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## Accountability and Autonomy, Motivation, and Psychiatric **Treatment**

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Accountability and Autonomy, Motivation, and Psychiatric Treatment

July 25, 2021

Mr. Sébastien Arviset Managing Editor Philosophy, Psychiatry, & Psychology

Dear Mr. Arviset:

We appreciate these generous and thoughtful commentaries by Christian B. Miller and Michael Laney. Below, we respond to themes raised by each.

## **Accountability and Autonomy**

Christian Miller invites further clarification about the relationship between accountability and autonomy. Whereas embracing accountability to others for one's responsibilities in those relationships emphasizes relationality, autonomy accents the individual's own capacities to exhibit agency in enacting one's decisions (which may or may not relate to other people). Accordingly, we theorize that relational capacities for empathic concern and perspective-taking are especially important in the virtue of accountability (and other relational virtues such as gratitude and forgivingness). The capacity for self-regulation may serve both one's autonomous pursuits and accountability for carrying out one's responsibilities within relationships, especially when enacting modifications in order to correct or improve one's responses. We further note that self-regulation has been considered to undergird virtues more broadly (1). In our view, autonomy and accountability play important roles in relation to each other. A healthy sense of one's own autonomy can protect against the development of vices such as servility or scrupulosity, which are distinct from the virtue of accountability. Attention to the virtue of embracing accountability can also help protect against prioritizing individual freedom to choose over the meaning and impact of such choices within a relational and moral context.

Our approach to autonomy (see p. 1 abstract, p. 23; p. 49 in typeset article) draws on the work of Weinstein and colleagues (2) and emphasizes the capacity to decide and act in healthy congruence with one's deeply held and meaningful values. In calling attention to accountability as a virtue in psychiatric and mental health domains, we noted that therapies have not yet focused on accountability, but have often emphasized autonomy that involves "both individual mastery and freedom from pathological constraints" (p. 2; p. 49 in typeset article). In our view, even a view of autonomy that emphasizes individual mastery can include the capacity to make

discerning decisions and to enact them with self-regulation, exhibiting agency in pursuing one's goals. These goals need not be individualistic or egoistic; rather, goals are often relational, morally relevant, and meaning-oriented. Many people pursue therapy with goals of not only reducing their symptoms, but also of enhancing their flourishing through healthy relationships with others and a sense of purpose in their lives (3). We think the virtue of embracing accountability—which emphasizes both self-regulation in fulfilling responsibilities and empathy in relational responsibilities—can cohere with the view of autonomy presented here and support flourishing in relationships with meaning and purpose (p. 2; pp. 49-50 in typeset article).

Accordingly, in our view, embracing accountability in relationships need not be inversely related to autonomy as people may assume. Rather, we propose that welcoming accountability as a virtue can align with (yet not be perfectly correlated with nor necessarily causal to) expressions of autonomy. Both the virtue of accountability and healthy autonomy are at odds with merely conforming to whatever another person asks, and with disregard or reflexive rejection of what others ask. Whereas we briefly mention the importance of practical wisdom in accountability (p. 20; p. 57 in typeset article), elsewhere we have explained more fully that people with the virtue of accountability discern whether an accountor's goals are good, and wisely question, resist, or report it when others seek to hold them accountable in inappropriate ways or set inappropriate goals (4). Thus, autonomy is involved when determining whether and how to say no and the process by which one will fulfill one's responsibilities to others in order to give them what they are legitimately due.

### **Accountability and Motivation**

We also appreciate the opportunity to be more explicit about motivation. In line with Miller, we agree that virtuous motivation is not limited to a sense of duty to do what one understands to be right, that motivation can be altruistic in seeking to benefit others' flourishing, and that selfish egoistic motivation would not qualify as virtuous. We consider accountability a subvirtue of justice because accountability centers on giving others "what is their due." However, we do not think that duty is the only motive for giving others their due. Rather, a person may be motivated to give due regard to others by respect and concern for those others, even by love. We do not view love and justice as competing and mutually exclusive concerns. Rather, love for another can express itself in a concern that the other receive what is their due. We also acknowledge that people's motives can be bundled, as in the case of motives of moral duty that combine with altruistic aims or prosocial regard for others. One ground for such motivation might be respect and concern for persons to whom one is accountable, a justice-oriented motive to give them what they are due because it is the right thing to do. Another might be concern for the well-being of those affected by one's actions, which may also be tied to a duty to uphold moral principles.

Furthermore, we acknowledge that people can have mixed motives and be self-deceived about them, appearing generous yet also being self-interested to some extent, rewarded for virtuous-appearing behavior by social norms. It is not surprising that people may notice that virtues often have positive side-effects for the virtuous person. For example, people with the virtue of accountability value the feedback, advice, and correction of accountors, understanding that this guides them in improving how they fulfill their responsibilities, the impact they have, and also helps them grow. Still, accountability is a primarily "we" not "me" virtue. So, if the driver of the accountable-appearing response is predominantly or purely self-interested, then it is

hard to see how this would be considered virtuous. Much as the forgiveness literature describes pseudo-forgiveness, we might talk about egoistic accountability as pseudo-accountability.

As Evans has discussed (5), the fear of punishment is not a central feature of the motivation of the person who has the virtue, because such a person does not welcome being accountable, but rather feels constrained to be accountable by the sanctions. This is a crucial point with respect to both of Miller's concerns. If accountability were rooted in fear of punishment, not only would motivation be less than virtuous, but autonomy would also be impaired because of the coercive character of punishment. However, when we say the accountable person wants to give to others what is right because it is right we do not mean to imply that the sole or even main motive for this is a sense of duty. Love, respect, and concern for others can also motivate doing what is right by others.

### Accountability and the Cultivation of Virtue in Treatment

Michael Laney highlights the value of the virtue of accountability in psychiatric care and notes the practical challenges for clinicians entailed in assisting patients to acquire or develop needed virtues such as accountability under varying and sometimes volatile circumstances. He points to what Glover and others have contributed to debates over the situationist critique, including the value of a narrative perspective, and its implications for the use of self-narratives, even if "fictitious" or aspirational, in fostering virtue.

Laney appropriately questions whether clinical interventions at the local level can be expected to enhance accountability at the level of a global virtue. We note that forgiveness enhancing approaches (6,7) often guide people to begin learning how to forgive by starting with an interpersonal offense that is important to the person and also not the most severe or overwhelming situation in their lives so that they experience movement forward in the expression of the virtue and can then generalize the capacity to forgive to other unjust hurts and become more dispositionally forgiving. A similar process may be possible as individuals hold onto progress they have made in growing the capacity for accountability and exercise it in other relational contexts with the aim of developing a more accountable disposition.

As a virtue, accountability involves discernment regarding those to whom one is accountable and whether accountors have appropriate goals and approaches (as described above). Given the influence of such factors as biology, mood states, and experiences such as trauma, it is not surprising that some people are better at recognizing standing than others, and that people's ability to do this might vary by context. One person might find it easy to be accountable to a teacher, for example, but someone else might associate a teacher with an abusive parent and so struggle to accept the teacher's authority.

Although robust virtues must have some capacity to endure over time and be present in more than particular circumstances, virtues can develop over time, be evidenced in degrees, and can be a work in progress in terms of their ability to generalize. Currently, work is underway to develop state assessments of accountability that complement dispositional assessments, which will support clinicians and clients in addressing their relation (e.g., when people who are dispositionally accountable are struggling with accountability in a specific relational context). Accountability measures that can assess states will also be useful in assessing progress made through clinical efforts to grow accountability for specific relational responsibilities over time. It is intriguing to consider how a mentalization based approach (8) may enhance the capacity for empathic perspective-taking and concern for others (which is correlated with dispositional

accountability) in such situations. Implementing approaches that cultivate these capacities would seem important in helping the patient not only to surmount clinical challenges, but also to flourish in relational contexts.

We appreciate the keen insights offered by both Miller and Laney, and we hope this exchange of ideas invites further insights and continued work on embracing accountability as a virtue.

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Sincerely,

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