The Experience of Autonomy Samuel Hintz: May, 2006 (edited February, 2009)

Vital in every mentally healthy person is a sense of personal freedom. As a result, the issue is largely inescapable in therapy. We place high value on the individual's ability to make and put into action plans for their future. Indeed, the importance of autonomy is largely undisputed. With this in mind, in the following pages I will briefly lay out two intersecting conceptions of personal agency. Accepting its relevance to mental disturbance, I will relate the presence of others to the appearance and execution of autonomy. This done, I will consider what place our discussion of personal agency should have in the therapeutic setting. Finally, I will demonstrate that if we accept that autonomy plays an integral part in human experience, and that this autonomy is only given by the presence of others, then our therapeutic goals must be concerned principally with reconnection, and subordinate all other techniques to this end.

Autonomy

In his book, *Autonomy and Rigid Character*, David Shapiro (1981) addresses the connection between mental disorder and an individual's sense of personal agency. As he opens the book he states: "Every condition of psychopathology is characterized by modes of action that in one way or another compromise or distort normal volitional processes" (p.5). Indeed the aim of psychotherapy is "to introduce him to his authorship and to enlarge his experience of it" (p.10). Shapiro finds a lot of the current psychological theory lacking. Though there is much discussion of impulse and motivation, for Shapiro, these alone are unable to account for the experience of autonomy.

These last words also free Shapiro from having to fully confront the continuing philosophic debate regarding human freedom. In focusing on the experience of human agency, he avoids having to discuss such topics as determinism or free will. The autonomy that Shapiro is addressing then, is not a complete metaphysical freedom but a freedom that appears naturally in daily life. In his words, "Needs, interests, wishes, the opportunities of circumstance –instead of triggering reactions as in infancy –generate interest in the possibilities of action...[which] culminates in an intention" (p.17). And this intention is carried out as action. Furthermore, "virtually all action is to some extent self-directed and planned. It is not possible...to act immediately, without anticipation, imagination, and some degree of consciousness of the self acting..." (p.17).

Emmanuel Levinas is also concerned with the experience of personal freedom. Though obviously a philosopher, he too approaches the topic as it appears in daily living. In his section on Truth and Justice he points out that our freedom is not self-sustaining, that is, based on nothing but itself. He furthers Shapiro's understanding of agency when he states: "the presence of the Other... does not clash with freedom but invests it" (1969, p.88). Here he introduces the necessary social aspect of freedom. In Shapiro's conception of freedom, one may be tempted to include others as simply additional factors to be considered in anticipation and planning for action. But Levinas places the Other far

before that stage. It is the Other that invests me with my freedom by making that freedom meaningful. It is the existence of others that invests my whole world with value, and that weights the decisions I make. Astute readers may point out that this is a different sort of freedom than perhaps Shapiro had in mind. Perhaps so, but if psychotherapy really hopes to reacquaint the patient with their autonomy, we must not limit our discussion to autonomy alone, but also to what give autonomy is meaning; other people.

To this point then, we have introduced what are to be the dominant topics in the following pages. Though there is extensive literature on the social component of mental disorder, I intend to approach it by a very specific route. If in therapy our goal is to enlarge the client's understanding of their own autonomy, and this autonomy is not in competition with others' but rather *invested* in the individual by others, then our understanding of the other's role (in this case the therapist) in therapy must change according to the nature of autonomy.

Autonomy and Experience

Given the importance of autonomy stated by Shapiro. It seems proper to discuss the nature of such meaningful freedom further. Describing autonomy he says: "the capacity for such action is the basis not merely of a comparative independence from the immediate environment but of an active mastery of the environment" (p.17). This concept of mastery is one echoed in Levinas.

In describing the interplay between the self and the other, Levinas is also laying out a description of an ethical world. One major feature of this world is the lack of a certain kind of middle ground. There is no life before a life overflowing or a life lacking. "The bare fact of life is never bare...Life is the love of life, a relation with contents that are not my being but more dear to me than my being..." (p.112). This is a fundamental experience throughout his account of the world. For instance, the Other places me under obligation but when I meet this duty it is experienced, not as a duty met, but as *generosity*. I am hungry until I eat, but then I am not simply "un-hungry," I am *full*. Our world is the interaction between totality and infinity; there is no middle ground. Even objects are not neutral, but are either subsumed into my self or given to me as the Other's. This is the ethical quality of the world Levinas describes. Even our everyday experience reflects the dualistic characteristic of reality.

Freedom, as invested by others, is experienced in the same way. This brings us again to Shapiro's concept of autonomy as mastery. When I am experiencing my autonomy, it does not appear to me that my capacity for action is exactly equal to the situation in front of me. Situations are either overcome, or they overcome me, they are never left in stalemate. For example, consider a situation in which I have several responsibilities but only one afternoon's worth of time. I am able to allot my time in such a way that I write the paper that I need to, call my mother, and still eat a good dinner with my fiancée. But I do not return other phone calls, or go running, or clean my house. We are tempted to say that in regards to my plans for the afternoon, I *partially* achieved my goals. We might even say that in a simple way my autonomy, or the way I go about

putting myself in action, was *mostly* able to complete the intended tasks. But the reality is that there is no such halfway in existence, though one appears when life is averaged out. In actuality, I either fulfilled my particular aim or I did not. I *completely* called my mother and achieved my goal, or I did not. If I wrote only half of the paper I have still not achieved my goal (unless I change my goal). Furthermore, the language we use to describe these circumstances goes even further. When I complete the tasks in front of me, I do not experience it as simply meeting my obligations, but as Levinas says, as an *achievement*. I do not meet obligation but overcome it, or fail.

This is the meaning that has been invested in my freedom by others. Indeed, even the "first word" of the Other expresses this investment. In Levinas, the primordial expression of the face of the Other says to me "you shall not commit murder" (p.199). But within this statement is already given the understanding that "you have the capacity to murder." One is not given before the other. And the fact that we are instructed not to murder instead of simply harm is significant. One does not murder part way. It is an all or nothing experience. And here Levinas does not mean to say that all harm *up to* murder is permitted by the other. No, instead it is the other extreme, the Other says "any harm to me will be equivalent to murder." This intensity echoes the Biblical statement, "Everyone who hates his brother is a murderer..." (1 John 3:15). We have the capacity to either overcome (which is to overcome completely) or to refrain.

Returning to our earlier quote by Shapiro, our autonomy is not the sense that we are separate from the world around us. Rather, our autonomy is experienced as mastery, as a capability to overcome the surrounding world. This overflowing freedom is given by others, who both invest it with its power and caution the individual with its use.

Autonomy and Therapy

To this point then, we have discussed the basic similarities between Shapiro's sense of personal autonomy and the freedom discussed in Levinas. Furthermore, we have begun to see the integral part that the existence of others plays in our willful processes. Beyond this, we have yet to consider the implications of this sort of understanding for the therapeutic situation. In the following, I will describe how this perspective does not replace therapeutic technique, but instead precedes technique by providing the grounds and goals for therapy.

The therapist is left with a difficult problem. The client has come to them for a variety of reasons: they are not getting along at work, they are having trouble at home, their world is beginning to lose it's meaning. And according to Shapiro these problems are related in part to issues of autonomy, the client's sense of personal directedness. Not only this, but the very autonomy they lack, or have left unfinished, is to be invested in them by others. But already at these beginning stages we see a shift in perspective. Already the focus has begun to include the others that surround the individual instead of them alone. But what is the task? What is the goal of this therapy, given our discussion? Obviously, we have not come to a new question. But the goal of therapy is always described in terms of a particular perspective's understanding of the individual. For instance, Freud speaks broadly of therapy aimed at "making the unconscious

conscious." But such a goal only makes sense against the theory of unconscious phenomena that Freud professed. Indeed, the idea of the unconscious has occasionally proven so difficult that other explanations have arisen, each tied to their own slightly different goal. Donnell Stern describes for us a slightly different conception that speaks not of repression but rather of "unformulated experience." There is no need to posit an experiential area of which we are unaware when the same effects could be attributed to incomplete experience. The difference is notable. Instead of excavating hidden impulses the therapist is trying to help the client complete an interrupted experiential process. Well and good, but to what end does a therapist concerned with autonomy aim?

Simply put, the therapist is concerned with reconnection. The therapist is concerned with reconnecting the client with others in such a way that they would perceive again the investment of freedom. But in the therapeutic setting, who are these others? There is only the two of them in the room. This is where the responsibility becomes most pointed. The therapist is the lone representative of all others in the therapeutic situation. All others exist in their absence; the therapist alone is the face of the Other. The therapist's face alone invests the client with their freedom. But the client is having trouble apprehending this, and this is where there is work to be done. Perhaps here there is an unconscious to be made conscious, or experience that must be further formulated. Though these are not ends in themselves, they do provide a way for the client to further establish their connection to the therapist and in this way slowly regain their autonomy.

Not that this process is simple. The therapist is concurrently the one who invests the client with freedom as well as the one to whom the client looks to as they begin to exercise this freedom. In Shapiro's terms, therapy can help the individual understand again their own power, allowing them to abandon particular rigid styles that had previously directed their actions. Though different techniques can be used, it is this reestablishment of connection that enables the client to begin to make progress.

Conclusion

"...there is a sense in which health or the feeling of well-being, unlike disease, does not require explanation" (Shapiro, 1981, p.60). There is also a sense in which everyday autonomy does not require an explanation. Mental disorder in many forms can be aptly described as a disturbance of autonomy. Taking into account the description given by Levinas of freedom's investment, mental disorder can also be described as a disturbance of connection. This sentiment is not a new one, but this particular pairing with autonomy is unique.

Autonomy involves the way that an individual carries forward their intentions into action in light of their current situation. This process of volition is also made meaningful by the presence of other people, who simultaneously invest the individual with freedom and instruct them in its use. Our experience of this autonomy also reflects the ethical world in which we live. When confronted with our obligations we are able to overcome them, or they overcome us. There is no partial fulfillment; we are never able to simply *meet* our obligation.

Given this understanding of the human capacity to act, the role of therapist does not aim principally to excavate, nor construct, but to reconnect. This movement both refocuses therapy on to the relationship between client and therapist, and also recognizes the role played by surrounding society in general. Therapy is then carried out in the knowledge that successful therapy at its end lends itself not to description, or even explanation, but instead enactment.

Works Cited

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