

Seminar "Reading Levy's *Neuroethics*"
Session 4 (13:30-15:30, November 2, 2007)
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In this session, we read Chapter 2, "Changing our minds" (pp. 69-87). The sections that we read are as follows: "Authenticity," "Self-knowledge and personal growth," "Mechanization of the self," and "Treating symptoms and not causes."

This chapter is relatively short because it deals only with objections to direct manipulation of the brain/mind. According to Levy, there are two ways of changing minds. One is the traditional way including the presentation of evidence and argument. In Levy's opinion, traditional psychotherapy including Freudian psychoanalysis is an extension of the traditional way. The other is direct manipulation of the brain/mind. Levy argues that there is a difference between these ways: "whereas the presentation of evidence and argument manipulates the brain via the rational capacities of the mind, direct manipulation bypasses the agent's rational capacities altogether" (p. 70). According to Levy, many people find the second way problematic, and argue that we should prefer the traditional way to it, other things being equal. They present several objections to direct manipulation. Levy's aim in this chapter is to explain and analyze how people find direct manipulation impermissible.

The first objection to direct manipulation of the brain/mind is based on Charles Taylor's notion of authenticity. To be honest, I was surprised to find Taylor's name in Levy's book in that I critically examined Taylor's philosophy of the human sciences in my doctoral dissertation and that I did not think Taylor's view is related to neuroethics. Anyhow, Levy explains authenticity as follows:

Authenticity ... consists, roughly, in *being true to oneself*. The authentic individual finds their own way to live, a way that is truly theirs. They do not passively accept social roles imposed upon them. They do not simply select between the conventional ways of living that their society makes available. Instead, they look for and actively create their *own* way, by reference to who they, truly and deeply, are (pp. 73-4; Italics in the original).

We could easily understand why proponents of the ideal of authenticity find direct manipulation of the brain/mind unacceptable. To be authentic, we need to create our own ways and to have our own values. But direct manipulations such as electroconvulsive therapy, psychosurgery, and pharmacological treatment affect and change our true self, and thus our lives are no longer authentic because of these manipulations. For this reason, the traditional way such as psychotherapy is preferable to direct manipulation. Psychotherapy simply explores our inner self; however, direct manipulation imposes something alien to us on our self.

The second, third, and fourth objections are easy to understand. The second objection is that the traditional way of changing minds usually aims at truth or self-knowledge, but direct manipulation cannot aim at truth in that it simply bypasses our rational capacities. Furthermore, pain and suffering offer us opportunities for our personal growth because there are reasons for these symptoms. To overcome them, we need to learn from our failures. Yet direct manipulation easily removes our opportunities for personal growth. Thus critics of direct manipulation argue that we should prefer the traditional way to direct manipulation, other things being equal.

The third objection is that direct manipulation undermines our self, by treating ourselves as mere machines. That is, human beings are not machines, but free, responsible, and rational agents. Yet direct manipulation requires us to treat ourselves as mere machines. This is against what makes us human beings. Thus we should avoid using direct manipulation as a method of changing minds.

The fourth objection is that direct manipulation simply treats symptoms, but not causes. Thus it does not solve the problem of why a patient has such symptoms. More than that, "treating symptoms and not causes might foster political quietism" (p. 86). For instance, if a patient has some

mental illness because of a toxic environment, we should change the environment. But if we use direct manipulation to treat the illness, then the toxic environment remains unchanged—even if the patient's symptoms are removed. If this is to be avoided, then we need to learn from our mental illness and to change social, political, and environmental conditions that produce the illness.

We have thus far looked at the objections to the use of direct manipulation of the brain/mind. In this chapter, Levy simply explains the objections. He provides no argument against them. Thus it is difficult for me to say something without knowing how Levy criticizes the objections. But among them, the notion of authenticity draws my attention. It seems to me that most of the objections are based on the notion of authenticity. Actually, our discussion in this session focused on the notion. It is clear that proponents of the ideal of authenticity present the problem of the self, that is, of what human beings are and should be. That is, the problem belongs to philosophical anthropology. Now, critics of direct manipulation discussed in this chapter seem to assume that we can draw a clear line between the traditional way such as psychotherapy and direct manipulation. I am not so sure about that, however. Perhaps, Levy would give us his answer in the next chapter.