

New Interdisciplinary Perspectives On and Beyond Autonomy

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First published 2023

ISBN: 978-1-032-36407-0 (hbk)

ISBN: 978-1-032-36409-4 (pbk)

ISBN: 978-1-003-33178-0 (ebk)

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DOI: 10.4324/9781003331780-8

The funder: The University of Warwick



Routledge
Taylor & Francis Group
NEW YORK AND LONDON

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In the ongoing psychedelic ‘renaissance’ (Sessa 2012), biomedical researchers and pharma entrepreneurs are making strong claims about the capacity of psychedelics, administered in the context of psychedelically assisted psychotherapy (hereafter PAP), to treat some of the world’s otherwise most intractable mental health problems, including severe depression, addiction, anxiety and post-traumatic stress disorder, obsessive-compulsive disorder and anorexia. Strong claims about therapeutic promise, on the one hand, and the case for specific relaxations of generalised legal prohibition to permit clinical research, on the other, have been mutually reinforcing. PAP was common in the 1950s and early 1960s. It was routinely deployed to treat a similarly wide range of disorders, as well as some conditions no longer regarded as a disorder, as in the case of its highly effective use in one type of treatment which causes considerable concern today: gay conversion ‘therapy’ (Martin 1962; Dubus 2020). The use of psychedelics in psychotherapy almost entirely ceased for around half a century, during the ‘War on Drugs’, even though – initially, at least – the tightening of regulatory restrictions on experimental use and clinical trials, introduced in the wake of Thalidomide, was probably the more significant arresting factor (Oram 2018). This long hiatus is now coming to an end, with the first private clinic for PAP having opened in the UK in 2021 and psychedelic wellness centres springing up across the US as prohibitionist legislation is eased piecemeal at state level.

Even if PAP has been tactically and wishfully overhyped – and the associated remedicalisation of psychedelics underway in the ‘renaissance’ is a ‘bubble’ (Noorani and Martell 2021) poised to burst – it will, as these authors suggest, very likely outlive the rupturing of overinflated claims-making and become normalised as one effective treatment among others for serious but non-psychotic mental health conditions. It is also likely that remedicalisation will reenergise underground therapeutic use. The focus in most of the clinical research to date has been on the substances and their neurobiological effects, with a fairly eclectic array of different forms of psychotherapy being deployed as adjuncts to stabilise the unpredictability of their effects and make them behave more like conventional

medicines (psychedelics are unique among medicines in their capacity to amplify facets of the environment in which they are taken, for better or for worse). Attention today is increasingly turning to the therapeutic environment within which psychedelics take effect, as policymakers consider how to regulate their medical use.

The remedicalisation of psychedelics is big business, the market is huge and the scale of investment staggering. The annual cost to the global economy of anxiety and depression has been estimated at USD \$1 trillion in lost productivity (The Lancet Global Health 2020). So promising have early clinical trials of psychedelics been in responding to these and other mental health disorders that the value of the global psychedelics industry is estimated to grow from USD \$2078m in 2019 to \$6860m in 2027 (Financial News Media 2021). There is a primary market for providing PAP and a burgeoning secondary market for the regulation, training, accreditation and monitoring of new armies of psychedelic therapists. Writing in 2013 of the gradual easing of prohibitionist drug law, anthropologist Nicolas Langlitz cautioned that ‘another backlash is always possible’ (Langlitz 2013, 278) and this remains true: some actors seeking to consolidate their position within the secondary market have begun to worry at some of the more sensitive vulnerabilities of the psychedelic renaissance. Among the most strident of these opportunistic secondary-market actors is a self-styled watchdog organisation called Psymposia, which aired a series of nine podcasts in early 2022 focusing extremely closely and in a somewhat sensationalist way on a handful of cases of alleged abuse in PAP. My constructive objective in this chapter is to discuss the substantial question they brush up against without exploring, a question which, in my view, will be decisive for the future of the psychedelic renaissance: the role of autonomy in psychedelic psychotherapy. Establishing what autonomy means in this sensitive setting calls for probing ethical, philosophical, historical and political analysis of a concept which may be ubiquitous and widely valued (Killmister 2017, 16.1) yet also tends to be incoherently or ill understood (Dworkin 1988, 4–6; Swaine 2020, xiv). Discussing what autonomy means in psychotherapy and thence especially in PAP is the task of this chapter. I start with practitioner-focused guidance on values and technique, before reflecting on the history of autonomy in geopolitics and ethics and finally returning to consider its place in psychotherapy generally and PAP specifically.

Autonomy in psychotherapy: practitioner-focused guidance on values and technique

There appears to be a strong consensus among practitioners of psychotherapy that respect for the patient’s autonomy should be among the therapist’s prime concerns.¹ The *Oxford Handbook of Psychotherapy Ethics* (Traschel et al. 2021) affords pride of place to autonomy as its first ethical concept: the patient’s autonomy must not only be protected

in the therapeutic encounter but their capacity for autonomous decision-making, especially in the service of enduring self-care for their own mental health, is also the ‘goal’ of psychotherapy (Biegler 2021).² Here, as in an earlier publication (Biegler 2011), Paul Biegler also argues that psychotherapy is superior to purely pharmacological treatment for depression with the leading anti-depressants (SSRIs) because the former enhances the patient’s capacity for autonomous self-care in the event of recurrence.

Other recent practitioner-focused guidance confirms the emphasis on autonomy in psychotherapy, noting that patient autonomy should always be the overriding concern of the therapist except in those extreme cases where legal or regulatory frameworks require that, for instance, a patient’s wish to end their life must be overridden by the beneficent duty to protect them from harm even if the therapist judges that wish to be a sincere expression of their autonomy (Proctor 2017, 175). While the therapist’s duty to set aside autonomy is relatively clear in such extreme cases, practitioner-focused literature suggests that there will be myriad more difficult instances in which the therapist may feel that a patient is autonomously desiring not to be more autonomous, and that in these cases the desire to remain of diminished capacity must be respected:

If a client autonomously rejects a treatment that promises greater emotional insight, perhaps simply because their personality reflects a lesser ‘need for cognition’, the contention that respect for autonomy entails *not* promoting autonomy (and so forgoing psychotherapy) is a compelling one, if worryingly oxymoronic.

(Biegler 2021, 95)

It may sound as though psychotherapists in such a predicament would be enduringly entrapped in their obligation to respect a patient’s desire not to be helped, paradoxical though that may be, and condemned merely to go through the motions of therapeutic intervention, or to cease therapy altogether if they cannot respect the patient’s wish not to get better. While it is plausible to suppose that in some cases an excess of caution in respecting patient autonomy accounts for unduly protracted or ineffectual therapy, in most psychotherapy respecting a patient’s autonomy is usually envisaged from a practitioner perspective to be largely a matter of respecting the temporality required for effective treatment rather than permanently abandoning all hope of it: exposing the patient to more (heteronomous) insight into their own situation than they are ready to integrate (autonomously) at a given moment will be counter-productive and much training in the craft, or technique, of therapy is devoted to guarding against such undue haste. At any given moment, judgements – which are simultaneously ethical and technical, rational and emotional – may well be finely balanced about whether or not the patient is ready to move forward, as it were autonomously, or whether pressure to advance might be resisted as too heteronomous an intrusion.

Supervised practical experience is widely believed to be crucial in helping practitioners learn how to strike this balance. In psychotherapy generally, respecting a patient's autonomy is thus tightly bound up with – perhaps even practically equivalent to – respecting their need for a specific pace of treatment: for a therapist to rush a patient by imposing heteronomous material on them which they cannot integrate autonomously would thus in effect be for the therapeutic work to fall wide of the mark.

While there are some persuasive models (Villiger 2022; McMillan & Jordens 2022), there is currently no consensus on how PAP works. Space does not permit me to reconstruct this work here but, for the avoidance of ambiguity, I do want to remark a distinction first formed in early psychiatric research of the 1950s and 1960s between two different types of PAP and to which I shall return later: 'psycholytic' (lower dose) and 'psychedelic' (higher dose) PAP (Grof 2008, 35, 38). In the ongoing 'renaissance' it is largely psychedelic PAP which has been reprised and this will be my primary concern here. There is a broad consensus, however, that the introduction of psychedelics speeds up psychotherapeutic work: the substances function as 'catalysts and amplifiers' (Grof 2008, 11), they enhance the patient's suggestibility, to their own suggestions but also to those of the therapist and their environment. In PAP of both types the patient has capacity for a much faster pace of treatment; yet working at a faster pace also plausibly implies greater risk of the therapist misjudging the balance between autonomy and heteronomy and (even if not intentionally) abusing the enhanced suggestibility fostered by the medicine. Given the increased hazard of working at speed, little wonder then that recent practitioner-focused guidance on PAP specifically (Curtis et al 2020, 333) concludes by reiterating the commensurate need for an 'elevated and nuanced set of skills', including 'honoring client autonomy'.

The premium placed on autonomy in the ethics of psychotherapy is consistent with the primacy of autonomy today in the wider fields of medical ethics and bioethics and their associated legal and regulatory frameworks, a preeminence over other ethical principles noted with some frustration by several commentators (Schneider 1998; O'Neill 2002; Foster 2009) and psychiatrists (Lepping and Raveesh 2014). Nevertheless, being mindful of patient autonomy is arguably even more important in psychotherapy than in medicine generally, for functional as well as ethical reasons, because the willing collaboration of the self (*autos*) is required for the therapy to take effect on that self, and is more important still when that therapy is psychedelically assisted as the risk is greater of such faster-moving work missing its mark in that self. The task of therapy is often to work on strengthening what might be considered the basic building blocks of autonomy, what Joel Anderson and Axel Honneth, in their recognitive account of autonomy (Anderson & Honneth 2005), call the 'fragile achievements' (137) of self-esteem, self-respect and self-trust. While they are not directly addressing psychotherapy, it follows from

their account that the psychotherapeutic space is one significant specific locus within the wider society's '*recognitional infrastructure*' (144–145, italics original) which should afford special protection from injury to autonomy.

The discussion which PAP is bringing to boiling point today revolves around the question: what exactly does it mean – what, indeed, has it ever meant – to protect and foster patient 'autonomy' in the psychotherapeutic space? So far I have largely approached this as a technical question arising in the practice of psychotherapy. This was a useful first step but has only scratched the surface. In the following section I take a longer historical and philosophical view of autonomy before returning, in the last section, to consider whether autonomy can really constitute the guiding ethic of PAP today.

What is autonomy anyway? A philosophical and historical excursus

In his historical account of the overlapping terms gravitating around the conceptual space of freedom (*eleutheria*) in Ancient Greece, Kurt Raaflaub (2004) shows that autonomy (*autonomia*) emerged as a political concept in the fifth century BCE and argues that the first surviving recorded use, by Sophocles in *Antigone* (c. 442 BCE), is a metaphorical and adjectival use of an already circulating political concept: in effect, according to the chorus, speaking as elders of Thebes, Antigone is behaving as though she were an autonomous city state (Raaflaub 2004: 146; Sophocles 2011: ll. 821–822). Raaflaub argues that until that moment, wars between Greek city states had been commonly accepted as populations expanded and new land had to be brought into cultivation to support them, thereby encroaching on the territory of neighbouring states; yet such wars invariably ended either in absorption or alliance, as distinct from rule or enslavement. In the context of the development of the Delian League, from a defensive coalitional alliance of free city states to resist Persian aggression into an Athenian empire, autonomy emerged as a corrective or buttress, something which was increasingly promised in peace treaties, and 'a versatile propaganda tool' (120):

Autonomia [...] was primarily associated with a number of general and comprehensive positive ideas – most importantly that the citizens themselves should be able to determine their *nomoi*: the constitution, way of life, and policies of their community. Since this touched upon an area fundamental for the citizens' identification with their polis, the term was politically potent and effective, despite its lack of precision. It was a purely political term, and for political purposes it was eminently useful exactly because it was broad and both concrete and vague.

Autonomy, in its original political context of conflictual interstate relations in Ancient Greece, was already relational – implying protection from domination for the weaker party – and already somewhat uncertain in meaning: it emerged to name the political promise of relative self-determination in relation to imperial domination. Better than enslavement, or rule, by another city state, it was nevertheless still compatible with the payment of a tribute (*phoros*) by the vanquished. What it meant in any given situation had to be spelled out.

Autonomy resurfaced during the Protestant Reformation, in the sixteenth century: according to historian of ideas Gerard Rosich (2019, 10.4), the first use of the term after its Greek coinage was in Andreas Erstenberger's *De Autonomia* (1586). The meaning of autonomy here and in ensuing debate was again collective and political and again referred to the struggle against imperial domination, specifically the struggle of Lutheran communities within the Catholic Holy Roman Empire, their exemption from respecting the Pope's authority in spiritual matters and that of the Emperor in worldly religious matters (Rosich 2019, 7.4). Rosich argues that this political and collective meaning of autonomy was eclipsed in the Early Modern period, only to resurface in the early twentieth century in the geopolitical concept of 'self-determination'.

Meanwhile, in the 1780s, Kant (2012, 101) made autonomy a moral matter and 'the ground of the dignity of a human and of every rational nature': without autonomy, understood as reason's capacity to abstract itself from the push and pull of external and internal circumstance, including the circumstance of its own self-interest, affections and passions, in order to freely determine its own action, there can be no such thing as morality. As Thomas Hill explains: 'Kant argued that autonomy of the will is a necessary presupposition of all morality. His idea of autonomy is abstract, foundational, normative, and a key to his defense of the rationality of moral commitment' (Hill 2013, 15). This view of moral autonomy is expressed by Kant in terms of the self giving itself the law of its action. His readers have differed on the extent to which this paradigm of self-legislation should be understood as a metaphor. Typically Analytic philosophers of autonomy tend to assume the transparent metaphoricity of self-legislation in Kant, as a figure for self-governance (O'Neill 2004, 184; Killmister 2017, 9.22). Jerome Schneewind (1998, 500) and Henry Allison (2013) nevertheless point out that the legislative scenario was inspired by a reading of Jean-Jacques Rousseau, who, while he did not use the term 'autonomie', did provide 'the basis for the extension of the concept of autonomy from the juridical-political to the moral realm through his definition of freedom in *Du contrat social* as "obedience to a law one prescribes for oneself"' (Allison 2013, 129).³ In Rousseau's scenario, because every competent citizen participates as a member of the legislating assembly, collective decisions of that body, which express the general will of the community, legitimately bind all of its members. In Kant's work, this already somewhat idealised and abstract justification of

the legitimacy of collective public lawmaking becomes still more abstract while also being introjected into the individual moral agent, with the laws in question ‘now seen as prescriptions of the individual’s own reason, through which he [sic] constrains himself in virtue of the recognition of their validity for all rational agents’ (Allison 2013, 129).

From Nietzsche through Freud to Lacan, Continental thinkers have tended to be sceptical about Kantian autonomy and particularly about the possibility and desirability of self-mastery by a unitary subject: about the self-rule for which Rousseau’s popular lawmaking assembly serves as metaphor. Nietzsche remarked on the smell of blood and the lash lingering over the categorial imperative. Adorno and Horkheimer (2016 [1944]: 114) famously suggested that Kant had transformed ‘the divine law into autonomy in order to save European civilization’, or in other words that Kantian autonomy was a salvage operation in the face of sceptical Enlightenment thought to preserve for humanity the beneficial civilising effects once secured by widespread belief in the divine basis of human morality. Kantian autonomy does imply definite expectations about the kind of orderly collective life which individual moral decisions create and the conditions of interpersonal communicability necessary to enable that collective form of life. Among these, in her reading of three key Kantian texts on autonomy from the 1780s, Onora O’Neill (2004, 189) emphasises ‘the discipline of lawlikeness’, whereby individuals make their thoughts or plans for action ‘followable by or accessible to others, hence in principle intelligible to them and open to their criticism, agreement or rebuttal’.

Whether Kantian autonomy was an introjection of Rousseau’s idealised imagining of Republican lawmaking, or of divine command, or both, the implicit conception of law and lawmaking and the assumptions about how laws take effect to govern an individual or society are highly abstract and smoothly sovereigntist in both cases. The law is imagined to have a sovereign power of self-efficacy, altogether abstracted from the many mechanisms (public administration, policing, litigation, etc.) which mediate the way in which laws in reality help to govern actually existing societies. Furthermore, there is an implicit assumption – fanciful from the perspective of Foucauldian governmentality or any other historically or sociologically grounded inquiry – that societies are mainly governed through law. Kantian autonomy is bound up with a sovereigntist fantasy of how laws are made and take effect, as well as an overestimation of the role of lawmaking in governing. As mentioned, Analytic interpreters of Kantian autonomy tend not to dwell on these or other facets of the lawmaking scenario and instead treat it as though it were transparently metaphorical. From the Continental and Marxist perspective of Louis Althusser’s later writings (notably Althusser 2015 [1978]), by contrast, the juridicism of Kantian autonomy is laden with significance: by helping to forge abstractions, above all that of the autonomous Subject, Kantian philosophy and later German idealism served the purposes of the

liberal ruling class by dignifying ‘the abstractions generated by the liberal bourgeois ideology of law and right’ (Toscano 2015, 80). From this perspective, the particular form of social orderliness served by Kantian autonomy is the contractualist liberal order of the free market in which workers, who in fact have no choice but to do so, nevertheless appear – by force of an ideological mystification to which idealist philosophy has contributed – freely to enter into a contract to sell their labour power.

Although Michel Foucault seldom used the term *autonomie*, the vision of autonomy as self-governance, theorised by Kant, features prominently in his critical account of the emergence of the liberal subject: ‘the norm of self-governance is itself an instrument of power through which the liberal subject is constructed’ (Rasmussen 2011, 13). From a Foucauldian governmentality perspective, Kant’s account of morality in terms of autonomy misdescribes as universal and ahistorical what was a normative expectation on members of the ruling classes in one particular – liberal – social order at one particular historical moment in the development of its thought and of its technical and governmental infrastructure.⁴ Moreover, as Foucault’s work on discipline shows, failure to meet the standard of self-governance exposed some subjects to more intrusive and constraining forms of power. A broadly Kantian conception of morality as autonomous self-governance was compatible with paternalism at home and colonialism abroad since subjects unable to exercise autonomous self-governance could legitimately be disciplined or coerced. That being seen to be able to exercise the capacity for moral autonomy might also be a principle of socio-political sorting is to some extent legible on the surface of Kant’s work, in dismissive but far from incidental references to ‘the more common run of people, who are closer to the guidance of mere natural instinct, and who do not allow their reason much influence on their behaviour’ (Kant 2012, 21).

Women, for Kant, are among those people who exist closer to ‘mere natural instinct’. Conversely, the feminist critique of autonomy, which began in earnest in the 1980s, identified the character ideal implicit in Kantian and other liberal accounts of autonomy as individualistic and rationalistic, based on the misleadingly abstract assumption that human beings are able to lead self-sufficient, independent, lives and should aspire to do so. As though rediscovering the relationality that was already present in the first uses of the concept of *autonomia* in interstate relations in Ancient Greece, feminist accounts of ‘relational autonomy’ (Mackenzie & Stoljar 2000) have emphasised that human flourishing takes place while we are embedded in, as opposed to uprooted from, collective social and gendered structures of care. Within this tradition the feminist account of autonomy by Diana Tietjens Meyers (2005, 43), for example, stresses the limitation of the Kantian liberal model’s centralisation of agency within ‘the rational oversight functions’ of a unitary self, as well as its failure to acknowledge that autonomy might also involve the surprise of self-discovery in action as well as the predictable results of prior

planning and rational self-definition. Feminists have tended to want to broaden the skillset of the autonomous person to include non-rational, emotional, social, caring, imaginative and other skills (Mackenzie 2014, 33). It would be misleading to present this feminist work as scepticism about autonomy tout court, for most such accounts try to broaden the Kantian-liberal understanding of what autonomy involves rather than jettison the concept altogether. Nancy Hirschmann, reflecting critically on the foundational role of object relations psychoanalysis in the early development of relational autonomy, has nevertheless questioned the overriding emphasis on relationality in feminist accounts as an overvaluation of one particular

pathology exhibited by feminine development operating within a sexist model of childrearing. If the boy's problem is fear of connection and the need to differentiate the self radically from the other, the girl's difficulty comes from an inability to separate adequately, which she needs to do to form an adult identity.

(Hirschmann 2014, 67)

Furthermore, probably following the renewed interest in sexual violence and misogynistic microaggressions in the wake of #MeToo, not to mention the curtailment of abortion rights in the United States, has come renewed feminist interest in the political necessity of bodily autonomy familiar from second-wave feminism and an emphasis on those social structures which can support autonomy in the broader, feminist-relational, sense of the term (Stoljar & Voigt 2022).

In addition to the Continental (Nietzschean, Freudo-Lacanian, Foucauldian, Althusserian) and feminist critiques, there are other objections to Kantian autonomy, not least Richard Rorty's view (2004, 199) that it is a language game played largely – merely – by philosophy professors: 'a very special, very technical, concept – one that has to be learned in the way that any other technical concept is learned, by working one's way into a specifically Kantian language game'. In the present context Rorty's observation is well made: while Kant's theorisation of moral autonomy has been the most influential on later academic thinking about autonomy and while its conception of the self-governing subject is, for better and for worse, part of the basic governmental technics of liberal societies, this formidable body of reflection is barely being engaged by psychotherapists who are exhorted to respect the autonomy of the person.

Of more tangible influence on the ethics of psychotherapy and medical ethics more widely are John Stuart Mill's reflections on civil liberty. Although he did not use the term 'autonomy', Mill's work has been received by commentators as pertaining to autonomy and has probably been more influential on the way the term is understood beyond the philosophy classroom than Kant's (O'Neill 2002, 37). Far more so than Kant, whose only superficially individual account is undergirded by a profound

concern for the collective, Mill centres his perspective on the individual and stresses the need to protect that individual from both the tyranny of the state and that of majority opinion: ‘The only freedom which deserves the name, is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it’ (Mill 2011, 23). Mill’s conception of individual liberty, or autonomy – that we may do as we like provided we do not harm others – is bound up with another economic and political principle fundamental to liberalism, that in so doing we be ‘subject to such consequences as may follow’ (Mill 2011, 22). In other words, such autonomy should usually involve exposure to economic and other consequences, except where there is a convincing case for protection from (self-)harm.

‘Over himself, over his own body and mind, the individual is sovereign’, Mill (2011, 18) remarked. As Joseph Heath (2005, 205) has argued, economists have tended to conflate this form of liberal autonomy with the concept of ‘consumer sovereignty’, in a degraded consumerist equation whereby they ‘assume that a democratic society must respect the wishes of consumers, and therefore that a laissez-faire economic system is a natural expression of the political ideals underlying western liberalism’. Nor is this conflation limited to economists. This degraded consumerist view of autonomy is the usual way in which autonomy is understood today in bioethics: a ‘consumerist, quasi-libertarian’ (O’Neill 2002, 47–48) vision in which to respect someone’s autonomy is to respect the sovereignty of their choice as a consumer of healthcare services by ensuring that informed consent requirements are met. For in most healthcare settings, respect for patient autonomy is ‘operationalised’ (O’Neill 2002, 38) by obtaining informed consent and is usually assumed to increase as the regulatory restrictions on clinicians’ liberty, expressed through institutional or professional standards and guidance, as well as law, become more detailed, comprehensive and constraining. In her critical account of the reliance on this degraded libertarian-consumerist conception of autonomy in bioethics, coupled with intensive regulatory oversight, O’Neill (2002) interprets historically low levels of trust in doctors by arguing that the proliferation of a bureaucracy of informed consent and the auditing of professional performance against tightened standards could at best have hoped to improve the ‘trustworthiness’ of professionals and institutions but paradoxically have undermined real trust, indeed have generated unintended consequences in the form of an epidemic of ‘misplaced mistrust’ (141). More so than in other therapeutic contexts, in psychotherapy of all types, real trust is a vital component in forging the initial bond and probably becomes even more important as the therapeutic process advances into more difficult material (Wampold 2015).

This historical and philosophical survey of autonomy suggests that, from its inception in interstate relations in Ancient Greece, the concept has tended to serve a political purpose and lacks a reliably clear meaning in the absence of further specification. While the Kantian paradigm of moral

autonomy is probably the most celebrated in the Western and European philosophical heritage, priority was given here to critical accounts of that paradigm which stress its normative political and social meaning and its situated socio-historical context. Despite the ubiquity of autonomy talk today and the consensus among practitioners and many commentators that it is sacrosanct and sufficient in bioethics, the degraded consumerist conception of autonomy which prevails in these discussions, as in the wider culture, bears only the flimsiest of connections to the embroiled philosophical and political history of the concept. Furthermore, the way in which respect for this degraded form of autonomy is typically operationalised in healthcare settings – through bureaucratic procedures for obtaining informed consent, coupled with auditing of professional practice in relation to tightly drafted professional codes of ethics – may even contribute to a culture of misplaced mistrust that undermines psychotherapy even more than other types of healthcare. The account presented in this section indicates that respect for patient autonomy is probably not capable of being the reliable guide for the ethical practice of psychotherapy which it is generally taken to be, or at least not without a great deal of further specification and professional reflection. It might be objected that therapists do not need to know quite so much about autonomy because the purpose of enjoining them to be mindful of patient autonomy is to remind them of the basic moral intuition that when a patient is vulnerable somebody professing to help them should neither seek to dominate nor take advantage of them. Nevertheless, a reluctance to engage in ethical reflection on the basic tenets of one's own practice is a flimsy basis for the care of souls and leaves the therapist ill equipped to resist the pull of the prevailing, degraded, understanding of autonomy as sovereignty of consumer choice.

Autonomy and 'autoheteronomy' in PAP

One of the experiential features of PAP which poses particular difficulty for the autonomy paradigm is 'ego dissolution' or 'ego death'. In psychedelic as distinct from psycholytic variants of PAP, an experience of ego dissolution, or ego death, occurs as the patient gets close to the high-point of the high (McMillan & Jordens 2022, 231) and is probably the experiential correlate of psychedelically enhanced neuroplasticity, that loosening by virtue of which the brain frees itself from the grip of those too-rigid patterns and presumptions which appear to play a role in a wide range of mental health problems. This can sometimes feel very violent:

Physical and emotional agony culminates in a feeling of utter and total annihilation on all imaginable levels. It involves an abysmal sense of physical destruction, emotional catastrophe, intellectual defeat, ultimate moral failure, and absolute damnation of transcendental proportions. This experience is usually described as 'ego

death'; it seems to entail an instantaneous and merciless destruction of all the previous reference points in the life of the individual.

(Grof 2008, 83)

There is also some evidence that experiencing ego death is necessary for the enduring therapeutic effects of psychedelic PAP (Yaden & Griffiths 2021). In most cartographies or chronologies of the trip, ego death gives way to a blissful experience of liberation and together these two sequential points comprise the peak of the psychedelic experience: 'The subject feels unburdened, cleansed and purged, and talks about having disposed of an incredible amount of personal "garbage", guilt, aggression, and anxiety' (Grof 2008, 83). The experience of ego death is difficult to comprehend within the autonomy paradigm: far from being respected, in psychedelic PAP one's self (ego, autos), its identity and its too-rigid presumptions are in some sense being allowed to dissolve or die. It is worth recalling here that most guidance tends to emphasise that this peak experience is only part of the curative process, to be preceded by preparation and followed by integration. It is worth noting too that particular emphasis tends to be placed by the therapist in the preparatory phase, prior to consumption of the psychedelic, on the 'the importance of total yielding to the effect of the drug and psychological surrender to the experience' (Grof 2008, 38). This is sometimes expressed less dramatically, in terms more reminiscent of meditation or mindfulness training, as the imperative of 'letting go' and accepting: 'Observe what is going on inside your mind and body, but do not try to control the flow of images and sensations' (Fadiman 2011, 29). Given that psychedelics enhance suggestibility, it could well be that these recommendations to surrender, or let go, contribute to the experience of ego death.

Analysed in terms of autonomy and heteronomy, the experiential phenomenology of psychedelic PAP might then be understood as a sequence in which a heteronomous suggestion from the therapist (or therapy manual, in the case of a reading of Fadiman's *Explorer's Guide*) in the preparatory phase, taken on to some extent autonomously by the patient, as heteronomous suggestions must be if they are to take effect (Borch-Jacobsen 1996), unleashes its power of suggestion at the peak of the psychedelic experience, to be followed in the integration phase by the patient's making-autonomous or making-mine of this experience, which is also a (re)making-me. At the centre of this sequence and in these same terms of analysis, the peak might be characterised as an experience of 'autoheteronomy', an experience of the self as other and the other as self, even expressed as an experience of merging or oneness with the otherness of the entire universe, or creation. In other words, this is an experience which confounds and confuses our habitual distinctions between the autonomous and the heteronomous. Furthermore, at the peak of the experience, the most significant and efficacious other to the self is not the therapist or their power but rather that which is heteronomous to the

dissolving ego within the subject, that which within the subject has an autonomous power of its own, or expresses the autonomous power of the subject but in a way which feels a lot like heteronomy. We should probably therefore characterise this experience in terms of autoheteronomy.⁵

Although she does not use this qualifier, fieldwork by anthropologist Katherine Hendy helps to conceptualise how the action of such an *autoheteronomous* inner healing power might be understood, as here in her summary of the position held by one therapist and guide she interviewed, which she suggests typifies that of practising psychedelic guides: ‘He grants that psychedelics are powerful, but also argues that their power is not in what they *do to* us, but in what they *release within us*’ (Hendy 2022, 331). As Hendy notes (336–337), over the last decade this conceptualisation of an ‘inner healing intelligence’ or ‘Inner Healer’, understood as ‘the innate capacity or wisdom of the self to guide its own healing process’, has become central to the MAPS model of how psychedelic PAP works, as well as to their guidance for the training of therapists (MAPS 2014). My proposal is that this model would be better understood if it were theorised more explicitly in the admittedly paradoxical terms of autoheteronomy, whereby the most significant other is not the therapist or guide, nor any transmission of their influence, but rather that which in the subject exercises autoheteronomous (i.e., both autonomous and heteronomous) healing power once the oppressively rigid ego dissolves or dies. If PAP is a rebirthing of souls then the therapist or ‘guide’ is, at best, in attendance as a midwife or helpmate: not a negligible role and one which, performed badly or carelessly, can certainly be dangerous, but by no means the source or centre of the therapeutic effect. Rather than respect for the autonomy of the patient, the guiding ethic of PAP should more accurately be expressed as respect for their autoheteronomy. Admittedly, this is a big ask in a society in which institutions and individuals overvalue autonomy while barely understanding it and in which medical ethics are dominated by autonomy.

In this chapter I have suggested that, in parallel with their catalysing and amplifying effects on an individual level, psychedelics bring longstanding cultural tensions to a state of crisis. Their singular mode of efficacy tends to expose, indeed explode, fundamentally incoherent but functionally serviceable cultural compromises: in this case, profound uncertainty about what it has ever meant to respect patient autonomy in psychotherapy, what autonomy means in the first place, and who or what exactly, in such therapy, does the curing. The task of the emerging field called ‘the psychedelic humanities’, to which this discussion aspires to make a modest contribution, is to chart and channel these exposing and explosive biocultural effects.

One of the other uneasy cultural compromises being exploded in discussions about PAP is the generic construct ‘psychotherapy’, which covers over extreme heterogeneity and the unresolved history of the American domestication of Freud by ego psychology. In the absence of

a Freud-Lacanian metapsychological model and conceptual language for differentiating between the subject and the ego and for making finer distinctions within ‘the self’, it is very difficult to make sense of how ‘ego death’ could possibly be therapeutic but with such a model it is relatively straightforward. From a Freud-Lacanian psychoanalytic perspective, much ‘psychotherapy’ today is just a form of coaching destined to boost the ego of the patient and curate particular facets of their identity which have value in the social marketplace of attention (Davis and Dean 2022), a technical enterprise devoid of ethical integrity and critical reflection, one entirely under the sway of the degraded understanding of autonomy as consumer sovereignty. In PAP, by contrast, the experience of ego death and corresponding release of the subject’s autoheteronomous power of healing places unbearable strain on ego-centred and identity-focused models of psychotherapeutic coaching, as well as on their diminished understanding of respecting autonomy as respecting the sovereignty of the patient-consumer. However, it would be a mistake to suggest that all we need to conceptualise PAP is to return to a purer form of psychoanalysis. Psychedelic PAP (in contradistinction here to psycholytic PAP) also strains against long-established conventions of psychoanalytic practice and prominent professional understanding of its efficacy: if the most significant other is the autoheteronomous healing power of the subject’s mind-brain under psychedelics, once that subject has been freed from the too-rigid grip of a dissolved ego, then the role of the therapist is even more peripheral to the healing process than in the most self-effacing Lacanian conceptualisations of the analyst, for example as the subject (merely) supposed to know. Whether psycholytic and psychedelic PAP engage the patient’s autoheteronomy in a similar way requires further investigation and conceptualisation; my assumption here has been that they do but psychedelic PAP does so much more intensively. It may follow that in psycholytic PAP the other who is the therapist remains a more significant party to the cure, along with the patient’s autoheteronomous inner healing power. Alternatively, it may be that the two types of PAP function in qualitatively irreconcilably different ways. This matter cannot be resolved here.

Because ego dissolution, or ego death, can be experienced as intensely violent and because significant personality changes may result from psychedelic PAP, in particular, it has been suggested that an enhanced procedure for securing informed patient consent is required, above and beyond what is usual in medical treatment (Smith and Sisti 2021). This is probably right but it is hardly sufficient to guarantee ethical practice in a substantial sense. Relying on a bureaucratic apparatus for securing appropriately informed consent is the standard way of operationalising respect for patient autonomy in bioethics. Probably more important for ensuring a genuinely ethical and humanising practice of PAP is to cultivate better understanding of PAP on the part of therapists and patients alike: key is recognising that PAP is about autoheteronomy rather than autonomy,

with the therapist at best a very marginal adjunct to the patient's self-healing and the constricting ego responsible for the illness something to be sloughed off in metamorphic self-transformation rather than sustained and nurtured. Furthermore, if the key agent in the healing process is not the therapist but the patient, or rather the autoheteronomous power to self-heal within the patient, it follows that patients too should be helped to develop much fuller understanding of how best to utilise psychedelics and the experience they enable (Johnstad 2020, 224).

Clinical trials are designed to establish whether or not substances work safely rather than how they work; by contrast, psychotherapists need to have some reflexive working hypotheses about how what they do works, as do patients if they are to meaningfully consent to treatment. In the clinical trials of psychedelics undertaken during the renaissance, what has been shown to be effective are not psychedelics as chemicals in isolation but rather psychedelics administered to a carefully triaged selection of subjects, taken in the suggestive context of increasingly elevated expectations about their efficacy, accompanied and stabilised in their effects by a fairly eclectic set of psychotherapeutic interventions. As PAP becomes more widely available, if the therapy element is to have ethical integrity rather than be a merely technical practice of coaching in the service of a degraded conception of autonomy as consumer sovereignty, therapists must develop much better understanding of how the process works and engage in deep critical reflection on the paradox of the autoheteronomous experience at its peak. The alternative is the technocratic instrumentalisation of psychedelics as a quick fix for the individual and social ills of late liberal capitalism.

Notes

- 1 There are many different ways of referring to the recipient of psychotherapy, including patient, client, analysand, consumer, customer, service-user and therapee, and similarly to the therapist. In other contexts the choice of term is thought to have important implications but these are not my concern here. It should nevertheless be noted that in opting for the generic term 'patient', because this is intelligible across other healthcare settings, I do not mean to imply passivity: good therapy is often hard work for all concerned.
- 2 The organisation of chapters/concepts in this handbook is not alphabetical.
- 3 While true, Lucas Swaine's assertion (2020, 17 n. 80) that Rousseau does not employ the work 'autonomie' in *Du contrat social* or any of his major works is beside the point.
- 4 Distinct from Foucault's line of critique, others have suggested that a certain vision of the self-regulating machine was probably also in play in the genesis of the autonomous self-governing liberal subject, as N. Katherine Hayles (1999, 86) notes.
- 5 I was reminded of this aporetic Derridean term while editing the essay on linguistic autonomy by Jeremy Ahearne for the present volume; however, my redeployment of it here is relatively detached from that Derridean context.

References

- Adorno, Theodor & Horkheimer, Max. 2016. *Dialectic of Enlightenment*, translated by John Cumming. London: Verso.
- Allison, Henry. 2013. 'Autonomy in Kant and German Idealism'. In: Sensen, ed., *Kant on Moral Autonomy*. Cambridge: Cambridge University Press, 129–145.
- Althusser, Louis. 2015. *Être Marxiste en philosophie*. Paris: Presses universitaires de France.
- Anderson, Joel & Honneth, Axel. 2005. 'Autonomy, Vulnerability, Recognition, and Justice'. In Christman, John and Anderson, Joel, *Autonomy and the Challenges to Liberalism: New Essays*. Cambridge: Cambridge University Press, 127–149.
- Biegler, Paul. 2011. *The Ethical Treatment of Depression: Autonomy Through Psychotherapy*. Cambridge: MIT Press.
- Biegler, Paul. 2021. 'Autonomy as a Goal of Psychotherapy'. In Trachsel, Manuel, Gaab, Jens, Biller-Andorno, Nikola, Tekin, Şerife and Sadler, John (eds.) *The Oxford Handbook of Psychotherapy Ethics*. Oxford: Oxford University Press, 87–98.
- Borch-Jacobsen, Mikkel. 1996. 'Neurotica: Freud and the Seduction Theory'. *October* 76, 15–43.
- Curtis, Russ, Roberts, Lisen, Graves, Elizabeth, Thompson Rainey, Heather, Wynn, David, Krantz, David and Wieloch, Verena. 2020. 'The Role of Psychedelics and Counseling in Mental Health Treatment'. *Journal of Mental Health Counseling* 42, 4, 323–338.
- Davis, O and Dean, T (2022) *Hatred of Sex*. Lincoln, NE: University of Nebraska Press.
- Dubus, Zoe. 2020. 'Utiliser les psychédéliques pour "guérir" des adolescents homosexuels? Essai de thérapie de conversion, France, 1960. Using Psychedelics to "Cure" Gay Adolescents? Conversion Therapy Trial, France, 1960'. *Annales Médico-psychologiques, revue psychiatrique* 178, 6, 650–656. <https://doi.org/10.1016/j.amp.2020.04.009>
- Dworkin, Gerald. 1988. *The Theory and Practice of Autonomy*. Cambridge: Cambridge University Press.
- Fadiman, James. 2011. *The Psychedelic Explorer's Guide: Safe, Therapeutic, and Sacred Journeys*. Rochester, VA: Park Street Press.
- Foster, Charles. 2009. *Choosing Life, Choosing Death: The Tyranny of Autonomy in Medical Ethics and Law*. Oxford: Hart.
- Grof, Stanislav. 2008. *LSD Psychotherapy*. Saline, MI: MAPS.
- Hayles, N. Katherine. 1999. *How We Became Posthuman: Virtual Bodies in Cybernetics*. Chicago: Chicago University Press.
- Heath, Joseph. 2005. 'Liberal Autonomy and Consumer Sovereignty'. In *Autonomy and the Challenges to Liberalism: New Essays*, edited by John Christman & Joel Anderson. Cambridge: Cambridge University Press, 204–225.
- Hendy, Katherine. 2022. 'What can the chemical hold? The politics of efficacy in the psychedelic renaissance'. *Culture, Medicine and Psychiatry* 46, 322–343. <https://doi.org/10.1007/s11013-021-09708-7>
- Hill, Thomas. 2013. 'Kantian Autonomy and Contemporary Ideas of Autonomy'. In *Kant on Moral Autonomy*, edited by Oliver Sensen. Cambridge: Cambridge University Press, 15–31.

- Hirschmann, Nancy. 2014. 'Autonomy? Or Freedom? A Return to Psychoanalytic Theory'. In *Autonomy, Oppression, and Gender*, edited by Andrea Veltman and Mark Piper. Oxford: Oxford University Press, 61–84.
- Johnstad, Petter. 2020. 'A dangerous method? Psychedelic therapy at Modum Bad, Norway, 1961–76'. *History of Psychiatry* 31, 2, 217–226.
- Kant, Immanuel. 2012. *Groundwork of the Metaphysics of Morals*, edited by Mary Gregor and Jens Timmermann, translated by Mary Gregor. Cambridge: Cambridge University Press.
- Killmister, Suzy. 2017. *Taking the Measure of Autonomy. A Four-Dimensional Theory of Self-Governance*. London: Routledge.
- Langlitz, Nicolas. 2013. *Neuropsychedelia: The Revival of Hallucinogen Research Since the Decade of the Brain*. Berkeley: University of California Press.
- Lepping, Peter and Raveesh, Bevinahalli Nanjegowda. 2014. 'Overvaluing autonomous decision-making', *British Journal of Psychiatry* 204, 1–2 (Editorial). <https://doi.org/10.1192/bjp.bp.113.129833>
- Mackenzie, Catriona. 2014. 'Three Dimensions of Autonomy: A Relational Analysis'. In *Autonomy, Oppression, and Gender*, edited by Andrea Veltman and Mark Piper. Oxford: Oxford University Press, 15–41.
- Mackenzie, Catriona and Stoljar, Natalie (eds.). 2000. *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. Oxford: Oxford University Press.
- MAPS. 2014. A Manual for MDMA-Assisted Therapy in the Treatment of PTSD. <https://maps.org/2014/01/27/a-manual-for-mdma-assisted-therapy-in-the-treatment-of-ptsd/>
- Martin, A. Joyce. 1962. 'The treatment of twelve male homosexuals with "L.S.D." (followed by a detailed account of one of them who was a psychopathic personality'. *Psychotherapy and Psychosomatics* 10, 394–402.
- McMillan, Riccardo Miceli, and Jordens, Christopher. 2022. 'Psychedelic-assisted psychotherapy for the treatment of major depression: a synthesis of phenomenological explanations'. *Medicine, Health Care and Philosophy* 25, 225–237. <https://doi.org/10.1007/s11019-022-10070-7>
- Meyers, Diana Tietjens. 2005. 'Decentralizing Autonomy: Five Faces of Selfhood'. In *Autonomy and the Challenges to Liberalism: New Essays*, edited by John Christman, & Joel Anderson. Cambridge: Cambridge University Press, 27–55.
- Mill, J. 2011. *On Liberty*. Project Gutenberg Ebook. www.gutenberg.org/files/34901/34901-h/34901-h.htm
- Noorani, Tehseen & Martell, Jonny. 2021. 'New frontiers or a bursting bubble? Psychedelic therapy beyond the dichotomy'. *Frontiers in Psychiatry* 12. <https://doi.org/10.3389/fpsy.2021.727050>
- O'Neill, Onora. 2002. *Autonomy and Trust in Bioethics*. Cambridge: Cambridge University Press.
- O'Neill, Onora. 2004. 'Autonomy, Plurality and Public Reason'. In *New Essays on The History of Autonomy: A Collection Honoring J. B. Schneewind*, edited by Natalie Brender & Larry Krasnoff. Cambridge: Cambridge University Press, 181–194.
- Oram, Matthew. 2018. *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*. Baltimore: Johns Hopkins University Press.
- Proctor, Gillian. 2017 *Values and Ethics in Counselling and Psychotherapy*. London: SAGE.

- Psymposia. 2022. Power Trip Podcasts. www.psymposia.com/powertrip/
- Raaflaub, Kurt. 2004. *The Discovery of Freedom in Ancient Greece*. Translated by Renate Franciscano. Chicago: Chicago University Press,
- Rasmussen, Claire. 2011. *Autonomous Animal: Self-Governance and the Modern Subject*. Minneapolis: University of Minnesota Press.
- Rorty, Richard. 2003. 'Trapped Between Kant and Dewey: The Current Situation of Moral Philosophy'. In *New Essays on The History of Autonomy: A Collection Honoring J. B. Schneewind*, edited by Natalie Brender & Larry Krasnoff. Cambridge: Cambridge University Press, 195–214.
- Rosich, Gerard. 2019. *The Contested History of Autonomy: Interpreting European Modernity*. London: Bloomsbury.
- Schneider, Carl. 1998. *The Practice of Autonomy: Patients, Doctors, and Medical Decisions*. Oxford: Oxford University Press.
- Schneewind, Jerome. 1998. *The Invention of Autonomy: A History of Modern Moral Philosophy*. Cambridge: Cambridge University Press.
- Sessa, Ben. 2012. *The Psychedelic Renaissance: Reassessing the Role of Psychedelic Drugs in 21st Century Psychiatry and Society*. London: Muswell Hill Press.
- Smith, William and Sisti, Dominic. 2021. 'Ethics and ego dissolution: the case of psilocybin'. *Journal of Medical Ethics* 47, 807–814. <https://doi.org/10.1136/medethics-2020-106070>
- Sophocles. 2011. *Antigone*. Translated by Diane Rayor. Cambridge: Cambridge University Press.
- Stoljar, Natalie and Voigt, Kristin. 2022. 'Regarding Oneself as an Equal'. In *Autonomy and Equality: Relational Approaches*, edited by Natalie Stoljar and Kristin Voigt. London: Routledge. <https://doi.org/10.4324/9780367823344-7>
- Swaine, Lucas. 2020. *Ethical Autonomy: The Rise of Self-Rule*. Oxford: Oxford University Press.
- Toscano, Alberto. 2015. 'The Detour of Abstraction'. *Diacritics* 43, 2, 68–90.
- Trachsel, Manuel, Gaab, Jens, Biller-Andorno, Nikola, Tekin, Şerife and Sadler, John (eds.) 2021 *The Oxford Handbook of Psychotherapy Ethics*. Oxford: Oxford University Press.
- Villiger, Daniel. 2022. 'How psychedelic-assisted treatment works in the Bayesian brain'. *Frontiers in Psychiatry* 13. <https://doi.org/10.3389/fpsy.2022.812180>
- Wampold, Bruce. 2015. 'How important are the common factors in psychotherapy? An update'. *World Psychiatry* 14, 3, 270–277. <https://doi.org/10.1002/wps.20238>
- Yaden, David, and Griffiths, Roland. 2021. 'The subjective effects of psychedelics are necessary for their enduring therapeutic effects'. *ACS Pharmacology and Translational Science* 4, 568–572. <https://dx.doi.org/10.1021/acspsci.0c00194>