

AN ABSTRACT OF THE THESIS OF

Matthew A. Gaddis for the degree of Master of Arts in Applied Ethics presented on August 7, 2013
Thesis: Rethinking Autonomy in Group Home Policy

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In this thesis I argue that in contemporary Oregon, the policies and design of group homes for individuals with developmental disabilities emphasizes an ineffective conception of autonomy, and this emphasis should be shifted to provide better opportunities for the growth of individuals both within the homes and in their communities. The traditional philosophical conception of autonomy with which I am concerned emphasizes individual choice, rationality, and individual independence. Within the group home setting, this emphasis was originally intended to respond to the vulnerabilities of individuals with developmental disabilities. However, the traditional understanding of autonomy is ineffective and ironically it often denies individuals with disabilities a chance at personal growth. I argue that by shifting the focus towards what I call a “habitual” conception of autonomy, we can respond to the concerns that the current understanding of autonomy is attempting to address, without falling into the same pitfalls that the traditional conception of autonomy confronts.

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Rethinking Autonomy in Group Home Policy

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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Matthew A. Gaddis, Author

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Introduction

In this thesis I argue that in contemporary Oregon, the policies and design of group homes for individuals with developmental disabilities emphasizes an ineffective conception of autonomy, and this emphasis should be shifted to provide better opportunities for the growth of individuals both within the homes and in their communities. The traditional philosophical conception of autonomy with which I am concerned emphasizes individual choice, rationality, and individual independence. Within the group home setting, this emphasis was originally intended to respond to the vulnerabilities of individuals with developmental disabilities. However, the traditional understanding of autonomy is ineffective and ironically it often denies individuals with disabilities a chance at personal growth. I argue that by shifting the focus towards what I call a “habitual” conception of autonomy, we can respond to the concerns that the current understanding of autonomy is attempting to address, without falling into the same pitfalls that the traditional conception of autonomy confronts.

In the first chapter I show that the traditional conception of autonomy is derived from a specific notion of individual rights that narrowly focuses on the ability of individuals to make rational decisions. As I discuss in more detail, below, this understanding has directly affected the way that group homes for individuals with developmental disabilities are organized. The emphasis on this conception of autonomy informs the policies that state and local organizations develop; the individualized plans that are designed to help guide clients’ daily interactions with staff and their community; and the interactions between staff and clients. I also present some of the historical reasons why the traditional conception of autonomy has had such a powerful appeal. The traditional conception of autonomy is set against a historical background where

individuals with developmental disabilities were routinely denied rights and given little or no choice in the decisions that affected their life. These concerns continue into the present as even today many individuals who live within these homes are particularly vulnerable to paternalistic interventions. Any alternative to the traditional conception of autonomy needs to be mindful of and responsive to this history and these concerns.

In the second chapter, I develop a critique of the traditional philosophical conception of autonomy. I challenge this traditional conception on three grounds. First, the traditional conception of autonomy is overly atomistic and isolates individuals from their communities and from the historical circumstances that decisions are made against. Second, the traditional account of autonomy relies on a specific understanding of rationality that is problematic especially when applied to individuals with developmental disabilities. These individuals often fall outside of the bounds of this understanding of rationality and yet still we would want to say that they are able to exercise some level of autonomy. Lastly, I develop a metaethical critique of the way that the traditional conception of autonomy is used within the group home context. Here I highlight the problems that arise when the traditional account of autonomy is utilized, namely, the goals informed by the traditional account of autonomy become static and unresponsive to changing experience.

In the third chapter, I develop a pragmatic alternative to the traditional conception of autonomy. This alternative conception of autonomy focuses on the role of habits in creating the possibility of meaningful growth. This conception allows the individual to develop habits that help them achieve the goals that they have chosen and reinforces the interconnection between an individual's goals and the means that are taken to achieve these goals.

Finally, in the last chapter I apply this conception of autonomy to the situation of individuals with developmental disabilities who live in group homes. Here I show how the habitual conception of autonomy that I am advocating can be integrated into these homes so as to preserve autonomy and allow these individuals a better chance at achieving meaningful growth. Lastly, I respond to potential objections that my account is overly paternalistic or not thoroughly relational.

Chapter One: The Traditional Conception of Autonomy

In the western philosophical context, the traditional understanding of autonomy is linked with freedom of choice. When an outside force constricts our ability to make a choice, that force is seen as preventing us from being autonomous. Autonomy is our ability to be free of these forces. This conception of autonomy was most prominently articulated by Immanuel Kant (Kant, 2002). He describes autonomy as a situation where “The will is thus not solely subject to the law, but is subject in such a way that it must be regarded also as legislating to itself, and precisely for this reason as subject to the law”(Kant, 2002, p.49).

In other words, autonomous individuals are those who can create the rules for their own actions. They are subject to these laws precisely because they are involved in creating them. In so doing, individuals who are autonomous are held responsible to the very laws that they create and cannot have the rules of another thrust upon them. Kant’s conception of autonomy is also tied to a particular notion of rationality. Autonomous individuals are those who can create their own rules and who can do so in accordance with reason. A rational individual is one who is able to weigh different options and then make a decision for herself. This traditional conception of autonomy assumes that we are able make decisions apart from the role that we have within our communities or our connections with other individuals.

As should now be apparent, this traditional understanding of autonomy focuses largely on the role of isolated individuals and isolated future actions. As I argue in Chapter Two, this notion of isolated agents is an idealized abstraction that has little power to guide actual practice. According to the traditional account of autonomy, our relationships within the community and our previous actions play no role in determining whether or not our present actions are performed autonomously. The only way to tell if a specific action is made autonomously is by

looking at whether or not the individual who took it was free of outside influence. On this view, the action and the individual are both isolatable from the larger historical circumstances and from the particular society that the individual inhabits. Presumably, neither circumstances nor community will add any knowledge about whether or not the action was done autonomously. According to the traditional account of autonomy the individual alone makes an autonomous decision at a particular point in time. The community and the circumstance are factors that the individual may weigh, but the decision process itself is entirely within the individual and occurs at a particular point in time. This might sound reasonable, but as I will argue in Chapter Two this isolation between actions breaks down the potential feedback loops that allow for meaningful growth.

This brings us back to the particular notion of rationality at work in the traditional conception of autonomy. Here, a rational agent has the ability to weigh different outcomes, to look at the actions “in and of themselves,” and to use this information to do the desired action. Only if there is something preventing us from following through with the action that we have chosen will our autonomy be compromised. Note that within this view the restrictions that affect our autonomy only come from the outside, which may prompt a question about the individual’s internal reasons for selecting a particular course of action. This leaves open the possibility that coerced acts or acts out of fear would then count as fully autonomous. This result seems counterintuitive. To guard against this contemporary theorists have attempted to refine the conception of autonomy to address the potential of internal constraints on autonomy (Frankfurt, 1971, 2006) (Watson, 1975) (Dworkin, 1976) (Christman, 2001).

Gerald Dworkin develops an argument along this strain in “Autonomy and Behavior Control”(1976). He also argues that early conceptions of autonomy are problematic because they

rely on what he calls first-order considerations. A first-order consideration simply refers to a particular preference to do a specific action (Dworkin, 1976, p.23). This preference can be developed for any reason: authentic desire, coercion, fear, etc. Dworkin believes that working with first-order considerations is insufficient because each of these reasons may denote a differing level of autonomy (1976, p. 23). In other words, he believes that certain internal forces can prevent us from making autonomous decisions. Our emotions and other internal motivations are susceptible to being coopted by influences outside of our control. If we act on these motivations then we are making decisions that appear to be autonomous, but are actually determined by unchosen, therefore irrational, internal factors. We have no control over these preferences directly and thus must work to gain an understanding of where these first order preferences come from. This leads Dworkin to argue for second-order judgments about our particular preferences (1976, pg.24). We must reflect not only on our individual decisions, but also on the particular motivations that lead us to make these decisions. Here we can see that Dworkin takes the traditional understanding of autonomy and expands the emphasis on our rational capabilities. To be autonomous in Dworkin's view, we must not only make rational decisions about individual action, but we must also make rational judgments about how we came to make these decisions. We must analyze whether the reasons for why we made a specific decision are themselves of our own choosing (Dworkin, 1976).

Dworkin believes that a proper account of autonomy requires two additional features: independence and authenticity. Dworkin describes the first requirement, independence, as a person's desire to be moved by certain desires. When outside forces manipulate an individual's desire to be moved by specific desires, then the individual lacks independence. Dworkin claims that "an individual may identify or approve of his motivational structure because of an inability

to view in a critical and rational manner his situation” (1976, p.25). Dworkin characterizes independence as the ability to reflect on the reasons for our desires for specific motivations.

Dworkin is concerned that this will not fully guard against coercion and so adds an additional criterion of authenticity. Authenticity is a “characteristic of persons that they are able to reflect on their decisions, motives, desires, habits, and so forth” (Dworkin,1976 p.23). By reflecting on our desires, Dworkin believes that we are then able to make judgments about whether these desires are our own, or they have some external source. When we have internalized the desires, decisions, motives, and habits, and wish these to be the ones that move us, then we can consider these (desires, habits, motives, and decisions) to be authentically ours.

Jonathan Christman elaborates on this criterion in “Liberalism, Autonomy, and Self-Transformation” (Christman, 2001). He claims that “So the autonomous person, besides being minimally competent in the ways alluded to, is "authentic" in the sense of being moved by values that would withstand self-scrutiny” (Christman, 2001, pg. 201). Being authentic on this account requires that one is able to engage in critical self-reflection and then to follow the values, desires, and actions that withstand our own examination. Christman claims that in doing so the individual must take her own personal history into account. What he means by this is that the individual must look into the various conditions that have led to her current character. He claims that “Autonomy obtains when a person reflects on her present state in light of the processes by which it developed” (Christman, 2001, pg.201). The individual may discover a problematic history that led to a specific desire or trait in the individual and then be led to reject it. Additionally, Christman acknowledges that this kind of self-reflection can only be done by examining a particular aspect of one’s character at a time. No individual has the ability to reflect on all of their traits from a disconnected perspective at any given time. Instead they must examine a

particular trait individually, and determine if that trait is authentic. He ties these aspects together in his final articulation claiming that “the person is autonomous (relative to some factor) if, were piecemeal reflection in light of the history of the factor's development to take place, she would not feel deeply alienated from the characteristic in question”(Christman, 2001, pg. 202).

Harry Frankfurt, another contemporary theorist working within the traditional conception of autonomy, is also particularly concerned with the problems that come from our own internal constraints. He argues that “sometimes we do not participate actively in what goes on in us. It takes place somehow, but we are just bystanders to it. There are obsessional thoughts, for instance, that disturb us but that we cannot get out of our heads; there are peculiar reckless impulses that make no sense to us” (Frankfurt, 2006, pg.8). According to Frankfurt, when we act based on these kinds of emotions or impulses, we are not being fully autonomous. In order to be fully autonomous we must be acting out of the desires of our true self. For this reason an individual must engage in rational self-reflection, in order to determine whether their desire come from their real self or from other influences.

Similar to Dworkin, Frankfurt believes that in order to achieve this we must appeal to second order desires, but Frankfurt does not believe that this is enough to allow for autonomy. He believes that we must also make a distinction between standard desires and volitions. A volition, according to Frankfurt, is a desire that is effective (Frankfurt, 1971, pg. 7-10). By effective he means that a desire actually causes a particular action to happen. A second order volition is the desire that a particular first order desire is effective. A second order volition only requires the individual to want the first order desire to be effective, and does not itself need to be effective. Frankfurt believes that separating volitions and desires is important because individuals still have second order desires that are not reflective of their true self. In other words,

moving to second order desires doesn't prevent internal forces from corrupting an individual's autonomy because it does not insure rational self-reflection. For Frankfurt it is only through rational self-reflection that we are able to act autonomously, and this rational self-reflection is best captured by second-order volitions.

Another contemporary theorist, Gary Watson, is also concerned about the potential for internal factors to constrain our autonomy, but takes a different approach to addressing the issue. Rather than appealing to second order considerations or volitions, Watson believes that we must attempt to align our values and our desires. According to Watson individuals have specific desires that are based on their passions, and rational desires which are based on their preexisting values. These values are discovered through a process of self-reflection. For Watson an individual is able to act autonomously when they have aligned their individual desires with their values. For Watson these values represent the "true" self, and aligning one's desires so they can act on them allows one to be autonomous. Watson claims that "One's evaluational system may be said to constitute one's standpoint, the point of view from which one judges the world" (Watson, 1976). Autonomy is achieved by bringing our specific desires in line with this standpoint. For Watson, we use rationality to determine a specific system of values and then we achieve autonomy when we can align these two aspects.

I am sympathetic to the concerns, about autonomy, that these contemporary authors raise. I believe that each of these responses only work to further problematize autonomy. As I will discuss in Chapter Two, I believe the continued focus on rationality is particularly unsuited for the group home context and that focusing on authenticity works to undermine the important role that the community plays in the development of an individual's autonomy.

How the traditional understanding of autonomy is used in group homes

The traditional understanding of autonomy as I have been characterizing it plays a large role in the structure of group homes for individuals with developmental disabilities. It is reflected in the focus of state and local organizations within Oregon that emphasize decision making, independence, and productivity. This focus then directs individual homes that tend to train employees specifically to meet these goals. Employees are trained to have very particular and, I argue, problematic types of interactions with clients.

The traditional conception of autonomy defined as the ability to make choices and the ability to be free from outside interference, can be seen in three of the four goals promoted by the Oregon Developmental Disabilities Services Department.¹ These four goals are to provide individuals with choice, to encourage independence, to foster productivity, and to integrate individuals into the community. I discuss the first three of these goals as I believe they best embody the emphasis on the traditional understanding of autonomy.

The first goal, to provide choices to individuals with developmental disabilities, ties directly into the traditional understanding of autonomy. It emphasizes the individual's ability to make a decision regarding different alternatives. The locus of choice here is on the individual and on individual actions. The description given for staff focuses on how to offer clients the ability to choose between different alternatives (Core Competencies, 2000). The core competencies suggest implementing this by having staff include the client in decision making regarding daily activities such as meal preparation, budgeting, clothing, and daily chores (Core Competencies, 2000).

¹ Information on the Oregon Development Disabilities Services Department was retrieved from their webpage <http://www.oregon.gov/DHS/spwpd/Pages/index.aspx>

The second goal is to provide individuals with a sense of independence. Staff are encouraged to help the clients that they work with become more independent and rely on them less. This goal is explained by claiming that it is valuable to clients within the homes to have the ability to have control over their own lives. This emphasis on individual control reinforces the importance of making individual decisions and being self-sufficient. Clients are considered to be more independent when they are able to make more of their own choices and are less reliant on supports both within and outside the home. The core competencies suggest that staff achieve this by presenting the client with choices regarding daily activities, and by encouraging the client to use the skills that they possess (Core Competencies, 2000).

The third goal, productivity, is indirectly related to the traditional conception of autonomy. This goal is generally cashed out in terms of the individual being able to engage in productive work that earns an income and encourages self-sufficiency understood as financial independence (Core Competencies, 2000). Note that the goal is indirectly tied to autonomy by encouraging the independence and decision-making power of the individual. Understanding productivity in terms of self-sufficiency works towards the same end as independence and individual decision making. Here the core competencies suggest that staff “promote involvement of individual in work, household and environmental duties” (Core Competencies, 2000, p.8).

The goals that are stated by the Oregon Department of Developmental Disabilities Services direct the kinds of interactions that occur between staff and clients and the way that individual homes are designed. In order to become a staff member at any 24hr. facility an applicant must pass a “core competency assessment” displaying knowledge of the goals of the Oregon Development Disabilities Services Department. This assessment includes health and safety procedures, knowledge of the rights of individuals with developmental disabilities, and

knowledge of the goals promoted by the state. Staff must be able to verbally or in writing explain the four goals discussed earlier and explain why these goals are particularly important for individuals with developmental disabilities. Additionally, within the first 3 months all staff must be able to demonstrate that they themselves have taken specific actions that are designed to address these goals. Training is geared at emphasizing the importance of individual decision making and becoming independent. Since training run by the state is geared towards these ends the group homes themselves tend to be structured around these goals as well (Core Competencies, 2000).

In addition to the Core Competencies the traditional understanding can be seen in many other aspects of the state's policies for group homes for individuals with developmental disabilities. The administrative rules for designing a group home in the state of Oregon claim in their statement of purpose that "the goal of the AFH-DD [Adult foster homes for individuals with developmental disabilities] is to provide necessary care while emphasizing the individual's independence." This goal is achieved by creating a "setting that protects and encourages the individual's independence, dignity, choice, and decision making." This allows us to see that the goal of independence is deeply rooted in the traditional conception of autonomy. It is linked directly to the individual's ability to make decisions and choose between alternatives.

The emphasis on the traditional account of autonomy is also reflected in the interactions between clients and staff. Staff are required to advocate for individual choice, and to offer clients options to make these choices. Unless contradicted by direct health and safety implications, staff are required to help clients exercise their ability to make decisions, regardless of the content of those decisions. A further restriction is that direct health and safety implications refer only to immediate threats to the individual's health. James Harris highlights some of the problems that

can arise from this situation by pointing to individuals afflicted with Prader-Willi syndrome. Individuals with this syndrome often overeat severely without satiation. They will continue to eat even when doing so poses direct health or safety risks. Food intake often needs to be restricted, but this often directly conflicts with the goals of the individual homes, which strive to maintain the right of the individual to have access to food (Harris, 2010). When autonomy is construed under the traditional model, we seem to be thrust into a choice between either recognizing an individual's autonomy or advocating for their health but not both. Staff may step in only when the over-eating reaches a threshold where it constitutes an immediate health or safety risk. However, completely restricting the individual's autonomy or allowing them to overeat to the point whereby it becomes an immediate health risk need not be our only option. In "Caring, Control, and Clinicians' Influence: Ethical Dilemmas in Developmental Disabilities" Sandra L. Friedman, David T. Helm, and Joseph Marrone argue for precisely this (Friedman, Helm, and Marrone, 2009). They argue that in certain situations staff influencing the individual can actually be beneficial for the individual's autonomy. They believe that informing them of alternatives and highlighting the benefits of those alternatives can encourage them to make a more autonomous decision. In Chapter Three I make a similar argument, that by reconstructing autonomy we can respect the individual's autonomy without abandoning other valuable goals. I believe that this account will better allow for the balancing of autonomy and alternative goals, that Friedman, Helm, and Marrone advocate.

One of the main ways that staff\client interactions are arranged is through the use of individual support plans. These plans are developed yearly and attempt to prescribe the kinds of interactions that staff should have with clients. These plans are created with the client, the house manager, the client's case manager, family members (if the client would like), and any staff who

advocate for the individuals. The individual support plan lists things that the client deems important to them and establishes what is considered proper interaction between staff and clients. It also outlines any potential health and safety risks that the individual may have. These support plans attempt to implement the four goals that I discussed earlier, and hence tend to focus on the autonomy of the individual. Emphasizing these goals means that other goals are neglected and many of the goals that the individual puts into their individual support plan can be left behind in the emphasis on individual autonomy.

The focus on a traditional conception of autonomy within group homes for individuals with developmental disabilities attempts to address a specific set of issues. First, it responds to a historical background where disabled individuals were routinely denied rights and given no say over decisions that affected their lives. Second, because individuals with developmental disabilities continue to be in a position of extreme vulnerability, it becomes important to address the imbalance of power between them and the staff directed at their care.

Historical Backdrop

In the early parts of the 19th century there were community efforts in the United States towards integrating individuals with developmental disabilities into the broader community (Pelka, 1997). There was an increased effort to establish schools for individuals with developmental disabilities (particularly schools for the blind and schools for the deaf) and there was an attempt to prepare disabled individuals to participate in the community and gain greater independence. However, while attention was paid to education and youth integration, there was little development of programs aimed at job training. This left many individuals with disabilities unable to secure any kind of employment. By the late 1800s, schools began to shift to a disease model of understanding disability (Pelka, 1997). This model informed social policy and led to an

emphasis on treatment rather than independence. This led to the rise of mental health institutions. Continuing into the 1920s the eugenics movement affected social policy in the United States which began to impose strict regulations on every aspect of the lives of individuals with developmental disabilities. It restricted the ability of individuals to move into or out of the United States and often they experienced forced sterilization and institutionalization. As a result of the Great Depression many families were less able to care for individuals with developmental disabilities leading to even higher rates of institutionalization (Pelka, 1997). Within these institutions, individuals were given no freedom to make any of their own decisions. Additionally, they were routinely the victims of extreme neglect and abuse. As late as the 1940s there were intellectual debates about the possibility of involuntary euthanasia (mercy killing) for individuals with developmental disabilities (Harris, 2010, p. 56).

The disease model understands disability as a problem located firmly within the individual. This model characterizes disability as a corporeal problem within the individual. The individual has some kind of defect that separates them from the rest of the community. This leads to a second feature of the disease model, which is the belief that disability is something that needs to be treated through medical intervention. This has meant that “for the most part, throughout modernity, disabled people have come under the jurisdiction and surveillance of (bio)medicine”(Hughes, 2002, pg. 58). An individual with a disability has a problem that needs to be addressed through medicine. This model has been challenged starting in the 1960s by disability rights advocates who argued for a social model of disability. According to the social model, “disability should be understood not as a corporeal deficit but in terms of the ways in which social structure excludes and oppresses disabled people” (Hughes, 2002, pg. 59). Rather,

than locating the deficit within the individual, the social model claims that the social structure which excludes disabled individuals is the locus of the problem.

In the 1960s and 1970s, the disability rights movement also began to make some strides towards addressing the gross abuses of power by “caregivers” in institutional settings (Pelka, 1997). Many institutions were shut down and people designing care services began to explore new ways of structuring caregiver\client relationships. Disability rights advocates argued that historically the focus had been placed exclusively on the disability, and completely ignored the individual. These activists focused instead on the rights of individuals and the ability of the individuals with disabilities to make their own decisions. This movement attempted to reposition the individual to the foreground. This well-intended response led to much of the emphasis that is currently placed on autonomy. Returning to the core competencies reveals the impact of this emphasis on autonomy. Staff are required to show how they have fostered independence, productivity, provided clients with choices.

Notwithstanding the great strides in human rights made by disability rights advocates, individuals living within group homes continue to be in a position of vulnerability with reference to their staff. The problematic power relationship between caregivers and individuals with developmental disabilities did not automatically change with the process of deinstitutionalization. Clients in group homes are still often dependent on staff for their basic necessities and this places staff in a position of power over clients. This combination places the individual with a disability in a position where they are more susceptible to paternalistic interventions from the staff. Reports continue to document that the staff in group homes routinely abuse this position of power and impose their will on individuals with disabilities (Esser & Roof, 2011). Individuals with developmental disabilities are around 4 times as likely to be the victims of physical violence

as the general population (Sorenson, 2002). Unfortunately, many of the resources that are designed to help victims of violence are not equipped to help individuals with disabilities. This means that individuals with developmental disabilities are less able to receive help from outside sources.

The likelihood of sexual violence is drastically higher for individuals with developmental disabilities. Conservative estimates place the chances of women with a developmental disability being the victim of sexual abuse within her lifetime at 70-85 % (Esser & Roof, 2011, pg.6-8). This is between 4 and 5 times higher than for women without developmental disabilities. 97-99% of this abuse is from people who the disabled individual knows and trusts with the largest percentage of abuse coming from so called “caregivers” (Esser & Roof, 2011, pg.14). Furthermore, the chances that this abuse will be reported is drastically lower for individuals with developmental disabilities because these individuals often have trouble making reports and they often have a reasonable fear of reinstitutionalization. Due in part to this fear, 71% of major crimes against people with developmental disabilities go unreported, compared to 56% in the general population (Sorenson, 2002, pg. 4). Police are also much less likely to prosecute claims made by individuals with developmental disabilities. Around 5% of claims from individuals with disabilities get prosecuted compared to 70% nationwide for similar crimes (Sorenson, 2002, pg.5). Police officers often claim that the individual with a developmental disability would not be a credible witness.

For these reasons, the traditional conception of autonomy can look to be a powerful and necessary corrective guide for the structuring of group homes for individuals with developmental disabilities. However, as I have hinted and will address in Chapter Two, the traditional model of autonomy often works against the goals it was designed to address. Additionally, as I argue in

Chapters Three and Four my alternative “habitual” autonomy can address these issues without creating the problems that we see with the traditional conception of autonomy.

Summary

In this Chapter I have presented the traditional conception of autonomy as one that links autonomy with the rational decision making ability of individuals isolated from history, community, or social context. Decisions are also isolated from the larger social context. The focus primarily is on the deliberative process that an individual uses, and their need to be free from external constraints. This understanding of autonomy underwrites policies for group homes for individuals with developmental disabilities. This can be seen in the goals of state and local organizations, individual group homes, and the interactions between staff and clients. Lastly, I discussed several reasons for the rise of this traditional conception of autonomy as a focus for group homes for individuals with developmental disabilities. This focus on the traditional understanding of autonomy is in response to a history of oppression where individuals had no choice in decisions that affected them, a pattern of vulnerability and abuse by “caregivers.” In the next chapter I develop a critique of the traditional model of autonomy on the grounds that it is overly atomistic, that it emphasizes a problematic conception of rationality, and that the way that it is currently being used in group homes leaves it ineffective.

Chapter Two: A Critique of the Traditional Conception of Autonomy

In the previous Chapter I presented an account of autonomy as it is used in the group home setting for individuals with developmental disabilities. This account focuses largely on the ability of individuals to make their own decisions and the role of rationality in their deliberations. This understanding of autonomy isolates individuals and places the focus on individuals as opposed to the community or the relationships within which these individuals are embedded. I began to outline how this conception of autonomy is utilized in the group home setting and some of the specific problems that this conception of autonomy was designed to solve. However, rather than helping to resolve these conflicts, I argue that when used as a guiding principle this conception of autonomy is ineffective and can often work to worsen the problems that arise for individuals with developmental disabilities who live in group homes.

In this chapter I develop a critique of the traditional conception of autonomy. My critique is threefold. First, I criticize the model of the individual on which the traditional conception is based. On this model individuals can be considered apart from the community that they live in, and their actions can be isolated from the larger effects that these actions have on an individual's beliefs, habits, and community. The traditional accounts of autonomy presumes that the ability to deliberate between different choices is unaffected by the individual's social situation and the previous actions that an individual has chosen. My critique draws on the work of relational autonomists and on a pragmatist emphasis on the continuity of actions. Secondly, I criticize the account of rationality underwriting the traditional understanding of autonomy. I argue that the model of rationality is this understanding of autonomy requires is unachievable, and furthermore that this is not a problem of the individuals, but rather a problem with the model of rationality

that the traditional model of autonomy presumes. Lastly, I develop a metaethical critique of the way that the current goals are being used in group home settings. Namely, I believe that these goals have become static where they need to remain flexible in the face of new evidence. This evidence can and should cause individuals to reevaluate their initial ends and shape the ends that they wish to pursue. This critique draws on classical pragmatists (Dewey & James) and argues that the current focus on autonomy has become idealized and reified in a way that discourages dynamic reevaluation.

Relational Autonomy

Traditional conceptions of autonomy assume that an individual's status within a community is irrelevant to considerations of their autonomy. While there are many different relational accounts which vary to the extent that they see interpersonal relationships affecting our autonomy and how they think that we should be discussing autonomy (procedural vs. substantive), they all hold onto two claims that can be helpful for criticizing the traditional understandings of autonomy (Mackenzie, 2008, p.519; Oshana, 2001). The first claim is that the traditional understanding is incoherent because our conception of agency is always and necessarily embedded within a particular context and in particular relationships. That is, "an adequate theory of autonomy must be based on recognition of the ways in which, as agents, our practical identities and value commitments are constituted in and by our interpersonal environment and social relationships" (Mackenzie, 2008, pg.519). This is to say that the relationships that we have and the environment that we are in have a profound impact on the way that we understand and exercise autonomy. Even those who we would want to judge as having a healthy level of autonomy are effected by their communities.

Individuals with developmental disabilities who live within group homes are explicitly reliant on other people for their basic necessities. This creates a situation where the individual cannot even develop the capacity for the traditional conception of autonomy in the same way as individuals who don't live within a home. The traditional model of autonomy sees the influence from outside forces as undermining any potential for autonomy. Since, within the home the reliance on others is so explicit, the traditional conception of autonomy is particularly ineffective. However, this reliance is not unique to individuals with developmental disabilities. Relational autonomists highlight the role that communities impact play on everyone's ability to make autonomous judgments.

Relational autonomists also claim that if we have little power in our community, because our role is devalued, then our ability to be autonomous is impeded (Mackenzie, 2008). When a community disregards an individual's ability to make a decision, the individual will have less opportunities to develop their decision-making abilities. Take for example, an individual who lives in a group home and is frequently subject to physical abuse. Here the individual may make the decision not to report her abuse for many reasons. She may have tried to report in the past and not had her complaints listened to. She may have had the complaints heard, but the police decided not to prosecute. Often clients who were once institutionalized will ignore current abuse and neglect because they are afraid of being sent back to an institution. According to the traditional account of autonomy, the decision of the individual to remain in her current situation is autonomous as long as it is an authentic reflection of her desires. If this decision is based on her personal reflection we have no way of discussing the ways that her autonomy was impeded. However, clearly these desires and her ability to reflect upon them are influenced by the fact that she lives in an oppressive community. All of these circumstances can affect her ability to see

different alternatives as viable and her reflection on these as actual alternatives. We cannot simply ignore the role that these social factors play in her decision.

Additionally, relational autonomists claim that “autonomy is itself a socially constituted capacity, and because of this its development and exercise can be impaired by abusive or oppressive interpersonal relationships and by social and political environments characterized by oppression, injustice, and inequality” (Mackenzie, 2008, p. 519). That is to say that the social relationships that we live in do not simply affect which options are available to us, but also our ability to imagine new options. The ability to make an autonomous decision is not something that is either present or not, but rather is a capacity that we develop with reference to a specific context. If we live within a society or a home that does not value our ability to make decisions then we will not develop the same decision-making capabilities as people whose input is valued. This will then work against our ability to imagine new alternatives, will restrict the alternatives that we reflect upon, and inhibit our ability to reflect on these alternatives. If we return to our example of the victim of abuse, within a group home, we can say that her autonomy was impaired because the conditions that she is responding to have limited her ability to imagine different responses to the situation. The oppressive interpersonal relationships that she is entangled in do not simply add new facts that must be weighed in her deliberation, but directly affect her ability to engage in reflection. The ability to deliberate between different alternatives is not a given, but rather a skill that can be developed or left to wither. If this skill is not developed then simply advocating for individual choice, as the traditional model does, becomes problematic and in this case dangerous.

One critical response to these relational articulations of autonomy is that they become perfectionist and problematically import egalitarian ideals into the conception of autonomy

(Christman, 2004). What John Christman means by this is that relational conceptions of autonomy require certain ideals which should be wholly distinct from autonomy. By importing these ideals into the conception of autonomy he believes that the accounts offered by relational autonomists actually undermine the individual's ability to make an authentic decision. Christman claims that because of this, these relational accounts are actually internally inconsistent. He claims that "some versions of the relational conception problematically import a perfectionist view of human values into the account of autonomy and thereby threaten to undermine the usefulness of the concept in certain theoretical and practical contexts in which it is often seen to function" (Christman, 2004, p.146). His claim is that if we require individuals to have perfectly symmetrical relationships in order for them to be autonomous then it seems that the conception of autonomy will be completely stripped of its usefulness. Achieving perfectly symmetrical relationships is not possible and hence requiring them undermines the usefulness of the concept of autonomy as a regulative ideal. According to Christman, insisting on certain kinds of relationships actually undermines the individual's ability to make an autonomous decision about their relationships.

Take the case of abuse that we discussed earlier. Christman believes that if we are going to say that the victim has the ability to make an autonomous decision then she must be allowed to make the decision to remain within the home. Even if this decision will place her in a set of unequal relationships, she must be able to make this decision. To insist that certain kinds of relationships and certain norms are required for an individual to be autonomous limits the capabilities of individuals (Christman, 2004). For Christman, if we are going to claim that the individual actually makes an autonomous choice, then that individual needs to be able to make the decision to remain within an abusive situation.

A further critique is that even if relational accounts of autonomy are not perfectionist, they are still paternalistic. What the traditional understanding of autonomy guarded against was paternalistic interventions that are thrust upon an individual. Christman believes that by undermining the value of individual decision making, relational autonomists are ironically increasing the chances that individuals will be restricted by paternalistic interventions. That is, they are reopening the door to the kinds of problems that the traditional account of autonomy guarded against. Further, by insisting that individuals be embedded in certain kinds of relationships we are limiting the individual's ability to decide the kinds of relationships that they want be embedded in.

In response to these critiques, I argue that alternative accounts of autonomy need not be dependent on perfectionist or paternalistic conditions. To highlight the ways that traditional accounts of autonomy fail at accounting for interpersonal relationships does not mean that these relationships need to be idealized. The fact that social relationships weaken or strengthen one's ability to deliberate does not mean that a specific relationship is necessary for autonomy to flourish, but rather that the social relationships matter as to whether or not autonomy will flourish. Oppressive relationships like the one highlighted previously illustrate the problems that come along with assuming that autonomy and rationality are evenly dispersed at birth, and reveal the way that social context shapes our use of autonomy. Additionally, highlighting these situations does not amount to paternalism in the way that Christman depicts. Recognizing that certain relationships are conducive to autonomy is distinct from demanding that any particular paternalist intervention be made.

A further response to these critiques is developed by Catriona Mackenzie who attempts to show that even if we are to focus on an individual's relationship to themselves, we will still have

to discuss the role of the community in individual decision making (Mackenzie, 2008). She argues that when discussing the role of deliberation we need to say something about the role of the individual's own self-esteem and their self-conception. She believes this creates a weak version of relational autonomy because it focuses the individual's relationship with themselves rather than explicitly on the relationships between the individual and others. However, even if this is the focus of our understanding of autonomy, the individual's role within a society still plays into their self-understanding. "Normative authority is thoroughly relational and...an agent's autonomy is intrinsically connected to her socio-relational situation—because these attitudes toward ourselves, and our sense of ourselves as able to claim normative authority with respect to our lives, can only be developed and sustained intersubjectively" (Mackenzie, 2008, p. 526). According to Mackenzie, even focusing exclusively on the individual and their relationship to themselves, we are forced to discuss the role that interpersonal relationships play in the lives of individuals.

One thing that I think that pragmatism can add to the relational account of autonomy is the insight that decision making is diachronic. Further, Dewey's emphasis on habits can be seen as a criticism of the idea that we could isolate individual actions from their context (Dewey, 1922). Focusing on individual actions downplays the powerful roles that habits have in shaping our decision making process. Actions are not carried out based on isolated decision points, but rather occur over time within a context of other actions and other decisions. In addition to the effect that other members of our community have on our autonomy, our habits also play a large role in the decision and the deliberations that lead to that decision. Whenever we make a decision, we develop the conditions against which future decisions will be made. We do not make decisions through a process of pure deliberation that is isolatable from all of the other

decisions that we have made. Rather we do so within a particular social context and against the combination of beliefs and habits that we have already created or have been thrust upon us.

Rationality

This leads to my second critique of the traditional understanding of autonomy, which is that it presumes that a certain type of rationality is required for individuals to be autonomous. However, this account of rationality is incoherent. The traditional account relies on a view of rationality that requires us to deliberate about all potential options. Additionally, we will need to conduct another layer of evaluation of all of the motivations that led to the result of our initial deliberation. However, our inability to track a large chain of motivations is precisely the problem with coercion. If an individual was able simply to retreat into the brain and discover whether or not they were being coerced then coercion would not be much of a problem.

In addition to these concerns, many individuals with developmental disabilities exercise rationality differently and thereby present a challenge to the account of rationality that the traditional account of autonomy assumes. The traditional conception of autonomy is particularly poorly suited for the situation of individuals with developmental disabilities. Individuals with developmental disabilities often lack the capacity to do this kind of reflection (as do many people without disabilities). Take an individual afflicted with impulse control disorder for example. This individual will have profound trouble making the kinds of deliberations that the traditional conception of autonomy requires. Simply encouraging this individual to make choices ensures that she will always have trouble achieving her ends. Simply allowing her the ability to follow her impulses will undermine her ability to experience meaningful growth.

One may be inclined to simply say then that this individual is incapable of ever achieving autonomy. In fact this is precisely what Locke argued when he claimed that “anyone who comes

not to such a degree of Reason, wherein he might be supposed incapable to know the Law...he is never capable of being a Free Man, he is never let loose to the disposal of his own Will...And so Lunatics and Ideots are never set free from the Government of their parents” (Locke, 1824, Section 60:2). Additionally, as Kittay and Carlson (2010) point out, animal rights philosophers have utilized this strategy to argue for moral consideration for animals (Singer, 1995) . They have done so by arguing that animals often have many capabilities that individuals with developmental disabilities do not have.

However, the fact that individuals with developmental disabilities don’t meet this criterion is not a problem with the individual, but rather with the criterion. As I previously discussed, the ability to deliberate between all potential options and motivations for selecting potential options is not something that anyone, disabled or not, has immediate access to. No one is able to meet this criterion. Furthermore, to return to our example, the fact that the individual cannot make rational evaluation for each decision says nothing about the individual’s ability to make decisions in general. Perhaps, in the moment the individual has trouble making decisions, but can still articulate the kinds of decisions that they would like to make. The traditional conception of autonomy assumes that if the individual cannot make the decision in the moment, they are not autonomous, but there is no reason to assume that this is the only way that an individual can be autonomous.

Idealized Ends

My final critique of the traditional conception of autonomy has to do with the way that it is used rather than with the concept of autonomy itself. Namely, I believe that the concept is often treated as an idealized end in itself; when it is seen as inherently useful, rather than

valuable for the role that it plays in bettering the lives of individuals who live in group homes. As such it continues to be emphasized even when it is no longer applicable or useful.

By “useful” here I mean the extent to which a policy informed by a concept such as autonomy allows the individual to successfully navigate their world. A concept is useful, on my account, to the extent that it helps an individual do this and harmful to the extent that it creates further problems. James describes the usefulness of theories in a similar fashion. He claims that a theory is useful to the extent that it marries “old opinion to new fact so as ever to show a minimum of jolt, a maximum of continuity” (James, 1907, p. 383). What he means by this is that our useful theories are those that allow us to connect new experiences with our previous beliefs. To the extent that a theory avoids jolts in our experiences it is useful, and to the extent that it breaks down this continuity, it is problematic. Similarly, a particular goal or end is useful to the extent that it allows us to navigate new experiences without creating drastic problems or getting us entangled in new ones. If emphasizing specific values causes problems in our lives, then these values need to be abandoned or retooled to get back to their original function—solving problems.

One may object that there may be situations where an individual needs a drastic jolt in their beliefs and that it is the maintaining of continuity that is problematic. This objection claims that making small changes will preserve the larger body of beliefs, but it is this larger body of beliefs that is problematic. I agree that in these circumstances we need to adjust the larger body of beliefs, but only because we believe that the larger body will continue to create more problems. If a body of beliefs continues to cause problems, then the best way to achieve the maximum of continuity and minimum jolt may require large scale revisions. These larger scale revisions certainly may create a jolt in an individual’s experience, but we only see this as valuable because we believe that the alternative will create more drastic jolts.

The problem with idealized goals is that they break down the feedback loop between new experiences and our current value structure. When we focus exclusively on a particular goal we will be less likely to abandon it when necessary, that is, it is less responsive to new data that reveals our current focus to be creating more problems. This broken feedback loop creates a confirmation bias; where individuals tend more heavily to weigh evidence that confirms their current beliefs. Additionally, we tend to seek out evidence that confirms our current beliefs and disfavor evidence which works against these beliefs (Nickerson, 1998). Furthermore, this confirmation bias affects our ability to solve problems by thinking of new solutions to existing problems. If we do not notice inconsistencies in our own beliefs we are then less likely to develop solutions to these problems.

The current emphasis of group homes treats autonomy precisely this way. Autonomy (under the traditional understanding) is taken to be a foundational goal which is not reevaluated in terms of the individual's needs and in light of new experiences. By taking the ability of the individual to make their own decision as the sole focus, this emphasis often undermines the individual's potential for personal growth and the very things that the individual has identified as valuable to them. The focus has become directed entirely on autonomy understood as individual decision-making. Take for example an encounter I had while working at a group home for individuals with developmental disabilities in Oregon. A client, I will call her Sarah, lives within the home and repeatedly claims that she would like to save money to go on a trip to Los Angeles to see her brother. She talks about this often with her staff and during her personalized development meetings she insists that this be placed as one of the primary goals within her individual support plan. After doing this Sarah then continues to spend all of her money on video games. Her staff encourages her to save money for her trip, but she continues to spend all of her

money. Despite spending all of her money she continues to insist that saving money for a trip to Los Angeles is very important to her, and she regrets not having the money to go visit her brother. In this situation, continuing to emphasize Sarah's decision-making ability actively inhibits her ability to achieve the very things that she has emphasized as important to her. Her ability to see her brother is continually undermined by the ongoing emphasis placed on making each individual decision rather than looking at her decision making in a more global fashion. Since Sarah has never developed the habits of saving money, continually emphasizing her decision-making capabilities works to her detriment. The goal of taking a trip to Los Angeles to see her brother can also become idealized if Sarah no longer cares about going to see him, and we still focus on saving money to see him. In the example above her actions seem to reveal that this is not the case, because she continues to say that she wants to go see her brother, and continues to claim that this is important to her. The goal of seeing her brother, much like the goal of autonomy needs constant reevaluation, or could itself become idealized.

As we can see, idealizing the end of autonomy can create a discontinuity between an individual's actions and the specific goals that the individual has articulated as being important to them. In other words, an emphasis on the traditional conception of autonomy can make it less likely for the individual to achieve the things that they wish to achieve. When the continuity between actions and goals breaks down, it becomes harder to build habits that achieve these goals. The emphasis on autonomy breaks actions down into individual decision points as opposed to linking them together towards a common goal. In the case of Sarah, the staff's emphasis on her ability to make decisions separates each act of deciding from her goal. Each individual action, in her case, becomes a separate point where she must make a particular decision, and this reductionistic approach fails to address Sarah's long-term goals. Focusing on

each individual action rather than continuity between actions decreases her ability to achieve her goals. In group home settings, the client works with her personal development team to develop a set of goals that best represent the set of things that are important to and for her. However, the overarching goal of individual autonomy often works directly against this process.

If the means that we take do not inform our goals then these goals are no longer able to address new issues that may arise. When new experiences are understood through the lens of the absolute criteria, then they cannot critically inform any given criterion. In these situations individual goals can outlive their usefulness. When this happens the goal needs to be redescribed or abandoned; however, if the criterion is taken to be an absolute, then this redescription never happens. Additionally, idealized goals stifle our ability to imagine new modes of action. When the end and the means are responsive to one another, then new experiences can shape what we see as the ends and the ends can then inform the means that we pursue. In contrast, when we place the goal in a distant unforeseeable future, we lose the practicality that comes from having ends-in-view (Dewey, 1922). Ends-in-view are adjustable to new circumstance and while still providing a guiding focus.

Furthermore, when the goal of an action is idealized and displaced from the actual world it may often discourage people from transforming their world. Transformative action requires adjusting our goals to address new experiences. Within the group home context this transformative action could take place in several ways. First the client may simply adjust the particular goals that they have chosen to pursue. It may be that what once seemed very important to them, no longer holds the same power that it once did. In the example of Sarah wanting to save money, she may decide that seeing her brother is not as important as she once thought. Transformative actions also allow clients to advocate for themselves by searching for another

program or establishing new policies for their interactions in the home and the community at large. These new goals can then generate new means which then further understanding of their goals. When an end becomes disconnected from the world it is no longer an end worth pursuing. As Dewey puts it “The doctrine of fixed ends not only diverts attention from examination of consequences and the intelligent creation of purpose, but, since means and ends are two ways of regarding the same actuality, it also renders men careless in their inspection of current conditions” (1922, pg.232). Here Dewey argues that, in addition to hindering our understanding of our current goals, we also lose our ability to properly assess our current circumstances. What he means by this is that goals help to frame our experiences. A goal can provide insight into our individual actions. However, when these goals become idealized and static they no longer effectively serve this function.

Summary

In this chapter I have highlighted several problems that I find with autonomy as it is currently used in the context of group homes for individuals with developmental disabilities. I argued that the traditional conception of autonomy see individuals as isolated entities that make isolated decisions. I argued that this understanding is problematic because individuals are inherently tied to social conditions and to a specific context. Further, I argued that the traditional account of autonomy assumes that for an individual to be autonomous they must be able to weigh all of the potential options as well as their motivations for choosing a specific action. I argued that this account of rationality is incoherent, and that individuals with developmental disabilities display certain levels of autonomy without engaging in the elaborate decision weighing process that the traditional model of autonomy requires. Lastly, I have argued that in

the practical setting of staff\client interaction within group homes this understanding of autonomy has become an idealized end which is no longer responsive to new experiences. As such, it remains ineffective at helping clients resolve problems.

In the next section I apply the conception of individual growth and the importance of developing habits to a conception of autonomy that I believe can be particularly helpful in the context of individuals within group homes. I show that focusing on these factors better allows clients to have a voice in the decisions that affect them, while not falling victim to the problems that have plagued the traditional conception of autonomy.

Chapter Three: Habitual Autonomy

In this chapter I propose an alternative way of understanding autonomy that can better address the problems that arise for individuals with developmental disabilities who live in group homes. My pragmatic account focuses on developing personal habits directed at the goals that the client decides are important to them. These decisions should be made in consultation with the team of people that provide care to the client within the home. These goals can then be used to direct client's actions, so that they will be in a better position to achieve their desired goals. This creates a positive feedback loop where a client's actions build habits that allow them to better achieve their ends and these ends work to build further good habits. This process allows the client to have a role in selecting the ends that they wish to pursue, and avoids the problems that come with the traditional conception of autonomy, which is directed solely at isolated decisions and reliant on an artificially atomistic conception of the individual. The client develops their goals with the people that provide their care, and then the staff help the client to achieve their goals. Importantly, on my pragmatic understanding these ends remain open to redescription while still providing a method to direct the actions of clients who live within these homes.

I begin this chapter with a discussion of habits, in order to show how they can be applied towards a more useful conception of autonomy. Habits link various actions together and create predispositions for future actions. The emphasis on habits will be able to address the same concerns that the traditional conception of autonomy was meant to address, without creating the same problems that the traditional conception of autonomy created. I develop an account of good habits that provides a minimal criterion to determine whether or not a habit is likely to create

further problems. The criterion is open and flexible so that clients can develop habits that are relevant to the problems that they face.

Habits

One thing that pragmatism can add to the traditional account of autonomy is the role that habits play in the development of the individual and their community (Dewey, 1922). Habits can be seen as acquired predispositions towards future action. In other words, habits link our present actions to the actions and decisions that we make in the future. They also link the present actions that we are taking with the previous actions that we have already completed. Individuals develop propensities for future actions and future decisions whenever they take an action. Habits are typically understood as the involuntary patterns of behavior that individuals engage in, and are often discussed negatively. We may have a bad habit such as smoking that we continue to do despite our desire to do otherwise. However, these are not the only kinds of habits that we develop. As Dewey reminds us, all of the actions that we undertake guide the future decisions and future actions that we make (1922, pp.12-43). We can develop good habits as well as negative ones, and we can do this voluntarily as well as involuntarily. Habits are not merely thrust upon us, but rather can reflect a conscious attempt on our part to achieve our long term goals, by taking steps to put ourselves in a position to take the actions that will achieve our goals past and present. Actions have direct effects on future actions we take, and we can use this understanding to develop the habits of action that will best help us to achieve our goals.

Developing good habits can reflect a crucial effort to achieve the ends that are important to us.

While habits are typically understood as being future oriented, they also remain linked to the present actions that we take. We build habits by taking actions in the present that will have impacts that allow us to come closer to our goals. In addition to simply doing the actions that get

us closer towards the end that we desire, we also develop habits that help move us to taking the future actions that are also necessary to achieve the end that we desire. This is important because it ensures that our goal does not become idealized. In other words, it means that the goals that we are trying to achieve are always responsive to new experiences. New experiences may reveal that the ends or the means that we are taking are problematic, in which case we must adjust the means or abandon the ends.

In contrast to the current focus on the traditional understanding of autonomy, I propose that we focus on building habits that allow us to resolve the conflicts that we identify as creating problems in our lives. New experiences may create a jolt in our current understanding of the world and our current modes of actions. This jolt creates tension, which we attempt to resolve, by adjusting our current actions and habits (James, 1907). Dewey refers to the stable state as one of equilibrium (1922). We often must develop new habits and perform different actions to achieve this state. Simply trying to address these problems at the level of isolated actions will often be insufficient if we have not developed the habits that enable us select the proper actions. Habits are important because they link actions together. Focusing on single actions makes the problematic assumption that actions are isolatable from other actions, that it is simply a matter of choosing one action over another. A change in the actions that we take might require us to develop new habits that help us to take new actions to achieve our desired goals. These new habits and actions may force us to reimagine the goals that we had initially chosen. Understanding the means will affect the ends that we pursue. We may believe that we have selected the goal that will best resolve a particular conflict, until we examine the consequences that the means to achieving it entail. We often can see that equilibrium can be achieved by adjusting our goals rather than pursuing what turn out to be impractical means.

What makes a habit Good?

Of course, we do not want to support the development of just any potential habit. Focusing on habits does not mean that any habit will do. Focusing on habits helps us to understand the role that habits play in our decision making process, and allows us to see which habits are creating problems and which need to be discarded. This requires assessing habits for future usefulness. Encouraging individuals to be a part of the process of determining which habits need to be developed does not require viewing all habits as equally beneficial to the individual. Some habits create more problems for the individual or the community of which they are a part. Encouraging an individual to pursue these habits would be dangerous for them and the community. In order to determine which habits should be encouraged and which habits shouldn't, I propose a "problem resolution account" of habits developed by Amanda Roth (2012).

According to the problem-solving account, a habit is good only insofar as it helps an individual address problems in their life. Problems can be seen as situations where an individual's equilibrium is thrown out of balance and needs to be restored. If a habit helps an individual to resolve these problems in their life then it is a useful habit and should be developed. (Roth, 2012). To the extent that a habit fails to do this and creates further problems for the individual it is a bad habit, which needs to be addressed. Bad habits disrupt the equilibrium and cause jolts in our experiences.

The habits that are good for an individual are going to be relative to the individual, to the community that they are a part of, and the situations that they encounter. It may be that what is useful for a particular individual in one situation is problematic in another. For this reason the habits that an individual develops need to be flexible to changes in experience and need to be

open to further revision. This does not mean however that all habits are equally useful. In any given situation some habits will be more useful than others. The individual needs to develop the habits that they believe will best address the problems in their current surroundings. Though habits are developed in response to a specific problem that an individual or community has, they need to be assessed against the larger context. Roth highlights this with an example regarding teen pregnancy. One could address the problem of teen pregnancy by sterilizing all individuals when they turn 13 (Roth, 2012). This would certainly be effective at addressing the problem of teen pregnancy, but this goal does not exist in isolation of other goals. If the community values its own continued existence or the ability of individuals to make their own family planning decisions then these goals will be undermined.

When assessing whether or not a habit is going to be able to address a problem we must look at the effect the habit has on resolving problems overall, not simply with respect to the problem that it is currently trying to address. To return to the example, that I discussed earlier involving Sarah, we could solve the problem she is having saving money by simply not giving her access to any of her money until she has enough for the trip. This would address the issue of her not being able to save money to see her brother, but would only do so at the expense of any decision making power given to Sarah. While she wants to see her brother, this goal does not exist in isolation of other things that are valuable to her. Being a part of the decision making process allows Sarah to discuss her goals with her team, which can then work to help her better achieve these goals.

One potential problem that Roth highlights is the idea that there could be habits that resolve problems, but that we would still consider dangerous and problematic. She worries that an individual could perhaps resolve their problems in a way that is problematic for the

community. Habits that are built upon racism or sexism for example could resolve the conflicts within the individual, but nonetheless we would still consider them to be problematic for the community. Roth uses an example of a Neo-Nazi named Zaal who she believes could potentially resolve conflicts within himself in ways that are still problematic for the community. Zaal is an active member of a Neo-Nazi organization, and is confronted with a question about his son's ancestry. These questions prompted some individuals within the organization to suggest killing the child, at which point Zaal decides this is not the organization for him. He then leaves the organization and has begun to work on addressing issues of tolerance. In this situation Zaal resolved the conflict between his beliefs about being a good parent and being a good member of the organization by abandoning the organization. What Roth questions, is whether or not this was the only way for Zaal to effectively resolve the conflict? In other words, could Zaal have resolved the conflict by killing his son and becoming more deeply committed to the Neo-Nazi belief system? Roth believes that while we may be skeptical of Zaal's ability to continue to live with himself, we cannot dismiss the latter possibility as a legitimate way to resolve the conflict.

My first disagreement with Roth is that she assumes a problematic understanding of the individual. Namely, she assumes that an individual can be separated from their community to the extent that the problems in their life can be resolved even as the problems in the community are created. This assumption is unfounded though, as the individual is a member of the community. If there are further problems created within the community then they are problems for the individual as well. As a member of the community, the individual is affected by these problems. My second disagreement with Roth is that we have good reason to believe that these habits will create problems in the community. We can look at the results that have come from for these kinds of racist habits and these give us good reasons to believe that these are problematic habits.

Summary

As opposed to the traditional account of autonomy, I have proposed an alternative pragmatic account that focuses on developing good habits. The individual still plays an important role in determining which habits they will develop, but rather than focusing on isolated actions I believe that we should place the focus on the development of good habits. This establishes continuity between an individual's actions and better allows them to respond to new circumstances. Good habits are responsive to new experiences in ways that the focus on a traditional conception of autonomy is not and as such they place individuals in a better position to actually achieve their desired ends. To determine which habits should be developed and which should be abandoned I have proposed using a problem-solving criteria. To the extent that a particular habit creates further problems for the individual it is problematic, and to the extent that it resolves problems it is useful. This determination extends beyond the immediate circumstances and takes into account the effect that the habits that an individual pursues have on the community of which they are a part of. In the next section I apply this account of autonomy to the situation of individuals living within group homes, in order to show how it can better address their needs than the traditional account of autonomy.

Chapter Four: Habitual Autonomy Applied to Group Homes

In this Chapter I show how the habitual account of autonomy that I developed in the last chapter can be applied to the situation of individuals in group homes. I believe that a focus on habits can be utilized to address the needs of individuals who live in these homes by allowing them more control over their lives and providing them stronger opportunities to achieve their goals. I believe that the habitual account of autonomy can be worked into the policies of group homes for individuals with developmental disabilities. First it can be applied to the goals of state and local organizations which provide a guiding focus for the individual homes and structure the training of the direct care staff that work with clients. Second, it can be built into the client's individualized support plan to better allow them the opportunity to articulate the goals that are important to them, and to begin to understand the habits that can help them achieve these goals. Following from the first two, the habitual account of autonomy will then be able to address specific encounters between clients and their staff.

Habitual Autonomy Applied to Group Homes

I believe that introducing an emphasis on the creation of good habits will allow clients in group homes to better achieve the ends that are important to them. This begins with an increased emphasis on habits at the level of state and local organizations. These organizations establish how homes across the state are organized and provide instructions about how staff are to be trained. Adjusting their goals to focus on the development of good habits can then positively influence how homes are run and how staff and clients interact. Currently these organizations policies require the individual homes to show that they are increasing clients' choices, increasing their independence, and making them more productive. As I have argued earlier I believe that

this focus is problematic and prevents clients from being able to achieve the goals that they desire. Adjusting these demands will allow individual homes to better serve their clients and will allow the clients to better achieve their goals. Since individual homes are required to show that they are meeting these criteria they develop training programs that emphasize these, staff are then required to maximize these problematic values as best they can. If a more effective understanding of autonomy were to influence the creation of these overarching goals, then staff will be in a better position to help clients achieve their goals.

Another immediate way to utilize this conception of autonomy is within the individual's personalized development plan. Typically, the client has an initial meeting with their case manager, their house manager, various members of their family, and any staff who advocates for the client. This meeting is used to help articulate the various goals that the individual wants to pursue. The individual describes the kinds of things that they deem to be important to their life and the goals they would like to pursue. These ends then get written into an "Individual Support Plan."

The problem with the current structure is that there is little focus on actually developing the habits that allow the individual to achieve their goals. Restricting the focus to the traditional understanding of autonomy means that it is up to the individual to decide to do or not do the actions listed in their development plans. Specific ends are discussed within the individual support plan, but typically there is little discussion about the ways that the individual can build the habits that let them achieve these ends. Indeed, the focus on the traditional conception of autonomy views guidance about habit building as a paternalistic intervention.

The habitual account of autonomy would encourage in personalized development planning the generation of both a list of ends that are important to the individual, as well as a list

of actions that an individual needs to take to achieve these ends. These actions would include actions that can get the individuals closer to their desired goals, and habits that the individual can develop so that the ends can be achieved. This plan gives staff some direction as to the actions that the client needs to take and the habits that they would like to build. It is important for this plan to be developed at the personalized development meeting because this allows the client an opportunity to discuss the means that need to be taken to achieve the ends that they desire. This also allows the individual with a developmental disability to communicate their desires to their team.

The habitual account of autonomy would also better direct the interactions between clients and the staff. Staff would be better able to direct the clients towards the habits that help the client achieve the goals that they would like to achieve. On this account the client's ability to make decisions about what they would like to do is sometimes constrained in ways that run contrary to the traditional conception of autonomy that is currently in place. A habitual focus would place a greater emphasis on the relationship between the client and their staff. It would be the staff's job to work with the client to build the habits that allow them to achieve the goals determined with their team. Importantly, any constraints that are placed on a client's actions would be developed in line with the very things that the client has discussed with their team members.

The habitual account of autonomy that I am advocating would allow the client to have an important voice in determining the kinds of ends that they would like to pursue, but would limit the client's ability to continually make decisions about their own actions. Instead staff and client would work together to do actions that are in line with the goals that the client has said they would like to achieve and the means that are articulated in the Individual Support Plan. This plan

will provide staff with guidance as to how to achieve the ends that the client is trying to achieve. Additionally, staff need to be responsive to the changes in circumstance that may redirect the clients' means and their goals. It may turn out that means that were initially thought to produce the kinds of ends that the individual has selected are no longer suitable in a given situation. In these situations the means need to be adjusted so as to better meet the ends. Additionally, knowledge of the means could redirect the goals that client has chosen to pursue. Staff members need to be responsive to changes in the goals that the client may pursue.

A habitual account of autonomy would also help direct the state and local policies so that staff members could better work with the individuals who live within the home. Currently these guidelines are focused primarily at allowing the individual to make more decisions within the home. This is problematic and undermines the goals that these individuals would like to pursue. Rather than doing this, these policies need to focus on helping the individual to build the habits that they need to in order to reach the ends that they have chosen to pursue. The individual choice can still be valued, but rather than focusing on daily decisions, these policies should focus on the direction that an individual would like to pursue and then developing the habits to get them there. State and local policies are important because they drive the training that staff members receive and the ways that individual group homes are designed.

Objections: Paternalism

One potential objection to the understanding of autonomy that I have presented might be that it is overly paternalistic. On the traditional model of autonomy, an individual may subvert the ends that they desire to achieve, but it could be argued that this is still better than being forced to achieve something against their will. In other words, there is something inherently valuable in being able to make decisions about one's life that is lost if we shift to the habitual

autonomy that I recommend. Having staff force clients in group homes to follow through with their goals subverts any value that achieving these ends will actually have. Limiting the ability of the individual to make decisions inherently restricts their autonomy and forces actions upon them which they may not want. We do not hold individuals who live outside of group homes to the goals that they set for themselves, so to do this for individuals who live within group homes is an unjustified paternalistic intervention. All individuals should have the ability to fail at their goals, and making the decision to take actions to succeed is what makes these successes valuable.

Another related concern is that personalized development meetings are easily corruptible. Other people who are present at the meeting may think that they know what is best for the client, and get these ends implanted in the personalized development plans. Increasing the impact of this plan and decreasing the ability of the individual to make decisions that run against their plan, leaves the client little recourse to change what they want to do. Under the current system, if the meeting is disrupted by someone, then the client can merely ignore the plan and pursue the goals that are important to them. Forcing the client to stick to the goals that are placed in their plan leaves the individual more vulnerable in these cases.

I concede that the position that I am advocating allows for the possibility of paternalism, but this is not unique to my position and is not a necessary feature of it. Focusing on an individual's chosen ends is not necessarily paternalistic, and it will allow the individual to achieve growth in the direction that they have chosen to pursue. There is the possibility that staff will be inflexible to the changing goals of a client or that the goals that are decided upon and the means to reach them do not accurately reflect the client's current goals. This can be guarded against by training staff to be flexible when trying to help guide the clients that they work for, and encouraging them to communicate with the clients to determine if the ends or means need

readjustment. Additionally, increasing the number of personalized development meetings (currently these are held once a year) can allow the individual to more regularly reexamine their goals so that goals within them continue to accurately reflect the goals that the individual would like to pursue. While I agree that this may not guard against all instances of paternalism, I believe that the solution is to be vigilant and defend against these possibilities, rather than continue with the current model. Making the client's development plan meaningless, giving staff no direction, and instead relying on the individual to know how to achieve their goals and to implement these actions consistently is not the solution. Staff may be inflexible and idealize the ends that the individual initially chose, but defending against this by starting with an idealized end is not the solution to this problem.

Nobody achieves their goals simply by willing the actions and habits necessary to achieve them. Achieving goals is done by working towards these goals as a part of a community. Members of our communities may help us to achieve our goals by encouraging us to develop the habits that lead to the ends that we desire. We do not make isolated choices to achieve the ends we desire, but rather we respond to the social circumstances within which we find ourselves. People within our community help or hinder us from building the habits necessary to achieve the ends that we desire. We do not make decisions without feedback from the other members of our community. Within the group home setting, the client's community is more formalized, but can serve the same function as the broader community beyond the institutional setting. Asking the client to make decisions in all facets of their life breaks down the ability of the individual's community to affect their decisions and is a drastically different situation than that of individuals who do not live in group homes.

Objection: Not Relational

Another potential criticism of the account that I have provided is that it merely reenshrines the very notion of autonomy that I have worked to undermine. The account that I have developed merely moves the point where an individual utilizes the traditional conception of autonomy, and does nothing to address the problems that the relational autonomists have highlighted. The individual may be in a better place to actually achieve the ends that she selects, but this still assumes that she has the ability to make these decisions. This understanding still assumes that all individuals have the same rational decision making capabilities, and that the individual's social situation does not affect their ability to make a decision. Within group homes many individuals will be unable to articulate the goals that they would like to work towards and hence will not be heard.

The account that I have developed does still rely on the individual to make a decision about which goals they would like to achieve, but this does not mean that these decisions are isolated and abstracted in the ways that they are in the traditional account of autonomy. The goals are developed through a discussion with a team dedicated to their personalized development rather than by an isolated decision maker. The individual plays a large role in this discussion, but they are not the only person whose input is valued. This is a chance for the individual to communicate the goals that they believe are important and for the community members to discuss those goals and work with the individual to decide which goals are worth pursuing and how to pursue them. My account of autonomy does assume the individuals have distinct ends that they wish to pursue, but this is distinct from the traditional claim that they can weigh in the abstract the consequences of every potential decision and make a rational decision about which course of action is most likely to get them the most of what they want. An individual's preferences may be warped by the relationships and power structures in which the

client developed these preferences. Members of the individual's personalized development team should be aware of these potential corruptions and work to undermine them where they can.

Conclusion

Throughout this thesis, I have argued that the current emphasis on the traditional philosophical understanding of autonomy is ineffective at addressing the needs of clients with developmental disabilities who live within group homes. The traditional conception is rigid and does not allow for dynamic reevaluation of means and goals. I then argued that a “habitual” understanding of autonomy would better address the needs of clients within group homes, and allow for meaningful growth of the individual.

In the first chapter I articulated the traditional philosophical conception of autonomy and illustrated how it is currently being utilized in the policies of group homes for individuals with developmental disabilities. The traditional philosophical understanding of autonomy can be seen in the policies of state and local organizations regarding group homes for individuals with developmental disabilities. These policies then influence the kind of training that staff receive which shapes the interactions between staff and clients. Lastly, in this chapter I described several reasons why the traditional conception of autonomy has been so influential on group home policies. Individuals with developmental disabilities have a long history of being denied any say in the decisions that affect their lives. Additionally, within group homes they often remain in a position of extreme vulnerability with regards to their staff, who routinely abuse this power.

In the second chapter I illustrated several reasons why the traditional conception of autonomy has been ineffective. First, I argued that the traditional conception of autonomy is overly atomistic and isolates the individual from the larger community as well as the historical circumstances that have led to a specific decision. Second, I argued that the traditional conception of autonomy presumes a specific problematic understanding of rationality. This

understanding is incoherent and unachievable. Lastly, I argued that these goals have become idealized and as such are not able to address the problems of particular individuals.

In the third chapter I developed a pragmatist alternative to the traditional conception of autonomy. My alternative focuses on the role that habits play in personal development. Habits allow the means and the ends to inform one another and in doing so allow for new experiences to inform an individual's ends. This conception can be more effective than the traditional conception by encouraging individuals to develop habits that can better achieve their goals.

In the final chapter, I explained how this conception could be integrated into group home policies and how it could affect staff\client interactions. Group homes could increase the number of personalized development meetings, and thus allow the client more opportunities to discuss their goals with their personalized development team. Additionally, staff could be expected to take a more active role in working with the clients that they support, to build the habits that can allow them to achieve the goals that they desire. Lastly, I responded to several potential objections that the conception of autonomy that I have developed is overly paternalistic or not thoroughly relational. While I concede that there is the potential for paternalistic interventions from staff this will not necessarily be the case, and can be guarded against. Additionally, unlike the traditional conception of autonomy, the account that I have developed is relational in that it provides a space for the client's community to work with the client to develop habits that can work towards achieving their desired goals.

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