



Whose Preferences?

L. A. Paul

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L. A. Paul 

Yale University

Transformative experiences are experiences that change the way you understand the world, and in the process, they change who you are. As such, they are experiences that are both epistemically and personally transformative. The epistemic transformation involves a discovery: until you undergo the experience, you don't know what it will be like to be your future, transformed self. The personal transformation involves the way the experience changes the kind of person you are (or more colloquially, "changes who you are"). Who you'll become is different, in some important and salient way, from who you are now. In my (Paul 2014), I develop an account of the conceptual and psychological structure of transformative experience. Using this account, I argue that the self-changes such experiences involve, combined with the epistemic limitations we face with regard to what we can first-personally know before the transformation, raises distinctive problems for decisionmaking in transformative contexts.

On my approach, a persisting person is taken to be a temporally extended entity composed of a series of continuous, appropriately related selves. A person who persists through a transformative experience is realized by one kind of self before the transformation and by a different kind of self after the transformation: the new, replacement self, is created in response to the transformative experience. Examples of transformative experiences include fighting in a war, having one's first child, becoming sighted after a life of blindness, getting a cochlear implant, losing a loved one, getting divorced, and having a religious conversion. There are two especially important features to note about the structure of these types of experiences. First, because it is unlike other kinds of experiences they have had, in an important and distinctive sense, a person cannot imagine what the transformative experience will be like for them before they undergo it. Second, because it will change the kind of person they are, some central and important elements of what they care about will change.

As Walsh (2020) argues, cases of dementia can be instances of cognitively transformative experiences: they can be cases where a person has an epistemic transformation that creates a personal transformation. In dementia, the epistemic transformation involves a radical change in an individual's cognitive capacities, changing, in a deep and salient way, the nature of their lived experience of their relationships, their cognitive abilities, and their sense of the world around them. These changes lead to personal transformation: changes in some of their core preferences, for example, their preferences regarding life-prolonging treatment in medical contexts.

This type of cognitively transformative experience exhibits the classic structure of transformation, where the self that exists before the transformation (the "ex ante" self) is psychologically incommensurable with the self that is created by the transformation (the "ex post" self). The incommensurability stems, in the first instance, from a radical change in the nature and character of the individual's lived experience, which results in one or more core preference changes. Importantly, there is no higher-order preference structure that is consistent across the changes in self: there is no way to make the preferences of the *ex ante* self consistent with the *ex post* self. (For discussion, see Paul 2015a, 2015b; Pettigrew 2015; Paul and Quiggin 2018, and Pettigrew 2019.)

For example, Mrs. Black (*ex ante*) prefers not to receive life-prolonging medical treatment if she can no longer recognize friends and family, while Mrs. Black (*ex post*) prefers the medical treatment, as she is happy and content with her current state, despite her inability to recognize friends and family members. In the case as described, there is no higher-order preference that can resolve this conflict. Before the transformation, she prefers not to receive the treatment. Afterwards, she does. This raises the pressing question: which temporal stage (which self) of Mrs. Black should decide the question of whether she is to receive treatment?

In my (Paul 2014), I discussed these issues in the context of concerns about disability, and suggested that cases

like these need to be evaluated with care, for the psychological structure they exhibit calls many ordinary assumptions about care decisions into question.¹ Walsh's insightful discussion and case study of dementia seems very plausible to me, as a careful philosophical analysis of the situation provides substance and context to the clinicians' approach to cases involving advance directives. The incommensurability of preferences across time, coupled with an individual's inability (*ex ante*) to accurately project themselves into a cognitively diminished state (*ex post*), raises real and important philosophical questions about how to think of and make use of advance directives. In particular, the possibility that an individual may have a cognitively transformative experience raises decision problems for individuals making advance directives for their future, possibly transformed selves: whose preferences should determine the treatment for such a self? The self who constructs the advance directive? Or the transformed self that is subject to the treatment? Whose preferences matter most?

The problem is not merely one for the individual constructing the advance directive. This is because the advance directive is not just a document that the individual uses to specify future care. It is a document that is often used to provide comfort to the individual's family: it is supposed to relieve them of the difficult burden of determining, in obscure circumstances, what their loved one would have wanted or, in some sense, "really wants." That is, an important role for advance directives is to provide guidance for a grieving family who is tasked with care decision-making in a difficult time. In this sense, one can regard an advance directive as a valuable gift that the individual can give to their family in order to ease the burden of managing future care.

Unfortunately, the possibility of cognitive transformation undermines the value of this gift. If there is no cognitive continuity (of the relevant sort) across the selves that realize a patient suffering from severe dementia, family members cannot and should not rely on an advance directive as a guide to what that individual prefers. For there is no temporally neutral fact about what the individual prefers. The preferences of the persisting person not constant; rather they are indexed to the selves that realize the person before and after the transformation. There is what the person (as the *ex ante* self) prefers and what the person (as the *ex post* self) prefers, and in this context the preferences (and thus the selves) may conflict at the most fundamental level.

¹For discussion of responsibility, blame, and what we can and can't be expected to know, see my discussion of cochlear implants in chapter 3 and the discussion of consent in the Afterword in Paul (2014), and for a discussion of the phenomenology of illness and transformative experience see Carel et al (2016).

In such cases, the family must accept that the guide that captured the interests of their loved one before dementia set in may no longer be appropriate for the person who now exists. For this reason, it is not just philosophers and clinicians that need to understand the structure and implications of cognitive transformation. Family members also need to understand the way an individual may cognitively transform and the philosophical and practical issues this raises. First, because such understanding will help them to understand the changes they are seeing, and to determine how best to respond. Second, because responsibility for making care decisions and looking after a family member in need should be separated from responsibility for knowing what your loved one would have wanted under transformed circumstances. If, for principled reasons, the individual (and their family members) could not have known what they would have wanted *ex post* (after transformation), then family members should not blame themselves for not being able to reconcile the current wishes of their loved one with the past wishes of their loved one, nor think there is some underlying fact of the matter that is somehow captured by rigidly adhering to the advance directive.

ORCID

L. A. Paul  <http://orcid.org/0000-0002-2280-7695>

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