Lubomira Radoilska, ed.
Autonomy and Mental Disorder.
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Philosophers sometimes fall into the trap of describing mental disorder as a clear-cut case where autonomy is lacking; they sometimes even talk about 'the insane' as a philosophical category. On such a view, the insane are those who cannot reason, nor live independent and valuable lives. But most of those same philosophers will, if asked, immediately assert that the relation between autonomy and mental disorder is actually highly complicated. The main goal of the volume edited by Lubomira Radoilska is to examine critically the idea that mental disorder is incompatible with autonomy, and by doing so to unravel some problems surrounding the concept of autonomy. Given the variety of definitions of autonomy found in the literature, and given the importance of the concept for decision-making in mental health care, this is certainly a valuable starting point. After reading the book, however, I have to conclude that it does not completely live up to its promise.

Several chapters start from the observation that the term autonomy is used in manifold ways: the first question addressed in the book is whether this is problematic or not. In a provocative chapter, Jane Heal criticizes the commonly held view that in order to protect or enhance autonomy in patients effectively, we should first analyze more closely what autonomy is. Heal argues that this is a methodologically inappropriate approach for determining how in practice things should go for the mentally disordered. The approach faultily presupposes that if we claim that autonomy should be understood in terms of X, e.g., narrative identity or self-legislation, we thereby have shown why X should be respected. However, as Heal argues, notions like narrative identity or self-legislation should carry their own normative weight. We should focus on the normative question how to treat mentally disordered persons (what we consider respectful towards them, what we consider humane interaction with them to amount to) and not on the conceptual question what autonomy is, expecting that the answer to this question will automatically also answer the normative question.

While most other authors in the volume seem to agree that we should not invest our energy trying to ensure that everyone uses the concept in the same way the majority of them do, nevertheless, consider it important to determine how we use the term autonomy in individual cases. Several chapters develop proposals on how to work with the concept of autonomy in specific mental health care situations, building on traditional philosophical distinctions. In philosophy, a common way to analyze the concept is to distinguish two main aspects of autonomy, both of which have descriptive and normative dimensions. Firstly, autonomy is a fundamentally liberal concept: here, a person's autonomy denotes a personal sphere that is protected from (state) intervention. This aspect of autonomy is covered, for example, in Jennifer Radden's chapter on privacy. According to Radden, there are special concerns with respect to privacy in mental health care, mostly because the information at stake is almost by definition intimate and revealing. The problems are aggravated because these days, the incentive to prevent harm to others, and even harm to oneself, so easily tends to override privacy considerations. This

points to a tension between the view that autonomy is an independent source of justification (a choice requires respect insofar as it is autonomous) and the idea that paternalism might at least sometimes be justified: that autonomous choice can be overruled by other normative considerations. Like Radden, Derek Bolton and Natalie Banner also focus on the liberal aspect of autonomy in their chapter, defining it as the freedom to engage in your own affairs without intervention. They argue that having a mental illness means that it is not possible to carry out one's intended actions, and that this constitutes an obstacle to the freedom to engage in one's own affairs. On their account, mental illness is thus an *internal* obstacle to liberal autonomy, in contrast to the external obstacles (such as for example oppression, confinement or brain-washing) that are usually at stake in discussions on liberal autonomy in political and moral philosophy.

Secondly, autonomy is also an agency concept: from this perspective, autonomy can be defined as the capacity for self-determination. Hallvard Lillehammer focuses specifically on the relation between the liberal and the agential aspects of autonomy. He argues that most people with mental illness do not have agent autonomy (i.e., they are not self-determining agents). According to Lillehammer, there are, however, various reasons for respecting liberal autonomy (understood as the value of not being interfered with), reasons that need not be related to the agency concept. Contrary to Lillehammer, Radoilska argues in her final chapter that mental disorder does not undermine agent autonomy or the capacity for self-determination: those who think so confuse autonomous action with effortless control. However, she argues that even in many everyday situations, autonomy is often not effortless at all but involves intricate forms of pre-commitment, comparable to Ulysses tying himself to the mast in order to be able to listen to the Sirens without falling into their trap. Radoilska argues that the challenges of self-control that psychiatric patients are confronted with do not fundamentally differ from those of healthy persons, and she discusses the important role advance directives can have for psychiatric patients in protecting their agent autonomy.

Most of the chapters focus on this aspect of autonomy, and address the question of the extent to which having a mental disorder undermines this capacity for self-determination. Different authors hold different views on how to understand such a capacity: the main point of disagreement is whether to see it as the capacity to reason in a certain way, where reasoning autonomously amounts to 'following the correct procedures', or whether it also involves seeing certain things as valuable, thus presupposing some specific notion of the good life. In the following, I will refer to these two positions as the procedural view and the value-laden view on agent autonomy. Depending on the approach one adopts, one might reach different answers to the question when intervention in a person's decision is justified.

Alfred Mele, for example, seems to rely on a procedural notion of agent autonomy, stating that it is based on the basic (and value-neutral) notion of free will. Unfortunately he does not apply his view to mental health care situations. By contrast, Jules Holroyd argues that it is impossible to bypass discussions on values when discussing autonomy in mental health care situations. His claim is that it is not possible to assess decisional capacity (a notion related to autonomy that plays a central role in British legislation) in a value-neutral way. He defends this claim by looking at the different criteria for decisional capacity used in the *Mental Capacity Act*. One criterion is the capacity to weigh information adequately; Holroyd argues convincingly that

assessments of this criterion must presuppose some substantial idea on which weighings are adequate or healthy and which are not. For example, someone who values 'being thin' higher than 'being alive' is generally thought not to 'adequately weigh information'. Assessing this capacity thus involves making an evaluative assessment, and this raises the question: are some weighings 'objectively' wrong? And to what extent should a person be able to justify the weighings he or she makes? An interesting issue Holroyd raises is that there is an asymmetry involved. We seem to require more justification from persons with unorthodox values than from persons with conventional values, even though both might be equally unreflective.

An important category of value-laden accounts of autonomy emphasizes the relational aspect of autonomy. Both the chapter by Grant Gillett and that by Guy Widdershoven and Tineke Abma develop a conception of autonomy that differs from the individualistic and value-neutral view of 'autonomy as self-determination' that is more or less the standard approach in health care. On their alternative views, autonomy should instead be understood as moral self-development. This kind of autonomy requires a relation between caregiver and patient that is characterized by support, dialogue, and deliberation. Widdershoven and Abma apply this idea to a case in forensic psychiatry, where it is not up to the patient whether he is treated or not. They argue that even in such cases, the patient can develop his or her autonomy by engaging in a therapeutic relation. Historically, this kind of view has been vulnerable to the objection that if becoming autonomous is a process of 'learning what's really important', this opens up room for manipulation of individuals by illegitimate moral or political norms. After all, it is unclear who gets to decide 'what's really important' and on what grounds. A therapist might be seen as a coach, but also as a tool of social oppression. Whereas the authors do mention this problem, they unfortunately do not solve or really address it.

This raises a more fundamental problem that comes back at several points in the book. What distinguishes those deviations we accept as individual idiosyncrasies from those we consider pathological? After all, many people will probably judge that a Jehovah's witness who refuses blood transfusion, because he evaluates spiritual purity higher than his life, is (next to maybe holding a false belief) making an inadequate value judgement. But few of us would consider this evidence that the Jehovah's witness is lacking the capacity for self-determination. We are much more inclined to ascribe such a lack in capacity to a patient with anorexia who judges being thin as more important than staying alive. So how should we deal with diverging intuitions regarding cases that are at least apparently similar? Unfortunately, none of the chapters deliver an original viewpoint on how to deal with this problem. They merely show that this is a highly complex issue that needs to be addressed. This is a more general weakness of the book as a whole from a philosophical viewpoint: many chapters end exactly at the point where things become conceptually interesting. The chapters do a good job in highlighting the philosophical difficulties that underlie everyday practical problems in mental health care, but they offer little by way of solutions to these conceptual difficulties. And this in turn makes it difficult to see how awareness of conceptual difficulties could help in addressing everyday problems.

An exemption to this is the chapter by Elizabeth Fistein, which offers both theoretical and practical insight by showing that different views on how to deal with a patient's wishes are grounded in different value theories: different views on what consitutes a good life. She discusses a case of woman with Alzheimer's disease who wishes to stay at home regardless of

the health risks involved. Fistein shows how the health care professionals involved in her care adopted an objective list theory, judging that health and living longer were more important than independence and that in their view this justified moving the patient to a nursing home. Her relatives, on the other hand, considered it more important that the woman could live her life the way she had always preferred to live it, even if that would involve greater risks to her health. Fistein convincingly shows how such theoretical differences can explain disagreements on treatment decisions. She also shows that in real-life situations, thinking about autonomy and what it means is not enough to be able to make a practical decision. Factors such as the interests of other patients and the scarcity of resources will also need to be taken into account.

To conclude: while reading the book, it remained for a long time unclear to me what the supposed audience was: to whom is this supposed to say something new? The *Oxford Series in Philosophy and Psychiatry* frequently publishes philosophically groundbreaking and specialized work. My expectation therefore was that the volume was geared at those working in this particular area of philosophy. But as said, my general impression was that the book ends where the philosophical work starts. However, the various chapters raise many interesting questions and collect many different perspectives on autonomy in mental health care. That makes it a valuable collection for students and professionals in this line of work who want to gather insights on problems concerning autonomy. It must be said that the authors discuss a range of conceptual distinctions and nuances that might be confusing, and not always very useful, for those readers not familiar with the philosophical debates. But still, the book has clear value in making interested readers familiar with current philosophical positions.

Annemarie Kalis
Utrecht University