3.

Ambivalence *can* occur during the first decision process (of whether or not to identify with or reject a particular first order desire), but it is most likely to occur during the second decision process. That is, when a person is deciding *which desire (of the desires she identifies with) she wants to be effective in action at a particular time; when she is deciding which she will*.

PARALYZING AMBIVALENCE

In what I will call “paralyzing ambivalence” a person actually fails to make a decision about which desire she wants to be effective in action at a particular time; she fails to form a will.⁸³ For example, Agamemnon succeeds in making the first decision; he decides to identify with his desire for his daughter’s well-being, and he decides to identify with his desire for his cavalry’s well-being. His paralyzing ambivalence occurs when he must decide which of those desires he wants to be effective at the time that he is presented with the dilemma of his daughter or his cavalry perishing. Agamemnon is paralyzingly ambivalent and does not form a will.^{84,85}

Frankfurt, “Freedom of the Will and the Concept of a Person,” p. 21.

⁸³ Although Frankfurt does not discuss it, I imagine that a person could be retrospectively ambivalent as well. That is, ambivalent when he reflects on which desire *has* moved him to action.

⁸⁴ Of course, Agamemnon does later resolve his paralyzing ambivalence and decide that he wants his desire for his cavalry’s well-being to be the one that is effective in action.

⁸⁵ A general note about my explanation of ambivalence in this section: a person may be unambivalent about the first decision (whether or not the desire is one that she identifies with), she may even be unambivalent about the second decision in that she wants *either* desire 1 or 2 to move her to action at t_1 but not desire 3 or 4. What she is ambivalent about is whether she wants desire 1 or desire 2 to move her to action at t_1 . For example, imagine that a person is unambivalent that she identifies with her desire to go to the beach, her desire to go the park, her desire to go to the bookstore, and her desire to have sex. She is even unambivalent that she wants either the desire to go to the beach or the park this afternoon. What she is ambivalent about is whether she wants her desire to go to the beach or her desire to go to the park to be the

RESIDUAL AMBIVALENCE

While paralyzing ambivalence is a conflict so deep that the person does not form a will, a person may experience ambivalence but nonetheless form a will. I will call this “residual ambivalence”. A person who resolves her paralyzing ambivalence will likely still experience residual ambivalence. Even though Agamemnon resolves his paralyzing ambivalence by deciding that he wants his desire to save his cavalry to be effective in action (he forms a will), he is likely still strongly moved and influenced by the other desires that he identifies with (namely the desire to save his daughter). I will present a series of examples to illustrate the phenomenon of residual ambivalence. Consider the following passage in Evelyn Waugh’s *Decline and Fall*:⁸⁶

“If I take the money,” he said to himself, “I shall never know whether I have acted rightly or not. It would always be on my mind. If I refuse, I shall be sure of having done right. I shall look back upon my self-denial with exquisite self-approval. By refusing I can convince myself that, in spite of unbelievable things that have been happening to me during the last ten days, I am still the same Paul Pennyfeather I have respected so long. It is a test case of the durability of my ideals....I’m afraid you’ll find my attitude rather difficult to understand,” he said. “I suppose it’s largely a matter of upbringing.. There is every reason why I should take the money....By any ordinary process of thought, the money is justly mine. But, I can’t help it; it’s born in me. I just can’t take that money.”

Pennyfeather feels ambivalent, he feels drawn towards and drawn away from his first order desire to take the money. This is because he identifies with his desire to take the money (the money is justly his and he needs it) but he also identifies with his desire to preserve his upbringing. He is forced to order these identifications and decide which he wants to be effective in action at that particular time (he is forced to decide which he wills); and he does make this decision, he wills for his desire to preserve his upbringing

one that is effective in action this afternoon. This footnote arises from Geoffrey Sayre-McCord pushing me to reflect on the way that dividing up desires effects the classification of ambivalence.

to be the desire that is effective in action.⁸⁷ But, even though he has taken the stand that he does not want the desire to take the money to move him to action and remains determined, he is still strongly influenced by the desire for the money, and this leaves him uneasy (residually ambivalent) with his choice.

Also consider Winston's reaction to Julia's proposition in George Orwell's *1984*. Julia passes Winston a note that says "I love you," in a society where such human interaction is severely punished by The Thought Police. This note stirred up a mix of emotions in Winston. He was excited by the idea of a secret relationship with Julia, but also terrified. This is because Winston identifies with both his desire for safety and his desire for love. Winston is forced to choose which desire he wants to be effective in action, and he does. He forms a will when he decides that he wants his desire for love to be effective in action. Winston says that the idea of refusing Julia's advances did not even really cross his mind.⁸⁸ But of course he is still strongly influenced by the desire for safety, and this leaves him uneasy (residually ambivalent) with his choice to meet her.

Imagine a parent who has a desire for a relationship with his son who is addicted to drugs. He wants to continue his relationship with his son, but he also wants to protect his own safety and psychological well-being (in technical terminology: he identifies with his desire for a relationship with his son, but in this particular situation it conflicts with his desire for his own safety and psychological well-being, which he also identifies with).

⁸⁶ Evelyn Waugh, *Decline and Fall*, Chapter 6.

⁸⁷ We might be curious about what causes the person to take the stand that they do, especially if the other desires are ones that it would be in her best interest to stand by, and she realizes this. One explanation might be that the person cannot do otherwise. Sometimes we are subject to what Frankfurt calls "volitional necessities." To illustrate the concept, he uses the example of Martin Luther declaring "Here I stand; I can do no other." Frankfurt says of Luther, "What he was unable to muster was not the *power* to forbear, but the will...A person who is subject to volitional necessity finds that he *must* act as he does." Frankfurt, "The Importance of What We Care About," in *The Importance of What We Care About* (Cambridge University Press, 1988), p. 87.

So, he commits to and stands behind his decision to not let his desire for a relationship with his son to be effective in action. Of course the parent is still strongly influenced by this desire for a relationship; he even insists that this decision does not mean that he does not love his son, and so he is uneasy (residually ambivalent) with his choice.

The three cases presented illustrate the phenomenon of residual ambivalence: a phenomenon where a person forms a will, but still experiences the inner conflict of ambivalence due to the pressure of the other desires that she identifies with. Although Frankfurt does not draw the distinction between paralyzing ambivalence and residual ambivalence as I have, nor does he focus on ambivalence within the set of desires that a person identifies with as I have, he does talk about the general compatibility of taking a stand and experiencing conflict, which I think helps explain the phenomenon of residual ambivalence.⁸⁹ In addition, I will further discuss what it means to form a will despite identifying with and still being drawn towards the opposing course of action in Chapter Three when I discuss the compatibility of residual ambivalence and autonomous action. Frankfurt explains:

“When someone identifies himself with one rather than with another of his own desires, the result is not necessarily to eliminate the conflict between those desires, or even to reduce its severity, but to alter its nature. Suppose that a person with two conflicting desires identifies with one rather than with the other. This *might* cause the other—the desire with which the person does not identify—to become substantially weaker than it was, or to disappear altogether. But it need not. Quite possibly, the conflict between the two desires will remain as virulent as before. What the person’s commitment to the one eliminates is not the conflict between it and the other. It eliminates the conflict *within the person* as to which of these desires he prefers to be his motive.”

⁸⁸ George Orwell, 1984, Chapter 2.

⁸⁹ Frankfurt, “Identification and Wholeheartedness,” p. 172. Also see: Frankfurt, “Identification and Externality,” in *The Importance of What We Care About* (Cambridge University Press, 1988), p. 68. Frankfurt, “The Faintest Passion,” p. 100. Frankfurt, “Identification and Wholeheartedness,” pp. 172-174.

“Since it is most conspicuously by making a decision that a person identifies with some element of his psychic life, deciding plays an important role in the formation and maintenance of the self....The closest parallel among English synonyms for “to decide” is the phrase “to make up one’s mind,”....What appears to be fundamentally common to all occurrences of the notion of making something up is...the theme of creating an orderly arrangement. It seems to me that in this light the closest analogue to a situation in which someone makes up his mind is, rather surprisingly perhaps, a situation in which two people make up their differences. People who do that after a quarrel pass from a condition of conflict and hostility to a more harmonious and well-ordered relationship...Moreover, people who have been quarreling may resolve harmony between themselves even though their disagreement continues. Making up concerns healing a relationship disrupted by conflict, and it has nothing directly or necessarily to do with whether or not the conflict has ended.”

The experience of residual ambivalence has some similarities with and some differences from the experience of regret. There is of course, a tinge of regret in many cases of residual ambivalence; for example, in the case of the parent who chooses not to have a relationship with his drug-addicted son. The regret, however, may not be regret about the ordering of his desires; it is not that he regrets that he decided that he wanted his desire for his safety to be effective in action instead of his desire for a relationship with his son. The regret is that he cannot have both; the tinge of regret is directed towards the world. The sort of classic, “I wish things could have been different,” line.

There is, however, a sense in which this seems too simple; for sometimes the regret may be about the ordering of the desires. If the decision that the agent had to make about the ordering of her desires is one that involved other persons then it seems too simplistic to characterize the agent’s regret as simply a regret directed towards the world. If Agamemnon chose (as he finally did) his army over his daughter, then it may be too

simplistic to describe his regret as just “I wish the world could have been different.” He may regret doing wrong *to* Iphigenia. It may be more accurate to describe his regret as directed towards her and not towards the world or the circumstances.

Causes of Ambivalence

Earlier I remarked that there is much to be answered about the phenomenon of ambivalence; such as *why* the ambivalent person is both drawn towards and drawn away from a desire that he has. This is akin to asking for the *cause* of ambivalence. In the case of Agamemnon, he is drawn towards his desire to spare the lives of his cavalry because he feels that he has a duty to them. He is drawn away from his desire to spare the lives of his cavalry because he loves Iphigeneia. This case illustrates that a cause of ambivalence is contingent facts about the world. It is a contingent fact about the world that Agamemnon is living in that sparing the lives of his cavalry means killing his daughter.

Additionally, part of the reason why Agamemnon is both drawn towards and away from his desire to kill Iphigeneia is because of, as Frankfurt puts it, “...defining elements of his own nature: his love for his daughter and his love for the army he commands....”⁹⁰ Cheshire Calhoun also argues that lack of wholeheartedness does not necessarily signal some personal failure on the part of the agent to make up her mind what she really wants. Calhoun points to Maria Lugones’s example of identifying both as Latino and Lesbian and these being incompatible because of contingent facts about the world.⁹¹

One may even dig deeper and examine why we (humans) are the sort of creatures that are often ambivalent. We humans are often ambivalent—as children we feel

⁹⁰ Frankfurt, “Autonomy, Necessity, and Love,” in *Necessity, Volition, and Love* (Cambridge University Press, 1999) p. 139 footnote 8.

ambivalent towards our parents, as young adults we feel ambivalent about what to do with our lives, as adults we feel ambivalent about careers, marrying, having children, about our romantic partners, and our colleagues. I think that part of the reason is because of our psychological complexity. As Phillip Koch notes in his work on ambivalence, as humans we can psychologically adopt many points of view, or perspectives. We try to organize these into one unified perspective, but it is always in flux—it is breaking down and being synthesized with new perspectives.⁹² Moreover, some perspectives and their associated emotions are in the foreground and others are in the background. Koch provides an example of a person walking towards some flowers when the ground begins to become very soggy. The person does not forget about the flowers, but they recede into the background. As the cost of approaching them increases, the person starts to like them less, and this is a drawing away. The person is both drawn towards and drawn away from the flowers.⁹³ The complexity of human psychology also causes us to be able to experience intense psychological suffering, and the more we experience this suffering, the more ambivalent we may become. In Chekhov's play "The Cherry Orchard," Madame Ranevsky (who is ambivalent about selling her cherry orchard) says, "What truth? You can see what's truth, and what's untruth, but I seem to have lost the power and vision; I see nothing. You settle every important question so boldly; but tell me, Peter, isn't because you're young, because you have never solved any question of your own yet by suffering? You look so boldly ahead; isn't it only that you don't see or divine anything terrible in the future; because life is still hidden from your young eyes."⁹⁴

⁹¹ Calhoun, p. 239.

⁹² Koch, "Emotional Ambivalence," p. 268.

⁹³ Koch, "Emotional Ambivalence," p. 268.

⁹⁴ Chekhov, "The Cherry Orchard," p. 32.

Another possible cause of ambivalence is what Spinoza calls “imitation.”⁹⁵

Imagine that one of my rivals is up for a university award. I have a desire for him to get the award, but I am both drawn towards and away from my desire that he get the award. I am drawn away from my desire that he get the award because his getting the award gives him an edge over me. I am drawn towards my desire that he get the award because, according to Spinoza, him getting the award *resembles* me getting the award (we are both philosophers working on autonomy). Patricia Greenspan has expanded on Spinoza’s theory of imitation. She has argued that ambivalence is partly due to imitation and partly due to emotions resisting qualification. If the ambivalence was about a judgment, then it could be resolved. One might, for example, say, “There is a sense in which putting a criminal in prison is a bad thing, and a sense in which it is a good thing, but overall, it is a good thing.” Ambivalence as a phenomenon involving emotions and the will, however, is not resolved in a similar manner because one cannot come to an all things considered emotion. My ambivalence about my desire for my rival to get the award remains.⁹⁶

At an even deeper level of causal analysis, Judith Farr Tormey has argued that the cause of humans being ambivalent creatures, the cause of us being drawn towards and drawn away from a desire or a course of action to the extent that we are indecisive about it is our freedom. Tormey notes that ambivalence causes me to ask questions of myself—“What should I do?” I expect some determinants about myself or my situation to give the answer, but I experience their absence (because the two contradictory impulses cancel

⁹⁵ Patricia Greenspan, “A Case of Mixed Feelings: Ambivalence and the Logic of Emotion,” in *Explaining Emotions* edited by Amelie Oksenberg Rorty (University of California Press 1980), p. 224.

⁹⁶ Greenspan, “A Case of Mixed Feelings: Ambivalence and the Logic of Emotion,” p. 224.

each other out). I honestly do not know what I will do; I experience radical freedom/indeterminacy.⁹⁷

Finally, part of the cause of ambivalence may be the times and the society that we live in. Frankfurt makes this suggestion; however, he does not go into detail.⁹⁸ This is a major thesis of Andrew Weigert's *Mixed Emotions: Certain Steps Toward Understanding Ambivalence*. Weigert argues that a cause of ambivalence is that modern society has become increasingly pluralistic and complex.⁹⁹ We have multiple goals, commitments and values, and this makes it very likely that these will come into conflict. To see Weigert's point, consider the typical student entering college. She has goals of making friends, of having new experiences, and of succeeding in her studies. She has commitments and values tied to her traditional conservative family back home, and commitments and values tied to her more liberal education. These aspects of her life will often come into conflict, and she may be ambivalent about decisions that she is making because of this tension. Weigert also notes how societal and professional roles shape emotions, and given that many of these roles and rules have contradictory aspects, it is no surprise that ambivalence results.¹⁰⁰ Take for example, the role of a physician. One aspect of this role is to be caring, yet another aspect of this role is to be detached. In her practice, the physician may sometimes behave in a caring, personal way towards a patient, and at other times behave in a detached way. Through her behavior, the physician begins to develop feelings of empathy and also feelings of detachment towards

⁹⁷ Judith Farr Tormey, "The Ambivalent Self" in *Philosophic Exchange: Annual Proceedings* Vol. 14, 1983, pp. 112-113. Note that "freedom" here is understood as "indeterminacy," which is of course not what Frankfurt means by it.

⁹⁸ Frankfurt, "The Faintest Passion," p. 99.

⁹⁹ Andrew Weigert, *Mixed Emotions: Certain Steps Toward Understanding Ambivalence* (State University of New York Press 1991), p. xiv.

¹⁰⁰ Weigert, *Mixed Emotions: Certain Steps Toward Understanding Ambivalence*, p. 14, p. 22.

her patients. As a result, she may begin to often feel ambivalent about her behavior towards her patients.

Ambivalence and the Importance of the Decision

Some of the things that we are ambivalent about matter more than others. I may be ambivalent, even paralyzingly ambivalent, about how to spend my money; but the decision about how to spend my money is not as important as the decision about which person (if any) I should marry. In his book, *The Theory and Practice of Autonomy*, Carl Schneider points out how many choices we are faced with: “We walk down an aisle full of breakfast cereals; national catalogs complete with local stores to sell us shirts and socks; we have to choose not only a long-distance phone company, but a cellular phone service and soon an electric utility. But these consumer choices are just the beginning. People make decisions about the most basic aspects of their lives. All affinities are elective. Your “lifestyle” is yours to select, your religion is yours to reject, your family yours to define. Even commitments like marriage are “nonbinding,” open to daily reconsideration.”¹⁰¹ Notice how the first set of choices that Schneider mentions pales in comparison to the choices about religion and marriage. Some of our choices are less important than others. And, important choices are more prone to generate ambivalence than ones that we consider to be unimportant. For example, the choice of which person (if any) I should marry is more prone to generate ambivalence in me than the choice of which pair of socks to buy.¹⁰² Moreover, of the choices that are important to us, some are

¹⁰¹ Schneider, 174.

¹⁰² Because different people consider different things to be important, of two different persons facing the same choice, one may be ambivalent about it and the other may not. It may well be the case that there is someone who considers which pair of socks to buy more important than which person (if any) to marry. So, even though her and I are faced with same choice of which pair of socks to buy, she will be ambivalent about it whereas I will not. And even though her and I are faced with the same choice of which person (if any) to marry, I will be ambivalent about it whereas she will not.

identity-conferring and some are not. As Lynn McFall points out, some of our principles or commitments are "... *identity-conferring* commitments: they reflect what we take to be most important and so determine, to a large extent, our (moral) identities." And, I would argue, it is worse for a person (worse for *her*) to be ambivalent (or otherwise non-autonomous) about commitments that she considers to be identity-conferring. As Frankfurt notes, "...to remain persistently ambivalent concerning issues of substantial importance in the conduct of life is a significant disability."¹⁰³

Ambivalence and Information

One might ask whether or not ambivalence, either paralyzing or residual, is really just a problem of lack of information. Oscar is ambivalent about which car to buy. He has a desire to buy car X. He is drawn towards his desire to buy car X because car X is a good car, but he is also drawn away from his desire to buy car X because he also wants car Y and cannot have both. He experiences paralyzing ambivalence and does not form a will about which desire he wants to move him to action. But suppose that Oscar knew that car Y had an exhaust problem that was going to be costly. Then, Oscar would not be ambivalent. Also consider the case of Winston in *1984*. Winston experiences residual ambivalence about his desire to meet Julia. He has decided to meet Julia, and stands by the desire to meet her (he wills it), but still experiences conflict because of his desire for safety. But suppose that Winston learned that meeting Julia was completely safe. Then, Winston would not experience any residual ambivalence.

I will talk much more about ambivalence and information in Chapter Four, but for now I have two responses. First, additional information will not always help resolve ambivalence. Second, additional information may sometimes make the ambivalence

¹⁰³ Frankfurt, *The faintest passion*, 102.

even worse. Frankfurt notes, “Since ambivalence is not a cognitive deficiency, it cannot be overcome merely by acquiring additional information.”¹⁰⁴ To illustrate Frankfurt’s point, consider the example of Agamemnon. There is no piece of information that could alleviate his paralyzing ambivalence. Often, cases of ambivalence are like this. Consider the case of someone who takes a job in New York for a year. During that year she becomes very involved with a charity for cats in NYC. She is both drawn towards and away from her desire to continue to be involved in this charity. She is drawn towards it because she likes working with this charity, but she is drawn away from it because she knows that she is going to have to return to L.A. after one year, and she knows that it is going to be painful because she will have grown attached to this charity. Whether or not her ambivalence is paralyzing (she does not form a will), or residual (she wills the continuation of the charity work despite continued contrary desires), no additional information would resolve the ambivalence. That further knowledge does not necessarily resolve ambivalence is supported by the findings of psychologist Richard Petty who found that attitudes change in response to new information but old attitudes can remain and influence behavior.¹⁰⁵ Even with new information and new attitudes, old conflicting attitudes may remain and cause the person to remain ambivalent.

Not only does more information often not resolve ambivalence, it sometimes makes it worse. Consider again the case of Winston in *1984*. Suppose that Winston learned that it is even more dangerous to know Julia than he had first thought. This

¹⁰⁴ Frankfurt, “The Faintest Passion,” p. 100. Note that Frankfurt’s claim that ambivalence “cannot be overcome with more information” is too strong. It sometimes can, as my examples in the preceding paragraphs illustrate. It would be more correct to say that ambivalence “cannot always be overcome with more information.”

¹⁰⁵ Richard Petty, “Implicit Ambivalence from Attitude Change: An Exploration of the PAST Model,” *Journal of Personality and Social Psychology* Vol. 90 No. 1 2006, pp. 21-41.

knowledge would actually increase his residual ambivalence. Even if his decision and his will do not change, he may constantly be questioning himself on whether he has made the right choice. Or, to return to the paralyzing ambivalence of Agamemnon; suppose that Agamemnon learned that the death that his daughter would suffer would be particularly painful. This knowledge might actually increase his paralyzing ambivalence in that he would feel even more strongly conflicted from a subjective point of view. As Weigert noted, “Rationality won’t resolve ambivalence, actually it generates it.”¹⁰⁶

Someone might object that cases where a person’s ambivalence can be resolved by additional propositional information are not true cases of ambivalence to begin with. Consider an analogy where someone objects that cases where cultural relativism can be explained by a disagreement about facts are not true cases of cultural relativism:¹⁰⁷ Someone cites an example of cultural relativism where a norm of person A’s culture is that it is morally impermissible to eat cows and a norm of person B’s culture is that it is morally permissible and even desirable to eat cows. But suppose that we discover that the reason that person A’s culture believes that it is morally impermissible to eat cows is because they believe that the souls of their ancestors are reincarnated in cow’s bodies. Person B’s culture agrees with the normative judgment that one should not kill and eat one’s ancestors; they just disagree with what person A’s culture sees as a fact (that ancestors take the form of cows). So, person A and person B’s disagreement is not truly a case of cultural relativism.

Although it does make sense to describe person A and person B’s disagreement as not a true case of cultural relativism (because as it turns out they have the same normative

¹⁰⁶ Weigert, *Mixed Emotions: Certain Steps Toward Understanding Ambivalence*, p. 165.

¹⁰⁷ I thank Tamra Frei for raising this helpful objection and accompanying analogy.

belief about not eating ancestors); the case of ambivalence is different. I have defined ambivalence as the feeling of internal conflict that arises when a person is drawn both towards and away from an object, a desire, or a course of action. The very definition of ambivalence focuses on the subjective experience of the person—the person is drawn both towards and away from something and experiences internal conflict as a result of this tension. To argue that cases where a person's ambivalence can be resolved by additional propositional information were not true cases of ambivalence to begin with is akin to arguing that cases where a person's anger can be resolved by additional propositional information were not true cases of anger to begin with. For example, a person is angry with a friend for not meeting her for dinner when she promised. The person then finds out that her friend did not meet her for dinner because she was involved in a serious car accident. She is no longer angry. Now, it would not make sense to say that this was not a true case of anger to begin with, and similarly it does not make sense to say that cases where ambivalence subsides with the introduction of more information were not true cases of ambivalence to begin with.

Ambivalence and Action

One remaining issue is whether or not ambivalence and action are compatible. Certainly residual ambivalence and action are compatible. Pennyfeather acted despite his residual ambivalence, Winston acted despite his residual ambivalence, and we act despite our residual ambivalence all of the time. The more interesting question is whether or not action is possible in cases of paralyzing ambivalence. I would argue that acting and paralyzing ambivalence are not necessarily incompatible. Despite the fact that the paralyzingly ambivalent person is so conflicted about which desire she wants to move her

to action that she does not form a will; she can still perform the act of leaping in one direction or the other (I will discuss this leap extensively in Chapter Four). To deny this possibility, one would have to maintain that a donkey that is equidistant from two equivalent piles of hay would have to starve to death (this example comes from “Buridan’s paradox,” which I will discuss in Chapter Four). Surely the donkey is not going to starve to death. Despite his being so conflicted about which desire he wants to be effective in action that he does not form a will (pretend for a moment that donkeys can form wills), he is going to eat one or the other piles of hay.

Someone may object to my claim that the paralyzing ambivalent person can act by pointing out that the paralyzing ambivalent person does not have a will, and then arguing that acting without a will is impossible. I would reply that acting without a will is possible—children, animals, and even normal adult humans (when they are acting unreflectively) do it all of the time. My opponent may respond that children, animals, and unreflective adults behave in a habitual/reflexive way; they do not *act*. Once a person has started to go down the intentional/reflective road of *action*, they need a will to act. I would respond with the counter-example of the wanton. The wanton is engaging in the intentional/reflective road of action—he is thinking about which of his first order desires he wants to be effective in action—but acts without a will (he does not care which of them actually move him to action) nonetheless.

My arguments are intended to defeat the claim that it is *impossible* for the paralyzingly ambivalent person to act. But, I do not mean to argue that it is always possible for the paralyzingly ambivalent person to act. It depends on individual human psychology. A person *may* feel as if they are literally physically paralyzed and cannot

leap in one direction or the other. For example, if both courses of actions are ones that the agent repudiates, she may be unable to bring herself to leap towards either course of action. As Frankfurt has argued, there are some things that we are simply unable to bring ourselves to do; we are unwilling to have our wills shaped in a particular way.¹⁰⁸

Indifference and Temptation

Ambivalence is not to be confused with indifference. Consider the following quote by the character Meursault in Albert Camus's *The Stranger*:¹⁰⁹

"She was wearing a pair of my pajamas with the sleeves rolled up. When she laughed I wanted her again. A minute later she asked me if I loved her. I told her it didn't mean anything but that I didn't think so. She looked sad. But as we were fixing lunch, and for no apparent reason, she laughed in such a way that I kissed her."

Meursault does not reject his desire for Marie, nor does he endorse it. He is not ambivalent, for he is not experiencing strong feelings drawing him in conflicting directions. He is what we might call, indifferent. To be indifferent to one's own motives is to, as Frankfurt says, "...take no evaluative attitude toward the desires that incline him to act. If there is a conflict between those desires, he does not care which of them proves to be the more effective. In other words, the individual does not participate in the conflict."¹¹⁰ This type of indifference we might call, borrowing partly from Frankfurt, "wanton indifference."¹¹¹

Another type of indifference might be someone who does not even have first order desires that incline him to act one way or the other. There is no conflict between

¹⁰⁸ Frankfurt, "Rationality and the Unthinkable," pp. 181-183. Frankfurt argues that these are necessities of the will, and while it may seem as if they restrict the freedom of our will, actually, it is when we act in accordance with them that our will is free. For an extensive discussion of this see Frankfurt, "Getting It Right," in *Taking Ourselves Seriously and Getting It Right* (Stanford University Press 2006).

¹⁰⁹ Albert Camus, *The Stranger*, Part 1 Chapter 4.

¹¹⁰ Frankfurt, "Identification and Wholeheartedness," p. 164.

¹¹¹ Frankfurt calls this person a wanton in "Freedom of the Will and the Concept of a Person," p. 18.

the desires that incline him to act (first order desires) because he does not even have inclinations one way or the other. Imagine that you have to decide whether to spend the day at the beach or the park—those are your only two options. You are indifferent about where you spend the day, in the sense that you do not have a first order desire inclining you to spend the day at the beach, nor do you have a first order desire inclining you to spend the day at the park. This type of indifference we might call “first order indifference”. Ambivalence is also not to be confused with temptation. Ambivalence occurs when either a person cannot decide on which desire (of the desires that she does identify with) she wants to be the one that moves her to action, or when she does decide but still *feels pulled by the other desires that she identifies with*. Temptation occurs when a person has decided on *viewing a desire that she has as outlaw, but it continues to influence her*; it tempts her.¹¹² For example, I decide that I do not identify with my first order desire to eat ice cream for dinner once again, but the desire to eat ice cream for dinner continues to influence me; it tempts me. This is different from me not being able to decide on whether or not to identify with my first order desire to eat ice cream for dinner, or not being able to decide whether I want that desire to be the one that moves me to action tonight.

In closing Chapter Two, let me note what I hope to have accomplished. I have provided both a first person and a conceptual analysis of the phenomenon of

¹¹² This is, perhaps, a specialized use of the term ‘temptation’ in that we may think that temptation need not occur only from desires that a person repudiates (does not identify with, views as bad, evil etc.). Sometimes the way that the term is used leaves open the possibility that a person can be “tempted” by the good, or by other desires that she identifies with (desires lower in the ordering of the desires she identifies with). In my use of the term ‘temptation’ I am describing a phenomenon in which a person is drawn towards desires that she repudiates, does not identify with, views as evil etc. in order to distinguish it from the phenomenon in which a person is drawn towards other desires that she identifies with even though she has committed to those not being the ones that move her to action at a particular time (she has committed to willing a different desire).

ambivalence. I have drawn a distinction between paralyzing ambivalence (a phenomenon in which a person is both drawn towards and away from a first order desire that she has, such that she does not form a will), and residual ambivalence (a phenomenon in which a person is both drawn towards and away from a first order desire that she has, but has formed a will despite this conflict). I have also argued that most ambivalence occurs not in deciding whether or not to identify with a desire (as Frankfurt characterizes it), but in deciding on the ordering of the desires that the person identifies with; in deciding which of her desires she wants to be effective in action at a particular time. After explaining some of the possible causes of ambivalence, I discussed the difference between being ambivalent about identity conferring commitments and ones that are less important, I argued that ambivalence is not simply a problem of lack of information, and I analyzed the relationship between ambivalence and action, arguing that paralyzing ambivalence and action are not incompatible. In the next chapter, I will argue that cases of paralyzing ambivalence result in a loss of metaphysical and bioethical autonomy, and in Chapter Four, I will propose methods to resolve paralyzing ambivalence that preserve an agent's autonomy.

Chapter Three: The Compatibility of Autonomy and Ambivalence

In Chapter One I drew a distinction between bioethical autonomy and metaphysical autonomy, but I also discussed the ways in which metaphysical theories of autonomy have influenced the granting of bioethical autonomy. In Chapter Two, I provided a conceptual analysis of the phenomenon of ambivalence, arguing that there are two types of ambivalence: paralyzing and residual. In this Chapter, I will argue that it is the cases of paralyzing ambivalence that result in a loss of metaphysical autonomy, and hence bioethical autonomy. The cases of residual ambivalence, however, do not result in a loss of metaphysical autonomy, nor of bioethical autonomy, despite the fact that contemporary autonomy theories imply that it does.

Paralyzing Ambivalence and Metaphysical Autonomy

In Chapter One, I discussed the various conceptions of metaphysical autonomy. Conceptions of metaphysical autonomy either focus on identification or coherence. Within the identification camp there are many different theories of identification; but despite their differences, all of the various conceptions are in agreement that paralyzing ambivalence results in a loss of autonomy. Coherence conceptions of autonomy preclude paralyzing ambivalence as well.

For example, Frankfurt's theory of autonomy requires that a person identify with the desire that moves her to action; but the paralyzed ambivalent person cannot settle on whether or not she does identify with that desire, or on whether or not she wanted that desire to be the one that moves her to action at a particular time. Consider an example of a person who is paralyzingly ambivalent about getting married. She has a first order

desire to marry, but she also has a first order desire to devote herself entirely to her career. She identifies with both desires, and as a result is both drawn towards and away from marriage. She cannot settle on which desire she wants to move her to action—her desire for marriage or her desire for a career. She has not formed a will, and so she is not acting on a desire that matches her will (she is not acting on any desire at all). Hence, she is not autonomous, on Frankfurt's account.

Bratman's account of autonomy also precludes the paralyzed ambivalent person from being autonomous. To be autonomous with respect to a desire, a person must decide to treat it as reason-giving and be satisfied with that decision. And, "One is satisfied with such a decision when one's will is, in relevant ways, not divided: The decision to treat as reason-giving does not conflict with other standing decisions and policies about which desires to treat as reason-giving."¹¹³ Consider the case of the woman who is ambivalent about getting married. Imagine that she decides to treat the desire to get married as reason-giving (she treats it as end-setting). She does this because she has a higher order, non-instrumental policy in favor of it functioning as end-setting (perhaps something to do with her religious beliefs). She is not, however, satisfied with her self-governing policy; it is challenged by another of her other self-governing policies.¹¹⁴ She has a feminist self-governing policy that challenges her religious self-governing policy. The conflict between the two is causing her ambivalence about marriage. Because she is ambivalent and not undivided about her decision to treat the desire for marriage as reason-giving, she is not autonomous with respect to that desire.

¹¹³ Bratman, "Identification, Decision, and Treating as a Reason," p. 201.

¹¹⁴ For Bratman's account of satisfaction see "Reflection, Planning, and Temporally Extended Agency" in *The Philosophical Review* Vol. 109, 2000 pp. 49-50.

Christman's historical account of autonomy precludes the paralyzed ambivalent person from being autonomous as well. For Christman, a person is autonomous with respect to a desire or decision if she did not resist the development of the first order desire when attending to the process of development. Or (in cases where she did not attend to the process of development), she would not have resisted the development had she attended to the process. But, in cases of ambivalence the person does sometimes resist the development of the first order desire. Return to the case of the woman who is ambivalent about getting married; at the times when she is drawn away from the desire to marry she has struggled against its development.

In Christman's 2001 revised account of autonomy (autonomy as non-alienation) there is an indication that the paralyzed ambivalent person could be autonomous. Christman says, "Non-alienation is also a different condition from the familiar requirement of identification, which one typically finds in discussions of autonomy. On the one hand, I can feel no alienation toward a characteristic but not fully identify with it, in the sense of wholehearted endorsement without regret. We all contain some measure of internal conflict and complexity, and an attitude of ironic acceptance of the tensions of our own psyches is inevitable and perhaps healthy in a multidimensional and perplexing world."¹¹⁵ While this account may be tolerant of some ambivalence, it is not tolerant of the sort of paralyzing ambivalence seen in the case of Agamemnon, or in the case of the woman who is ambivalent about marriage. Christman's non-alienation account of autonomy requires that one not feel any alienation towards a characteristic, act, or desire, in order to be autonomous with respect to it. But the ambivalent person does feel

¹¹⁵ John Christman, "Liberalism, Autonomy, and Self-Transformation" in *Social Theory and Practice* Vol. 27, 2001, p. 202.

alienation towards the characteristic, act, or desire in question. She feels both alienated from it and drawn towards it.

Paralyzing ambivalence is also precluded on coherence accounts of autonomy. The division of ambivalence is almost the exact opposite of cohesion. Ekstrom says, "Inner turmoil, disharmony in the self, indicates lack of autonomy."¹¹⁶ Ekstrom does admit that we are all conflicted to some extent and that it is difficult to achieve cohesion among the elements of one's inner life; but she certainly would not consider someone who is paralyzingly ambivalent to be autonomous. Moreover, she argues that it is only when we act from the non-conflicting, cohering parts of our self that we are autonomous.¹¹⁷ Coherence theorists like Ekstrom could possibly allow for someone who is paralyzingly ambivalent to be autonomous by arguing that being autonomous is not a matter of how one feels, it is a matter of whether or not preferences and desires that motivate action cohere. Hence, Agamemnon could feel conflicted to a paralyzing extent, and at one moment be swept away by one of the desires such that it moves him to action, but be autonomous so long as it happened that the desire that moved him was one that (as a matter of fact) cohered with other preferences that he had. But, this is an ad hoc way for coherence accounts to allow for paralyzing ambivalence; for the fact that the person is acting on a desire that coheres with her other preferences is merely accidental. Thus, coherence accounts would need to add the condition that the coherence between the desire that moves the person to action and the person's other preferences be an intentional and not accidental coherence. With this added condition, the paralyzed ambivalent

¹¹⁶ Ekstrom, "Autonomy and Personal Integration," p. 147.

¹¹⁷ Ekstrom, "A Coherence Theory of Autonomy," p. 602.

person cannot be considered autonomous on coherence accounts of autonomy, for her will is divided and not coherent.

Paralyzing Ambivalence and Bioethical Autonomy

Thus far I have argued that the various conceptions of metaphysical autonomy all converge on the point that paralyzing ambivalence results in a loss of autonomy. Recall that in Chapter One I argued that there are certain cases where decision making capacity and hence bioethical autonomy are gone *because* metaphysical autonomy is gone. Two such cases that have been discussed in the bioethics literature are young children and some psychiatric patients. Both often lack decision making capacity and hence the autonomy to make their own medical decisions because they have disorders of the will that block them from being metaphysically autonomous. Young children are not yet developed enough to form a will, and some psychiatric patients are too unstable or delusional to form a will. There is in addition a third class of patients who suffer from a disorder of the will called paralyzing ambivalence, that (as I have argued above) blocks metaphysical autonomy. This class of patients has not been discussed in the bioethics literature, but they clearly lack decision making capacity as they lack the ability to make and communicate their decisions. To see this, consider the real life case of Mr. X (introduced in the preface of the dissertation).

Recall that the overall trend in discussions about autonomy in the metaphysical context is a focus on a person's internal states. And, the overall trend in discussions about autonomy in the bioethical context is a focus on a person's understanding of the world. But, I argued that there are cases where bioethical autonomy is gone (the ability and permission to make one's own decisions is gone) because metaphysical autonomy is

gone (there is a disorder of the will). Paralyzing ambivalence is one of those cases. In the preface of my dissertation, I introduced the case of Mr. X. Mr. X, a youthful 70 year old man, was involved in a head on motor vehicle accident. As a result, he lay in a hospital bed unconscious, on a ventilator, and paralyzed from the neck down. Mr. X's wife and adult son and daughter all agreed that there was no way that Mr. X would want to live this way. In fact, they pointed to Mr. X's advance directive to affirm this view. Shortly thereafter, Mr. X regained consciousness. To everyone's surprise, Mr. X asserted that he wanted to remain on the ventilator; he wanted to stay alive. The following day, we went in to talk with Mr. X and he asserted that he did *not* want to remain on the ventilator; he wanted to die. The family, the physicians, and the ethicists talked to Mr. X to try to ascertain what he really wanted. These conversations spanned over weeks, but Mr. X did not know what he really wanted. Mr. X could not decide which of his desires (his desire to live or his desire to avoid living a life paralyzed and on a ventilator) he wanted to be effective in action; he was paralyzingly ambivalent.

Because of Mr. X's paralyzing ambivalence, he lacked decision making capacity and was not granted bioethical autonomy. The usual protocol for such cases is to attempt to restore decision making capacity to the patient, or if that cannot be done, to consult advance directives or next of kin. In Chapters Four and Six, I will discuss various methods for restoring decision making capacity to paralyzingly ambivalent patients such as Mr. X.

Residual Ambivalence and Metaphysical Autonomy

Unlike the paralyzed ambivalent person, the residually ambivalent person has formed a will; she stands by one of her desires being the one that moves her to action, despite the fact that she still experiences contrary desires (that she also identifies with). Broadly speaking, on identification accounts of autonomy, the residually ambivalent person should count as autonomous (so long as the one that she stands by *is* the one that moves her to action), for she *has* identified with the desire that moves her to action. Narrowly speaking, however, the various accounts of identification seem to differ on whether or not a residually ambivalent person is autonomous. Some accounts have very narrow criteria for identification, such that they preclude the experience of any ambivalence, division, or conflict.

For example, sometimes Frankfurt writes as if identification requires a complete absence of conflict. Frankfurt argues that to wholeheartedly identify with a first order desire is to be fully satisfied with it causing attitudes and behaviors, and that full satisfaction entails an absence of restlessness or resistance.¹¹⁸ He writes, “Being or becoming satisfied is like being or becoming relaxed.”¹¹⁹ Similarly, sometimes Christman writes as if identification (with the process by which the desire was formed) requires a complete absence of conflict. Christman argues that the reflection on the process by which one comes to have desires must be minimally rational; meaning that there cannot be “manifestly inconsistent” desires or beliefs (ones that are easily brought to consciousness and recognized as incompatible).¹²⁰ Christman says, “If the ‘self’ doing the ‘governing’ is dissociated, fragmented, or insufficiently transparent to itself, then the

¹¹⁸ Harry Frankfurt, “The Faintest Passion,” 103-104.

¹¹⁹ Harry Frankfurt, “The Faintest Passion,” 105 footnote 16.

process of self-determination sought for a concept of autonomy is absent or incomplete.”¹²¹ Similarly, sometimes Bratman writes as if identification requires a complete absence of conflict. Recall that for Bratman, identifying with a desire involves a decision to treat it as reason-giving, and being satisfied with that decision. Bratman says, “One is satisfied with such a decision when one’s will is, in relevant ways, not divided: The decision to treat as reason-giving does not conflict with other standing decisions and policies about which desires to treat as reason-giving.”¹²²

I would argue that any account of autonomy ought to allow for residual ambivalence, and so identification accounts of autonomy should conceptualize identification in a way that allows for some ambivalence. The argument for this has two premises: (1) autonomy theorists have claimed to be offering an account of autonomy as a property that is empirically possible and fairly commonly possessed by persons, and (2) residual ambivalence is common and so must be accounted for. With respect to premise one, Gerald Dworkin argues, “There should be no empirically grounded or theoretically derived knowledge which makes it impossible or extremely unlikely that anybody ever has been, or could be, autonomous.”¹²³ Nomy Arpaly seconds this criterion. She says, “...agent-autonomy, or at least a substantial degree of it, is supposed to be the default condition of the average adult human being...”, and “...caution must be exercised when

¹²⁰ Christman, “Autonomy and Personal History,” p. 15.

¹²¹ Christman, “Autonomy and Personal History,” p. 17.

¹²² Michael Bratman, “Identification, Decision, and Treating as a Reason,” pp. 200-201.

¹²³ Gerald Dworkin, *The Theory and Practice of Autonomy*, p. 9.

mixing intuitions about autonomy as an ideal condition and intuitions about autonomy as a property that a great majority of humans have, to a large extent, most of the time.”¹²⁴

Premise two is that residual ambivalence is common. We humans are often ambivalent—as children we feel ambivalent towards our parents, as young adults we feel ambivalent about what to do with our lives, as adults we feel ambivalent about careers, marrying, having children, about our romantic partners, and our colleagues. We are often unsure, hesitant, of two minds, uncertain, anxious, or conflicted about things. Even if we make up our minds about something, we often still have desires and feelings in opposing directions; and these desires in the other direction are not necessarily ones that we view as outlaws. As Philip Koch writes, “It’s really astonishing how feelings, or feeling-shadows, endure: an old photo, a phrase, a stream of light striking us just so—and suddenly the old longing is fresh and urgent. One realizes that it has lain there always, though covered with layers of brush and dry leaves.”¹²⁵

Hence, identification accounts of autonomy should conceptualize identification in a way that allows for residual ambivalence. What then would identifying with a desire and willing that it be effective in action at a particular time *mean* in these cases? It cannot mean that we feel completely relaxed about it, or that we feel there are no further questions to be asked, or that we are not fragmented or divided. I think that the best way to conceptualize it is to return to Frankfurt’s original notion of identification as decision and commitment. To will that one desire rather than another be effective in action at a particular time is to decide that that one be effective in action rather than the other one.

¹²⁴ Nomy Arpaly, “Responsibility, Applied Ethics, and Complex Autonomy Theories” in *Personal Autonomy: New Essays on Personal Autonomy and Its Role In Contemporary Philosophy* edited by James Stacey Taylor (Cambridge University Press 2005), p. 124.

¹²⁵ Koch, “Emotional Ambivalence,” p. 274.

But, what does it *mean* to decide that desire X be effective in action at t_1 ? It means that the person makes a commitment to that desire being effective in action at t_1 . Now, we have to figure out what making a commitment to that desire means. What it cannot mean is that you feel as if there is no room for questions, or that nothing could change your mind; for you are still strongly drawn towards a conflicting course of action.¹²⁶ That's not the sort of commitment that it is. The commitment that one makes to a certain desire being effective in action when they are residually ambivalent is more like a resignation followed by action. Imagine the following example: Sally and John are engaged to be married and have a young child together. John was raised Catholic, but has not seriously practiced his religion since his teens. Lately however, John has been rekindling his relationship with the Church and over the past few months he has begun to experience a deep feeling that he is being called to become a deacon. Now, a deacon is allowed to retain a wife if he already has one, but if he is not yet married he is not permitted to do so. John has a desire to marry Sally and share a life with her and their daughter, but he also has a desire to become an ordained deacon. Both desires are ones that he identifies with in that he in some sense endorses them as being *among* the influences on his behavior. After some time and inner turmoil, John makes a decision and forms a will. He commits to his desire for a life with Sally and their daughter being the one that is effective in action. Meaning, he has resigned himself to that course of action and has begun to take steps towards it. Now, taking steps towards it can mean small and gradual steps. For example, whenever John is feeling like getting on the webpage for deacons he redirects his thoughts to something else. Whenever he begins to miss his deep

¹²⁶ Frankfurt, "Freedom of the Will and the Concept of a Person," pp. 21-22.

involvement with the Church, he reminds himself of what he would be losing in pursuing that option. John begins therapy with his fiancée to make their relationship even better and more attractive. John is however residually ambivalent. He is still drawn towards (and at times strongly drawn towards) his desire to become a deacon, especially when he drives by a church or sees a book on Catholicism while he is browsing at his local bookstore.

Despite his residual ambivalence, John is still autonomous with respect to his decision to marry Sally. He has formed a will (he has resigned himself to a certain order of his desires and taken steps towards making the desire that he has ordered as primary effective). Moreover, John is not acting on a desire that he views as outlaw, he is acting on a desire that he identifies with. It is true that he prefers to be in a different situation—one where he could act on both desires—or perhaps one where he had never met Sally and could act on his deacon desire. But the key to John being metaphysically autonomous with respect to his choice to marry Sally is that the desire to marry her is not an outlaw and John wills to marry her despite his residual ambivalence.

Coherence theories of autonomy can and should allow for residual ambivalence as well. On Ekstrom's coherence theory, a person acts autonomously when the cause of her action is a preference that was un-coercively formed and that coheres with her other preferences and beliefs.¹²⁷ The set of preferences that cohere ("authorized preferences") make up the true self, and it is when we act from our true self that we act autonomously. So long as a person is acting intentionally from an authorized preference, she is autonomous. It does not matter if she still experiences being drawn away from (in

addition to being drawn towards) that preference. In fact, it is likely that she will experience being drawn away from (in addition to being drawn towards) the preference because she still has other conflicting preferences that will cause her to feel somewhat drawn away from her authorized preference. The focus should be that despite her feeling both drawn towards and drawn away, she has taken a stand about which desire she wants to move her to action; and so long as that desire coheres with her other authorized preferences, she is autonomous with respect to it.

Residual Ambivalence and Bioethical Autonomy

Thus far I have argued that the various conceptions of metaphysical autonomy can and should allow for residual ambivalence. To carry the point over to thinking about bioethical autonomy, even if a patient is residually ambivalent about a decision that they have made, they still retain bioethical autonomy and their decision should be followed. This matches our intuitions. Imagine that (returning to our case study) Mr. X resolves his paralyzing ambivalence and decides that he wants to remain alive on the ventilator. He has resigned himself to this course of action and taken action by telling the doctors and his family that this is what he wants to do. He has also requested that he be connected with a counselor and with groups for paraplegics that he can contact when he starts to feel like giving up. But, he is residually ambivalent about this decision; he feels uneasy about it and he still often feels strongly influenced by his desire to just let go. I imagine that many of our intuitions tell us that despite the residual ambivalence, Mr. X's decision should be followed. Not only should it be followed, but it should also be respected in the sense that we should not harass Mr. X with continuous conversations about his decision.

¹²⁷ Laura Waddell Ekstrom, "Autonomy and Personal Integration," in *Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy* edited by James Stacey Taylor

Now, someone might object that the fact that we are inclined to permit Mr. X's decision does not necessarily illustrate that we think that he is autonomous. There may be *other* explanations for why we are inclined to permit Mr. X's decision; for example we may think that it is in Mr. X's best interest to remain alive on the ventilator. But if we change the example to one where Mr. X's decision is one that we do *not* think is in his best interests (e.g. he decides to just let go), I argue that we would still be inclined to permit his decision—illustrating our recognition that autonomy and residual ambivalence are compatible.

In conclusion, paralyzing ambivalence results in a loss of metaphysical autonomy and bioethical autonomy. We should attempt to restore bioethical autonomy to a patient who lacks it, and in Chapters Four and Six I will discuss ways to restore metaphysical and bioethical autonomy to a person who is paralyzingly ambivalent. Residual ambivalence, on the other hand, does not result in a loss of metaphysical autonomy or bioethical autonomy. Autonomy theorists need to be clearer about their position on residual ambivalence. I have suggested that both identification and coherence accounts of autonomy can and should allow for residual ambivalence, and I have suggested a way to conceptualize identification in cases of residual ambivalence.

Chapter Four: Resolving Paralyzing Ambivalence

Lopakhim: You must make up your mind once and for all. Time waits for no man. The question is perfectly simple. Are you going to let off the land for villas for not? Answer in one word; yes or no. Only one word!

Trophimof: Whether the property is sold today or whether it's not sold, surely it's all one... You mustn't deceive yourself any longer; for once you must look the truth straight in the face.¹²⁸

In Chapter Three, I argued that paralyzing ambivalence results in a loss of metaphysical and hence bioethical autonomy. Thus, resolving paralyzing ambivalence is a necessary condition for restoring metaphysical and bioethical autonomy.¹²⁹ In this Chapter, I examine possible responses and resolutions to paralyzing ambivalence, paying close attention to whether they promote autonomy or not.. I argue that in cases where the cause of the paralysis is an epistemological deficit (i.e., the person cannot decide which desire she wants to be effective in action at a particular time because she is either missing information or she has not reflected enough on how each desire coheres with her other values, desires, and preferences), then the response should be to help the person come to will one course of action or the other by providing the relevant available information and by helping her to reflect on which course of action best coheres with her other values and desires. In cases where that does not work, or where the cause of the paralysis is contingent facts about the world (i.e., the person identifies with both desires, but they conflict because of contingent facts about the world that are attached to these desires)

¹²⁸ Anton Chekhov, *The Cherry Orchard*, (Dover Publications Inc. 1991), pp. 19, 32. Lopakhim and Trophimof are addressing Madame Ranevsky, who is ambivalent about selling her cherry orchard.

¹²⁹ Note that I am claiming that resolving paralyzing ambivalence is a necessary condition for metaphysical autonomy. Resolving paralyzing ambivalence is not a sufficient condition for metaphysical autonomy. Moreover, the possession of metaphysical autonomy is not a sufficient condition for the possession of decision making capacity or bioethical autonomy.

then the response should be to assess which course of action best coheres with the person's other values and desires and invite her to take a leap in that direction. .

Provide Basic Information and Information about Coherence

Left alone, the paralyzed ambivalent person may remain paralyzed and not form a will. As a result, she will not be metaphysically autonomous. Nor will she have the ability to make a decision in a medical context, and so she lacks bioethical autonomy as well. If we want to restore autonomy to this person, then we must help her to make a decision about which desires she identifies with and which desire she wills be effective in action at a particular time.¹³⁰ Understanding the cause of her ambivalence may help us help her to resolve it. Often, it is the case that persons are paralyzingly ambivalent because of some sort of epistemological deficit. There may be a basic sort of epistemological deficit where the person lacks knowledge about the consequences of identifying with one desire rather than another. I discussed this in Chapter Two with the example of Oscar.¹³¹ Oscar is ambivalent about which car to buy. He has a desire to buy car X. He is drawn towards his desire to buy car X because car X is a good car and attractive, but he is also drawn away from his desire to buy car X because he also wants car Y—also a good car and attractive—and cannot have both. He experiences paralyzing ambivalence and does not form a will about which desire he wants to move him to action. But suppose that Oscar knew that car Y had an exhaust problem that was going to be

¹³⁰ Resolving paralyzing ambivalence is a necessary condition for restoring autonomy, but it is not sufficient, for the person could form a will/stand behind a desire that she wants to move her to action, but then act on a different one. In such a case the person would not be autonomous with respect to her action, but her lack of autonomy would be for a new reason (not because she is paralyzingly ambivalent, but because she is weak of will).

¹³¹ One might want to consider Hamlet another example of a case of paralyzing ambivalence due to a basic epistemological deficit—he does not know if the commands to kill Claudius are really from his father's ghost. There are, however, other interpretations of Hamlet's case that do not read Hamlet as being

costly. Then, Oscar would not be ambivalent. So, in these cases of basic epistemological deficit, we should help the paralyzed ambivalent person resolve her ambivalence by providing her with as much information as possible about the consequences of each course of action. This may help her to come to identify with one desire or another.¹³²

It may be that the cause of the paralyzing ambivalence is a more complex epistemological deficit. That is, the person cannot decide which desire to identify with because she has not reflected enough to obtain knowledge about how well each desire coheres with her other (2nd order) values, desires, and preferences. Consider a variation of the example that I posed in Chapter Two about the woman who is ambivalent about continuing to be involved with a charity for cats while working in New York: A woman takes a job in New York for a year. During that year she becomes involved in a charity for cats. She is both drawn towards and away from her desire to continue to work for this charity. She is drawn towards it because she likes working with this charity, but she is drawn away from it because she knows that she is going to have to return to L.A. after one year, and she knows that it is going to be painful because she will have grown attached to this charity. Her ambivalence is paralyzing in that she does not form a will, she does not take a stand about whether or not she wants her desire to continue to work for this charity to be effective in action. Imagine that this woman's ambivalence is due to an epistemological deficit of the complex sort: she has not reflected enough on how well this desire coheres with her other (2nd order) values, desires, and preferences. In these cases of complex epistemological deficits, we should help the paralyzed ambivalent person resolve her ambivalence by pointing out to her how the desire coheres with her

ambivalent due to an epistemological deficit. For example, one may read Hamlet as being weak of will in not killing Claudius.

other (2nd order) values, desires, and preferences. For example, we point out to this woman that her desire to continue her charity work coheres well with most of the other 2nd order desires and values that she has—they are for the most part values of altruism and self-sacrifice.¹³³ In more technical terms, Alfred Mele has argued that we have proximal desires (e.g. the desire to continue enjoyable work) and complex proximal desires, which are simply the conjunction of our proximal desires (e.g. the desire to continue enjoyable work *and* the desire to avoid pain *and* the desire to be altruistic). In attempting to resolve a person's paralyzing ambivalence by filling a complex epistemological deficit, we are in a sense pointing out to the person her complex proximal desires.¹³⁴ Pointing this out may help her come to identify with one desire or the other. Another way to approach the conversation is to focus not so much on which course of action can support more of the person's values, but on which course of action the person feels will bring out the best in her. Harry Frankfurt has written that "...the decision of what to identify yourself with is not made on the basis of an evaluation of the various objects, it is not which is more or less valuable or important than the other; the primary basis for the decision lies in what the person feels he can live most fully as, what will bring out the best in him, what will enable him to realize most completely the capacities for an invigorating and robust emotional and intellectual and volitional life."¹³⁵

Is this a method of resolution that promotes the agent's autonomy? The answer depends, of course, on which account of metaphysical autonomy you adhere to (refer to

¹³² Or, as I noted in Chapter Two, it *may* also have the opposite effect and make her even more paralyzed.

¹³³ It is true that she may react by chucking her altruistic ambitions, but most likely a person will resolve their paralyzing ambivalence in favor of their coherent set of ambitions. But, it is worth pointing out that coherence can be achieved in many different directions.

¹³⁴ Alfred Mele, *Autonomous Agents: From Self Control to Autonomy*, (Oxford University Press 2001), p. 42.

¹³⁵ Harry Frankfurt, "Discussion With Harry Frankfurt," in *Ethical Perspectives* Vol. 5 No. 1 1998, p. 27.

Chapter One for various accounts). Identification theorists about autonomy claim that a person is autonomous with respect to a desire that moves her to act if she identifies with it, and some have an additional requirement that the process or method by which the desire was formed must be one that she identifies with. Providing basic information and information about coherence is an autonomous way of resolving paralyzing ambivalence so long as the person has (or would have once it was pointed out to her) no resistance to this method. And, the lack of resistance does not take place under the influence of factors that might inhibit self-reflection. It is improbable that a person would feel alienated from the process of being given basic information and information about how their desires cohere,¹³⁶ and so this would be an autonomous way to resolve paralyzing ambivalence. Coherence theorists about autonomy would likely be quite supportive of this method of resolution, for it is likely that the person will end up resolving her paralyzing ambivalence (if she does indeed resolve it) in favor of the desire that best coheres with her other preferences once they are pointed out to her.

Although providing information is generally a method of resolution that promotes the agent's autonomy, the issue is more complicated. As I mentioned, information may help a person resolve her ambivalence, but it could also make it worse. From this, the question arises of whether we should selectively give the person only information (all true of course) that is likely to resolve her paralyzing ambivalence and hence restore her autonomy. And similarly, should we give the person information (all true of course) that

¹³⁶ Although, as Tom Tomlinson has pointed out, this depends a lot on how this is done—I can imagine it being done in a very presumptuous way that suggests someone else knows better than I do what I should want, which I would very much resent.

is likely to make her ambivalence worse and more excruciating so that she is motivated to resolve it and hence have her autonomy restored?

Imagine a person who is paralyzingly ambivalent about whether she should put her money into high risks stocks or into a fund for her children's college. She is drawn towards her desire to put the money in stocks because she would like to be able to achieve a certain sort of lifestyle for her and her children. But she is also drawn towards her desire to put the money in the college fund, for obvious reasons. Should we try to give her information that we think will make her ambivalence even more excruciating so that she is motivated to identify with and will one or the other course of action and regain her autonomy in this situation? I would argue that we should not. It is a mistake to think that making someone even more excruciatingly paralyzed is a way to get them to resolve their ambivalence. Imagine that we insist on meeting this woman for coffee every day and saying "Martha, you've got to decide—your children are getting older and they're not collecting any money for college nor are they enjoying their meager lifestyle right now." It may work, but for many it may cause them to curl up in the fetal position. There are better ways to help persons overcome their paralyzing ambivalence than by making it even more acute. What about giving Martha information (all true of course) that we think is likely to resolve her paralyzing ambivalence? I would argue that this is ethically permissible and perhaps even advisable. There is certainly a thought that autonomous decisions are informed ones, but no one ever has *all* of the information when they make a decision. If having *all* information were a requirement of autonomy then none of us would ever be autonomous in decisions we make (not to mention that we would be very boring people, spending all of our time collecting information). So, it is

permissible to provide the paralyzingly ambivalent person with some and not all information. There is, however, a difference between selectively withholding information because it would cause the person to resolve her ambivalence in a direction that you don't want her to (e.g. a broker does not tell Martha how risky the stocks are) and selectively withholding information because you do not think that it would do anything to resolve her ambivalence or may make it worse. The latter is compatible with promoting her autonomy, the former is not. The former is called manipulation. Now, in selectively providing information that one thinks will help resolve the person's paralyzing ambivalence, we should consider what information would help *anyone* resolve their ambivalence in the situation (e.g. in Martha's situation, information about the likelihood of an increase in happiness if the investment allows for a very materialistic lifestyle, would be helpful for most anyone making that decision). We should also consider what information would help this *particular person* resolve their ambivalence in the situation (e.g. we may know that Martha's children are not the best students and that it is unlikely that they will get scholarships to college) and inform them of that.

Assess Coherence and Invite a Leap

It may be the case that a person has all of the information available and has considered how the desire that they are ambivalent about coheres with her other (2nd order) desires, values, and preferences, and is still paralyzingly ambivalent. Often paralyzing ambivalence is the result of a conflict between defining elements of a person's nature; such as in Maria Lugones's example of a woman who identifies as a Latina and a Lesbian.¹³⁷ In cases like these, the ambivalence is not due to any epistemological deficit. As Frankfurt says, "Since [this type of] ambivalence is not a cognitive deficiency, it

cannot be overcome merely by acquiring additional information.”¹³⁸ To illustrate Frankfurt’s point, consider the example of Agamemnon. Agamemnon does not suffer from any basic epistemological deficit. He knows the consequences of saving his cavalry (his daughter will be killed), and he knows the consequences of saving his daughter (his cavalry will perish). Nor does he suffer from any complex epistemological deficit. Let us say that he has reflected on how his desire to save his cavalry coheres with his other (2nd order) desires and values, and how his desire to save his daughter coheres with his other (2nd order) desires and values. Both of them cohere equally well with his other (2nd order) desires and values. Agamemnon identifies equally with his desire to save his daughter and with his desire to save his cavalry, it is just that because of contingent facts about the world, those two desires conflict, causing him to be ambivalent about which desire he wants to be effective in action. Agamemnon’s paralysis could have been resolved by more information or reflection.

And this brings us to a second method for resolving a person’s paralyzing ambivalence. We should look at the courses of action that the person is torn between, judge which one we think best coheres with her other preferences and values, and invite her to take a leap in that direction. Return to the example of Martha; the woman who is paralyzingly ambivalent about whether she should put her money into high risks stocks or into a fund for her children’s college. We have tried to help Martha resolve her paralyzing ambivalence by giving her the information about the riskiness of the stocks, about her children’s likelihood of getting scholarships, and about how happiness correlates with material wealth; but Martha is still paralyzingly ambivalent about what to

¹³⁷ Cheshire Calhoun, “Standing For Something,” in *Journal of Philosophy* Vol. 92 No. 5 1995 p. 239.

will. We should assess which course of action best coheres with Martha's other values and desires and invite her to take a leap in that direction. After talking with Martha we discover that she really values her children's well-being, so we drive her to the bank and invite her to put the money into a trust fund for her children's college.

Before addressing whether or not this is a method of resolution that promotes the agent's autonomy, let me briefly note the connections between this method and existential philosophy. Existentialist philosophers have long emphasized the moment in decision in which thought and reason can take a person no further. In "Existentialism Is A Humanism," Jean-Paul Sartre recalls the story of a pupil of his who had to choose between going to England to join the Free French Forces or staying near his mother and helping her to live. The young man was torn, but no matter where he looked (externally towards religious or moral doctrines or internally towards feeling and reason) he did not find the answer. Sartre describes:¹³⁹

At the same time, he was hesitating between two kinds of morality; on the one side the morality of sympathy, of personal devotion and, on the other side, a morality of wider scope but of more debatable validity. He had to choose between those two. What could help him to choose? Could the Christian doctrine? No. Christian doctrine says: Act with charity, love your neighbour, deny yourself for others, choose the way which is hardest, and so forth. But which is the harder road? To whom does one owe the more brotherly love, the patriot or the mother? Which is the more useful aim, the general one of fighting in and for the whole community, or the precise aim of helping one particular person to live? Who can give an answer to that *a priori*? No one. Nor is it given in any ethical scripture. The Kantian ethic says, Never regard another as a means, but always as an end. Very well; if I remain with my mother, I shall be regarding her as the end and not as a means: but by the same token I am in danger of treating as means those who are fighting on my behalf; and the converse is also true, that if I go to the aid of the combatants I shall be treating them as the end at the risk of treating my mother as a means.

¹³⁸ Harry Frankfurt, "The Faintest Passion," in *Necessity, Volition, and Love* (Cambridge University Press 1999), p. 100. Inside brackets are mine, not Frankfurt's.

¹³⁹ Jean-Paul Sartre, "Existentialism is a Humanism," in *Existentialism from Dostoevsky to Sartre* edited by Walter Kaufmann (World Publishing Company 1956), p. 296.

Consider a humorous example from Benjamin Kunkel's novel Indecision where paralyzing ambivalence is resolved by leaping in direction or the other:¹⁴⁰

"I experienced a flashback to a childhood Thanksgiving. Probably dad did too. I'd loved cranberry sauce, the savory stuffing, the turkey itself with such equality of love that after a gabbled grace I'd been unable to begin eating, and the more ludicrous the spell of indecision became, the harder to break. I'd been salivating and paralyzed in front of my plate, plunged in what later came to be known as the Zone, until finally dad raised his fork at me saying "Eat! Eat! Dammit, eat!" So I'd shut my eyes, loaded my fork with mystery, and raised it toward the cave of my mouth. The tart surprise of the cranberries I could remember still."

Is this invited leap an autonomous way to resolve paralyzing ambivalence? I argue that it is. It is not as if the person is unreflectively leaping in one direction or the other. The person has reflected about which desire she wants to move her to action but has reached a point where reflection will take her no further. In determining whether or not it is an autonomous way to resolve paralyzing ambivalence, identification theorists about autonomy would be concerned about whether she identifies with (e.g. is satisfied with, treats as reason-giving, etc.) the desire that she ends up acting on. And, if the person is paralyzingly ambivalent between two courses of action that she identifies with but which conflict because of contingent facts about the world, then either way she will be autonomous with respect to the desire that she acts on because either way she will be acting on a desire that she identifies with.¹⁴¹ Coherence theorists about autonomy would likely respond that whether or not it is an autonomous resolution depends on whether the desire that the person ends up acting on is one that coheres with her other values and

¹⁴⁰ Benjamin Kunkel, *Indecision* (Random House Trade Paperbacks 2005), p. 83.

¹⁴¹ It is true that she is likely to experience residual ambivalence with respect to her decision, and residual ambivalence (although compatible with metaphysical autonomy, as I argued in Chapter Three), may pose a threat to metaphysical autonomy (as I argue in Chapter Five).

preferences. And, since we are inviting the agent to take a leap in the direction that we judge best coheres with her other preferences and values, it likely would.

I can anticipate four major objections to the claim that an invited leap is an autonomous resolution of paralyzing ambivalence. One is that if a person is paralyzingly ambivalent between two courses of action that she repudiates then there is no way for an autonomous resolution of paralyzing ambivalent, for either way that she leaps she will be acting on a desire that she does not identify with. In reply, a person rarely (if ever) is choosing between courses of action that she categorically repudiates. The person is choosing between courses of action that she independently identifies with, but the satisfaction of one course of action negatively affects the satisfaction of another.

The paralyzingly ambivalent person identifies with each of the competing desires. Suppose that she leaps towards one of them. I have claimed that (on identification accounts of autonomy) the person will be autonomous because any course of action that she leaps towards is one that she identifies with. But, someone might object, it seems that that person's overall metaphysical autonomy is somehow reduced because acting on one desire that she identifies with prevents her from acting on another that she identifies with. For example, in Maria Lugones's example, acting on her desire to live her life as a Latina prevents her from living her life openly as a Lesbian. It is true that in this case the agent cannot effectuate the whole of her will, but the world presents us with this all of the time. To say that a person is not autonomous at a particular time if she cannot effectuate the whole of her will would result in no one (or very few of us) being autonomous.¹⁴²

¹⁴² A similar objection can be found in an example that Cheshire Calhoun gives of a man who is ambivalent between going to therapy to treat his homosexuality and going to gay bars. Do we really want to say that he is autonomous if he leaps towards or identifies with his desire to treat his homosexuality? This objection is essentially the objection of adaptive preferences. John Christman's requirement that in

A third objection that someone might have to the claim that an invited leap is an autonomous resolution of paralyzing ambivalence is that a person who makes the leap too early is not autonomous. Consider a person who is indecisive about what desire she wants to be effective in action (she is paralyzingly ambivalent). Instead of waiting a bit to see if more information comes in, or if feelings change that could help her come to decide which desire she wants to be effective in action, she leaps towards one course of action almost immediately. The objection is that someone with very little or no reflection on their desire, decision, or action cannot be autonomous with respect to it. Richard Double discusses this objection and counters it by arguing, "...there are autonomy exemplars that count against requiring reflectiveness. Rugged individualists may be preoccupied with evaluating their first order desires, but they need not. The man-of-action, so the paradigm goes, shoots first and asks questions later. The true free spirit may not ask questions at all. And what about the millions of persons to whom reflecting on their lower-order psychological states is not only an infrequent occurrence, but is anathema to their individual management styles? For many persons, life is to be lived, not worried over."¹⁴³ Double proposes that as long as unreflectiveness is part of this person's "individual management style" (how she believes she should go about making choices) then she is autonomous with respect to her desire.¹⁴⁴ I think that Double's proposal is persuasive.

order for a person to be autonomous with respect to a desire she must identify with the *process* by which the desire was formed addresses this criticism.

For Calhoun's example, see Cheshire Calhoun, "Standing For Something," p. 243.

¹⁴³ Richard Double, "Two Types of Autonomy Accounts," *Canadian Journal of Philosophy* 22 (1992), p. 73.

¹⁴⁴ Double, "Two Types of Autonomy Accounts," p. 73.

It might be objected that the notion of a management style does not fit well with our common experience, as it is not as if we sit down and think about the matter and then declare a management style. Although it is true that we do not decide on a management style in this deliberate way, I think that we do have latent styles, or ways that we think we should go about making choices. What is key, I think, is that if a person's management style were pointed out to her, she would endorse it or defend it. Another concern about the notion of management style is that someone could adopt a management style of, say, flipping a coin whenever there is a decision to be made. The character Dwight in Benjamin Kunkel's novel *Indecision* does exactly this:¹⁴⁵

"...people were always calling me and asking me to do things, and since only pretty rarely was I really sure I wanted to, my system was to flip a coin....I was proud of the system. Statistically fair, it also kept my whole easy nature from forcing me to do everyone's bidding; it ensured a certain scarcity of Dwightness on the market; it contributed the prestige of the inscrutable to my otherwise transparent persona; and above all it allowed me to find out in my own good time whether I would actually have liked to do the thing in question."

Although unusual, as long as Dwight would endorse or defend this method, then it is an autonomous way to resolve paralyzing ambivalence.¹⁴⁶

The fourth and final objection that someone might have to the claim that an invited leap is an autonomous resolution of paralyzing ambivalence is that an leap of the will is not possible. While it may be possible to leap towards *doing* one thing or the other, it is not possible to leap towards *willing* one thing or the other; and so, the leap will not resolve paralyzing ambivalence because ambivalence is essentially a paralysis of the

¹⁴⁵ Kunkel, *Indecision*, p. 19.

¹⁴⁶ I discuss "bad faith" later in this chapter, but here I will note that the coin flipping need not be an example of bad faith. Flipping a coin to make decisions is bad faith if the person thinks that in flipping a

will. To quote Ludwig Wittgenstein, “Willing too is merely an experience, one would like to say...It comes when it comes, and I cannot bring it about.”¹⁴⁷ Frankfurt has also argued that one cannot have whatever will she wants to have. He argues:¹⁴⁸

“We do not control, by our voluntary command, the spirits within our own vasty deeps. We cannot have, simply for the asking, whatever will we want. We are not fictitious characters, who have sovereign authors; nor are we gods who can be authors of more than fiction. Therefore, we cannot be authors of ourselves. Reducing our own volitional indeterminacy, and becoming truly wholehearted, is not a matter of telling stories about our lives. Nor, unless we wish to be as foolish as Owen Glendower, can we propose to shape our wills by stipulating peremptorily at some moment that now we are no longer divided but have become solidly resolute. We can be only what nature and life make us, and that is not so readily up to us

Frankfurt has also claimed that ambivalence cannot be overcome voluntarily: “A person cannot make himself volitionally determinate and thereby create a truth where there was none before, merely by an “act of will.” In other words, he cannot make himself wholehearted just by a psychic movement that is fully under his immediate voluntary control.”¹⁴⁹ In fact, Frankfurt seems almost to anticipate my leap proposal and reply to it, arguing, “To be sure, a person may attempt to resolve his ambivalence by deciding to adhere unequivocally to one of his alternatives rather than to the other; and he may believe that in thus making up his mind he has eliminated the division in his will and become wholehearted. Whether such changes have actually occurred, however, is another matter. When the chips are down he may discover that he is not, after all, decisively moved by the preference or motive he supposed he had adopted.”¹⁵⁰ If he discovers that in fact he did not resolve his ambivalence, Frankfurt explains, “No doubt

coin he is *escaping* choosing. If the person recognizes that flipping a coin *is* making a choice; if he projects himself as a coin-flipper, as someone who gambles with decisions/life, then it is not a case of bad faith.

¹⁴⁷ Ludwig Wittgenstein, *Philosophical Investigations*, paragraph 611.

¹⁴⁸ Frankfurt, “The Faintest Passion,” p. 101.

¹⁴⁹ Frankfurt, “The Faintest Passion,” p. 100.

¹⁵⁰ Frankfurt, “The Faintest Passion,” p. 101.

he made us his *mind*, but doing that manifestly failed to shape his will....since no effective volitional commitment was actually accomplished, insisting that a decision was made would require conceding that the “decision” was no more than a merely verbal or intellectual event.”¹⁵¹

I have two responses to Frankfurt’s argument. First, while I recognize that we cannot directly shape our will, we can indirectly shape it. Second, action may shape the will, and so leaping into action may be equivalent to leaping into will. Alfred Mele has argued in his book, *Autonomous Agents: From Self-Control to Autonomy*, that we need not wait for a desire that we do not endorse to grow weaker in order to exercise self-control with respect to it.¹⁵² We can exercise self-control *indirectly* by employing certain techniques such as self-command. Mele presents an example of a man (Ian) who desires to paint the shed and wants that desire to be effective in action, but finds himself overpowered by a desire to watch TV. While he cannot directly defeat his desire to watch TV, he does so indirectly by uttering a self command (“Ian, get up and paint the shed you lazy sot”). Mele says, “Ian may be in the habit of obeying his self-commands...and his uttering the command consequently may tap an additional source of motivation.”¹⁵³ I think that we can transfer Mele’s points about the extent of our control over our desires during weakness of will to the extent of our control over our will during paralyzing ambivalence. So, we need not wait to identify with one desire more than the other in order to resolve paralyzing ambivalence. We can shape our will indirectly by uttering a self-command such as (in the case of the example of the man that I will

¹⁵¹ Harry Frankfurt, “Rationality and the Unthinkable,” in *The Importance of What We Care About* (Cambridge University Press, 1988), p. 181.

¹⁵² Mele, *Autonomous Agents*, p. 43.

¹⁵³ Mele, *Autonomous Agents*, p. 45.

introduce in a moment who is ambivalent about which woman to commit to), “Ian, commit to Angela, you two-timing sot.” In this way, Ian can indirectly leap into will and resolve his paralyzing ambivalence, for the self-command may provide additional motivation that causes him to identify with one desire over the other, where before he was dead-locked between the two desires. Frankfurt himself would agree with my proposal for indirect control of the will, I think, for he says, “On the other hand, it is surely open to someone for whom an action is unthinkable to try by other means, less direct than the exercise of willpower alone, to alter his own will in such a way that the action becomes thinkable for him. The fact that a person cannot bring himself to perform an action does not entail that he cannot bring himself to act with the intention of changing that fact.”¹⁵⁴

My second point is that action may shape the will, and so leaping into action may be equivalent to leaping into will. This line of argument can be nicely summarized by Sartre’s comments in “Existentialism Is A Humanism:” “Moreover, as Gide has very well said, a sentiment which is play-acting and one which is vital are two things that are hardly distinguishable one from another. To decide that I love my mother by staying beside her, and to play a comedy the upshot of which is that I do so – these are nearly the same thing. In other words, feeling is formed by the deeds that one does...”¹⁵⁵ So, in throwing myself towards acting in accordance with one or another of the desires that I identify with, I may come to will that desire; I may come to resolve my paralyzing ambivalence. This line of argument is not particular to existentialists. It has been widely

¹⁵⁴ Frankfurt, “Rationality and the Unthinkable,” p. 187.

¹⁵⁵ Sartre, “Existentialism is a Humanism,” p. 297.

recognized. C.S. Lewis, for example, makes a similar argument when he suggests that if one *behaves* as if they believe in God, then they will come to believe in God.¹⁵⁶

Change The World

A third method of resolving paralyzing ambivalence is to change the situation such that the person can attain both courses of action (if they are both desired), or avoid both courses of action (if they are both dreaded). In Agamemnon's case, it would be to change the situation so that he does not have to choose between his daughter and his cavalry; in Lugones's case, it would be to change the social world so that identifying as a Latina and identifying as a Lesbian are compatible.

This solution might work; in some cases of ambivalence the person could find a way to compromise so that she has some of both. For example, a graduate student is ambivalent about whether to focus on applied psychology or academic psychology. She could easily change the world so that she could have both by enrolling in, or transferring to, a graduate school that emphasizes both. But the severity of ambivalence found in paralyzing ambivalence is usually the result of having to decide between making a full commitment to one thing or another; a compromise is not obvious or available. For example, Agamemnon is paralyzingly ambivalent about whether to sacrifice his daughter or his army. He has to fully commit to one or the other; a compromise is not obvious or available. Consider another example: a man is paralyzingly ambivalent about whether to remain with woman A or to go be with woman B. He has to fully commit to one or the other; a compromise is not obvious or available. Finding a way to have both desires met in these two cases is much more difficult. The person must be very creative and imaginative in order to change the circumstances so that she can have both of her desires

¹⁵⁶ C.S. Lewis, *Mere Christianity*, (Harper Collins Publishers 2001), p. 187.

met.¹⁵⁷ If the person is able to do this, then this is indeed an autonomous way to resolve her ambivalence, for she is finding a way to act on [both] desires that she identifies with (that she feels satisfied with, views as reason-giving, etc.).

Resolve For The Person:

Now let me address a fourth possible way to resolve a person's paralyzing ambivalence: we could resolve her paralyzing ambivalence *for her*. Meaning, we could force her to take on one course of action or the other, or we could choose a course of action for her without her knowledge. For example, in the case of the woman who is ambivalent about continuing her charity work, we take over the situation and force her to keep working (even if she is protesting or upset). Or, we could tell the charity that she quits without her knowledge.

There are a couple of problems with this method of resolution. First of all, it may not work to resolve her ambivalence. As I discussed in the last section, it is not necessarily the case that action will shape the will and so the person may still remain paralyzingly ambivalent, especially if her action is literally forced or if she does not even know that the decision has been made for her. Second, it may not work to restore her autonomy. When she becomes aware that we made the decision for her, she may actually in psychological revolt will that the other conflicting desire be the one that is effective in action—but then it may be too late for her to take that course of action and so she will find herself stuck acting on a desire that she does not will and hence she will not be acting autonomously.

¹⁵⁷ For example, perhaps the ambivalent lover can move to a country where polygamy is accepted and legal. Perhaps Agamemnon could have convinced Artemis (the goddess who is conflicted the wrath on his army) to cease.

The third problem with this method of resolution is that it fails to distinguish between autonomy as an ideal and autonomy as a right. As I argued in Chapter One, one of the purposes of metaphysical autonomy theories is to develop an ideal of the person as someone who acts on desires that she identifies with, or that cohere with her other values, and avoids acting on ones that she repudiates; whereas bioethical autonomy focuses on a person's right to make her own decisions. It might be true that forcing the woman to keep working at her charity, or telling the charity that she quits without her knowledge moves her closer to that ideal metaphysically autonomous person. But the reason that this seems ethically egregious to us is because it interferes with her right to make her own decisions.

Not Choose

“Not to resolve is to resolve; and many times it breeds as many necessities, and engageth as far in some other sort, as to resolve.” – Francis Bacon

A fifth possible response to paralyzing ambivalence is to just remain paralyzingly ambivalent. In fact, we may think that there are sometimes good reasons to do so. Imagine a case of a parent who has twins. Both twins need a heart transplant in the next five hours, or they will die. A heart comes in after four hours and forty five minutes, and the children's parent has to decide whether he wants his desire for Twin 1 to get the heart or for Twin 2 to get the heart to be effective in action. He is paralyzingly ambivalent because he identifies with both desires, but they conflict because of contingent facts about the world. Imagine that he chooses to remain ambivalent—to not choose which desire he wants to be effective in action.

Next, imagine a man who is in love with two women at once. Both women are pressuring this man to take the relationship to the next level and to move in together. He wants to commit himself to one person, to change his ways so to speak; but he is paralyzingly ambivalent about whether he wants his desire to commit to Woman 1 to be effective in action, or if he wants his desire to commit to Woman 2 to be effective in action. Resolving his ambivalence (leaping towards commitment to Woman 1), has the cost of losing Woman 2 and perhaps then being plagued by residual ambivalence, and so he chooses to remain ambivalent—to not choose which desire he wants to be effective in action.¹⁵⁸

We can see where the parent and the romancer are coming from, but are they responding autonomously to their paralyzing ambivalence? Is remaining paralyzingly ambivalent an autonomous response? I think that a distinction will help at this point; a distinction between choosing to not choose and choosing to remain paralyzingly ambivalent. I think that those who say that there may be reasons to remain paralyzingly ambivalent really mean that there may be reasons for not choosing. A person can never autonomously choose to remain paralyzingly conflicted, at least on attitudinal identification theories of autonomy (such as Frankfurt's), for it is impossible to be satisfied with or relaxed with paralyzing confliction. But, can a person autonomously choose not to choose? I think that most accounts of autonomy would allow for this. Identification theorists would allow for it so long as the person feels satisfied with her decision to not choose, or views her not choosing to be in accord with a non-instrumental

¹⁵⁸ One might think that instead of leaping towards commitment to one woman or the other, he could (and probably will) simply abandon or downgrade his desire for commitment (thinking commitment is not so great after all). I would argue that this is not possible. The reason that he is so paralyzed and strongly conflicted is because he knows that he must commit to one or the other, or he will lose both.

higher order self-governing policy that she has and is satisfied with, etc. Coherence theorists would allow for it so long as her decision not to choose coheres with other endorsed preferences that she has.

Although a person can autonomously choose not to choose, there is a difference between someone who views their not choosing as a choice itself (as taking a position on the issue) and someone who views their not choosing as an escape. The latter is a case of what Sartre would call “bad faith.” In Sartre’s “Existentialism Is A Humanism” he says: “...what is not possible is not to choose. I can always choose, but I must know that if I do not choose, that is still a choice.” Sartre argued that the self is made up of two parts: the things that are givens about us or that others ascribe to us (e.g. our hair color, weight, height, job etc.), and the attitude that we take towards these things (e.g. not caring that others find me ugly, or resolving to change my job). Bad faith takes two forms: either denying that I do have the freedom to choose how I react to others’ perceptions of me or to facts about my situation, or denying the facts about my situation and thinking that I can do anything just by wishing it so.¹⁵⁹ To think that I have the option of not choosing is bad faith. Return to the example of the parent who is ambivalent about which of his children should get the heart. If he views his refusal to choose as an escape then he is doing so in bad faith. On the other hand, if he views his refusal to choose as itself a choice, if he views it as him fashioning himself as a father who does not choose between his children, realizing that he is constructing himself this way in front of others and that he is then ready to accept or deal with whatever moral judgments they put on him; then he is doing so in good faith.

I would argue, however, that good faith (choosing, or realizing that in “not choosing” I am fashioning myself a certain way) is more important in some circumstances than others. In Chapter Two I discussed how some of our choices are ones that we consider to be more important than others, and how some are ones that we consider to be identity-conferring. Being in bad faith about something that I consider to be important and identity conferring (e.g. my religious beliefs) is worse for me than being in bad faith about something that I consider to be neither important nor identity conferring (e.g. which socks I buy).

Commit Suicide

A sixth possible response to paralyzing ambivalence is to commit suicide.¹⁶⁰ As Lynn McFall notes, it has been argued that suicide may be chosen rationally and deliberately as an act of rejecting both alternatives in a world where they are the only choices and both are intolerable.¹⁶¹ Agamemnon could have killed himself as an act of rejecting the sacrifice of his daughter and the sacrifice of his cavalry. Is this an autonomous way to resolve paralyzing ambivalence? Committing suicide is akin to choosing not to choose, which I have argued, can be an autonomy promoting response, and can also be done in good faith so long as he admits that he has indeed made a choice—a choice to define himself a certain way or to make a certain statement (e.g. this is what a responsible person does in this situation).

¹⁵⁹ See “Existentialism Is A Humanism,” p. 305. Also see J.P. Sartre, *Anti-Semite and Jew* (New York: Schocken books, 1948).

¹⁶⁰ A seventh possible way that a person could respond to her paralyzing ambivalence is to alternate between one course of action and the other (e.g. half the day go to the beach, the other half go to the park). In most cases of paralyzing ambivalence (for example, Agamemnon), this is not feasible, and so I will not discuss it as a method of resolution.

¹⁶¹ Lynn McFall, “Integrity,” *Ethics* Vol. 98 No. 1 (1987), p. 10.

First Order Desires Take Over

Another possible way for paralyzing ambivalence to be resolved is if one of the person's first order desires simply takes over.¹⁶² For example, a woman has a desire to return to school after being a stay at home mom for a number of years. But she also has a desire to continue to stay at home because she believes that it is best for her children. When she reflects on her desires, she is uncertain about which one she wants to be effective in action; she is conflicted and torn; she is paralyzingly ambivalent. In the midst of her paralyzing ambivalence she suddenly becomes overcome with fear and self-doubt about returning to school. Her fear and self-doubt take over and she decides to just continue to stay at home with her children.

It is true that in the end her paralyzing ambivalence (which was blocking her from being metaphysically autonomous) is resolved, but it is not resolved in an autonomous way. She does not (in any way) identify with her fear and self-doubt, nor does it cohere with her other endorsed desires and values. As Gerald Dworkin has argued, we regard fear as cancelling liberty even though we do not view something such as obligation as cancelling liberty.¹⁶³ The reason for this is that often persons endorse acting for reasons of obligation (they have a second order desire to act in ways that fulfill obligations), whereas persons normally do not endorse acting for reasons of fear. For example, if this woman decided to continue to stay home with her children because she feels that it is her duty and she generally endorses acting for reasons of duty and obligation, then this is not a case of first order desires just taking over. It is a case of someone acting in accordance with her second order desires, and hence she is not metaphysically autonomous with

¹⁶² Note the passivity of the agent (a way for ambivalence to *be* resolved) as opposed to the activity of the agent in the other responses (a way for the *agent* to respond or resolve).

respect to action is autonomous. If, however, this woman decides to continue to stay home with her children because she is swept away by fear and self doubt and she generally does not endorse acting for such reasons, then it is a case of first order desires just taking over. It is a case of someone not acting in accordance with her second order desires, and hence she is not metaphysically autonomous with respect to her action.

In closing Chapter Four, I will refer you to some comforting advice. Although I have suggested ways to resolve paralyzing ambivalence, it is possible that in some cases none of the suggestions work, and a person remains paralyzingly ambivalent. When Frankfurt was pushed on what he had to say about cases of unresolved paralyzing ambivalence, he had the following advice: "Sometimes a person is so ambivalent, or vacillates so fluidly, that there is no stable fact concerning what he thinks or feels...suppose you are simply unable to make up your mind. No matter how you twist or turn, you cannot find a way of being satisfied with yourself. My advice is that, if your will is utterly divided, and volitional unity is really out of the question, be sure at least to hang on to your sense of humor."¹⁶⁴

¹⁶³ Gerald Dworkin, "Acting Freely," in *Nous* Vol. 4 No. 4 1970, p. 376.

¹⁶⁴ Frankfurt, "The Faintest Passion," p. 107.

Chapter Five: Resolving Residual Ambivalence

“If a man will begin in certainties he shall end in doubts; but if he will be content to begin in doubts, he shall end in certainties.” – Francis Bacon

In Chapter Three I argued that residual ambivalence (the phenomenon in which a person is both drawn towards and away from a particular first order desire that she has, but has taken a stand about whether or not she wants it to move her to action) does not make a person non-autonomous; the person does have a will, and so as long as her action is compatible with her will, then she is autonomous. Even though I have argued that residual ambivalence does not preclude a person from being metaphysically and bioethically autonomous, it may have other drawbacks.¹⁶⁵

Drawbacks of Residual Ambivalence

Here are several possible drawbacks of residual ambivalence: it can harm one's self, harm others, and put a person dangerously close to paralyzing ambivalence which *would* result in a loss of autonomy. Let me begin with how residual ambivalence can harm one's self. There are two senses of “harm” that one could have in mind: experiential and non-experiential. Residual ambivalence could cause experiential harm to a person by creating psychological stress. Frankfurt argues that persons have a

¹⁶⁵ It may help to recall my examples of residual ambivalence from Chapter Two: Paul Pennyfeather in Evelyn Waugh's *Decline and Fall*: even though he has taken the stand that he does not want the desire to take the money to move him to action and remains determined, he is still strongly influenced by the desire for the money, and this leaves him uneasy (residually ambivalent) with his choice; Winston in George Orwell's *1984*: he forms a will when he decides that he wants his desire for love to be effective in action. But of course he is still strongly influenced by the desire for safety, and this leaves him uneasy (residually ambivalent) with his choice to meet Julia; Parent of the Drug Addicted Son: he commits to and stands behind his decision to not let his desire for a relationship with his son to be effective in action. Of course the parent is still strongly influenced by this desire for a relationship; he even insists that this decision does not mean that he does not love his son, and so he is uneasy (residually ambivalent) with his choice.

primitive need for self-unity, and that “Any threat to this unity—that is, any threat to the cohesion of the self—tends to alarm a person and to mobilize him for an attempt at ‘self-preservation’.”¹⁶⁶ When presented with choices, a person who is residually ambivalent may endure more anguish. Frankfurt argues: “For someone who is unlikely to have any stable preferences or goals, the benefits of freedom are, at the very least, severely diminished....The fact that he is free to choose between them is likely only to make his anguish more poignant and more intense.”¹⁶⁷ Making a similar point about residual ambivalence and anguish is Steve Harrist, who through empirical studies found that an overwhelming degree of ambivalence leaves one feeling obsessive, unable to decide, and may result in identity diffusion.¹⁶⁸

Residual ambivalence may also cause what could be called non-experiential harm to the self. Non-experiential harm is often discussed in the literature about the harms of death. Some philosophers argue that a person can be harmed non-experientially by their death, or after their death. Presenting the example of a person who has horrible lies spread about her after her death, they argue that the harm lies in the tarnished reputation of her character, regardless of her experience of it.¹⁶⁹ A similar argument may be made about the harm that residual ambivalence inflicts upon the integrity of a person’s character. Lynn McFall, Cheshire Calhoun, and Harry Frankfurt all argue that integrity requires that there be *something* that you would not do—something that you stand for

¹⁶⁶ Harry Frankfurt, “Autonomy, Necessity, and Love,” p. 139.

I want to clarify the connection between unity and ambivalence. By definition, ambivalence is always a kind of disunity. But not all disunity produces ambivalence.

¹⁶⁷ Harry Frankfurt, “The Faintest Passion,” p. 102.

¹⁶⁸ Steve Harrist, “A Phenomenological Investigation of the Experience of Ambivalence,” *Journal of Phenomenological Psychology* Vol. 37 No. 1 2006, p. 89.

¹⁶⁹ See John Martin Fisher, *The Metaphysics of Death* (Stanford University Press 1993).

over time and throughout changing circumstances.¹⁷⁰ Calhoun writes, "...integrity is a matter of endorsing and, should the occasion arise, standing on some bottom-line principles...."¹⁷¹ Calhoun further discusses this picture of integrity in her discussion of Gabrielle Taylor's work: "...as Taylor also observes, unless the individual regards her endorsements as *prima facie* committing her to making the same endorsements on future occasions, she will be no more than shallowly sincere, wholeheartedly identifying with one set of desires today and a different set tomorrow."¹⁷²

Residual ambivalence may pose a threat to a person's integrity, because standing for something over time requires that it is something about which the person is unconflicted. Imagine for example that I have a strong commitment to the animal rights movement. Put more technically, I have a desire to commit to the rights of animals, and I identify with that desire. Now imagine that it is a bit more complicated than this; imagine that there is some residual ambivalence involved. Although I have taken a stand that I want my desire to commit to the rights of animals to move me to action, I am both drawn towards and away from this desire. I am drawn away from it due to my other conflicting desires (that I also identify with)...a desire to advance medicine (which I think requires animal experimentation), a desire to keep up my health (which I cannot seem to do as a vegetarian due to the fact that I dislike vegetables and so only eat pizza and ice cream), etc. The argument might be made that the presence of these conflicting desires may eventually cause me to cease to stand by my longtime commitment to the

¹⁷⁰ See Cheshire Calhoun, "Standing For Something," *The Journal of Philosophy* Vol. 42 No 5 (1995), pp. 235-260; Lynn McFall, "Integrity," *Ethics* Vol. 98 (1987), pp. 5-20; Harry Frankfurt, "Rationality and the Unthinkable," in *The Importance of What We Care About* (Cambridge University Press 1988), pp. 177-190; and Harry Frankfurt, "Autonomy, Necessity, and Love," in *Necessity, Volition, and Love* (Cambridge University Press 1994), pp. 129-142.

¹⁷¹ Cheshire Calhoun, "Standing For Something," p. 246.

¹⁷² Cheshire Calhoun, "Standing For Something," p. 237.

rights of animals. Residual ambivalence will have resulted in a loss of integrity; and whether or not I experience any harm from this loss, it is harmful nonetheless because self-integrity is valuable in and of itself.¹⁷³

There are a couple of replies at this point. One is that just because I drop my commitment to animal rights, this does not mean that there is not *something* to which I stand for over time. And so, I may still be a person with integrity more generally. But, suppose that what has happened with my commitment to animal rights has happened to many other things in my life as well. That is, my residual ambivalence has a tendency to in many situations cause me to cease standing by things that I previously stood for; one day I stand for X and as a result of residual ambivalence I cease to stand for X and the next day stand for Y. I am then, as Calhoun writes, “wholeheartedly identifying with one set of desires today and a different set tomorrow;” I am lacking integrity.¹⁷⁴ While I see this worry, it brings me to my second reply, which is that there is nothing intrinsically wrong with being a person who lacks integrity. The “badness” of lacking integrity as a result of residual ambivalence, or of residual ambivalence itself, lies either in some experiential harm to oneself or some experiential harm to others. So, supposing that one is not experiencing any harmful effects from a lack of integrity; the other possible harm caused from lacking integrity is harm to others.

Residual ambivalence may cause harm to others. To see this, simply imagine a person who makes a lifetime commitment to a romantic partner. Although this person

¹⁷³ Tom Tomlinson raised the interesting question of whether there would be a lack of integrity if I had not *vowed* a commitment to animal rights, but only aspired to one (and kept it to myself). If not, the problem would be with my actions, not with my residual ambivalence. I think that the problem is with my residual ambivalence; I think that the lack of integrity is present even if I never told anyone else about my commitment to animal rights.

¹⁷⁴ Cheshire Calhoun, “Standing For Something,” p. 237.

has taken a stand that she wants her desire to commit to this person for a lifetime to move her to action, she experiences some residual ambivalence. The residual ambivalence presses on her for awhile and eventually she ceases to stand by her lifetime commitment to her romantic partner. This cessation hurts her partner deeply. Moreover, residual ambivalence may harm personal relationships themselves. In his paper, "Emotional Ambivalence," Philip Koch notes that ambivalence often harms personal relationships. Koch argues that having a personal relationship with an ambivalent person is difficult because ambivalence blocks the understanding and unity that we need to construct of the person that we are trying to have a relationship with.¹⁷⁵ Ambivalence makes it difficult for others to know me and have a relationship with me, and this loss deprives us both. Similar to the worry about mental anguish, the worry about harm to others and our relationships with them is a legitimate worry about residual ambivalence.

A third worry about residual ambivalence is that it poses a threat to autonomy. While I have argued that residual ambivalence does not preclude metaphysical autonomy, someone might argue that it does threaten it. Residual ambivalence may threaten metaphysical autonomy in two ways. First, it may put a person dangerously close to paralyzing ambivalence, which does, so I have argued, preclude metaphysical autonomy. Second, because residual ambivalence can, as I have articulated, break up the consistency of what a person stands for over time, it may cause a person to be unsatisfied with desires that have moved her to action in the past. The first way that residual ambivalence may pose a threat to metaphysical autonomy is fairly clear. Suppose that, returning to the last example, a person stands behind her desire to make a lifetime commitment to a romantic partner, despite the fact that she is experiencing some residual ambivalence about it.

¹⁷⁵ Philip Koch, "Emotional Ambivalence," pp. 267-268.

Now, suppose that over time her residual ambivalence builds and builds until soon she no longer stands behind her desire to make a lifetime commitment to her romantic partner, nor does she stand behind her conflicting desire to date a variety of other people. She is paralyzingly ambivalent about which desire she wants to move her to action. And, as a result, she has lost her metaphysical autonomy in this situation.

The second way that residual ambivalence may pose a threat to metaphysical autonomy is a bit more complicated. Recall that in order for a person to be metaphysically autonomous with respect to a particular desire or action, she must identify with that desire (or, on coherence accounts, it must cohere with her other established preferences). Because residual ambivalence might break up the consistency of what a person stands for over time, she may not be satisfied with desires that have moved her to action in the past. Although it may be the case that the person was at the time satisfied with her desire to commit herself to her romantic partner for a lifetime moving her to action, now she is not. Being a person with residual ambivalence about many of her decisions and actions may cause the person to generally not be satisfied with desires that moved her to action last week or last month; and if she am the sort of person that is generally not satisfied with the desires that she has acted on, then she is generally not a metaphysically autonomous person.

Benefits of Residual Ambivalence

Although I have argued that there are drawbacks to residual ambivalence, I will now argue that there are perhaps even more benefits. Residual ambivalence can help with personal growth, with social relationships and empathizing with others, and it can actually (and counter-intuitively) secure metaphysical autonomy.

First, residual ambivalence can help with personal growth. Soren Kierkegaard argued that people become greater by means of distress, anxiety, and paradox.¹⁷⁶ He recalls the story of Abraham who was commanded by God to kill his only son Isaac. Abraham was severely conflicted about this action—believing both that he should obey God and that killing Isaac would be wrong and hurt Abraham horribly. Because of the distress, anxiety, and paradox of the conflict, Abraham became greater—he became a man of faith (which is the highest realm of being according to Kierkegaard). God intervened and Abraham neither disobeyed God nor hurt Isaac. Also noting the connection between internal conflict and personal growth is Steve Harrist: “Another advantage is that it presents the opportunity for growth and change because it involves coming to terms with the rich complexity of experience that might otherwise be hidden.”¹⁷⁷ And, “...more fully experiencing the full spectrum of contradictory feelings that were initially avoided may open the way to a richer emotional life with a deeper appreciation for the significance and importance of multi-valenced feelings in one’s life.”¹⁷⁸ And, finally, as most professional philosophers can, I can personally attest to the connection between internal conflict and personal growth. I remember my first year in college. Most of my values, beliefs, and desires were ones that I (even after reflection) solidly endorsed and had no internal conflict about. And then, I took a philosophy course. I began to develop conflict about which values, beliefs, and desires I identified with. Struggling with this allowed me to grow and forced me to be more engaged in life. Internal conflict is difficult, but as Jack London writes, “It is so much

¹⁷⁶ Soren Kierkegaard, *Fear and Trembling*, (Princeton University Press 1983), p. 65.

¹⁷⁷ Steve Harrist, “A Phenomenological Investigation of the Experience of Ambivalence,” *Journal of Phenomenological Psychology* Vol. 37 No. 1 2006, p. 108.

¹⁷⁸ Steve Harrist, “A Phenomenological Investigation of the Experience of Ambivalence,” p. 109.

easier to live placidly and complacently. Of course, to live placidly and complacently is not to live at all.”¹⁷⁹

Second, residual ambivalence can help in social relationships and in empathizing with others. Philip Koch, Patricia Greenspan, and Cheshire Calhoun have all noted this positive aspect of ambivalence. Koch argues that feeling conflicting emotions and points of view helps us to develop empathy and moral consciousness¹⁸⁰; Greenspan argues that it allows us to commit to multiple persons’ interests, which causes them to feel as if they can depend on us¹⁸¹; and Calhoun argues that “When one’s own and others’ judgments come into serious conflict, ambivalence may be a way of acknowledging that equality.”¹⁸²

Third, residual ambivalence can actually secure metaphysical autonomy. Imagine two versions of my earlier example: In Version One, person one has a desire to commit to his romantic partner for a lifetime and he identifies with that desire. Moreover, he has figured out a way to rid himself of any residual ambivalence when it begins to creep up (imagine that he takes a pill, or employs some psychological technique). He has figured out a way to be completely wholehearted and completely un-conflicted about his desire to commit to his partner. In Version Two, person two has a desire to commit to his romantic partner for a lifetime and he identifies with that desire. Person two, however, allows his residual ambivalence to play out when it creeps up. He has still taken a stand that he wants his desire to commit to this person for a lifetime to move him to action, but he allows himself to feel his conflicting desires to date other people. Person two’s

¹⁷⁹ Xinli Chen, *Being and Authenticity* (Rodopi 2003), p. 57.

¹⁸⁰ Philip Koch, “Emotional Ambivalence,” p. 279.

¹⁸¹ Patricia Greenspan, “A Case of Mixed Feelings: Ambivalence and the Logic of Emotion,” in *Explaining Emotions* edited by Amelie Oksenberg Rorty (University of California Press 1980), p. 241.

decision has come out of a struggle; he is more an agent of his will than person one; the nature of person two's choosing is more autonomous. Moreover, fast forward five years: I would argue that person two is more likely to be autonomous with respect to this situation than person one. Because person two let himself feel and consider his conflicting desires, should he continue to stand by his commitment to his partner, he is likely more sure of and more satisfied with that commitment; he is still autonomous with respect to it. Because person 1 did not allow himself to feel and consider his conflicting desires, he is quite likely now unhappy about and unsatisfied with his situation; he is not autonomous with respect to it.¹⁸³ My prediction is supported by empirical evidence. In Steve Harrist's empirical study of ambivalence, one participant remarks (of the ambivalence): "It was a powerful experience. It solidified a lot of things for me."¹⁸⁴

One final and related note on how residual ambivalence can help secure metaphysical autonomy. In Chapter Two, I discussed the causes of ambivalence, one of them being that persons have multiple interests and identities that sometimes conflict because of contingent facts about the world; for example, as Maria Lugones points out, identifying as both a Latina and a Lesbian.¹⁸⁵ If a person stifles their internal conflict and residual ambivalence about their identifications, then they will more than likely end up being unsatisfied with their actions. As Amy Mullin writes, "...we are plural selves who need to encourage a respectful conversation among the parts of the self if we are to avoid splitting off and denying parts of ourselves associated with the disenfranchised."¹⁸⁶ I

¹⁸² Cheshire Calhoun, "Standing For Something," *The Journal of Philosophy* Vol. 42 No 5 (1995), p. 241.

¹⁸³ Of course, this is a contingent, empirical claim. He could be just as happy as person two. He could have kept his autonomy by making himself into a simpleton. I will discuss the simpleton later in this chapter.

¹⁸⁴ Steve Harrist, "A Phenomenological Investigation of the Experience of Ambivalence," p. 107.

¹⁸⁵ Cheshire Calhoun, "Standing For Something," p. 239.

¹⁸⁶ Amy Mullin, "Selves, Diverse and Divided: Can Feminists Have Diversity Without Multiplicity?" in

argue that if we deny parts of ourselves in order to avoid internal conflict and be maximally unified and wholehearted about our identifications, we may in the long run feel alienated from our actions. Cheshire Calhoun suggests that we simultaneously stand behind our convictions and take seriously others' doubts about them, and argues that autonomy may sometimes require resisting the impulse to resolve inconsistencies and ambivalence.¹⁸⁷ Philip Koch has argued that ambivalence may produce expansion and an outburst of activity.¹⁸⁸ I propose that a person could use that expansion and creativity to find creative solutions for incorporating the diverse parts of the self, instead of denying them. If a person does this, it is more likely that she will be satisfied with the desires that are moving her to action; it is more likely that she will be metaphysically autonomous with respect to them.

Resolving Residual Ambivalence: Types of Wholeheartedness

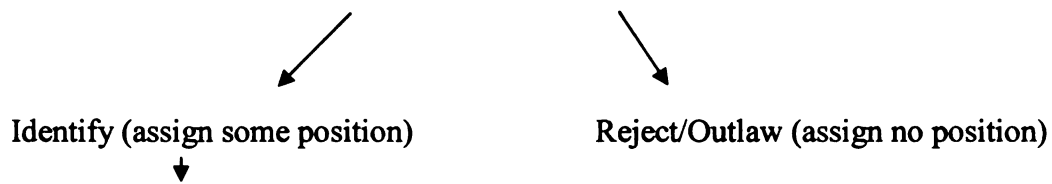
Residual ambivalence has both benefits and drawbacks. Some persons may consider the drawbacks to outweigh the benefits, and may seek to rid themselves of their residual ambivalence; to resolve it. The opposite of ambivalence is wholeheartedness. But, there are different types of wholeheartedness. One kind of wholeheartedness is what I will call "synchronic wholeheartedness." Recall my diagram (from Chapter Two) explaining where ambivalence commonly occurs (in deciding on the ordering of desires):

Hypatia Vol. 10 No. 4 1995, p. 13.

¹⁸⁷ Cheshire Calhoun, "Standing For Something," p. 238.

¹⁸⁸ Paul Koch, "Emotional Ambivalence" in *Philosophy and Phenomenological Research* Vol. 48 No. 2 1987, pp. 257-279.

1. Reflect on first order desires and decide whether they are ones with which I:



2. Decide on the order

1. ← The one that I want to move me to act at t_1 (the one that I will)
- 2.
- 3.
- 4.

Recall that the residually ambivalent person has decided which of her desires she wants to move her to action at a particular time (she has formed a will), but she is still strongly influenced by the other, competing desires that she identifies with. So, one type of wholeheartedness (synchronic wholeheartedness) would be where the other desires that the person identifies with are not competitors. There is not competition and conflict within the ordered set of desires. Satisfying desire one does not make it harder to satisfy desire two, or three, etc. A person who is synchronically wholehearted may decide that she wants her desire to join the Peace Corps to be effective in action right now, but this is perfectly compatible with the satisfaction of the other desires that she identifies with. It is true that satisfying her desire to join the Peace Corps right now may postpone the satisfaction of some of her other desires (e.g. her desire to raise a child one day), but deciding that she wants her desire to join the Peace Corps to move her to action (and joining) does not make it harder or impossible for her to raise children one day—it just postpones the satisfaction of it. She knows this, and so she is not uneasy with her decision. She is not residually ambivalent. Of course, this is just one instance of synchronic wholeheartedness. But imagine that she is the type of person who generally

does not experience competition or conflict among the desires that she identifies with. They are generally compatible; she is generally not ambivalent, she is generally wholehearted in the synchronic sense.

A second type of wholeheartedness is what I will call “diachronic wholeheartedness.” Diachronic wholeheartedness is where the person’s identifications and orderings are consistent over time. It is the same at t_2 and t_3 as it is at t_1 . A person who is diachronically wholehearted may decide at t_1 that she wants her desire for a very successful career to be the desire that moves her to act (to be number one among her set of ordered desires), and her desire for a rich social life to take a back seat. But she would again arrive at or stand by this ordering five months from now (at t_2), or even five years from now (at t_3). She is the sort of person who consistently puts work before pleasure. It is not a decision that she is uneasy with because it has become a consistent part of who she is.

A third type of wholeheartedness is what I will call “devotee wholeheartedness.” Devotee wholeheartedness is where the person feels sure about and devoted to what she identifies with and the order of her identifications at t_1 . We all know examples of the devotee. Persons who exhibit it are often referred to as zealots, or described as having fanatic commitments. The devotee can often be found in political or religious settings. Ambivalent they are not. They know where they stand and they are sure about it.

The fourth type of wholeheartedness is what I will call “mature wholeheartedness.” In mature wholeheartedness, although the ordered set of desires may have internal conflicts, the agent feels less distressed about them; she comes to accept, or feel comfortable with what is lost by willing what she wills. Recall my example in

Chapter Two of the parent who is residually ambivalent about his decision to not have a relationship with his drug addicted son. For him to resolve his ambivalence by becoming maturely wholehearted would mean that he is less distressed by his decision; he is more comfortable with, or at peace with, what he lost by willing what he wills.

Generally, diachronic wholeheartedness is thought to be desirable and devotee wholeheartedness is thought to be undesirable. With regard to the former, we tend to think that there is value in having a unified identity over time; in having the same values, beliefs, and personality over time. The phrase, “She has changed so much” is often accompanied by shocked exclamations or disparaging head-shaking. While the phrases, “Still the same as she always was,” and “You can always count on her to stand by X” are often accompanied by wide smiles or looks of admiration. I personally do not find diachronic wholeheartedness so admirable. I find it static and boring; although I admit that there are reasons why I would want others to be diachronically wholehearted. Devotee wholeheartedness, on the other hand, is often considered undesirable. Persons who exhibit it are often referred to as zealots and simpletons. Fanatic commitment to anything, be it a political belief, a religious belief, a sports team, or a person, is often quite frightening. The remaining two types of wholeheartedness (synchronic and mature) are interesting. Synchronic wholeheartedness seems to me something that cannot be controlled much by the agent herself. Whether or not at a particular time the fulfillment of some of the desires that a person identifies with (e.g. living openly as a Lesbian, to return to Lugones’s example) impedes the fulfillment of others that she identifies with (e.g. living openly as a Latina), seems to me to be largely up to the circumstances of the society and the world in which the agent is living in. Mature wholeheartedness I find to

be most interesting. It is admittedly difficult to achieve, and I do not advise aiming for it all of the time because too often a person may accept what is lost by willing what they will, when they could have maybe found a way to satisfy desires that at one time seemed incompatible. But, I do think that mature wholeheartedness is desirable in end of life circumstances; and I will discuss this in Chapter Six.

Before closing, I want to note that although I have discussed the various drawbacks to residual ambivalence, and the various types of wholeheartedness that may in different ways resolve residual ambivalence, there is a sense in which residual ambivalence is inevitable. Philip Koch argues for the near impossibility of resolving residual ambivalence. Koch writes, “It’s really astonishing how feelings, or feeling-shadows, endure: an old photo, a phrase, a stream of light striking us just so—and suddenly the old longing is fresh and urgent. One realizes that it has lain there always, though covered with layers of brush and dry leaves.”¹⁸⁹ Koch argues that the presence of residual ambivalence is similar to the presence of clouds; even if a cloud disappears, there are still leftover vapors. Likewise, even if a person takes a stand about which desire she wants to be effective in action (forms a will), there is still leftover confliction. As Koch says, “Resolving ambivalence can seem very much like trying to draw a map of the sky.”¹⁹⁰ Consider Simone DeBeauvoir’s description of the ambivalence present in her [failed] relationship with her mother: “So our former relationship lived on in me in its double aspect—a subjection that I loved and hated. It revived with all its strength when Maman’s accident, her illness and her death shattered the routine that governed our contacts...I thought I had made up my mind about our failure and accepted it; but its

¹⁸⁹ Philip Koch, “Emotional Ambivalence,” p. 274.

¹⁹⁰ Philip Koch, “Emotional Ambivalence,” p. 279.

sadness come back to my heart.”¹⁹¹ Existentialist philosopher Soren Kierkegaard also notes the inevitability of residual ambivalence (although he comes to quite harsh conclusions about what this means!): “Satisfied, completely, absolutely satisfied in every way, this one never is, and to be more or less satisfied is not worth the trouble, so it is better to be completely dissatisfied. Anyone who has painstakingly pondered the matter will certainly agree with me that it has never been granted to a human being in his whole life, not even for as much as a half hour, to be absolutely satisfied in every conceivable way.”¹⁹²

In closing Chapter Five, let me note what I hope to have accomplished. Although I have argued in Chapter Three that residual ambivalence does not preclude a person from being autonomous, I admit that there are other drawbacks to residual ambivalence: it harms the self, it harms others and makes personal relationships difficult, and it puts a person close to paralyzing ambivalence (which would result in a loss of metaphysical autonomy). There are, on the other hand, benefits to residual ambivalence: it helps with personal growth, it helps with social relationships and in empathizing with others, and it can secure metaphysical autonomy in the long run. Moreover, a certain amount of residual ambivalence is inevitable anyway. As Amy Mullin writes, “Something in between pathological fragmentation and strong integration is possible and actually characterizes many people’s experience and may sometimes be preferable to strong integration”¹⁹³ Residual ambivalence is that “something in between.”

¹⁹¹ Simone DeBeauvoir, *A Very Easy Death* (Pantheon, 1985): p. 103.

¹⁹² Soren Kierkegaard, “Repetition,” in *The Essential Kierkegaard* (Princeton University Press 2000), p. 109.

¹⁹³ Amy Mullin, “Selves, Diverse and Divided: Can Feminists Have Diversity Without Multiplicity?” p. 3.

Chapter Six: Ambivalence and End of Life Decisions

Thus far in the dissertation, I have argued that the term autonomy is used differently in the applied philosophy literature (bioethics) than in the theoretical philosophy literature, and that this difference has been largely ignored; that ambivalence can either be paralyzing (such that a person cannot make a decision) or residual; that paralyzing ambivalence results in a loss of autonomy; and that residual ambivalence does not, despite the fact that most theoretical accounts of personal autonomy imply that it does. I have also proposed ways for persons to resolve their paralyzing ambivalence so that their autonomy may be restored. In the last chapter, I want to directly address the case of ambivalence about end of life decisions. The issue is significant because ambivalence is often present in patients making end of life decisions, but little attention has been paid to the phenomenon, and there is a danger of it being resolved by medical paternalism.

The Context of End of Life Decisions

I want to spend some time conveying a sense of what the end of life is often like, in order to paint a picture of the context in which end of life decisions are made (the context in which the will is formed). The context lends itself to the experience of ambivalence. So, it is no surprise that ambivalence (even the paralyzing sort) about end of life decisions is common. The best way to convey a sense of what the end of life is like is to hear from those who have experienced it for themselves, or from those who have watched a loved one die.

Simone DeBeauvoir's, *A Very Easy Death*, a book written about the death of her mother, presents a poignant picture of the life of a dying person. Consider the following quotes by DeBeauvoir:¹⁹⁴

"I looked at her. She was there, present, conscious, and completely unaware of what she was living through. Not to know what is happening underneath one's skin is normal enough. But for her the outside of her body was unknown to her—her wounded abdomen, her fistula, the filth that issued from it, the blueness of her skin, the liquid that oozed out of her pores: she could not explore it with her almost paralyzed hands, and when they treated her and dressed her wound her head was thrown back."

"Then suddenly she cried out, a burning pain in her left buttock. It was not at all surprising. Her flayed body was bathing in the uric acid that oozed from her skin....All tense on the edge of shrieking, she moaned, 'It burns, it's awful; I can't stand it. I can't bear it any longer.' And half sobbing, 'I'm so utterly miserable,' in that child's vice that pierced me to the heart. How completely alone she was! I touched her, I talked to her; but it was impossible to enter into her suffering....Nothing on earth could possibly justify these moments of pointless torment."

In his book *The Practice of Autonomy: Patients, Doctors, and Medical Decisions*, Carl Schneider talks to dying patients. A patient describes his/her experience:¹⁹⁵

"I am accosted by the everyday, overwhelmed by the mundane. And the symptoms are terrifying; I break out in a hot sweat, become dizzy with the secret but powerful secretion of adrenaline, my mind boils with the disparate thoughts as the world transforms itself into an elaborate disaster. All I know is that I am naked and alive. During the brief stretches of calm I attempt to ponder my condition...all I now know is that I am deeply and irrevocably out of my mind."

Schneider makes a number of illuminating observations that paint a picture of the context in which end of life decisions are made (the context in which the will is formed). These quotes illustrate that end of life decisions are often made when patients are suffering, out of their element, and processing incomplete and awkward information.¹⁹⁶

¹⁹⁴ Simone DeBeauvoir, *A Very Easy Death* (Pantheon, 1985): pp. 77 and 81 (respectively).

¹⁹⁵ Carl Schneider, *The Practice of Autonomy: Patients, Doctors, and Medical Decisions* (Oxford University Press 1999), p. 64.

¹⁹⁶ Schneider, *The Practice of Autonomy*, pp. 62, 50, xvi, and xvii (respectively).

“Simply being in the hospital can be intellectually disorienting and psychologically debilitating, for you are deprived of much that is familiar and that makes you what you are, and you are isolated from the world, the seasons, and even the time of day.”

“...the information the doctor can present to the patient will frequently and unavoidably be rife with uncertainty, roiled by complexity, awkward to articulate, and hard to assimilate. This is true even under the rare best of circumstances, where the doctor has taken serious time and trouble to try to communicate with the patient and where the patient has reciprocated with thoughtful attention, clarifying questions, and intelligent reflection.”

“As Daniel Chambliss observes, “Much of bioethics assumes that people are autonomous decision makers sitting in a fairly comfortable room trying logically to fit problems to given solution-making patterns. The whole business is almost deliberately unreal...””

“And hyper-rationalism’s simplifications are particularly implausible in bioethics, a field that treats people in their least rational moments, in their most emotional travails, in their most contextual complexity.”

Given this emotionally charged and uncertainty ridden context, it is not surprising that ambivalence (even the paralyzing sort) about end of life decisions is common. Supporting the view that ambivalence about end of life decisions is common is Lewis Cohen et al. who write: “Ambivalence is expected when individuals are faced with momentous decisions. For example, when Chochinov et al. investigated whether terminally ill patients desire death in order to prevent further suffering, they found the desire for death to be transient; even in the less common cases in which patients had more pervasive wishes to die, this desire was often unstable over time.”¹⁹⁷ Author of *The Practice of Autonomy: Patients, Doctors, and Medical Decisions*, Carl Schneider writes, “...in important respects many of us have divided selves. One self may yearn to give up

¹⁹⁷ Lewis Cohen et al., “Ambivalence and Dialysis Discontinuation,” *General Hospital Psychiatry* Vol. 18 1996, p. 431.

the struggle for health and even life. But another self wants to be encouraged to persist....vacillate between a desire to persevere and a longing to succumb.”¹⁹⁸

A Case of Ambivalence Regarding An End of Life Decision

I will now turn to the case of Mr. X; a specific case of ambivalence about an end of life decision. This case was introduced in the preface as the motivation for the dissertation and mentioned briefly throughout. During the winter of 2004 I spent most of my time interning at a major US hospital in the bioethics department. Of all of the cases that I was involved in, one in particular stands out. Mr. X, a youthful 70 year old man, was involved in a head on motor vehicle accident. As a result, he lay in a hospital bed unconscious, on a ventilator, and paralyzed from the neck down. Mr. X’s wife and adult son and daughter all agreed that there was no way that Mr. X would want to live this way. In fact, they pointed to Mr. X’s advance directive to affirm this view. Shortly thereafter, Mr. X regained consciousness. To everyone’s surprise, Mr. X asserted that he wanted to remain on the ventilator; he wanted to stay alive. The following day, we went in to talk with Mr. X and he asserted that he did *not* want to remain on the ventilator; he wanted to die. The family, the physicians, and the ethicists talked to Mr. X to try to ascertain what he really wanted. These conversations spanned over weeks, but Mr. X continued to alternate between asserting that he did want to remain on the ventilator and that he did not want to remain on the ventilator. Mr. X was paralyzingly ambivalent: his conflict prevented him from forming a will; from taking a position on which desire (desire to live vs. desire to avoid suffering and poor quality of life) he wanted to have and to have be effective in action.

¹⁹⁸ Schneider, *The Practice of Autonomy: Patients, Doctors, and Medical Decisions*, p. 89.

Resolving Mr. X's Ambivalence in Ways that Promote Autonomy

There are various possible causes of Mr. X's ambivalence. In talking with Mr. X we may discover that he suffers from a basic epistemological deficit; that he does not really understand his prognosis. Or, in talking with him, we may discover that he suffers from a more complex epistemological deficit; that he has never really thought about these issues and how the various courses of actions conflict or cohere with his other desires, values, and religious beliefs. If Mr. X's ambivalence is due to the fact that he does not really understand what his prognosis is or what his life with that prognosis will be like, then we should provide him with information that we think would help him resolve his ambivalence. There is very helpful work being done now in the field of psychology and decision making about the various ways to present information to patients in ways that they can understand it or and that it is salient to them, and also avoids known misconceptions and biases such as failing to realize that 3/100 is equivalent to 30/1000.¹⁹⁹

If Mr. X's ambivalence is due to the fact that he has not really thought about these issues and how the various courses of actions conflict or cohere with his other desires, values, and religious beliefs (or even about what his other desires, values, and religious beliefs are); then we should help him to think about these things and about how each course of action does or does not cohere with his endorsed values and desires. For example, we can talk with Mr. X about how much he values independence, about his religious views, about his views on what makes life valuable, about his family's opinions. We can help him discover the extent to which the different courses of action uphold or conflict with his values and beliefs. Another way to approach the conversation is to focus

not so much on which course of action can support more of his values, but on which course of action he feels will bring out the best in him. Harry Frankfurt has written that “...the decision of what to identify yourself with is not made on the basis of an evaluation of the various object, it is not which is more or less valuable or important than the other; the primary basis for the decision lies in what the person feels he can live most fully as, what will bring out the best in him, what will enable him to realize most completely the capacities for an invigorating and robust emotional and intellectual and volitional life.”²⁰⁰ Now of course, we are concerned about people who are making *end of life* decisions, and Frankfurt is referring to deciding how to *live* life, but perhaps we can apply this line of thought to dying, and suggest to the patient that he base his decision on how he wants to die, recognizing that dying is part of living.

Filling epistemological gaps may in some cases be effective in resolving ambivalence, but there are many reasons to think that it won't always work. First of all, much of medicine is uncertain. There may be great limitations to how much information we can actually provide a patient. Second, the decisions involved in end of life situations are just not the sort of decisions that can be made cognitively by receiving information and reflecting on values and ways of living and dying. They are very much experientially based. Often, persons have never experienced anything like this before. I do not know what it is like to die, for my body to be medicalized; I do not know how my family will be affected by all of this, etc. As Schneider writes, “Data take patients only so far. Often “values” take them little farther. An AIDS patient commented, “It was time to make a

¹⁹⁹ For examples of this see the work being done by Peter Ubel M.D. and his group at the Center for Behavior and Decision Sciences in Medicine.

²⁰⁰ “A Discussion With Harry Frankfurt,” *Ethical Perspectives*, p. 27.

choice. All of the questions in the world, answered and unanswered, couldn't help me"²⁰¹

If informing the patient of the consequences of each course of action and helping her reflect on how each course of action coheres with her values or represents ways of living and dying does not resolve the patient's paralyzing ambivalence then we must attempt a different method of resolution. Return to the AIDS patient's quote: "It was time to make a choice. All of the questions in the world, answered and unanswered, couldn't help me." When a patient reaches this point and expresses this sentiment, we should invite the patient to make a leap in one direction or the other. In Chapter Four I argued that we should look at the courses of action that the person is torn between, judge which one we think best coheres with her other preferences and values, and invite her to take a leap in that direction. This is exactly what happened with Mr. X. After months of ambivalence and vacillation, a physician said to him, "Mr. X, how about we send you home with a hospice nurse?" Mr. X hesitantly nodded his head, was sent home, and died days later.

In Chapter Four, I spent a good deal of time arguing that the invited leap is indeed a method of resolution that promotes autonomy, so I will not re-hash those arguments here. I encourage the reader to refer back to those arguments, which address the concern that inviting this leap for Mr. X is not an empowerment of his autonomy, but rather a form of manipulation. What I will do is offer two suggestions for helping the patient to take this invited leap. Both of Mr. X's options were frightening to him; especially the course of action of stopping treatment and dying. If that is the direction that physicians

²⁰¹ Schneider, *The Practice of Autonomy: Patients, Doctors, and Medical Decisions*, p. 73

and family members invite Mr. X to leap towards, then they can assure Mr. X that they will be there to support him and to soften the blow. The most concrete way to do this is through the services of hospice care. Hospice care can reduce feelings of fright and helplessness, and also reduce pain and suffering. The following two quotes are excerpts from stories of persons who have received hospice care. They illustrate how hospice care gave them a secure, comfortable place to fall once they had made the decision to let go; which makes letting go much less frightening.²⁰²

“With the guidance of the hospice staff, we were able to change medications, food, and drink to meet her needs...Being able to call a knowledgeable nurse for advice when my Mother was either anxious or in pain, and then be given the instructions and resources to administer medication or try a different comfort measure took away the helpless feelings...”

“He had one special nurse that had the 8:00-4:00 shift and she fussed over him and spoiled him rotten always combing his hair etc. She persuaded him to go in the hospital bed that was set up in the family room. At this point we knew time was slowly running out...that night he quietly passed away. Hospice gave him the quality of life for his last days that he would not have had without them.”

The second suggestion for helping a patient take the invited leap is a type of therapy called logotherapy. Logotherapy is a type of therapy inspired by existentialist philosophy, created by Viktor Frankl. It has three basic tenets: (1) Life has meaning under all circumstances, even the most miserable ones, (2) Our main motivation for living is our will to find meaning in life, and (3) We have freedom to find meaning in what we do, and what we experience, or at least in the stand we take when faced with a situation of unchangeable suffering.²⁰³ I suggest that this method of therapy may help patients achieve the sense of freedom and confidence that they need in order to take the

²⁰² www.hospicefoundation.org

invited leap in one direction or the other. In fact, an exploratory study on the use of logotherapy on dying patients found that patients reported a greater sense of freedom from the therapy.²⁰⁴ Moreover, a rabbi reported that logotherapy helped a particular dying patient that he was dealing with: "Much of the theological discussion made little impression upon her, but attitudinal values invited her curiosity... She resolved then and there if she could not avoid the inescapable suffering, she would determine the manner and mode in which she would meet the illness. She became a tower of strength"²⁰⁵

Resolving Mr. X's Ambivalence in Ways that Do NOT Promote Autonomy

Unfortunately, ambivalent patients are in danger of being treated paternalistically., They are confused and out of their element, and it is much easier for busy physicians to behave in ways that do not promote autonomy than it is for them to take the time to help the patient discover what he *really* wants. There are two methods that may resolve a patient such as Mr. X's ambivalence, but do not promote his autonomy. The first is to just let Mr. X's first order desires, pressures, and fears (things that he just finds himself having, but not necessarily endorsing) take over and lead him to one decision or another. When a patient is suffering, they enter "a state of severe distress associated with events that threaten the intactness of the person."²⁰⁶ They begin to feel themselves coming undone, they feel the situation and the fear and suffering taking over. "...decisions may be warped by fear, by panic, by a passing preference for short-term comfort, by pain, by bitterness, by guilt, by depression, by despair...fear, especially,

²⁰³ <http://www.logotherapyinstitute.org>, For more on Frankl's work, see his most well-known book, *Man's Search for Meaning*.

²⁰⁴ Zuehlke TE, Watkins JT "The Use of Psychotherapy with Dying Patients: An Exploratory Study," *Journal of Clinical Psychology* Vol. 31 1975, pp. 729-732.

²⁰⁵ Kenneth Woodroffe, "Logotherapy (first lecture)," <http://www.jca.apc.org/~iyuzo/Logotherapy1.htm>.

torments patients....Fear shatters the mind's clarity...."²⁰⁷ If Mr. X decided to have the ventilator removed simply out of extreme anxiety and if it is the case that Mr. X generally does not endorse acting out of fear, then he is not metaphysically autonomous with respect to that decision. As Frankfurt puts it, "A person's will may be overpowered and violated by forces, such as those of anxiety or addiction, that are generated within him but that are nonetheless not in the fullest sense his own. They are forces with which he does not identify...."²⁰⁸ For physicians to simply let Mr. X's unendorsed first order fear to take over and be the basis of his decisions without any further conversations with Mr. X would be to let him resolve his ambivalence in a way that does not promote autonomy.

Now, someone might object that at this point in Mr. X's life, being autonomous does not matter quite as much as his well-being. Even if Mr. X is acting out of unendorsed first order fear, it might be that he is making a decision that his family and the physicians think is best for him. So why not go along with his decision when the alternative is to prolong his ambivalence, and the suffering? Why should the imperative be to make Mr. X live free no matter the costs?²⁰⁹ In response, I would reply that we are not *making* him live free—we're giving him the chance to live free. We are not forcing him to act in a way that results in him being autonomous; we are giving him a chance to act in a way that results in him being autonomous. In Chapter One, I reviewed the arguments for why autonomy is valuable and something to strive for. Let me briefly repeat that it has been argued that letting people we act freely and choose for themselves is what is most likely to enable people to secure their own well-being, and because

²⁰⁶ E.J. Cassell, "The Nature of Suffering and the Goals of Medicine," *New England Journal of Medicine* 1982 306:11, pp. 639-645.

²⁰⁷ Schneider, *The Practice of Autonomy: Patients, Doctors, and Medical Decisions*, p. 63.

²⁰⁸ Frankfurt, "Rationality and the Unthinkable," p. 183.

exercising their own autonomy/making their own choices (even if they later regret them, or they are not in their best interests) is part of well-being itself.

The second method that might resolve Mr. X's paralyzing ambivalence, but would not promote his autonomy would be to choose a course of action for Mr. X and force him to do it, or to choose a course of action for Mr. X and implement it without its knowledge. For example, we may judge that the option of discontinuing the ventilator is the one that best coheres with Mr. X's other desires, goals, and values. So, we decide to remove Mr. X from the ventilator despite him crying in protest. Or, alternatively, we sedate him and withdraw the ventilator without him knowing. As I argued in Chapter Four, not only might this method not actually work to resolve the ambivalence and hence restore metaphysical and bioethical autonomy (Mr. X may still feel torn despite the fact that we have decided for him and are taking steps to remove the ventilator); but it fails to distinguish between autonomy as an ideal and autonomy as a right. As I argued in Chapter One, one of the purposes of metaphysical autonomy theories is to develop an ideal of the person as someone who acts on desires that she identifies with, or that cohere with her other values, and avoids acting on ones that she repudiates; whereas bioethical autonomy focuses on a person's right to make her own decisions. It might be true that forcing Mr. X off of the ventilator (or removing him without his knowledge) moves him closer to that ideal metaphysically autonomous person (because, for example, that is the course of action that best coheres with his other preferences and values). But the reason that this seems ethically egregious to us is because it interferes with his right to make his own decisions.

²⁰⁹ I thank Tom Tomlinson for raising this objection.

Before moving on, I want to briefly mention how I think that it might be possible for the method of inviting a leap to be used in a way that does *not* promote autonomy. And that is if the leap is invited too early (assuming it is not the case that the person generally endorses early leaping as a method for making decisions). If the leap is offered too early (i.e. before attempts have been made to fill basic and complex epistemological gaps), then it is more likely that a person will act based on their first order desires and not based on what they *really* want. An analogous example can be found in a very strange place: the movie “A Christmas Story.” The young child Ralphie *really* wants a BB gun for Christmas, however, when he reaches Santa’s lap he has a moment of paralysis and cannot communicate to Santa what he really wants for Christmas. Santa waits about 10 seconds and then invites Ralphie to ask for a football. Ralphie slowly nods his head, “Yes, a football.” Until...”Football? Football? What’s a football? A football? Oh no, what was I doing? Wake up, Stupid! Wake up! No! No! I want an Official Red Ryder Carbine-Action Two-Hundred-Shot Range Model Air Rifle!” Ralphie was invited to leap too early and as a result almost made a mistake in communicating what he *really* wanted.

Choosing Not To Choose

I want to have a special section just for this method of resolving paralyzing ambivalence, because it is so common in health care. Dying patients often do choose to not choose. They may choose to leave the decision up to their doctors, or their family members.²¹⁰ As Simone DeBeauvoir succinctly writes about her dying mother, “Maman did not want these intimate conversations. What she wanted to see round her bed was

²¹⁰ This is one of the central points of Schneider’s *The Practice of Autonomy: Patients, Doctors, and Medical Decisions*.

young smiling faces.”²¹¹ In Chapter Four, I argued that not choosing can indeed be a way to resolve paralyzing ambivalence that promotes autonomy. So, one way that Mr. X could have resolved his paralyzing ambivalence is to turn his choice over to his wife. As I discussed in Chapter Four, there is, however, a difference between Mr. X viewing this as an escape from choice and Mr. X recognizing that his choosing not to choose and to relinquish the decision to his wife is indeed a choice. If Mr. X is viewing not choosing as an escape, then even though he is acting autonomously, he is practicing what Sartre would call “bad faith.” But if he sees himself as constructing himself in front of others as someone who chooses to let his physicians or his family make decisions about the end of his life and accepts the consequences and judgments put on him by this choice, then he is not only acting autonomously but is also practicing good faith.

Remaining Issues

There are a couple of larger issues to be addressed about ambivalence regarding end of life decisions: (1) What if the person resolves their paralyzing ambivalence by making a decision that does not match her life narrative? (2) What are we to say about cases where a patient dies before resolving her paralyzing ambivalence, and (3) What are we to say about cases of *residual* ambivalence regarding end of life decisions? Let me begin with addressing the first issue. Consider the following case:²¹²

²¹¹ Simone DeBeauvoir, *A Very Easy Death*, p. 90.

²¹² Atul Gawande, “Whose Body Is It, Anyway?” in *Complications: A Surgeon's Notes on An Imperfect Science* (New York: Henry Holt and Company, 2002), pp. 208-210, 212-215.

Mr. Lazaroff had seen his doctor about a backache. The doctor initially found nothing suspicious, but three months later the pain had worsened and a scan revealed extensive cancer; multiple tumors in Lazaroff's liver, bowel, and up and down his spine. A biopsy revealed it was an untreatable cancer. Lazaroff was only in his early sixties, a longtime city administrator with the hardened manner of a man who had lost his wife a few years earlier and learned to live alone. His condition deteriorated rapidly. In a matter of months, he lost more than fifty pounds. As the tumors in his abdomen grew, his belly, scrotum, and legs filled up with fluid. The pain and debility eventually made it impossible for him to keep working. His thirty-something son moved in to care for him. Lazaroff went on around-the-clock morphine to control his pain. His doctors told him that he might have only weeks to live. Lazaroff wasn't ready to hear it, though. He still talked about the day he'd go back to work. Then he took several bad falls; his legs had become unaccountably weak. He also became incontinent. He went back to his oncologist. A scan showed that a metastasis was compressing his thoracic spinal cord. The oncologist admitted him to the hospital and tried a round of radiation, but it had no effect. Indeed, he became unable to move his right leg; his lower body was becoming paralyzed. He had two options left. He could undergo spinal surgery. It wouldn't cure him--surgery or not, he had at the most a few months left--but it offered a last-ditch chance of halting the progression of spinal-cord damage and possibly restoring some strength to his legs and sphincters. The risks, however, were severe. The doctors would have to go in through his chest and collapse his lung just to get at his spine. He'd face a long, difficult, and painful recovery. And given his frail condition his chances of surviving the procedure and getting back home were slim. The alternative was to do nothing. He'd go home and continue with hospice care, which would keep him comfortable and help him maintain a measure of control over his life. The immobility and incontinence would certainly worsen. But it was his best chance of dying peacefully, in his own bed, and being able to say good-bye to his loved ones. Lazaroff wanted surgery....Lazaroff's son David arrived....Outside the room, David told Dr. Gawande that he wasn't sure this was the right move. His mother had spent a long time in intensive care on a ventilator before dying of emphysema, and since then his father had often said that he did not want anything like that to happen to him. But now he was adamant about doing "everything."... Although the operation was a technical success, Lazaroff soon developed many severe complications and his condition quickly worsened. He died exactly the way he hadn't wanted to die: strapped down and sedated, tubes in every natural orifice and in several new ones, and on a ventilator.

Mr. Lazaroff had lived his life as an independent person who consistently insisted that he did not want to die the way his wife did—in a hospital and on a ventilator. Imagine that there was a period of paralyzing ambivalence before Mr. Lazaroff made his decision in favor of the surgery. So, Mr. Lazaroff resolved his paralyzing ambivalence, but he did so in favor of a decision that let us say does not seem consistent with the way that he had lived his whole life—independent, sticking with his principles, etc. There are a couple of responses to this concern. First, I would argue that what matters is *why* Mr. X has made the decision that he has. Someone who resolves their paralyzing ambivalence by making a decision that surprises us should certainly be cause for concern and investigation. For

example, is Mr. Lazaroff making the surprising decision out of fear (which I have argued would reduce his metaphysical autonomy with respect to that choice) that perhaps we could attempt to alleviate so that his decision is more truly his own? Does Mr. Lazaroff *really* understand his prognosis? There is reason to think that he is in denial and does not really appreciate his prognosis, and understanding is a necessary condition for decision making capacity and bioethical autonomy. Perhaps we could attempt to reduce his denial and help him understand his prognosis in a way that it is salient to him. But assuming that these concerns are not present or have been addressed, people do change their minds, especially after experiencing new situations and ways of living. Which leads me to my second response to the concern about a decision that does not match a life narrative; and that is that the very idea of a coherent life narrative is problematic. Problematic in two ways: descriptively and normatively. Descriptively, I find it to be quite inaccurate. As much as I might try, I fail to see much coherence in myself or others. As Nancy Johnson et al. write: “Such a definition accords with our finding that the construction of an overarching story within which details and events are organized neatly to form a coherent and meaningful structure is seldom realized in the context of end-of-life narratives. The narratives we describe, in contrast, are perhaps better understood as narratives-in-the-making or narrative fragments. They are often incomplete and rarely “neat.” The notion of constructing an “overarching story” is itself an idealized experience that narrators strive for because of its promise to bring desperately desired coherence, meaning, and a confident basis for action.”²¹³ The normative idea that an overarching story is something

²¹³ Nancy Johnson, Deborah Cook, Mita Giacomni, and Dennis Willms. “Towards A “Good” Death: End-Of-Life Narratives Constructed In An Intensive Care Unit” in *Culture, Medicine and Psychiatry* Vol. 24 2000, pp. 275-295.

that should be present is also problematic. As I argued in Chapter Five, there is not a necessary connection between living consistently and living well.

Dying With Paralyzing Ambivalence Regarding End of Life Decisions

The second issue is what to say about a patient who dies before resolving her paralyzing ambivalence. There would be two facts about this case: the person dies in a non-autonomous state, and if she is still conscious enough she dies in a non-peaceful state. The latter fact is easier to see as being important. For most of us, the inability to decide which of our desires we want to be effective in action when we have to is internally tormenting. Especially when it is a decision that has major consequences, or that the person sees as important or self-defining. Of course, not all persons will see end of life choices as particularly important or self-defining; but many will. Cultural influences cause us to see certain of our choices as being particularly important, or defining (e.g. choices about marriage, children, religion—in particular, a woman's choice about children is often seen as more important or defining by much of society than her choice about education). Like marriage and children, death is portrayed by our culture as a major life event, and so many take the details of that event to be important and even defining. Simone DeBeauvoir writes about her dying mother: "I did not particularly want to see Maman again before her death; but I could not bear the idea that she should not see me again. Why attribute such importance to a moment since there would be no memory? There would not be any atonement either. For myself I understood, to the innermost fibre of my being, that the absolute could be enclosed within the last moments of a dying person."²¹⁴ Thus, a patient who is paralyzingly ambivalent about an end of life choice is likely experiencing a lot of internal turmoil, and so to die without the paralyzing

ambivalence resolved is to die in the midst of turmoil. But, as I mentioned, there is another fact about the patient who dies before her paralyzing ambivalence is resolved: she dies in a non-autonomous state. But, what is so bad about this, one might ask. After all, in Chapter One I explained the traditional arguments for the value of metaphysical autonomy: Kant's argument that it is what makes us persons, and Mill's argument that it contributes to well-being. Kant's claim is certainly meant to refer to our *general* ability to exercise autonomy; he did not mean that if there is a particular instance where a person does not exercise her autonomy then she is no longer a person. So, it is hard to see what would be wrong with dying in a non-autonomous state; it is only one particular instance of a failure to exercise autonomy. And Mill's point about autonomy contributing to well-being does not really apply either, for the person is about to die—there is no future well-being to be concerned about. Thus, I do not think that there is anything bad about dying in a non-autonomous state such as paralyzing ambivalence *per se*.

Dying With Residual Ambivalence Regarding End of Life Decisions

If a patient does resolve her paralyzing ambivalence regarding the end of life decision that she is struggling with, she will most likely be left with residual ambivalence with respect to that decision; she may still feel moved towards the other course of action. As I argued in Chapter Three, residual ambivalence does not take away metaphysical autonomy or bioethical autonomy. In Chapter Five, I argued that it is often present to some extent, and that it has its benefits. We should take care to assure the dying patient that the residual ambivalence that they may be experiencing is normal. As I explained in Chapter Five, there are however drawbacks to residual ambivalence. The one most relevant here is the psychological stress caused by residual ambivalence. Patients at the

²¹⁴ Simone DeBeauvoir, *A Very Easy Death*, p. 62.

end of their lives are often already under a great deal of stress, and so minimizing residual ambivalence may be desirable. The opposite of ambivalence is wholeheartedness, but as I argued in Chapter Five, there are different types of wholeheartedness that a person could strive for. The type of wholeheartedness that I called mature wholeheartedness may be particularly valuable to patients near the end of life. In mature wholeheartedness, although the person still feels pulled towards the other course of action (the one that she did not decide on or will), she comes to accept or feel comfortable with what is lost by willing what she wills. Imagine a 55 year old Oregon (NB: Oregon is the only state in the U.S. where physician assisted suicide is legal) woman who is terminally ill with cancer and is ambivalent about when she should take the lethal substance that her physician has prescribed to her. Imagine that she resolves her paralyzing ambivalence and decides to take it tomorrow. Even though she has finally exercised her will and made a decision, she is still left with a good amount of residual ambivalence about the decision. For her to resolve her residual ambivalence by becoming maturely wholehearted would mean that she is less distressed by her decision; she is more comfortable with, or at peace with the extra days lost by willing what she wills. Patients who are able to achieve mature wholeheartedness will be more at peace with their end of life decisions.

In closing, in this dissertation I hope to have illustrated the way that a particular phenomenon—paralyzing ambivalence—blocks a person from exercising her will, and hence takes away metaphysical and bioethical autonomy. I have proposed methods of resolution that are compatible with restoring and respecting the person’s metaphysical and bioethical autonomy. I have also dealt with an area where paralyzing ambivalence is

common: end of life decision making. I hope to have given clinicians tools to respond to ambivalence about end of life decision making in a way that respects patient autonomy and avoids medical paternalism. I also hope to have given dying persons themselves the tools to respond to their own ambivalence about end of life decisions. More generally, I hope to have made a valuable connection between the concept of autonomy that is used in the theoretical philosophy literature (“metaphysical autonomy”) and the concept of autonomy that is used in bioethics (“bioethical autonomy”). Metaphysical autonomy centers around a person examining her first order desires and deciding which of those she wills and bioethical autonomy focuses on allowing a person to exercise her will with respect to her medical decisions so long as she understands the consequences of doing so. The valuable connection between the two types of autonomy is that a richer respect for bioethical autonomy involves not just helping patients understand their choices, but also helping them discover what they will—helping them think about their first order desires in light of their other desires and values. Autonomy theories have much more to contribute to bioethics than simply warding off medical paternalism; they can even help us bring peace to patients at the end of their lives.

BIBLIOGRAPHY

- Arpaly, N. (2003). Unprincipled Virtue: An Inquiry into Moral Agency. New York, Oxford University Press.
- Arpaly, N. (2005). Responsibility, Applied Ethics, and Complex Autonomy Theories. Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy. J. S. Taylor. Cambridge, Cambridge University Press: 162-180.
- Aeschylus. (2008). Agamemnon. LeClue22.
- Bauer, M. (2003). The Field Guide to Psychiatric Assessment and Treatment. Philadelphia, Lippincott/Williams and Wilkins.
- Beauchamp, T and Childress, J. (1994). Principles of Biomedical Ethics. New York, Oxford University Press.
- Beauchamp, T. (2005). Who Deserves Autonomy, and Whose Autonomy Deserves Respect? Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy. J. S. Taylor. Cambridge, Cambridge University Press: 310-329.
- Benson, P. (1990). "Feminist Second Thoughts about Free Agency." Hypatia 5: 47-64.
- Benson, P. (1991). "Autonomy and Oppressive Socialization." Social Theory and Practice 17(3): 385-408.
- Bratman, M. (1999). Identification, Decision, and Treating as a Reason. Faces of Intention: Selected Essays on Intention and Agency. M. Bratman. New York, Cambridge University Press: 185-206.
- Bratman, M. (2000). "Reflection, Planning, and Temporally Extended Agency." The Philosophical Review 109(1): 35-61.
- Bratman, M. (2002). Hierarchy, Circularity, and Double Reduction. Contours of Agency: Essays on Themes from Harry Frankfurt. S. Buss. Cambridge MA, Bradford Book/MIT Press: 65-90.
- Bratman, M. (2003). "Autonomy and Hierarchy." Social Philosophy and Policy. 2(2): 156-176.
- Bratman, M. (2005). Planning Agency, Autonomous Agency. Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy. J. S. Taylor. Cambridge, Cambridge University Press: 35-57.
- Buchanan, A and Brock, D. (1989). Deciding For Others: The Ethics of Surrogate

- Decision Making. New York, Cambridge University Press.
- Buss, S. (1994). "Autonomy Reconsidered." Midwest Studies in Philosophy 19: 95-121.
- Calhoun, C. (1995). "Standing for Something." The Journal of Philosophy 92(5): 235-260.
- Camus, A. (1989). The Stranger. New York, Vintage International.
- Cassell, E. (1982). "The Nature of Suffering and the Goals of Medicine." New England Journal of Medicine 306(11): 639-645.
- Chekhov, A. (1991). The Cherry Orchard. New York, Dover Publications.
- Chen, X. (2003). Being and Authenticity. New York, Rodopi.
- Christman, J. (1991). "Autonomy and Personal History." Canadian Journal of Philosophy 21(1): 1-24.
- Christman, J. (1993). "Defending Historical Autonomy: A Reply to Professor Mele." Canadian Journal of Philosophy 23(2): 281-289.
- Christman, J. (1995). Feminism and Autonomy. Nagging Questions: Feminist Ethics in Everyday Life. D. Bushnell. Lanham, Md, Rowman & Littlefield.
- Christman, J. (2001). "Liberalism, Autonomy, and Self-Transformation." Social Theory and Practice 27(2): 185-206.
- Cohen, G. (1996). Reason, Humanity, and the Moral Law. The Sources of Normativity C. Korsgaard. New York, Cambridge University Press.
- Cohen, L. et al. (1996). "Ambivalence and Dialysis Discontinuation." General Hospital Psychiatry 18(6): 431-435.
- Cuyppers, S. (1998). "Harry Frankfurt on the Will, Autonomy, and Necessity." Ethical Perspectives 5(1): 44-52.
- DeBeauvoir, S. (1985). A Very Easy Death. New York, Pantheon.
- Double, R. (1992). "Two Types of Autonomy Accounts." Canadian Journal of Philosophy 22(1): 65-80.
- Dworkin, G. (1970). "Acting Freely." Nous 4: 367-383.
- Dworkin, G. (1976). "Autonomy and Behavior Control." Hastings Center Report 6: 23-28.

- Dworkin, G. (1988). The Theory and Practice of Autonomy. New York, Cambridge University Press.
- Ekstrom, L. W. (1993). "A Coherence Theory of Autonomy." Philosophy and Phenomenological Research 53(3): 599-616.
- Ekstrom, L. W. (2005). Autonomy and Personal Integration. Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy. J. S. Taylor. Cambridge, Cambridge University Press: 143-161.
- Fisher, J. M., Ed. (1993). The Metaphysics of Death. Stanford, Stanford University Press.
- Feinberg, J. (1986). Harm to Self. New York, Oxford University Press.
- Frankfurt, H. (1971). "Freedom of the Will and the Concept of a Person." Journal of Philosophy 68: 5-20.
- Frankfurt, H. (1976). Identification and Externality. The Importance of What We Care About: Philosophical Essays. H. Frankfurt. New York, Cambridge University Press: 58-69.
- Frankfurt, H. (1987). Identification and Wholeheartedness. The Importance of What We Care About: Philosophical Essays. H. Frankfurt. New York, Cambridge University Press: 159-177.
- Frankfurt, H. (1988). Rationality and the Unthinkable. The Importance of What We Care About: Philosophical Essays. H. Frankfurt. New York, Cambridge University Press: 177-190.
- Frankfurt, H. (1982). The Importance of What We Care About. The Importance of What We Care About: Philosophical Essays. H. Frankfurt. New York, Cambridge University Press: 80-94.
- Frankfurt, H. (1992). The Faintest Passion. Necessity, Volition, and Love. H. Frankfurt. New York, Cambridge University Press: 95-108.
- Frankfurt, H. (1994). Autonomy, Necessity, and Love. Necessity, Volition, and Love. H. Frankfurt. New York, Cambridge University Press: 129-142.
- Frankfurt, H. (1998). "Discussion With Harry Frankfurt." Ethical Perspectives 5(1): 30-35.
- Frankfurt, H. (2004). The Reasons of Love. Princeton, Princeton University Press.
- Frankfurt, H. (2006). Taking Ourselves Seriously. Taking Ourselves Seriously and

- Getting It Right. H. Frankfurt. Stanford, Stanford University Press: 1-27.
- Frankfurt, H. (2006). Getting It Right. Taking Ourselves Seriously and Getting It Right. H. Frankfurt. Stanford, Stanford University Press: 27-54.
- Friedman, M. (2003). Autonomy, Gender, Politics. Oxford, Oxford University Press.
- Gawande, A. (2002). Whose Body Is It, Anyway? Complications: A Surgeon's Notes on An Imperfect Science. New York, Henry Holt and Company.
- Greenspan, P. (1980). A Case of Mixed Feelings: Ambivalence and the Logic of Emotion. Explaining Emotions. A.O. Rorty. Berkeley, University of California Press: ?-?.
- Harrist, S. (2006). "A Phenomenological Investigation of the Experience of Ambivalence." Journal of Phenomenological Psychology 37(1): 85-114.
- Haworth, L. (1991). "Review: Dworkin on Autonomy." Ethics 102(1): 129-139.
- Hill Jr, T. E. (1992). The Kantian Conception of Autonomy. Dignity and Practical Reason in Kant's Moral Theory. T. E. Hill Jr. Ithaca, Cornell University Press: 76-96.
- Johnson, N. et al. (2000). "Towards A "Good" Death: End-Of-Life Narratives Constructed In An Intensive Care Unit" Culture, Medicine and Psychiatry 24(3): 275-295.
- Kierkegaard, S. (1983). Fear and Trembling. Fear and Trembling/Repetition: Kierkegaard's Writings. E. Hong and H. Hong. Princeton, Princeton University Press.
- Kierkegaard, S. (2000). Repetition. The Essential Kierkegaard. E. Hong and H. Hong. Princeton, Princeton University Press.
- Koch, P. (1987). "Emotional Ambivalence." Philosophy and Phenomenological Research 48(2): 257-279.
- Korsgaard, C. (1996). The Sources of Normativity. New York, Cambridge University Press.
- Kristinsson, S. (2000). "The Limits of Neutrality: Toward a Weakly Substantive Account of Autonomy." Canadian Journal of Philosophy 30(2): 257-286.
- Kunkel, B. (2005). Indecision. New York, Random House Trade Paperbacks.
- Lewis, C.S. (2001). Mere Christianity. San Francisco, Harper Collins Publishers.

- Lugones, M. (1987). "Playfulness, World-traveling, and Loving Perception." Hypatia 2(2): 3-19.
- May, T. (1994). "The Concept of Autonomy." American Philosophical Quarterly. 31(2): 133-145.
- McFall, L. (1987). "Integrity." Ethics 98: 5-20.
- Mele, A. (2001). Autonomous Agents: From Self-Control to Autonomy. New York, Oxford University Press.
- Meyers, D. (2000). Intersectional Identity and the Authentic Self. Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self. N. S. Catriona MacKenzie. New York, Oxford University Press: 151-180.
- Meyers, D. (2004). Gender In the Mirror: Cultural Imagery and Women's Agency New York, Oxford University Press.
- Mill, J.S. (2008). On Liberty. bnpublishing.com.
- Mullin, A. (1995). "Selves, Diverse and Divided: Can Feminists Have Diversity Without Multiplicity?" Hypatia 10(4): 1-31.
- Orwell, G. (1961). 1984. New American Library; Reissue edition.
- Oshana, M. (1998). "Personal Autonomy and Society." Journal of Social Philosophy 29: 81-102
- Petty, R. (2006). "Implicit Ambivalence from Attitude Change: An Exploration of the PAST Model." Journal of Personality and Social Psychology. 90(1): 21-41.
- Sartre, J. P. (1948). Anti-Semite and Jew. New York, Schocken Books.
- Sartre, J. P. (1956). "Existentialism is A Humanism." Existentialism from Dostoevsky to Sartre. New York, World Publishing Company.
- Schneider, C. (1999). The Practice of Autonomy: Patients, Doctors, and Medical Decisions. New York, Oxford University Press.
- Schneider P. L. and Bramstedt K. A. (2006). "When Psychiatry and Bioethics Disagree About Patient Decision Making Capacity." Journal of Medical Ethics 32(2): 90-93.
- Schwartz, A. W. (2004). "Minimal Rationality and Self-Transformation: Christman on Autonomy." Social Theory and Practice 30(2): 215-228.

- Stoljar, N. (2000). "Autonomy and the Feminist Intuition." Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self. N. S. Catriona MacKenzie. New York, Oxford University Press: 94-111.
- Taylor, J. S. (2000). "The Theory of Autonomy." Humane Studies Review 12(3).
- Taylor, J. S., Ed. (2005). Personal Autonomy: New Essays on Personal Autonomy and Its Role in Contemporary Moral Philosophy. Cambridge, Cambridge University Press.
- Tormey, J. (1983). "The Ambivalent Self." Philosophic Exchange: Annual Proceedings 14: 109-120.
- Waugh, E. (2003). Decline and Fall. Penguin Classics; New Ed edition.
- Weigert, A. (1991). Mixed Emotions: Certain Steps Toward Understanding Ambivalence. New York, State University of New York Press.
- Wittgenstein, L. (1973). Philosophical Investigations. Penguin Classics; New Ed edition.
- Wolf, S. (1987). Sanity and the Metaphysics of Responsibility. Responsibility, Character, and the Emotions. F. Schoeman. New York, Cambridge University Press: 46-62.
- Wolf, S. (1990). Freedom within Reason. New York: Oxford University Press.
- Woodroffe, K. "Logotherapy (first lecture)."
<http://www.jca.apc.org/~iyuzo/Logotherapy1.htm>.
- Zuehlke, T. E. and Watkins, J. T. (1975). "The Use of Psychotherapy with Dying Patients: An Exploratory Study," Journal of Clinical Psychology 31(4): 729-732.

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