Embodied Agency and Habitual Selves

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Philosophy, Psychiatry, & Psychology, Volume 20, Number 1, March 2013, pp. 75-80 (Article)

Published by Johns Hopkins University Press

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Keywords: agency, embodiment, habituation, medicalizing discourse, oppression, identity, postmodernism, social constructionism.

Jennifer Hansen’s article exhibits exactly the sort of commentary that feminist scholarship aims for. It is insightful yet trenchantly critical, and advances dialogue on the vexing questions of self and agency in the face of mood changes. Although her comments are specific to mood swings that accompany bipolar disorder, her way of framing these issues contributes more generally to questions of what it means to be an agent and to exercise agency.

Hansen sets out the three criteria that I take as the conventional idea of a coherent narrative self. Although she agrees with the importance I place on self-trust and alleviation from self-alienation, she challenges my account on the grounds that I do not give enough credit to the bipolar patient’s agency. She offers an account of the habitual, embodied self that addresses a problem in my account of alienation and agency. Hansen draws on feminist scholarship to support her argument, which my article did not do; but the absence of a feminist analysis in my writing suggests a mistake on my part. Therefore, this article—at Hansen’s implicit prodding—is a corrective to that error.

The contribution of the habitual self is very helpful in theorizing just what is difficult and distressing about living with bipolar disorder and what it might take to become more empowered with respect to a healthy and realistic confidence in one’s agency and self. The habitual self, according to Hansen, is an embodied way of being in the world that is “consistent, coordinated, unified, and goal-directed . . . without narration or conceptualization of this pragmatic unity” (Hansen 2013, 72). Habitual bodies, she says, have recognizable skills that cohere even when we are not conscious and deliberate about the exercise of them. This point is important to understanding the significance of being an embodied self—that is, a phenomenology of the self as embodied emphasizes both the role of bodily experiences and habituation, and the way that agency is necessarily exhibited and expressed via material existence.

Hansen argues that “a [narrative self] is devastating and shaming to a patient; not because they cannot see themselves as agents, but rather as consistent agents” and that she disagrees that “conventional narratives deny agency to bipolar patients” (2013, 75). She claims, as in her example of purchasing a sports car, that we can be accountable for past actions even when we would no longer be the sort of person who would do those things. I am ambivalent about Hansen’s claim that the issue is not about experiencing a lack of agency, but a lack of consistent agency. But first, it has become clear, from the dialogical exchange in this issue of PPP, that a definition of agency will be helpful. I discuss five intertwined features of agency that current literature employs. I aim to...
show that those of us who theorize about agency and mental disorder, or any other challenge that confronts people living in hegemonic societies such as the United States, face a daunting task. (‘Hegemony’ is a way of talking about power relations that emphasizes the process by which a dominant group maintains its power, for example, through education, media, economics, social roles, and other methods of structuring and establishing norms and material existence. As I am using the term, ‘hegemony’ assumes that the maintenance of domination is a struggle—and, thus, that the position of dominance is not a foregone conclusion—and is compatible with—indeed, constitutive of—true democratic practices. The United States is a hegemonic society in the sense that the ruling class primarily consists of White, heterosexual, upper class males who maintain power through their control over institutions such as education, marriage, and medicine, while simultaneously are jostled and challenged by the voices of other, less privileged groups such as women of all colors, racialized people, gay people, working class people, and immigrants.) The difficulty in understanding agency, I suggest, lies in the ways that societal norms, engenderings, and racializations intersect with people’s lived experiences as marginalized.

**Agency**

The philosophical concept of agency is tied up with a traditional Western conception of the self as an autonomous, discrete, and atomistic individual. Feminist and postcolonial theorists have challenged this conception on a number of grounds. First, feminists have argued that women are socialized primarily with a self-conception as relational instead of individual. The epistemic, psychological, and ethical self, therefore, gives rise to a relational autonomy where agency is situated in the complexity of socialized interconnected selves. Second, feminist critiques of rationality and epistemology have shifted the role of emotions in being knowers and in knowledge production from being devalued, suspect, unreliable, and untrustworthy to being central to both knowledge and ethics. The reclamation of emotions as central to epistemology, ethics and, indeed, to social relations, has highlighted agency as necessarily constituted, in part, through and by emotions. Third, as Hansen makes clear, feminist phenomenologists have emphasized the nature of the self as embodied. That is, the metaphysical and experiential self is not a dualist one of mind and body, but one of a complex and often messy integration of embodiment. Being an agent, and having and exercising agency, then, necessarily involves “possibilities that arise from specific modes of embodiment in a variety of contexts” (Meynell 2009, 12).

The importance of embodiment to agency cannot be underestimated—because, once we acknowledge the reality that being embodied is never a generic, abstract experience, we must grapple with the ways that our self-images and our self-conceptions are integrally bound up with social stratification. As feminists, postcolonialists, and trans people write, bodies are marked as gendered and racialized, and meanings given to various differing embodiments, that have material, epistemic, and potentially metaphysical effects on agency. Thus—and this is the fourth point—oppressive structures that mark some bodies as normal, others as deficient, still others as deviant, or transgressive, or pathological, create modes of embodiment that inhibit, constrict, and confine agency to matters of coerced and narrow choices between double-bind options. (For example, current laws and social norms in the United States are oppressive to gay and lesbian people in ways that not only are economically and socially punitive and inherently unequal, but that are physically and psychologically damaging—even, sometimes, life-threatening. The unjust and unequal treatment of gay and lesbian people, therefore, can severely restrict their autonomy and self-respect in their everyday choice-making activities, where even issues of safety are persistent and confining considerations.)

This leads me to the fifth contribution by feminist scholarship on agency, one that situates agency not only in relational, emotive, embodied, and hegemonic ways, but also in the ways it is compromised by medicalizing discourse in a rigidly gendered and difference-phobic society. To explain this point, I draw on work by Jacob Hale (2009) on the phenomenological experi-
ences and the culturally inflected and damaging meanings of being transsexual in a transphobic culture. Hale argues that gender is colonized, meaning that it is regimented and policed so as to remain within strict binaries that reproduce misogynist and pathologizing purity genres (47).

(To colonize is to overtake a culture, its land, its laws, its norms, and the future expectations of a people, usually initially by force, and to supplant it with the dominant nation-state’s or culture’s governance. Colonization, thus, entails the loss of sovereignty of the colonized people. When writers talk about gender colonization, they are referring to the assumed natural order of the heterosexual male gender as dominant, where it becomes a force that turns those who deviate from that gender into colonies. The meaning may seem purely metaphorical, but for many thinkers, like Hale, it has a concrete materiality to it as well.) This colonization shapes discourses and politics that erase, damage, and otherwise do harm to female-to-male (ftm) feminist voice and agency. One domain in which this occurs, Hale argues, is in the medical establishment, because of the double-bind transsexuals face by engaging medicine to effect trans change. The problem is that doing so legitimizes the very ideologies that transsexuals are stepping outside of—namely, gender ideologies. “For transsexuals, inserting ourselves into this nosology is often necessary for exercising agency over our own bodies” (47). ‘Having’ agency, then, is constrained by the coercive apparatus of the medical establishment that forces trans people into making tough choices about how they exercise power over their own bodies (Hale 48). Gender colonization, Hale argues, is inscribed by psychiatry onto bodies that do not fit into any available categories of being, even feminist rethinkings of gender. As he puts it:

These conditions not only regulate culturally meaningful gendered embodiment, they constitute it by establishing, marking, and policing boundaries between those embodiments that have cultural meaning and those that are abjected from social ontology. (Hale 2009, 49)

Hale cites the determination by surgeons of ‘adequate vaginal depth’ when performing male-to-female surgery, the overriding of ftm patients’ wishes not to have their nipples reduced on the grounds that such reduction is needed for proper proportionality, and other examples. He concludes that medical practice refuses to grant agency to transsexuals over their own embodiments (49).

This is not to say that Hale fails to recognize the necessarily reciprocal venture between trans people and medicine, but instead that he challenges the basis of the exchange and the appearance (indeed, he might say ‘the lie’) of reciprocity. Hale’s point is that these practices compromise and, sometimes so restrict agency, as to call into question the meaning of saying one has agency under such coercive measures.

To summarize this overview of the challenges to traditional views of agency, then, I suggest a working definition of agency as the material ability to exercise power over one’s daily existence, where being an agent refers to the relational, emotive, embodied, often marginalized, compromised, and sometimes erased self. Thus, the features of agency that emerge from critical scholarship highlight the crucial contrary between agency and domination when we attempt to exercise our agency.

The Habituated Body

The question is, can a theory of the habituated embodied self adequately address the myriad problems in exercising and attributing agency—not only for patients with bipolar disorder, but for others? In this section, I focus on writing by feminists who problematize embodiment in terms of mestiza and other fragmented or plural identities. As Lourdes Torres explains, “a noncontradictory, unified self is impossible within the discourses they [Latina autobiographers] traverse” (1996, 138). She draws on Gloria Anzaldúa, who writes that:

The new mestiza copes by developing a tolerance for contradictions, a tolerance for ambiguity. She learns to be an Indian in Mexican culture, to be a Mexican from an anglo point of view. She learns to juggle cultures. She has a plural personality, she operates in a pluralistic mode—nothing is thrust out, the good the bad the ugly, nothing rejected nothing abandoned. Not only does she sustain contradictions, she turns the ambivalence into something else. (1987, 79)

Anzaldúa describes the experience of being a plurality of identities, none of which singularly captures her self-image or self-conception. A mes-
tiza identity, because it is situated in the cracks and margins of multiple social hierarchies, has a problematic relationship to agency that a woman must continually negotiate within subjugating life circumstances. Torres expands on the autobiographical writings of women who call themselves mestiza by saying that:

they describe feeling great self-hatred, feeling marginalized, and without a center to grasp onto because each center asks them to or makes them feel that they must choose. The pressure to choose between possible identities is experienced by both as maddening. (1996, 132)

It would seem, then, that agency, for the mestiza’s embodied ‘self’ is frequently compromised, undermined, and alienated by the need to move within and through numerous—often alienating—cultures, languages, and norms. It’s not that a fragmented, or plural, or subjugated—or disordered—person lacks agency altogether so much as her multiple or fluid identities are constitutive of necessarily inconsistent agency—even if we understand agency in its messier, more complex feminist conceptions.

To further ground the claim that the aim for consistent agency is riddled with complications, let me turn to Maria Lugones’ 1990 work on ‘worlds’ and the animation of different selves (for a full discussion of Lugones’ thinking as it applies to mental disorder, see Potter 2003). Lugones argues that women of color shift from one ‘world’ to another as a matter of necessity. Different ‘worlds’ make different demands and place different constraints or freedoms on a person, thus inhibiting or enhancing the possibilities of being an agentic self. A world, she suggests, is a kind of experience, where one’s self-image and self-conception are constituted through the concepts and norms, the language, history, and relations of power or community between the inhabitants of that world (present living ones, ancestral ones, and even imaginary ones). The self-conception and self-image of the self (to use Hansen’s language) varies, sometimes widely, from one world to another. Lugones gives the example of herself as playful in some worlds—ones where she is at home, at ease—and unable to be playful in others—ones where the construction of herself is accomplished hostilely and arrogantly. That is, some of these worlds are unwelcoming to women of color and they are not at ease in them—they do not share the norms, history, or linguistic culture and so are ill at ease and uncomfortable. Lived experiences of being a self, then, are frequently fraught with contradiction, inconsistency, and severe constraints on one’s agency.

I am not quite proposing that bipolar patients should be thought of as analogous to the experiences that women of color face. Furthermore, transsexuals face erasure in ways that probably no other group of people do and so it is important not to map their struggles with agency and embodiment onto others’. Hale’s critique does press the question, though, of whether or not patients living with bipolar disorder also have difficulty with agency not only because of their own self-distrust and alienated narratives but because the perspective that psychiatry assumes forecloses the possibility that mentally ill people can retain their agency even though living with mental illness. (I note that Nassir Ghaemi does not assume this, however; Ghaemi 2013).

My argument in ‘Narrative Selves’ takes the view that many people who have a mental disorder are not in control of their moods, desires, and beliefs, and that this factor is alienating to oneself and one’s experience of agency. Hansen gives the example of purchasing a sports car and then later changing her mind about wanting it. She says that changing her mind does not mean that she did not act with agency earlier, even though her values may have changed from that earlier time in her life.

But her example does not take into account the ways in which agency is at least to some degree externally constituted, shaped, and constrained or enhanced by societal structures. If we evaluate past actions not on abstract and neutral grounds, but on the grounds of stratified society, what we make of those past actions may indeed be interpreted as compromised or alienated. And when it comes to having damaged or distressed mental faculties that are internally constituted and constrained by disordered neurology, we simply do not know which faculties and capabilities are preserved in the face of mental disorder and which ones are not. So the degree to which a person with a mental disorder has enough agency to be counted as free or unco-
erced is, at the very least, unclear. Furthermore, if lived experiences of agency and embodiment are as complex as I have suggested, then issues of *accountability* under coercive conditions will need to be reconsidered as well. But I would say that, after rethinking the nature of agency in light of the phenomenology of embodiment within systemic relations of power, I am reluctant to subscribe to a view that the only or primary problem with agency for patients with bipolar disorder is that they need help in weaving together a consistent narrative agentic self.

**Conclusion**

Thinking about the habituated self in light of writings by women of color and transsexual people presents a problem not only for Hansen’s account, but also for mine. I now think that accounting for agency and self-trust in bipolar patients turns out to be far more complicated than it first seems to be. But, as Hansen reminds readers, the aim of writing my article on ‘Narrative Selves’ and her article in response, is to assist clinicians in their therapeutic endeavors to work with bipolar patients in enhancing self-trust and a sense of agency. I can only hope that this dialogue, although unsettling and complex, still is able to contribute to that goal.

**Postscript on Postmodernism**

My ‘Embodied Agency and Habitual Selves’ is informed by feminist scholarship. Feminists long have critiqued naturalized views of the autonomous unified self and offered various understandings of what the self is and what it means to be a self that are informed by political theory, sociology, and philosophy, as well as voices of women of color. Many of these thinkers frame metaphysical questions about the self in terms of social construction. Much has been written, by feminist as well as other scholars, on the meaning of social construction, and space does not permit me to give a review of this literature here. I direct readers to two analyses that are useful in understanding what social constructionism is. The first is a very helpful analytic article by Sally Haslanger (1996), in which she sets out several meanings of the term and argues that the social construction of gender and other feminist claims do not entail a denial that an objective reality exists. The other is a book by Ian Hacking (1999) in which he reviews the meaning of social constructionism specifically as it applies to mental disorder.

The discourse and concepts I employ in this article should not be construed as postmodernist, but instead as a compilation of various feminist scholars’ analyses of metaphysical, epistemic, material, and psychological aspects of living in current American society. Even less should my initial article on ‘Narrative Selves’ be taken as postmodern. Talk of narratives selves, alienation, and self-trust is integral to an understanding of what it means to be a good therapist and is grounded in extensive medical, literary, and philosophical scholarship on how to conceive ourselves as moral and epistemic agents in the context of mental disorder. Nor does the discourse I employ, or the arguments I offer, deny the existence of bipolar disorder. I have nothing against postmodernism and, indeed, believe its challenges to Enlightenment values can be useful in rethinking basic metaphysical and epistemic concepts. But to what extent I endorse or even turn to postmodern thinkers would depend on which of many versions is means by that term: to paraphrase Aristotle, ‘postmodernism’ is said in many ways. It refers, first of all, to an era—that of the epoch or period we currently occupy that follows the modern era. In this sense, postmodernism is characterized by rising technologies and globalization that mark the quick and substantial changes in today’s world.

Postmodernism is also a literary theory, a cultural theory that includes critical race theory and critical law theory, a linguistic theory, a critique of Western metaphysics, and a nihilist theory that denies any basis in claims of reality, science, and ethics. Nassir Ghaemi (2013) seems to mean the latter, which view would explain his wholesale rejection of postmodernism. And to reject entirely any ontological basis of reality *would* seem to entail a rejection of any grounding in moral positions or diagnostic categories, and thus would threaten the whole scientific enterprise of psychiatry. I, for one, do not grant postmodernism that much standing. I do think such things as oppression (and mental disorders) exist; to hold this position...
is necessary for anyone who wants to challenge hegemonic structures through democratic practices—although it leaves open *in what sense* oppression is said to ‘exist,’ but that is for another paper. When I refer to postmodernism, therefore, I do not subscribe to extreme nihilistic ontological and epistemic claims about truth and reality but instead to the (sometimes substantial) challenges to Enlightenment-era values and ideals that other forms of postmodernism take.

Nevertheless, the fact remains that I am simply baffled that my initial article can be read as ‘postmodern,’ as Ghaemi does, because simply to talk about the self as having an often-fragmented narrative is not to invoke theories of postmodernism but to capture the empirical, material, and ordinary experiences of people in the context of oppressive structures and hegemonic societies. Setting that issue aside, however, Ghaemi is, of course, right; clinicians aim to heal or at least treat patients with bipolar disorder by alleviating suffering brought about by manic and depressive states and to stabilize the person in his or her more ‘normal’ (Ghaemi’s word) or ‘at ease’ (Lugones’ word) self. In that final aim, then, I think that Ghaemi, Hansen, and I can concur.

**References**


