

Interdependence: life worth living.

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***Interdependence: A contribution from disability
perspective on life worth living.***

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ABSTRACT

Key words: *Disability perspective, Interdependence, Cognitive dissonance reduction, Human nature.*

Under conditions of severe threat to our individual integrity, such as when acquiring a significant disability, value change, and inner growth, may visit us. Such times may offer an opportunity to grow closer to acceptance of our interdependent human condition. The purpose of my paper is to suggest that a disability perspective of *interdependence* can provide a *guiding story* for a universally applicable value framework – a guiding story that is now missing in our secular, pluralistic societies. Efforts in overcoming current socio/environmental issues and towards sustainable societies and environments may be grounded within this framework. I suggest that this interdependence paradigm emerges from the experiences and actions of people with disability which are valuable as a practical guide in these endeavours and towards life worth living – or human flourishing.

The views and experiences of people who have disabilities however also illuminate the influence on our thinking of the still dominant social paradigm of rational individualism, even when personal shifts have been made towards living life in the interdependence paradigm. Therefore the disability experience may provide a guiding story *and* a caution in these times of severe threats to the integrity of societies and environment.

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“Interdependence is a state of kinship with all men”

and

“Being a part, man cannot grasp the whole”

(Carl Jung, cited in Luke, 1987, p.62)

Thomas Kuhn (1970) told us that growth through crisis is called a scientific revolution when the normally accepted science goes astray repeatedly.

Anomalies can then no longer be avoided, and new investigations in new directions begin, leading the scientific community to make new commitments.

Presently anomalies of our contemporary dominant paradigm are increasingly evident. This is as true of the decline of our natural environment as it is of our social world. I do not need to detail them here other than to say they are

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marked by declines in public trust and in social and environmental cohesion. New commitments appear needed. But commitment to what or to whom?

Not surprisingly in our time, where progress has become mainly identified with materialistic and technological approaches, answers to the multi-faceted world crisis are all too often sought in standards, regulations, laws and in science and technology. Such strategies do have their rightful place. But, Einstein reportedly once said words to the effect that problems cannot be solved with the same kind of thinking that caused them. And we are, at conscious and unconscious levels ourselves steeped in the overly individualistic, consumerist society in which we all grew up. It is at that fundamental level of thinking and in particular at the level of values that this thinking is based on, that change is required. However we lack a guiding story to do just that (Hugh Mackay, in Eckersley, 1998: 11). In our age of secular pluralism we have come to defer many of our most perplexing ethical issues to the mechanism of respect for individual self-determination or 'autonomy'. Exercise of choice through the individual's rational agency has been elevated to the level of a human value in Western societies. This has led to what has been called the use of a *narrow* morality (Reinders (2000). The use of narrow morality may lead to "leaving people alone" or leave it to contractual arrangements to calculate our individual gains and benefits, thereby "[obscuring] important relational aspects in society" (Held, 1990: 299). In doing so we may avoid engaging with aspects of life, which we see as undesirable or we may deny them altogether, such as the inevitability of our bodily decline over time, of disability, and of our deaths and dying. It has indeed been claimed that western culture is embedded in a

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view of human nature, which denies connection and dependence (Turner, in McMichael, 2001: 318). Our unawareness of the inescapable interdependent relationships between ourselves and between the natural environment and ourselves has been fostered by our atomistic view of life. We may need to regain a sense of awareness of this fact of life before we are able to approach our problems with some chance of success. It has been suggested that two fundamental questions in pursuing such value change are: 1. "Do we know where we are going?" And, 2.) "can we cope with the problems we have created for ourselves?" (Tickell, in Eckersley: 21). I will try to show that one possible answer to the first question involves looking into our human nature, specifically through a disability lens. Knowing who we *really* are tells us much about our human potential and therefore of that of our future. In the course of exploring my response to the second question I will suggest that in a variant on the Chinese curse of *may you live in interesting times*, that at least, being in a position of having one's back against the wall, can bring exciting opportunities for personal growth.

The disability perspective I use here is Alasdair MacIntyre's (1999) perspective. I used it as part of my conceptual framework in a qualitative study with 20 Dutch and Australian people who had acquired quadriplegia as a result of an accident (Leipoldt, 2003) (3). I wanted to know their views about euthanasia and physician-assisted suicide (EPAS) (4.). In essence MacIntyre theorises that dependency and vulnerability often are characterising and heightened experiences in many people with disabilities, but are universally part of human nature. After all, when dependent as babies and infants, when

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ill, or in frail age we do need others to assist us with many fundamental tasks. Our independence, at other times, is only temporary and could not have been developed without the help of others in times of our dependency. At such times we need to borrow the strength and social support of others because when we move between the relative polarities of independence and dependence, “we need others to point out that we remain the same individuals that we were before making this transition” (MacIntyre, 1999, p.73). When we acknowledge this as our human condition we may develop unconditional relationships with others. In the course of doing so we can develop those virtues that are needed for reciprocal relationships. The practical knowledge, or *phronesis*, that is acquired in this process may lead to our human flourishing as individuals in community.

The results of my study indicated a confirmation of MacIntyre’s theory. Most informants reported good, albeit difficult lives. Some of them reported lives that were better now than before the time of their disability. They described a process, which began with the severe threat to their integrity as a physical and valued person. They were now paralysed, vulnerable and dependent on others for the most fundamental tasks such as showering, toileting, dressing, and getting in and out of bed. Although their condition is purely a physical impairment, public unease with disability and prejudices manifested for instance in often being regarded as also being intellectually impaired. Thus they initially suffered a keen sense of loss of independence and of the indignities of extreme dependence and devaluation as a human being. At some point they realised that there was no cure in sight. Overcoming their

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suffering from this dependent condition could only be done by accepting the situation and by reaching out to others. For many this was a conscious decision:

I had a moment where I realised how it was. I just sat in front of the mirror and said to myself: You're stuffed, don't whinge on because nothing further will change. So, don't lose your time. Take that! Go for it! And that's the way it is.

They then found that in many instances they developed deeper, more meaningful and trusted relationships than they had in the past. The effect was that assistance from people in these relationships with them reduced feelings of indignity arising from their dependency because they knew one another. These things just needed to be done: no big deal. As people they changed towards being more social, kinder, humorous, and being more accepting of life with limits. Their lives felt good:

I'm really bloody lucky you know. [...] think I have a very good quality of life but I've worked for it to make it better too.

I think [disability] forced me. There's been a force somewhere that's forced me to wake up and smell the

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daisies (sic). How can I explain how I feel this way, I just feel it.

For some, a personal values change involved consciously seeing the nature of people and the world as interdependent. As one informant said:

Interdependency [sic] is one of the basic concepts of humanity. It is the ability to share, grow, assist and love other people. What greater joy do we have?

Of course they were still dependent on others and vulnerable from the direct effects of their impairment but in changing their view of the situation they had outgrown the, apparently intractable, problems this situation had presented to them. They sensed that they had grown as people where their personal relationships and social support constructed their sense of wellbeing in contrast to their life before quadriplegia. An informant likened her life pre-disability to how she saw the dominant trends in the world when asked in what directions she thought society was developing:

Developing? Well the society is a mirror of what I used to be- arrogant, selfish, bombastic, what's in it for me otherwise get lost - and you don't develop when you're like that. [...]The world is getting faster and faster and

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everybody is racing to keep up with it and anybody who doesn't has to drop by the wayside ...

In our age where youth, independence, bodily perfection, intelligence and the pleasures derived from them are continually massaged into our consciousness we may be incredulous of such findings of wellbeing under conditions of significant disability. But many empirical studies show similar results to mine. A similar transformative process to that experienced by my informants has been reported in other studies with people with disabilities, and has also been found in aging and dying people (5.). This is the process of a personal response to a grave threat to one's personal integrity, involving wellbeing through values change, personal growth, social relationships and support.

Jungian psychologist Helen Luke (1987), in writing about 'growing old', described this as a universal process where "at every age, in every person" ... "unavoidable" invasions of one's physical or mental intactness occur which "we cannot banish but, must simply accept" (p.32).

The moment of letting go, of daring to stand alone; stripped of power and prestige, bereft of any sense of worth or superior knowledge, is at the same time the moment when such a man or woman becomes conscious of this absolute need of 'the other' both in

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this world and in the Beyond. A *choice* [my emphasis] between two ways then lies ahead. We may either continue in our last years to cling to our past achievements and worn-out values, thus sinking eventually into complete dependence on others, on collective opinions, demands and attitudes; or we may confront our growing weakness and loss of energy, together with our past rejections, sins and blindness ..., and so approach that kind of free dependence on the other which brings us to the meaning of forgiveness and the kinship with all things (p. 59).

Carl Jung (Wilhelm, 1962) believed that life's most important and greatest problems in life are in essence insoluble because such problems contain the polarities, like independence and dependence, pain and pleasure, which are inherent in any self-regulating system. Such problems, Jung held, can only be outgrown. If one focuses on one to the exclusion, or devaluation of the other polarity, what can be found in the balance, that is human flourishing, is undermined (MacIntyre (1999). An analogy would be that of our society's focus on the economic utility of many inert and living things, even of people, by which we have undermined social and environmental self-regulatory processes causing loss of meaning and collapse of the system, or community itself. The enrichment my informants received from personal growth lies in the experience of making the effort rather than just pursuing a goal (Reinders, 2000: 166). This is unlike the concept of economic growth where the

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emphasis is on measurable results rather than on process and where material enrichment is no longer accompanied by increased wellbeing. This disability perspective of interdependence therefore contains a practical guide to life worth living. It points to the reality of wellbeing through personal growth by engagement with others and by outgrowing our most fundamental problems by facing them, rather than merely seeking their control or regulation or defer them to individual choice. It may be a guiding story to a different, practical values base. One we can recognise as true to our human nature.

You might think that I have now given an answer to the first question, that is: “where are we going”? I have tried to show that acknowledging our dependency and vulnerability is a road to outgrowing difficult issues and towards human flourishing in the face of difficulties. The road and the destination can be found by discerning these important aspects of our human nature. You may find them as a practical value base in your private lives just as they are found, magnified, in the disability experience. You might think I have also answered the second question, that is: “can we cope with the difficulties we have created?” by showing the resilience and wellbeing we may find to already possess under conditions of great duress. But it is not yet my full answer. Let’s now consider my findings on what my informants thought about euthanasia and physician-assisted suicide.

They used the ‘interdependence’ values base in their private lives, engaging with others in meaningful relationships, which led them to outgrow their initial suffering through dependency, negative attitudes from others and losses of

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dignity. But reflecting the mainstream public response to EPAS, they used the dominant paradigm of individual self-determination and choice on this public policy issue.

Findings were very similar for both Dutch and Australian samples. Those respondents who reported 'good lives', and that was most of them, did not see EPAS as relevant to themselves for reason of disability. In essence a major theme was that, we need to do everything possible first to relieve the suffering of a person who requests euthanasia. This often involved medical help with pain relief. But, in the final analysis, if a person decided for themselves that their suffering was unbearable and wanted EPAS, whether terminally ill or not, and despite availability of other means to relieve their suffering, then most informants supported their 'right' to choose that as an option. Their reasoning emphasised procedural safeguards and involved much less of a caring engagement with the similar issues of suffering that they thought motivated requests for EPAS; those that they had outgrown in their daily private experience. Thus, their individually and subjectively defined 'unbearable suffering' made their insistence on strict safeguards redundant. These views were not based on their direct knowledge or experience. They lacked knowledge of the nature and practice of EPAS, the nature of potential or existing safeguards or their efficacy. They had little knowledge of the nature and practice of palliative care, nor did they have much close exposure to the realities of dying.

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I found little evidence of feelings of dissonance between the use of the 'interdependence' frame work in their private lives and the 'individual autonomy' framework in their views on public EPAS policy. I wondered why.

There are various levels of explanation. The first is that we hold many of our values unconsciously (Harman, 1998). Related to this is (Nagel, in Reinders, 2000: 180-191) the explanation that we not easily able to integrate an objective view into our subjective view when the latter is grounded in our own experience. We must keep them separated to hold on to the validity of our private experience. Related to my study this means that if my informants had adopted into their private lives their view of a right to self-determination and choice to opt out of such difficult problems of dependency, vulnerability and pain, their own hard efforts of making commitments to others may have seemed invalid. The objective view of individual autonomy as a means towards ameliorating their suffering could then have led them to alienation. And this is exactly how the three informants who did not lead good lives, with poor social relationships and support, felt. If they could not be independent they would rather be dead. Those who led good lives had transcended a dissonance between their private experience and the dominant public values and attitudes about disability by *choosing* to make a commitment towards others. This involved personal change towards different priorities, acceptance of limits and uncertainty, and reframing of their beliefs. It is not that what we think, feel and perceive determines what we experience but *how* we experience it. Therefore a sense of coherence between "how we experience what happens in our own lives ... and our view of the world at large", is

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important (Reinders, 2000, p.187). Without such coherence we may hold certain private values and profess views based on different values in the public sphere. One example of this would be the 'green' parties who hold values, similar to the interdependence paradigm but who have, in both the Netherlands and Australia supported EPAS legislation based on the paradigm of self-determination, that is 'pro-choice'.

Briefly, another level of explanation for a lack of dissonance between their use of the two worldviews is by means of cognitive dissonance theory (Festinger, 1962). That is that when we hold a belief that is at odds with our experience we usually feel internal discomfort. According to Festinger we try to deal with this by attempting to reduce the dissonance, using personal and cultural factors. A number of factors had reduced my informants' dissonance. These were mostly related to their internalisation of the dominant culture of respect for individual autonomy, which includes deferral of difficult ethical decision-making to the private sphere of 'narrow' morality. 'Progressivism' played a role in this. EPAS is often associated with Western culture's 'progressive advances in scientific and social areas – begun with the so-called Enlightenment project. Thus 'euthanasia' was sometimes grouped with other liberal 'advances', based on arguments for personal choice, such as increased tolerance towards abortion and 'soft-drugs'. A rational, scientific and technical approach to solving problems is part of the dominant social value framework and EPAS, with its medical/technical imprimatur, and rational rules for safeguarding its practice fit well within this view. Thus their views on

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a public topic, EPAS, which they mostly saw as suitable for others rather than themselves and on which they were mostly ill-informed were more easily accommodated into the predominant social values and views on EPAS than into the values based on their own experience. There was no immediate need to make a personal commitment to overcome suffering in the way that they had needed to make in their private lives. Deferral to private choice reduces dissonance between the two apparently dissonant worldviews. An additional factor would make it harder to bring to consciousness (and thus reduce potential cognitive dissonance) the value of the privately found interdependence worldview on discussing the publicly quite overwhelmingly supported concept of EPAS, found on different, dominant values. It is the social devaluation of fragility, dependence and vulnerability, and of those who represent them, in the Western world. Professing their value, as a person who highlights and embodies these generally denied aspects of human nature in this wider context is not likely to bring a more valued status. To the contrary, in a culture that celebrates independence, it would more likely be interpreted as an admission of personal weakness.

I conclude that a guide to practical values, coherent with human nature and the nature of the world, is available as magnified through the disability experience, that is, commitment to others within the paradigm of interdependence. The personal values change that is described through the disability experience is a valuable map, hard-won in some people's conscious responses to serious threats to their personal integrity. And although the symptoms of our failing natural and social world are already pressing us to

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respond we do not have to wait until we feel our backs absolutely up against the wall in order to be visited by values change by necessity. Making the commitment to values of interdependence in our private and public worlds now is a *choice* we all have. If we do make that choice we will be most effective when we are conscious of and coherent in our subjective and objective views and mind the inevitable influence on our thinking from the still dominant worldview that we breathe. The additional fact of interdependence between thought and action requires us to take note of it. The practiced paradigm of interdependence by those who have found themselves personally 'up against the wall' tells us that personal and communal growth, and enrichment derived from making this effort, will be with us regardless of success in our goals. And that's what it seems to be all about.

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NOTES

1. Dr. Erik Leipoldt is a Dutch-born social science researcher who moved to Australia in 1976. He acquired quadriplegia there soon after arriving. He has also been active in Australian disability advocacy, advocacy development and disability policy advice

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and is a long-serving tribunal member of the Western Australian Guardianship and Administration Board.

2. This international conference (http://www.chs.ecu.edu.au/research/ceh/conference_2002/index.html) explored the connections between “the environment, human health, economy and society”.

This study refers to Leipoldt's (2003), Ph.D. thesis *Good life in the balance: a cross-national study of Dutch and Australian disability perspectives on euthanasia and physician-assisted suicide*. The author interviewed 20 people with quadriplegia as well as eight leading figures in disability movements. Findings presented here are given in the wider context of the conference's purposes. Leipoldt will present his complete findings on disability perspectives on euthanasia and physician-assisted suicide in a future article.

4. *EPAS* is used here to describe euthanasia and physician-assisted suicide together. However, the terms do have important distinct meanings even though they are often used interchangeably.
5. References are too numerous to list for purpose of this publication. They are available in Leipoldt's thesis or upon direct request to the author.

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