

IV. Psychosurgery. The Self As a Chronic Patient

1. What Is Neuroenhancement

The strong “wounding”⁴⁵⁵ of identity may also transpire as a result of neuropsychological interventions intended to modulate or transform selected cognitive skills, emotional properties, motivations, or even virtues. When Ryo Uehara⁴⁵⁶ recommends that the radical improvement of human cognition should be limited, he fears concerning identity and authenticity as special personal values and virtues⁴⁵⁷ that enhancement is supposed to augment, but also manipulate and change, as A. Huxley’s work *Brave New World* shows. This may occur voluntarily or involuntarily.

Bublitz and Merkel endorse protecting the original subjective values as they make up one’s identity and authenticity.⁴⁵⁸ On the other hand, societies and their institutions permanently produce standards, thresholds, and various ‘Rubicons’ to cross. However, psychosurgery not only aims at uniformization and normalization but also improves cognitive, emotional, and motivational abilities in subjects, determines and modifies their decisions, behavior ways, lifestyles, personalities, and relations with others. Subjective values do not protect from uniformization and normalization: they need protection themselves. On the other hand, nearly all reach for their harmless everyday self-improvement and self-stimulation such as a morning cup of coffee.

“Most contemporary theories of personal autonomy are at least implicitly based on an idea of authenticity. This implies that neuroenhancements might threaten personal autonomy by undermining authenticity (. . .) [already, E.N.] agents who use potent drugs or direct brain interventions *never* act autonomously.”⁴⁵⁹ The authors refer to the subjects “who possess minimal autonomous capacities but have so drastically transformed their personality traits through neuroenhancements that their newly formed traits may be regarded as

455 Kazimierz Dąbrowski, *Co to jest higiena psychiczna*, Warszawa, Nasza Księgarnia, 1962.

456 Ryo Uehara, “Why should we limit radical cognitive enhancement?,” *Journal of Philosophy and Ethics in Health Care and Medicine* 2011, vol. 5.

457 Nick Bostrom, “Transhumanist values,” *Review of Contemporary Philosophy* 2005, vol. 4, no. 1–2.

458 Jan Christopher Bublitz, Reinhard Merkel, “Autonomy and authenticity of enhanced personality traits,” *Bioethics* 2009, vol. 23, no. 6, pp. 360–364.

459 J. Ch. Bublitz, R. Merkel, “Autonomy and authenticity,” pp. 360–361.

inauthentic (...) neuroenhancements may modify a person's motives or general disposition to undertake certain actions (...) an agent's mood or character traits."⁴⁶⁰ Not only direct and indirect brain interventions, but also "pharmaceuticals may introduce an alien element into the neuronal system. This hints at another distinction often appealed in the enhancement debate: *natural vs. artificial*."⁴⁶¹ Furthermore, unintended side-effects may be caused through pharmaceuticals including behavioral transformations. Certain drugs just "bypass rational capacities"⁴⁶² without a preceding decision. They emphasize that "identification is related to satisfaction (...) The antipode of identification is alienation."⁴⁶³

Neuroenhancements undermine both the autonomy and authenticity of an agent. Though the majority of natural developmental processes occur on the unconscious level, psychosurgical neuroenhancements are illegitimate alien factors to reshape subjects' minds, personalities, and identities. The impact of neuroenhancement extends far beyond healthcare, wellness, mental hygiene, and allover flourishing,⁴⁶⁴ reaching levels of self and identity, including moral identity, autonomy, and authenticity. E.g., in the case of Prozac, that stimulates positive emotions, well-being and self-esteem as well as "the feeling of 'really being oneself'" it is the "identification with the new personality" and the entire identification process which are improved. Bublitz and Merkel call this a "self-legitimizing effect."⁴⁶⁵

It is worth emphasizing that in the face of the states of consciousness that neuroenhancement can generate, the self-regulative mechanism of positive disintegration described by Kazimierz Dąbrowski, which mobilizes an agent to constantly choose the "true I" instead of "my strange I," may not in fact work, just like other autotherapeutic and therapeutic methods. For only when "my true self strengthens – it is easier for me to withstand the pressure of my other, strange self. (...) I become stronger then and, on the other hand, more

460 J. Ch. Bublitz, R. Merkel, "Autonomy and authenticity," p. 362.

461 J. Ch. Bublitz, R. Merkel, "Autonomy and authenticity," p. 365.

462 J. Ch. Bublitz, R. Merkel, "Autonomy and authenticity," p. 366.

463 J. Ch. Bublitz, R. Merkel, "Autonomy and authenticity," p. 363.

464 Kazimierz Dąbrowski, *Zdrowie psychiczne a wartości ludzkie*, Warszawa, Polskie Towarzystwo Higieny Psychicznej, 1974.

465 J. Ch. Bublitz, R. Merkel, "Autonomy and authenticity," p. 372; also Heike Schmidt-Felzmann, "Prozac und das wahre Selbst: Authentizität bei psychopharmakologischem Enhancement," In: Bettina Schöne-Seifert, Davinia Talbot, Uwe Opolka, Johann S. Ach (Eds.), *Neuro-Enhancement. Ethik von neuen Herausforderungen*, Paderborn, Mentis, 2009, pp. 143–158.

homogeneous and spiritually strong.”⁴⁶⁶ When the behaviors of the agent derive from neurochemically stimulated properties, the ideals of autonomy have nothing to do with the real autonomy of their agents⁴⁶⁷ (theories of autonomy disagree on agential autonomy). Other authors raise the problem of the social discomfort of people undergoing neurocognitive stimulation: biochemically enhanced virtues can be perceived as inauthentic in the light of universal agreement that the strength of character is characterized by self-control.⁴⁶⁸

As an example, let us consider the implications of the use of BCI (brain-computer interface) and DBS (deep brain stimulation), the aims of which are to enable patients to operate machines, e.g., their wheelchairs or bionic limbs only with brain power⁴⁶⁹, to improve their memory with the artificial hippocampus, etc. According to all the predictions, in the near future cybertechnology, combined with nanotechnologies, will create a new generation of devices that will bridge the gap between the real world and the virtual world, and will also be available to healthy people (programmers, engineers, experimenters, etc.) in the form of electrochips, accelerators of cognitive operations, through the BCI technique, and finally “easily and seamlessly move from this real world into virtual spaces.”⁴⁷⁰ One does not have to wait for the application of such sophisticated technologies to realize that increasing the potential of cognition with these kinds of methods will generate innumerable challenges for the self and identity, and for somatic, ontological and existential awareness. For diagnosing the condition of the new technomind, criteria derived from the EASE test may be useful, especially stream of consciousness, thought interference, discontinuous self-awareness, depersonalization, loss of thought ipseity including distorted first-person perspective, feeling of surrealism, perplexity, split self and “silent thought echo,” i.e., “a feeling that one’s thoughts become automatically (involuntarily) repeated or somehow doubled.”⁴⁷¹ Interference in subjective properties is, therefore, the tip of the iceberg in comparison with the huge array of disturbances mentioned

466 K. Dąbrowski, *Dezintegracja pozytywna*, p. 44.

467 J. Ch. Bublitz, R. Merkel, “Autonomy and authenticity,” p. 362.

468 Laura I. Cabrera, Nicholas S. Fitz, Peter B. Reiner, “Reasons for comfort and discomfort with pharmacological enhancement of cognitive, affective and social domains,” *Neuroethics* 2015, vol. 8, p. 100.

469 R. Uehara, “Why should we limit radical cognitive enhancement?,” p. 132.

470 R. Uehara, “Why should we limit radical cognitive enhancement?,” p. 133.

471 J. Parnas, P. Møller, T. Kircher, J. Thalbitzer, L. Jansson, P. Handest, D. Zahavi, “EASE: Examination of Anomalous Self-Experience,” p. 241.

above. Their consequences completely change the experience of the self, and in addition to subjectivity, they modify all the relationships that the self initiates and sustains with others.

2. Examples of Psycho- and Neurotropic Therapies' Effect on the Memory and Identity

We will consider three relatively innocuous examples of psychotropic and neurotropic stimulation, which, however, have “double-edged” results, in the sense that Barbara Chyrowicz employs: the desired improvement in the mental (cognitive, emotional) condition, accompanied by undesirable changes in the subject-identity structure. The first example refers to an enhancement of the ability to remember, which is generally considered to be a key condition for a healthy self and identity and a generally good quality of life. Yet, as Katja Crone writes:

An extremely developed ability to commit something to memory does not lead to an increase in the ability to act, as has been demonstrated by the Russian psychologist Luria (...) When attention is drawn to the excessive number of details which have been committed to memory, all with the same intensity and without conscious selection, they obscure the intentions behind the action. A person loses sight of his or her thoughts in the multitude of trivialities and details. Acting in accordance with the individual hierarchy of goals would become difficult or impossible. If memory were technologically intensified to such an extent, it would have a strong impact on the cognitive capabilities and life of such a person.⁴⁷²

It transpires that, in addition to the intended effect, excessive memory stimulation triggers a cascade of side effects in the form of short and long-term cognitive disturbances, including: slowing and prolonging decision-making processes; disruption of consistency in action; an involuntary evolution in the priorities of action and the dispersion of their hierarchy; the gradual, involuntary abandonment of certain behaviors and shaping of new patterns; and the imperceptible, progressive erosion of the connection between past experience and present experience as well as between dispositions, incentives, reasons, decision making and the effective actions in terms of mental and non-mental causality.⁴⁷³

472 Katja Crone, “Biotechnologische Gedächtnismanipulation und personales Selbstverständnis,” in: D. Hübner (Ed.), *Dimensionen der Person. Genom und Gehirn*, Paderborn, Mentis, 2006, p. 234.

473 Which is a highly complex topic discussed e.g. by Davidon, P. F. Strawson, Parfit, and Ricoeur, *Oneself as another*, p. 76, and Derek Parfit, *Reasons and persons*.

People tend to hold the following illusory convictions: that memory has a cumulative, aggregative and encyclopedic nature, as they identify it with erudition, which is socially-valued; that the level of an individual's cognitive skills grows in direct proportion to their memory capacity; and that the (re-)stimulated memory ability benefits not only memory, but also personality, not to mention the quality of social and professional functioning; and, finally, that increased memory capacity rejuvenates the whole brain since "the brain is taken to be the substitutable equivalent of the person" and it "is the point of application of advanced technology."⁴⁷⁴ Meanwhile, the amount of information committed to memory clearly interferes with the processes of processing it.

Therefore, enhancing episodic and short-term memory does not deliver the expected results. Mental operations are slowed down under pressure from an excessive amount of largely indifferent, subjectively overestimated information, eventualities, details, and nuances. Furthermore, from the evolutionary perspective, memory is destined for the *future*. It has to store only what is useful (useful = essential for survival). Memorizing every experience is not useful from this viewpoint. Someone who wants to use e-mail efficiently does not seek to increase the capacity of their inbox – they simply erase useless messages,⁴⁷⁵ Judith Horstman argues.

It is understandable that people strive to take care of themselves, particularly when it comes to their getting old ("wisdom . . . comes to the old"⁴⁷⁶), which is characterized by the mind being saturated with such an amount of information and experience that processing and operationalization slow down, which disrupts the hitherto efficient cognitive processes and the behavior and action which depend on them. Such a person is in need of not so much more RAM or MEM as a new processor, which would streamline the processing of information resources stored in the brain.⁴⁷⁷

From the point of view of neuroenhancement, the questions 'What is absorbed, remembered and forgotten? And to what extent?' seem less important than Ricoeur's questions: *Who* remembers or forgets? What significance does the person attach to their memory resources? Does the person identify with an autobiographical narrative? Ricoeur's approach would be closer to the second

474 P. Ricoeur, *Oneself as another*, p. 150.

475 Judith Horstman, *The scientific American brave new brain*, New York, John Wiley, 2010, p. 40.

476 P. Ricoeur, *Oneself as another*, p. 246.

477 See Reinhard Merkel et al., *Intervening in the brain. Changing psyche and society*, Berlin, Springer, 2007, p. 190.

example, i.e., psychotropic and neurotropical methods of reducing traumatic memories of past experiences to neutral memory traces, known to culture. In his letter to Zelter, Goethe mentions “with every breath we draw, an ethereal stream of Lethe runs through our whole being;” in addition, some of Goethe’s heroes cope with the burden of memory while still alive, swallowing the wonderful potion of oblivion.⁴⁷⁸

Modern medicine has at its disposal many ways of weakening or even obliterating selectively defined memories, including the pharmacological modification of long-term memory (traumatic, autobiographical, somatic). The task of such pharmaceuticals is to modify the biochemical synapse environment, or the composition and operation of neurotransmitters, in such a way that it will influence the structure of a well-defined synapse bundle. This is due to the fact that every memory is coded in a certain combination of synapses, and each synapse can participate in many different combinations.⁴⁷⁹ The operation of such a proprietary drug consists of

blocking emotional sensations and preventing the use of experiences stored in long-term memory. Emotions are detached from memories [to neutralize their subjectively felt importance – E.N.]. This would confirm the functional importance of emotions for

478 Harald Weinrich, *Lethe. Kunst und Kritik des Vergessens*, Munich, C.H. Beck, 1997; Francesca Rigotti, “Schleier und Fluß – Metaphern des Ver//gessens,” in: M. Buchholz (Ed.), *Metaphernanalyse*, Göttingen, Vandenhoeck und Ruprecht, 1993; Brian D. Earp, Anders Sandberg, Julian Savulescu, “The medicalization of love,” *Cambridge Quarterly of Healthcare Ethics* 2015, vol. 24, no. 3, pp. 323–336, doi: 10.1017/S0963180114000206.

479 Howard Caygill, “Physiological memory systems,” in: S. Radstone, B. Schwarz (Eds.), *Memory. Histories, theories, debates*, New York, Fordham University Press, 2010, p. 228. Similar effects can be achieved thanks to therapeutic exercises, but they require great effort. Rose reports that within a few minutes after the end of the exercise there are changes in the release of neurotransmitters at the synapses in specific brain regions, and the chemical signal released by neurotransmitters stimulates the neuron located just behind the synapse for a faster synthesis of cell adhesion proteins, which strengthen synaptic connections. According to Hebb’s hypothesis, the brain records, stores and replays memories in a way reminiscent of inscribing the magnetic traces on a CD, see Steven Rose, “Memories are made of this,” in: S. Radstone, B. Schwarz (Eds.), *Memory. Histories, theories, debates*, pp. 202–205. Hippocampus may store 36,500 memories. The world learned about the hippocampus thanks to a certain epileptic, HM, whose hippocampus was removed in the 1950s. He lost his autobiography. Being no longer able to transform episodic memories to long term, he was forgetting everything he experienced. “Everyday is by itself,” he reported, see Rose, *ibidem*, p. 200.

the vitality of personal memories, as well as for the ability to assess current events, particularly in the face of danger. The emotions play a key role in the formation of personal assessments and judgments – also retroactively, in relation to the content stored in memory [we can see this with the example of forgiveness, which a person becomes capable of once the heat of emotions decreases – E.N.]. Finally, emotional processes have an impact on later mental processes when it comes to action [for example, anxiety or panic, learned through previous experience, may block certain behaviors or anticipate them in the future visible caution, restraint or intimidation may actually indicate trauma – E.N.]. (...) Obviously, it would be more comfortable not to have to feel anxiety and panic. However, the inhibition of affective reactions at the neurobiological level changes those human behaviors that are based on them (...). The artificial weakening of emotional experiences results in a changed assessment of that which is unconditionally important for a given person and which provides orientation and motivation to his or her actions. (...) The weakening of even single memories changes the structure of the whole personality. Acceptance of such drugs modifies or changes (*modifiziert oder alterniert*) the attitude that the person has so far manifested in his or her behavior.⁴⁸⁰

Describing the effects of these drugs as ‘relaxing’ does not change their mechanism. One such is Prozac, which has the ability to weaken painful, traumatic, or obsessively recurring memories. In addition, according to the report of the American President’s Council, it delays the time required to take action, changes the way of understanding, and finally causes changes in personality and identity, because a patient undergoing medical treatment evaluates the same state before and after taking medicine in a completely different way.

These long-term changes depend on, *inter alia*, the fact that biographical mental plots composed of continuous, linear, or more branched structures, which bind and diachronically coordinate certain of “my” actions and tendencies to act, imperceptibly and involuntarily enter into loose and contingent episodes or threads of unknown origin. These new, neurochemically initiated mental events are with greater or lesser difficulty integrated with “me” as the hero of my biographical narrative, which is a condition for me to recognize them as “mine.” The narrative identity⁴⁸¹ no longer prevails these days and has the weaknesses previously discussed in another chapter, but it cannot be completely eliminated from human existence.

The third and last example concerns the effects of gene therapy, which are observable only a few years after surgery. Such therapies involve implanting the neuronal precursor cells into precisely specified regions of the brain. They are taken *ex vivo* from the somatic cells of adults (previously obtained from embryonic stem cells). Neurotransplantation can replace and regenerate lost or

480 K. Crone, “Biotechnologische Gedächtnismanipulation,” pp. 234–235.

481 P. Ricoeur, *Oneself as another*, p. 114.

damaged nerve cells and also compensate for the production of specific, deficient proteins whose task is to nourish nerve cells, stimulate them to the activity or increase the capacity of the synaptic connections (molecular restoration).⁴⁸² Within a few months after implantation, cells reach maturity and integrate with neural networks to develop neurotropic or regenerative effects.⁴⁸³

When gene therapy is employed to treat the brain, it seems even more technologically advanced. Viruses can be used to ‘infect’ the cell with new genes (viruses cannot reproduce themselves), and gene transfer can be combined with cell implantation to increase the therapeutic potential.⁴⁸⁴ Gene therapies can contribute to the improvement of memory functions without disturbing the memory continuity and “the sphere of oneness.”⁴⁸⁵ Hypothetically, gene therapies can support individual identity without disrupting autobiographical narrative with additional elements of an unknown origin and, moreover, they should stimulate cognitively, leading to an increase in the efficiency of mental work, learning and solving cognitive tasks – this, in turn, translates into more efficient practice in professional, social and private life.⁴⁸⁶

3. An Episodic Self-identity Turn?

In the book *Oneself as another (Soi-même comme un autre)* (1990) Paul Ricoeur criticized Derek Parfit, who, a few years before (1986), had questioned the diachronic, coherent model of identity assigned to the “I” due to the authenticity of experiences which were lived and significant, and therefore inscribed into memory and autobiographical narrative. Nevertheless, the notorious effort to constantly narrate one’s self continuous in the era of self-identity decomposition. Despite Parfit’s and his followers’s proclamation according to which the narrative no longer matters, subjects manifest their need for autobiographical narratives. How can we know it? They “must continually integrate events which occur in the external world, and sort them into the ongoing ‘story’ about the self (. . .) There

482 J. Horstman, *The scientific American brave new brain*.

483 R. Merkel et al., *Intervention in the brain*, pp. 85–105.

484 R. Merkel et al., *Intervention in the brain*, pp. 85–105.

485 P. Ricoeur, *Oneself as another*, p. 54. “Now what an owner has is said to be his or her own in contrast to what belongs to someone else and which, for this reason, is said to be foreign to the former,” however, such a distinction would be difficult to apply to the molecular level (p. 94).

486 See Vincent P. Clark, Raja Parasuraman, “Neuroenhancement: Enhancing brain and mind in health and in disease,” *NeuroImage* 2014, vol. 85, p. 893.

is surely an unconscious aspect to this chronic ‘work,’⁴⁸⁷ much stronger as the power of philosophical proclamations.

Parfit’s core ethical reason against the narratively strengthened ego was “the egotism that nourishes the thesis of self-interest.”⁴⁸⁸ In other words, post-egological is expected to be more openminded, inclusive, generous, empathetic, selfless, etc. in the ethical sense. Without questioning such virtues, Ricoeur’s riposte in 1990 was the following: “to the loss of the identity (. . .) thus corresponds the loss of the configuration of the narrative.” After Ricoeur’s death, in “the conflict between the narrativist version and a nonnarrativist version of personal identity”⁴⁸⁹ the supporters of the latter seem to have the last laugh. Their advantage over the narrativists may have serious implications, for example, open medical and therapeutic contexts for the ‘posthumanist turn’ with predominance of the embodied, experiential, phenomenal self-identity. Although humanities (especially medical humanities) advocate for an exhaustive concept of the self and self-identity, technical sciences, especially those contributing to human engineering or human, rarely deal with that concept. A tendency towards dualistic and reductionist thinking in the field, including medicine, is still visible to the naked eye. The correspondency between decomposed selfhood and disfigured narrative also includes the monoaspectsual perspective towards the individual.

The idea that individuals do not have to construct their autobiographical narrative (a narrative with self-reference⁴⁹⁰) as their cognition just produces a stream of thought can be also related to Buddhism:

We (Buddhists) (. . .) maintain (that the Mind is a stream of thought (. . .) Since [a distinct, particular cognition, E.N.] is (also) defined as a moment of consciousness immediately following the preceding moment (in the same stream of thought) (. . .) we would say [they are, E.N.] analytically connected. This relation of Identity is contrasted with the relation of Causality which is a relation between two moments *following* one another.⁴⁹¹

487 A. Giddens, *Modernity and self-identity*, p. 54.

488 P. Ricoeur, *Oneself as another*, p. 138.

489 P. Ricoeur, *Oneself as another*, p. 149.

490 David Y. F. Ho, “Selfhood and identity in Confucianism, Taoism, Buddhism and Hinduism: Contrasts with the West,” *Journal for the Theory of Social Behavior* 1995, vol. 25, no. 2, p. 122.

491 Theodore Stcherbatsky, *Buddhist logic*, vol. 2, New York, Dover Publications, 1962, pp. 27, 61.

The stream-like cognitive process combined with the stream of life for which an individual ego has to open itself⁴⁹² makes a strong argument for a weak, post-narrative concept of the self.

It is worth remembering that Varela had criticized “sequencing” the acts of consciousness as if ‘the flame of one candle lit the wick of the next candle,’ as Varela once put it. He argued that such a sequence does not match realities in the sphere of mental facts, and that the autopoietic, self-organizing, and synergetic mechanism does not find empirical confirmation.⁴⁹³ Mental phenomena (both experiential and nonexperiential⁴⁹⁴) can spontaneously and impersonally “happen,” without being transferred to the global quality of the self by means of an autobiographical narrative plot. Such a fragmentation obviously conflicts with the basic premise of the narrative conception of the self. In turn, Hagberg’s argument voices the self as a deep, private cognitive-affective structure reflected in one’s private language, which is hard to translate to the language of self-description and biographical narrative:

So descriptions, properly understood, are possible, just as is a kind of introspection conducted a self-reflection – but only where ‘self’ is not misconstrued (...) Predictably, meaning is not stable – as indeed it would be if such words and phrases uniformly *were* reports on, or descriptions corresponding to, inner states constituting inward referents (...) And the investigations we make in biographical contexts, often in ‘What-did-you-really-mean-when-you-said...?’ form, do not take us into the private inner realm, they take us into what we might well rightly, ordinarily, call the private life of a person (...) For the human understanding, the comprehension of such private – such *sensibly* private – matters, we need to consult outward criteria. And that sense of the understanding of the private is, again, true of the first–person case just as it is of the third–person case; it is the positive form of introspection we need to undertake to gain self-knowledge.⁴⁹⁵

And then “. . . we grasp at the image of speaking (. . .) this imagistic way of thinking of wanting to speak (. . .) is only a simplifying, unifying myth.”⁴⁹⁶

492 As already discussed in this volume (chapter “The concepts of the body”).

493 See Francisco J. Varela, Evan T. Thompson, Eleanor Rosch, *Cognitive science and human experience*, Cambridge, MIT Press, 1993, pp. 69–70.

494 Galen Strawson, *Mental reality*. 2nd edition, Cambridge, The MIT Press, 2010, pp. 158–175.

495 Garry L. Hagberg, *Describing ourselves. Wittgenstein and autobiographical consciousness*, Oxford NY, Oxford University Press/Clarendon Press, 2008, pp. 108–109.

496 G. L. Hagberg, *Describing ourselves*, p. 127 (Hagberg profoundly discussing Wittgenstein’s private language problem).

In the 2000s, Galen Strawson revised narrativism in several core aspects, including the problem of disconnectedness. In his essay *Against narrativity* Strawson had formulated two complementary working theses, the descriptive: 1. the *psychological Narrativity thesis* thought “as a straightforwardly empirical, descriptive thesis about the way ordinary human beings actually experience their lives,” and the normative: 2. the *ethical Narrativity thesis* which states “that experiencing or conceiving one’s life as a narrative is (. . .) essential to a well-lived life, to true or full personhood.”⁴⁹⁷ The first thesis resembles the naturalist narrative theory of Dennett. After having examined all combinations of the two theses also for their psychotherapeutic purpose, Strawson discovered that not only deeply Narrative subject, but also deeply non-Narrative subjects are able to conduct good lives. Every person, regardless of their cultural background, experience, etc., can identify with the type of self that is most suitable for them, without worrying about the causal inference between the elementary ‘particles’ of their mental and moral life nor must they ask psychotherapists for helping them to improve their selves and identities by means of the narrative methods. The Diachronic self-experience assumes that “one naturally figures oneself, considered as a self, as something that was there in the (further) past and will be there in the (further) future,” whereas the Episodic self-experience assumes the opposite: “one does not figure oneself, considered as a self, as something that was there in the (further) past and will be there in the (further) future”⁴⁹⁸. As a result, Strawson proved ‘both the psychological Narrativity thesis and the normative Narrativity thesis’ to be invalid.⁴⁹⁹

Therefore, we seemingly live in a post-egological and post-narrative world, that is, in a world without the universal imperative to narrate one’s self as a coherent diachronic structure. Even though Strawson estimated the episodic disposition to be less distributed in the human population than the diachronic disposition, episodic disposition seems to perfectly match – or even support – all kinds of extended, post-egological, and posthuman lifestyles and identities. “So too predominantly Diachronic individuals” may more and more frequently face

497 Galen Strawson, “Against narrativity,” in: *The self?*, Malden, Blackwell Publishing, 2005, p. 63; also “The self,” in: S. Gallagher, J. Shear (Eds.), *Models of the self*, Thorverton, Imprint Academic, 1997, pp. 1–24; for further serious objections addressing the self see Ingmar Persson, “Self-doubt: Why we are not identical to things of any kind,” in: G. Strawson (Ed.), *The self?*.

498 G. Strawson, “Against narrativity,” p. 65.

499 See Kathy Wilkes’ counterarguments in “Gnothe Seauton (know thyself),” *Journal of Consciousness Studies* 1998, vol. 5, pp. 153–165.

episodes of episodic identity, i.e., “an Episodic lack of linkage with well remembered parts of their past” (a lack of causal connection between two or more of their conscious experiences, or between their previous and actual, manifest behavior ways), and show a weakened (if any) sense of consequence and self-commitment which provide one’s self, in particular the moral self, with consistency, organization, and some teleology as for example ‘what I will make of my life?’, ‘how can I examine my past life?’, and how can I distinguish the growth and development from the regression (to revisit the timeless, ethical questions asked by Socrates, Kant, Campbell, and many others – across disciplines) as a subject with predominantly episodic identity. My objection emerges not from the philosophical controversy between Heideggerians and Baumanians (as Heidegger is known for his strong “*Dasein*” mode⁵⁰⁰ and Bauman for his concept of ‘liquid,’ ‘instant,’ ‘contingent’ postmodern identity whose origins are to find in breaking with the so-called great narratives and meta-narratives of the modern age, developed to normalize and totalize the particular individual). Nor emerges it from the apprehension about becoming ‘no one.’⁵⁰¹ It originates from the need to restore the lost balance between the care for the Other and the care for the Self beyond the two extremities, i.e., the egocentric and the allocentric. Strawson’s advice is to individually create unique patterns and constructions that would make one’s projects less chaotic and more structured. “this can also be done by form- finding without story-telling,”⁵⁰² he finally assumes.

500 And also known for his “opportunistic silence” after the World War II. A. Assmann, “Formen des Schweigens,” pp. 51–58.

501 “currently, you *are* someone. What makes consciously experienced selfhood special, and different from all the other forms of experiential content, is the fact that – in nonpathological standard situations and in beings like ourselves – it is highly invariant. It is *always* there (. . .) There is no unchanging essence, but a complex self-representational process,” Thomas Metzinger, *Being no one. The self-model theory of the subjectivity*, Cambridge, London, The MIT Press, 2003, pp. 625–626.

502 G. Strawson, “Against narrativity,” p. 77. For his episodic Ethics concept see Galen Strawson, “Episodic ethics,” pp. 86–92. “Our life experience teaches us, that changing oneself continually, one remains identical with oneself (...) This is what I call *diachronic identity*,” Günter Rager, “Neurowissenschaftliche Befunde und diachrone Identität,” in: E. Hildt, E.-M. Engels (Hg.), *Der implantierte Mensch. Therapie und Enhancement im Gehirn*, Freiburg i.B., Munich, Verlag Carl Alber, 2009, p. 169.

4. Becoming Chronic Patients (and Needing Chronic Therapists vs. Comprehensive Human Enhancement)

Persson's and Savulescu's manifesto switched the alarm signal. It sets out how to make people morally fit for the future of our planet, that is, how to cure them of aggression, how to enable them to solve global climatic and environmental problem, how to empower them to protect democracy against authoritarianism and to introduce equality, altruism, and justice everywhere by means of the moral enhancement. Since to many scholars dispositions for empathy, altruistic behavior, and the sense of justice have biological bases, and since "education or instruction about what is morally good is not sufficient for moral enhancement because to be morally good involves not just knowing what is good, but also being (...) strongly motivated to do it,"⁵⁰³ morality can be biomedically improved, Persson and Savulescu assume. They are even "imagining an interplay between biomedical and social/political techniques"⁵⁰⁴ to facilitate a large-scale improvement.

In fact, subjects are not always able to manage themselves, manage their lives, and mobilize their own strengths and auto-therapeutic emergencies⁵⁰⁵ to counteract the invasive "contradiction"⁵⁰⁶ (but also confusion, helplessness, loss) making one unfit for now (and the future). In the age of expanding technopoiesis, which is about to control their freedom, even though human beings still seem to be the source of autonomy and free invention, one can certainly talk about a chronic, permanent condition of the agent as a 'patient', thus, a deskilled, nor longer autonomous and authentic subject, a subject inflicted from "virtual

503 Ingmar Persson, Julian Savulescu, *Unfit for the future. The need for moral enhancement*, Oxford, Oxford University Press 2012, pp. 117.

504 I. Persson, J. Savulescu, *Unfit for the future*, p. 124.

505 Hans-Georg Gadamer, *Schmerz. Einschätzungen aus medizinischer, philosophischer und therapeutischer Sicht*, Heidelberg, Universitätsverlag Winter, 2003, pp. 22–36.

In the same interview, Gadamer describes how he imagines the best doctor: "first of all I would expect him to be able to strengthen his own body, no matter what kind of suffering fell on me" (p. 37). He also cites Michel Montaigne's remarkable words, who – as a chronically suffering man – was supposed to have said: "If you do not conquer with pain, it will conquer you." As you can see, he did not say: "If your doctor does not conquer pain, then pain will conquer you." He said clearly 'you', directing these words to the reader" (pp. 36–37).

506 Robert Kegan about "The natural emergencies of the self," *The evolving self. Problem and process in human development*, Cambridge, Mass., Harvard University Press, 1982, p. 258.

dementia” or another “cyber sickness,”⁵⁰⁷ depending on what factors make them to ‘postpersons,’ ‘posthumans,’ or post-selves in the era of the ubiquitous and influence of artificial factors.⁵⁰⁸ In these circumstances

A doctor who looks after a chronically ill patient becomes a chronic doctor (*chronisch Arzt*), which is experienced by every doctor who has looked after a chronically ill patient for 10 or 15 years in a row, until his death. It is only then that the doctor discovers and becomes aware that this chronically ill patient has become an integral part of his own identity.⁵⁰⁹

However, in this volume, a very different, namely phenomenological model of doctor and patient relationship will be recommended, and both terms, i.e., *doctor* and *patient*, will be redefined to better correspond with the need re-empower the agential potentials of a human being in the era of posthumanism. The most controversial component of the posthumanism would be technological determinism, also increasingly present in clinical and therapeutic contexts. If the imperative of the narrative self-identity is questionable and no longer working for “episodics” (which seem to make an expanding group in the human population), new tools to improve the potentials of our self-identities⁵¹⁰ are to be elaborated. Their role would not be curing manifest symptoms of a radical otherness experience that happened to the patient and disintegrated their self-identity

507 Manfred Spitzer, *Cyberkrank! Wie das digitalisierte Leben unsere Gesundheit ruiniert*, Munich, Droemer Knauer, 2015. As usual in the ambiguous context of technesis, one should not underestimate the therapeutic effect of digital technologies on health and identity, see Diane B. Francis, Maria Leonora Comello, Laura Heisner Marshall, “How does gaming support values and psychological well-being among cancer survivors?,” *Games for Health* 2016, vol. 5, no. 2, pp. 128–134, doi: 10.1089/g4h.2015.0044; see also M. Deliano, “Prothesen für das Gehirn: Blinde sehen, Lahme gehen, Taube hören?,” pp. 67–74. Nor should we overlook the “co-shaping” role of media located between humans or between a human and the world, explored in postphenomenological studies, see e.g. Bernard Stiegler, “Automatic society 1: The future of the work,” *La Deleuziana. Online Journal of Philosophy* 2015, vol. 1, pp. 121–140.

508 Compare Fritz Hartmann, “Betreuung statt Behandlung chronisch Kranker,” *Medizinische Klinik* 1986, vol. 5, pp. 187–191.

509 F. Hartmann, “Betreuung statt Behandlung chronisch Kranker,” p. 188. “in the ideal case, the doctor helps in so far as he moves the patient from a chronic condition to a condition that can be conditionally defined as health.”

510 Bernhard Waldenfels, *Grundmotive einer Phänomenologie des Fremden*, Frankfurt am Main, Suhrkamp, 2006, pp. 60–61.

but empowering *them* to deal with their experience by the power of their own, immanent, agential potentials. That therapeutic method would be based on the auto-therapeutic potentials of the self, including self-observation, mindfulness, and responsiveness: “I use the term *patient* in the literal sense to first emphasize the passive status of the subject. Now he assumes the status of respondent (*eines Respondenten*), actively responding to what he encountered, what happened to him,”⁵¹¹ and doing so with the initial support of his therapist. “I would call (. . .) a foreignness which cannot be assigned to any whole (...) Radical strangeness assumes that the subject is not a master of itself (...) that the self is not at home, but is estranged from itself (*ausser sich ist*).”⁵¹²

511 B. Waldenfels, *Grundmotive einer Phänomenologie*, p. 73.

512 B. Waldenfels, *Grundmotive einer Phänomenologie*, p. 116.

