I'm pleased to see an increasing amount of attention being paid to the topic of responsibility in cases of DID. But I question whether Matthews and others are taking matters in a helpful direction. I have a number of related concerns, some dealing with specifics of Matthews's present paper, and some with views presupposed here but argued for elsewhere.

First, Matthews may have framed the issues in a misleading and rather unhelpful way. As he sees it, the debate over responsibility and DID is, at its core, a debate between the Multiple Persons and Single Person theses. But as Matthews presents them, both theses appear to be non-starters. It seems to me (as I argued in detail in Braude, 1995) that personhood is not one thing, and moreover that there is no context-independent or culture-independent conception of a person. In fact, in some cultures, the (to us) familiar one body/one person presumption is not the default presumption even for normal cases. And even in cultures where one body/one person is the default presumption, context plays a central role in determining whether we treat DID patients as one person or many. Granted, it's appropriate to assign DID patients only one drivers' license or social security number, but different criteria of individuation are required for other contexts—say, promise-keeping, gift-giving, or deciding whether one should have sex with a spouse's alter. Like the question, “How many things are in this room?”, the question “Is S a single person or multiple persons?” has no answer at all apart from a context in which the question is relevant and certain criteria of individuation seem more apt than others. But in that case, neither the Multiple Persons nor the Single Person thesis is true generally or in the abstract.

Matthews advocates the Single Person thesis. On his view, DID patients merely behave and appear as if they are more than one person. So no matter how dramatic the patient's dissociative state—say for example, no matter how sharply and broadly characterized an alter might be, Matthews claims that “the patient is to be regarded morally and legally as a single human person” (p. __). Moreover, he apparently believes that considerations about personal identity always do (or at least should) undergird our judgments about moral or criminal responsibility, even if in practice we can get away with relying on a mistaken conception of personal identity, one that would be inadequate for a theory of identity, or which fails to provide sufficient
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conditions for identity. But these two positions strike me as implausible, for a related set of reasons.

To simplify matters, let's focus just on moral responsibility, and let's consider first Matthews's claim that and that we should always treat a DID patient as a single person morally. This seems difficult to reconcile with many urgent contexts in which people find they must treat alters as distinct subjects and moral or prudential agents. I don't see that Matthews has explained how the Single Person thesis undergirds a husband's realization that it's wrong to have sex with a child alter of his wife (but not some other alter), or who refuses to let certain alters drive the car, buy groceries, handle finances, or who sees the need to give alter-appropriate gifts at Christmas, or who knows not to discuss certain sensitive issues with particular alters, or who withholds certain foods from alters suffering from relevant food allergies. Of course, Matthews can claim that we simply need to treat alters as if they are persons, knowing all along that they are not. And perhaps he could agree that alters may count as kinds of distinct agents or subjects, while still refusing to call them persons. But what's striking about real-life interactions with alters is that those situations often compel us to treat alters the same way we treat non-multiples. And whether or not we have any view at all about the nature of persons, we often apply the same criteria of individuation to alters as to non-multiples. In fact, what often matters to us about alters is exactly what matters to us, usually, about ordinary, non-dissociated people (I'll say more about this below).

Matthews has claimed elsewhere (Kennett & Matthews, 2002) that it's the "loaded language of 'alter personality' and 'host personality'" that is "partially responsible for the perpetuation of the Multiple Persons thesis" (pp. 511-512). That may be, but it hardly explains why people are often so deeply inclined to treat alters as distinct moral and prudential agents and subjects, even when those people are unfamiliar with the idioms in question. Perhaps Matthews simply doesn't take seriously the exigencies of interacting with multiples. It's clear, though, that he doesn't appreciate the robustness of character alters sometimes display. In fact, Kennett and Matthews make too much of my comments about attribute-distribution and attribute depletion in DID (see Braude, 1995) and insist that alters are, apparently in every case,
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diminished to a degree that disqualifies them as distinct moral or prudential agents. They write, "alter states are grossly abnormal and depleted states of a person" (p. 519). Not only is that a misunderstanding of what I wrote, it also seems inattentive to the literature on DID describing the grubby realities of dealing with multiples on a daily basis. Contrary to what Kennett and Matthews seem to believe, alters are sometimes as robust personally and in command of their lives (while in executive control of the body) as many non-multiples whom we would ordinarily consider to be responsible for their actions. (It's not necessary actually to know a DID patient to figure this out—though that certainly would help. It's enough to pay attention to what many have said about their relationships to the alters in their lives.) Some ordinary people, not suffering from any psychopathology, are relatively one-dimensional, affect-less, and uninteresting human beings. And some alters are far richer as individuals—usually, those who have had some time to develop their character and connections in the world. It's possible (actually, fairly common) to deal with an alter for extended periods and not realize that anything is amiss. Alters may go undetected as such in the workplace, school, and even in the intimacy of close friendships and marriages.

Probably, some of my misgiving here can be traced to a difference in orientation over the philosophical analysis of concepts generally and the concept of a person in particular. Since space is limited, I'll have to wax dogmatic for a moment. To the extent we even have a concept of personhood or personal identity, it's loose and elastic, like most of our concepts. Moreover, our ordinary concept of a person (such as it is) is largely normative (what Locke called a "forensic" concept). It's important to realize that when we use the term "person" in ordinary life, we're not picking out a natural kind—that is, something whose nature scientific inquiry will decide (for example, something that inevitably links persons to the biological species homo sapiens). Ordinarily (in our culture, at any rate), we take persons to be (among other things) entities who presumably have (or could have) an inner life relevantly similar to our own, who have various rights and perhaps obligations, and who deserve our respect, consideration, etc. And we embrace the normativity of this conception of personhood irrespective of our views (if any) about how persons might (or must) be configured biologically or otherwise—for example,
whether dolphins, computers, brains in a vat, or alters, could be persons. So our ordinary concept of a person fundamentally carries ethical obligations or imperatives along with it. It concerns things we value about ourselves and each other, and it rests on various presuppositions about the ways people should be treated. In fact, I'd argue that what we value most about persons are their psychological traits and that this is why we’re often content, in real-life situations, to make judgments about identity (for both DID patients and ordinary folk) on the basis of psychological criteria alone.

In fact, to suppose that abstract considerations about personhood and identity can or do play any role at all in these practical deliberations (as Matthews seems to think), is to elevate philosophy to a prominence in life it never has in fact, and arguably never should have. Indeed, if we had to settle abstract metaphysical issues before deciding how to attribute responsibility to or behave toward a multiple, we'd be no better off than Buridan's ass.

In daily life most of us could care less about, or have any views about or interest in determining, what it is to be a person. That metaphysical question is either simply ignored or routinely trumped by real-life concerns. Ordinarily, we need to make on-the-spot decisions about whom we’re dealing with, whether they’re DID patients or more ordinarily troubled folk, and most of us make these urgent practical decisions without the aid (or hindrance) of a reasoned or articulated underlying metaphysics, much less proposed abstract criteria of identity. And our strategies for reaching these decisions are shifting and flexible, and for the most part they serve us quite well. Moreover (and significantly), it's likely that any of several different metaphysical theories will be compatible with our everyday, preanalytic criteria for identifying persons. After all, it’s likely that our generally workable strategies for identifying persons have been relatively stable for millennia, despite profound changes in prevailing philosophies and scientific background theories. So if our philosophical ignorance or theoretical naivete is no barrier to identifying persons and judging identity in everyday cases, it’s not clear why it should matter in connection with cases of DID. Granted, the cases are unusual. But their oddness merely forces us to vary our criteria of individuation more frequently than we would in more usual circumstances. And it's crucial to remember that in ordinary circumstances, we still individuate
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persons differently in different contexts, using the same criteria we employ just as successfully as in cases of DID.

Matthews's writes, “in ordinary (non science fiction) contexts establishing personal identity over short periods is *usually* a matter of establishing bodily continuity” (p. __, emphasis added). Although Matthews thereby seems to recognize that our criteria of individuation do in fact vary, it's nevertheless contentious that bodily continuity is our usual or default criterion. For many people, most of their contacts with other persons is always at a distance and mediated by processes prohibiting application of bodily criteria. Consider, for example, lonely or socially isolated souls who spend huge amounts of time (perhaps most of it) communicating with business contacts, friends, or relatives on the phone or by email. And of course, Matthews's claim is obviously false for the blind.

Our loose and elastic concept of personal identity (such as it is) relies on both physical and psychological continuity, and under optimal conditions we’re able to identify people on the basis of both sorts of continuity. However, in many cases we have only one sort at our disposal. We might see somebody but not observe any psychologically significant behavior, or we might interact verbally with a person (say, via telephone or computer) but not see the person's body. So although we ordinarily conceive of and identify persons on the basis of both physical and psychological criteria, we weight those criteria differently in different cases. And I submit that, by insisting on the primacy of bodily continuity, Matthews greatly underestimates the richness and variety of real-life situations in which we identify persons.

If I'm right about all this, then it would seem that practical decisions about responsibility require *no general position whatever* on personal identity. But in that case, presumably what matters for determining responsibility in cases of DID are the issues about control and conceptual or moral sophistication that I discussed in Braude, 1996, and also the four principal scenarios I outlined there, concerning a multiple's control over both switching and behavior.

I should add that I did not, as Matthews alleges, subscribe to the Single Person thesis in my book *First Person Plural* (Braude, 1995). What I defended in that book is a more modest, and I hope a deeper, position—namely, that we need to posit something like an underlying and
unifying Kantian ego to explain the multiplicity of selves (or “apperceptive centers” as I called them) displayed in cases of DID. But I never claimed that this unifying subject meets any criteria of personhood. Perhaps it does, but if so, that would only be relevant in situations where we can ignore the distinct agendas and interests of specific alters—say, situations where we’re focusing on the creativity necessary to maintain a dissociated state (see, e.g., Braude, 2002), and perhaps some (but hardly all) abstract philosophical discussions about what it is to be a person. And of course, there is nothing privileged about any of these contexts or the perspectives on personhood they require or encourage.

Finally, to avoid misunderstanding, I should mention that I’m not advocating the position articulated by some DID patients and (I would say naive) therapists—namely, that it’s either acceptable or preferable for those patients to resist integration of alters and thus to continue life as a multiple. I would still argue that integration of alters is desirable (when possible) and that it’s preferable to face life’s difficulties and challenges in a non-dissociated state. Of course, life can be hard either way, and in fact integrated former multiples experience indecisiveness and internal conflicts to a degree that still-dissociated patients can often avoid by switching to appropriately focused or unidimensional alters. But multiples always run the risk of spontaneous and disastrous switching in response to uncontrollable external events. And as a result, they can only have a tenuous hold on life’s most important relationships and responsibilities. So perhaps the goal of integration will be to attain a degree of psychological cohesiveness that makes it unnecessary to be treated so often as multiple persons.

REFERENCES


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