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Free Will and Responsibility  
in Personality Theories of Freud and Rogers:  
Meaning, Application, and Integration

by

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This dissertation is submitted in partial fulfilment of  
the requirement for the degree of Doctor of Philosophy in Philosophy

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I dedicate this dissertation to the memory of my grandfather Michael.

## **Declaration**

This thesis is submitted to the University of Warwick in support of my application for the degree of Doctor of Philosophy. I hereby confirm that this thesis is my own original work, and it has not been submitted in any previous application for any degree. Parts of Chapter 1 and 2 of this thesis were presented for anonymous reviews in the Southern Journal of Philosophy, History of the Human Sciences, Philosophical Studies, Journal of the American Psychoanalytic Association and the International Journal of Psychoanalysis. The thesis is around 78,000 words and does not exceed 80,000 words, excluding the footnotes and bibliography, as prescribed by the Faculty of Social Sciences.

## Abstract

**Background:** The study of personality concerns how people are different, and how and why they behave as they do. Recently, there has been an increasing interest in the development of a unified personality theory, which would aim to integrate existing personality theories and counselling methods. There is little understanding, however, of how a unified personality theory should treat free will and moral responsibility. Despite a widespread belief that personality theories have clashing views on the subject, little is known about the place of free will and responsibility in personality theory and psychotherapy.

**Research question:** The thesis sets out: 1) to determine whether it is possible to integrate two influential and rival theories by Freud and Rogers concerning free will and responsibility; 2) to establish the functions of free will and responsibility in psychoanalytic and client-centered therapies.

**Method:** The thesis investigates Freud's and Rogers's corpora, draws on philosophical literature of free will, and it builds on empirical research related to personality and free will.

**Results:** The thesis argues that Freud's and Rogers's theories can be fully integrated concerning free will and responsibility. Contrary to the commonly held belief, the two theories have compatibilist (the view that determinism is compatible with free will) and even complementary views. Additionally, the thesis argues that exercises of free will and responsibility, properly understood, are important for human mental health and can contribute to psychotherapy.

**Implications:** The thesis supports the assumption that the integration of personality theories is possible, and it suggests that there are good reasons for a unified personality theory to adopt a compatibilist theory of free will, given the facts that compatibilism appears to dominate among personality theories, and that free will and responsibility have high instrumental value for human welfare and for psychotherapy. The thesis also suggests that training of mental health specialists should include scholarly modules in free will and responsibility.

## Introduction

Personality is a common term of everyday vocabulary. When we describe other people, try to understand them, think of personal development or psychotherapy, we often refer to human personalities. But what does personality really mean?

Though the study of personality has very long history, researchers have reached little consensus in this inquiry. For one, we still do not have a universally accepted definition of personality. Typically, personality refers to a set of individual differences that which are displayed in thinking, feeling and behaving. In addition, we do not have a generally accepted theory of personality. A personality theory usually pursues four main goals: to identify individual differences among people; to identify human similarities; to determine the architecture of personality (which underlies the differences and similarities among people); and to introduce methods of intervention (e.g., methods of psychotherapy, techniques of personal development etc.) (Deaux & Snyder, 2012, p. 34). It is possible to distinguish a few big schools within personality psychology that are in competition with one another: psychodynamic, behaviorist, cognitive, trait, humanistic, existential and transpersonal. Each school, in turn, may contain dozens of concepts and counselling approaches (Prochaska & Norcross, 2018).

One of the mainstreams in psychology in recent years has been the integrative movement, which aims to bridge the gap between different existing perspectives.

Originally, researchers have started with the incentive to fashion an effective integrative psychotherapy (Norcross & Goldfried, 2005; Palmer & Woolfe, 1999). The goal was to integrate the existing therapeutic techniques from different schools in order to create a more versatile and effective method of psychotherapy. Nowadays, integrative psychotherapy has already become an independent therapeutic approach and practiced by thousands of counsellors worldwide. It is important to note, however, that most of integrative counsellors hold that integrative psychotherapy does not require a unified theory of personality, generally accepted theory of psychopathology or consensus on philosophical questions. It is believed that effective psychotherapy can be conducted without this theoretical baggage.

However, recently researchers have also shown a soaring interest in the development of integrative personality theory. A unified theory of personality (aka integrative theory) should cross not only the therapeutic techniques but also explain what human personality is: why people are different, how they acquire

psychopathologies, what drives them etc. The general idea is that a unified theory can draw upon the advantages of some contemporary theories, and thus it can become more comprehensive than any contemporary theory alone. In 2015, the *Journal of Research in Personality* has devoted a special issue to the analysis of this topic (Fajkowska & DeYoung, 2015). Some have already suggested some models and concepts on the matter (Epstein, 2003; Henriques, 2011; McAdams & Pals, 2006; Mischel & Shoda, 2008). One common message is that the existing personality theories may profit from drawing upon the other, that they are not fully antithetical, and they can be combined if we have an appropriate framework.

Yet, there are also some objections to the integrative project. Some believe that the integration is possible, but the suggested concepts lack accuracy or inclusiveness (Epstein, 2007; Maddi, 2007). Others cast doubt, however, on the prospects of integration per se. Wood and Joseph argue, for example, that grand theories of personality cannot be integrated into a single theory, for the contemporary theories rest on “fundamentally irreconcilable” and “incompatible” philosophical assumptions about human nature (2007, p. 57f). Grand theories differ concerning “a) the characteristics that people have been endowed with through evolution, (b) the nature of the interaction of human nature and culture, and (c) which characteristics are the product of human nature and which are the result of culture” (ibid).

The view that personality theories are incompatible because of different philosophical assumptions is not brand new. Hjelle and Ziegler, for instance, outlined 8 assumptions about human nature that supposedly divided personality theories (Hjelle & Ziegler, 1992; Ziegler, 2002). They are: 1. freedom vs. determinism; 2. rationality vs. irrationality; 3. holism vs. elementalism; 3. constitutionalism vs. environmentalism; 4. changeability vs. unchangeability; 5. subjectivity vs. objectivity; 6. proactivity vs. reactivity; 7. homeostasis vs. heterostasis; 8. knowability vs. unknowability. Allegedly, all these assumptions are ingrained in every personality theory. It is also proposed that personality theories adhere to different assumptions, which consequently entail the “fundamental differences” between the theories (1992, p. 23). This view became quite widespread. Many contemporary personality textbooks, for example, replicate the model of philosophical assumptions, attempting to highlight the differences between the theories (Engler, 2013; Schultz & Schultz, 2016). Some empirical studies have also referred to this model, investigating the position of ordinary people on philosophical assumptions (Hochwalder, 2000; Marsden & Littler, 1998).

One limitation of the aforesaid view, however, is that it lacks any in-depth philosophical examination of the subject. There is no doubt that personality theories have many differences indeed. But it may be that the belief in fundamental incompatibility of theories is exaggerated. Moreover, even if there are some big disagreements, it may still be possible to find a way to overcome these controversies and to reconcile the theories.

In addition, it is useful to distinguish between full integration and partial integration. I understand full integration as combining two or more theories in full, in their original state. Partial integration, on the other hand, means combining only some parts of the theories, only some ideas and concepts. I doubt that full integration is either possible or desirable. It is worth remembering that many postulates of existing personality theories – Freud’s psychoanalysis, for example – can be either outdated or even refuted nowadays (Cioffi, 1998; Grünbaum, 1984; Robinson, 1993; Sulloway, 1979). No doubt it would be simply unreasonable to integrate false or unwarranted concepts. Partial integration, on the other hand, may fare well, attempting to bring together only verified and compelling ideas and premises.

Given the scale of the problem, it is not feasible to examine all assumptions and all theories in one thesis. The reasonable project would be to engage only with one subject and a few grand theories to get the ball rolling. In this thesis, I will concentrate on free will and moral responsibility in the theories of Sigmund Freud and Carl Rogers.

The thesis lays down two interconnected *goals*. First, it seeks to establish whether we can integrate Freud’s and Rogers’s theories concerning free will and moral responsibility. Second, the thesis sets out to determine the functions of free will and responsibility in the psychoanalytic and client-centered counselling work.

The *rationale* for this research is twofold. First, theories by Freud and Rogers belong to the group of the most influential theories of personality. Freud’s psychoanalysis underpins the psychodynamic direction, while Rogers’s client-centered theory paves the way for the humanistic direction. Furthermore, Freud and Rogers are ranked in the top of the list of the most renowned psychologists of the 20th century (Haggbloom et al., 2002). Freud could be hailed as the godfather of personality psychology, as he is the author of the first comprehensive theory of personality and psychotherapy. Rogers, on the other hand, is considered by a number of surveys as the most eminent psychotherapist of the past century (Cook et al., 2009). Nowadays, psychoanalysis and client-centred school keep developing and provide therapeutic service. From a historical point of view, it is important to know how two of the most

eminent theories of personality and psychotherapy treat the theme of free will and moral responsibility. From a philosophical perspective, it is important to know whether two renowned theories hold plausible views.

Second, free will is a significant theme both for philosophy and psychology, and it is one of the most complex and long-term metaphysical issues (Kane, 2011). People tend to require freedom while living in society, but can one be free at all? The assumption that people can act freely underlies a vast scope of social practices, including the system of justice, politics, economics, ethics, religion and ordinary interpersonal relations. If it is proved that free will does not exist, this may overturn the world as we know it, entailing one of the biggest social reforms in history. Free will and responsibility also have direct relevance to psychotherapy. Any mental disorder can be characterized as a certain loss of freedom, whereas psychotherapy can be regarded as a tool how people can become freer in their agency and life. Furthermore, many of the issues that are discussed during psychotherapy have a moral nature. This can be moral dilemmas, conflicts with others. Some try to understand what would be the right thing to do or how to treat one's unappealing urges. Still others seek help to cope with their intense moral feelings, such as guilt, shame or indignation. The theme of moral responsibility becomes especially important for those who undergo rehabilitation in prison and reflect on their misdeeds.

In this inquiry, we will be able to fill a few *gaps* in the scientific literature. *First*, the thesis will explain the place of free will and responsibility in Freud's psychoanalysis and Rogers's client-centered therapy. Though both Freud and Rogers touch the subject of free will and responsibility in their writings, neither discloses it sufficiently, leaving many gaps, blind spots and even contradictions behind. Why should counsellors encourage responsibility? What kind of freedom can clients obtain following the therapy? Under what conditions can people be blameworthy for their unconscious behavior? On the one hand, there is still on-going debate how to understand Freud. Much uncertainty still exists whether Freud supported free will at all or not (Erwin, 2002; Tauber, 2010; Viney & Parker, 2016; Wallwork, 1991). I will argue that a widely accepted view that psychoanalysis rejects free will is false (Erwin, 2002), and I will also challenge the view that psychoanalysis allows any leeway freedom (Wallwork, 1991). On top of that, I will develop one of the first detailed compatibilist interpretations of Freud (the view that determinism is compatible with free will). On the other hand, far too little attention has been paid to Rogers. It is surprising that the contemporary literature lacks any thorough and philosophical examination of Rogers's theory on free

will, given that Rogers is often considered to be the most renowned psychotherapist of the last century and one of the main proponents of freedom in psychology. I will put forth one of the first comprehensive interpretations of Rogers's theory on the matter, arguing that it belongs to compatibilism.

*Second*, the thesis will identify the framework how Freud's and Rogers's theories can be integrated concerning free will and responsibility. As mentioned before, there is a view that personality theories cannot be integrated because of different philosophical assumptions about human nature (Wood & Joseph, 2007). I will issue a challenge to this view. Though I am not able to cover all assumptions, we can start with the assumption of free will, which is one of the main assumptions about human nature. The idea of free will is present in all major personality theories, including Freud's and Rogers's (Freud, 1901; Rogers, 1961; Rozsnafszky, 1974). Moreover, a common view is that Freud denies the existence of free will, while Rogers argues that free will exists (Brunton, 2016; Nye, 2000). The theme of free will, apparently, represents one of the obstacles for the integrative project. Provided two theories hold polar metaphysical views on free will, we can rightfully infer that these theories are "fundamentally incompatible", and they cannot be integrated. I will show, however, that we can harmoniously integrate Freud's and Rogers's theories both with regard to free will and responsibility. Though the research will focus mainly on Freud and Rogers, I will also mention Skinner (behaviorism), Frankl (existentialism) and Ellis (cognitivism) in this inquiry. At the end, we will have enough information to judge whether the subject of free will represents a threat for the integrative enterprise at all. It should be also mentioned that there has been no research on free will or responsibility in the context of integrative project before. So, we have a beautiful chance to fill the gap in this area of knowledge.

*Third*, the thesis will extend our knowledge about the function of free will and responsibility in psychotherapy. Though almost every counselling theory mentions this subject at some point, the discussion is mostly restricted to some theoretical questions about whether free will exists or not, or whether moral responsibility is justified. Far too little attention has been paid, however, whether free will and responsibility can be of use for mental well-being and psychotherapy. I contend that this gap should be filled. Whether we talk about a unified theory or any existing counselling practice, therapists should keep abreast of any implications that free will and responsibility may have on human welfare and how to proceed in this case.

With regard to free will, a body of recent studies indicates that the belief in free will has a considerable positive impact on human agency (Baumeister & Monroe,

2014). Given this, some elaborate modules that can help counsellors to facilitate the belief in free will over the therapy (Young, 2016). Little is known, however, about the role of free will itself (and not just the belief in free will) for mental treatment (Callender, 2010; Jenkins, 1997). How can counsellors define free will? Is free will (if it exists) meaningful for mental health? How can counsellors boost human free will? I will argue, for one, that counsellors can define free will as the capacity for rational choosing, and by helping clients to get used to making conscious and autonomous choices therapists can facilitate human welfare and therapeutic process.

With regard to moral responsibility, it is argued that assuming responsibility for one's actions is a necessary vehicle for change, as clients should admit their misdeeds and stop their harmful patterns of behavior (Pickard, 2014). Pickard also argues that while responsibility is essential for psychotherapy, therapists should also avoid blame, as blaming one's clients can undermine effective therapy. To suspend blame, it is suggested to take into account past histories of one's clients and to recognize how they have come behave as they do. No previous study has investigated, however, how different senses of responsibility can be of use for psychotherapy. I will argue that therapists can refer to three senses of responsibility – role-responsibility, causal responsibility and capacity-responsibility – during the therapeutic work, which would be conducive in different ways for enhancing psychological conditions of one's clients. Furthermore, so far there has been little discussion about what techniques counsellors can use to suspend blame intentionally. I will contend that attending to past histories of one's clients can be insufficient in some cases, and I will suggest that counsellors can take advantage of cognitive techniques to tame their tempers.

The thesis is made up of two Parts and nine Chapters. Part 1 is concerned with the subject of free will, while Part 2 moves on to moral responsibility.

*Chapter 1* begins with examining two opposing interpretations of psychoanalysis. A hard determinist interpretation holds that psychoanalysis is committed to hard determinism, rejecting the possibility of free will (Erwin, 2002; Wallace, 2008). I recall first that hard determinism is a view which holds that determinism is incompatible both with free will and moral responsibility. I then point out that Freud consistently supported the concept of moral responsibility. Since Freud believes in both determinism and moral responsibility, psychoanalysis cannot be associated with hard determinism by definition. A libertarian reading, by contrast, contends that Freud promotes an idiosyncratic understanding of determinism, which allows the possibility of free will defined as the ability to do otherwise (Wallwork, 1991). I argue, however, that there is

no direct evidence to vindicate this reading. The chapter concludes that the only robust option left is to refer to a compatibilist interpretation.

*Chapter 2* suggests a novel compatibilist reading of psychoanalysis. I first introduce the distinction between a libertarian and compatibilist concepts of free will and freedom-related terms used by Freud. I then argue that Freud rejects only a libertarian type of free will, while remaining open to a compatibilist free will. Psychoanalysis allows free will, which can be understood as the ability to make a conscious choice. I further propose that Freud was potentially groping towards a view formulated later by Watson (1975), which, broadly speaking, amounts free will to the act on reason. Lastly, I contend that the psychoanalytic therapy helps people to boost their free will by coaching to make choices consciously and becoming mindful of their unconscious life.

*Chapter 3* revisits Rogers on free will. After making a distinction between negative freedom and the experience of freedom, I determine that Rogers also supports a compatibilist thesis of free will. Rogers basically understands free will as the ability to make a choice. I then suggest that we can again refer to Watson's theory to make Rogers's perspective more explicit and robust (1975). After that, I explain that one of the goals of Rogerian therapy is to help people to acquire free will by learning to make personal choices rather than to conform to the will of others. The chapter concludes that Freud's and Rogers's theories turn out to have much in common: both authors are compatibilist, both amount free will to the ability to make a choice on reason, and their views can be united by Watson's mesh theory.

*Chapter 4* enquires about the instrumental value of free will. Rogers reports that the act of choice (aka the exercise of free will) is highly significant and can contribute to psychotherapy. To verify this assumption, I make an overview of available empirical studies which examine the impact of decision-making. Consistent with Rogers's observation, a considerable body of research shows that choosing correlates with various positive outcomes, such as increased motivation, better task performance and vitality. Yet, I also point out that complex choices can result in negative outcomes, such as stress and frustration. In addition, Skinner argues that people often make self-harming choices, and therefore society would be better off with total external control over human behavior. I respond, however, that Skinner's argument does not consider the fact that people reap the psychological benefits from personal choosing. This suggests that while some external control is desirable without any doubt, total external control would be debilitating. The chapter concludes that choosing (aka free will) is a

considerable determinant of mental well-being, which can result both in positive and negative implications. The task of the therapist, therefore, is to know when to encourage choosing, when to facilitate it and when to restrict it. The findings of this chapter also suggest that even if people cannot have a libertarian type of choice (the ability to do otherwise), there is no good reason to depreciate a compatibilist type of choice (the ability to act on reason). That said, I make a caveat that incompatibilists can agree with the view that a compatibilist type of choice has instrumental value but disagree that this kind of choice can render people morally responsible (I return to this problem in Chapter 7).

*Chapter 5* seeks to nail down the function of responsibility in Rogers's theory. I suggest that Freud and Rogers mean different things by the broad term "responsibility", and it makes sense to refer to Hart's taxonomy to pin down these distinctions (1968). I then interpret that by responsibility Rogers primarily means the sense of role-responsibility (taking obligations). That is, by referring to role-responsibility the counsellor encourages the clients to recognize their obligations or undertake some tasks. I then pose a question whether the aspect of role-responsibility has any instrumental value for mental health. The overview of empirical research indicates a very similar pattern to the impact of choosing revealed in Chapter 4. While taking duties generally correlates with increased mental well-being, but complex and risky duties are associated with stress and deterioration of mental health. The chapter concludes that the task of the counsellor is to differentiate when it is appropriate to encourage taking duties, when to simplify them and when to abandon them at all.

*Chapter 6* seeks to determine the function of responsibility in Freud's theory. One problem for understanding the role of responsibility in psychoanalysis is that Freud lumps together a few distinct responsibility-related themes without paying due attention to any of them. I identify four themes that deserve individual scrutiny: causal responsibility, the value of causal responsibility, culpability for unconscious actions and the feeling of responsibility. First off, I construe that by the slippery term responsibility Freud chiefly means the sense of causal responsibility (causality). By referring to the idea of causal responsibility, the counsellor encourages the client to recognize the link between some event (e.g., a dream) and the behavior which gives rise to this event. I then argue that the aspect of causal responsibility has a considerable instrumental value, similar to the act of choosing and role-responsibility. The merits can be connected to self-knowledge, self-control, maintaining the unity of the mind and promoting moral relationships with others. After that, I examine under what conditions people can be

judged blameworthy for their unconscious and unintentional actions, such as forgetting. I propose that one possibility is to take into account whether the agent had the means, conscious resources to prevent the occurrence of an unconscious event or action. Lastly, I consider the role of feelings and their relationship to responsibility. I interpret that the task of the therapist is to coach the client to distinguish between feelings and facts and to detect unwarranted feelings of guilt that may prompt a person to assume responsibility without any reasonable ground.

*Chapter 7* responds to Wallwork's argument against a compatibilist interpretation of Freud, and it explores the relevance of alternate possibilities to counselling practice. Objecting to the compatibilist interpretation of Freud, Wallwork argues that to be morally responsible people must have alternate possibilities (to be able to do otherwise) (1991). It is noteworthy, however, that if determinism is true, people do not have any alternate paths into the future and cannot do otherwise. Wallwork appears to refer to the so-called principle of alternate possibilities (the PAP), which interconnects moral responsibility and alternate possibilities. My first line of the argument is that there is no good reason to conclude that the PAP is true. The principle has been challenged by Frankfurt (1969), and nowadays many argue – including some incompatibilists – that people can be responsible while having no alternate possibilities (Fischer & Ravizza, 1998; Widerker, 2009). My second line of the argument is that we should keep in mind different senses of responsibility when we talk of psychotherapy. I point out that alternate possibilities might be relevant only to the sense of liability-responsibility (blame). That is, to deserve punishment for one's actions, the person must have been able to act differently. But while liability-responsibility is the main meaning of responsibility in law, it is not particularly present or relevant to the therapeutic work, including Freud's and Rogers's practices. It is worth remembering that Freud is mainly interested in causal responsibility, while Rogers is preoccupied with the aspect of role-responsibility. This suggests that even if the PAP turned out to be true after all, this would not have any considerable implication for the counselling work. As before counsellors would continue working with role, capacity and causal responsibility.

*Chapter 8* examines the nature of Rogers's and Freud's practices which maintain responsibility but avoid blame. The chapter first intends to explain why Freud and Rogers presumably avoid blame in their counselling work (liability-responsibility). My argument is that the idea of blame is simply incompatible with the non-judgmental therapeutic attitude promoted both by Freud and Rogers. The non-judgmental attitude fulfils many therapeutic functions, such as building rapport with the client, maintaining

the climate of psychological safety, facilitating self-disclosure and keeping counter-transference under control. Blame, on the flipside, runs counter to the non-judgemental approach, introduces a threat to the client, and thus it can jeopardize effective therapeutic work. After that, I examine whether it is coherent to have responsibility without blame in the counselling work. I first consider Pickard's argument, which suggests that "responsibility without blame" is a possible and desirable counselling attitude (2011). Pickard points out that to hold someone responsible and to blame someone are distinct things. Responsibility, on the one hand, is about other person having self-control, choice and conscious knowledge of their behavior. Blame, on the other hand, is about our negative responses to the wrongdoings. I agree with Pickard that it is coherent to have responsibility without blame. I propose, however, that counsellors can also bear in mind the distinction between different senses of responsibility to escape confusion. Blame and responsibility are interlinked only in the sense of liability-responsibility. Meanwhile, role, causal and capacity-responsibility do not presuppose blame responses. Therefore, counsellors can work with three senses of responsibility (role, causal, capacity) and successfully steer clear of blame in their work.

*Chapter 9* explores how counsellors can deliberately suspend blame responses in their work. I first establish the type of blame-free relationship presupposed by Freud's and Rogers's therapies. I draw a line between suspension and abolition of blame. Suspension means temporary termination of blame under certain conditions (e.g., excuses), while abolition refers to the removal of reactive attitudes universally and permanently (Milam, 2016). I further suggest that abolitionism can be supported both by free will sceptics (hard abolitionism) and free will supporters (soft abolitionism). I point out that potentially a psychotherapy can be committed either to abolitionism or suspension, but, when it comes to Freud and Rogers, we have a classic example of suspension. After that, I consider some methods by which counsellors can suspend blame if needed. Some suggest that adopting beliefs in determinisms can freeze reactive attitudes (Pereboom, 2001). Another technique is to appeal to the past histories of people, analysing what made people behave as they do (Pickard, 2014). I point out, however, that these two methods can be insufficient. Some incompatibilists, for example, report that despite their convictions, they continue expressing reactive attitudes in their ordinary life. I propose that counsellors can avail themselves of the techniques available in the cognitive psychotherapy. Counsellors can identify the beliefs that cause blame feelings in the first place, and by changing these beliefs they can manage their feelings.

## Part 1: Free will

### Chapter 1: Conflicting Readings of Freud

#### *1.1. Introduction*

There is a widespread belief that Freud's psychoanalysis rejects the existence of free will. For example, Heinz Kohut, the founder of self-psychology,<sup>1</sup> shares his own experience: "[C]linging to Freud's model of the mind ... I could find no place for the psychological activities that go by the name of choice, decision, and free will – even though I knew that these were empirically observable phenomena" (1977, p. 244). In a similar vein, Viktor Frankl, the founder of logotherapy, reports that psychoanalysis holds a "dangerous assumption... which disregards [a person's] capacity to take a stand toward any conditions whatsoever" (1985, p. 154).

But what does Freud really bequeath us? The psychoanalytic corpus contains a lot of statements about freedom, free will and determinism, which often seem contradictory. This situation entailed an ongoing debate about how to comprehend Freud. While it remains widely accepted that psychoanalysis rejects free will (Erwin, 2002; Viney & Parker, 2016; Wallace, 2008), there are also many alternative interpretations, which hold that psychoanalysis leaves a room for different liberties and even freedom of the will (Askay & Farquhar, 2006; Cavell, 2003; Dilman, 1999; Meissner, 2007; Tauber, 2010; Wallwork, 1991).

The purpose of this chapter is to evaluate a hard determinist and libertarian interpretations of psychoanalysis.

In § 1.2., I explain the distinctions between hard determinism, compatibilism and libertarianism. It will form a necessary background to investigate both Freud's and Rogers's theories. Section 1.3. explores a hard determinist interpretation of psychoanalysis. I will argue that psychoanalysis cannot be related to hard determinism, since Freud unambiguously and consistently supports both determinism and the concept of moral responsibility, not to mention the idea of free choice. Section 1.4. examines a

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<sup>1</sup> The psychoanalytic (also known as the psychodynamic) school is composed of a few sub-directions and theories. It is possible to distinguish the classical psychoanalysis (Freud), Neo-Freudians, Post-Freudians etc. Kohut's self-psychology is one of the psychoanalytic theories that explores the development and function of the Self.

libertarian interpretation of psychoanalysis by Wallwork. I will contend that there is no direct evidence to relate psychoanalysis to libertarianism.

### *1.2. On free will*

To be able to examine Freud's and Rogers's theories (or any other counselling theory), we first need to understand the fundamentals of free will debate.

One common view is that free will amounts to sufficient control over one's actions. If people have free will, then it is "up to us" how we will, what we choose, and how we act. It certainly "feels" at least sometimes that we have a choice, control, and that we are the authors of our actions. But whether it is actually true has been a bone of contention for two millennia.

Free will is often related to other important notions, such as moral responsibility (desert, blame, punishment, praise, justice), autonomy, originality, creativity, self-worth, love. One question that is frequently asked is, "How should we change our life if there is no free will?"

Most often, free will is discussed in relation to moral responsibility. Many believe that free will involves the type of control that is necessary or even sufficient for moral responsibility (McKenna & Pereboom, 2016). If people have a sufficient amount of control over their behavior, if their actions are up to them, it appears fair to blame or praise people for the choices they decide to make. But if people are bereft of sufficient control over their choices, they do not seem to deserve to be blamed or praised for their behavior (either wrongdoings or achievements). Yet, some deny the link between free will and moral responsibility. One view is that people can be morally responsible even if they do not have free will (Fischer & Ravizza, 1998).

Technically, there are two debates: a) do we have free? and 2) are we morally responsible? (or in what sense can we be responsible?) Though these questions are often interconnected, it is possible to set up separate discussions. I will focus on free will in Part 1 and move on to the notion of moral responsibility in Part 2.

It should be said from the outset that there is no universally recognized definition of free will. Philosophers are at loggerheads concerning the type of control that is necessary for free will. I'll get to more of this a bit later.

One crucial issue of the debate is whether people can have free will in a deterministic universe. Causal determinism is a thesis that every event is necessitated by

some prior events and laws of nature (Hofer, 2016). Think of the law of cause and effect. Every event is caused by some prior events; while those events are caused themselves by some earlier events, and so to infinity. Human choices, for example, are caused by some preceding events, such as desires, beliefs, experience etc. One implication of causal determinism is that there is only one possible physical outcome. This suggests that if determinism is true, the universe allows only one possible present and only one possible future.

The issue of determinism splits researchers into different camps. There are four main standpoints on free will: hard determinism, hard incompatibilism, compatibilism and libertarianism.

*Hard determinism* is a thesis that determinism is true, free will does not exist, and moral responsibility is unjustified (James, 1884; Vilhauer, 2004). With regard to determinism, hard determinists believe that the Universe – including human behavior – is governed by the rule of cause and effect. The Universe can be compared to a clockwork mechanism. Once set, it moves inevitably in one direction. This suggests that it is already fixed what should happen in the near or distant future. It is already fixed, for example, what you will do in ten years at 10.34 a.m. on March 23<sup>rd</sup>. It is already “known” whether you will marry or not, whether you will divorce, or whether you will ever travel to Barbados. If we knew all initial conditions (past causes), it would be possible not only to forecast events but also to report exactly how the future would unwind. With regard to free will, hard determinists normally define free will as the ability to choose otherwise. That is, there should be the ability that could empower people to swerve away from the predetermined course of action. Yet, since the Universe is deterministic, people do not have the ability to do other than what they do. The preceding events and laws of nature necessitate only one course of action. There can be only one possible past, one possible present and one possible future. Since no alternatives are available, hard determinists infer that people do not have free will. By extension, hard determinists infer that people are not morally responsible; that is, they do not deserve blame or praise for their actions. If determinism is true, it was simply preordained that some people would become cruel criminals, while others would become priests, police officers, inventors, doctors, or billionaires. Yet, hard determinists tend to agree that criminals can still be imprisoned or isolated to prevent their misdeeds and maintain social order.

With the development of quantum mechanics, it became known, however, that the Universe contains both deterministic and indeterministic processes. The very fact that

indeterminism exists has issued a serious challenge to hard determinism. Yet, hard determinists can still argue that what science shows is that indeterminacy exists only among subatomic particles, but it does not show that there is any indeterminacy among the developed organisms or large material objects (McKenna & Pereboom, 2016, p. 23). In other words, while indeterminacy might exist on a micro level, there is no evidence that it extends to a macro level. This suggests that human behavior may remain fully subject to the rule of determinism.

*Hard incompatibilism* is a view that determinism is false, yet free will still does not exist, and moral responsibility is unjustified (Pereboom, 2001). Hard incompatibilists concede that there is both determinism and indeterminism in the Universe. Yet, it is argued that neither determinism nor indeterminism makes it possible for people to have free will. The threat of determinism is that it necessitates how people behave. The threat of indeterminism is that it robs people of control over their actions, introducing the existence of chance. Hard incompatibilists tend to define free will as the ability to be the ultimate source of one's actions. It is argued, however, that people cannot possibly be the ultimate sources of their behavior. It is always possible to find some antecedent causes outside human control, which determine human actions. Hard incompatibilists also argue that society should abandon the belief in free will and moral responsibility. This would primarily entail a reform of the penitentiary system and change common interpersonal relations.

*Compatibilism* (also called sometimes full compatibilism or soft determinism) is a view that determinism is true, free will exists, and moral responsibility is justified. The premise of compatibilism is that determinism does not threaten free will. Two phenomena can coexist, provided we coin a definition of free will that does not conflict with determinism. Compatibilists propose various definitions of free will. Some define it as the power to act as you want to without constraints and coercion (Mill, 1865, p. 285). Others hold that free will requires action on a particular type of desires (Frankfurt, 1971). Still, others relate free will to self-control (Baumeister, 2008; Dennett, 1984). Compatibilism can be broken down into two sub-directions. *Hard compatibilism* posits that free will is compatible with determinism and even hidden manipulation (Watson, 1999). *Semi-compatibilism* holds that determinism is compatible only with moral responsibility but not with free will (Fischer & Ravizza, 1998).

*Libertarianism* is a view that determinism is false, free will exists, and moral responsibility is justified. It is believed that since the Universe contains some indeterminacy, there is a possibility for people to have free will. Like hard determinists,

libertarians tend to define free will as the ability to do otherwise. Libertarian theories are unanimous that free will requires indeterminism, but they differ in terms of the type of indeterminacy required for a free action. Libertarianism consists of three sub-directions. *Event-causal* theories affirm that a free act should be caused by prior events (e.g., desires, beliefs), but it should be caused in the indeterministic manner (Kane, 1985). *Non-causal* theories hold that a free act should be uncaused at all (neither by desires nor beliefs) (Pink, 2011). *Agent-causal* theories hold that people are enduring substances that can cause actions without being caused themselves by prior events (prime mover unmoved) (O'Connor, 2011).

*Incompatibilism* refers to any position which denies the compatibility of free will with determinism. Hard determinists, hard incompatibilists and libertarians are all varieties of incompatibilism.

	Is determinism true?	Is free will compatible with determinism?	Do we have free will?	Are we morally responsible?
Hard determinism	+	-	-	-
Hard incompatibilism	-	-	-	-
Compatibilism	+	+	+	+
Libertarianism	-	-	+	+

As mentioned earlier, there is no generally accepted definition of free will. But as the debate is often set up, there are at least two common options (O'Connor & Franklin, 2018). Free will requires either: a) to have the ability to do otherwise, or b) to be the source of one's actions. Yet, it remains hotly disputed in what sense it would be sufficient to have the ability to choose otherwise or to be the source of one's actions. Compatibilist and incompatibilist promote different analyses.

Classical compatibilists (also known as dispositionalist) suggested that we should consider the agent's ability to do otherwise in a *conditional* or hypothetical sense (Ayer, 1954; Hume, 1740). This means: if the agent had wanted (attempted, willed or decided) to do otherwise at that time, then he would have done otherwise. Thus, one's ability to do otherwise is based on some counterfactual scenario. The proposal is that free will

requires having only this conditional power. Notice that free will would be compatible with determinism in this case. While determinism entails that what one willed is determined and one's choice is inevitable given the past and laws of nature, determinism allows to have a counterfactual thinking of agency: indeed, it may be that one would have done otherwise, has one willed to do otherwise.

It was pointed out, however, that conditional statements could lead to false results (Chisholm, 1964; Lehrer, 1966). Consider the cases of phobia as an example. Imagine that Frank has an extreme stage fright: it has such an extent that performing in front of the audience is psychologically impossible for him. Even talking about public speaking makes Frank have a panic attack. Naturally Frank decides to stay away from the stage. The question is: "Was Frank able to decide otherwise and choose to perform?" The conditional analysis suggests that "yes". If Frank had decided (willed, tried or desired) to do otherwise, then he would have done otherwise. Yet, this ignores Frank's actual ability. Given Frank's psychological condition, he was unable to want or try to go on stage, i.e., to do otherwise. The conditional analysis of "could do otherwise", thus, fails, as it involves implausible implications. We can, of course, imagine a world in which Frank desires to speak to the audience, and so he does. But in this case, Frank would not suffer from the phobia, which would impair his ability to perform in front of people.

The new dispositionalists keep making attempts to rehabilitate the conditional ability to do otherwise, furnishing new analysis (Fara, 2008; Vihvelin, 2013). One goal is to show how some determined agents have the conditional ability to do otherwise, while other agents (e.g., phobics) are deprived of this ability.

Incompatibilists argue that "the ability to do otherwise" should be understood only in the *categorical* terms. This means: the agent can do otherwise if the agent can do anything other than he does at time *t*, while all conditions remain the same up to the moment of choice. There should be no "ifs" as compared to the conditional analysis. The point is that the agent can choose either A (to do something) or B (e.g., to refrain from doing A or to do C) at one particular moment. It should be noted, however, that such ability would be incompatible with determinism. If determinism is true, the past remains fixed, and the preceding events necessitate only one course of action: that there is only one possible present and only one possible future. In other words, the agent is inclined to choose only one certain alternative and cannot do otherwise.

Free will sceptics often refer to the Consequence argument in this discussion. The argument suggests three propositions (Van Inwagen, 1983, p. 16):

1. If determinism is true, then our actions are the necessary consequences of the laws of nature and events happened in the distant past.
2. Yet, it is not up to us what the laws of nature are or what events happened in the distant past before we were born.
3. It follows that our present actions are the consequences of the things which are not up to us.

The argument suggests that people do not have the categorical ability to do otherwise. If determinism is true, then the future is closed to alternatives; the future is fixed by the past, i.e., the future is the natural consequence of the past. People – while being a determined part of the world – are powerless to swerve away from this predetermined flow and introduce an alternative.

Libertarians, on the other hand, agree that people cannot have the categorical ability to do otherwise under determinism, but they point out to the existence of indeterminism. Some form of indeterminism (e.g., non-causal, event-causal, agent causal) may be involved in human agency and break the deterministic chains (Brembs, 2011; Kane, 1996). Hence, indeterminism may render the categorical ability to do otherwise possible. The plausibility of this argument, however, is under debate.

Some argue, however, that free will (or moral responsibility) does not require the ability to do otherwise at all (Frankfurt, 1969; Wolf, 1990). Allegedly, people can act out of free will even if they cannot choose differently. Equally, people can be morally responsible for their actions even if they could not have done otherwise.

An alternative view is that free will requires an appropriate *source* of one's actions. What truly matters either for free will or moral responsibility is not whether the agent could do otherwise, but how the action is brought about.

The first compatibilist option is a reason-responsive theory (Fischer & Ravizza, 1998; McKenna, 2013; Sartorio, 2016; Wolf, 1990). The reason-responsive theories lay stress on the agent's cognitive capacities. To be the source of one's actions, the agent should have a reason-responsive mechanism. The general idea is: the agent acts out of free will if the agent remains responsive to a sufficient range of reasons (e.g., rational considerations, moral reasons) at the moment of choice. The available reasons can either support or oppose a certain decision. What matters is that the agent can understand these reasons and respond to them by adjusting their behaviour if necessary. This also involves some counterfactual scenario. The agent does A out of free will only if, in at least one hypothetical scenario, the agent had reasons not to do A, then he

would not do it. The agents who are not sensitive to the reasons available to them are bereft of free will. Consider our previous example of Frank who suffers from the phobia. The reason-responsive view suggests that Frank does not act out of his free will, when he decides to stay away from the stage. The primary reason is that Frank's reason-responsive mechanism is impaired: even if he was given a convincing reason to go on stage, he would never respond to it.

The second compatibilist option is an identification theory (also known as self-determination, mesh, hierarchical theories) (Bratman, 2000; Frankfurt, 1971; Watson, 1975). Identification views put emphasis on the motivation of action. To be the source of one's actions, the agent ought to be able to identify with a certain motive. The general premise is: the agent acts out of free will if they act on the motives with which they are identified. The human mind is a home for various urges, conflicting desires, values, goals etc. All of them give some incentive for action. But we do not identify with all of them, i.e., we would not consider all of them as appropriate, desirable or acceptable in our behaviour. Basically, the agent acts out of free will only if the agent reflects critically on their motives, identifies the best one, resists the others and realizes it in their behaviour. Free will is gummed up if the agent is moved by a motive considered undesirable or alien. Consider again Frank who suffers from the phobia. Frank may, in fact, want to perform on stage, i.e., he identifies with this incentive. But he is not able to act on it and eventually feels the compulsion to refrain. Hence, Frank is robbed of free will, as he cannot realize his true will in his behaviour.

Now back to Freud and Rogers. One of the crucial problems is that neither psychoanalysis nor client-centered theory has a coherent or articulate view on free will. One of the primary tasks of this research will be to fill this gap. I will first show that two authors are compatibilist, that is, psychoanalysis and client-centered theory maintain that free will and determinism are compatible. I will also point out that two theories speak against the ability to do otherwise and gravitate towards the source account of free will. Lastly, I will argue that we can leverage Watson's theory (1975), an identification theory, in order to account both for Freud's and Rogers's perspectives separately and jointly. Watson's theory may serve as a point of integration for two psychotherapies when it comes to free will.

### *1.3. A hard determinist reading of Freud*

The most widespread view is that Freud was a hard determinist (Brunton, 2016; Erwin, 2002; Hospers, 1952; Wallace, 2008). As Erwin states in the “Freud Encyclopedia”: “Freud gave an unequivocal verdict on the traditional philosophical question of freedom of the will: There is no such thing. Our belief in free will is deeply rooted, but is nonetheless illusory ... [Freud’s] argument is just the traditional one of the “Hard Determinist” (2002, p. 214f). Importantly, almost every contemporary personality textbook, which introduces students to psychology, gets on the bandwagon and sides with the view that Freud was committed to determinism rather than to free will (Engler, 2013; Hjelle & Ziegler, 1992; Schultz & Schultz, 2016).

Those who interpret Freud as a hard determinist refer, first and foremost, to the fact that psychoanalysis is based on the concept of psychic determinism (Wallace, 2008, p. 771f). Freud clearly endorses the idea of the determination of the human mind and behavior. As Freud writes: “Psycho-analysts are marked by a particularly strict belief in the determination of mental life” (1910, p. 38). And elsewhere: “Nothing in the mind is arbitrary or undetermined” (1901, p. 242). Determinism presupposes that everything in the world is entailed by preceding events and laws of nature. If extended to people, every human act is the result of some preceding cause. One may not be always aware of those causes, but they still exist. One consequence is that human behavior cannot be contingent or haphazard. A person, for example, cannot do or say anything by chance. Another consequence is that human behavior cannot be ultimately free. On the one hand, determinism implies that there is always some cause that underlies human behavior. Goals, talents, capacities, desires, interests, love are all determined. On the other hand, determinism implies that there are no alternative paths into the future. Preceding events and laws of cause and effect entail only one course of action. It follows that people cannot really do otherwise.

Second, those who support a hard determinist interpretation point out that Freud repeatedly rejects that free will exists (Erwin, 2002, p. 215). With the support of determinism, Freud often urges skepticism that there could be any “psychic freedom” or “free will”. In one place, he contests against the possibility of psychical freedom: “You nourish the illusion of there being such a thing as psychical freedom, and you will not give it up. I am sorry to say I disagree with you categorically over this” (1916–17, p. 49). Further on, he calls the concept of free will “unscientific”: “Once before I ventured to tell you that you nourish a deeply rooted faith in undetermined psychical events and free will, but that this is quite unscientific” (ibid., p. 106). Freud even declares that free will is an illusion: “There are also all the unfulfilled but possible futures to which we

still like to cling in phantasy... which nourish in us the illusion of Free Will” (1919, p. 236).

Third, many point out that psychoanalytic ideas per se pose a serious challenge to the possibility of free will (Hospers, 1952; Sugarman, 2010). One threat is the view that unconscious processes could subvert the possibility of real choice. Repressed emotions buried deep in unconscious could pull the strings over one’s behavior without the person even recognizing that. Unconscious processes could stealthily trigger the choice, while people believe that they make choices consciously and thoughtfully. Another threat is that early relationships with significant others could predetermine the lifestyle in adulthood. A person can mechanistically and slavishly reproduce the same deleterious patterns of behavior or the same type of interactions, which they once learnt in their childhood.

Lastly, some interpreters refer to some incompatibilist principles which are supposedly ingrained in psychoanalysis. Erwin writes:

“If Freud is right, then the events that largely determined what kind of person I have become occurred during my infancy, especially during the Oedipal period. If Object Relations theory is correct, they occurred even earlier. But I had little or no control over these events from my early life that led inevitably to my becoming neurotic or in acting in certain sorts of ways... How, then, can I ever be morally responsible if all my actions are the inevitable result of events over which I had no control?” (2002, p. 217).<sup>2</sup>

Erwin appears to refer to the so-called “Consequence Argument” developed by Van Inwagen (1983, p. 16). If determinism is true, then every act of the person is entailed by some preceding causes. Those causes, in turn, are entailed by some other causes, and so to infinity. It follows that how people behave in present fundamentally is the natural consequence of some initial events over which people had no control. For example, it is not up to people where and when to be born. It is not up to them what events could happen and traumatize them during their childhood. It is not up to them what genes or talents they inherit. In sum, a certain kind of life is forced upon people with all its slings and arrows. The argument suggests that free will does not exist, as people cannot control all events happened in the distant past, and which eventually and inevitably led them to acquire certain personalities and do what they do today.

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<sup>2</sup> A similar point was earlier expressed by Hospers concerning moral responsibility: “In a deeper sense we cannot hold the person responsible: we can hold his neurosis responsible, but *he is not responsible for his neurosis*, particularly since the age at which its onset was inevitable was an age before he could even speak” (1952, p. 571).

Erwin, however, also mentions one objection to the consequence argument (2002, p. 217). Compatibilists can respond that we should distinguish between the types of causes that bring about the inevitable present situation. A brain impairment or abusive environment in childhood, for example, can prevent normal development of cognitive capacities and interpersonal skills. A relatively normal childhood, on the other hand, leads to the development of fully fledged mental and physical capacities, which empower people to process data, to weigh options, to distinguish right from wrong, to understand moral norms, to identify the most desirable course of action and to exercise self-control. It is true that in both cases it is not up to people where to be born. But, in fact, only some events can strip people of the capacities necessary to be free and morally responsible, such as the ability to make choices, to have conscious knowledge over their behavior etc. That said, Erwin emphasises that Freud is not a compatibilist, rejecting that “free choice and determinism can co-exist” (2002, p. 215).

It is hard to understand why Erwin holds that Freud rejects that “free choice and determinism can co-exist”. It is noteworthy that despite Freud’s commitment to determinism, the theme of choice is present consistently in all periods of Freud’s writing.

For example, in the discussion of therapeutic work, Freud instructs analysts to make clients promise to refrain from any “important decisions” during the therapy: “...[B]y making him [a patient] promise not to take any important decisions affecting his life during the time of his treatment – for instance, not to choose any profession or definitive love-object – but to postpone all such plans until after his recovery ...” (1914, p. 153).

In the discussion of social morality, Freud says that upon finishing the therapy patients can take their own decisions how to lead their sexual life: “...[A]nd if, having grown independent after the completion of their treatment, they decide on their own judgement in favour of some midway position between living a full life and absolute asceticism, we feel our conscience clear whatever their choice” (1916–17, p. 434).

The most intriguing dictum occurs in 1923. In “The Ego and the Id”, Freud states that the therapy does not intend to neutralize every pathology, but it intends to furnish the ego with the power of decision-making. As he writes: “After all, analysis does not set out to make pathological reactions impossible, but to give the patient’s ego *freedom* to decide one way or another” (1923, p. 50; emphasis in original).

In the long run, the theme of choice lived up to the very end of Freud’s life. Freud explains that before the therapy patients might make some “inadequate decisions” in

their life. Yet, the therapy makes it possible to substitute those decisions with “a correct solution”. When it is done, the therapy can be finally over. “[T]hanks to having strengthened the patient’s ego, [only then psychoanalysis] succeed in replacing by a correct solution the inadequate decision made in his early life. Only in such cases can one speak of analysis having been definitely ended” (1937, p. 220).

Taken together, we have textual evidence that psychoanalysis supports the idea of some sense of free choice, despite its commitment to determinism. This fact alone can point towards compatibilism.

But there is a more compelling argument against any hard determinist interpretation of psychoanalysis. We should not forget that Freud endorsed clearly and consistently the concept of moral responsibility. For example, discussing the question whether people should take responsibility for the content of their dreams, Freud states: “There seems to be no justification for people’s reluctance in accepting responsibility for the immorality of their dreams” (1900, p. 620). Elsewhere, he reiterates: “Obviously one must hold oneself responsible for the evil impulses of one’s dreams” (1925, p. 132ff) [see Chapter 6 for the detailed analysis of responsibility in psychoanalysis].

Freud’s commitment to moral responsibility gives us a sufficient cause to undermine any hard determinist interpretation of psychoanalysis. As mentioned earlier, the thesis of hard determinism is that determinism is true, free will does not exist, and moral responsibility is unjustified. In other words, hard determinists hold that determinism is incompatible with *both* free will *and* moral responsibility. It is believed that if people are unable to do otherwise, they cannot be held responsible for what they do (Smilansky, 2013, p. 106). Another way to put it is to say that people are deprived of such freedom that would be sufficient for them to be morally responsible for their actions (Trakakis & Cohen, 2009, p. 72).

Clearly, the thesis of hard determinism does not square with Freud’s position. While being a vigorous determinist, Freud, nonetheless, supports the view that people can be morally responsible agents. Therefore, psychoanalysis cannot be related to hard determinism *by definition*.

It can help to refer to Wallace’s (2008) reading of Freud to put the point across. According to Wallace, Freud was a hard determinist: “Freud was, as I am, a staunch believer in a hard biopsychosocial determinism” (2008, pp. 744, 771). Wallace holds that psychoanalysis does not allow any contra-causal free will, but he does not object that Freud endorses moral responsibility. On the contrary, his view is that perhaps the

concept of moral responsibility can withstand even if determinism is true, and free will does not exist. For morality, what looks important is whether people have normal mental capacities rather than free will. As Wallace puts it: “What is then decisive is, as so many jurists have held, whether the agent was reality oriented, appreciated the difference between right and wrong, and understood the likely consequences of his behavior. Whether he could have acted otherwise is beside the point” (2008, p. 773).

The problem is that Wallace, in fact, does not describe the view of hard determinism. There is a terminological error. Hard determinism does not allow that determinism can be compatible with moral responsibility. As a matter of fact, what Wallace describes is the thesis of semi-compatibilism (Fischer & Ravizza, 1998). Semi-compatibilism is one of sub-directions of compatibilism, which posits that determinism is incompatible with free will, but determinism can be compatible with moral responsibility [see Chapter 7 for a more detailed review of semi-compatibilism].

Long story short: the most widely accepted view that Freud was a hard determinist could be successfully debunked. Even if we turn a blind eye to the fact that psychoanalysis contains passages about freedom and decision-making, the fact that Freud is wedded to the concept of moral responsibility ineluctably removes psychoanalysis from the group of hard determinist theories. The real question now is whether Freud was a compatibilist or a libertarian.

#### *1.4. A libertarian reading of Freud*

One of the most well-known libertarian interpretations of psychoanalysis can be found in the work by Wallwork (1991, 2002, 2012).

To start with, Wallwork questions the meaning and generality of all anti-freedom passages in the psychoanalytic corpus (1991, p. 82f). By way of example, consider a phrase Freud uses, the “illusion of free will” (1919, p. 236). Wallwork points out that this phrase was used in very specific context and did not mean to apply to all people. The paragraph deals with the concept of “double” [Doppelgänger].<sup>3</sup> Freud explains that the double creates projections, multiple selves, and reproduces crushed strivings and

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<sup>3</sup> The “double” is the suppressed aspects of human personality. It incorporates repressed desires, unfulfilled dreams, wicked traits (everything that is unacceptable to the ego and society). It stems from infantile narcissism, when a child is used to imagine self in different roles. In the adult life, the appearance of double prompts the feeling of uncanny (unheimlich). In literature and arts, the double is often depicted as an evil twin of personality.

unreal phantasies. When this happens, it nourishes in people “the illusion of Free Will”. Freud does not indicate, however, that free will is always an illusion. Rather, what he says is that there are certain conditions (i.e., the appearance of double) when people live in the illusion of freedom.

Another famous example is the phrase: “[F]aith in undetermined psychical events and free will ... is quite unscientific” (1916–17, p. 106). Wallwork argues that editors of the Standard Edition committed a mistranslation. The original German text says: “Glaube an psychische Freiheit und Willkürlichkeit ... ganz unwissenschaftlich ist” (GW 1916–17b, p. 104). From here, we can extract two points. First off, literally translated “Psychische Freiheit” stands for “psychic freedom”, but not “free will”. Wallwork points out that if Freud was really implying “free will”, then he would not employ a bewildering term “Freiheit”. He could have used the relevant and exact terminology, e.g., “freier Wille” or “Willensfreiheit”. Second, the notion “Psychische Freiheit” does not implicate the idea of free choice. Contextually, “Psychische Freiheit” is related to the term “Willkürlichkeit”, which denotes “arbitrariness” or arbitrary acts. A few sentences later, Freud says: “the idea produced by man was not arbitrary nor indeterminable” [nicht willkürlich, nicht unbestimmbar] (SE 1916–17, p. 106; GW 1916–17b, p. 104). All in all, it is suggested that Freud calls “unscientific” a possibility of undetermined events rather than a possibility of free will (understood as a sensible choice).

Then, Wallwork moves on to oppose hard determinist, indeterminist and some soft-determinist interpretations of Freud (1991).

First, Wallwork denies a hard determinist interpretation. His main worry is that determinism presupposes that all events are inevitable, and it precludes the ability to do otherwise. If every act is deemed unavoidable, moral responsibility (blame and praise) does not seem to be justified. As an argument, Wallwork points out that hard determinists interpreters depreciate those passages in Freud’s corpus that carry the ideas about freedom, liberation, moral responsibility, ego’s autonomy and the ability to choose.

Second, Wallwork stands against an “indeterminist” (aka libertarian) view. His worry is that indeterminism introduces randomness, a chance, and, thus, can undermine control over one’s behavior. It is hard to see how an agent can have freedom if their actions are capricious. Besides, it is doubtful that this interpretation can be consistent with Freud’s emphasis on determinism. If I understand Wallwork right, he opposes only some libertarian interpretations (e.g., event-causal theories). The thing is that Wallwork

defends a view which depicts free will as the ability to do otherwise, and which, in fact, represents a common libertarian position. This point will be explicated in more detail below.

Lastly, Wallwork goes against some soft determinist (aka compatibilist) interpretations. Wallwork argues against the view, which he calls a “thin theory”, promoted by British empiricists including Hobbes, Locke and Hume (1991, p. 70). A thin theory holds that an act is free if the agent acts in accordance with their desires and preferences, while the act is not compelled or coerced. Consider a contrast. A thief acts freely, for they act voluntary on their desire to steal, without being compelled or coerced. But a kleptomaniac is unfree, for they are moved by a neurotic compulsion to steal. Wallwork admits that it is very tempting to relate Freud with the thin theory. It appears that Freud talks frequently about freedom in connection to the liberation from neurotic compulsions. As an example, a reader can recall the case of “Rat Man”. The man was suffering from obsessive compulsive disorder, i.e., he was compelled to do things he did not like doing. Freud points out, in this case, that the treatment helped the patient “to be freed of his obsessions” (1909, p. 173). By and large, if the thin theory were Freud’s position, it would be no problem at all. Such form of free will is compatible with determinism, as determinism allows people to act on their desires and not being coerced.

Wallwork spends some time arguing against Knight and Wallace, who suppose that the therapy creates only some “feeling of freedom”, and that the successful therapy makes a change in “the cause-effect sequence”. More specifically, the therapy eliminates the causation by unconscious motives and substitutes it with the causation by the ego, which is fully determined by the interplay of biological and environmental factors. But Wallwork retorts by stating that that such approach to therapy would be *cynical* and the outcome of therapy would be meaningless. An agent would falsely believe that they obtain free will after the end of the therapy, while in reality it would be just an illusion. An agent’s wanting, deliberating and choosing would remain fully under the control of determinism. No matter what people do, they remain to be taken hostage of some external forces that they are unable to control (1991, p. 81).

Wallwork objects, pointing out that Freud does not state anywhere that he subscribes to this position. On his view, Freud appears to advocate a far broader understanding of free will than the concept of uncompelled behavior. Having developed the structural model of mind, Freud seems to attribute to the ego the capacity of deliberation, self-government and leeway choice.

By way of an alternative, Wallwork suggests the view which he dubs “self-determination”. According to this view, the ego or the self – while being caused by antecedent events – can, nonetheless, become a cause itself. As he puts it: “persons can become the sources or causes of their own action, even though they are themselves the products of a complex network of various types of causes extended over time and now hierarchically organized” (Ibid, p. 97).

Self-determination is an acquired ability. Wallwork concedes that people vary in the strength of the ego that can determine an act. For example, an individual with neurotic disturbances has weak or impaired ego’s powers, while a child does not hold a mature ego at all. In this case, an act is likely to be issued by the urges of the id, defense mechanisms or unconscious psychodynamics. However, it is not always the case. Once a person develops a strong ego, they acquire the ability of self-determination.

Wallwork concedes that the ego is itself caused and determined. But under favorable conditions the ego is capable of developing and acquiring the ability to exercise a choice (1991, p. 81). Importantly, Wallwork insists that people acquire “*leeway*” capacities (1991, p. 85, 88). His contention is that the ego is not caused in such a manner that it would be deprived from freedom to do otherwise.

Yet, Wallwork also admits that an individual does not have an absolute freedom of choice. Alternatives are always limited by an array of constraints. They are limited by different motives, architecture of the psyche, the ego’s own reasons and defensive mechanisms that cannot be removed completely. Nonetheless, it does not seem to be a problem. Though alternatives are limited, the mature ego is able to choose between the options that are available. It holds the “power to introduce novelty and affect the future” (1991, p. 73).

“But for the relatively normal, mature personality, there remains some *leeway* within the constraints set by the principles that govern mental functioning ... to *choose among alternative courses of action* in a way that makes a difference to the outcome. Persons thus have some, albeit limited (and varying) capacity to determine and guide their own actions rather than allowing them to be caused by something other than themselves” (1991, p. 98; emphasis added).

It is important to underscore that Wallwork insists on *leeway* choice. This fact gives a reason to relate Wallwork’s interpretation to libertarian views, as libertarians tend to understand free will as a *leeway* choice (the ability to do otherwise).

One question needs to be raised: “How can leeway choice square with determinism?”. We know that pure determinism and leeway choice are mutually exclusive phenomena. Metaphorically speaking, one can’t have a cake and eat it too.

Foreseeing this problem Wallwork proposes, however, that determinism in the psychoanalytic theory has an idiosyncratic meaning (distinct from the concept used in natural sciences), which allows the possibility of leeway choice. Wallwork points out that Freud never used the term “causal determinism” in his writings and refrained from any metaphysical statements. In fact, Freud used the term “psychic determinism” [psychischer Determinismus].

It is tempting to respond straightaway that “psychic determinism” amounts to “causal determinism”. The adjective “psychic” only means that Freud emphasizes his interest and research in the domain of psyche. But Wallwork counters this objection indicating that Freud never gave a definition of “psychic determinism”, and therefore it would be too quick to jump to conclusions.

Wallwork insists that “psychic determinism” and “causal determinism” (which he also calls “metaphysical”, “physical” and “universal” determinism) are distinct concepts. One should not blend them. To Wallwork, Freud “is groping toward a new understanding of determinism” (p. 72), that he is after a “broader concept of determinism” (1991, p. 84).

Theoretically, this move helps to escape the inconsistency between determinism and leeway choice. One can argue that while *causal* determinism is incompatible with a leeway choice, *psychic* determinism, as an idiosyncratic concept, is fully compatible with leeway choice.

“Freud nowhere abandons the postulate that everything is determined by causes, but he moves increasingly further away from notions of determinism derived from the physical sciences, which are suggestive of a psychology of passivity, and develops the implicit notion that causes and laws take on a different character when they govern not physical things but mental activities, especially the higher functioning of the ego” (1991, p. 72).

Overall, the argument is that interpreters make a semantic error. Purportedly, mixing up “psychic determinism” and “causal determinism” entailed a distorted reading of Freud. Think of the cases when Freud talks about determinism: “nothing in the mind is arbitrary or undetermined” (1901, p. 242); “psycho-analysts are marked by a particularly strict belief in the determination of mental life” (1910, p. 38); “[one] must yield to the demand of a determinism whose rule extends over mental life” (1916–17, p.

106). Wallwork contests that many commentators misunderstood what Freud really had meant by these statements:

“Many interpreters take these comments to imply an extension of the strict assumptions about causal determinism found in the natural sciences to all mental activities, including deliberations, choices, and apparently voluntary actions. But this is not the point that Freud himself makes in these passages. Complete psychic determinism for Freud is the thesis that *all* mental activities are “meaningful” – that is to say, “purposeful” – as in consciously intended conduct” (1991, p. 79).

Wallwork ascribes two interlaced characteristics to the concept of psychic determinism. First, psychic determinism signifies that all actions are “meaningful” and “purposeful”. Before Freud it was widely believed that trivial forms of behavior are meaningless or purposeless. But psychoanalysis intended to show that every behavior or mental event bore an interpretive value for diagnostics. There are no meaningless activities or events. Therefore, therapists should pay attention to all kinds of behavior, as they all make sense. If an individual does not comprehend the meaning of an act, it does not follow that this act is pointless. Much of behavior stems from the unconscious. It is natural then that an individual may fail to recognize the meanings of some behavior right away. Second, psychic determinism implies that every act has a *motive*. When Freud discovered the realm of unconscious, he simply endeavored to demonstrate that all behavior was motivated. Before that, many trivial forms of behavior – e.g., dreams, verbal slips, free associations, accidental self-injuries – were deemed to be fortuitous. Freud’s work was to show that those events did not happen by chance. In reality, they are brought about by unconscious motives. What Freud denies, thus, is that an act can occur without a motive.

Defending this interpretation, Wallwork repeatedly gets back to the question of alternate possibilities (1991, pp. 73, 78, 83). He persists that “psychic determinism” has nothing to do with inevitability or impossibility of free choice. Metaphysics is beside the point here.

“Psychic determinism holds only that all psychological behavior is *motivated*... not that it could not be other than it is (p. 73)...The corollary of Freud's contention...is *not* that all human conduct is inevitable, but that [all forms of behavior] “make sense” and are explicable in the sense of “interpretable”. There is absolutely no reason to read this ...[as if] free choices are illusory” (1991, p. 83).

Drawing a line between causal and psychic determinism, Wallwork also distinguishes “causes” in these two forms of determinism. The reader may have probably noticed in one of the above quotes Wallwork’s claim that Freud “develops the implicit notion that causes and laws take on a different character when they govern not physical things but mental activities” (1991, p. 72). In a nutshell, Wallwork sets apart psychological causes in psychic determinism (psychoanalysis) from causes in causal determinism (causes existing in the natural world). Psychological causes include motives, desires, beliefs, reasons and all other mental determinants. Conversely, the causes in the natural sciences are called “non-purposeful forces” (1991, p. 75). Wallwork assumes that it makes sense to detach psychological causes from other causes. Allegedly, there is a change in a “mode of determination” once causes enter the mind and turn into reasons (1991, p. 77). An agent can exercise a certain control over reasons, e.g., to assess them, to reject them or to act on them. In this case, people are active agents. They self-determine an action. Clearly, this case differs from a situation when an agent is passively and blindly moved by some “non-purposeful forces”, i.e., causes that an agent is not aware of or which they do not control.

Concerning the idiosyncrasy, one can object, however, that Freud had a deep-running bond with natural sciences. Freud obtained the MD at the University of Vienna. While in academia, he conducted empirical research in the laboratory of physiology. It is also important to remember that Freud’s tutors – Ernst Wilhelm von Brücke, Carl Claus, Theodor Meynert and Jean Charcot – were predominantly positivists, who regarded people as complex biological machines. Furthermore, there is some evidence that Freud showed a profound respect to some of his materialist tutors. Take Ernst Brücke, who was a zealous proponent of positivism and Freud’s mentor. Freud worked under Brücke’s supervision in the physiological laboratory during 1876 – 1882. When Brücke died in 1892, Freud named his newborn son in his honor (Sulloway, 1979, p. 15). Thirty years later, in the recollections, Freud wrote that Brücke “carried more weight with me than anyone else in my whole life” (1926, p. 253).

This background was one of the reasons why Freud apparently started “The Project for a Scientific Psychology” (1895). In this work, Freud attempted to present psychology strictly as a natural science, which rests on anatomy, neurology, chemistry and physics. As he puts it: “The intention of the project is to furnish us with a psychology which shall be a natural science; its aim, that is, is to represent psychical processes as quantitatively determined states of specifiable material particles and so make them plain and void of contradictions” (1895, p. 295).

There is no doubt that Freud had “materialistic roots”, but Wallwork makes a thrust. First, along with the positivist tradition, Freud was also influenced by some humanistic philosophy. While at the university, Freud attended lectures by Franz Brentano, an influential German philosopher and priest. In short, Brentano was a theologian (of Aristotelian-Thomistic perspective) who maintained a belief in God and human free will. Freud enrolled in five philosophical modules by Brentano, apart from his main medical curriculum. It appears that Brentano made a very strong general impression on young Freud. As a matter of fact, Freud was even thinking to get a dual Ph.D. that would include philosophy. There is certain documentable evidence that can indicate Brentano’s influence on Freud. In an unpublished letter to his friend Edward Silberstein in 1875, Freud writes: “This peculiar, and in many respects ideal man, ... For the moment I will say only this: that under Brentano’s influence I have decided to take my Ph.D. in philosophy and zoology” (Vitz, 1993, p. 52).

Second, Wallwork suggests that we should clearly differentiate psychoanalysis (texts written between 1900 – 1940) and “The Project for a Scientific Psychology” (written in 1895) (“Project” for short). It is true that in the “Project”, Freud was under the deep influence of Helmholtz tradition. The “Project” was designed to account for psychological phenomena relying on the knowledge in physiology and neurology. To put in differently, the “Project” should have established the link between the mind and the brain. Contemporary neuroscientists might say that Freud tried to elaborate a neurobiological model of mind. However, this enterprise failed. Freud was not content with the results and therefore he had to abandon the “Project”. Here, Wallwork suggests, we should stop. Psychoanalysis was a whole new ball game. It was far away from the goals of the “Project” and should not be associated anyhow with it. Psychoanalysis was designed to deal exclusively with psychological facts and tried to steer clear of neurological speculations.

As the evidence, Wallwork notes that there is a certain reduction of the use of mechanistic terms in Freud’s writing over the time.<sup>4</sup> In the “Project”, we can see a peak of the use of mechanistic vocabulary. During the first period of psychoanalytic theorizing (1900 – 1923) – during the time of topographical model – mechanistic terms were still used quite often. Yet, even in this period, one can observe a substantial decline, as compared to the “Project” time. And finally, during the last period (1923 – 1940) – during the period of the structural model – the number of mechanistic terms

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<sup>4</sup> By mechanistic terms I mean positivist terminology that portrays human as a biological machine; it includes terms from physics, chemistry and other exact sciences.

dropped drastically. In sum, Wallwork hints that there occurred a certain shift in Freud's outlook over the time. "Freud developed several models of the mind during the course of his long career, and these divergent models suggest changing perspectives on the determinism issue" (1991, p. 57).

It is time now to consider some objections. The main shortcoming with Wallwork's argument is that it fails to provide any *direct* evidence that Freud subscribed to any idiosyncratic understanding of determinism.

First, the fact that Freud never defines the term "determinism" does not mean that this term bears some idiosyncratic meaning and deviates from the concept used in natural sciences. Many materialist scientists never define determinism either, but it does not follow that they all imply some idiosyncrasy.

Second, the fact that Freud had respect for Brentano does not prove that Freud decided to develop an idiosyncratic view on determinism. Biography carries little dialectical weight. It seems plausible that, thanks to Brentano, Freud did absorb some humanistic ideas. But it does not follow that he also decided to give up his positivistic mindset.

Third, the fact that Freud abandoned the "Project" does not mean that Freud also abandoned his positivist outlook. It looks as an extreme overgeneralization. On the contrary, the texts of the first period of psychoanalysis testify that Freud never turned back on his materialist convictions. There are still plenty of mechanistic terms. There are regular comparisons between mental events and physical phenomena. Elsewhere, Freud draws a direct relation between the idea of psychic determinism and *Weltanschauung* of science: "If anyone makes a breach of this kind [if one assumes that there can be random events] in the determinism of natural events at a single point, it means that he has thrown overboard the whole *Weltanschauung* of science" (1916–17, p. 28).

Some researchers draw a direct link between Freud's psychoanalytic concepts and ideas promoted by Helmholtz school. For example, Bernfeld (1981) argues that Freud adopted Brücke's ideas about dynamic principles in physiology and transferred them to mental events. For this reason, the structure of mind in psychoanalysis is described in dynamic terms (e.g. the internal "psychodynamics", "energy" and so on). We can also find the abundance of chemical, physical and mechanistic metaphors in Freud's texts (e.g., "mental apparatus", "homeostasis", "system", "charges" and so forth). Frequently enough, Freud compares mental events with those appearing in the natural world (1916–17, p. 48f).

Sulloway, in his praiseworthy book “Freud, Biologist of the Mind”, also argues that Freud never abandoned his earlier biological views (1979). Sulloway attempts to dissolve the myth that Freud elaborated psychoanalysis *ex nihilo*, just out of personal brilliance. Freud apparently was developing psychoanalysis, drawing on different scientific fields and theories, including neurobiology. Sulloway argues Freud always remained “the biologist of the mind”, even though he tried to conceal it. A careful examination shows that Freud’s earlier positivistic views run throughout his entire psychoanalytic work.

One source of Freud’s inspiration was evidently the work of Darwin. At the end of the 19th century, Darwinian ideas held sway. The theory of natural selection was completely deterministic and endeavored to establish the connection between nature, biology and human development. Naturally, such theory opposes the idea of free will (at least in a libertarian sense). For every bit of human behavior is viewed as an inevitable outcome of evolutionary process. Species act according to the programs that were acquired during the evolution. For our discussion, it is important to know that Darwin’s ideas can be present in psychoanalysis. In his autobiography, Freud recollects: “At the same time, the theories of Darwin, which were then of topical interest, strongly attracted me, for they held out hopes of an extraordinary advance in our understanding of the world” (1925, p. 8). Freud seemed to be particularly attracted by the implications of Darwin’s discoveries for psychology. In “On the Origins of Species”, Darwin makes a note that “Psychology will be based on a new foundation... Light will be thrown on the origin of man and his history” (1859, p. 306). In some way, the phrase “light will be thrown on the origin of man and his history” bears a reminiscence of the psychoanalytic method. As Darwin, Freud believed that the past was a key to understand the present of the person. For this reason, any therapy starts by the investigation and reconstruction of the past of a client. The implicit idea of psychoanalysis (which seems to originate from Darwin) is that certain events from the past (from the childhood) determine what type of personality and what types of issues a person has in the present.

Fourth, the fact that there occurred a decrease of mechanistic terminology and an increase of freedom-related dictums in psychoanalytic texts over time also does not prove that Freud had subscribed for an idiosyncratic understanding of determinism. For one, the occurrence of freedom-related passages does not reveal that there should be any tension with the concept of causal determinism. Determinism can be compatible with negative freedoms (when one is free from coercion) or with any compatibilist understanding of free will. Thus, there is no need to conclude that Freud decided to

adopt any novel understanding of determinism, because of the presence of freedom-related terminology. A more plausible explanation would be that Freud simply made a shift from a hard determinist to a compatibilist outlook at some period.

Importantly, Freud never mentions that he adopts any novel understanding of determinism before or after. It is important to keep things in perspective. Freud wrote 23 volumes of texts; it is around 40 years of non-stop writing. But he never leaves a note in between that he decides to adhere to some novel, unusual understanding of determinism. It is not a marginal thing. The concept of determinism in psychoanalysis plays the fundamental role. But we have nothing. Given this, we can, of course, speculate about what lurks between the lines, but we cannot prove it.

### *1.5. Conclusion*

In this chapter, I have investigated the hard determinist and libertarian options to interpret psychoanalysis. I have argued that both readings succumb to some considerable objections.

I have argued that interpreting psychoanalysis as a hard determinist theory is clearly false (see § 1.3.). The thesis of hard determinism holds that determinism is incompatible with both free will and moral responsibility. It is noteworthy, however, that though Freud advocates determinism, he also explicitly and consistently endorses the concept of moral responsibility. This suggests that even if we disregard the theme of free will, we still cannot relate psychoanalysis to hard determinist theories anyhow. What is more, Freud's writing contains passages about the possibility of free choice (freedom of the ego to make a choice). It follows that despite his commitment to determinism, Freud concedes on some level that people can make some sort of free choices at least sometimes and be responsible for them even living in the deterministic world.

The fact that Freud supports moral responsibility prompts us to move on towards libertarianism and compatibilism. The main weakness of the libertarian interpretation by Wallwork, however, is that it fails to provide any direct evidence for this reading (see § 1.4.). There is no textual evidence that Freud accepts any form of indeterminism, which would be a necessary condition for any libertarian theory. In fact, Freud repeatedly argues that nothing in the mind is undetermined. Alternatively, there is no direct evidence that psychoanalysis promotes an idiosyncratic view on determinism, which

could leave a room for a libertarian free will. Of course, one can go on arguing for the libertarian interpretation. But so far, we have no compelling evidence for this reading. I do not deny, however, that one day this gap might be filled.

For the time being, we have no other robust option, however, except to move towards compatibilism. The next chapter will explain how we can understand psychoanalysis from a compatibilist point of view.

## Chapter 2: Reconciling Freud and Free Will

### 2.1. Introduction

The previous chapter objected to both hard determinist and libertarian readings of psychoanalysis. Though the hard determinist interpretation is the most widespread reading of Freud, we have revealed that it is a clear mistake to associate psychoanalysis with hard determinism. On the other hand, there is also no direct evidence to substantiate the libertarian interpretation. Thus, we are left only with the compatibilist option.

To be fair, some researchers have already assumed that Freud was a compatibilist (D. L. Smith, 2002; Tauber, 2010). Tauber writes, for example: “In the free will-determinism debate, Freud must be viewed as a member of the “compatibilist” camp of Hobbes, Locke, Hume, and John Stuart Mill, who found no conflict between commonsensical notions of human choice and the determinism of the natural world” (2010, p. 221f). Smith also suggests that Freud understands free will as actions “determined by motives of which one is conscious and with which one identified” (2002, p. 435). Two authors, however, make only a passing remark that Freud may be a compatibilist, without providing any details and substantiating this standpoint. It is not clarified, for example, how the compatibilist interpretation can be consistent with Freud’s theory overall, earlier or later concepts. It is not spelled out what or why any definition of free will would correctly reflect Freud’s position. And it is not explicated how we should treat the fact that Freud sporadically rejects and then endorses the theme of freedom. Overall, it is nebulous what evidence we have to vindicate that psychoanalysis maintains compatibilism.

The goal of this chapter is to develop a thorough compatibilist interpretation of psychoanalysis, which would overcome the constraints of other readings.

In § 2.2., I will argue that Freud rejects the possibility of libertarian free will, but he is also implicitly committed to a compatibilist view on free will. The compatibilist free will in psychoanalysis can be understood as the action on one’s conscious reasons. In § 2.3., I will argue that psychoanalysis can be associated with a group of hierarchical views on free will. More specifically, I propose that we can make Freud’s position more explicit and consistent if we refer to Watson’s mesh theory of free will (1975). Section

2.4. explains the function and purpose of free will in the psychoanalytic counselling practice.

## 2.2. *A compatibilist reading of Freud*

To reach the goal of the chapter, we need to shed light on some terminological and conceptual distinctions first. I should start off with philosophical terminology. As noted earlier, there are two big views that support the idea of free will: libertarianism and compatibilism.

The first basic distinction is how libertarians and compatibilists define free will. Leeway libertarians understand free will as a possibility of leeway choice, viz., as the ability to do otherwise at one given moment. Compatibilists, by contrast, propose a range of alternate definitions of free will. For example, some define free will as the ability to act on a particular type of desires (Frankfurt, 1971), while others refer to the ability of self-control (Dennett, 1984).

The second basic distinction between compatibilism and libertarianism is the attitude to determinism. Libertarianism states that determinism and free will are incompatible. The incompatibility is due to the fact that determinism forecloses the possibility of leeway choice. The preceding events and laws of cause and effect can entail only one course of action, and therefore there is no real chance to do otherwise. Accordingly, libertarian free will is possible only if there is some form of indeterminacy that can generate alternate possibilities for a human choice. By contrast, compatibilism maintains that determinism and free will are compatible. This is because all compatibilist accounts of free will can be realized under the rule of determinism. For example, it is feasible to act according to one's desires or to have self-control in the deterministic world.

Now let's proceed to Freud. At first, we need to distinguish different periods of Freud's work. Historically, it is common to mark out *three* periods of Freud's theorizing: early (1880–1895), middle (1900–1920) and late (1920–1939) periods. The early period involves the “Project for a scientific psychology” (1895) and pre-psychoanalytic texts. The middle period starts with “Interpretation of dreams” (1900), which introduces the topographical model of mind. The late period begins with “Beyond the pleasure principle” (1920) and introduces the structural model of mind. It

is important to keep in mind these periods, as Freud seems to change his attitude towards free will in the course of these periods.

Then, we need to distinguish Freud's terminology related to freedom. If we investigate all Freud's corpus scrupulously, we can determine that Freud, in fact, uses different freedom-related terms. Freud utilized *four* freedom-related terms in his texts: "free will" [freier Wille] (1901, p. 253; 1919, p. 236), "psychical freedom" [psychische Freiheit] (1916a, p. 49), "mental freedom" [seeliche Freiheit] (1915b, p. 170) and simply "freedom" [Freiheit] (1915, p. 168; 1923b, p. 50). Not only do these terms have a terminological distinction, but they also have different meanings. Most importantly, Freud did not oppose all of them.

To foreshadow, I will argue that the terms used by Freud describe different types of free will. Some terms amount to libertarian free will, whereas other terms characterize the compatibilist type of free will. Plus, Freud introduced the terms that reflected a compatibilist free will only in the late period of the psychoanalytic theory.

### 2.2.1. A libertarian free will

Originally, Freud used just two terms "free will" [freier Wille] and "psychical freedom" [psychische Freiheit]. We can notice that these terms appear only during the early period (1880–1895) and the mid period (1900–1920) of Freud's writing, which are marked by the topographical model of mind. These terms then vanish in the late period (1920–1939) that is devoted to the structural model of mind.

The two terms seem to be interchangeable, for we can see them coming up in the same contexts. The terms are used when Freud argues against possible objections to psychical determinism [psychischer Determinismus]. Contextually, these terms presuppose the existence of *indeterminism* [die Willkürlichkeit]<sup>5</sup> and *alternate possibilities* (i.e., the ability to do otherwise). To put it in other terms, the two terms denote the libertarian type of free will, which involve indeterminism and the ability to do otherwise.

For example, Freud writes: "[those who oppose determinism] would like to claim that we could have acted otherwise; ... of our free – and unmotivated – will" (1901, p. 253f).<sup>6</sup> Elsewhere, he reiterates: "something else might have occurred to him! You nourish the illusion of there being such a thing as psychical freedom" (1916–17, p. 49).

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<sup>5</sup> Freud uses the term "die Willkürlichkeit", which literally means arbitrariness.

<sup>6</sup> Freud then defends his initial claim that every bit of human behavior is determined. Those actions that one may think to be left free (under the control of free will) are in fact determined by unconscious forces (see *ibid.*).

In both cases, Freud goes on to say that he disagrees that there could be undetermined phenomena or that one could act otherwise.

Let's consider two passages in a bit more detail to put the point across. In the discussion of parapraxes, Freud considers whether parapraxes are a reliable source of information (e.g., slips of the tongue). The question is whether the agent could have produced a different kind of slip under same given circumstances. Freud's interlocutor puts it this way: "It may have been so, but it may just as well have happened otherwise. And something else might have occurred to him..." (1916–17, p. 48). To this Freud responds:

"It is strange how little respect you have at bottom for a psychical fact! Imagine that someone had undertaken a chemical analysis of a certain substance and had arrived at a particular weight for one component of it—so and so many milligrams. Certain inferences could be drawn from this weight. Now do you suppose that it would ever occur to a chemist to criticize those inferences on the ground that the isolated substance might equally have had some other weight? Everyone will bow before the fact that this was the weight and none other and will confidently draw his further inferences from it. But when you are faced with the psychical fact that a particular thing occurred to the mind of the person questioned, you will not allow the fact's validity: something else might have occurred to him! You nourish the illusion of there being such a thing as *psychical freedom*, and you will not give it up. I am sorry to say I disagree with you categorically over this" (1916–17, p. 47ff; emphasis added).

For a start, Freud draws a parallel between the chemical processes and mental events. He asserts that there is no substantial difference between those two, for they follow the identical deterministic laws. Given the determinism, the chemical reactions and mental events occur in one specific way, and they could not be different. A psychologist should thus treat an occurred mental event with the equal attention as a researcher in a chemical lab.

Psychical freedom, meanwhile, is considered as an opposite phenomenon to psychical determinism. It is important to grasp the terminological and semantic contrast between psychical determinism [psychischer Determinismus] and psychical freedom [psychische Freiheit]. The former clearly implies deterministic causality. It suggests that every mental event is strictly caused by preceding events. The latter implicates indeterminism and that there could be alternate possibilities. Freud, however, does not grant the possibility that something else could have occurred. He insists that "psychical freedom" is an illusion. Every mental phenomenon is determined and could not be otherwise.

Now, let's turn to the description of free will. In "The Psychopathology of Everyday Life" (1901), Freud contends that there are no accidental or meaningless acts. Every seemingly casual act is entailed by a specific internal cause. Then, Freud addresses a possible objection. He notes that people may rebel against the idea of psychological determinism, for they have a feeling of free will.

"Many people, as is well known, contest the assumption of complete psychological determinism by appealing to a special feeling of conviction that there is a free will. This feeling of conviction exists; and it does not give way before a belief in determinism.... [It is] precisely with regard to the unimportant, indifferent decisions that we would like to claim that we could have acted otherwise; that we have acted of our free – and unmotivated – will. According to our analysis it is not necessary to dispute the right to the feeling of conviction of having a free will. If the distinction between conscious and unconscious motivation is taken into account, our feeling of conviction informs us that conscious motivation does not extend to all our motor decisions... But what is this left free by the one side receives its motivation from the other side, from the unconscious; and in this way determination in the psychological sphere is still carried out without any gap" (1901, p. 253f).

Freud suggests a reason why people tend to hold on to belief in free will. He compares two kinds of decisions: important and unimportant choices. When one is faced with an "important decision", there occurs a natural feeling of internal compulsion. People often confirm the existence of this compulsion when announcing that it is impossible for them to act differently in a given situation. "Here I stand: I can do no other", Freud cites Martin Luther (1901, pp. 253–254). The situation is different, however, when it comes to "unimportant" decisions. In these cases, one does not experience any compulsion, any necessity to act one way or another. It may seem that there appears some "causal gap". That is, the person does not perceive that there are any causes which force them to act any particular way. Therefore, the agent may be tricked to believe that they could "have acted otherwise" in that situation. Freud contends, however, that causes exist in all types of decisions. This can be seen once we take into account all sources of human motivation. Some so-called "unimportant" decisions can stem from unconscious. Naturally, the person is prone to be oblivious of unconscious motivation. But once the unconscious is uncovered, the "gap" can be filled. In fact, there has never been any gap. Every act has always been determined.

Often, interpreters do not go beyond this point. It is common to jump to the conclusion that Freud rejects the possibility of free will in toto (Erwin, 2002). I propose, however, to be more attentive and specify the *type* of free will Freud is opposing here.

First, the type of free will in question is indeterministic (and therefore libertarian).<sup>7</sup> For one, Freud cursorily notes that such free will creates some “gap” in the deterministic causality. But Freud then objects to any such possibility in reality: the “determination in the psychical sphere is ... carried out without any gap” (ibid). This claim is reiterated in subsequent texts, e.g., “[i]f anyone makes a breach... in the determinism of natural events at a single point, it means that he has thrown overboard the whole Weltanschauung of science” (1916–17, p. 28). In addition, the general purpose of the above text is to contend against the possibility of arbitrariness [Willkürlichkeit] (i.e., indeterminism) in the mind and human behavior. Before the above passage, Freud was arguing that a person was unable to do anything arbitrary: e.g., to pick a number or say a nonsense. He starts off the discussion of free will with the phrase: “[my] understanding of the determination of apparently arbitrarily selected names... may perhaps contribute to the solution of another problem [a feeling of free will]” (ibid.).

Second, the type of free will under consideration entails alternate possibilities. It is noted, for example, that in having such free will, one “could have acted otherwise” (ibid.).

Lastly, Freud notes that free will under consideration is unmotivated. Note the phrases “of our free – and unmotivated – will” and “what is thus left free by the one side receives its motivation from the other side” (ibid). It may be puzzling why Freud does not associate free will with motivated behavior. There is a simple explanation. First off, one of the pillars of psychoanalysis is the claim that all actions and mental events are motivated. If the action is not motivated by conscious process, then the action is motivated by unconscious forces. The second point is that Freud establishes a very close link between motivation and determinism. Moreover, Freud seems to use these terms interchangeably. For instance, he writes: “I demonstrated that a whole number of actions which were held to be *unmotivated* are on the contrary strictly *determined*...” (1906, p. 104f, emphasis added).<sup>8</sup> So, in Freud’s terms it is equally acceptable to say that an individual was caused, determined or motivated by desire D to act A. But, since

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<sup>7</sup> As mentioned earlier, all libertarian theories of free will involve some form of indeterminism.

<sup>8</sup> Some suggest that the term “psychical determinism” can be easily substituted for “motivational determinism” (Eagle, 2011, p. 42).

in the above passage, Freud talks about non-deterministic free will, he thus infers that this free will is unmotivated.<sup>9</sup>

Let's make a short summary. It is noteworthy that Freud is directing his verbal barbs only at a particular type of free will and standpoint. The closer analysis reveals that Freud amounts "free will" and "psychical freedom" to the *libertarian* type of free will, that is, free will that presupposes indeterminism and the ability to do otherwise. It is well known that the foundation of psychoanalysis is the concept of psychic determinism. Given this, it is natural that Freud opposes any possibility of undetermined events or actions.

### 2.2.2. A compatibilist free will

On the eve of the development of the structural model of mind, Freud introduces two new freedom-related terms: "freedom" [die Freiheit] and "mental freedom" [seeliche Freiheit]. They also seem to be interchangeable, as they occur in the very same paper and context (GW 1915a, pp. 319–20; SE 1915b, pp. 168–70). But, most important, they hold a different meaning, as opposed to "free will" and "psychical freedom". The two terms are used to characterize the prevalence of *conscious mental activity* as against the unconscious activity.

To start with, Freud notes that the "transference-love" – which stems from the unconscious – "has perhaps a degree less of freedom" than the normal love (1915b, p. 168).<sup>10</sup> Then, Freud goes on to introduce the idea of "mental freedom". It is said: "[a patient] has to acquire the extra piece of mental freedom which distinguishes conscious mental activity – in the systematic sense – from unconscious" (1915b, p. 170). This sentence is a key. Freud sets forth that "mental freedom" features the operation of consciousness.

Afterwards, we see the reoccurrence of the term "freedom" in 1923. Freud says that the therapy should "give the patient's ego *freedom* to decide one way or another" (1923, p. 50; emphasis in original).

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<sup>9</sup> Some researchers question how indeterminism can be compatible with motivated and intentional behavior. Non-causal theories, for example, assert that a free action does not require any causes at all. On this view, beliefs, judgements, desires, or values are not causes. But, if there are no causes preceding – and also motivating – the decision, then it is hard to explain how a person forms an intention to do anything at all. It may be just a matter of chance or luck (Clarke, 2011).

<sup>10</sup> The normal love is the form of affection that occurs between individuals that hold some sufficient level of mental well-being, while the transference-love is a kind of affection that the client experiences towards the therapist under the influence of unconscious material.

Importantly, we can notice that the term freedom has a similar meaning both in 1915 and in 1923. In 1915, Freud uses the terms “freedom” and “mental freedom” in the context of the “conscious mental activity”. Equally, in 1923, Freud puts the term “freedom” in the context of the “ego’s activity”. As we know, the ego is the only structure that can initiate and guide the “conscious mental activity”. Thus, there is the consistency between 1915 and 1923. In both cases, Freud employs the term “freedom” in relation to conscious mental activity. The writings in 1915 seem to have foreshadowed the future conceptual revisions that occurred in 1920 upon the introduction of the structural model of mind.

In the late period (texts from 1920–1939), Freud never relinquished the idea of mental freedom. On the contrary, he proclaims that the primary goal of the therapy is to “free” the ego from various restrictions and to make it more “independent” in its operation (1926, p. 205).

In conclusion, I suggest that the terms “freedom” [die Freiheit] and “mental freedom” [seeliche Freiheit] signify a *compatibilist* type of free will. Specifically, by free will we can understand the operation of conscious mental activity. That is, the person acts freely insofar as they act on their conscious reasons. By contrast, the agent is unfree, if their behavior is the result of unconscious process.

When we talk about the ego’s freedom, it does not mean that the ego is uncaused. The ego is not immune in respect of causal nexus or laws of nature. The ego is a caused entity, as everything else in the mind. The only difference from other entities is that the ego has a potential to produce conscious and volitional activity. It is noteworthy that this kind of free will is compatible with determinism, for determinism does not preclude that some human actions can be conscious.

### 2.2.3. *Free will in different periods*

There is a worry, however, whether free will is consistent with Freud’s theory per se. Askay & Farquhar, for example, point out that there is a “clear-cut contradiction” between the texts of psychoanalytic theory (metapsychology) and the texts of clinical practice (2006, p. 326). The idea of freedom can be present in clinical transcripts, as Freud talks about the liberating effect of the therapy. But the psychoanalytic theory (the concept of mind) can simply lack the idea of freedom as a theoretical construct.

To respond to this worry, it is important to refer to different periods of Freud’s work. It may be true that the psychoanalytic theory does not contain the idea of compatibilist free will in the early or middle periods. But it is tempting to think that

psychoanalysis incorporated the idea of compatibilist free will in the late period with the introduction of the structural model of mind.

In “The Ego and the Id”, one of the first texts of the late period, Freud proclaims the aim of psychoanalysis. The aim is “to give the patient’s ego *freedom* to decide one way or another” (1923, p. 50). It is worthwhile to pose some questions to understand this passage better. Why should the analysis give the ego freedom to do anything? Is the ego unfree? If so, under what conditions does it become free?

It is relevant to outline a few facts about the ego. First, the ego is not the strongest structure in the first place. According to the structural model, the ego does not hold its own source of energy, and it has to derive energy from the id (1923, p. 25). Second, the ego does more work than any other structure in mental apparatus. It has to reconcile internal conflicts, ensure the survival, give realistic interpretations, adapt to the external world, execute mental functions (e.g., memory, attention), to name but a few. Finally, the ego is believed to serve “three tyrannical masters”. Freud holds that the ego serves the id, the super-ego and the external world (1933, p. 77). Every “master” wants to have their demands met first. The id strives for pleasure. The super-ego casts a vote of moral norms. The external world wants the obedience to the rules of environment. Sometimes the demands are incompatible and put simultaneously. In this situation, the ego finds itself torn and impoverished. All in all, the ego is unfree to a large extent indeed. From this, it is comprehensible why the therapy should assist a person to boost the amount of their ego’s freedom.

One can enquire how exactly psychoanalysis can emancipate the ego. In “The Question of Lay Analysis”, Freud seems to make an appeal to negative freedom, that is, helping a client to achieve freedom from various constraints (1926b). Specifically, the therapy educates a client how to break through maladaptive defenses and surmount threatening urges. This step should help the ego to restore its active command over the behavior. As Freud puts it, “We try to restore the ego, to free it from its restrictions, and to give it back the command over the id which it has lost owing to its early repressions. It is for this one purpose that we carry out analysis, our whole technique is directed to this aim...” (1926b, p. 205; emphasis added).

In “The Ego and the Id”, Freud proclaims that “psychoanalysis is an instrument to enable the ego to achieve a progressive conquest of the id” (1923, p. 56). From 1923 and afterwards, this view was reiterated invariably virtually in every publication. In “An Outline of Psycho-analysis” (1940), the final Freud’s book, published posthumously, Freud writes:

“The ego is weakened by the internal conflict and we must go to its help... The analytic physician and the patient’s weakened ego, ... have to band themselves together into a party against the enemies, the instinctual demands of the id and the conscientious demands of the superego... We form a pact with each other... Our knowledge is... to give the ego back its mastery over lost provinces of his mental life” (1940, pp. 173f).

In “New Introductory Lectures”, Freud notes that in the course of the therapy the patient’s ego gets empowered (1933). The ego increases its perception and enlarges its organization. Importantly, it is said that the ego achieves an additional amount of *independence*. It means that the ego gets strengthened in respect of both the super-ego and the id. Here, we find the famous dictum: “Where id was, there ego shall be”. As Freud writes: “[The psychoanalytic] intention is, indeed, to strengthen the ego, to make it more independent of the superego, to widen its field of perception and enlarge its organization, so that it can appropriate fresh portions of the id. Where id was, there ego shall be” (1933, p. 80).

In “Analysis Terminable and Interminable”, Freud points out that the therapy does not intent to liberate a person from all passions or possible conflicts (1937). The goal is rather to bolster the ego so that the person will be prepared to respond to any problem consciously, if it ever occurs. “The business of the analysis is to secure the best possible psychological conditions for the functions of the ego” (1937, p. 250).

It is time to make a summary. There can be a worry that a construct of free will is alien in respect of Freud’s own theory. I agree that the idea of free will may not be distinctly present in all periods of Freud’s work. I argue, however, that the compatibilist type of free will became an integral part of Freud’s theorizing in the late period, with the development of the structural model of mind. Initially, the ego is impaired and submissive with regard to other internal structures of the mind. But the therapy is designed to help the person liberate their ego from the influence of other processes, strengthen it, make it more autonomous and “give[s] it back the command” over behavior (1926b, p. 205). In sum, to the extent that the ego is functioning well, the person can enjoy free will.

#### 2.2.4. *The room for choice*

It is worth saying a few words about the meaning of choice-related phrases in Freud’s writing. As we remember, Freud uses choice related phrases from time to time. For example, Freud says elsewhere that the therapy should “give the patient’s ego *freedom*

to decide one way or another” (1923, p. 50). The usage of choice phrases may look baffling, given the fact that Freud is also committed to determinism. Determinism and choice can be considered as mutually exclusive phenomena.

The term choice, however, is a murky and contentious one. It is important to emphasize that there is no universally recognized understanding of what it takes to choose freely. Honderich makes a comment, which is on target: “We don’t have a single settled idea of what has to be true if a choice is to count as free. And our ordinary language does not contain such a single idea. The fact of the matter is that “free” and a lot of related terms are systematically ambiguous” (2002, p. 112).

Incompatibilists, for example, tend to understand free choice as the possibility to have “leeway” choice. Leeway choice implies the ability to act otherwise, given the past events and laws of nature remain the same. Simply put, the agent should be able to choose A to the very same extent as to choose B at time T. Suppose Mr. A decides to make a cup of tea. According to the incompatibilist thesis, Mr. A has a choice only if he has at least two equally possible alternatives for action at time T. For example, he can equally decide to make a cup of tea or decide to make coffee. If Mr. A could do only one thing, incompatibilists would argue that Mr. A’s deciding is, in fact, an illusion. Since there are no alternatives available, Mr. A could not escape doing what he does.

Some libertarians argue, however, that free will implies a “torn, leeway” choice. In a torn choice, the agent experiences the equipoise of two or more alternatives. That is, there are equally good reasons for two or more actions. Because of this, the agent is at loss which option to pick, they feel internal conflict of the wills, experience being “torn” (uncertain and hesitant) right up to the moment of choice. The agent may say, “I have equal reasons to make tea and coffee; I can decide either way, I should just pick” (Balaguer, 2012, p. 75; Kane, 1996, p. 130).

Compatibilists, by contrast, tend to define free choice as the ability to make a “definite” choice. A definite choice, broadly speaking, refers to the ability to identify one best course of action and fulfil it. Of course, an agent can deliberate, doubt and waffle before making a choice. Yet, it is expected that eventually the agent assertively determines what they want to do and act intentionally. Think again of our example. Mr. A imagines a few options of what he could do, he takes stock of these scenarios, and then he decides to make a cup of tea. One may say, “This option is the best in this situation, and I do not need any other alternatives” (Dennett, 1984, p. 133; Wolf, 1990, p. 55).

There is even some evidence that the controversy between compatibilist and incompatibilist intuitions has psychological roots. One study, for example, has found the link between individual differences and a free will intuition (Feltz & Cokely, 2009). Those subjects who possessed a strong extraversion trait were inclined to select compatibilist answers to questions about free will, whilst those low in extraversion preferred incompatibilists answers. One implication of this research is that it may be natural for people to produce different intuitions about free will. Extending these findings to our discussion, it may be natural for people to have different perspectives on the nature of free choice. The results of this research suggest that, if true, then the controversies around the debate of free will could be always intractable. The cause is simply psychological.

Whether there is a psychological cause or not, the point is that the idea of free choice can be understood differently by people. If a writer uses the verb “to choose”, it does not necessarily mean that he or she refers to an incompatibilist account of choice. Relatedly, it is unlikely that Freud understood the ability of choice in the incompatibilist sense. At any rate, it is hard to find any unambiguous passage in which Freud would declare that he adheres to this vantage point. Hence, we can assume that evidently Freud understood the idea of choice in the compatibilist sense. If correct, then it might never occur to Freud that the usage of choice phrases could prompt any inconsistency with the concept of psychical determinism.

#### 2.2.5. *Freud's conundrum revisited*

If anybody opens the psychoanalytic corpus, one can get a feeling that Freud was extremely inconsistent with regard to the subject of free will. It is easy to notice that in some texts Freud directs fire against the possibility of free will, but elsewhere Freud seems to recant. Many commentators recognize this as a major paradox of Freud's thought (Meissner, 2003, p. 97; Wallace, 1985, p. 124). Tauber, for example, notes: “[The] very structure of Freudian psychoanalysis sits on a deep fault line, namely, the paradox of *inferred* psychic determinism and the governing *conviction* of choice and liberation” (2010, p. 144). Wallwork agrees: “[There] is a paradox that deserves further consideration: for, while the drift of Freud's determinist-sounding statements appears to be that *all* behavior is causally determined in a sense that rules out there being any freedom or moral responsibility, the goal of therapy is to augment the patient's decision-making and action-taking freedom” (1991, p. 52).

I argue, however, that Freud's inconsistency is only *seeming*. We can incriminate Freud only an equivocal style of writing, which omits the need to give any definitions of the used terminology. A close investigation reveals, however, that there is a discernible difference between the terms used by Freud. We can resolve Freud's conundrum once we introduce the distinction between a libertarian and compatibilist types of free will. It proves that Freud discards only a libertarian free will in some of his texts, while favoring a compatibilist type of free will in other texts. In sum, we can infer that Freud's standpoint on free will is consistent.

Speaking of Freud's view on free will on the whole, I can see two options. One possibility is that Freud was always a compatibilist in disguise, but he articulated this position only in the late period of his theorizing. Another possibility is that Freud plotted psychoanalysis initially as a hard determinist project, but then he gradually moved towards compatibilism. The idea of compatibilist free will, as I emphasized earlier, had distinctly surfaced only with the development of the structural model of mind. It is not implausible that Freud recognized the value of the concept of human freedom only in the second half of his life.

This is not the place to examine why this may have happened, as this chapter is not entirely committed to historic inquiry. I should just share with the reader one educated guess for some further elaboration. One possible reason why Freud veers toward the compatibilist kind of free will in the late period of his work could be connected to Freud's collisions with some of his exponents and detractors during this time (e.g., Adler, Jung, Pfister, to name just a few). Even some confirmed psychoanalysts argued that Freud was advocating a rather dark and pessimistic ideology, depreciating any positive features of culture, human nature and religion (Pfister, 1928). Freud's recourse to the idea of the ego's freedom, choice and moral responsibility in the late period of his work may be a certain attempt to counterbalance his theory, to make it more humanistic-oriented, or simply to outthink his competitors.

### *2.3. Towards a theory of free will*

I have started the previous chapter with a premise that Freud never laid out a coherent view on free will. But this can be changed. Our first task was to determine whether psychoanalysis allowed free will at all. And my argument has been that psychoanalysis

is implicitly committed to compatibilism. We can now take it one step further and propose a theory of free will for the purposes of psychoanalysis.

My contention is that psychoanalysis (as well as Rogers's theory) fundamentally leans towards source views on free will. I also suggest that it is worth considering Watson's theory (1975), an identification theory, in this case. Not only will it help us with psychoanalysis, but it will also stand us in good stead in respect of Rogers's theory.

I should start this analysis with Frankfurt's theory, as it will help us understand the advantages of Watson's approach. And after that, we will move on Watson and psychoanalysis.

### 2.3.1. *Frankfurt's theory*

Frankfurt is the author of the first identification (mesh) theory of free will (1971, 1987), and it makes sense to explain it first, given the fact that Watson suggests his approach as an alternative to Frankfurt's.

Frankfurt distinguishes two types of desire (first and second order) and two types of volition (first and second order) (1971).

A first-order desire is a desire to do a certain thing. First-order desires may concern objects, events, states of affairs or behavior. Suppose Peter desires to go travelling (1 first-order desire). Or let's say Peter desires to finish work earlier today, to meet friends and to go to a pub (3 first-order desires).

A second-order desire is a to desire (or not) to have a certain desire (to have a first-order desire). Peter, for example, may desire to have a desire to go out more often. In other words, Peter desires to be a person who is more sociable.

Volition (also will sometimes) is a desire (first-order) that results into action. Note that people can have multiple desires at once. One may want to hang out with friends, while also wanting to finish some work first. A first-order desire that eventually moves the agent to action becomes effective. It becomes one's will.

A second-order volition is a desire that a certain desire becomes effective (becomes one's volition). In short, it is a desire to have a certain will. Sometimes people may just want to have a certain desire (i.e., a second-order desire) for its own sake, but they do not really want this desire to come true. Frankfurt suggests, for example, that a physician may want to have a desire for drugs in order to understand his narcotic patients better; but he does not really want this desire to result in any real behavior. But, frequently enough, people want that their desires lead to real behavior. Peter, for

instance, may not only want to desire to go out more often. But he actually wants to act on this desire, he wants it to motivate him to action, understanding that it would be good for him.

The concept of second-order volition is the cornerstone of Frankfurt's theory. For a start, a second-order volition is one of the distinctive features of being a person. Unlike animals, people can care about what they wish, they can self-reflect and identify themselves just with one particular want (to form a second-order volition). Thereby, people can navigate (relate or withdraw) their "true-self" in terms of different urges. Creatures who are not able to form second-order volitions Frankfurt dubs "wantons". A wanton is indifferent what first-order desire moves them to action. Wantons include some animals, infants, people with mental disorders.

Now turn to freedom. Based on Frankfurt's theory, we can distinguish between freedom of action and freedom of the will. Volition is what we need to have freedom of action. When I want something and then can do it – I have freedom of action. This resembles, more or less, Hume's view on "liberty": "if we choose to remain at rest we may; if we choose to move, we also may" (1748, Sec. VIII, Part 1). One important fact is that freedom of action is available both to people and animals.

A second-order volition, however, is what we need for free will. In short, free will means to have the will you want to have. Free will requires that we step back from our first-order desires, critically reflect on them, identify with one of these desires and then form a second-order volition, concluding which of our first-order desires should be fulfilled. You can notice that free will involves a certain mesh or conformity: between the second-order volition (the desire you want to be effective) and the will (first-order desire that is effective).

Frankfurt gives us a contrast between an unwilling and willing drug addicts. The willing addict takes drugs gladly and intentionally. The man enjoys the fact that drugs are a part of his life. By contrast, the unwilling addict wants to abstain but takes drugs anyway under compulsion. What one really wants to do is to quit, but one fails to cope. According to Frankfurt, the willing addict is the only one who acts out of his own free will. The fact is that the willing addict has a second-order volition: one has the will one wants to have. But it does not happen in the second case. The unwilling addict is unable to form a second-order volition: one is moved against one's will. The agent, essentially, experiences two first-order desires: to take drugs (because of addiction) and to abstain. Ultimately, the desire to take drugs has the upper hand and becomes effective, as it

proves to be much stronger. But it means that the agent does not act of his own free will, as he is moved by the desire that he does not want to have.

Notice that both addicts are unable to do otherwise. In fact, there is only one alternative open: to take drugs. This is due to physiological addiction that compels two agents to seek a dose.<sup>11</sup> In other words, it is inevitable that two agents will take drugs at some point. Nonetheless, to Frankfurt, alternate possibilities are irrelevant. The only fact that truly matters is whether the agent has the will he wants to have. Even if the willing addict was able to act differently, he would still choose drugs. An alternate scenario would simply run counter to his will.

Frankfurt's account suggests that free will is compatible with determinism. In the deterministic world, it is possible that people can do what they want to do (freedom of action) and have the will they want to have (free will). It is not to deny, however, that sometimes people may fail in this enterprise. But the fact remains: at least sometimes people have the power to conform their will and second-order volition and translate this into action.

### 2.3.2. *Watson's theory*

Watson suggests an alternative theory, which I find more resonating with Freud and Rogers (1975, 1987). Watson shares with Frankfurt the idea that free will requires a conformity between certain internal elements of the mind. But Watson rejects the type of conformity proposed by Frankfurt.

One worry that Watson notes is that Frankfurt's theory stumbles on the problem of infinite regress. If it is possible to form second-order desires and volitions, why is not it possible to form yet higher orders: third, fourth, fifth and ad infinitum? One might want to reflect on one's second-order desire on a higher level, and thus form a third-order desire about second-order, or fourth-order about the third-order and so indefinitely. Why should the person stop at the second order? What is the special status of second order? There is no reason to believe that the second-order desire captures one's "true self" better than the third-order desire. Frankfurt acknowledges this regress problem even in his initial paper, pointing out that regress stops when a person decides to identify herself with one desire rather than another (1971, p. 16). "Decisive commitment" makes it unnecessary to refer to higher orders anymore. Watson points

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<sup>11</sup> Frankfurt mentions that addicts cannot act otherwise because of addiction (1971). But it is good to know that some authors contest the view that addiction is a sort of disorder that fully impairs behavioural control and strips people of the ability to do otherwise (Pickard, 2015).

out, however, that this decision seems to be ultimately contingent. “It is unhelpful to answer that one makes a ‘decisive commitment,’ where this just means that an interminable ascent to higher orders is not going to be permitted. This is arbitrary” (1975, p. 218).

One problem is that Frankfurt does not enquire why the agent identifies with one desire rather than another. It is hard to understand what type of desire (of what order) would truly reflect one’s self and why. This is one of the reasons why Watson decides to reject the analysis of orders of desires and moves to the distinction between desires and values.

Watson distinguishes between the motivational and valuational systems. The motivational system refers to human motives and desires. The valuational system represents the cognitive domain of mind or agent’s reason. It makes judgements about the world, categorizes life phenomena based on their worth, and it holds beliefs about what ought to be done. As a matter of fact, Watson invokes Plato’s concept of mind, which draws a line between Reason and Appetite.

More needs to be said about the difference between desires and values. Both desires and values imply wanting. That is, when people desire or value something, they express a want in respect of some object or activity. They try to obtain it. However, values embrace both the wanting and the judgement. That is to say, when a person values something, they both want this object, and they believe that this object is good. Values always incorporate a belief that a certain object is worthwhile. In contrast, desires are indifferent in respect of the judgements. A person may desire irrationally or desire things that are harmful. “Desires are mute on the question of what is good” (1975, p. 208).

Watson basically suggests that desires and values (or motivational and valuational systems) represent two sources of human motivation. Desires reflect things that people *want to do* or to have, while values refer to things that people *most want* to do or to have.

Sometimes desires and values can coincide. A person can put the value on an object that they also desire. For example, one may have a physiological desire to breathe, but one can also value breathing because it is a pleasant activity. However, desires and values can also diverge. A person may not value something but, nonetheless, have a strong desire with regard to it. A celibate, for example, may not value sexual intercourse but still have a sexual urge.

Turn now to freedom. We can make a contrast between two types of behavior. It seems right that people are free if they act on their desires, i.e., when they do what they want to do (Hume's approach). However, Watson argues that this standpoint fails to distinguish between intentional actions and free actions. When people do what they want to do, they act intentionally (they have "freedom of action" in Frankfurt's terms). Yet, whenever people act intentionally, they do not always act freely. An example would be the behavior of kleptomaniacs, people with OCD, drug addicts. Even though these agents act intentionally, they obviously lack some considerable extent of control over their behavior.

According to Watson, free will requires the mesh between one's valuational system and motivational system. To put it differently, an action must cohere with one's values. A free agent must be able to judge what they consider to be valuable or good and then conform their behavior to their judgements about what is worth doing.

Accordingly, a person does not act freely, if they are unable to ascribe values to life events or do something other than what they value or most want. The valuational system can be either undeveloped as in the case of young children or animals, or it can be impaired as in the case of some mental disorders. Alternatively, the valuational system can be disrupted by the opposing urges of the motivational system, making people act contrary to what they value.

Frankfurt and Watson are unanimous that free will requires some reflective evaluation. But Watson's approach seems to reflect better the process of practical judgement. Normally when people think of their actions, they ask, "what is best to do?" or "what would be the best course of action" rather than "what desire (first-order) should I have and act on?"

We can also see that Watson's account sheds some light on why people make a "decisive commitment" to a certain course of action. If there is any "identification", it has to do with the work of valuation system. The thing is that values represent a certain internal authority for people, which gives a clear command about what is worth doing. In Frankfurt's theory, however, the decision to identify with one second-order volition rather than another seems to be an ungrounded or arbitrary choice.

### 2.3.3. *Upgrading Psychoanalysis*

There are two main reasons why Watson's theory might be relevant. First and foremost, both Freud and Watson use Plato's concept of mind. Talking of human mind Plato distinguishes between Reason and Appetite. Following this view, Watson

distinguishes between valuational and motivational systems. In a similar vein, Freud differentiates between the ego and the id. Overall, Freud and Watson concur that human behavior can be caused either by reflective or by instinctive parts of the mind. The fact that two authors are committed to the same concept of mind gave me the primary motivation to refer to Watson's theory. We cannot find Plato's concept, for example, in Frankfurt's theory.

Second, both Freud and Watson associate a free action with the operation of Reason. Watson holds that a free action originates from the valuational system. By analogy, I have argued that psychoanalysis presupposes that a free action flows from the ego. Though Watson and Freud differ in terminology, they share the same view that a free action can be initiated only by a reflective part of the mind.

Though Watson's theory can be adopted for the needs of psychoanalysis in its initial form, I should note that some additions or amendments might be appropriate. Watson distinguishes only two systems: motivational and valuational. Freud, by contrast, distinguishes three systems: the id, the super-ego and the ego. According to Watson, it is the valuational system that makes judgments, attaches values to things and categorizes life phenomena. But according to psychoanalysis, both the ego and the super-ego can perform these cognitive functions. The difference between the two systems is that the ego is based on conscious mental process, while the super-ego is predominantly unconscious. A person may not be aware of the values or judgements stored in their super-ego. Had they known these values, they might not even have considered them as worthy. For many values are learnt in childhood under the influence of significant others, and they may be inadequate for a mature and autonomous adult life. The ego, by contrast, introduces conscious process in terms of one's behavior. It sheds light on one's values, their origin and relevance. It makes judgments considering the current situation, being open to the new data. If necessary, the ego is able to reconsider the old values of the super-ego and adopt new ones.

Thus, based on psychoanalysis, the valuational system consists of two sub-systems: the ego and super-ego. Both sub-systems can whisper what is worth doing. But according to psychoanalysis, the person should primarily rely on the ego. It is the ego that suggests what is *really* worth doing in a current situation. It refers both to one's learnt beliefs, values of the super-ego and takes into account the realities of the external world. Out of this complex pondering, the ego can discover the best course of action. In Watson's terms, it is the ego that helps a person to discover the option which the agent would want *the most*.

While instinctive parts of the mind produce various urges, and the unconscious parts of the mind generate reasons for a particular action, the ego should remain in charge of the final decision. It evaluates the urges, the reasons, the values, the new data, and it picks the best option all things considered. Here is what Freud writes about the end of the therapy: “and if, having grown independent after the completion of their treatment, they decide on their own judgement in favour of ..., we feel our conscience clear whatever their choice” (1916–17, p. 434). There are two points in this sentence which command my attention. First, it is said that a person can “grow independent”. I take it that by independence Freud assumes the increase in the power of one’s ego. Minimally, a person becomes aware of the origin of their behavior and their motives. At most, the ego manages to overcome the bondage of unconscious influences and takes command over the behavior. Second, it is said that the client can use their “own judgement” when making a choice. It is inviting to think that by judgements Freud means specifically conscious judgements; that the agent gets used to leading a conscious way of life when therapy comes to a close.<sup>12</sup>

#### *2.4. Free will in the psychoanalytic therapy*

I have done some exegetic work to adjust the idea of free will in the psychoanalytic theory. But psychoanalysis is not just a theory, it is also a therapeutic method. Therefore, we need to know not only what the view is, but how it can be reflected in the clinical practice. Without this understanding, any interpretation on the matter will be incomplete.

Psychoanalysis can be comprehended as a theory that first and foremost uncovers challenges to free will related to the hidden workings of human mind and as a therapy that provides methods how to overcome these challenges.

One of the key challenges to human free will, according to psychoanalysis, is the impact of unconscious processes. Some compatibilist theories point out that a person acts freely if they act according to some particular desires (Frankfurt, 1971). Other theories propose that a person acts freely if they act on their values (Watson, 1975).

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<sup>12</sup> This argument aligns with the findings of the research in folk intuition. A set of studies examined the interrelation between conscious causation and the perception of free will (Shepherd, 2012). Participants were prone to judge actions as free, when consciousness controlled decision-making. On the other hand, participants were reluctant to ascribe free will and moral responsibility when behavior was caused by unconscious processes.

Psychoanalysis, however, unveils that people can be either conscious or unconscious concerning their desires or values. But unconscious desires or values do not seem to manifest real freedom.

First and foremost, one worry is that the agent can be ignorant of the genealogy of their behavior (choices, desires, goals, values). Sometimes when a person makes a thoughtful choice, they claim or reassure others that they know well the reasons behind their choice. Psychoanalysis, however, suggests that human motives are not always transparent. The real motives can be hidden from one's awareness, being deeply suppressed into the realm of unconscious. It follows that an individual may not know how and why they come to want what they want. Or they can be simply deluded by their defense mechanisms. All in all, it is hard to deem an act free if the real reason for the action remains unbeknown.

According to psychoanalysis, there are minimally two sources which can stealthily determine one's behavior. First, the things that a person wants can be preconditioned by environment. A person can automatically replicate the behavior they learnt once under the influence of their significant others. If caregivers valued aggressive behavior, for instance, a child could learn this attitude and then replicate it in the future. Second, a person can blindly reproduce behavior determined by some emotional traumas. For instance, a person can act due to some unresolved insults, events, experiences undergone in childhood. A soldier, for example, may claim that he wants to protect people and peace in the service, but, in reality, he may be motivated by the desire to displace his aggressive urges, which exist because of some unresolved conflicts with his father.

Hospers gives a few good examples that illustrate how unconscious can pose a threat to human free will (1952). Example 1 describes a person who is preoccupied with cleanliness. The man values cleanliness, and he makes a voluntary choice to wash his hands regularly. But the problem is that he does not know the real causes of his behavior. He does not know about his repressed fears, which fuel his desire to maintain order. And he is not aware of the strict rules of his super-ego, which commands him to fight with dirt and, thus, constantly wash his hands.

“A man has wash compulsion. He must be constantly washing his hands. Asked why he does this, he says... “They feel dirty anyway, I feel better when I wash them”... He “freely decides” every time; he feels that he must wash them, he deliberates for a moment perhaps, but always ends by washing them. What he does not see, of course, are the invisible wires inside him pulling him inevitably to do the thing he does: the infantile id-wish concerns preoccupation with dirt, the superego charges him with this, and the terrified ego must

respond, “No, I don’t like dirt, see how clean I like to be, look how I wash my hands!” (1952, p. 566).

Example 2 describes a woman who is picking a new boyfriend. She has alternatives: some men are kind, while others are mean. But the woman eventually decides to date a mean man. On the face of it, the woman seems to act freely. Her choice is willing and deliberate. Nobody compels her. But, on another level, this woman does not seem to be free at all. One pitfall in this case is that this woman is not aware of the real hidden motives of her choice. She is not aware what unconscious urges drive her into valuing a mean man over a kind man. Because of this, she acts blindly and automatically. Another downside is that this woman is deluded. If asked, she can report reasons for her choice. But not knowing her real motivation, she cannot report the real reasons for her choice.

“A woman has married and divorced several husbands. Now she is faced with the choice for the next marriage: shall she marry Mr. A [normal, well-adjusted, kind], or Mr. B [leech, impostor], or nobody at all? She may take considerable time to “decide” this question, and her decision may appear as a final triumph of her free will. Consciously, she will of course “give the matter due consideration”... To the psychoanalyst all this is irrelevant chaff in the wind – only a camouflage for the inner workings about which she knows nothing consciously. If she is a certain kind of masochistic strain, as exhibited in her previous set of symptoms, she *must* choose B: her superego, always out to maximize the torment in the situation, ..., compels her to make the choice she does, and even to conceal the real basis of the choice behind an elaborate façade of rationalizations” (1952, p. 565).

Psychoanalysis, however, does not only reveal the challenges to human freedom. Properly understood, it also points the way how people can acquire their freedom of the will.

One recipe offered by psychoanalysis is that people should insert consciousness in their behavior as a necessary and intermediate variable. Many people who lie on the couch for the first time can be influenced by various unconscious processes, such as the impact of the id, super-ego and defense mechanisms. A psychoanalytic method, nonetheless, intends to help people enhance the operation of their conscious mind and notice when automatic or unintentional behavior start to take over. Note the phrase: “[a patient] has to acquire the *extra piece* of mental freedom” [jenes Mehr von seelischer Freiheit zu erwerben] (GW 10, 1915a, pp. 319–20; SE 12 1915b, p. 170, emphasis added). This quest for freedom implies taking the plunge into self-understanding,

excavating the truths people usually do not want to know about themselves, analyzing the ins and outs of one's decision-making, retrieving some painful memories concerning one's past relationships, and even discovering hostile feelings to those one claims to love. Though the therapy may be tough and challenging, it is designed to help and be rewarding at the end of the day. Ideally, the agent becomes more self-aware, realizes the genealogy of their wanting and potentially starts a more mindful way of life.

It seems implausible that human behavior can become influence-free. But the determinants of human behavior can be exposed to light. People can reduce the degree of blindness of their choices and automaticity of their actions. They can critically examine what they want and why they come to want it. Thus, people can become more self-aware and free in their life overall. Psychoanalysis, on its part, represents one of the methods how people can achieve this task.

## *2.5. Conclusion*

In this Chapter, I have argued that psychoanalysis leaves a door ajar for free will after all. I pointed out that Freud had used different terms related to freedom and did not make a negative case for all of them (see § 2.2.). I have suggested that psychoanalysis rejects only a libertarian type of free will, while remaining open to a compatibilist type of free will. Freud clearly urged scepticism concerning a libertarian kind of freedom, which presupposed any indeterminism in human mind or behavior. Freud's compatibilist understanding of free will implies that the agent acts freely insofar as the agent acts consciously.

One good way to make sense of Freud's view on free will would be to refer to Watson's mesh theory (see § 2.3.). Watson argues that the agent acts freely if there is a conformity between their valuational system and behavior. I interpret that essentially psychoanalysis implies a very similar thought. Freud could have said that the one acted freely if there was a conformity between the ego and one's final behavior.

The compatibilist interpretation allows us to overcome the constraints of two previous readings. Unlike the hard determinist reading, we have now a coherent position, which can explain how Freud can endorse both determinism and moral responsibility (and free will). Unlike the libertarian reading, we have much more textual and direct evidence which points that Freud maintains a compatibilist understanding of free will rather than libertarian. Anyhow, the ideas of determinism and free choice are

present in the psychoanalytic theory, but neither the hard determinist nor libertarian interpretations allow us to preserve both ideas. While the hard determinist reading turns back on the possibility of free will at all (not to mention that it disregards moral responsibility), the libertarian interpretation invalidates the status of determinism. By contrast, the compatibilist reading enables us to bring about a smooth rapprochement between determinism and free will.

Hopefully this chapter gives us a chance to eye psychoanalysis from a rather unconventional angle. There is a widespread conviction that Freud's theory promotes a rather passive and pessimistic ideology. A person seems to be regarded as an unfortunate victim of the past or as a powerless puppet of unconscious drives. Nonetheless, the things are not as straightforward as it is widely believed. A closer inspection indicates that Freud's psychoanalytic theory is implicitly committed to the existence of free will.

Moreover, properly understood, psychoanalysis represents one of the methods how people can foster their free and moral behavior in ordinary life. One of the main goals of the psychoanalyst is to coach clients to recognize the unconscious underpinning of their behavior, which may originate from childhood or previous relationships, and to make choices consciously (see § 2.4.).

I should note, just for the record, that I leave one argument against a compatibilist interpretation of psychoanalysis outstanding. In the defense of his libertarian reading, Wallwork affirms that compatibilism fails to give a satisfactory account for how people can be morally responsible for their actions in the deterministic world. I will respond to this argument in due time in Chapter 7 after covering all necessary themes.

The next chapter stays the course and moves on to free will in Rogers's theory.

## Chapter 3: Reconciling Rogers and Free Will

### 3.1. Introduction

It is commonly accepted that Freud and Rogers promote rather opposing views on free will. But is that really so?

Rogers is well-known as an adamant advocate of freedom in psychotherapy and psychology overall (Demorest, 2014). By extension it is generally accepted that Rogers also believes in the existence of free will (Fairholm, 2012).

Although there can be no doubt that Rogers is committed to various freedom-related ideas that are common in a democratic society, there can be serious concerns whether Rogers's theory maintains the concept of free will. Rogers employs a rather loose term "freedom" in his writing, which does not necessarily designate the concept of free will. Some interpreters take it, for example, that Rogers's term "freedom" implies the idea of "autonomy" in the context of education (Abinun, 1975). Among other things, Rogers paid much attention to the question of liberal reform in the field of education, which intended to give students more opportunities to be proactive and participate in their learning process (Rogers, 1969). Rogers's term "freedom" in this context can be interpreted as the idea of "negative freedom", viz., freedom from various obstacles in the form of rules or prohibitions, which students encounter in schools and universities. However, elsewhere Rogers declares himself that by "freedom" he understands primarily the *experience* of freedom (1964). Though people can live in the deterministic world, they still can have the experience of freedom and benefit from it. But the experience of freedom is again a different notion, as compared to the concept of free will. Paradoxically, in our encounter with Rogers we face the very same problem which we had in the case of Freud – it is not obvious at all that the author is committed to the existence of free will.

The primary aim of this chapter is to reveal whether Rogers's theory supports the existence of free will at all. My argument will be that not only is the client-centered theory committed to compatibilism, but Rogers and Freud maintain basically identical views on free will.

In § 3.2., I investigate whether Rogers believes in free will at all. The difficulty of understanding Rogers's position is connected to the fact that Rogers tends to conflate distinct freedom-related themes. I discover that Rogers's loose term "freedom" veils at

least three distinct subjects: negative freedom, the experience of freedom and free will. The section concludes that Rogers supports a compatibilist thesis and understands free will as a voluntary, personal choice. In § 3.3., I argue that Rogers's perspective fundamentally relates to hierarchical views on free will. Just as in the case of Freud, one good way to make sense of Rogers's standpoint would be to refer to Watson's mesh theory (1975). In § 3.4., I explain how the idea of free will (aka personal choice) can be used in Rogerian therapeutic practice.

### *3.2. A compatibilist reading of Rogers*

Rogers is the author of the so-called client-centred (also sometimes called person-centred) psychotherapy and one of the founders of the humanistic school of personality psychology (Barrett-Lennard, 1998). Rogers was at the forefront of the so-called Third Force, the movement that sprang up during the 1960s as a *démarche* against two the most influential schools of personality psychology at that time: psychoanalysis and behaviourism (Maslow, 1962). Both psychoanalysis and behaviourism painted rather pessimistic pictures of human nature. Psychoanalysis, on the one hand, lays stress on the irrational and unconscious components of human mind, suggesting that people are the puppets of instinctive and unconscious forces. Behaviourism, on the other hand, puts emphasis on the environmental influence on human behavior, arguing that people do only what environment once determined them to do. Ideologically, the Third Force includes humanistic, phenomenological, existential and cognitive theories of personality and psychotherapy. In all these theories, it is possible to find a certain protest against the pessimistic view on human nature and support of the idea of human freedom. In the early 1960s, Rogers makes a counter-declaration in response to behaviourism and psychoanalysis, proclaiming that psychology needs to adopt a new "philosophy of man": "Man has long felt himself to be but a puppet in life – molded by economic forces, by unconscious forces, by environmental forces ... But he is firmly setting forth a new declaration of independence. He is discarding the alibis of *unfreedom*" (1963, p. 89).

Rogers, however, tends to lump together a few distinct freedom-related topics, which complicates the interpretation of his theory. The thing is that Rogers uses only one broad term "freedom" whenever he talks of any freedom-related question. A consequence is that the theme of freedom becomes extremely blurred, and it is hard to

grasp whether there is any a room for free will in Rogers's theory at all. My contention is that Rogers's broad term freedom touches at least three distinct subjects: negative freedom, the experience of freedom and free will.

### *3.2.1. Negative freedom*

The first sense of the term freedom used by Rogers refers to the idea of positive and negative freedom. The distinction between these two types of freedom can be traced back to Kant (1785), but it received careful examination by Berlin (1969).

Negative freedom is often described as "freedom from" or "passive freedom". It means the absence of constraints, impediments, compulsions, pressure from outside or manipulation. Negative freedom can be provided by other individuals (parents, teachers, counsellors, government), nature (laws of nature), circumstances (situation) etc. To a certain degree the negative freedom of every person is limited. For every person inevitably faces a number of constraints produced by social rules or various laws. It is forbidden, for example, to drive on footways.

Positive freedom is often characterized as "freedom to". It means having the resources or the means to perform a certain action. Simply put, it is the ability to do something or the ability to achieve a certain goal. Positive freedom may involve any type of resource: mental capacities, time, knowledge, material goods, money, tools etc.

Sometimes the agent may lack one of the types of freedom. Suppose Anna wants to bake a cake. She has a lot of negative freedom, since nobody or nothing stands in her way to cook. But she lacks positive freedom, as she does not know the recipe, which would instruct her what to do. Another example would be a liberal, wanting to participate in the political life of a totalitarian state. The man has a great deal of positive freedom, as he has necessary knowledge, education and time to do politics. But the man does not have any negative freedom, as the totalitarian state prohibits citizens to express and propagate liberal beliefs.

It can be noticed that Rogers refers to negative freedom in the context of psychotherapy. In talking of the therapeutic relationship, Rogers mentions that a counsellor should give the client "the freedom to experience his own feelings and those of others without being threatened in doing so" (Rogers et al., 1989, p. 181). To put it differently, service users should not face any constraints to experience their complex feelings during the therapy.

Rogers also mentions negative freedom when he talks about the conditions which could foster creativity in people. As he says: "When a teacher, parent, therapist, or other

facilitating person permits the individual a complete freedom of symbolic expression, creativity is fostered. The permissiveness gives the individual complete freedom to think, to feel, to be, whatever is most inward within himself” (1961, p. 358). Again, in these sentences freedom is understood as freedom from some external restraints. Rogers argues that creativity can be nourished only if the individual does not face any external barriers and thus is free to move in any direction they want.

Finally, Rogers refers to both negative and positive freedom when he addresses the subject of education. Rogers argues that the values of democracy, such as freedom, are often ignored in schools. Students do not take part in choosing their curriculum or type of working. Teachers often cannot choose their educational policy. Rogers summarizes: “While being taught that freedom and responsibility are the glorious features of our democracy, students are experiencing themselves as powerless, as having little freedom, and as having no opportunity to exercise choice” (Rogers et al., 1989, p. 325). This passage suggests that students lack both negative and positive freedom. They are not free in the negative sense as they face rules, which prohibit them to participate actively in their educational life. And they are not free in the positive sense, since they do not have sufficient resources (economic, political, psychological) to make a change. As the result, they find themselves powerless.

There is no doubt that psychotherapy can and should facilitate both negative and positive freedoms. A client can become free from their obsessions, neurotic symptoms and adverse patterns of behavior. Equally, one can obtain mental resources to achieve one’s objectives and lead a desired and good life.

We should also know, however, that negative and positive freedoms do not designate free will. These are relatively distinct concepts. One may have negative freedom (e.g., be free of external threat), but it does not mean that one also has free will (e.g., leeway choice).

Indeed, negative and positive freedom may be considered as necessary elements of free will. The negative element of free will refers to the absence of external obstacles and internal compulsions. The positive element of free will means that the agent has a certain ability to act freely (e.g., the ability to choose). However, more frequently, the negative and positive freedom appear outside the context of free will. They tend to occur in the discussion of politics, economics, democracy, human rights and justice (Bavetta et al., 2014; Pettit, 2014). Negative freedom is associated with the liberation from the dominance, rule, oppression, customs, traditions or delusions. Positive

freedom relates to the access to economic, social and political resources to pursue one's goals.

### 3.2.2. *The sense of freedom*

The second sense of the term "freedom" used by Rogers refers to the idea of the experience of freedom. In the paper "Freedom and Commitment", Rogers proclaims unambiguously that he is interested in the impact of the sense of freedom on people (1964).

Rogers acknowledges the findings of behaviourism concerning the experiments on behavioural control and admits that human behavior is fully determined (1961, p. 192). This situation begs a natural question: "How exactly can people be free?" "What kind of freedom can be compatible with determinism" Rogers then proposes to define freedom as the experience:

"[T]he freedom that I am talking about is essentially an *inner thing*, something which exists in the living person quite aside from any of the outward choices of alternatives which we so often think of as constituting freedom. It is the realization that "I can live...by my own choice"...[W]e are first of all speaking of something *phenomenological* rather than objective, but nonetheless to be prized" (1964, p. 63; emphasis added).

Rogers points out that there is no contradiction between the experience of freedom and determinism. People can live in the deterministic world but still acquire and cultivate the experience of freedom. As he puts it: "this experience of freedom... exists not as a contradiction of the picture of the picture of the... universe as a sequence of cause and effect, but as a complement to such universe" (1964, p. 63).

To be more exact, Rogers associates the experience of freedom with the sense of choice. Here is how he describes the experience of freedom: "It is the realization that "I can live myself, here and now, by my own choice" (1964, p. 63).

Rogers points out that his view is very close to the standpoint of Viktor Frankl (1969, p. 268).<sup>13</sup> Frankl, being a psychiatrist, one of the founders of the existential school of psychotherapy and a Holocaust survivor, was one of the first psychologists

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<sup>13</sup> There are good reasons to think that Frankl was committed to compatibilism (1965, p. 54; 1978, p. 47; 1986, p. 75). Frankl points out, for example, that determinism can be well compatible with free choice: "Regarding the problem of free choice, it [interdisciplinary research] prevents us from denying, on the one hand, the deterministic and mechanistic aspects of the human reality, or on the other hand, the human freedom to transcend them. This freedom is not denied by determinism but rather by what I am used to calling pan-determinism [it appears that Frankl means hard determinism here]. In other words, the alternatives really are pan-determinism versus determinism, rather than determinism versus indeterminism" (1978, p. 48).

who described a rewarding effect of the sense of freedom. It is noteworthy that Frankl – like Rogers – tends to associate the experience of freedom with the sense of choice. The basic idea is that a person can be robbed of choice alternatives in the external world, be compelled to do something, but one can preserve the ability to choose one’s attitude to this adverse situation. Frankl argues that the experience of internal freedom was one the main factors that helped him and other prisoners to survive a concentration camp (1959). As he depicts it:

“Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress. We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude” (1959, p. 74f).

At the moment, we can neither confirm nor debunk that the experience of freedom includes the sense of choice. The thing is that currently there is no general agreement concerning what the experience of free will (or the sense of freedom) consists of.<sup>14</sup> But we do not need to dive into this question deeply, as we are primarily concerned with free will rather than with phenomenology of freedom.

There are a few reasons that supposedly motivated Rogers to pay attention to the sense of freedom. First off, Rogers, as a phenomenologist and humanist, was disposed a priori to attach great value to any human experience. Second, Rogers came to realize at some point that the sense of freedom could exert a positive effect on mental health of people and therapeutic work. As he puts it: “I would be at a loss to explain the positive change which can occur in psychotherapy if I had to omit the importance of a sense of free and responsible choice on the part of my clients. I believe that the experience of freedom to choose is one of the deepest elements underlying change” (1964, p. 62).

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<sup>14</sup> There are two distinct groups of views to the phenomenology of free will. The *attribute* view posits that there is a certain extra positive experience associated with free will (Deery et al., 2013; Horgan & Timmons, 2011; Nahmias et al., 2004). This extra experience notifies an agent of an act being free, while the absence of such experience signals of unfree action (e.g., acts fulfilled under compulsion). There are *four* candidates for a phenomenological token, or “attribute” of free will (Nahmias et al., 2004; Paglieri, 2013). These are (1) the sense of alternate possibilities (aka being ability to do otherwise), (2) the sense of causation (aka authorship), (3) the sense of agency (aka control), (4) and the sense of choice. By contrast, the *default* view objects that the experience of free will contains any extra distinguishing sense (Paglieri, 2013). The default view argues that the feeling of free will is simply an ordinary continuous cluster of senses, unless there is a sense of coercion. So, to feel free an agent just should not experience coercion.

Rogers shares his observation that as the therapy progresses the service users gradually move from feeling controlled towards feeling free (in Kirschenbaum, 1989, p. 83).

We cannot currently bear out the assumption that the sense of freedom has a considerable positive impact, as today there is a modicum of studies that investigate the *experience* of freedom per se. But it is safe to talk about the positive outcomes connected to the *belief* in free will (Baumeister & Monroe, 2014). It is vastly documented that attenuating the belief in free will leads to various negative consequences, such as undermined sense of agency (Lynn et al., 2014), increased self-alienation (Seto & Hicks, 2016), decrease in counterfactual thinking (Alquist et al., 2014), decrease in perceived meaningfulness of life (Crescioni et al., 2015), reduction of helpfulness and increase in aggression (Baumeister et al., 2009), to name just a few. One research, for example, indicates that the belief in free will is related to taking autonomous actions (Alquist et. al., 2013). Experiments show that disbelievers in free will were significantly more apt to conform, while those who espoused free will belief inclined towards autonomy. Researchers conclude that a disbelief in free will discourage people to think for themselves, which results in mindless going along with the group. In contrast, the belief in free will elevates the motivation for autonomous contemplation. Free will believers were willing to exert mental effort, be creative and thus depart from the norms and opinions of others.<sup>15</sup>

In view of these findings, it seems appropriate to know how to acquire and reinforce the belief in free will during psychotherapy (Young, 2016).

It should be noted, however, that the experience or belief in freedom does not guarantee that people have free will in reality. A person can believe in free will or even have a strong experience of freedom, but one can lack any capacity of free will in the meantime. The beliefs and experiences are not always veridical and can be misleading. The sense of freedom may delude a person concerning the abilities they might have or not. For example, a person may believe or feel that they can do otherwise, but it can be an illusion (Caruso, 2012; Wegner, 2002). An example would be people who believe

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<sup>15</sup> Some research on belief in free will must be interpreted with caution. Some studies may be flawed, as researchers in some experiments appear not only to undermine the belief in free will, but also induce the belief in fatalism (Miles, 2013). It is important to distinguish between determinism and fatalism. Fatalism implies that the event will happen anyway, no matter what the person does. Human choices, essentially, make no difference, as the outcome will be the same. Determinism, on the other hand, posits that events are caused by preceding events. The future is the natural outcome of specific sequence of events that happened earlier. This suggests that human choices do make the difference under determinism, as each choice will lead to a unique outcome.

that they have initiated some action consciously, while, in fact, the action was triggered off by some unconscious mechanisms preceding conscious awareness (Libet, 1999).

I also hear an echo of Wallwork's remark that if psychotherapy induces only the belief or feeling of freedom (no matter how useful it is), but it does not provide any real free will, this could be a highly cynical attitude towards the client (1991, p. 81).<sup>16</sup>

### 3.2.3. *Free will*

I argue, however, that the third sense of the term "freedom" used by Rogers refers to the concept of free will.

First off, discussing the theme of freedom Rogers sometimes addresses the question of interrelation between "freedom" and "determinism", which hints that Rogers is interested in the metaphysical discussion of free will. For example, Rogers points out that determinism embraces "every thought, feeling, and action", and, thus, from this point of view, there is "no such thing as freedom" (1961, p. 192). Rogers does not seem to be concerned, in this context, with the question whether people can have the experience of freedom or negative freedom. It is more plausible that Rogers raises the question whether people can have any true free will, provided determinism is true.

Second, Rogers consistently employs a phrase "freedom to choose" (1961, pp. 164, 181, 216, 390, 391, 392). On the one hand, the ability to make a choice is often associated with free will in the philosophical literature (Timpe, 2017). On the other hand, when talking about "freedom to choose", Rogers once notes that "It has to do with the age-old issue of "free will" (Rogers et al., 1989, p. 417). This seems to be the only case when Rogers uses the term "free will" at all.

The theme of choice emerges regularly and explicitly throughout Rogers's writing. For example, Rogers proclaims: "I have come to place a high value on personal, subjective choice. My experience in psychotherapy confirms ... that such choice, made openly by an individual ... is highly significant" (1989, p. 267).

The term "choice" has quite nebulous borders, however, as we remember. As mentioned in Chapter 2 on Freud, people may understand the nature of free choice differently. Our task, therefore, is to determine what kind of choice Rogers has in mind.

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<sup>16</sup> Some can probably disagree with Wallwork's remark about cynicism. I suppose that illusionists can respond that it would be far better to live with the illusory belief in free will, rather than without it. Illusionism is a view that free will does not exist, but we should maintain the illusion of free will, as disenchanting would lead to severe consequences for society (Smilansky, 2000).

There are all reasons to think that Rogers is committed to a compatibilist understanding of choice rather than to a libertarian choice. First, Rogers never mentions that he is committed to any form of indeterminism, which is a necessary condition for a leeway choice presupposed by libertarianism. Second, Rogers declares himself that he supports the thesis of “complete determinism” in his research and therapeutic practice. As he puts it: “[A]s we enter this field of psychotherapy with objective research methods, we are, like any other scientists, committed to a *complete determinism*. From this point of view every thought, feeling, and action of the client is determined by what preceded it” (1961, p. 192; emphasis added). Third, Rogers points out elsewhere that he does not regard a choice and determinism as conflicting and mutually exclusive phenomena. As he says: “I have even come to see that freedom of choice is not necessarily antithetical to the determinism” (1953, p. 306). Lastly, Rogers helpfully notes that even when a person makes a free choice, this choice remains determined. As he writes: “The fully functioning person... freely, and voluntarily chooses and wills that which is *absolutely determined*” (1961, p. 193; emphasis added).

Our second step is to identify in virtue of what Rogers considers the choice as free. Rogers provides the most explicit explanation of how he understands a free choice in the section called “A New Perspective on Freedom and Determinism” (1961, p. 192). According to this section, a free choice includes two characteristics: a) the agent finds this choice as “the most deeply satisfying”, and b) and the agent is able to fulfil this choice. Simply put, people act freely provided they can fulfil the most appealing course of action. Accordingly, a choice is unfree if people act contrary to their desires, or if they are unable to translate their desires into action.

To understand this contrast, Rogers proposes to consider the distinction between two types of people: a healthy individual (a “fully functioning person”) and an unhealthy individual (a “defensively organized individual”):

“[The fully functioning person] wills or chooses to follow the course of action which ... will be most deeply satisfying. But this is the same course of action which from another vantage point may be said to be determined by all the factors in the existential situation... [A defensively organized person] wills or chooses to follow a given course of action, but finds that he *cannot* behave in the fashion that he chooses. He is determined by the factors in the existential situation, but these factors include his defensiveness, his denial or distortion of some of the relevant data. Hence it is certain that his behavior will be less than fully satisfying. His behavior is determined, but he is not free to make an effective choice...” (1961, p. 193).

The point is that the unfree person cannot do what he really wants, he cannot realize his choice. He “wills or chooses to follow a given course of action” (ibid.), however, he is unable to commit the action physically. The choice does not fall in line with one’s behavior. One makes a try, but his neurotic defenses stand in a way and prevent the action.

It is reminiscent of Frankfurt’s example of two drug addicts (1971). Frankfurt makes a comparison between a willing addict and unwilling one. Both addicts live in the same determined world, and they are determined to act in particular ways. However, there is a certain discrepancy between these two individuals in terms of free will. The willing addict takes drugs voluntary, whereas the unwilling addict succumbs to drugs unwillingly because he is addicted and acts under compulsion. The unwilling addict desperately wants to quit, but he is unable to stop. The pull of the drug is utterly strong. Every time the addiction precludes to withstand. Frankfurt concludes that although the unwilling addict acts fundamentally on one of his own desires, he does not act out of his free will. His will is crippled and paralyzed. One is unable to fulfil his true paramount desire to quit drugs.

Both Rogers and Frankfurt make a very similar point. Both the defensively organised individual and the unwilling addict are unable to act the way they truly desire. Certain factors preclude their wills to be transmitted into action.

### *3.3. Towards a theory of free will*

It would be premature, however, to form our impression of Rogers’s view. Rogers appears to fail to include all necessary information concerning the nature of a free choice in the section that draws a line between the defensively organized individual and fully functioning person (1961, p. 192).

As it stands, the most apparent but false option would be to relate Rogers’s view to classical compatibilism (also known as the minimalist view on free will). The minimalist view holds that free will is the ability to do what one wants to do without encumbrance. The agent does not have free will if the agent is unable to perform a desirable action because of some internal or external impediments in their way or because they are forced to act contrary to their will. The minimalist account of free will involves both negative and positive aspects of freedom. The positive freedom presupposes that the agent has the power to do what they wish to do. The negative

freedom implies that the agent acts in the absence of any impediments or compulsions in their way. According to the minimalist view, free will is well compatible with determinism. There is no doubt that at least sometimes people can act unimpeded and do what they wish to do in the deterministic world. Therefore, people can be both determined and act freely. The agent can, of course, contemplate about hypothetical alternate possibilities. That is, one can perform a conditional analysis of the situation and one's actions. For example, one can think: "I could have acted otherwise, if something was different (my desires, knowledge, or environmental situation)" (Grünbaum, 2013, p. 87f; Mill, 1865, p. 285). The minimalist view is basically the first compatibilist view on free will. It can be found in the works of Hobbes, Hume and Edwards. For example, Hume defines liberty [free will] as "a power of acting or not acting, according to the determination of the will: that is, if we choose to remain at rest, we may; if we choose to move, we also may... This hypothetical liberty is universally allowed to belong to everyone who is not a prisoner and in chains" (1748, *Seci. VIII, Part 1*).

It is very inviting to infer that Rogers's view relates to classical compatibilism. To Rogers, the agent acts freely when they can act on the option which they find the most "satisfying", even though this option can be said to be absolutely determined. Rogers also points out that free will is violated if the agent encounters some obstacles on their way, which impede their free action (1961, p. 193). Taken together, Rogers seems to amount free will to the action on one's desire without encumbrance.

Though it is very tempting to relate Rogers's view to classical compatibilism, it would be a false way to go. I argue that Rogers's position, fundamentally, seems to relate to hierarchical views on free will.

Hierarchical (mesh) theories belong to the second generation of the theories of free will, and they overcome the limitations which are common for the minimalist view. One limitation of the minimalist view is that it fails to explain how human agency differs from animal agency. Some animals can also act unencumbered and do what they wish to. But we do not consider animals as morally responsible agents. That is, unlike people, we neither blame nor praise animals for what they do or wish to do. Another shortcoming is that the minimalist view does not explain how the agency of a healthy individual differs from the agency of a neurotic individual. A person suffering from a mental disorder can sometimes do what they want to do and act unencumbered. But again, we do not ordinarily consider a neurotic or a psychotic person as a free or morally responsible agent. To overcome these constraints, mesh theories relate free will

to some characteristic human cognitive abilities, which can be absent among animals or crippled among psychotic individuals. For example, some abilities enable people to reflect on alternative paths in the future, to be aware of moral implications of one's choices, to form a hierarchy of desires or to resist some unacceptable urges.

Rogers, in fact, supports the view that there should be some characteristic human abilities that make free will possible. It is worth taking a closer look at the phrase "the most deeply satisfying choice". As mentioned earlier, Rogers holds that a free choice should be "the most deeply satisfying" for the person (1961, p. 192). The problem is that Rogers does not explain this phrase at all in the section related to free will. Given this, it can be tempting to think that Rogers simply means that free will requires a voluntary action without encumbrance. But after examining all Rogers's corpus, we can discover that the phrase "the most deeply satisfying choice" contains much more meaning.

Rogers returns to the idea of the most satisfying behavior when he describes the characteristics of people who complete the therapy (1961, p. 118). It is noted that not every choice can be the most deeply satisfying. People tend to face a wide range of alternatives every day. Shall I have a cup of tea or have a cocktail? Shall I go out or stay in? Shall I walk or take a bus? According to Rogers, people often fail to determine the option which they would find as the most deeply satisfying for them. Then Rogers suggests that one good way to detect the best option is to refer to one's organism and learn to trust it.

If we examine closely this process of reference to one's organism, we can notice that this evaluative process involves a range of special human cognitive and experiential capacities:

"To the extent that this person is open to all of his experience, he has access to all of the available data in the situation, on which to base his behavior. He has knowledge of his own feelings and impulses, which are often complex and contradictory. He is freely able to sense the social demands, from the relatively rigid social "laws" to the desires of friends and family. He has access to his memories of similar situations, and the consequences of different behaviors in those situations. He has a relatively accurate perception of this external situation in all of its complexity... He is better able to permit ... his conscious thought participating, to consider, weigh and balance each stimulus, need, and demand ... Out of this complex weighing and balancing he is able to discover that course of action which seems to come closest to satisfying all his needs in the situation, long-range as well as immediate needs" (1961, p. 118).

The distinguishing feature of the aforesaid paragraph is that it mentions a few abilities which mesh theories would regard as characteristic human abilities that are necessary for free will. The main point made by Rogers above is that the person needs to engage in a complex thinking process in order to detect the choice which would count as the most deeply satisfying. This thinking process includes, in particular, the participation of “conscious thought”, “weighing and balancing” impulses and social rules, being responsive to “social demands” and understanding the “consequences of different behaviors” (ibid.). Out of this complex deliberation, the person can discover what would be the most satisfying course of action at a given situation.

When Rogers talks about this complex internal process of deliberation, he apparently refers to the concept of organismic valuing process. In Rogers’s theory, the organismic valuing process is an inborn internal mechanism that evaluates human experiences and detects which things are good for the organism and which are not (1959, 1961). As he puts it: “[Using the organismic valuing process] we are able to test objects and events in terms of our own experiencing and can gauge the values they have for enhancing us or for being destructive in our experience” (in Kirschenbaum, 1989, p. 120). The organismic valuing process, for example, can inform that loud sounds, bitter tastes, sexual abuse should be avoided, for these things can cause physical and mental discomfort. By extension the organismic valuing process is apparently used to detect “the most deeply satisfying” choice.

Curiously, we can again refer to Watson’s theory to make sense of the view under consideration (1975). As discussed earlier, Watson distinguishes between motivational and valuational systems. While the motivational system produces various urges and behavior, the valuational system generates analysis of the situation and identifies what is really worth doing. A free action requires the match between what one most wants to do (the valuational system) and how one acts (the motivational system). Rogers appears to be after the same kind of view. He does not relate free will to the action on some urge or desire that could be produced by the organism (aka motivational system). Free will, instead, requires the realization of the “most deeply satisfying” want (aka what one most wants), which can be identified by the complex reasoning or by the organismic valuing process (aka the valuational system). To put it differently, the agent acts freely if there is a mesh between the agent’s valuational system (judgements about what is valuable and ought to be done) and motivational system (desire and behavior).

The analysis of the last two chapters shows that there is much in common between Freud and Rogers.<sup>17</sup> Both authors maintain a compatibilist thesis. Both associate free will with rational choosing. More importantly, two perspectives can converge on Watson's mesh theory.

#### *3.4. Free will in the Rogerian therapy*

Since Rogers's theory is not just a theory, but it is also a therapeutic practice, it is relevant to say a few words about how the idea of free will can be implemented in Rogerian counselling practice. It is also possible to illustrate, thereby, that the concept of free will is not something extraneous, but it has a tangible and central role in Rogerian therapy.

Rogers's therapeutic process pivots around the idea of personal choice (viz., free will). First, the therapy facilitates a client to recognize that they make a choice at every turn of their life. This can be perceived in the form: "It is up to me what I do next", "I am the one who chooses".

Second, the therapy helps the person realize that they can make choices that would be the most deeply satisfying to them. Often people make choices that bring only some contentment, but they are not totally enjoyable. A maladjusted individual often focuses on immediate gratification of their basic needs and fails to consider alternatives which would satisfy their needs in the long run.

It is not easy to make the most satisfying choice, though. The person can be bewildered by different options. Even if the agent thinks well before deciding, there is no guarantee that they will not make a mistake. The therapist, thus, explains that it is normal to make mistakes. People are in no way infallible creatures. And one should not be discouraged by this fact. It may take time before the person gets the hang of how to make the most satisfying choices swiftly. The more one practices, the easier it gets. Additionally, the therapist explains that mistakes are correctable. The more the person is open to their experiences, the quicker they can detect the choice that is in error. After that, they can make all necessary corrections and adjustments in their behavior.

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<sup>17</sup> Rogers's and Freud's views seem to dovetail more or less with folk intuition of free will. One research shows, for example, that laypeople associate belief in free will with making choices (Feldman et al., 2014). It was also found that the stronger people believed in free will, the more they enjoyed and valued their ability to make choices.

Finally, the therapy makes it clear that every person makes one fundamental life choice: a) to be oneself (to be one's real self), or b) to be someone else (to wear a mask). Many people conform to some external criteria and standards because of intense social pressure. For example, plenty of women and men have plastic surgeries in order to approach a standard of beauty created and propagated by popular culture. Many want to look like celebrities, movie stars and top models. In other words, they decide to become someone else; to be someone who is approved and adored by society. The downside of this situation is that the person often ends up alienated from their own individuality. The person is concerned only with the question what they *should* be: how they must feel, look, behave and think in order to fit in and please others. In this quest for approval, the agent, however, often ignores what their real self is: their own experiences, talents and genuine desires. Ultimately, the agent can come to feel that they do not have individuality at all. Their existence comes down to the goal to get approval, to meet the expectations and demands of others.

In contrast, Rogers's therapy promotes the philosophy of self-direction, the choice to be oneself (1961, pp. 108, 111, 114, 358). One of the goals of the therapy is to help people to "become themselves". This means that the individual drops social masks, imposed desires and reconnects with their real convictions, wishes and experiences, which hide underneath. As Rogers puts it: "It seems to me that at bottom each person is asking, "Who am I, really? How can I get in touch with this real self, underlying all my surface behavior? How can I become myself?" (1961, p. 108).

I take it that, from Rogers's perspective, the choice to "become oneself" facilitates or underlies the ability to make "the most deeply satisfying" choices in one's ordinary life. We can deduce that the main reason why a person experiences a free choice as the most deeply satisfying is chiefly because the agent expresses their real self in this choice. The choice becomes the most deeply satisfying simply because the agent acts according to their true desires, genuine experiences, true beliefs and gratifies their own needs. Rogers confirms this thought in the following passage: "Less and less does [the healthy individual] look to others for approval or disapproval; for standards to live by... He recognizes that it rests within himself to choose; that the only question which matters is, "Am I living in a way which is deeply satisfying to me; and which truly expresses me?" (1961, p. 119).

The choice to become "someone else", by contrast, may impede the process of making "the most deeply satisfying" choices. If the agent chooses to be someone else, conforming to the crowd or significant others, they run the risk disconnecting from their

own genuine needs and desires. Subsequently, the agent may find it hard to make a choice which would be the most deeply satisfying for them. The main reason is that the agent is not trying to gratify their real needs, which are brushed under the carpet. As the result, the agent makes choices which might bring some pleasure indeed, but which could not be judged as the most deeply satisfying.

As the therapy progresses, the person gradually recognizes that they have the right to be themselves. They have the power to reject the common roles, drop deceptive fronts and lay aside social masks. They are not compelled to do what others want them to do. They come to a new realization that they can choose their own way. As an example, we can consider an excerpt of Rogers's interview with one of his clients. A young woman reveals that she tends to wear a certain mask in her interactions. She is not pleased with it and wonders what her real self is.

“I was thinking about this business of standards. I somehow developed a sort of knack, I guess, of well-habit-of trying to make people feel at ease around me, or to make things go along smoothly. There always had to be some appeaser around, being sorta the oil that soothed the waters. At a small meeting, or a little party, or something -I could help things go along nicely and appear to be having a good time... In other words I just wasn't ever-I mean, I didn't find myself ever being set and definite about things... I just didn't stand up for my own convictions, until I don't know whether I have any convictions to stand up for. I haven't been really honestly being myself, or actually knowing what my real self is, and I've been just playing a sort of false role” (1961, p. 109).

Over the therapy people can become more knowledgeable of themselves, their needs and feelings. They can become more confident to stand up for their judgements and convictions. They can discover the values close to them and choose the meaning toward which they wish to move. One can pay less attention whether others approve or disapprove of what they do, and one can become more attentive to their own evaluations and judgements. Was this choice the most satisfying to me? Have I done something that reflects my own thoughts? In sum, the people can become more their “isness”, their “uniqueness” and “potentiality” (Rogers & Stevens, 1967, p. 48f). Thereby, the agent manages to transcend to some degree the standards and demands imposed on them by environment: by significant others, social groups and culture overall.

The realization that one can choose to be oneself, however, can be a terrifying experience. Often the reason is that some people associate conformity with safety. The agent does what others do, and, thus, does not risk being disapproved. The agent also

gets support from those who direct them. And one can always displace the sense of personal responsibility, blaming others for their orders and false guidance.

In conclusion, I should capture in a few words the process of the therapy itself. Essentially, Rogers's therapy belongs to indirect therapies. This means that the therapist does not instruct the client what to do and how to do it. This also means that the therapist does not say what choice would be the most deeply satisfying. The therapist simply cannot know this, as this information is highly idiosyncratic. Only the clients themselves can discover what they should do listening closely to their own experiences.

The therapist, however, intends to create a safe and facilitating environment. It is suggested that people can move towards themselves only if they feel absolutely secure. The therapist, thus, creates the climate of unconditional acceptance, which would avoid any hint of external pressure and critical judgement. The therapist also facilitates the client in their search for their personal choice. One can help to shed the light on the options the client observes or complex feelings the client experiences. But the therapist does not push or pull the client in any direction. Even if the therapist understands that the client does not make a sound choice, one should not intervene or prevent it. If the therapist interferes, they virtually do not allow the client to exercise fully their freedom to choose, which the therapist aims to nurture in the client in the first place. We will return to the discussion of the therapeutic attitude in Chapter 8.

### *3.5. Conclusion*

It is widely believed that Rogers promotes the idea of freedom and free will. However, it is not apparent at all that Rogers is committed to the concept of free will. For one, Rogers declares himself that he is interested primarily in the theme of the experience of freedom. Though Rogers does not really disclose the theme of free will, I have argued that Rogers's theory has deep commitment to the compatibilist thesis of free will.

Rogers's broad term "freedom" has minimally three distinct senses: negative freedom, the experience of freedom and free will (see § 3.2.). Free will, in particular, is denoted by the phrase "freedom to choose". On Rogers's view, free will is understood as the ability to make the most satisfying choice. We have also revealed that the idea of choice has a compatibilist meaning in Rogers's theory, and it does not require indeterminism.

The central pillar of Roger's view is the idea of "the most deeply satisfying" choice. Not every act on desire can be the most satisfying. To identify the most deeply satisfying course of action, one needs to engage in complex contemplation and evaluation of the situation. I infer that, as in the case of Freud, one good way how to make sense of Rogers's view would be to refer to Watson's mesh theory (see § 3.3.). Essentially, a free action requires the engagement of thinking process which helps to identify not only what the person wants, but what one *most* wants.

I have argued that Rogerian therapy represents another method how people can acquire and enhance their free will (see § 3.4.). On the one hand, Rogerian therapy trains clients to make choices on one's own rather than let others decide for them and to conform. On the other hand, this kind of therapy helps individuals to distinguish between their various internal and social motives and recognize their real wants.

The last two chapters suggest that Freud and Rogers, in fact, have very similar views on free will, and these views even can be easily blended together. In fact, we have already partly reached one of the goals of the thesis, which concerns the integrative project. By adopting Watson's theory, not only can we make Freud's and Rogers's views more explicit, consistent and robust, which seems essential for a coherent personality theory and transparent psychotherapy, but we can also achieve full theoretical integration between two theories with regard to free will.

## Chapter 4: Free and Healthy

### 4.1. Introduction

The previous chapters have largely focused on the theoretical questions; trying to determine the meaning of free will and its place in the therapies of Freud and Rogers. But more needs to be said about the instrumental value of free will in psychotherapy. What are the benefits of choosing?

Rogers notes elsewhere that the act of choice (aka free will) is highly “significant”. As he writes: “I have come to place a high value on personal, subjective choice. My experience in psychotherapy confirms me in the belief that such choice, made openly by an individual ... is highly significant” (1989, p. 267). By way of example Rogers cites the case of his work with a patient who laboured under schizophrenia and remained inert for a long period of treatment (1964, p. 62). One day this patient noticed some recovered patients leaving the hospital. He remained silent for the rest of the session, but as he was leaving the room, he uttered, “If some of *them* can do it, maybe I can too” (ibid.). According to Rogers, this phrase reflected essentially a statement of personal choice: the man made a decision to work on his own improvement. Reportedly, after a while this patient demonstrated a considerable therapeutic progress and was eventually discharged.

One way to understand this remark is to suggest that the capacity of free will (understood as rational choosing in Rogers’s and Freud’s terms) can be conducive to mental well-being and psychotherapy. The main limitation of Rogers’s argument about the significance of choice, however, is that it is based mainly on Rogers’s subjective observations from his own therapeutic work, which can be false. Rogers does not provide empirical evidence that there is a direct causal link between the act of choice and any positive outcome. Even if the client had demonstrated any progress during the therapy, as Rogers reported, we had no guarantee that this outcome had been caused by the act of personal choice. It could have been anything.

The objective of this chapter is to examine Rogers’s observation about the significance of choosing. More precisely, I aim to establish whether choosing (aka the exercise of free will) can have any positive impact on human welfare.

In § 4.2., I review some studies on the impact of personal choice on human agency. The section reveals that there is much documented evidence that the act of

choice predicts many positive outcomes, such as increased intrinsic motivation, better task performance and enhanced mental well-being. In § 4.3., I overview the studies which reveal the negative effects related to choosing. Some studies suggest that the benefits of choice fade away once the choice becomes more complex and emotionally laden. The overview suggests that though the provision of choice generally results in positive reactions, there are some exceptions, and therefore it can be beneficial to restrict choice under certain conditions. In § 4.4., I investigate Skinner's argument against Rogers's position about the merit of choosing. Skinner contends that social thriving can be achieved under complete external control over people as opposed to letting individuals make personal choices, which are often wrong and debilitating. I argue that though some external control is desirable and unavoidable, establishing total control is unlikely to guarantee social welfare. The main worry is that if people had to surrender personal choice, there would be a risk of losing positive mental implications connected to personal decision-making and exercise of personal control.

#### *4.2. The value of choice*

Intuitively it rings true that choice has a positive impact on one's mental health. Choice is what enables people to approach to what they want and thus feel satisfaction from meeting one's needs and desires. It also allows to be in control by directing one's life in the desired direction and to make positive changes if necessary.

More importantly, the assumption about the value of choosing can draw support from empirical research. It was consistently found that individuals afforded even small choices exhibited dramatic increase in motivation, adjustment, task performance, positive emotions and mental health; whereas those deprived of choices demonstrate the decrement in engagement, performance, life satisfaction and mental well-being (Cordova & Lepper, 1996; deCharms, 1977a; Dember, Galinsky, & Warm, 1992; Isard & Szalma, 2015; Langer, 1975; Langer & Rodin, 1976; Ryan & Deci, 2017; Stotland & Blumenthal, 1964; Zuckerman, Porac, Lathin, & Deci, 1978). What is more, even the provision of illusion of choice proved to predict positive outcomes, such enhanced commitment and better performance (Dember et al., 1992; Langer, 1975; Lefcourt, 1973).

To shed light on some details, it makes sense to start with the seminal work of DeCharms on the concept of personal causation.<sup>18</sup> DeCharms suggested that the sense of personal causation represented a continuum, which consisted of the origin and the pawn experiences at the ends (1968). *First*, it was suggested that origins and pawns had different degrees of the sense of personal causation. Origins have relatively strong sense of personal causation: they feel themselves as causes that bring about the action, achieve a desired outcome and change environment. It is the feeling that “I have originated the behavior” (1977a, p. 444f). Pawns, by contrast, have comparatively little or no sense of personal causation: they experience their behavior being determined by external factors, circumstances or other people. “[A] Pawn is a person who perceives his behavior as determined by external forces beyond his control” (1968, p. 273f). *Second*, it was suggested that origins and pawns differed in the sense of personal choice. Origins feel that they make choices, they feel that they can steer their life by their own will. As DeCharm states, “An Origin is a person who perceives his behavior as determined by his own choosing...” (1968, p. 273f). And elsewhere: “An *Origin* ... is a person who feels that he directs his own life, that what he does is the result of free choice” (1977b, p. 297). Pawns, in contrast, have an impaired sense of personal choice and control. They experience that what they do is imposed on them. “When people feel like pawns, they feel pushed around, they feel that they are puppets and someone else pulls the strings” (1977a, p. 444f).

It would be erroneous to think that people have always either origin or pawn experience. The experience of origin can fluctuate depending on circumstances. As DeCharm puts it: “A person feels more like an Origin under some circumstances and more like a Pawn under others” (1968, p. 274). For example, having to await a delayed flight an individual is likely to feel as a pawn. Although nobody can always stay as an origin or a pawn, people can spend more time in one of the states. Some people prefer wearing a pawn’s glasses most of the time of their life, whereas others cultivate the origin’s outlook as their personal philosophy.

DeCharm’s main proposal was that personal causation represented a “motivational propensity”. This means that people are generally motivated to experience personal causation, that a normal person “strives to be a causal agent, to be

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<sup>18</sup> The term “personal causation” can be traced back to Heider (1958). Heider proposed that behavior could be perceived either as personally caused (intentional) or impersonally caused (nonintentional). Personal causation is marked by the experience of intentionality and control regarding one’s behavior and the outcome. Impersonal causation, by contrast, refers to the lack of initiation, motivation, and control over one’s behavior.

the primary locus of, causation for, or the origin of, his behavior; he strives for personal causation” (1968, p. 269).

In 1967, DeCharms started a longitudinal school study to lend weight to his conjecture (1976). The premises of this study were: (a) a pupil should be motivated to learn and to achieve; (b) motivation can be enhanced by the feeling of personal causation; (c) it is better to have the origin experience than the pawn experience; (d) origin and pawn experiences are acquired, not inherited. The conjecture of the study was that the increase in the origin experience would boost motivation and achievements among pupils. The procedure was as follows. First, a group of teachers underwent a week-long personal causation training before the start of the academic year. The teachers were instructed to implement the acquired techniques in the work with their pupils during the whole year. Second, researchers collected motivation and achievement measures among the pupils prior to the start of the study. The research followed two groups of pupils during three years of study (from fifth till eighth grade). The first group of pupils was subjected to an ordinary curriculum. The second group was exposed to the methods of personal causation. For example, as one of the methods, the origin teachers advocated the idea of personal choice. In order to become an Origin a person must make choices. However, very rarely do pupils have a choice in their school life. As a rule, pupils do what curriculum demands them to do. Besides, teachers, ordinary, do not consider it as their duty to give choices to their pupils. By contrast, the origin teachers were instructed to make choices available as far as it was possible. A teacher started off with some small choices. For example, it could have been a choice between two home assignments. However, there were some reservations. The choices should be (a) between at least two options, (b) simple, (c) personal, (d) within the strength of the pupil, and (e) be satisfactory for the goals of the module (teacher) (deCharms, 1977b, p. 299). Thus, teachers did not let pupils do everything they wanted. Too many choices, for instance, could equally be a problem. A pupil can feel lost or overwhelmed, which might result in the pawn feeling. Later on, pupils were encouraged to propose alternatives themselves. The method of choice was considered meaningful in several respects. For one, having a choice a person feels some personal influence and value. Additionally, the possibility of choice prompts to think about the future outcome. A person understands that whatever their choice is they will be held accountable for the consequences. DeCharms suggests that the origin students engage in the so-called “plan – choose – act – take responsibility” sequence. Throughout the study various measures were regularly collected. One measure was the Origin-Pawn survey. The second

measure was the academic achievement test. The results of the study were as follows. First, the trained pupils increased consistently on the Origin measure, while non-trained pupils did not display any change. The trained pupils also reported a positive climate change in the classroom. Second, the trained pupils demonstrated a significant increase in academic achievements, as compared to the control group. Prior to the start of the study the achievements of the pupils of the fifth grade in this school were behind national grade norms by one half year. The decline continued in the control group. By the eighth grade non-trained pupils were falling further behind by one year. Yet, the downstream trend was reversed in the experimental group. The trained pupils displayed high scores on academic tests. Performance soared invariably throughout three years of the study. Class attendance was also enhanced. The results confirmed the initial conjecture. The experiments illustrated that the pupils in the origin condition achieved a considerable increase in academic performance and learning motivation. This suggests that the experience of personal causation exerts a substantial impact on behavior and motivation. In addition, the experiment provides some evidence that personal causation is an acquired experience. It was shown that the style of teaching affected greatly how students felt. Offering and encouraging choice, in particular, fostered the feeling of origin-ship.

Subsequent research lent support and development to these findings. The work of DeCharms was subsequently incorporated in the Self-determination theory (SDT) by Ryan & Deci (2017). SDT has, however, different terminology and distinguishes between autonomous behavior (aka origin) and controlled behavior (aka pawn).<sup>19</sup>

The main development is that Ryan & Deci have suggested that personal causation is not just a motivational propensity as DeCharms assumed, but it is a psychological need, which they call the need for autonomy.<sup>20</sup> As the authors put it: “People have a psychological *need* to feel like an origin in order to function effectively and to remain healthy” (2017, p. 67). The need for autonomy “describes the need of

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<sup>19</sup> Autonomous actions are experienced as volitional, self-endorsed, and freely chosen. Autonomous actions are congruent to what one wants or values. Additionally, when autonomous, people feel ownership and self-regulation over their actions (2017, p. 86). “[B]ehaviors are experienced as emanating from, and an expression of, one’s self” (2017, p. 14). Autonomy is contrasted with heteronomy (or control). When heteronomous (controlled), people feel their behavior as externally controlled, coerced, induced, or manipulated. Heteronomous actions are also experienced as alien with regard to the person’s self. The reasons one acts a certain way is because of some external or internal pressure. People feel that “the source for the initiation and regulation of their actions is external to the self [that]... they merely comply with forces that are pressuring them” (2017, p. 97).

<sup>20</sup> SDT holds that there are three universal psychological needs: the need for competence, autonomy, and relatedness (Ryan & Deci, 2017). It is suggested that human mental health depends on the level of the satisfaction of each of these needs.

individuals to experience self-endorsement and ownership of their actions – to be self-regulating” (2017, p. 86). There were some good reasons to reconsider the idea of personal causation as a need. It was found that experience of personal causation affected not only motivation but mental well-being on the whole. This suggests that failure to satisfy the need for autonomy results in various ill-being outcomes, such as anxiety, depression and impoverished functioning. The satisfaction of the need for autonomy, on the other hand, is predictive of life satisfaction, vitality and general thriving.

A set of studies, for example, examined the relationship between autonomy need satisfaction and psychological well-being in sports (Bartholomew et al., 2011). The conjectures of this research were the following: (h1) the perception of autonomy-supportive behavior is associated with autonomy need satisfaction; (h2) the perception of controlling behavior is associated with autonomy need thwarting; (h3) the autonomy need satisfaction predicts psychological well-being; (h4) the autonomy need thwarting predicts diminished psychological functioning. The study examined the relationship between athletes’ perception of coach behavior, need satisfaction and mental health. As indicators of mental health, researchers considered eating disorders, depression and vitality. Athletes were asked to complete a set of questionnaires, which assessed (1) athletes’ perception of their coaches’ autonomy supportive behavior (e.g., “My coach gives me choices and alternatives”); (2) athletes’ perception of their coaches’ controlling behavior (e.g., “My coach intimidates me into doing things he/she finds necessary”); (3) autonomy need satisfaction (e.g., “I have a choice in what I do”); (4) autonomy need thwarting (e.g., “I feel forced to do the things I do”); (5) eating disorders; (6) depression. The findings were as follows. First, the perception of autonomy-supportive behavior correlated with autonomy need satisfaction, whereas the perception of controlling behavior predicted need thwarting (h1 and h2). Second, vitality correlated positively only with autonomy need satisfaction, while depression and eating disorders were associated only with autonomy need thwarting (h3 and h4). In summary, the results of this research lend weight to SDT’s main assumption. The satisfaction of the need for autonomy indeed predicts psychological wellness, while autonomy need thwarting is associated with abnormal or maladaptive outcomes.

Another study investigated the link between autonomy satisfaction and well-being of nursing-home residents (Kasser & Ryan, 1999). The elderly residents were instructed to rate the perception of autonomy support provided by the staff, family and friends. After that the participants responded to questionnaires, which assessed their psychological health. It was found that perceived autonomy support was associated with

various positive outcomes. Perceived autonomy support positively correlated with vitality, subjective wellness and life satisfaction. It was also negatively associated with mortality and depression.

A longitudinal research surveyed the link between autonomy satisfaction and wellness of students in two different law school over three years (Sheldon & Krieger, 2007). Students at both schools diminished in need satisfaction and psychological wellness over a three year span. Yet, the decline was not equal. Students were asked to report on the level of autonomy support in their faculties. Students who reported greater autonomy support demonstrated a less radical decrease in need satisfaction. In turn, these students showed higher subjective well-being, better academic performance and enhanced motivation to pursue a career in law after graduation. By contrast, students who perceived their school as more controlling exhibited a more serious decline in need satisfaction. As expected, these students demonstrated diminished well-being, poorer graded performance and reduced career motivation.

Rogers's theory appears to square perfectly with the work of DeCharm and SDT. First, the distinction between an origin (autonomous behavior) and a pawn (controlled behavior) seems to be close to Rogers. As he puts it elsewhere: "Unless as individuals and groups we choose to relinquish our capacity of subjective choice, we will always remain *persons*, not simply *pawns*" (Rogers & Skinner, 1956, p. 1064). I take it that by "persons" Rogers might mean the idea of being an "origin", that is, the agent who aspires to make personal choices. Second, all mentioned authors make the same supposition that a free (autonomous) action predicts a positive outcome for agency and mental health.

Importantly, we can fill an empirical and evidential gap in Rogers's theory that choosing exerts a beneficial impact on people. If the findings of SDT are correct, then people basically gratify their psychological need for autonomy whenever they manage to make a choice they wish to make. The role of clinicians, in this context, is to create conditions so that it becomes habitual for clients to make personal choices inside and outside the counselling room.

#### *4.3. The burden of choice*

It would be a mistake, however, to associate choice solely with favourable implications. A growing body of research reveals that as a choice involves psychological distress, the

positive impact of choosing diminishes and even obtains a detrimental effect (Botti & Iyengar, 2006). This suggests that the provision of choice could thwart mental well-being sometimes. The available studies highlight three major detriments of choice: preference uncertainty, negative emotions and numerous options.

<i>Choice types</i>	<i>Description</i>	<i>Outcomes</i>
Hesitant choices	There are several equally attractive options	Hesitation, choice deferral
Aversive choices	Options associated with undesirable outcomes	Distress, frustration
Overloaded choices	An increased amount of options	Cognitive costs: time, errors, effort

The first detriment of choice is preference uncertainty. This means that the agent faces a choice situation without having any robust preference what option actually to choose. Paradoxically, choice between a few attractive options can be extremely difficult. There are compelling advantages to select each option, but it is possible to pick just one. A number of studies suggest that preference uncertainty leads to choice deferral (Greenleaf & Lehmann, 1995; Tversky & Shafir, 1992). That is, when people are in two minds, they simply decide not to choose. One reason is that the agents want to conduct some further search of information about the offered alternatives, to make trade-offs or to identify some third superior alternative.

A series of studies, for example, examined the relationship between preference uncertainty and decision-making (Dhar, 1997). The research predicted that preference would result in choice deferral. Participants were presented with four choice sets with different composition. The first set included only single appealing option (control condition). The second and the third sets consisted of several equally appealing options. And the fourth set involved both attractive and inferior options. Participants were informed that they could both pick the option they want or to defer a choice in order to wait for new alternatives. It was found that choice deferral increased significantly when

subjects had to choose from among two equally attractive alternatives. Subjects, by contrast, were willing to make a definite choice when they easily identified a single attractive option as opposed to others. Consistent with the initial conjecture, the research shows that people tend to defer choice if they have to deal with a few equally attractive alternatives. This also suggests that it is possible to manipulate human decision-making. By adding a comparatively attractive option to the choice set one can increase the tendency to defer a choice. On the other hand, by adding an inferior option it is possible to decrease the desire to delay a decision.

The second detriment of choice is negative emotions. It has been suggested that the benefit from choosing depends much on decision-making context (Botti & Lyengar, 2004). When faced with appealing options, choosers are disposed to feel much satisfaction. Partly choosers understand that the offered set of options fits their preferences and can gratify their needs. They also imagine the desirable outcome, ponder the advantages of alternatives and thus entertain a lot of positive thoughts. Non-choosers, on the other hand, find themselves in worse place under the same conditions. Minimally, they do not engage in positive thoughts connected to favourable alternatives and outcomes. However, this situation runs the other way around when we have the negative context. When confronted with aversive options, choosers end up dissatisfied and even frustrated. One reason is that choosers need to think of disadvantages of options, which enhances rather unpleasant experience connected to choosing. Conversely, non-choosers prove to be safer and better off under the same negative conditions. Non-choosers simply escape psychological discomfort of thinking about drawbacks of the situation and avoid the need to select any aversive alternative.

In testing this assumption, the study examined the link between choosing satisfaction and different decision-making contexts (Botti & Lyengar, 2004). Research predicted that the satisfaction from personal choosing would be associated only with choices made from appealing options. Participants were assigned to different choice conditions. Preferred choice condition was composed of four delicious dishes. Non-preferred choice condition consisted of four more or less detestable dishes. Choice condition meant that participants could select dishes on their own. And in no-choice condition participants imagined others choosing the dish for themselves. After being assigned to a particular scenario, participants were asked to complete questionnaires to rate their satisfaction with the scenario and outcome. The findings were as follows. *First*, when faced with both attractive and unattractive options, participants prefer making their own choices as opposed to having others choose for them. This confirms a

common view that people strive for self-made choices rather than foreign-made choices (externally imposed). Moreover, individuals would prefer making a personal choice even when having a selection of unattractive options. *Second*, choosers predict higher satisfaction with the outcome of their own choice, as compared to the outcome of choice made by others. Participants anticipated, in particular, that they would be much happier if they chose pasta for themselves as opposed to the scenario when their roommates picked pasta dish for them. *Third*, choosers proved to be more satisfied with the outcome than non-choosers only when they were selecting from attractive options (preferred choice condition). However, choosers proved to be less satisfied than non-choosers when they had to pick from among undesirable alternatives (non-preferred choice condition). The findings confirmed the initial conjecture. Satisfaction from choosing proved to be restricted to choices made from the set of appealing options.

Other studies found that, when faced aversive options, people experienced psychological distress and preferred to avoid making decisions (Beattie et al., 1994). Participants were asked to imagine the following situation. Suppose you have twins who will die without a bone marrow transplant. But you can save only one child, as there is only one transplant, and you need to decide who gets the procedure. 51 out of 62 participants indicated that they would like to relinquish decision and let others decide (e.g., fate). Some commented that this would be the worst choice possible, and they did not want to have to choose. The factors that averted decision seeking were guilt, regret and psychological pain.

The third detriment of choice is increased number of options (Iyengar & Lepper, 2000). Roughly speaking, when having too many options, people find it difficult to digest information, sift through the options, and they become paralyzed by the choice dilemmas.

One classical study examined the link between the number of choice options and consumer decision making (Iyengar & Lepper, 2000). The experiment was conducted in a grocery store and involved the display of jams. Researchers set up two tables: the first table had six flavours of jam (limited-choice condition), whereas the second table had 24 varieties of the same jam brand (extensive-choice condition). The tables were changed hourly to diminish time-of-day effect. The shoppers could try as many samples as they wanted, they were given one dollar off coupon, and they could purchase the jam they liked afterwards. The experiment revealed two findings. First, the large display of jams attracted more customers (60%) than the small display (40%). Second, shoppers in the limited-choice condition, however, bought much more jam (30%) than shoppers in

the extensive-condition (only 3%). The findings suggested that a small and large set of options had a different impact on subsequent motivation of people. Even though a large set of options proves to be more enticing, customers fail to purchase the product subsequently. But when exposed to a limited array of choices, customers turn out to be much more eager to make a purchase. This suggested that there was such thing as “too much choice”, which could undermine human motivation to make a subsequent action.

A similar study examined the link between the number of 401(k) retirement plans and the decision of employees to invest in 401(k) retirement plans (Iyengar et al., 2004). Employees were presented either with a set of 10 or 30 options. Consistent with the earlier findings, the research revealed that the participant rate was much higher when employees were presented with a limited plan options. As the number of saving plans increased, the rate of participation declined.

Taken on the whole, expanded choices are associated with the following negative outcomes. *First*, with the increase of options people tend to defer decision or opt not to choose (Dhar, 1997; Tversky & Shafir, 1992). It is explained by the fact that it becomes harder to identify the most attractive option in the set which would have the highest value. *Second*, people feel less satisfied with their decisions if they had to deal with extensive choice set (Iyengar & Lepper, 2000; Schwartz et al., 2002). One reason is that the agent can fixate on the past, thinking of “what could have been if”, and feel regret and even self-blame towards forgone options. *Third*, as set of options enlarges, people are prone to apply simplified decision-making strategies, such as selecting the default option (Johnson et al., 1993), using elimination strategies (Timmermans, 1993), picking simple and less risky options (Iyengar & Kamenica, 2010). One general explanation is that the increase of alternatives leads to the increase of information to be processed. People, however, have cognitive limits on the amount of information they can absorb and digest. With the rise of options, it becomes increasingly hard and even impossible at some point to analyse the offered options and to make a sound choice. Taken together, the findings of these studies challenge a common economic assumption that the more choice the better.

It was suggested that too many options could result in three types of costs for decision-making (Loewenstein, 1999). Time costs means the increased amount of time needed for a choice. As options increase, one needs to wade through this flow of possibilities before making an informed decision. And the more time one spends on one activity, the less time remains for the rest of important activities. Error costs is the possibility of making an error when choosing. As options expand, it becomes harder to

identify the best option all things considered and to make a rational choice. Psychic costs refer to emotional and mental efforts associated with decision-making. When offered a plethora of options, the agent needs to spend more effort to analyse them. In addition, the agent can feel much anxiety and regret afterwards, thinking that some other option that was on the table could have been better. These feelings could intensify if the selected option turns out to be bad.

It was also suggested that some cognitive abilities could be important factors that affect the ability to manage a vast choice set. A few studies indicate that younger adults cope better with multiple options than the elderly (Hanoch et al., 2009; Hibbard et al., 2001; Wood et al., 2011). Several studies found that it was numeracy that affected how people performed when presented with many options (Tanius et al., 2009; Wood et al., 2011). Numeracy is the ability to reason with numbers – to comprehend mathematical concepts, to process information, to weight up different options. One study found that while subjects who were confronted with a large choice set (24 options) were less likely to make a correct choice, nonetheless numeracy was a significant predictor of choice performance among participants (Tanius et al., 2009). In keeping with these findings, another study confirms that large choice set predicts few correct answers, but higher numeracy skills correlates with more correct answers (Hanoch et al., 2010). However, it was also found that even people with high numeracy skills performed worse as options increased. This suggests that at some point a large option-size undermines the ability to make a sound choice even among intelligent and numerate individuals.

From these facts, we can conclude that it is important to get the balance right and shy away large choice sets. Yet, it is not very clear what number of options would be ideal for smooth decision making. According to some studies on consumer decisions, the optimal number ranges from 2–16 options. One study – which studied the link between choice set size and enrolment in Medicare plans – found that offering 15 or fewer options predicted increased enrolment, while 15–30 options were associated with the decline (McWilliams et al., 2011). Another study – which examined the tension between choice set size and choosing prescription drug plans – revealed that while the increase of options made decisions more difficult and costly for people, people reported high satisfaction with their choice plan when picking from 10 options (Bundorf & Szrek, 2010).

It is also possible, however, that the hardship of decision-making is not always connected to large numbers. It can be also about the implications of choice. Think of choices that involve high-stakes: education, career path, investment, mortgage, marriage

etc. A choice of this kind, which may involve only two options, might be extremely laborious and mentally depleting. Such choices can take years and drain all emotional resources.

It should be remembered, however, that sometimes it might be impossible to avoid a large choice set. In any such case, it is important to know methods that could lessen the level of mental work needed to process large amount of information and help individuals to manage extended choice sets. Counsellors, for example, could help clients to filter information and limit the available options

There is no denying that choice can enhance the quality of one's life. Yet, counsellors as well as policy makers ought to be mindful that not all choices are invigorating. It turns out that there are circumstances when personal choice may become debilitating. This suggests that it can be beneficial not only to encourage choices in individuals but also to restrict them on certain occasions. In addition, it could be helpful to remove choice detriments when it is possible. A clinician, for example, can encourage the service user to choose only from a small range of options. Plus, it is desirable to make sure that the client has a strong preference to make a particular choice. Instead of pushing the person to choose at all cost, extra work could be done to stop and think, to weigh alternatives, to overcome hesitation and to nail down the best course of action at hand.

#### *4.4. Beyond and back to choice*

It would be a serious neglect not to mention Skinner in this discussion, who was one of the main opponents of Rogers. Two authors were at loggerheads on many issues, including the question of freedom, responsibility and choice (Kirschenbaum, 1989; Rogers & Skinner, 1956).

Contrary to Rogers, Skinner noticeably turned his back on the significance of personal choice (1948, 1971). Skinner's most known argument is that choice is an illusion, as every bit of human behavior is determined by environment. His strong conviction is that behavior is fully determined, and what the person does is the result of specifiable causes that can be discovered and controlled (1953, p. 6). Behavior, values, beliefs, interests and goals are all the products of the environmental influence. People are molded by their social class (working, middle or upper), government (liberal, conservative, authoritarian etc.), religion (Christian, Muslim, Buddhism etc.), cultures,

families and period of history. Thus, the “choices” that people make cannot be free; they are determined. If we knew everything that influenced the agent earlier, we could well predict what they would choose to do in any situation.

Rogers interpreted that Skinner rejected the existence of choice and repeatedly invoked the following quote by Skinner by way of example (Rogers & Skinner, 1956):

“Man's vaunted creative powers, his original accomplishments in art, science and morals, his capacity to choose and our right to hold him responsible for the consequences of his choice - none of these is conspicuous in this new self-portrait. .... He could initiate action and make *spontaneous* and *capricious* changes of course. ... But science insists that action is initiated by forces impinging upon the individual, and that *caprice* is only another name for behavior for which we have not yet found a cause” (Skinner, 1955, p. 52f; emphasis added).

Rogers also retorted that there was some internal contradiction in Skinner’s view, as behavioral scientists could not escape making choices in their work:

“When he [Skinner] suggests that the task for the behavioral sciences is to make man "productive," "well-behaved," etc., it is obvious that he is making a choice. He might have chosen to make men submissive, dependent and gregarious, for example. Yet by his own statement in another Context man's "capacity to choose," his freedom to select his course and to initiate action - these powers do not exist in the scientific picture of man. Here is, I believe, the deep-seated contradiction or paradox” (1961, p. 392).

It appears that there was a huge misconception between Rogers and Skinner on the score of choice. The misunderstanding was caused by the fact that two authors did not distinguish between libertarian and compatibilist kinds of choice. Skinner – similar to Freud – seems to be arguing only against the possibility that behavior could be undetermined and that people could have a libertarian kind of choice. Notice that in the afore-said quote Skinner is sceptical only about the idea of “caprice”. He questions that people can “make spontaneous and capricious changes of course” (ibid.). But this position should be absolutely fine with Rogers’s own view. We remember that Rogers was a determinist to the same extent as Skinner, and hence he should be equally incredulous about the possibility of spontaneous events. Rogers, on the other hand, is right that Skinner does not notice that behavioral scientists, in fact, make some sort of free choices in their life. The problem is that Rogers fails to communicate to Skinner that this kind of free choice does not contradict to determinism. It is very likely that Skinner would be fine with the idea of compatibilist kind of choice. In summary, I infer

that the theme of free choice is not really a bone of contention between two authors. As a matter of fact, Skinner, Freud and Rogers are all on the same page that human choices are determined and not influence-free.<sup>21</sup>

Skinner's second argument concerning choice is that the act of "choice" and belief in personal freedom could lead to harmful consequences. Skinner makes a contrast between "the literature of freedom" and the control of behaviour (1971). The literature of freedom comprises of views and ideologies that promote the priority of human freedom and oppose any oppression. The goal of literature of freedom is to achieve the state when people feel free, do what they want to do, and they are liberated from any aversive rule. When these conditions are met, no further action is prescribed. Basically, the literature of freedom underlies the ideology of modern Western democracies, and it crops up when people revolt against authoritarian regimes.

Skinner concedes that the literature of freedom has made a lot to liberate people. Nonetheless, these measures are not sufficient to achieve true freedom. The literature of freedom struggles against open oppression and direct aversive consequences. That is, it fights against the negative conditions that happen here and now. If someone wants to suppress us, we oppose this action. However, overt oppression is not the only source of human problems. The literature of freedom overlooks the fact that non-aversive influence can produce deferred aversive consequences. Non-aversive influence means methods of positive reinforcement (e.g., praise, treat, money etc.), whereas the deferred aversive consequences imply repercussions that will become apparent only in some time. Suppose parents indulge their children unduly (positive reinforcement). This is done simply because parents love their offspring. But this treatment can breed unexpected fallouts, as spoiled children can grow up as egocentric and malicious adults (deferred aversive consequences). Similar examples can be found within the whole society. Some companies, for instance, striving to increase profit urge customers to buy products or services by huge discounts or attractive advertisements (positive

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<sup>21</sup> The real considerable controversy between Rogers and Skinner was about the role of experiences in the study of people and in psychotherapy. While Rogers attached great importance to subjective life and introspection, Skinner regarded experiences as irrelevant for effective scientific inquiry and cherished objective empirical research. As Rogers puts it: "[M]an lives a subjective life as well as being a sequence of cause and effect. It seems to me this has an importance which you [Skinner] don't acknowledge" (in Kirschenbaum, 1989, p. 99). And elsewhere: "As I listen, the message I get, ..., is that you [Skinner] are saying, 'I'll talk at any length about how one influences or controls behavior from the outside, but any comments on whether man's subjective view of himself has any importance whatsoever, that I don't wish to get into'" (ibid, p. 96). At some point, Rogers even enquired whether his counterpart had any subjective experience of life at all. Skinner admitted that he was living "a very emotional life" (p. 110). Nonetheless, he urged scepticism that experiences had any causal efficacy and could be useful in the study of human behaviour.

reinforcement). Yet, sometimes these products or services entail great harm at the end of the day, such as gambling, obesity, cancer, alcoholism, low self-esteem (deferred aversive consequences).

There are several problems related to the non-aversive influence. First, positive reinforcers go unnoticed or unchallenged. People are naturally apt to accept a treat if it makes them feel good. Second, the deferred aversive consequences become visible only after a while. At that point, the harm is present, but the controller (one who caused the harm) may be already gone. One can take actions just to eliminate the fallouts. Finally, even if a society decides to change the practice that entails deferred aversive consequences, the victims themselves can oppose this initiative. The literature of freedom teaches people that freedom is a priority. So, if the government decides to restrict some freedoms even for common good, this decision may automatically beget protest and counteraction. As Skinner puts it: “these measures may be strongly opposed by those whom they are designed to protect. The gambler objects to anti-gambling laws and the alcoholic to any kind of prohibition; and a child or prostitute may be willing to work for what is offered” (1971, p. 41).

A more moderate example, I suppose, would be smokers who understand the harm of smoking but continue buying cigarettes. A more technological example would be the data scandal around Facebook. Personal details of 50 million Facebook users were passed to Cambridge Analytica, which used them to influence the outcome of the 2016 US presidential election. When revealed, this brought about a huge social outrage and even a Congress hearing. Though many users quitted the platform following the scandal, some users also reported that despite being angry at Facebook they also found themselves in a way “addicted” to the use of social network and could not wean them off (Brockes, 2018).

Long story short: the argument is that choosing what one wants to do is simply not enough to achieve true flourishing. It is easy to lose track of choices that could chain people in the long run. In view of these reasons, Skinner argues that people need to go “beyond freedom” towards external control. We need to leverage techniques of behavioural control to regulate intelligibly social practices and personal choices. By these measures it would be possible to preclude deterred aversive consequences.

The strategy of behaviorist therapy, in short, is to use the techniques of control, intending to re-determine, re-program the ineffective patterns of human behavior. As

John Watson, the founder of classical behaviourism,<sup>22</sup> famously declared in his seminal work on behaviourism: “Give me a dozen healthy infants, well-formed and my own specified world to bring them up in and I’ll guarantee to take any one at random and train him to become any type of specialist I might select – doctor, lawyer, artist, merchant, chief and, yes even beggar man and thief, regardless of the talents, penchants, tendencies, abilities, vocations, and race of his ancestors” (1924, p. 104).

Skinner points out that every society, in fact, applies consistently various techniques of control to determine the behavior of its citizens (Rogers & Skinner, 1956). If a person behaves in a desirable manner for the community, the group responds to this behavior with a positive reinforcement. This can be praise, admiration, fame, money, scholarship, love, interviews, awards etc. These positive reinforcements, in turn, increase the likelihood that the person will continue behaving in the same fashion. But if the person behaves in an unacceptable way to the community, the group responds to this behavior with negative reinforcement. This can include criticism, blame, indignation, sanctions, censorship, bullying, punishment or imprisonment. The aim of these actions is to reduce the occurrence of certain undesirable behavior in the future. The techniques of social control are very subtle. Because of this, people often fail to see the extent to which they are controlled and manipulated. Skinner’s point is that since every society resorts to the controlling techniques anyway, it would be more favorable for society if scientists took an active part in the control of human behavior. Nowadays, there is a sort of laissez-faire attitude to this question without any deliberate planning. But it would be far more effective to approach this question consciously and intelligently, if we are to build a more thriving society.

By way of example Skinner proposes the model of effective social engineering in the work “Walden Two” (1948, p. 279). Skinner describes a utopian community that applies behaviourist techniques of control for individual and social thriving (1948, p. 279). The community is organized basically on two levels. On one level, there are people who engineer the community, called “Planners”. They make policies which

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<sup>22</sup> Technically, behaviourism can be divided into three directions or periods: classical behaviourism, radical behaviourism, and neo-behaviourism. Classical behaviourism was the first wave and promoted the method of classical conditioning (i.e., the formation of conditional reflexes) (Watson, 1924). Radical behaviourism emerged subsequently and employed mainly the techniques of operant conditioning (i.e., shaping behaviour via different types of reinforcement) (Skinner, 1953). Lastly, neo-behaviourism started referring not only to the behaviour, but also to cognitive variables (Tolman et al., 1946). Early behaviourists, like Watson, believed that people did not significantly differ at birth. Metaphorically speaking, the mind of new-borns represents a blank slate. There are no innate abilities, inherent skills, natural gifts, traits, or will. Rather, these qualities had an external origin, being acquired through environmental conditioning.

include the behavioural techniques of control. Planners determine the conduct of inhabitants so that the latter could be highly effective, upright and generally happy. On another level, there is a population of the community itself that leads an ordinary life (“Managers”, “Workers”, “Scientists”). Inhabitants have a possibility to act how they want to. As Skinner puts it, “Their behavior is determined, yet they’re free” (1948, p. 279).<sup>23 24</sup>

To understand Skinner’s argument better, we need to throw some light on what control really means. Rogers makes a helpful distinction between three types or extents of control:

“(I) The setting of conditions by B for A, A having no voice in the matter, such that certain predictable behaviors then occur in A. I refer to this as external control.

(II) The setting of conditions by B for A, A giving some degree of consent to these conditions, such that certain predictable behaviors then occur in A. I refer to this as the influence of B on A.

(III)The setting of conditions by A such that certain predictable behaviors then occur in himself. I refer to this as internal control” (Rogers & Skinner, 1956, p. 1061).

It can also help to think about who actually makes a choice. If a person makes a choice on their own, without the interference of others, we can judge that the agent exercises internal control or self-control over their behavior. But if the person allows someone else to make a choice for them, then the agent allows external control over them exercised by the will of others.

Rogers’s therapy is clearly committed to the concept of internal control: when clients are given the freedom to think for themselves, to draw their own conclusions and to take personal choices about what to do next. Rogers reports, for example, that one of the trends in his therapy is the shift of the locus of power from outside to inside the self.

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<sup>23</sup> As in the case of Freud, there is some controversy concerning Skinner’s position on free will. The most widespread view is that Skinner was a hard determinist, who rejected both free will and moral responsibility (e.g., Begelman, 1978). But some associate Skinner’s position with compatibilism. Kane, in particular, argues that Skinner’s view is an epitome of hard compatibilism (Kane, 1996, p. 67). Hard compatibilism posits that free will is compatible with both determinism and methods of covert non-constraining control. Skinner’s “Walden Two” can be regarded as a perfect example of hard compatibilist society. We have people who have been covertly and deliberately controlled by others, but this does not prevent them to enjoy various freedoms: positive and negative freedoms, as well as a possibility of compatibilist type of free will (e.g., to act on one’s desires).

<sup>24</sup> There have been a few attempts to build Walden Two in reality (Kuhlman, 2005). Some real-life and existing examples include Twin Oaks Community in Virginia, US and Loc Horcones in Hermosillo, Mexico, though they turned away from some of Skinner’s original ideas.

As he puts it: “Another trend which is evident [in a person emerging from therapy] relates to the source or locus of choices and decisions, or evaluative judgments. The individual increasingly comes to feel that this locus of evaluation lies within himself... He recognizes that it rests within himself to choose” (1961, p. 119). Nonetheless, Rogers does not seem to oppose the possibility and value of influence. Hardly is it possible to escape the impact of other people while living in society overall or the impact of the counsellor while undergoing a therapy.

Skinner, on the other hand, noticeably gravitates towards the concept of external control. All major decisions about the life in Walden Two are made by Planners with the help of Scientists, while all other ordinary people have to conform to the externally imposed agenda, taking it for granted.

The primary limitation of Skinner’s argument, however, is that it does not take into account the research on the importance of personal choosing or self-control. We have already covered some research on choosing, so there is no need to repeat this. In addition, it should be mentioned that there is also a mountain of research on the importance of perceived internal control. It was repeatedly demonstrated that individuals provided with personal control were found to have better performance, increased vitality and happiness, whereas those deprived of personal control showed considerable deterioration of mental and physical states (Langer & Rodin, 1976; Lefcourt, 1973; Rotter, 1966; Schulz & Hanusa, 1978; Taylor, 1979; Taylor, Lichtman & Wood, 1984).<sup>25</sup>

Skinner is right that society exercises external control over its members, and he makes a good point that social control should be intelligent. But the problem is that it does not seem possible to secure mental well-being only by means of external control. If some Planners established a total control over people (either in a therapeutic room or

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<sup>25</sup> It is worth distinguishing between studies that examine the impact of the exercise of self-control and studies that investigate the impact of the belief or experience of self-control. Generally, the available research shows that people benefit both from the exercise and experience of self-control. One example of the latter is a well-known theory of locus of control by Rotter (1966). Locus of control characterizes the extent to which an individual believes that they exercise control over their life and the outcome of future events. Internal locus of control captures high belief in personal control, while external locus of control refers to the belief in uncontrollability. People with internal locus of control (internals) believe that they have a firm grip on their own lives and determine the outcome of events. By contrast, people with external locus of control (externals) believe that some external forces control their lives and determine the future outcome. External forces may include fate, God, heredity, nature, luck, government, parents (we can also fairly add determinism in this list). Rotter points out that extreme beliefs in internal or external control are maladaptive (Rotter & Hochreich, 1975). Partly because these beliefs are unrealistic. People cannot control everything in the Universe, nor are they deprived of any control. However, it was also found that moderate internal locus of control produced, tellingly, more positive outcomes in performance, health, social interactions etc. (Avtgis, 1998; Ponto, 1999; Schmitz et al., 2000; Shepherd et al., 2006). One explanation is that internals put their achievements down to their own work, and, therefore, they try harder. Externals, on the other hand, tend to rely on luck or others, and thus they put less effort.

within a society), and thus they robbed people of the chance to make personal choices and experience personal control, they would also automatically eliminate many positive implications associated with the exercise of personal decision-making and self-control.

It might be possible, however, to preserve positive implications connected to personal choosing, if the external control of Planners remained hidden and citizens had an illusion that they make choices on their own and navigate their lives as they want to. A fantastic example would be the Matrix movie,<sup>26</sup> which depicts the world when people live unknowingly in a simulated reality created and controlled by artificial intelligence. But if we return to the real life, it might be hard to keep the lid on any kind of manipulation forever. There is always a possibility that Planners' conspiracy leaks out. And as soon as it is revealed that someone makes decisions for everyone, this would apparently take its toll on those whom Planners sincerely wanted to help.

From the arguments presented in this discussion, we can conclude that people are the creatures who are simply born to make choices and to exercise personal control in order to function well. This is not to deny that people can make wrong choices and bring about negative outcomes. And this is not to deny that policy makers cannot intelligently influence the agents in order to prevent harmful decisions. A good therapist in this context should be flexible enough and strike the balance between the idea of internal control and helpful influence. Sometimes it can be effective not to intrude and let the client come to some insights and decisions themselves. But on other occasions it could be necessary to influence the clients, by giving a piece of advice or pointing out possible negative consequences of their behavior, so that they manage to make informed and adaptive choices.

#### *4.5. Conclusion*

The chapter has set out to verify Rogers's observation about the significance of choosing (aka free will) for mental health. Rogers reported that the act of choice was associated with positive outcome during therapy. But this view based on Rogers's own subjective observations and lacked any empirical substance.

We have established that, according to numerous studies, offering personal choice indeed correlates with a number of positive outcomes, such as increased intrinsic

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<sup>26</sup> "The Matrix", 1999, directed by L. and A. Wachowski.

motivation, greater life satisfaction, better performance and enhanced vitality; whereas removal of choice predicts negative reactions (see § 4.2.). One explanation, according to Self-determination theory, is that people have a psychological need for autonomy and thus strive for self-governance and personal choosing. If correct, by offering choice during psychotherapy counsellors create a condition for people to meet their need for autonomy and thus to satisfy one of the main human psychological needs. This can explain and lend support to Rogers's clinical observations.

However, we have also determined that the act of choice does not always guarantee welfare (see § 4.3.). A number of studies point toward the idea that the benefit of choice depends on context, complexity and evoked emotions. As choices become more difficult or aversive, people are prone to experience distress and suffer from various cognitive costs. In addition, as Skinner points out, when making choices, people can overlook the long-term outcomes of their decisions and inflict negative implications (see § 4.4.). These facts help us reappraise the view about the absolute value of choosing suggested by Rogers and paint a more informed picture.

This chapter has also gone some way towards reconciling Rogers and Skinner (see § 4.4.). I have argued, in particular, that there was a big misunderstanding between Rogers and Skinner concerning the meaning and existence of choice. As a matter of fact, Rogers, Skinner and Freud equally urge skepticism about the possibility of libertarian kind of choice, but they remain open in respect of compatibilist choosing.

The discussion from this chapter suggests that the capacity for free will (understood as being able to choose a preferred option) can be a significant determinant of mental well-being. A consequence of this is that the provision of choice during psychotherapy can apparently contribute to treatment and mental health. However, this overview also suggests that choosing may result in ambivalent outcomes. Counsellors, thus, should not blindly encourage choosing at all cost. Rather, one should differentiate situations when it would be beneficial to motivate choosing, when it would be important to simplify decision-making, and when it would be more helpful to restrict choosing at all.

Another implication is that even if libertarian choice does not exist, there is no good reason to reject or to depreciate the significance of compatibilist choice. Under determinism, people can still analyse potential alternatives and select the best option all things considered. Even though this kind of choice cannot be influence free, it carries multiple merits for human life. These include mental benefits from the process of

decision-making, the ability to direct one's life in the desired direction, the possibility of achieving one's goals and satisfying one's needs.

Incompatibilists can possibly agree with the view that the compatibilist choice has practical merits and can foster the quality of one's life. But while agreeing that the compatibilist choice has some instrumental value, one can also affirm that this kind of choice cannot render people morally responsible for their actions. It can be argued that moral responsibility requires only leeway choice. This means that people can be blamed or praised for their actions only if they could have done differently. Minimally it could be expected that one could have refrained from the performed action.

The point about alternate possibilities is actually raised by Wallwork, and we will return to this issue in Chapter 7. Part 2 will focus exclusively on the problem of moral responsibility, and one of the questions that we will examine in detail is how the compatibilist kind of choice can leave a door open for moral responsibility.

## **Part 2: Responsibility**

### **Chapter 5: Rogers on Responsibility Reconsidered**

#### *5.1. Introduction*

One of the primary postulates of Rogers's theory is that people are responsible agents. As he puts it: "I've had a role in initiating the person-centered approach... meaning a person seeking help was not treated as a dependent patient but as a responsible client" (Rogers et al., 1989, p. 377f). Rogers promoted the idea of responsibility both in the context of psychotherapy and in the system of education. Counsellors should encourage service users to take responsibility for their everyday decisions and for the outcome of psychotherapy. Extended to the field of education, teachers are supposed to share responsibility with their students for the learning process.

It is not hard to determine that the idea of personal responsibility has a central place in Rogers's theory. However, it is not very clear what meaning and what function this idea has in Rogers's theory. To start with, Rogers does not attempt to explain what he means by responsibility. It is noteworthy that the term responsibility is a complex one, similar to the terms freedom and free will. Responsibility has different meanings and uses in and out of law (Corlett, 2001). Importantly, Rogers does not explain the role and purpose of responsibility in his therapeutic practice. Why should a counsellor motivate a client to shoulder responsibility?

The purpose of this chapter is to reveal the meaning and the function of the concept of responsibility in Rogers's therapy.

In § 5.2., I will introduce Hart's taxonomy, which distinguishes four senses of the term responsibility: role-responsibility, causal responsibility, capacity-responsibility and liability-responsibility. My proposal is that Hart's taxonomy can help us to determine the nature and purpose of the term responsibility both in Rogers's and Freud's theories. In § 5.3., I will argue that by the term responsibility Rogers primarily means the sense of role-responsibility. That is, Rogers basically draws clients' attention to the fact that they have some obligations in their lives. Over the therapy the clients are encouraged either to recognize their obligations in case they overlooked them or to take some extra duties if this could increase their personal control over a particular situation. In § 5.4., I

will examine the implications of role-responsibility for mental well-being and psychotherapy. The overview of empirical research suggests that role-responsibility is generally associated with positive outcomes for mental health, but the effects are not uniform. Increased role-responsibility – especially combined with competitive character traits – may result in stress and anxiety. This suggests that the clinical goal should be to strike the right balance between encouraging to take one’s duties but not asking too much.

### *5.2. On responsibility*

Similar to the term free will, the term responsibility is a slippery one. When people state that someone is responsible, they might mean absolutely different things. This can be well exemplified by Freud and Rogers. Though two authors equally say that service users should take responsibility for their actions, the authors mean two absolutely different things.

For a better understanding of Rogers and Freud, I propose to attend to the distinctions between different senses of responsibility. It will be helpful to build on the well-known taxonomy by Hart, which distinguishes four senses of the term responsibility (Hart, 1968):

1. role-responsibility
2. causal responsibility
3. capacity-responsibility
4. liability-responsibility
  - a. legal liability-responsibility
  - b. moral liability-responsibility

Hart’s main point is that when someone says that the agent is responsible or morally responsible for something, this could mean a variety of things. “John is responsible for” in a role sense simply means that John has a certain task or duty to perform. “John is responsible for” in a causal sense stands for that John produced a certain outcome by his behavior. “John is responsible” in a capacity sense designates that John has a range of capacities of a normal and mature adult, such as self-control.

“John is responsible” in a liability sense denotes that John is considered culpable, that he deserves blame, punishment or praise. I give more details about each sense below.

Role-responsibility means that the agent has a certain duty or an obligation in respect to others. Being a mature member of society inevitably involves having various roles to fulfil: as a student, as a friend, as a father, as a worker etc. These roles, in turn, presuppose specific duties or tasks that should be delivered. The duties can be either attached to the agent by agreement or undertaken voluntarily. As a parent, for example, the agent has a duty to look after their children. Or as an office manager, the agent has projects to be finished on time. Another way to put it would be to say that the agent is responsible for taking care of their children, or that the agent is responsible for finishing their project. Role-responsibility involves such common phrases as a “responsible individual”, “behave irresponsibly” etc. The meaning of phrases like these is that the individual takes their role seriously, fulfils their duty with care and diligence, or acts with negligence. Role-responsibility is the first necessary condition for blameworthiness (liability). People are usually considered blameworthy only if they break their obligations.

Causal responsibility implies that there is a causal connection between the X and Y (e.g., between the resultant harm and the behavior of the agent). X would not have happened if it was not for Y. In this sense, the term “responsible for” basically amounts to the words, such as “caused”, “brought about”, “resulted in”, “contributed to” etc. Causal responsibility can be attributed to any causally effective variable: people, animals, behavior, omission, events, inanimate objects, forces, states, conditions etc. This is because plenty of things can be involved in the production of a certain outcome. An example would be: “The dense fog was responsible for the long traffic jam this morning”, “Johnson was responsible for the penalty miss”, “the global economic meltdown was responsible for a high rate of inflation in the country”. Causal responsibility can appear inside and outside moral context. First, it can have a neutral sense, meaning simply the idea of causation. It can be a phrase like: “the dog is responsible for the noise” or “the president is responsible for the change of internal policy”. It is important to note that any such phrase does not imply that anyone deserves blame or praise for what they do. These phrases simply establish the fact that X caused Y. Second, causal responsibility can be used in moral context and considered as another necessary condition for blameworthiness (liability). That is, people usually attribute blame or praise only if this agent had a direct or indirect causal relation to the outcome. Suppose Mike spills coffee all over the table, thus causing damage to Ann’s documents.

Ann then responds with blame, as it was Mike who caused this trouble. However, causal responsibility does not constitute a sufficient condition for blameworthiness. An agent can cause an event, but sometimes it might be inappropriate to assign any censure or praise for this act. For example, it can be Ann's toddler who spills coffee and ruins her papers. Of course, Ann can be very frustrated with this situation, but if she is a reasonable and loving parent, then she would decide to withhold her blame towards her child. She might understand that the child does not yet have necessary capacities to control their behavior or to distinguish right from wrong.

Capacity-responsibility (also known sometimes as answerability) means that the agent has certain capacities which make them eligible for moral relations. On Hart's view, there are three basic capacities necessary for moral relations: 1) the ability to understand the requirements of laws, legal norms and moral rules; 2) the ability to reason and make a choice in relation to these requirements; 3) to conform to one's choice and control one's conduct (1968, p. 227). Sometimes the above-mentioned capacities can be impaired or even absent. A person, thus, may lack the ability to control their behavior or to understand moral implications of their actions. This may happen due to a mental disease, trauma, young age, hypnosis. It is common to discharge a person for a culpable action under these conditions. A mentally unwell person, for example, can be placed to hospital instead of prison. A person suffering from somnambulism can be released from criminal punishment or moral fault. Any such case is qualified as a case of diminished responsibility. Capacity-responsibility can be considered as a third necessary condition for liability. There is a silent consent that people must have certain capacities to be qualified as praiseworthy or blameworthy. It is assumed that some unique human capacities empower people to understand what is required, to foresee harm, to comprehend the consequences of one's behavior, to guide one's behavior in the light of legal norms and to avoid transgressive behavior.

Liability-responsibility pertains that the agent is challenged with punishment or blame for their misdeeds. To be liable implies that someone is an appropriate candidate (liable) "to pay" for what they did. The agent is considered culpable and punishable. In this case, the individual needs to answer or rebut charges and accusations. Hart divides liability into legal and moral. Legal liability means that the agent satisfies all necessary conditions to be found legally responsible for their actions. In this case, the agent can be imprisoned, fined, made pay compensation etc. Moral liability signifies that the individual meets all necessary conditions to be found guilty for their actions. In this case, the agent is considered to deserve blame and bound to make amends in their

behavior. According to Hart, people take into account minimally three conditions when they establish liability. First, one considers psychological criteria, such as mental capacities (aka capacity-responsibility) and mens rea (i.e., whether one acts with intention or knowledge to commit a crime) etc. Second, one determines whether there is a causal connection between a harmful outcome and the actions of the agent (aka causal responsibility). Third, one enquires whether there are any personal relationships involved in the case (aka role-responsibility). Hart holds that liability is a primary meaning of the word responsibility. Thus, responsibility and liability are often used interchangeably as equivalents.

Hart gives an example of a drunken sea captain to illustrate different senses of responsibility put together. This story also exemplifies how ambiguous the term responsibility can be in ordinary discourse:

“As captain of the ship, X was responsible (1) for the safety of his passengers and crew. But on his last voyage he got drunk every night and was responsible (2) for the loss of the ship with all aboard. It was rumoured that he was insane, but the doctors considered that he was responsible (3) for his actions. Throughout the voyage he behaved quite irresponsibly (1), and various incidents in his career showed that he was not a responsible (1) person. He always maintained that the exceptional winter storms were responsible (2) for the loss of the ship, but in the legal proceedings brought against him he was found criminally responsible (4a) for his negligent conduct, and in separate civil proceedings he was held legally responsible (4a) for the loss of life and property. He is still alive and he is morally responsible (4b) for the deaths of many women and children” (subscripts added) (1968, p. 211).

I have attached subscripts (1-4a, b) in the above-mentioned example whenever the word “responsible” is used. The subscripts refer to different senses of the term responsibility according to Hart’s taxonomy. The table below makes a summary.

<i>The sense of responsibility</i>	<i>Meaning</i>	<i>Example</i>
(1) Role-responsibility	The agent has a duty to deliver.	The captain undertakes a duty to secure safety of his passengers (viz., the captain is responsible for their safety).

(2) Causal responsibility	There is a causal connection between the agent and the outcome.	The captain was causally implicated in the production of the loss of property and life (viz., the actions of the captain were responsible for the harm).
(3) Capacity-responsibility	The agent possesses mental and physical capacities to be a subject of moral and legal relations.	The capacities of the captain allowed him to attend to his duties, to avoid the harm. The doctors did not detect any pathologies. (viz., the captain is qualified as a responsible agent).
(4) Liability-responsibility	The agent faces accusations and charges. If established, the agent is liable to have punishment inflicted on him. (a) Legal liability: criminal punishment, fine, imprisonment (legal responsibility). (b) Moral liability: blameworthiness, public shaming, indignation (moral responsibility).	The jury did not find excuses or justifications which could rebut the captain's culpability. The captain is found guilty for his negligent behavior (viz., the captain is considered both morally and criminally responsible for the harm).

I will draw on the above-mentioned taxonomy consistently throughout Part 2. My first argument will be that though both Rogers and Freud claim that people ought to shoulder responsibility, two authors mean different things by that. While Rogers predominantly talks about role-responsibility (see Chapter 5), Freud mainly refers to the

idea of causal-responsibility (see Chapter 6). We will examine separately why service users might be encouraged to take either role or causal responsibility during psychotherapy and what could be the practical implications for mental health and treatment in each case. My second major argument will be that Rogers and Freud, as psychotherapists, intentionally avoid the sense of liability-responsibility, even though liability is the primary meaning of responsibility in law and ethics (see Chapter 7). I explain this by pointing out that the idea of blame is essentially incompatible with the non-judgemental therapeutic attitude advocated both by Rogers and Freud (see Chapter 8). Both therapists concur that the effective therapeutic work is possible only when counsellors suspend blame attitudes towards their clients (see Chapter 9). But we should move step by step. Our first task will be to establish the meaning and function of responsibility in Rogers's therapy.

### *5.3. Psychotherapy and role-responsibility*

Rogers never wrote an individual essay on moral responsibility, but responsibility-related ideas occur regularly and vividly virtually in every Rogers's text. An individual is usually prompted to assume or to share responsibility if involved in a particular process. I infer that Rogers uses the term responsibility primarily in the role sense of the term. That is, Rogers essentially encourages the agent to recognize and undertake a certain duty or obligation in different situations.

It is possible to find one relevant example in Rogers's discussion of education. It is noteworthy that Rogers wrote a few essays on education and was keen to implement some aspects of his theory in the educational process (Rogers, 1969). Rogers notes that students tend to be left with no control and choice over the process of their education. The control over the educational policy is in the hands of teachers, counsellors, administrators, parents, local community or a government. Rogers's stand, however, is that students should obtain considerable decision-making power in the question of their education. Hence, it is desirable that teachers share responsibility with their students. As he puts it:

“The facilitative teacher shares with the others – students, and possibly also parents or community members – the responsibility for the learning process. Curriculum planning, the mode of administration and operation, the funding, the policy making, are all the responsibility of the particular group involved. Thus, a class may be responsible for its own

curriculum, but the total group may be responsible for the overall policy. In any case, responsibility is shared” (Rogers et al., 1989, p. 327).

It seems uncontroversial that by the term “responsibility” mentioned above Rogers means specifically the sense of role-responsibility. That is, he defends a view that students and community members should receive some duties and tasks related to the process of education. As a matter of fact, Rogers mentions a number of tasks and duties that can be shared, such as curriculum planning, administration, funding and policy making.

Another similar example would be Rogers’s description of his workshops. Rogers describes that during a workshop based on person-centered approach participants are encouraged to share the power, authority and responsibility (for a detailed review of the organization of person-centered workshop see Rogers, 1977). As Rogers puts it: “One final statement about the way we function: We are a thoroughly open staff, with no leader and no hierarchical organization. Leadership and responsibility are shared. We have become a very close team, living our relationship in the most person-centered manner we know” (1980, p. 188). Rogers seems to refer here again to the idea of duties. There is no special person in the workshop who would be in charge of everything. Every participant, instead, has a duty to contribute to the work of the group.

Rogers also seems to use the role meaning of responsibility in his transcripts, in the work with his clients. The first transcript represents a phonographic recording with one of Rogers’s clients, Arthur, a psychology student.

Transcript 1:

C. I don’t think that I know very much how you happened to come in – I mean, I don’t know whether someone suggested you come to see me or whether you had some things on your mind that you were disturbed about and wanted some help with.

S. I talked with Miss G. at the Arts office and she suggested that I take the course. Then my instructor told me I would see you, so I came.

C. That’s how you came to take the course, because it was suggested to you.

S. Mm-hm.

C. So I suppose that’s why you came in to see me, too. I mean that –

S. Yeah.

C. ... I don't know – you might tell me a little bit more about how you happened to take 411 [course in Psychology] – I believe because Miss G. suggested it to you.

S. Yes, Miss G suggested it to me. She didn't think my study habits were good...

C. So that – your purpose in taking it is to satisfy Miss G.

S. That's right. No, it isn't that. It is for my own improvement.

C. I see.

S. Dust off my study methods and habits and better use of time and how to concentrate.

C. Mm-hm.

S. I'm just taking – She suggested it to me and I'm taking it for my own benefit.

C. I see. So that you got into it partly because she suggested it, but part of it was your own desire to get into something like that, is that it?

S. I thought I needed it, so I signed up. (Laughs.)

C. Well, now, I'm more interested in why you thought you needed it than why Miss G. thought you needed it. Why did *you* think you needed it?" (Rogers et al., 1989, p. 64f).

Some individuals are prone to detach from their decisions, depreciate their responsibility or displace it to some third parties. Rogers suggests that in the above-mentioned interview we can notice a few stages of how the client comes to recognize his "responsibility" (ibid.). In the opening, Arthur is not determined to assume responsibility for what he does: neither for taking the course in Psychology nor for coming to therapy. He exhibits distinctly much dependence on the will and guidance of Miss G ("I talked with Miss G. ... and she suggested that I take the course... so I came"). Then, Arthur drifts towards the recognition of shared responsibility ("She suggested it to me and I'm taking it for my own benefit"). And lastly, Arthur moves on to accept full responsibility for his choice ("I thought I needed it, so I signed up").

Rogers then points out that there is a considerable difference between the situation when a client assumes responsibility for coming to therapy and when he overlooks this responsibility. As he puts it: "If it is implicit that the counsellor or some third person is responsible for the student's being present in the counselling situation, then suggestion or advice are almost the only avenues of approach open. If the client himself accepts

responsibility for bringing himself, he also accepts responsibility for working upon his problems” (Rogers et al., 1989, p. 65).

It looks that Rogers primarily talks about the role sense of responsibility here. Rogers appears to suggest that Arthur should recognize his own obligation or task to work on his issues in a therapeutic room as well as his own duty to choose a subject of interest in the university. When it comes to therapy, Rogers’s main point is that the therapy becomes more productive when it is not only the counsellor who undertakes the task to work on the problems of the client, but when it is also the client who recognizes his own duty (responsibility) to work on his issues. It is natural to expect that the therapy achieves a greater input when both the counsellor and the client contribute to the process.

The second transcript illustrates Rogers’s dialogue with one of his clients concerning the time of their next appointment.

Transcript 2:

S. I think maybe the next time I come in to see you, it will be something different. Maybe I’ll have a little bit better idea what to talk about by then.

C. Would you like to come in next Friday at this time?

S. Yes, it’s all right with me.

C. It’s up to you.

S. It’s up to me?

C. I’m here. I’d be glad to do anything I can do for you.

S. All right, sir, I think I’ll be there” (Rogers et al., 1989, p. 66).

Rogers suggests that this brief excerpt illustrates how the therapeutic situation “is often defined in terms of actual responsibilities, no matter how minor they may be” (ibid., p. 67). In the opening, the client goes along with the suggested date and time of the next appointment, disregarding his own initiative and responsibility. As Rogers puts it, “[the client] feeling this is the usual meaningless gesture, leaves responsibility with the counsellor by saying, “Yes, it’s all right with me” (ibid., p. 67). The counsellor, however, reminds the client that he can decide when they meet next time. After that, the client responds in a more determined and thoughtful manner, “I’ll be there”. To Rogers, this last phrase indicates a genuine acceptance of responsibility (ibid.).

Rogers’s phrase “actual responsibilities, no matter how minor they may be” again seems to refer to the idea of duties, which can be major or minor. The point of this

conversation is to remind the client that he has an active role in the therapeutic process. One does not have to go along with everything the counsellor says. The client should be proactive, make choices, take tasks, and thus control the process.

The final transcript provides an excerpt from Rogers's interview with a young woman, a graduate student. Earlier sessions revealed that the client relied considerably on external guidance, wanting others to tell her what to do. She also blamed others if they failed to give her enough support and direction. For example, she complained that her tutors never taught her anything good and valuable. As the therapy advanced, the client began to realize gradually that she was much dependent on others.

Transcript 3:

C: Well now, I wonder if I've been going around doing that, getting smatterings of things, and not getting hold, not really getting down to things.

T: Maybe you've been getting just spoonfuls here and there rather than really digging in somewhere rather deeply.

C: M-hm. That's why I say - (slowly and very thoughtfully) well, with that sort of a foundation, well, it's *really up to me*. I mean, it seems to be really apparent to me that I *can't depend on* someone else to give me an education. (Very softly) I'll really have to get it myself.

T: It really begins to come home - there's only one person that can educate you -a realization that perhaps nobody else can give you an education.

C: M-hm. (Long pause - while she sits thinking) I have all the symptoms of fright. (Laughs softly)

T: Fright? That this is a scary thing, is that what you mean? ...

C: M-hm. I am feeling that. For instance, I'm feeling it internally now -a sort of surging up, or force or outlet. As if that's something really big and strong. And yet, uh, well at first it was almost a physical feeling of just being out alone, and sort of *cut off from a support* I had been carrying around.

T: You feel that it's something deep and strong, and surging forth, and at the same time, you just feel as though you'd cut yourself loose from any support when you say it.

C: M-hm. Maybe that's -I don't know - it's a disturbance of a kind of pattern I've been carrying around, I think.

T: It sort of shakes a rather significant pattern, jars it loose.

C: M-bm. (Pause, then cautiously, but with conviction) I, I think -I don't know, but I have the feeling that then I am going to begin to *do* more things that I know I should do.... There are so many things that I need to do” (1961, p. 121f).

According to Rogers, in this transcript we can observe the client come to the recognition of her responsibility. One manifestation of this is the phrase: “It's *really up to me*. I mean, it seems to be really apparent to me that I *can't depend on* someone else to give me an education. I'll really have to get it myself” (ibid.).

As before, we can interpret that here we have another example of role-responsibility. The client basically recognizes that she has a task to look after her education. It is not only tutors who have a duty to educate their students, it is also students who have a task to participate actively in the educational process, by choosing relevant subjects, communicating with teachers, showing initiative during the classes, asking questions and doing extra work.

From the above transcripts, we can conclude that the idea of role-responsibility dominates in Rogers's clinical practice. I do not claim, however, that other senses of the term responsibility are absolutely alien to Rogers.

It seems, for example, that on some level Rogers was also much interested in capacity-responsibility, and he wanted to show his clients that they possessed all fully-fledged capacities of normal mature adults, such as choice and self-control. Probably, one of the goals was to show the clients (especially those who are used to conformity) that they make choices all the time, and that they can do this more effectively.

It is also safe to say that Rogers did not deny the liability sense of responsibility in general. For instance, writing about client-centered approach in the system of education, Rogers notes: “Person-centered education is threatening to the student. It is much easier to conform and complain than to take responsibility, make mistakes, and live with the consequences” (Rogers et al., 1989, p. 329). It is plausible that by the word “consequences” Rogers means moral and legal consequences, such as blame, sanctions and punishment. The general point is that students are often reluctant to take extra duties (become role-responsible) because they are afraid of being blamed for making wrong choices (become liable-responsible). Though Rogers may not reject liability generally, this theme is not particularly present in his writing and counselling practice. It will come as no surprise once we learn that Rogers advocates a non-judgmental type of therapeutic relationship, which is incompatible with the idea of blame.

We will discuss the reasons for non-judgementalism at length in Chapter 8. But to give you just a preview, I should mention that one of the reasons to shun blame is connected to the aim of creating a climate of emotional safety in the counselling room. Individuals become disposed to self-disclosure and honest communication only if they feel secure with their interlocutor. In therapy, counsellors can achieve this level of safety by explaining that their clients will not be judged or evaluated whatever they say or do. The counselling room is a safe zone, which has no place for moralization or condemnation.

In this context, it is instructive to notice what steps Rogers takes to lead Arthur to the recognition of his obligations/ responsibility (see transcript 1 above). Rogers does not push Arthur to assume responsibility, nor does he lecture how important it is. He only uses the method of clarification. That is, he repeats and summarizes the words he hears from Arthur, asking whether he understands him right. For example: “That’s how you came to take the course, because it was suggested to you... So that – your purpose in taking it is to satisfy Miss G... I see. So that you got into it partly because she suggested it, but part of it was your own desire to get into something like that, is that it?” (1989, p. 64f). Having his words mirrored, Arthur finds it easy to understand his attitude, his “role”. Eventually he comes to realize that there is something inert in his behavior, that he takes a submissive role in relationships with others. After this insight Arthur makes a personal decision to veer over to a more determined and autonomous role: “I thought I needed it, so I signed up” (ibid.).

We can see that there is no apparent blame in Rogers’s communication with Arthur. I construe that this non-judgemental attitude helps to achieve two major goals in this example. First, as Arthur does not experience threat from Rogers, he maintains communication, and the therapeutic work continues. Second, as there is no pressure, Arthur gets a chance to reflect on his own behavior, to realize some of his obligations and to show his commitment. To put it differently, Arthur makes up his mind to become role-responsible in respect of some aspects of his life, pointing out that it was not just Miss G, but it was his own initiative to enrol on the psychology module and embark on therapy.

This suggests that when the counsellor takes a non-judgemental attitude and thus avoids blame (liability-responsibility), it serves not only to build rapport with the client, but it also facilitates the individual to become a responsible agent (in the role sense). Paradoxically avoiding blame can prompt people to become more responsible. I suspect that Rogers could have triggered a completely opposite reaction if he had hinted to

Arthur that the latter was in any way blameworthy for his indecisive behavior. Even under minor criticism a service user can become vulnerable and hurt, and one of the defensive reactions would be to quit therapy.

Another example of non-judgementalism we can notice in transcript 3 mentioned above. Rogers's client experiences a bunch of mixed and complex feelings. Partly she feels invigoration and internal strength, as she realizes that she can exert some control in terms of her education. But she also feels some fear and vulnerability, as she recognizes that she may be "just being out alone" and "cut off from a support" whenever she makes a next choice (1961, p. 121f). This situation can be explained by the fact that many individuals are just not prepared for a proactive kind of life. They are not used to taking on obligations, making personal choices, coping with turmoil of decision-making, dealing with the repercussions of their choices, and so forth. But this situation can become less intimidating if the counsellor creates an environment of support where clients understand that they can be welcomed even if they fail.

#### *5.4. The pragmatic question*

One important question that needs to be asked in this discussion is: "What is the benefit of taking role-responsibility?" Since we deal with the mental health of people, we need to know not only what a counsellor does from a theoretical point of view, but also whether it is a helpful enterprise.

It seems true that Rogers associates role-responsibility with some positive outcomes for people. Why would he promote responsibility in his therapy otherwise? But Rogers does not give us any evidence for the value of role-responsibility, which would make his approach more grounded.

To be fair, there is not much empirical research that attempted to investigate purely the aspect of role-responsibility (aka undertaking some tasks or obligations). Yet, the available data suggests that role-responsibility can produce both a positive and negative impact on people.

It is worth starting with the classical and influential experiment by Langer & Rodin (1976). The study examined the impact of choice and enhanced personal responsibility on the wellness of nursing home residents. The premise of this research was that ageing was negatively related to the sense of personal control and personal responsibility. With ageing people often lose jobs, social roles, status and health.

Perception of these changes can undermine the sense of confidence, control and responsibility. The conjecture was that inducing the sense of personal responsibility and choice would result in enhanced vitality. Ambulatory adults were divided into two groups. The experimental group was given a communication which emphasized the role of personal responsibility. The subjects were told that it was their primary responsibility to make their stay happy. They should decide how they wanted to spend their time, how they wanted their rooms to be arranged, when to visit friends, when to watch TV. After that, the subjects were offered an opportunity to take a plant for their rooms. The subjects had two options: to accept or to reject a plant, at first; and then to pick a plant they liked. The subjects were informed that it was their responsibility to look after these plants. The control groups, by contrast, received a communication which stressed the responsibility of the nursing staff. The subjects were told that it was the responsibility of the staff to make them happy. They were informed that the rooms were arranged as nice as it was possible. If the residents had any complaints, they should address the staff to get the problem fixed. The movie time was scheduled on Thursdays and Fridays. Also, the residents were given plants as presents. The nurses were instructed to water and care for these plants. In three weeks, researchers assessed the participants. The first questionnaire measured the success of responsibility inducement. The tests were conducted one week before and three weeks after the communications. Participants rated how much control they felt over their lives. They also reported how happy and active they were. The second questionnaire examined the behavioural measure. Nurses who were unaware of the experiment rated the behavior of the residents. They reported how active, happy, sociable, healthy the residents were. The results lent support to the initial conjecture. As forecast, the participants in the responsibility-inducement group communicated a considerable increase in perceived control, happiness and interpersonal activity. Researchers also registered an improvement in the level of alertness, commitment and general well-being. The control group, on the other hand, demonstrated the decrease in happiness, alertness and general wellness.

With the completion of the first study, researchers examined the long-term effects of the original study (Rodin & Langer, 1977). Reassessment in 18 months revealed that the trend continued. The experimental group managed to preserve high psychological functioning and wellness. Furthermore, the rate of the mortality in the experimental group was lower, in comparison with the control group. The follow-up research has provided further support to the original findings by Langer & Rodin (Mallers et al., 2014).

A similar study examined the impact of increased responsibility and taking a task to care for bird feeders among nursing home residents (Roush & Banziger, 1983). The participants were randomly divided into three groups: 1) those who got a responsibility message and a bird feeder (responsibility condition); 2) those who received a dependency message and no bird feeder (dependency condition); 3) those who got no message and no bird feeder (control condition). The study replicated some procedure of Roding & Langer to induce responsibility. The responsibility group was informed that the residents were expected to show initiative to make their stay comfortable and happy. Plus, they were given a chance to take responsibility for caring for bird feeders (e.g., checking seed levels). The dependency group was not given an option to have a bird feeder and was informed that the staff were there to solve all their problems. After a while, the researchers compared the pre-test and post-test measures of vitality and mental health among the participants. It was found that the responsibility group reported a significant increase in life satisfaction, happiness, activity scores and perceived control; whereas the dependency and control groups did not show improvement.

A more recent study investigated the bond between taking personal responsibility and birth satisfaction (Howarth et al., 2011). First time mothers were interviewed about their behavior during pregnancy and birth experience. Personal responsibility was defined as the desire to be in charge of one's pregnancy and birth process. Responsible subjects were actively engaged in all stages of pregnancy, wanting to prepare themselves for their birth and motherhood. This was reflected in the following behavior: active information seeking about pregnancy and labour; mental and physical preparation for birth; choosing the place of birth; increase in personal control, which embodied informed decision making and pain management. It was revealed that those participants who were committed to personal responsibility felt better informed, prepared and confident to cope with their birth experience.

In addition to the previous findings, one research identified personal responsibility as one of the factors associated with prosocial behavior (Michel, 2007). One conjecture of the study was that the belief in personal responsibility to help others would be associated with volunteerism. The experiment followed the Hurricane Katrina in the US. The researchers asked the subjects a few questions to measure their belief in personal responsibility and volunteer behavior. The responsibility question was: "Do you feel that you have a responsibility to aid the victims of Hurricane Katrina?" The volunteer question was: "Did you donate any time helping those affected by Hurricane

Katrina?” It was revealed that perceived personal responsibility to help others in need correlated with hours spent volunteering to aid the victims of the hurricane.

A few studies, however, suggest that role-responsibility could also have an adverse impact on people. One revealed detriment is that tasks related to complex work and grave consequences can elicit considerable mental stress.

One study investigated the impact of high cost responsibility and high attentional demand on mental well-being of workers (Martin & Wall, 1989). Attentional demand involved close concentration on the work, regular checking of the process and quick response to possible issues. Cost responsibility embodied operating expensive devices and possibility of making costly harm to production. It was found high attentional demand coupled with high cost responsibility caused elevated psychological strain. Employees found under these conditions reported the increase in stress, pressure, anxiety and job-related depression.

Another research studied the impact of personal responsibility on Type A and B personalities during task performance (Iwanaga et al., 2000). Consistent with Martin’s & Wall’s study, it was assumed that personal responsibility would be associated with the increase in psychological stress. But it was also hypothesized that individual differences could mediate this outcome, and there would be a difference between Type A (competitive, ambitious, impatient) and Type B individuals (relaxed, non-aggressive). During the experiment Type A and B participants were assigned to high and low responsibility conditions. It was found that Type A individuals in high responsibility condition demonstrated a marked increase in heart rate, as compared to others. This finding corroborates the conjecture that some individuals can become more stressed by personal responsibility than others. While being highly competitive and feeling the burden of responsibility, Type A individuals are apparently prone to put too much effort in task performance, which in turn results in physiological and psychological strain. High responsibility, thus, may underlie the risk of heart disease common for Type A personalities.

It is time to make a summary. On the plus side, there is some evidence that role-responsibility could be helpful for treatment and enhancing mental well-being. Taking even small obligations (e.g., caring for plants) can predict a marked increase in vitality, as some studies show. One possible explanation is that role-responsibility involves the possibility of making personal choices and exercise personal control, which, as we have reviewed earlier, are all associated with positive outcomes for human mental health. If the individual takes role-responsibility for something, they automatically become more

in personal control over this situation. On one level, the agent exercises much prospective control. That is, the agent determines a goal they want to achieve in the future, think in advance of the possible consequences of their choices and exercises control to achieve a desirable state of affairs. On another level, the agent can also exercise retrospective control. One can analyse the consequences of one's choices with regard to the past, learn from one's mistakes and make necessary adjustments to one's behavior in order to prevent the same errors in the future.

But, on the negative side, it would be wrong to associate role-responsibility just with positive implications, as role-responsibility can result in some debilitating outcomes under certain conditions. Due to some character traits people can put overzealous efforts when they take on obligations, which elicits physical and psychological strain. Plus, as a task becomes more risky or consequential, individuals find feelings themselves highly stressed out. Think of jobs which involve responsibilities for the life of other people. Air-traffic controllers and surgeons, for example, are generally found to suffer from heavy distress and high level of burn-out syndrome (Balch et al., 2009; Jou et al., 2013).

This suggests that role-responsibility can have a polar impact on human well-being. It can either heal or choke. The clinical task, therefore, is to differentiate situations when taking duties can cure and when it can harm.

### *5.5. Conclusion*

It is quite widely accepted that Rogers promotes the idea of responsibility. But Rogers does not really explain the meaning and the function of the concept of responsibility in his theory and therapeutic practice. To achieve clarity on the matter, I have introduced Hart's taxonomy, which marks out four senses of the term responsibility: role-responsibility, causal responsibility, capacity-responsibility and liability-responsibility (see § 5.2.).

After that I have argued that by the loose term responsibility Rogers chiefly means the sense of role-responsibility, which implies the exercise of a certain duty (see § 5.3.). Basically, the term "responsibility" in the most instances of Rogers's writing can be replaced by the terms "duty", "obligation" or "task". Thus, Rogers in essence encourages his clients to recognize their obligations if they overlook them or to

undertake some duties in case this could increase the agent's personal control over the situation and decrease the dependence on the will of others.

Lastly, I enquired about the link of role-responsibility and mental health (see § 5.4.). Some empirical studies show that the sense of role-responsibility can indeed contribute to psychotherapy and mental well-being. Participants who take even small obligations report better health, as compared to the rest. But there are also exceptions. Risky or complex obligations can result in considerable distress.

In fact, we can draw the same conclusion both in relation to our discussion of choosing (Chapter 4) and role-responsibility. There are two sides of the coin really. Though both role-responsibility and choice can produce positive outcomes, there are exceptions, there is a dark side in each case. This echoes a famous principle formulated by Paracelsus with regard to toxicology: "All things are poison and nothing is without poison; only the dose makes a thing not a poison" (Hayes & Kruger, 2014, p. 14). It means that any good thing – such as medicine, food, freedom or responsibility – can take a toll if we exceed the dose.

In summary, though decision-making can be helpful, it is important that the therapist does not blindly encourage people to take any opportunity to make a choice by all means. Similarly, while taking tasks can do good, one should not bombard the individual with duties and obligations. For those who take on too much on themselves it would be more beneficial to give up a portion of their duties or share them with others.

The next chapter moves on to the analysis of responsibility in Freud's theory.

## Chapter 6: Freud on Responsibility Reconsidered

### *6.1. Introduction*

Responsibility-related ideas occur from time to time throughout the whole Freud's psychoanalytic corpus. The distinguishing feature of Freud's writing on the matter is whether people should assume responsibility for unconscious and unintentional events or actions, such as dreams and parapraxes. The most comprehensive account on this subject can be found in Freud's short essay called "Moral responsibility for the content of one's dreams" (1925, pp. 132ff).

It is clear-cut that Freud defends the view that people ought to take responsibility. Yet, we can see the very same problem that we came across in the case of Rogers. First, Freud does not explain what he means by responsibility. Should people lay the blame on themselves whenever they perform some shameful unconscious actions or events? Second, Freud does not clear up the function of responsibility in his therapy. Why should the counsellor advise the client to take responsibility? What is more, Freud's position on responsibility is much more intricate, as compared to Rogers's. The main problem is that Freud runs together a set of distinct questions that deserve individual attention. For example, if we look closely at the essay "Moral responsibility for the content of one's dreams", we can discover a bundle of subjects lumped together. Freud starts off with the question whether people should take responsibility for the evil content of their dreams, which seems to be a normative question. Then Freud poses a rhetorical question about the use of taking responsibility, which appears to be a therapeutic or pragmatic question. Without giving any answer, Freud goes off on a tangent to tell that people can assume responsibility under the influence of conscience, which appears to be a descriptive question bearing on the psychoanalytic theory. After that, Freud reports that the therapists should allow jurists to construct an appropriate concept of responsibility, which looks to be a legal question. In sum, we have a "bundle" of diverse responsibility-related subjects without any sufficient explanation of any of them.

The purpose of this chapter is to determine the meaning and the function of the concept of responsibility in Freud's theory. I will argue that Freud runs together four distinct subjects related to responsibility: causal responsibility, the use of causal

responsibility, culpability for unconscious events and the feeling of responsibility. All four themes are pertinent to the therapeutic work.

For the sake of transparency, I discuss each theme touched by Freud in separate sections. In § 6.2., I start with the theme of causal responsibility. My interpretation is that when Freud states that the person should assume responsibility for the bad content of their dreams he means that the person should recognize that it is them who cause those dreams. In § 6.3., I consider the question of the use of taking causal-responsibility. Though Freud poses a question about the merit of taking responsibility for one's dreams, he does not provide any account on this matter. My argument is that the counsellor can use the idea of causal responsibility to help his or her clients to increase self-awareness, to augment self-control and to maintain the unity and continuity of the mind. In § 6.4., I examine the conditions under which a person might be held culpable for their unconscious, unintentional and harmful actions. I suggest that one reason why a person could be held blameworthy for their unconscious actions is because this person was negligent to prevent these unconscious actions in advance by conscious means. In this context, I infer that there is a further "moral" use of causal responsibility: by taking causal responsibility, a person can consciously intervene into one's behavior and prevent some unconscious and harmful events, and thus one can promote moral relationships with others. In § 6.5., I investigate the theme of feeling of responsibility. I interpret that Freud essentially means that the individual can assume responsibility (e.g., for an evil dream) under the influence of moral feelings, such as guilt. I suggest that the clinical task is to explain clients that individuals can unfairly hold themselves responsible because of guilt, and therefore one should learn to distinguish between a feeling and fact of being responsible.

### *6.2. Psychotherapy and causal responsibility*

A few times Freud raises the question whether the person should take responsibility for a wicked dream they may have sometimes (e.g., an act of misdeed, a scene of perversion etc.) (1900, 1925). Freud's answer is affirmative each time: the individual should assume responsibility. In one of the early works, Freud states flatly: "There seems to be no justification for people's reluctance in accepting responsibility for the immorality of their dreams" (1900, p. 620). In the later work, Freud reiterates:

“Obviously one must hold oneself responsible for the evil impulses of one’s dreams. What else is one to do with them?” (1925, p. 132ff).

It would be useful to glance over the text in which Freud outlines his standpoint on the matter:

“[T]he problem of responsibility for the immoral content of dreams no longer exists for us as it formerly did for writers who knew nothing of latent dream-thoughts and the repressed part of our mental life. Obviously one must hold oneself responsible for the evil impulses of one’s dreams. What else is one to do with them? Unless the content of the dream (rightly understood) is inspired by alien spirits, it is a part of my own being. If I seek to classify the impulses that are present in me according to social standards into good and bad, I must assume responsibility for both sorts; and if, in defence, I say that what is unknown, unconscious and repressed in me is not my ‘ego’, then I shall not be basing my position upon psycho-analysis... I shall perhaps learn that what I am disavowing not only ‘is’ in me but sometimes ‘acts’ from out of me as well.

It is true that in the metapsychological sense this bad repressed content does not belong to my ‘ego’ - that is, assuming that I am a morally blameless individual - but to an ‘id’ upon which my ego is seated. But this ego developed out of the id, it forms with it a single biological unit, it is only a specially modified peripheral portion of it, and it is subject to the influences and obeys the suggestions that arise from the id. For any vital purpose, a separation of the ego from the id would be a hopeless undertaking” (1925, p. 133ff).

As it was explained in the previous chapter, people could mean different things by the term “moral responsibility”. Therefore, it makes sense to determine what Freud means exactly by responsibility from the outset.

There is one passage that could indicate that Freud talks about liability-responsibility in the above-mentioned passage. One of the sentences contains the word “blameless”, and, as we remember, the idea of blame is one of the attributes of liability-responsibility. As Freud puts it: “It is true that in the metapsychological sense this bad repressed content does not belong to my ‘ego’ – that is, assuming that I am a morally blameless individual – but to an ‘id’...” (ibid.). But there is a potential for the misinterpretation here. In the original, the phrase “blameless individual” is written as “moralisch untadeliger Mensch”, which literally denotes “morally impeccable person” (GW 1925, p. 567).<sup>27</sup> The important point is that nothing is said about blaming oneself. What Freud says essentially is that people should not think of themselves as virtuously perfect creatures, who are unable to have any egocentric or devilish impulses. Since

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<sup>27</sup> “Im metapsychologischen Sinne gehört dies böse Verdrängte allerdings nicht zu meinem „Ich“, — wenn ich nämlich ein moralisch untadeliger Mensch sein sollte, — sondern zu einem „Es“, dem mein Ich aufsitzt” (GW 1925, p. 567).

people have the id, they are disposed by their nature to have some impulses which they might dislike, or which would run counter to moral codes.

In addition, the question of blame for one's dreams appears misguided. For one, people do not choose the dreams which they are going to have. Not to mention that people do not choose to have repelling dreams. Dreams simply happen, regardless of human preferences, will or intention.

It is my understanding that the loose terms "responsibility" [die Verantwortlichkeit] and "moral responsibility" [sittliche Verantwortung] used by Freud, in fact, refer to the sense of causal responsibility. Freud does not want to say that people should blame themselves for the vile content of their dreams (to hold oneself liable-responsible). Rather, Freud appears to mean that one should recognize that dreams – even nasty dreams – are caused by people themselves (to hold oneself causally responsible).

It is easy to notice that the central point of the above-mentioned paragraphs pivots on the idea of causality. For example, Freud writes: "Unless the content of the dream (rightly understood) is inspired by alien spirits, it is a part of my own being" (ibid.). Another way to put it would be to say that unless some external force induced the agent to have a dream, the dream is caused by the individual themselves or by the character [das Wesen] of the individual.<sup>28</sup>

The person can retort, however, that a bad dream is not caused by their values or conscious mentation. One could argue that the dream was brought about by the id. Freud agrees with this point, but he also reminds us that the id is still a part of the individual. In fact, the id is the biggest part of the human character. Given this, people should not disjoin themselves from the id or disown the impulses coming from it. As he puts it: "I shall perhaps learn that what I am disavowing not only 'is' in me but sometimes 'acts' from out of me as well" (ibid.).

All in all, Freud apparently tries to show that it is the individuals themselves who cause (aka who are responsible for) their unconscious events, such as dreams. Sometimes an event can be repelling, and the person can argue that it does not reflect their true self, their values, ideals or principles. While it can be true, one should not lose sight of the fact that humans are not morally flawless creatures. Apart from lofty moral ideals, people are also endowed with the instinctive nature. There are aggressive urges,

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<sup>28</sup> In the German original text, the word "being" has a counterpart "Wesen", which could also be translated as "nature" or "character". "Wenn der – richtig verstandene – Trauminhalt nicht die Umgebung fremder Geister ist, so ist er ein Stück von meinem Wesen" (GW 1925, p. 567).

sexual drives, egocentric impulses which sometimes can manifest themselves in human behavior, whether one likes it or not.

### 6.3. *The pragmatic question*

Continuing the discussion of dreams, Freud then suddenly poses a pragmatic question about responsibility. What would be the use of taking responsibility for the dark content of one's dreams?

“For any vital purpose, a separation of the ego from the id would be a hopeless undertaking. Moreover, if ... I might disregard the evil in the id and need not make my ego responsible for it, what use would that be to me?” (1925, p. 132f).

This is a very good question, as we need to know what function responsibility performs in the psychoanalytic counselling practice. But Freud does not give us any answer and jumps in to the next topic in which he discusses emotions that prompt the person to assume responsibility (see next section).

I have argued in the previous section that we deal with the sense of causal responsibility in Freud's writing on dreams. Therefore, strictly speaking, Freud's pragmatic question should be: “What would be the use if the person takes causal responsibility for their wicked dream?”

When discussing the value of role-responsibility (see Chapter 5), I availed myself of some empirical studies that illuminated this aspect. It would be ideal to use the same strategy again, but the link between causal responsibility and mental well-being is not particularly examined in the contemporary literature. Therefore, I can only dare to make an assumption about the benefits of causal responsibility drawing on the psychoanalytic theory.

The *first* benefit of causal responsibility could be connected to self-knowledge. It is plausible that when people recognize that the origin of some distressing behavior (or event) lies within themselves, then they can try to identify the cause of this behavior and thus extend their self-knowledge. For example, a hellish dream can be caused by certain repressed emotions, or some daily anxieties, or some unresolved conflicts, or by all these triggers together. To illustrate the point, it is worth attending to the case of Dora (1905). The vignette is: Dora had a psychosomatic disorder caused by her unconscious

intention to divorce her father with his beloved woman. Since she could not achieve this end by common means (e.g., talks, prayers, threats, pity), she resorted to malingering. Eventually, Dora started having psychosomatic symptoms. It should be noted, however, that Dora suppressed or forgot the motives of her behavior at some point. Presumably, Dora considered her motives as shameful and thus decided to force out this episode from her awareness. It could be noticed that one of Freud's first steps during the therapy was to explain to Dora that she had an intention to be sick. The illness was not an accident, but it had been engendered by the motives that Dora was not willing to acknowledge. As Freud writes: the "illness of this kind are the result of intention... An attempt must first be made by the roundabout methods of analysis to convince the patient herself of the existence in her of an intention to be ill" (1905, p. 77f). In short, Freud endeavored to explain to Dora that she had caused her malaise herself. To put it otherwise, we can say that Dora was causally responsible for being sick. It seems important that the agent comes to understanding that sometimes people bring about many vices and privations themselves. This understanding can be the first crucial step towards overcoming the issue that troubles the agent.<sup>29</sup>

The *second* benefit of causal responsibility could be related to self-control. If the agent gets to know the cause of a rotten and unconscious event (e.g., disturbing dream), they can take decisive steps to affect this cause and take the unconscious event under control. Sometimes unconscious events or unintentional actions run counter to conscious values of the individual. But it does not mean that the person cannot do anything about it. The fact is that conscious and unconscious mentation are firmly interlaced. It follows that by conscious actions the person can considerably affect their unconscious processes. Consider dreams as an example. What a person dreams about (in the unconscious state) is often the result of what they do, think or feel during the day (in the conscious state). For instance, a pleasant dream about a sunny beach might be caused by recent thoughts of coming summer vacations, while a dreadful dream might be the product of anxieties that the person experienced during the day rushing to meet deadlines. But, as I mentioned earlier, people can interfere into unconscious processes via conscious means. Suppose Bill had a nightmare yesterday. True, he cannot change this fact anyway. It already happened. But he can exert some effort not to have the same nightmare again. Bill can try to identify the cause of his nightmare, the trigger, when awake. It could be some fears, scary events, anxious thoughts, and so forth. Once the

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<sup>29</sup> For a detailed discussion of self-knowledge and issues, such as how people can know themselves and to what extent see (Cassam, 2014).

trigger is identified, it can be changed. If Bill copes with the initial cause of his nightmare, he will dissolve the grounds to have the same nightmare the coming night. All in all, even though the control over human unconscious can be limited, some control still remains available. The main point is that people should not remain a passive observer in respect of their unconscious life, but one can actively engage in this realm and try to bring it in conformity with one's goals.

Loewald makes a remark, which is on target: "To acknowledge, recognize, and understand one's unconscious as one's own means to move from a position of passivity in relation to it to a position where active care of it becomes possible..." (1980, p. 95f). Lear also gives a good summary of this thought: "[Freud's] point is not about blaming oneself for the dream or the impulses expressed in it. It is about ... coming to recognize these impulses as part of me. And in part I do this by acquiring the practical skill by which I can recognize these impulses as they arise – and by which I can either modify or redirect them. This is not an activity by which I blame myself for impulses not under my control, it is an activity by which I expand my living repertoire and bring these impulses into the domain of my life" (2015, p. 109f).

The *third* benefit of causal responsibility could be connected to the maintenance of the unity of the mind. According to psychoanalysis, the human mind consists of distinctive parts: the ego, super-ego and id. These parts fulfil different functions and sometimes they can come into conflict. Nonetheless, all these parts belong to the human character and constitute mental apparatus. Thus, they form a certain psychological and causal unity. As Freud writes: "This ego developed out of the id, it forms with it a single biological unit... For any vital purpose, a separation of the ego from the id would be a hopeless undertaking" (1925, p. 133ff). Another important postulate of the psychoanalytic theory is that the person should avoid any dissociation or detachment from any part of the mind. Otherwise, there can occur an internal conflict between different parts of the mind.

Suppose that the person does not want to take causal responsibility for a nasty dream produced by the id. One says: "It was not me, it was the id". In a way, the person is right. Indeed, the dream was the product of the id and not the ego. However, there are two points that should be taken into account. One: the id is still a part of the person in all possible senses. The ego does not represent the complete picture of the person. It is at most a quarter of the agent. Two: when rejecting causal connection to the id, people virtually dissociate themselves from the id, they dissociate from a big part of themselves, thus committing a certain breach in the internal unity of their mind.

Potentially, this can lead to the internal conflict between the ego (with which one identifies oneself) and the id (which the person pushes aside).

To start with, the confrontation between the ego and the id can trigger various ego's defense mechanisms. The defense mechanisms are unconscious psychological strategies, which reduce anxiety caused by unacceptable, ego-alien urges (that could come from unconscious) (McWilliams, 2011). Many people take refuge in the defense mechanisms without realizing it. But the problem is that the defense mechanisms function by distorting reality. For instance, one can deny a dream produced by the id: "I have not had a transgressive dream" (denial). Or one can forget the dream: "I do not remember having any such dream" (repression). Or one can attribute the dream to someone else: "It is not me; other people have such corrupt dreams" (projection). Or one can try to find excuses or justify the dream: "The dream was not so bad" (rationalization). Ultimately, the internal conflict between the ego and the id can result in a neurotic disturbance.

In sum, when the agent takes causal responsibility for their unconscious event (e.g., dream), the individual acknowledges both their conscious and unconscious processes, and, thus, one manages to maintain the unity and continuity of mental apparatus (viz., the unity between the ego and the id). To put it differently, by taking causal responsibility the agent can prevent internal fragmentation of the mind, dissociation from some parts and processes of the mind, and ultimately one can prevent internal conflict.

I take it that one of the primary messages of psychoanalysis is that people should get familiar with all sides of their nature. It is important to embrace both the creative and destructive, normative and instinctive, overt and covert facets of ourselves. On the one hand, this is the only way how we can get to know ourselves fully. On the other hand, this the only way how we can get the most control over our behavior. Some try to steer clear of certain unsightly sides of their being. It may be the easiest option, which gives some relief at present. But the disadvantage is that one runs the risk of losing much control in the long term. If one turns a blind eye to the unconscious processes, it does not mean that these processes disappear. Whether one recognizes it or not, the unconscious can keep intruding into one's life remaining hidden in the shadow. Freud notes, in this context, that "the ethical narcissism of humanity" ought to be content with the fact that people have both the "evil nature" and the "moral nature". Whoever wants to be "better than he was created", enjoying a wishful thinking that he is ultimately good, will achieve nothing more than "hypocrisy and inhibition" (1925, pp. 132–134). It

is interesting that Rogers, representing the opposing school of psychotherapy, draws a very similar conclusion. As he puts it: “[T]he curious paradox is that when I accept myself as I am, then I change. I believe that I have learned this from my clients... - that we cannot change, we cannot move away from what we are, until we thoroughly accept what we are” (1989, p. 19).

It should be noted, however, that the last benefit of causal responsibility (the unity of the mind) depends much on some psychoanalytic claims being true: 1) that the ego and the id exist; 2) that the ego and id are largely distinct but influence each other nonetheless; 3) that there could be an internal conflict between the ego and the id; 4) that there are ego’s defense mechanisms etc. There is a good chance that the opponent of the psychoanalytic theory would be eager to question any of these claims. Many personality theories simply do not divide the mind into different parts, such as the ego and the id. I should leave out the question of the plausibility of psychoanalytic theory, as this deserves individual and scrupulous research. The goal of my discussion here is only to come up with a conjecture why causal responsibility could be beneficial for mental health and therapeutic treatment. I find it necessary, however, to stress that this last assumption demands further research and verification.

#### *6.4. Unconscious and blameworthy*

At the end of the paper on dreams Freud leaves a comment:

“The physician will leave it to the jurist to construct for social purposes a responsibility that is artificially limited to the metapsychological ego. It is notorious that the greatest difficulties are encountered by the attempts to derive from such a construction practical consequences which are not in contradiction to human feelings” (1925, p. 134).

I can see three key points in this somewhat perplexing passage. First, Freud does not seem to reject the idea of liability-responsibility in general. It is mentioned, for example, that the “jurists” have a job to construct an appropriate concept of responsibility, which would serve social purposes.

Second, Freud does not engage in the discussion of liability. He does not set any criteria under which a person could be considered culpable, not here, not anywhere else. The “physician”, as indicated, should leave this task to the “jurist”. I explain this by the

fact that Freud, as well as Rogers, was primarily a psychotherapist and not a writer on law. Both scholars were interested only in those aspects of responsibility that were directly relevant to a therapeutic enterprise.

Lastly, Freud appears to say that lawyers and physicians may take somewhat different positions concerning responsibility for unconscious events and actions. While a psychoanalyst pays attention to both conscious and unconscious processes, a lawyer may want to focus just on conscious behavior or, as Freud says, “artificially limit” responsibility just to the operation of the ego.

I should add some more clarity in respect of this last point. This theme has less to do with psychotherapy and touches more the research in ethics. But it will enrich our earlier discussion of the value of causal responsibility, and it will explain what is the “moral” merit of taking causal responsibility.

First off, Freud does not seem to distinguish different senses of responsibility, which are relevant to psychotherapy and law. If I am right, the psychoanalyst is mainly concerned with the idea of causal responsibility rather than with liability. Therefore, the therapist naturally holds the individual (causally) responsible for every event (both conscious and unconscious) that originates from their character. By contrast, the jurist is concerned primarily with liability-responsibility. The jurist understands that if the person is causally responsible for the event (viz., that one did harm), it does not follow that they are also liable-responsible for this event (viz., that one deserves punishment). Suppose Mike breaks some objects while sleepwalking. The jurist can agree that Mike is causally responsible for the damage, as it was him who produced this event. However, the jurist may disagree that Mike is also liable-responsible, as Mike did not act intentionally, he did not behave with “guilty mind”.

It is plausible that the jurists may not always consider a person responsible for unconscious events and actions. In the legal process, the jury needs to establish whether the action was truly voluntary. But when it comes to unconscious behavior or events (e.g., dreams, forgotten appointments), we cannot always guarantee that the person acted willingly (Moore, 1984). It is worth noting, in this context, that consciousness is often regarded as a necessary condition for moral responsibility, whereas unconscious behavior is often treated as an excusing condition (Levy, 2014). In many cases, a person can be exonerated if they commit a crime in unconscious state – e.g., under hypnosis, somnambulism. It can be explained by the fact that in the unconscious state a person lacks many requisite mental faculties that are essential for accountability. For example, a person does not have sufficient self-control, responsiveness to moral consequences of

their actions, sensitivity to environment. An unconscious event or action supervenes unbeknownst to the will or awareness of the individual.

That said, it should be noted that the jurists do not restrict legal or moral responsibility just to conscious actions, as Freud seems to claim. Unconscious and unintentional actions are not always considered as an excuse. Drunk driving, for example, which is often accompanied by unconscious state of mind, is generally considered as a crime. A possible explanation of this might be that human behavior is based on the transitivity of causation. Though drunk driving can be carried out by unconscious behavior, it is also preceded by some conscious actions. Drunk driving and its repercussions is the foreseeable consequence, and people can take conscious actions to prevent it. It follows that one reason why the person can be held legally responsible for drunk driving is that the agent failed to take conscious decisions to prevent this foreseeable harm (e.g., not to drive to a party, not to stop drinking before the overdose, not to ask friends to keep an eye on one another etc.).

I still doubt that liability-responsibility could have any central place in the psychoanalytic *counselling* practice. This is mainly because of the non-judgmental therapeutic attitude that is common for the psychoanalytic treatment (see Chapter 8). Nonetheless, there is no doubt that psychoanalysis, as the theory of mind, has a potential to contribute to the discussion of ethics and conditions for liability-responsibility.

I argue that there are two points that could have been made based on psychoanalysis. First, people could be held liable not only for things that they consciously intend to do but also for their unconscious and unintentional actions, such as errors, omissions, forgetfulness, neurotic symptoms etc. For example, the person could be held liable for drunk driving, even though the agent drove in unconscious state and perpetrated harm inadvertently. Second, as one of the criteria for liability, people can consider whether the individual had the conscious means to prevent the unconscious or unintentional behavior that inflicted harm. Drivers, for example, are well aware of the grave consequences of drunk driving and could make conscious choices that would prevent this event. That is, the driver has the means to forestall the harm.

It is curious that we can find a relevant example in Freud's psychoanalytic corpus when a person is held liable for unconscious and unintentional behavior. In one of the early works, Freud defends an argument that unconscious actions and events constitute a common phenomenon of ordinary human life (1901). Freud describes a few cases of

parapraxes<sup>30</sup> in which two agents unwillingly forget some of their tasks. To be fair, it is not the place where Freud discusses the question of moral responsibility per se. Primarily, it is the discussion of unavowed, ulterior motives. Nonetheless, we can detect that the suggested examples implicitly contain the theme of moral responsibility. Here is the text:

“A lover who has failed to keep a rendezvous will find it useless to make excuses for himself by telling the lady that unfortunately he completely forgot about it. She will not fail to reply: ‘A year ago you wouldn’t have forgotten. You evidently don’t care for me any longer.’ Even if he should ... try to excuse his forgetfulness by pleading pressure of business, the only outcome would be that the lady, who will have become as sharp-sighted as a doctor is in psycho-analysis, would reply: ‘How curious that business distractions like these never turned up in the past!’ The lady is not of course wanting to deny the possibility of forgetting; it is only that she believes, not without reason, that practically the same inference - of there being some reluctance present - can be drawn from unintentional forgetting as from conscious evasion...

Similarly, ... a soldier must not forget what military service orders him to do. If he does forget in spite of knowing the order, that is because the motives that drive him to carry out the military order are opposed by other, counter-motives. A one year volunteer who at inspection tries to offer the excuse that he has forgotten to polish his buttons is sure to be punished. But this punishment is trifling in comparison to the one to which he would expose himself if he admitted to himself and his superiors that the motive for his failure to carry out orders was that ‘I’m heartily sick of this wretched spit-and-polish’. For the sake of this saving of punishment - for reasons of economy, so to speak - he makes use of forgetting as an excuse, or it comes about as a compromise” (1901, p. 154).

There are two important points in the above-mentioned cases. First, the characters of the above examples act unconsciously and involuntary. Neither the lover nor the soldier choose to forget their tasks. It happens despite their will and awareness. None of these outcomes were planned or opted for. As a matter of fact, the agents probably would have preferred not to forget their tasks, if they could, as in the above examples the option to forget entails some negative consequences: the quarrel with the lady and the punishment by the officer. Second, we can see that other people are willing to ascribe moral responsibility even for involuntary and unconscious actions. The examples would appear to indicate that both characters are held liable for their parapraxes, for their forgetfulness. The man is confronted and blamed by his lady for

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<sup>30</sup> A parapraxis (a Freudian slip) is a minor involuntary fault in action (unintended move), memory (forgetfulness), speech (slips of the tongue, pen), which psychoanalysts interpret as the impact of unconscious forces (subdued memories, repressed wishes etc.). The ordinary examples are calling someone by the wrong name, misquoting, misplacing objects. According to Freud, these errors reveal the true thoughts, feelings, desires and attitudes that people may hold in their unconscious. Freud introduced this concept in his famous work “The Psychopathology of Everyday Life” (1901).

forgetting their rendezvous, while the soldier is punished by the officer for forgetting to polish his buttons.

Freud's examples seem to correspond to ordinary social practices of assigning liability. Forgetting of a rendezvous or forgetting of one's duty on service seem to be real-world examples when people are held culpable. Therefore, I can reconfirm my earlier thought that unconscious behavior is not always considered as an excuse.

Both agents have obligations that they violate. The soldier has a duty to polish his buttons, as he is in the service of the Army; while the man has a duty to come in time, as he has commitments being in the relationship with his lady. Forgetfulness, carelessness, or thoughtfulness can be interpreted here as a clear sign of negligence. It is expected that the agents can and should remember important tasks, which they are bound to deliver. As Freud puts it: "Both the service of women and military service demand that everything connected with them should be immune to forgetting. In this way they suggest the notion that, whereas in unimportant matters forgetting is permissible, in important matters it is a sign that one wishes to treat them as unimportant" (1901, p. 154). Another way how to put it would be to say that the individual has a "duty to remember" if they deal with important matters (Blustein, 2017). Remembering seems to be a norm when it comes to one's obligations.<sup>31</sup>

It is true that forgetting is involuntary and an unconscious event. But a psychoanalyst can parry and point out that the person had the means to prevent these lapses. As I've argued earlier, the conscious and unconscious processes are causally interlaced. This fact suggests two points. *First*, given the interlink, unconscious events can represent the natural result of what the person does in their conscious life. For example, the content of one's dreams (in the unconscious state) can be caused by the things that the person does during the day (in the conscious state). Similarly, a parapraxis can be caused by what the person feels, thinks and does in their waking life. For example, the fact that the soldier forgets to polish his buttons can be caused by his belief that this task is stupid. The man, on the flipside, might forget his rendezvous because he has a desire to break up and start a new romance. *Second*, given the interlink, people have a measure of control over their unconscious processes via conscious means. If the agent changes what they do in their waking life, they may

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<sup>31</sup> Things that the person must remember or can forget concerns the research in ethics of memory (Bernecker & Michaelian, 2017). Some scholars argue that people could have a moral obligation to remember certain things or events from the past, such as crimes against humanity, to preserve memory of radical evil (Blustein, 2012; Rieff, 2016).

influence the things they dream about. The same principle holds for the parapraxes. If the soldier changes his beliefs concerning the meaning or importance of his duties, he may stop forgetting to polish his buttons. If the other man, on the other hand, sorts out his priorities, he may stop forgetting about his dates.

It is plausible that, apart from psychoanalysts, many other people come to see that the occurrence of some unconscious events and actions could be averted. The person, for example, could make effort to memorize what they are supposed to do, which would help them to prevent or to diminish the occurrence of an inadvertent forgetting. By extension, the man who is used to swearing inadvertently can train himself not to do it while at work with his colleagues and customers. In a way, sometimes an unconscious event or unconscious behavior can be regarded as natural consequence of how the person treats their obligations in the conscious life. Thus, it does not seem inconceivable that sometimes people can be deemed liable-responsible for their unconscious behavior.

From what has been said above the next proposition follows. I have argued earlier that the idea of causal responsibility can be associated with three benefits: the agent can become more self-aware, take control over their unconscious behavior and to maintain a unity and continuity of their mind. But there is a further substantial *moral* use. The person can also reduce the chances to be blamed for their unconscious behavior when it shows itself and affects others. Lear makes a good point in this context: “If I don’t engage in this practical activity of making these impulses my own, if I leave them split-off and unconscious, they will eventually leak out into public space – and then others will blame me” (2015, p. 109f).

Rightly understood, psychoanalysis trains people to be the masters of their unconscious to the degree it is possible. Individuals learn to pay attention to their unconscious processes and learn to seize control over them when necessary. Ultimately, the service users are trained to minimize the chances that their unconscious gets out of hand, bursts out and inflicts any harm on others.

### *6.5. The feeling of responsibility*

The final theme that should be singled out in Freud’s writing on dreams concerns feelings. Continuing the same topic about dreams and responsibility, Freud makes a

remark that the individual can feel internal compulsion to assume responsibility for one's dreams:

“Experience shows me that I nevertheless do take that responsibility [for the evil content of my dreams], that I am somehow compelled to do so. Psycho-analysis has made us familiar with a pathological condition, obsessional neurosis, in which the poor ego feels itself responsible for all sorts of evil impulses of which it knows nothing, impulses which are brought up against it in consciousness but which it is unable to acknowledge. Something of this is present in every normal person. It is a remarkable fact that the more moral he is the more sensitive is his ‘conscience’. It is just as though we could say that the healthier a man is, the more liable he is to contagions and to the effects of injuries. This is no doubt because conscience is itself a reaction-formation against the evil that is perceived in the id. The more strongly the latter is suppressed, the more active is the conscience” (1925, p. 133f).<sup>32</sup>

One way to understand this passage is to say that sometimes various moral feelings, such as guilt, can impel the person to assume moral responsibility.<sup>33</sup> Guilt can remind the person of their moral commitments, even if the person decides to disclaim responsibility and forget about their misdeeds, burying them deep in the unconscious. As Freud writes elsewhere: “Even if a man has repressed his evil impulses into the unconscious and would like to tell himself afterwards that he is not responsible for them, he is nevertheless bound to be aware of this responsibility as a sense of guilt whose basis is unknown to him” (1916–17, p. 331).

Imagine the following example. John is an upright citizen, but one day his daughter gets very sick; she needs a surgery that is very costly. Unfortunately, John cannot pay the bills. He collects all his savings, sells the house, borrows from friends, takes a loan. But it is still not enough. Driven to despair, and seeing no other options, John decides to commit a robbery. The robbery was successful, and John paid for the surgery. But after that, John feels extreme pangs of guilt for what he did. He feels that

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<sup>32</sup> Reaction formation is the ego defense mechanism. It refers to the situation when a person does the opposite of what she really wants to do or what she really feels. In this case, the real desires are perceived as unacceptable or anxiety-provoking. By doing the opposite, a person tries to conceal her real feelings. For example, the individual expresses exaggerated politeness, while feeling hostile. Or, one criticizes gay people, while feeling some homosexual urges.

<sup>33</sup> This line of the argument is reminiscent of Strawson's theory of reactive attitudes (1962). Strawson proposes that people maintain the practice of moral responsibility because of the existence of human blame-ascribing feelings (called reactive attitudes), such as resentment, anger, indignation, guilt, gratitude, forgiveness etc. The main implication of this view is that theoretical justifications related to moral responsibility are essentially irrelevant. We need to set metaphysics aside. If responsibility is embedded in human attitudes, then any metaphysical conclusions cannot effectively shake it. Strawson infers that the practice of moral responsibility is basically unavoidable, for (a) presumably it is psychologically impossible to opt out of reactive attitudes, and (b) even if it was possible to obliterate reactive attitudes nobody would do that, as the elimination of attitudes would impoverish human emotional life and ultimately subvert interpersonal relationships.

it is a right thing to admit fault and pay the penalty. Eventually, John gives himself up to the police.

This example is supposed to illustrate the operation and the influence of the super-ego. Having robbed the bank, John has violated one of his normative beliefs, which then caused the haunting sense of guilt. At some point, John decides to surrender, as he cannot tolerate these bitter feelings anymore.

In some cases, a person may be acquitted of charges or excused for some wrongdoing. But emotionally, even if acquitted, the agent may still experience certain moral feelings, which can press down on the agent and prompt to take responsibility anyway, irrespective of adopted social practices or verdicts. Metaphorically speaking, people can be imprisoned by the verdict of their own conscience.

The roots of this emotional phenomenon, according to psychoanalysis, we should seek in the activity of the super-ego. The super-ego (or conscience in simple terms) is a moral part of mental apparatus. It contains social values, obligations, rules and expectations that people internalize during their upbringing and socialization.

The super-ego can be regarded as one of the methods of social control over the individual. To understand this thought better, we can mention Freud's seminal work "Civilization and its discontents" (1930). Freud argues that people and civilization stand in deep opposition to each other. Some of human urges represent a threat for the peaceful functioning of social community (e.g., a drive for immediate sexual gratification, an urge to fight an offender etc.). If every individual had a chance to do everything they wanted, this could jeopardize the co-existence of people in a group. In view of this fact, society resorts to various forms of control over the behavior of its members. It makes sense to distinguish mechanisms of external and internal control. External control implies the control exercised by various social institutions. There are laws that prohibit various wrongdoings: murder, domestic violence, intimidation, harassment, rape, stealing etc. There are also social norms that prescribe how people should interact with one another in various situations. If social demands or expectations are violated, society imposes punishment. A person can be disapproved, blamed, fined, exiled or imprisoned. Internal control, on the flipside, refers to the control fulfilled by the super-ego. Under the social influence, people inevitably develop their super-ego. They internalize a wide range of social demands, rules and prohibitions, which are then stored in the super-ego. In essence, the super-ego can be regarded as an installed social representative in every person. It watches closely what people do, think and feel. One of the central functions of the super-ego is to make the person act in compliance with

internalized social norms. If the behaviour deviates from internalized demands, then the super-ego generates various moral emotions as sanctions in response to the objectionable behavior. The super-ego, so to say, smites the person, until the latter decides to conform to the social expectations. Ultimately, the person becomes cornered by the mechanisms of external and internal control with no chance to hide.

The work suggests two main conclusions. First, there is an unavoidable collision between society and the individual. The person naturally strives to exercise instinctive freedom, doing what they want to do. But society imposes rules and demands obedience from its citizens. Second, society is not interested in the happiness of one single individual. The thing is that civilization suppresses plenty of human urges. Indeed, often these urges are destructive for society (e.g., fighting, stealing, harassment). But sometimes, society may also suppress some constructive human urges. For example, some totalitarian societies inhibit the desires for learning, creativity and critical thinking. In sum, society is not designed to serve an individual. Rather, it is an individual who is to serve the goals of society. A person must sacrifice a big portion of their wants for the sake of social convictions, ideals and goals. A person is allowed to live and function only within the framework of concrete social rules. Society, thus, often yields some unpleasant consequences, entailing conformity, neurotic disturbances and creating a natural feeling of discontent among its members.

The intensity of the super-ego apparently varies among people. The occurrence of moral feelings can be proportional to the intensity of the responsibility-related beliefs stored in the super-ego. The stronger the normative belief is, the more a person is prone to feel culpable and responsible. And vice versa, the weaker the belief is, the less a person may be prone to feel blameworthy. One extreme of this situation apparently can be detected among people diagnosed with psychopathy. It is well known that psychopathy is often accompanied with the impairments of conscience. Obviously, psychopaths can understand social rules, but they can lack the experience of guilt and remorse for what they do (Nentjes et al., 2017). Another extreme of this situation we can find among people diagnosed with the obsessive-compulsive disorder (OCD). One well-known fact is that people with OCD tend to have an exaggerated sense of moral duty and inflated sense of moral responsibility (Moritz et al., 2011). Freud was one of the first clinicians who documented this phenomenon. This can explain his writing: "Psycho-analysis has made us familiar with a pathological condition, obsessional neurosis, in which the poor ego feels itself responsible for all sorts of evil impulses... It

is a remarkable fact that the more moral he is the more sensitive is his ‘conscience’ (1925, p. 133f).

It is very instructive that Freud mentions one of the mechanisms how people can come to take responsibility. Nevertheless, Freud does not make an important distinction between being guilty and feeling guilty. Moore gives a good commentary on this matter: “Even if Freud is convincing when he says that we are *compelled* by our guilt feelings to accept ... responsibility, this does not mean that we *are* responsible. To determine whether we are responsible ..., we need to know something other than psychology of guilt” (1984, p. 345).

The sense of responsibility produced by the super-ego should be treated with caution. Even if a person feels guilty and wants to assume responsibility for this reason, it does not follow that this person is really guilty and responsible. There is a possibility that the person can have distorted or unrealistic beliefs concerning their responsibility. As a result, people can hold themselves responsible for all sorts of inappropriate things and feel guilt without a reasonable basis. A guru master, for example, may feel pangs of guilt for failing to stop the storm which ruined the harvest in the village.

Apparently, one of the crucial tasks of the therapist is to examine critically the nature of client’s guilt and to dissolve it if necessary. Another task would be to teach the clients to distinguish between feelings and facts.

## 6.6. Conclusion

This chapter has attempted to determine the function of responsibility in Freud’s therapy. Most of Freud’s writing on responsibility can be found in the short essay “Moral responsibility for the content of one’s dreams”. I have argued, however, that Freud lumps together a few distinct themes in this essay that require individual attention. These are causal responsibility, the value of taking causal responsibility, the blameworthiness for unconscious actions and feeling of responsibility. I have suggested that all four themes have direct relevance to psychotherapy and can extend our understanding of the function of responsibility in the counselling situation. What is more, the discussion of culpability for unconscious actions also relates to the research in ethics of memory.

First of all, I have argued that, unlike Rogers, by the broad term responsibility Freud refers to the sense of causal responsibility (see § 6.2.). The counsellor does not

attempt to persuade the client that they are blameworthy for their unconscious behavior (one is liable-responsible). Rather, the counsellor tries to spell out that the clients are the sources and frequently enough the authors of all their behavior, including conscious and unconscious. For example, people cause themselves unconscious and unintentional events, such as dreams and parapraxes. But importantly, this knowledge informs that people can also seize some control over their behavior if they want to and thus affect their dreams and slips (one is causally responsible).

I have also proposed that causal responsibility can yield a few positive outcomes, such as the increase in self-knowledge, self-control, ensuring the unity of the mind (see § 6.3.) and maintaining moral relations with others (see § 6.4.). If correct, causal responsibility can be a very valuable area of work during psychotherapy.

Then, I have outlined the reason why people can be considered legally and morally responsible for unconscious and unintentional actions in ordinary life (see § 6.4.). I have suggested that one reason why a person can be deemed blameworthy is because they had the conscious means to prevent this unconscious and unintentional event but failed to do it.

Lastly, I have explained that people – especially service users – can sometimes assume responsibility under the influence of moral feelings, such as guilt (see § 6.5.). Yet, people can also have irrational beliefs about their duties and thus have unwarranted sense of guilt. One goal of the therapist, thus, is to coach their clients to distinguish between feelings and facts related to one's responsibility.

Freud and Rogers are very similar concerning the question of liability-responsibility. Liability does not take a central place in any of these theories. While Rogers focuses mainly on role-responsibility, Freud concentrates mostly on causal responsibility. I can explain this by the fact that both Freud and Rogers, as psychotherapists, did not consider blame, disapproval or any form of punishment relevant to a therapeutic enterprise. If the individual understands that they could be blamed by a therapist, they naturally become cautious of the honest communication. The clients will think twice whether they should reveal any intimate secrets or misdeeds for which they could be disapproved.

However, there are no grounds to think that Freud or Rogers rejected liability-responsibility in general, especially outside a therapeutic room. In fact, it is plausible that both authors tried to prepare their clients to the thought of their liability in the social context. Rogers might help his clients to recognize their obligations (to take role-responsibility), as, among other things, he could well understand that other people

would blame the individual for the failure to recognize and undertake their obligations (to hold one liable-responsible). Similarly, Freud might encourage his clients to recognize their unconscious processes (to take causal responsibility), as he comprehended that people could judge the person for failure to take control over their behavior (to hold one liable-responsible). Viewed from this perspective, not only can psychotherapy contribute to human freedom, but it can also foster human moral behavior.

The last three chapters will shed more light on the place of liability-responsibility within psychotherapy. We will consider some conditions for blame (Chapter 7), the reasons to avoid blame during psychotherapy (Chapter 8) and methods how to handle blame if necessary (Chapter 9). I will start off with Wallwork's argument that moral responsibility requires the ability to do otherwise, which will pave the way for our discussion.

## Chapter 7. The Puzzle of Alternate Possibilities

### 7.1. Introduction

I have argued for the compatibilist interpretation of Freud's and Rogers's theories in the previous chapters. I have also mentioned in Chapter 2 that I leave one argument against compatibilist reading of Freud outstanding. It is now time to address it, as it relates directly to moral responsibility and blame.

Wallwork admits that, indeed, it is tempting to refer to compatibilism to understand Freud. More specifically, it is inviting to refer to the so-called "thin theory" promoted by Hobbes, Locke and Hume, which holds that: "determinism is true and yet compatible with freedom", since free will is understood as the act on one's preferences while not being coerced (1991, p. 70).<sup>34</sup> Wallwork goes on to add: "If this were Freud's position, there would be no problem about free will, because he would hold, with Hume, that the whole dispute derives from the confusion in the meanings of words. Once certain crucial terms such as *free* and *voluntary* were used correctly, the whole problem of free will would dissolve" (1991, p. 71). However, Wallwork points out that this compatibilist view "fails to do justice to the concept of free choice that is essential for the ascription of moral responsibility" (1991, p. 71). In defence of his libertarian reading, Wallwork asserts that to be qualified as a responsible agent people must have alternate routes into the future and thus be able to do otherwise at least in some situations. As Wallwork puts it:

"To say that an action is free means at the very least that the agent could have done otherwise, given the very same conditions – not just that the person felt that he was free because he approved of what he found himself doing anyway. If the thin theory of freedom were valid, it is hard to see how anyone could be held morally responsible. The excuse generally afforded only the insane would seem to be available to everyone – that "I could not help what did" – and the distinction, for all practical moral purposes, between hard and soft determinism would come to naught" (1991, p. 71).

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<sup>34</sup> We can see that by a "thin theory" Wallwork basically means classical compatibilism or a minimal view on free will, which we have discussed in Chapter 3, while parsing Rogers's position.

Wallwork appears to refer to the so-called principle of alternate possibilities (henceforth the PAP). The PAP states that to be responsible a person should be able to do otherwise.

It is true that the PAP is a well-known incompatibilist view. However, there are no sufficient grounds to conclude that it is actually true. I agree with Wallwork that classical compatibilism (the thin theory) fails to give sufficient attention to how people can be responsible. Yet, it is important to remember that I defend not the classical compatibilist reading of Freud but the mesh view. Mesh theories – and almost all contemporary compatibilist theories of free will – are based on the premise that the PAP is false. The rationale for this position has been presented by Frankfurt's challenge of the PAP (1969).

The purpose of this chapter is to explain how compatibilist choosing can render people morally responsible for their actions. I attempt, first of all, to defend the compatibilist interpretation of psychoanalysis and beat back the claim that compatibilism fails to justify the ascription of moral responsibility. In addition, the discussion of the PAP will help us better understand the role of moral responsibility in counselling work, including Rogers's and Freud's therapies.

In § 7.2., I explain the meaning of alternate possibilities and their relationship to moral responsibility. Section 7.3. describes Frankfurt's challenge of the PAP. Section 7.4. makes an overview of the Dilemma objection, which represents the most recent argument against the challenge. The overview suggests that there is no decisive reason to conclude that moral responsibility requires the ability to do otherwise. The argument of semi-compatibilism, for example, suggests that moral responsibility requires only the reason-responsive mechanism. That is, people should be sensitive to moral norms and reasons before they make a choice. In § 7.5., I argue that even if it turns out that the PAP is true, at the end of the day, this will not have any substantial implication for counselling practices like those of Freud and Rogers. I return to the distinction between different senses of responsibility and point out that the PAP relates only to the sense of liability-responsibility. In other words, the principle holds that people can be held blameworthy (liable-responsible) only if they have alternate possibilities. It is important to remember, however, that Freud and Rogers are not occupied with the question of liability. Their theories focus primarily on role, causal and capacity-responsibility. It follows that counsellors of psychoanalytic, client-centered, and probably many other traditions would be able to work with the concept of moral responsibility – encouraging

people to take role, causal and capacity-responsibility – no matter what eventuated in the PAP debate.

## *7.2. Alternate possibilities*

Alternate possibilities refer to the ability to act differently at the very same given situation. Imagine that a person walks down a road and reaches a fork. There are two different paths, two alternative routes. The person has alternate possibilities only if they can turn left to the very same extent as they can turn right.

The theme of existence of alternate possibilities is fundamental in the discussion of moral responsibility. One popular libertarian view states that a person is morally responsible only if they have alternate possibilities (viz., only if the person can do otherwise). This view is known as the principle of alternate possibilities.

Some relate the ability to do otherwise both to free will and moral responsibility (Wiggins, 1973). But others consider it only in the context of moral responsibility (Fischer & Ravizza, 1998). Frankfurt, in particular, starts with moral responsibility and then extends his conclusions to free will (1969, 1971).

For accuracy of discussion in what follows, I will distinguish between PAPf and PAPm. I shall call the PAPf the principle when free will presupposes alternate possibilities. And I shall call the PAPm the principle when moral responsibility is linked to alternate possibilities. These two principles, *prima facie*, are closely related.<sup>35</sup> It might be that the challenge of one principle can ground the challenge to another one. Yet, to remain focused, I will concentrate just on the PAPm in our discussion.

It should be noted, among other things, that alternate possibilities are impossible in the deterministic world. Determinism renders possible just one course of action and precludes alternate branches into the future. Given the fixity of the past (preceding events) and the fixity of the laws of nature, there can be at most one possible present and just one possible future. To put it another way, given the very same conditions, a person is unable to act differently at the very same situation. There can be at most one possible scenario. The formula is the following: the person can choose only A (not B, C, D etc.) at time T and under conditions C.

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<sup>35</sup> Frankfurt, for example, develops the connection between free will and the absence of alternate possibilities in his subsequent paper (1971). He, thus, confirms our intuition that the PAPm and PAPf are interconnected.

There is a risk, thus, to associate moral responsibility with alternate possibilities. Since determinism excludes alternate possibilities, it will also exclude responsibility. The argument can be put as follows:

- a) If causal determinism is true, then, given the fixity of the past and the fixity of laws of nature, there can be just one possible present and one possible future;
- b) If there is just one possible present and one possible future, people are unable to act otherwise;
- c) The PAPm: people are responsible only if they can act otherwise;
- d) If causal determinism is true, then nobody is responsible.

### *7.3. The challenge to the PAPm*

The PAPm states: “a person is morally responsible for what he has done only if he could have done otherwise” (Frankfurt, 1969, c. 829). If a person is somehow unable to act differently, then they should be absolved from responsibility.

In 1969, Frankfurt argued that the principle was false (1969). That is, we should divorce responsibility from alternate possibilities. A person can be held morally responsible, even though they lacked access to alternate paths into the future.

Frankfurt constructs a hypothetical scenario to illustrate the point. Suppose Jones wants to vote for Democrats in the next election. Meanwhile, there is Black who also wants Jones to vote for Democrats. Black would prefer Jones to act on his own. But just in case, Black covertly sets a special nano-device into Jones’s brain, which can monitor Jones’s thoughts and control his will. Therefore, if Jones for some reason changes his mind to vote for Democrats, the device will kick in and make him vote for Democrats anyway. However, the device will be off, if Jones follows the plan of his own accord.

Suppose that Jones votes for Democrats voluntarily, and the device was never activated. Intuitively, we can consider Jones morally responsible in this case. Jones qua rational agent acted deliberately for his own reasons, and he was not coerced by anyone to do what he did. He marked the ballot in a normal way. However, we should not lose sight of the fact that, as a matter of fact, Jones did not have any alternate possibilities. Had he decided not to vote, the brain implant would have forced him anyway. The implant ensures that there is only one alternative, only one decision and only one possible future.

By this example, Frankfurt intends to show that the PAPm is false. The concept of moral responsibility does not require a condition “could have done otherwise”. The example demonstrates that, on the one hand, Jones could not have done otherwise, as the device eliminated any options. But, on the other hand, Jones can be held morally responsible because he intended and desired to make a choice he did. In sum, although Jones has no actual freedom of action or the ability to do otherwise, still he remains a responsible agent.

The challenge to the PAPm suggests that responsibility and alternatives should be separated. Ultimately, this implies that moral responsibility can be compatible with causal determinism. It is true that causal determinism eliminates alternate possibilities, but it does not follow that it must eliminate moral responsibility as well. Thus, even if causal determinism is true, and people cannot do otherwise, people still can be morally responsible agents.<sup>36</sup>

Importantly, we have now the argument against Wallwork’s claim. We can respond that the claim that responsibility requires alternate possibilities is false, unless, of course, there is something wrong with Frankfurt’s challenge.

#### *7.4. The dilemma objection*

The challenge to the PAPm has generated an incredible amount of literature since 1969. There are literally volumes written on this subject. But we do not need to canvass all existing literature. For our purposes, it will be sufficient to do justice to the most recent argument, which indicates the current state of affairs in the debate.

One of the most recent arguments against Frankfurt’s challenge is known as “the Dilemma Objection”. It was elaborated by Kane (1985, 1996), Ginet (1996), Wyma (1997) and Widerker (1995a, 1995b, 2000). By now, it has many variations and developments. The dilemma consists of two possible scenarios: where determinism or indeterminism is presupposed.

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<sup>36</sup> Dennett also gives an interesting example which bears on alternate possibilities and responsibility (1984, p. 133). Martin Luther once famously declared: “Here I stand; I can do no other”. This phrase suggests that Luther experiences a certain sense of compulsion or inevitability. However, this phrase does not imply that Luther was trying to eschew moral responsibility for his actions. He was well aware of moral repercussions of his choice. Neither was Luther giving a testimony of the lack of free will. The point is that in those circumstances Luther, in fact, did not require any alternate possibilities. He confidently restricted himself with purely one course of action, for only this alternative could dovetail with his values. Contrariwise, other options would simply contravene what Luther craved for and what he believed in. In some sense, it would be an infringement of his free will.

#### 7.4.1. *The deterministic scenario*

In the first scenario, it is presumed that there is a *deterministic* link between the readiness (the neural sign monitored by Black that indicates that Jones is going to vote for Democrats), choice and the subsequent action. On this horn, incompatibilists argue that Frankfurt fails to show that Jones can be responsible under causal determinism. Jones is not responsible for his act, for his act could never be different.

This thought can be explained better if we refer to Fischer's distinction between two types of determinism. Fischer suggests that we can distinguish between an actual sequence determinism and an alternate sequence determinism (1982):

“There are two ways in which it might be true that one couldn't have done otherwise. In the first way, the actual sequence compels the agent to do what he does, so he couldn't have initiated an alternate sequence; in the second way, there is no actual-sequence compulsion; but the alternate sequence would prevent the agent from doing other than he actually does” (1982, p. 33).

Fischer then points out that Frankfurt describes in his examples only the alternate sequence determinism (brain implant), but he does not show that a person can be responsible under actual sequence compulsion. The example considers the case when some external device robs Jones of alternatives and thus prevents of doing otherwise. But the example fails to consider the internal mechanism that pushes Jones to desire what he desires and to make a choice that he does after all.

To summarize, if causal determinism obtains, it entails actual sequence compulsion, which necessitates that Jones acts (feels, chooses) the way he does. Simply put, incompatibilists refer to the traditional thesis of incompatibility between determinism and responsibility. To respond to this argument, one basically needs to rebut the thesis of incompatibilism.

Some philosophers, however, question whether the incompatibilist thesis is correct in the first place. Compatibilists, for example, do not see any threat in the fact that there is actual sequence compulsion preceding the action. What is important – a compatibilist may respond – is what properties a deterministic sequence provides (McKenna, 2003). For example, it is relevant to discriminate between coerced decision making and voluntary decision making. While both of these states can be determined, there is a manifest difference between them. These two determined states hold different properties. In the voluntary decision making the agent can employ a number of mental

faculties that are impaired or simply absent in the state of coercion. In sum, a compatibilist can respond that it is important to think discriminatively about deterministic actual sequences. Coercion is not always the case. It would be prudent to avoid making overgeneralizations.

Semi-compatibilism is probably the most well-known example of such discriminative approach to determinism. With reference to Frankfurt's challenge, Fischer & Ravizza developed a view known as semi-compatibilism (1998). The kernel of this view is that we should distinguish between conditions for free will and moral responsibility. Incompatibilists hold that determinism undermines any true control. The most popular argument is that determinism (preceding events and laws of nature) makes people do inescapably what they do. Provided people cannot have an alternate path into the future, they cannot be rightfully held responsible. Fischer & Ravizza, however, disagree with a view that determinism threatens all forms of control. The authors suggest distinguishing between two types of control: guidance control and regulative control. Regulative control implies alternate possibilities, viz., the ability to do otherwise. Guidance control, by contrast, involves two conditions: a) a reason-responsive mechanism, and b) that this reason-responsive mechanism is yours (not implanted). Then, it is proposed that free will and moral responsibility presuppose two different types of control. While free will requires regulative control, moral responsibility demands only guidance control. Thus, Fischer & Ravizza agree with libertarians that free will may presuppose the existence of alternate possibilities. Yet, they argue that responsibility does not need the very same type of control as free will.

To illustrate the point, let's return to Frankfurt's challenge of the PAPm. On the one hand, Jones lacks regulative control, as he is deprived of the ability to do otherwise (due to both the actual sequence compulsion and alternate sequence compulsion). Given this, we infer that Jones lacks the type of control that is necessary for free will. But, on the other hand, Jones preserves guidance control, as he remains reason-responsive and acts on his personal reasons. He understands the moral consequences of his decision. He is sensitive to moral reasons not to vote for Democrats. He can also form an intention and control his moves to achieve his goal. Jones is able to "guide" his behavior in a chosen direction. Thus, it is proposed that Jones can be held morally responsible for his choice.

Fischer points out, however, that it would be false to ascribe responsibility always under actual sequence compulsion (1982). Suppose there are inevitable events in the

world, which are even possible in a libertarian world.<sup>37</sup> An inevitable event – e.g., sunrise – will occur irrespective of anything that a human being could do. However, if we omit this fact, we may incorrectly expand the notion of moral responsibility for these events. We may infer that certain people are responsible for inevitable events, whereas, in fact, no one could be accountable for such events.

Consider an example. Mark believes that he has a power to control the rain. Suppose it has been raining for a long time, and it is believed that too much water can ruin the harvest. Mark is certain that he is able to stop the rain, but he refuses to do it for his own reasons. Suppose he does not want to “waste his powers”. But the science suggests that it will rain anyway, regardless of Mark’s actions. Mark would fail to stop the rain in any case, even if he willed. On Frankfurt’s view, Mark is accountable, as he willingly refuses to use his “powers” to stop the rain.

Fischer points out that it is important to take into account nomologically inevitable events when considering moral responsibility. As he puts it: “The actual sequence of events proceeds in such a way that the agent’s not stopping the rain is causally necessitated. Similarly, the physical laws that obtain (even in a libertarian world) are such that (given present technology) it is causally necessitated that no person can stop the Earth’s rotation” (1982, p. 39). In sum, it is proposed that a person can be held morally responsible under actual sequence compulsion, unless there are events which people cannot possibly control.

#### 7.4.2. *The indeterministic scenario*

In the second scenario, it is presumed that the connection between the readiness (the neural prior sign monitored by Black), choice, and the subsequent action is *indeterministic*. For the sake of simplicity, suppose that the readiness occurs at time T1, the choice at T2, and the action at T3. Since the T1, T2 and T3 occur in the indeterministic manner, the final action (T3) can diverge from the initial readiness (T1) that Black detects. In other words, under indeterminism, Black is unable to expunge all alternate possibilities. He may try to do this at T1 or T2, yet it will not still guarantee the desired outcome at T3. So, we can call Jones’s inability to act otherwise into question.

In this scenario, libertarians agree with Frankfurt that Jones is responsible. But they emphasize that Jones retains the ability to do otherwise on his own. In brief,

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<sup>37</sup> Libertarianism does not assume that everything in the world is uncaused. Even if there is agent-causality, some events in the physical world can still follow the causal laws.

incompatibilists argue that Frankfurt's example is flawed, for it fails to show that Jones's action is unavoidable.

Responding to this critique some compatibilists come up with the alternate Frankfurt-style examples, which are more ingenious than the original example, and which incorporate indeterminism. For instance, we can mention Mele & Robb (1998), Stump (1999), McKenna (2003), Hunt (2005) and Fischer (2006). Some propose even theological scripts, where the decision becomes unavoidable due to the foreknowledge and interference of God (Hunt, 1996, 2000). To understand the response better, I should cite briefly Mele & Robb's intricate example:

“At  $T_1$ , Black initiates a certain deterministic process  $P$  in Bob's brain with the intention of thereby causing Bob to decide at  $T_2$  (an hour later, say) to steal Ann's car. The process, which is screened off from Bob's consciousness, will deterministically culminate in Bob's deciding at  $T_2$  to steal Ann's car unless he decides on his own at  $T_2$  to steal it or is incapable at  $T_2$  of making a decision (because, e.g., he is dead by  $T_2$ .) (Black is unaware that it is open to Bob to decide on his own at  $T_2$  to steal the car; he is confident that  $P$  will cause Bob to decide as he wants Bob to decide.) The process is in no way sensitive to any “sign” of what Bob will decide. As it happens, at  $T_2$  Bob decides on his own to steal the car, on the basis of his own indeterministic deliberation about whether to steal it, and his decision has no deterministic cause. But if he had not just then decided on his own to steal it,  $P$  would have deterministically issued, at  $T_2$ , in his deciding to steal it. Rest assured that  $P$  in no way influences the indeterministic decision-making process that actually issues in Bob's decision” (Mele & Robb, 1998, p. 101f).

Unlike Frankfurt's initial example, Mele & Robb's upgraded example features both indeterministic and deterministic sequences. It attempts to show that an agent can have a libertarian freedom (i.e., the choice and the action made on one's own are entailed indeterministically), but apart from this, there can be a deterministic mechanism that guarantees that the final action is unavoidable (i.e., Bob steals the car anyway). Therefore, Mele & Robb address the previous concerns. On the one hand, an agent is free and morally responsible, for his choice and action are made on his own and are caused by the indeterministic sequence. On the other hand, the deterministic device precludes Jones from acting other than the way he does. The alternate possibilities in fact do not exist. Thus, the PAPm is undermined again.

It is time to recapitulate the whole dilemma objection. On the first horn, under determinism, it is assumed that Frankfurt fails to ground that Jones is responsible, provided his action is the mere outcome of the deterministic sequence (actual sequence compulsion). On the second horn, under indeterminism, it is claimed that Frankfurt fails to show that Jones's action is unavoidable. Jones can do otherwise, for Black is unable

to rule out all alternate possibilities. In both cases, libertarians state that the PAPm remains unscathed. Compatibilists, however, respond to both horns. On the one hand, it is argued that a deterministic sequence (actual sequence compulsion) does not deprive people of all forms of control, including control which is necessary for moral responsibility. On the flipside, it is proposed to consider upgraded Frankfurt-type examples, which illustrate that the agent may be deprived of alternatives even if there is indeterminism in play.

It is curious that in the course of the debate some incompatibilists have altered their attitude to the PAPm. Widerker, for example, was a fierce defender of the PAPm and a critic of Frankfurt's example for a prolonged time (1995a, 1995b). Yet, after a while Widerker has admitted that it is possible to imagine situations when the PAPm is false indeed, and he even suggested a defense known as a "Frankfurt-friendly libertarianism" (2009, 2011). However, some other incompatibilists keep resisting any new attempts to provide a warranted example in which it is not within the agent's power to avoid the action (Widerker & McKenna, 2003); or one can be responsible under the deterministic conditions (Widerker & Goetz, 2013). In fact, it looks like that the debate has got stalled in a cycle. It has been unfolding in the same manner for more than several decades.

I started this discussion primarily to respond to Wallwork's claim that responsibility requires alternate possibilities. It is undeniable that the PAPm is a very popular and strong incompatibilist argument. But as far as the current arguments go, there are reasons to conclude that the PAPm is false. Of course, these reasons are not decisive. It is possible that new research could uncover some powerful considerations in favour of the PAPm and will beat back Frankfurt's challenge. But as things stand, the strongest arguments suggest that the PAPm is false. This suggests that counsellors can well work with the concept of moral responsibility even if determinism is true, and people are unable to do otherwise.

### *7.5. Keeping things in perspective*

Suppose for the sake of the argument that the PAPm turns out to be true. Suppose it is proved that responsibility requires alternate possibilities, and thus responsibility and determinism are incompatible. Would it mean that Freud, Rogers, the contemporary followers of their schools, and all other compatibilism-oriented therapists had to

renounce their views that people are responsible agents? Would it mean that they had to stop encouraging clients to take responsibility?

On the face of it, it is tempting to conclude that compatibilist therapists should make revisions in their theories and practices. From an epistemological point of view, therapists should not promote false beliefs that contradict to how things really are. From an ethical standpoint, it might be cynical to delude the clients that they are responsible agents, while it is not true. Thus, one should either change the belief that human behavior is fully determined or retract the claim that people are responsible agents.

I argue, however, that even if the PAPm proved to be true, this would not have any substantial implication for Rogers's, Freud's, or many other counselling practices. It is primarily because the PAPm and Freud's/ Rogers's theories operate with different senses of responsibility.

We should pose the following question: "What kind of responsibility are we talking about when we discuss the PAPm?" There is no doubt that the debate is concerned with liability-responsibility. Philosophers basically enquire whether people should be blamed or punished for their actions, if they are unable to do otherwise. Should we punish Bob for his decision to steal the car? Or should we praise or blame Jones for his decision to support Democrats on the last general elections (depending on the consequences of Democrats' policy)?

Meanwhile, it is important to remember that Freud and Rogers, as psychotherapists, are concerned with other aspects of moral responsibility, as compared to judges or writers on law. According to the analysis of the previous chapters, Rogers is primarily interested in the aspect of role-responsibility, while Freud is mainly occupied with causal responsibility. Whether the clients deserve to be punished or not has no relevance for their therapeutic enterprise.

Another important point is that alternate possibilities may matter only in some context but not others. Consider the following propositions:

PAPm:

- 1) PAPm-liability: to be blamed for an action requires that one could have done otherwise.
- 2) PAPm-capacity: to act as a mature and healthy adult (knowledgeable of moral rules, being reason-responsive, and having self-control) requires that one could have done otherwise.

- 3) PAPm-causation: to bring about an event requires that one could have done otherwise.
- 4) PAPm-role: to undertake an obligation requires that one could have done otherwise.

While it can be argued that the PAPm-liability is true, we can see that the PAPm-role, PAPm-causation and PAPm-capacity appear to be clearly false. One can undertake a certain duty (to go to the polls), while needing no alternate possibilities. One can also cause a desirable event (to vote for Democrats), while requiring no other options. Finally, the person can be deprived of alternate possibilities, but one can still act as a mature and healthy adult (to vote for Democrats after careful deliberation, being responsive to different reasons and understanding possible repercussions of one's choice).

It follows that if the PAPm-liability turns out to be true at the end of the day, it may indeed have an impact on interpersonal relationships and the system of justice, but it is unlikely to have any considerable impact on counselling practices. On the one hand, counsellors will continue working with role, capacity and causal responsibility as before. Even if society comes to conclusion that people do not deserve to be blamed, it does not follow that people should not develop capacities that could make their life more proactive, healthier and ethical. Even if blame becomes inappropriate, it does not follow that people should not undertake obligations, that they should not foresee the consequences of their behavior, that they should not conform their behavior to legal norms, or that they should not try to build moral relationships with others. On the other hand, as before many counsellors will continue to keep clear of liability-responsibility in their work. If service users expect to be criticised, let alone punished, by their therapists, there is always a risk to undermine rapport and effective therapeutic work. The avoidance of blame and punishment is not something rare or extraordinary in psychotherapy. It seems that a large array of therapists from various traditions – apart from the psychoanalytic and client-centered schools – go to great lengths to avoid judgements of blameworthiness during their work.

## *7.6. Conclusion*

Objecting to a compatibilist interpretation of psychoanalysis Wallwork makes a claim that people can be fairly considered responsible only if they have the ability to do otherwise (the so-called PAPm) (see § 7.2.). I have argued, however, that Wallwork omits the fact that the PAPm has been challenged. Frankfurt provides an example when the person can be considered morally responsible, even though they are artificially deprived of alternate possibilities (see § 7.3.).

Frankfurt's work has generated an incredible body of literature since 1969. There is still no general agreement whether Frankfurt's challenge has been successful. Wallwork is right that there are arguments in support of the PAPm. But there is no good reason to conclude that the PAPm is actually true. Many philosophers, including some incompatibilists, find the challenge effective. Semi-compatibilism, for example, contends that moral responsibility requires only reason-responsive capacities (guidance control), which people can have in the deterministic world. As of this writing the debate continues (see § 7.4.).

I have also pointed out that the debate around the PAPm does not really pose a threat for counselling practice, including Freud's and Rogers's therapies (see § 7.5.). Alternate possibilities are linked only to the sense of liability-responsibility (blame), which is not particularly present during psychotherapy. Meanwhile, alternate possibilities have no relationship to other senses of responsibility, such as role, capacity and causal responsibility, which are actively employed in the counselling work. It follows that clinicians would be able to continue work with the concept of moral responsibility (role, causal and capacity senses), regardless of how the PAPm debate (liability sense) ended eventually.

The next chapter will concentrate more on the reasons why psychoanalytic and client-centered therapists prefer keeping clear of blame (liability-responsibility) during their work.

## Chapter 8: Responsibility and Neutrality

### *8.1. Introduction*

I have argued in the previous chapters that Freud and Rogers do not refer to the sense of liability-responsibility whenever they state that people are responsible or should take responsibility. Freud, Rogers and possibly many other clinicians are primarily concerned with role-responsibility, causal responsibility and capacity-responsibility. Yet, it was not explained at length why the sense of liability-responsibility is misplaced. Potentially it can be objected that Freud and Rogers simply fail to make it straightforward that they are wedded to all senses of responsibility, including liability.

The aims of this chapter are: a) to explain why Rogers and Freud are not occupied with the sense of liability-responsibility; b) to determine whether it is consistent to detach responsibility from blame in the counselling work.

Sections 8.2. and 8.3. investigate the nature of Freud's and Rogers's therapeutic relationships, pointing out that both types of therapies are based on the non-judgemental counselling attitude. I will argue in both sections that liability-responsibility (judgements of client's blameworthiness) is essentially incompatible with the non-judgemental counselling attitude, which has place in Freud's and Rogers's practices. Of course, counsellors, as ordinary normal people, can have personal opinions about whether their clients deserve blame/ punishment or not. But counsellors, as mental health specialists, omit this aspect of responsibility on purpose. Even if they happen to have personal negative opinions about their clients, they forbear to express these opinions for therapeutic reasons. Given this, I conclude that Freud and Rogers do not forget about liability-responsibility, but they deliberately or intuitively keep the distance from this aspect in their practices. In § 8.4., I examine the puzzle of "responsibility without blame" outlined by Pickard (2011). Pickard points out that the effective psychotherapy requires encouraging the service users to take responsibility for their wrongdoings and avoiding blame. Yet, some clinicians often find this attitude confusing, as ordinarily responsibility presupposes blame responses. One consequence of this is that while believing in responsibility counsellors often become judgemental with their clients, which can undermine the therapeutic process. I argue that clinicians should keep in mind the distinction between different senses of responsibility to overcome this difficulty. There is only one sense of responsibility which is interlaced

with the idea of blame (liability). Clinicians become confused simply because they make a mistake of bringing the sense of liability-responsibility in their work. By contrast, there are three other senses of the term responsibility (role, causal and capacity) which are not associated with blame anyhow. Thus, clinicians can hold service users responsible in one of these senses and effectively escape blaming them.

## *8.2. Freud's neutrality*

The distinguishing techniques of psychoanalytic treatment is taking the attitude of neutrality. Neutrality is considered as the recommended psychoanalytic stance in order to facilitate work with the clients (Moore & Fine, 1990, p. 127).

The term “neutrality” originates from 1915 when Freud wrote: “In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check... The treatment must be carried out in abstinence” (1915, p. 164f). The interesting fact is that Freud actually never used the term “neutrality” [Neutralität] in his original papers. It was Strachey’s translation of the German word “Indifferenz” [indifference] that Freud actually used in the paper “Observations on transference-love” (1915). Nonetheless, Strachey’s choice of translation received wide acceptance in psychoanalytic circles, and the term was subsequently used by the next generation of therapists.

Unfortunately, Freud never wrote a distinct essay on neutrality, which would embody definitions and details. This was done only by the next generation of psychoanalysts.<sup>38</sup> Freud gave only brief descriptions and similes of the recommended attitude in different papers throughout his work.

Generally speaking, Freud’s neutrality is commonly associated with a detached and non-judgemental clinical stance. This is primarily because of the “surgeon” and “mirror” metaphors used by Freud to explain the work of analysts, which are given in “Recommendations to Physicians Practising Psychoanalysis” (1912). The surgeon metaphor suggests that the analysts should model themselves on the aloof attitude

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<sup>38</sup> Schafer, for example, describes the analytic attitude as follows: “The analyst remains neutral in relation to every aspect of the material being presented by the analysand... In his or her neutrality, the analyst does not crusade for or against the so-called id, super-ego or defensive ego. The analyst has no favourites and so is not judgemental... The simplistic, partisan analyst, working in terms of saints and sinners, victims and victimizers, or good and bad ways to live, is failing to maintain the analytic attitude” (1983, p. 5).

similar to that of the surgeon. As Freud writes: “I cannot advise my colleagues too urgently to model themselves during psychoanalytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible” (1912, p. 115). The mirror metaphor informs that the therapist ought to present themselves as a mirror for the client. One should reflect back only what the clients show themselves, without adding any personal opinions or judgements to this image. As Freud writes: “The resolution of the transference, too – one of the main tasks of the treatment – is made more difficult by an intimate attitude on the doctor’s part... The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him” (1912, p. 117f).

Other texts provide some further pointers towards neutrality. For example, elsewhere Freud notes that the psychoanalyst refuses an ambition to have a role of moral authority who tells people what it is good or bad: “We refused most empathetically to turn a patient who puts himself in our hands in search of help into our private property, to decide his fate for him, to force our own ideals upon him, and with pride of a Creator to form him in our own image and to see that it is good” (1919, p. 164).

There is a range of professional reasons to maintain neutrality. First, neutrality creates a viable condition to secure emotional safety for the therapists themselves (1912, p. 115). A counsellor may work with a vast number of clients daily and thus face a high degree of emotional distress. If the counsellor took to heart every word heard from the couch, this could apparently affect their emotional state, colour judgements and diminish work capacity.

Second, neutrality facilitates the work with the client’s self-disclosure. One problem is that if the counsellor reveals of himself or herself, the client can become more interested in the analysis of the counsellor rather than their own. Another problem is that the more the therapist discloses, the less the client becomes eager to disclose. Having heard of therapist’s personal values, beliefs or feelings, the client becomes cautious of revealing those aspects of their internal life that they could find shameful or which would run counter to those of the counsellor. This explains Freud’s mirror metaphor. The counsellor must show the client only what the client is: what one feels, thinks, dreams, values, how one behaves etc. It involves that the counsellor keeps out of the urge to advise, to educate or to impose values. One bans any information that could

influence the client, introduce distortions and get in the way of the client's attempt to open up and understand themselves.<sup>39</sup>

Third, neutrality helps to establish a good rapport with the client. The central aim at the start of the therapy is to establish attachment and working alliance between the counsellor and client. It is possible to achieve this task if the client understands that they will not be condemned in any way during the therapy. The link between two can be jeopardized, however, if the counsellor makes a mistake to take sides. As Freud puts it: "It is certainly possible to forfeit the first success if from the start one takes up any other standpoint than one of sympathetic understanding, such as a moralizing one, or if one behaves like the representative or advocate of some contending party" (1913, p. 139f).

Fourth, neutrality helps the analysts to keep their counter-transference in check (1915, p. 164f). Transference is the state when the person unconsciously puts their feelings from the past onto the therapist or some other individual. Suppose Sophie becomes hostile around a colleague at work, teasing and spreading gossip (negative transference). This can be caused by the fact that Sophie unwittingly identifies her colleague with a bully she used to know at school and unconsciously brings these experiences to the present situation. Also imagine Frank who finds himself acting submissive towards his therapist, constantly looking for approval and praise (positive transference). This could be a scenario when the agent unconsciously identifies his therapist with his authoritarian and critical father. By contrast, counter-transference is when the therapist unconsciously projects or redirects some of his or her feelings from the past onto the client. In this case, the therapist loses objectivity as one becomes overwhelmed by one's own boiling feelings and unresolved conflicts. The judgements of the therapist become contaminated and biased. In addition, the therapist loses focus on the client and becomes occupied with their own issues, needs and desires. The examples of counter-transference could be: falling in love with the client; wanting to rescue the client; wanting to socialize outside therapy; getting irritated if the client disagrees; making negative comments about values, beliefs, choices of the client or some third party; failure to listen; giving advice instead of allowing the client to form a personal judgement; pushing to action instead of allowing the client to make a personal choice. In sum, it can be seen that the idea of neutrality is closely connected to the

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<sup>39</sup> Moore & Fine point out, however, that though neutrality prescribes to avoid imposing values upon the client, but some therapists' values are always operative in a therapeutic situation, such as "search for truth, knowledge, and understanding, and those emphasizing orientation toward reality, maturity, and change" (1990, p. 127).

concept of counter-transference. With a neutral stance in interaction, the analyst can make sure that they do not bring in some personal baggage and thus control counter-transference.

I hold that from this overview we have reasons to conclude that psychoanalysis promotes a type of relationship that is essentially incompatible with the idea of blame (liability-responsibility). It does not seem possible to maintain neutrality and to report simultaneously that one's clients deserve blame or punishment for their actions.

I admit, however, that the analyst could resort to liability-responsibility whenever they withdraw from neutrality and terminate treatment. It should be noted that it is widely accepted today that there are occasions when it is necessary to depart from neutrality. According to Hoffer, these situations constitute: "a) emergencies for the patient – e.g., suicidality, psychosis, toxic state, etc.; b) emergencies for someone potentially vulnerable to the patient's destructiveness – e.g., the analysand's children; and c) emergencies for the analyst – physical and psychological threats" (1985, p. 786).

### *8.3. Rogers's unconditional positive regard*

Rogers's work in psychotherapy has encouraged him to consider the nature of helping relationships. As he writes: "In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?" (1961, p. 32).

A helping relationship is a type of relationship between participants, which is designed to facilitate psychological safety and personal growth. Anybody can strike up a helping relationship. There should be just the goal to promote development and accelerate functioning due to this communication. A helping relationship can cover a relationship between two individuals or a relationship between an individual and a group. One-to-one relationship can include interactions between a counsellor and a client; a teacher and a pupil; a supervisor and a student; a manager and employee; or a parent and a child. A group relationship may include interactions between a tutor and a class; a physician and a therapeutic group; a chief and staff etc. Potentially, any ordinary interaction can be transformed into a helping relationship.

The helping relationship involves a unique interpersonal attitude, which is hard to find in any ordinary interactions. As Rogers writes: "One is the fact that it is the

attitudes and feelings of the therapist, rather than his theoretical orientation, which is important” (1961, p. 44). Elsewhere, he reiterates: “It seems clear that relationships which are helpful have different characteristics from relationships which are unhelpful. These differential characteristics have to do primarily with the attitudes of helping person on the one hand and with the perception of the relationship by the “helpee” on the other” (ibid., p. 49f).

Rogers outlines ten necessary conditions for the helping relationship, which he made up based on his counselling practice and some empirical research (1961, pp. 50–57). It is easy to notice that Rogers’s helping relationship presupposes setting up a blame free environment. This can be found in conditions 7, 8 and 9.

Condition 9 informs of the need to suspend any evaluations and judgements concerning the behavior of another person. The common part of human life is to be a subject to external judgements, evaluations, rewards and punishments. This can include phrases like: “That’s bad”, “That deserves a good mark”, “That’s mean behavior” etc. Rogers admits that he finds himself making such evaluations and judgements like anybody else, and they can be of use in some institutions, like schools (1961, pp. 54f). But he also comes to realize that such judgements do not create a condition for the effective personal growth. Rogers contends that it is worth avoiding both negative and positive evaluations, if one wants to create a helping relationship. The main reason is that both blame and praise can create the feeling of external threat. When there is blame, the person experiences external threat directly, as one is being accused of something. But when there is praise, the agent can experience threat indirectly, having in mind that if one can tell another person that they do good, they are also entitled to tell that they do wrong in some situations. Given this, Rogers’s main recommendation is to refrain from *any* evaluations and personal judgements. As he writes: “I should like to work toward a relationship in which I am not, even in my own feelings, evaluating him” (1961, p. 55). The point basically suggests that counsellors need to take the attitude of neutrality in order to foster the climate of safety. We can see that Rogers and Freud are on the same wavelength concerning this point completely.

Condition 8 reports that one should dodge any type of behavior which could be perceived even as a minor threat. This condition has the same justification as the previous one. One should be cautious of one’s behavior overall so that another person does not get any alarming experience of external threat. Only if the agent feels safe with another person, they diminish their fear to open up and to share. They also become more confident to face their own personal conflicts that they are used to finding threatening.

Condition 7 holds that one should accept another person unconditionally. I take it that Rogers talks here about the concept of unconditional positive regard, which is a certain hallmark of the client-centered therapy. Unconditional positive regard roughly means taking non-judgemental attitude and accepting others, no matter what (Amadi, 2013; Gibson, 2005; Wilkins, 2000). You accept other individuals, whether they perform “good” or “bad” deeds, whether you like them or not, whether you agree with them or not. It involves that the therapist sets aside his own standards and places no conditions for decent treatment. Unconditional positive regard should not be confused with love. One can accept other people as they are but have no affection to them. Nor should it be confused with approval. One can accept that another person has the right to make a choice but still believe that this choice would be wrong.

To see what such a view amounts to, it can help to think of a parent-child relationship. First, parents can resort to negative regard. This means expressing critical and punishing attitude towards the children. Children are punished once they do something wrong. Second, there can be conditional positive regard. This means that one shows support only when some requirements are met. Parents, for instance, can show their interest only when their children excel (e.g., in sports, in school) and withdraw their attention or support when children fail. Third, there can be unconditional positive regard. It involves showing acceptance to children, regardless of what they do or how they behave. If children fail, they are still welcomed. If teenagers disagree with parents, it is respected. If one expresses a desire to have a gap year, it is tolerated.

It is suggested that conditional and unconditional positive regard have different impact on the formation of self-worth. If people experience enough unconditional positive regard in their childhood, they learn that they have value as human beings, no matter whether they succeed or fail. But if people were nurtured by conditional treatment, they come to learn that they have worth only under certain conditions. Numerous people feel satisfied only when they succeed – attaining popularity, recognition or fortunes – and feel down the rest of the time. In view of this fact, it comes as no surprise why unconditional positive regard belongs to the conditions of helping relationship. As the counsellor accepts the client, the client gradually renounces the belief that there are “conditions of worth” and learns that it is normal to cultivate self-acceptance even when one fails.

In summary, I conclude that – like in the case of Freud’s neutrality – the nature of Rogers’s helping relationship is intrinsically incompatible with the idea of blame

(liability-responsibility). It would be impossible to nurture unconditional positive regard towards the agent and also to communicate that one is to be blamed.

#### *8.4. Responsibility without blame*

As follows from the previous sections, Freud's and Rogers's practices are based on the idea of non-judgemental attitude. This fact supports my earlier contention that Freud and Rogers do not refer to liability-responsibility whenever they say that the agent is responsible or should take responsibility.

It can be noticed that we have ended up speaking of responsibility that does not embody blame. My argument has been that the clinicians maintain the idea of responsibility but refrain from blaming their clients for misdeeds. It should be mentioned, however, that some philosophical literature has presented the idea of responsibility without blame as a certain clinical conundrum. Pickard argues, in particular, that having "responsibility without blame" is desirable in the therapeutic work, but this unusual combination may appear as a paradox for practitioners (2011, 2014). Pickard contends that there is actually no paradox, and that clinicians can well divorce responsibility and blame in theory and in practice. Pickard's strategy is to draw a distinction between the meaning of responsibility and the meaning of blame. I agree with Pickard that there is no paradox, but I run a bit of a different line of the argument. Though I also build the argument on making the distinctions between responsibility and blame, I demarcate different senses of responsibility, some of which have nothing to do with blame. In general, I hold that the two arguments are complementary, and they can make the picture more complete together. This will be explained below.

Pickard suggests that when it comes to responsibility counsellors have three clinical attitudes at their disposal: the rescue attitude, the blaming attitude and the responsibility without blame.

Some clinicians adopt the rescue stance in their work. Such counsellors reject the belief that their clients are responsible agents, and therefore they manage not to blame them for their problematic behavior. The premise can be that the agency of service users is impaired by their disorders.<sup>40</sup> For example, it is reasonable to excuse wrong behavior,

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<sup>40</sup> Apart from psychotherapy, this line of the argument figures heavily in the legal practice, when attorneys appeal to the insanity defence, arguing that the defendant is not responsible and guilty by reason of mental illness (Asokan, 2016).

if the individual lacks self-control of their behavior. Sometimes service users reinforce the rescue attitude themselves when they report that they cannot help what they do, that they have no choice, or that they feel compelled to act as they do. The shortcoming of the rescue attitude, however, is that while believing in the rescue mission, the therapist depreciates the agency and potential of another person. Some service users are well capable of recognizing their faults and altering their behavior. Therefore, it makes sense to motivate such individuals to be more proactive and to do things differently. According to Pickard, those who take the rescue attitude tend to believe generally that:

- 1) Service users diagnosed with personality disorder lack self-control over their behavior;
- 2) Personality disorder is a disease and gives an excuse;
- 3) Therefore, service users are not responsible agents;
- 4) Service users should be “rescued”, rather than blamed.

Other clinicians, by contrast, often swing to the blame stance. Such therapists strongly believe that the majority of service users are responsible agents, but they struggle with their blame responses. The rationale of this attitude is that it is worth distinguishing the extent of mental disorder. Unless there is a psychotic diagnosis, people with personality disorders are healthy enough to understand and control what they are doing.<sup>41</sup> The disadvantage of this attitude, however, is that believing in full responsibility therapists are often prone to become judgemental and attribute blame whenever the service users make damaging choices. Blame, in turn, may scare off the client and divert from further therapeutic work.

- 1) Except psychotic cases, service users with personality disorders have self-control and understand the consequences of their behavior;
- 2) Personality disorder does not afford excuse for wrongdoing;
- 3) Service users with personality disorders are responsible agents;
- 4) Therefore, service users deserve blame if they do harm.

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<sup>41</sup> For the argument that agents with personality disorders are morally responsible and can be the targets of blame and praise see (Bjorklund, 2004). For an example of a moderate approach see (King & May, 2018). The authors defend the Nuanced view, which holds that there are circumstances when psychopathology compromises moral responsibility and when not.

Pickard contends that both the rescue or the blaming attitude have some substantial drawbacks. There is either the risk of infantilizing the individual, believing that service users are not responsible and powerless to make any personal changes. Or there is a risk of hurting the individual and jeopardizing the further therapeutic work, believing that service users are responsible and thus deserve blame for their wrongdoings.

The way how to escape the Rescue-Blame trap is to take the stance of responsibility without blame. This stance does not involve neither rescuing nor blaming another person. Pickard reports that she encountered the model of responsibility without blame in her work in the Therapeutic Community. Staff members considered patients as responsible agents, but they also adopted the attitude of compassion and kept clear of blame. That is, service users were held responsible for wrongdoings but not blamed.

There was a plain explanation for this approach. Responsibility, on the one hand, is often considered essential for effective treatment. This is because personal growth is hardly possible without the individual recognizing that they commit wrongdoings or act in harmful ways. The change becomes viable when the agent realizes that there was something wrong in their behavior, and they had the power to change this and to make a more adaptive choice in the future. Blame, on the other hand, is believed to be detrimental for effective treatment. Based on the clinical observations, blame can bring about lots of negative feelings, such as fear, anger, shame, vulnerability, self-hatred. Understanding that there is a threat to be condemned, service users can resist self-disclosure, sabotage therapeutic alliance and ultimately quit the therapy. Those with low self-esteem might even give up an attempt to get better and relapse to self-harming behavior.

Pickard notes, however, that responsibility without blame may appear as a certain paradox. This differs from the attitude people ordinarily take in response to wrongdoings. If one is responsible, and one does wrong, then one deserves blame. The first worry is that responsibility without blame may be simply conceptually flawed. The second worry is that it may be hard or even impossible to separate responsibility and blame effectively in practice. That said, Pickard argues that the paradox is only apparent. There is a tendency to lump together responsibility and blame, thinking that one requires another. This is what creates confusion. But, in fact, responsibility and blame are distinct, and we simply need to keep in mind their distinction.

According to Pickard, responsible means that one meets certain conditions to be answerable or accountable for one's behavior. This can involve having conscious knowledge, choice and control over one's behavior. In the clinical context, responsible agents can explain why they make certain choices; they are receptive to the reasons of others, and they can be encouraged to change their behavior. Blame, on the other hand, is about how we respond to the wrongdoing. Usually it consists of negative feelings (anger, resentment), critical judgements and punitive behavior. Blame can also involve the imposition of negative consequences, such as fine, imprisonment etc.

We can now see that holding someone responsible and blaming someone for something are distinct things. To hold an individual responsible is to judge that they meet all conditions to be answerable for their behavior. To blame the individual is to judge or to feel that they do wrong. It follows that clinicians can make a judgement that clients meet all conditions to explain and change their behavior, but they refrain from judging that it is appropriate or desirable to blame clients for their wrongdoings.

Pickard further suggests that there are two sorts of blame: affective and detached. Affective blame consists of various negative emotions, such as anger, resentment, indignation, fury, contempt, disgust etc. Or it can be manifested in hostile behavior, like putting labels, disapproval, aggression, dislike, criticism, and so forth. On the whole, affective blame is what can obviously "sting" other people. Detached blame, on the other hand, is a judgement or belief that the person is blameworthy, viz., that one does harm having no excuse. This can further involve a judgement that some sanctions are appropriate to compensate the harm or that the person should revise their behavior.

Unlike affective blame, detached blame does not involve an emotional aspect. For example, we can judge that some historical figure did wrong and was blameworthy for their behavior, but we do not have to feel anything about it. In addition, unlike affective blame, detached blame does not intend to hurt or suppress. For example, whenever children act dishonestly, parents may point out that they have acted wrong, that they should revise their behavior, or there will be some repercussions including punishment. Pickard admits, however, that detached blame may hurt sometimes. Judgements of blameworthiness can be expressed in a very harsh form. Alternatively, constructive criticism can be perceived negatively because of the character of the blamed (e.g., low self-esteem, melancholic temperament etc.). But the point is that detached blame can be also expressed without offending another person.

Pickard then concedes that some sort of blame may, in fact, be in place during an effective therapy. Detached blame may be of use, if it helps clinicians to point out

mistakes of their clients and encourage change. However, affective blame, on Pickard's view, is always detrimental to good treatment and needs to be avoided. Hardly is it possible to keep the therapy going if service users expect to be attacked or defamed. This applies both to private therapy and system of justice (Lacey & Pickard, 2013; Pickard & Ward, 2013). Under affective blame, offenders become either more hostile or defendant, and the possibility of rehabilitation falls short. So, responsibility without blame, strictly speaking, means responsibility without affective blame. Pickard concludes that mental health staff need to "strike a difficult balance" in their work: one ought to be tolerant of harmful choices of one's clients, motivate them to take responsibility for their choices and refrain from expressing affective blame (2011, p. 220).

Turn now to the alternative line of the argument. I agree that there is no paradox in holding people responsible and eschewing blame. This becomes apparent when we consider Hart's taxonomy (1968). It suggests that there are four senses of responsibility, and only one of them is linked to blame. How can clinicians hold service users responsible but not blame them? The answer is straightforward: clinicians can work with the senses of role, causal or capacity-responsibility. None of these senses alone embodies the idea of blame. Working with role-responsibility, the therapist simply encourages the client to recognize their obligations or to undertake some tasks. By causal responsibility, the therapist merely clarifies the link between a certain outcome and the behavior of the client. And with reference to capacity-responsibility, the therapist only points out that the client has capacities of a normal and healthy adult, such as self-control, choice and reason-responsiveness.

Of course, it would be wrong to say that the aforesaid senses have nothing to do with the discussion of blame. As mentioned before, role, capacity and causal responsibility can be considered as necessary conditions for retribution (liability-responsibility). But importantly, none of these senses alone is a sufficient condition for blame. Take causal responsibility as an example. To judge whether blame is pertinent, we need to know whether the agent contributed to the harm anyhow. But even if the agent was involved in causing harm, it does not follow that they necessarily deserve blame. A person, for example, can be involved in a car crash, colliding with other cars, but still not blamed, as he or she did not initiate the accident.

I take it that the blaming attitude described by Pickard basically means liability-responsibility. Liability-responsibility is the most common understanding of responsibility, which has a place in ordinary human relationships and the system of

justice when people judge whether one deserves (meets all necessary conditions) to be blamed or punished. Those who take the blaming attitude simply make a mistake of applying the ordinary, legal sense of responsibility, which is not particularly helpful for the therapeutic work. There is no wonder why the therapist thereby becomes prone to ascribe blame in this case. Like a judge or a prosecutor, the therapist gets interested only in the ethical and criminal aspects of their clients' behavior, and when time comes one is ready to deliver a verdict.

The rescue attitude mentioned by Pickard appears to mean that clinicians do not employ any sense of responsibility at all. Trying to escape an adverse impact of blame, these therapists make a mistake to deny all senses of responsibility altogether. They neither encourage service users to take any obligations in their life, nor to recognize causality of events in their life, nor to employ any capacities, such as making choices or exercising self-control.

It is hard to deny that both blaming and rescue attitudes have some serious flaws, and thus we need to seek a better option.

As an alternative, it is suggested to have responsibility without blame. According to Pickard, responsibility means that the person meets certain conditions to be answerable for their behavior. And these conditions include having conscious knowledge, choice and self-control of one's behavior. Referring to our terminology, Pickard virtually outlines the sense of capacity-responsibility. To be a participant of moral relations, the agent must have certain capacities of a mature and healthy adult. It is curious that Hart and Pickard mention almost identical capacities, such as choice, self-control and knowledge (Hart, 1968, p. 227).

I should point out, however, that it would be too narrow to relate responsibility just to the sense of capacities. We should not forget that apart from capacity-responsibility, we can also distinguish role and causal responsibility. It is important to keep this distinction in mind, as the therapy can involve the work with only one of the senses of responsibility. This can be well exemplified by Freud and Rogers. While Rogers was predominantly occupied with role-responsibility, Freud mostly referred to the sense of causal responsibility.

But I suppose Pickard does not intend to restrict responsibility just to the sense of capacity-responsibility. She appears just to put an emphasis on this aspect, while remaining open to the view that responsibility can also capture the senses of causality and duty.

In the meantime, Pickard makes an essential distinction between different sorts of blame, which can extend our understanding of liability-responsibility. My argument has been that both Freud and Rogers steer clear of liability-responsibility. But we should be aware that sometimes clinicians from Freud's and Rogers's traditions can withdraw from neutrality and ascend to the level of liability-responsibility. This can happen, for example, in the cases of emergencies when the service users pose a threat either to themselves or others. In addition, we should know that it can be natural for clinicians from some other traditions to work with the aspect of liability-responsibility routinely. I have personally met counsellors who do not shy away from making critical and affective judgements to their clients from time to time (affective blame). Some other therapists see it as their role just to point out that some aspect of their client's behavior is wrong, even though they try not to sound harsh and judgemental (detached blame). Whether critique is good or not for therapy, and when it can be appropriate is the subject of another discussion. What matters for us is the fact that liability-responsibility can take place during the therapy. In this case, it is useful to have in mind the distinction between detached and affective blame.

It rings true that affective blame would be destructive for a good therapeutic relationship, as it intends to suppress another person emotionally and even physically. It is also true that detached blame can be unpleasant and can jeopardize work with some clients. Nonetheless, one should know that if expressed in tactful and respectful form, detached blame does not have to traumatize or scare off at least some service users. This suggests that if the therapist is to work with liability-responsibility for some reason, one should focus precisely on detached blame and do one's best to forbear from affective blame.

The table below makes a short summary of our discussion:

<i>Senses of responsibility</i>	<i>Meaning</i>	
(4) Liability-responsibility	(1) Legal liability:	Criminal punishment, fine, imprisonment
	(2a) Moral liability: Affective blame	The expression of reactive attitudes, such as indignation, anger, resentment etc.

	(2b) Moral liability: Detached blame	Judgement that one does harm to oneself or others having no excuse (judgement of blameworthiness)
(3) Capacity-responsibility	Conscious knowledge, choice, self-control	
(2) Causal responsibility	Causal connection between behavior and outcome	
(1) Role-responsibility	Duties, tasks	

As compared to our original table (see § 5.2.), I have made some addition, pointing out that liability-responsibility can embody two distinct moral responses to a wrongdoing: affective and detached blame. Counsellors should be aware of this distinction if they find some sort of blame appropriate for their therapeutic work.

### 8.5. Conclusion

The first goal of the chapter has been to provide further explanation why we should not interpret the broad term “moral responsibility” used by Freud and Rogers as the sense of liability-responsibility, which involves blame and punishment. My argument has been that the idea of blame would be at odds with the nature of non-judgemental relationship, which is common for Freud’s and Rogers’s practices.

Both Freud and Rogers defend the view that it is important to suspend blame attitudes in the work with the client. Psychoanalysis promotes the idea of therapeutic neutrality towards the client (see § 8.2.), while Rogerian therapy is committed to the concept of unconditional positive regard towards the client (see § 8.3.). Taken together, non-judgementalism is considered in both cases as a necessary condition for effective treatment, helping to control counter-transference, to create the climate of psychological safety for both parties, to stimulate rapport, to encourage self-disclosure and ultimately to work towards change.

I argue that it is not that two authors simply fail to impart that they are wedded to all senses of responsibility, including the aspect of blame and punishment. The more plausible explanation is that two authors intentionally or intuitively omit the sense of liability-responsibility, as the idea of blame would contradict the non-judgemental therapeutic attitude.

The second goal of the chapter has been to explain how it is possible to hold a person responsible but refrain from blame (see § 8.4.). Pickard suggests that some clinicians can perceive responsibility without blame as a certain paradox. Pickard's solution is to show that responsibility and blame are distinct things. Responsibility refers to certain conditions for the person to be answerable for one's behavior, such as having conscious knowledge, choice and control of one's behavior. Blame, on the other hand, implies our negative response to the wrongdoing. With this distinction in mind, clinicians can hold a person responsible but avoid blaming them. That is, one can judge that a person meets all conditions to answer and change their behavior but also judge that it is not desirable to respond critically to their misdeed.

Aligned with Pickard's view, I have argued that there is no paradox at all. Blame and responsibility are interwoven only in one sense of the term responsibility (liability-responsibility). But there are also three other senses of responsibility (role, causal and capacity) that do not entail a blame response. The clinician, thus, can hold the service user responsible (in role, causal or capacity sense) and easily avoid blaming them. It is not to deny that the counsellors, as normal people, could not think of liability and form their personal opinions about whether their clients deserve blame/ punishment or not. It is just that they omit the question of liability in their counselling work and refrain from voicing their judgemental opinions whether someone is culpable or not for professional reasons.

Yet, as compared to Pickard's position, I have also argued that responsibility should not be associated solely with the sense of capacities. Responsibility can include three distinct and important aspects: role, capacity and causality. When it comes to therapy, clinicians can either focus on one of these senses or swing between them. We have discovered, for example, that Freud highlighted the sense of causal responsibility, while Rogers was primarily occupied with role-responsibility.

Though the attitude of neutrality is recommended by some reputable therapies, sometimes it can be extremely hard to avoid affective blame. In the final chapter of this thesis, we will consider some techniques that could be used by counsellors to pacify their emotions and take blame under control.

## Chapter 9: Relationship without Blame

### *9.1. Introduction*

It should be noted that the non-judgemental attitude advocated by Freud and Rogers can be extremely hard to achieve. Even trained and experienced specialists – including Freud and Rogers – could wrestle sometimes with their blame feelings.

It is hard to find any instructions in Freud's or Rogers's corpus how exactly one can manage blame. This appears to be a considerable omission, given the fact that in both therapies the non-judgemental attitude constitutes the foundation of therapeutic intervention, and the achievement of this attitude is not the easy one.

The purpose of this chapter, therefore, is to reveal some methods how counsellors and even ordinary people can cope with blame if needed.

In § 9.2., I intend to determine the type of blame-free relationship which is common for Freud's and Rogers's therapies. I point out that there can be different degrees of blame-free relationship, which may involve different mechanisms how to cope with blame. While suspension means temporary removal of blame attitudes only in some situations (e.g., therapy, excuses), abolition implies the removal of blame attitudes from human interactions altogether. I then go on to argue that Freud and Rogers are committed to the idea of suspension, rather than abolitionism. In § 9.3., I review the arguments that the belief in determinism and attention to past histories could mortify blame responses. I argue, however, that these mechanisms may fail to give a sufficient effect under certain conditions. For example, attention to past histories may fail to extinguish blame fully if people encounter the cases of violent crimes or radical evil. There are also reports that incompatibilists fail to cope with their blame feelings, despite their convictions that people are not responsible. In § 9.4., I argue that another mechanism to temper blame would be to attend to the underlying beliefs of blame feelings. Drawing on the ABC model used in cognitive psychotherapy, I explain that feelings are often based on certain beliefs. Blame feelings, for example can be caused by the normative beliefs about the world and others (e.g., the "demand for good will"). The model also suggests that it is possible to change one's feelings, if one identifies and changes the underlying beliefs of these feelings.

## 9.2. *Reasons to stay cool*

Our first task is to determine the type of blame-free relationship which is presupposed by Freud's and Rogers's therapies. I will explain below that therapies may promote different extents or regimes of blame-free interaction.

Ordinary interpersonal relationships between normal adults include blame-ascribing feelings and behavior, which are commonly known in the philosophical literature as reactive attitudes. Reactive attitudes are expressed as a response towards the good will or ill will of other people (Strawson, 1962). Technically, reactive attitudes can be divided into three groups (Strawson, 1962, p. 29).<sup>42</sup> *Personal* attitudes are expressed by people who are directly involved in the situation. They involve anger, resentment, hurt feelings, forgiveness, gratitude or love. For example, if Ann offends Kate, then Kate may feel anger as a personal response. *Vicarious* attitudes are expressed by people who witness the situation but do not participate in it personally or directly. These can include moral indignation, disapproval and condemnation. For instance, Jade may see Ann offending Kate and feel indignant about this misconduct. *Self-directed* attitudes are experienced by those who do harm. They include shame, guilt and remorse. For example, Ann may feel guilty after she offended Kate.

However, there can also be relationships without reactive attitudes. People may become willing either to suspend reactive attitudes for some reasons or to abandon them completely.

### 9.2.1. *Suspension*

Suspension implies that the agent stops reactive attitudes temporarily under certain conditions. But when exactly do we suspend reactive attitudes? There are minimally three conditions: exemption, excusing pleas and professional purposes. The table below makes a short summary:

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<sup>42</sup> There is no universally accepted list of reactive attitudes. Strawson is the author of the first and extensive list, which amounts reactive attitudes to a pretty vast spectrum of emotions, including anger, resentment, hurt feelings, forgiveness, gratitude, love, indignation, moral disapprobation, shame, guilt, remorse, compunction, feeling bound or obliged, and feeling responsible (1962, pp. 21, 28, 29). By contrast, Wallace defends a restrictive list, which includes only resentment, indignation, and guilt (2014, p. 122). The argument is that some feelings classified as reactive attitudes by Strawson do not evidently presuppose moral responsibility. Love and hurt feelings, for example, often occur outside moral transactions. For instance, it is possible to love a person or a thing that cannot be classified as a moral agent (e.g., a child, a disabled person, a robot, a dog, and so forth).

<i>Type</i>	<i>Condition</i>	<i>Example</i>
Suspension	Exemption	Non-responsible agents (animals, children, people with psychotic disorders).
	Excusing conditions	Accidents, inadvertent actions.
	Professional purposes	Therapeutic relationships, surgery.

Exemption refers to the subjects who cannot be qualified as adequate participants of moral relations. This primarily concerns animals, children and people with abnormal behavior and disorders. The premise here is that it is not appropriate to expect any moral behavior and manifestation of good will from such agents. A subject of this sort simply lacks the ability to display good will and comply with social norms and expectations. Given this, people decide to suspend blame or praise towards these subjects. This may consist of phrases like: “This person suffers from schizophrenia”, “He is just a child”, “It was the instincts”, “She acted under hypnosis”, “He was brainwashed” etc.

Excuses refer to those who did not intend to breach moral norms. This mainly includes accidents and unintentional behavior. The premise in this case is that we do not believe that another person breached moral norms or the demand for good will on purpose. It was just fortuity or bad luck. Having this in mind, people can excuse and suspend blame towards the misconduct of others. This may include phrases like: “It was an accident”, “He did not mean to”, “He was cornered”, “Someone pushed him”, “He had nothing to do”, “He was given no other options” etc.

Professional purposes cover situations when it is necessary to avoid reactive attitudes in order to achieve certain goals. A doctor, for example, can freeze his or her emotions to keep a cool head when performing a surgery. Similarly, a therapist may decide to suspend reactive attitudes at work with the client, considering that blame can jeopardize any therapeutic progress. It is noteworthy that the counsellor can consider the client to be an adequate participant of moral relations, who does not fall under the category of exemptions or excuses, but still suspend blame for therapeutic reasons.

### 9.2.2. Abolition

Both suspension and abolition involve blame-free relationships, but there is a considerable difference between the two. Suspension implies that the agent stops reactive attitudes temporarily in one situation or another. Abolition entails, on the flipside, that the agent decides to terminate reactive attitudes on a regular basis in all instances.

<i>The motive of abolition</i>	Theoretical irrationality	It is illogical and unfair to express certain attitudes, if people are inevitably determined to do what they do.
	Practical irrationality	It is unhelpful to express some attitudes, as they are related to self-defeating behaviour.
<i>The type of abolition</i>	Hard abolition	One abandons reactive attitudes and rejects the belief in free will and moral responsibility (e.g., hard incompatibilism).
	Soft abolition	One abandons reactive attitudes but endorses the belief in free will and moral responsibility (e.g., compatibilism, libertarianism, revisionism).

The first question that needs to be raised is: “Why would anyone want to abandon reactive attitudes?” Abolitionism seems to be an effortful enterprise, to say nothing of the consequences it may entail. I argue that there are at least two motives which could underlie abolitionism: theoretical irrationality and practical irrationality.

Theoretical irrationality is connected to the metaphysical considerations about the role of reactive attitudes. Suppose there is no libertarian free will. People are simply determined to do what they do. In this light, some human attitudes automatically lose sense. There are two reasons why (Milam, 2014). *First*, there is an epistemological error. That is, some reactive attitudes become unreasonable, as they contradict to some

facts about the world. Take, for example, resentment. When people resent, they believe that another person could have done otherwise. It is believed, for instance, that one could have refrained from breaking a promise. But the thing is that people get the facts wrong. It is impossible to do otherwise in the deterministic world. What people do, therefore, is that they mistakenly ascribe properties that other individuals cannot possibly have. *Second*, there is a moral error. In other words, if people could not escape the way they act, it becomes unfair to express blame or praise attitudes towards their behavior. Determinism implies that it was simply meant to happen. We do not blame a car that breaks down. Nor do we praise the Sun for rising. These events were meant to be, they could not have been otherwise. The same principle holds to human behavior. A genius, for example, was determined (e.g., by his genes, environment etc.) to make a brilliant breakthrough B, on day D, at time T. Alternatively, a thief was determined to steal from a person P, on day D and at time T. There is nothing free in these events and behavior. Thus, praise or blame, as attitudes, are misplaced.

Practical irrationality, on the other hand, refers to the merit of reactive attitudes for human life per se. The motive suggests that reactive attitudes can result in some undesirable consequences: provoke maladaptive behaviour, deteriorate mental health, undermine interpersonal relationships, or exert a debilitating effect on society. Thus, one can argue to forswear blame attitudes (e.g., resentment, guilt, shame or damning anger) for the sake of personal and social well-being.

In a way, the practical motive is more radical than the theoretical one. It contends that it is vital to discard reactive attitudes, regardless of any metaphysical conditions. Irrespective of the fact whether people have free will or not, it may be still appealing to abandon some reactive attitudes, as by this move people may be able to enhance the quality of their life.

The second question that we should pose is: “Who would endorse abolitionism?” Milam has proposed to associate abolitionism with free will sceptics (e.g., hard incompatibilists), with those who deny the existence of free will and reject the view that people are morally responsible (2014). However, this view does not capture the whole picture. My contention is that abolitionism can be endorsed both by sceptics and advocates of free will. I propose to distinguish between hard abolitionists and soft abolitionists for the sake of precision. Hard abolitionism refers to those who wish to abandon both reactive attitudes and reject the belief in free will and moral responsibility (e.g., hard incompatibilists). Soft abolitionism, by contrast, refers to those who want to

abandon reactive attitudes (at least one) but uphold the belief in free will and moral responsibility (e.g., compatibilists, libertarians, revisionists, illusionists).

Basically, my argument is that abolitionism can be attractive under all metaphysical positions. It all boils down to the motive of abolition which one supports. On the one hand, free will sceptics tend to focus on the motive of theoretical irrationality. That is, sceptics hold that it is illogical to express blame or praise, if people are inevitably determined to do what they do (Milam, 2016; Pereboom, 2001; Sommers, 2007). On the other hand, a supporter of free will may be eager to endorse the motive of practical irrationality, while not being concerned with theoretical or metaphysical reasons. One can believe, rightly or wrongly, that some blame attitudes simply do more harm than good, and therefore it is worth avoiding them. For example, a person can consider shame as a self-defeating emotion, which deteriorates one's mental well-being. Alternatively, one can believe that damning anger and resentment wreck interpersonal relations and underlie various social ills, such as conflicts, terror attacks, wars and even genocide. It should be noted that the belief in free will would be well compatible with abolitionism under this condition. The agent can believe in free will but also hold that it is appropriate to give up some reactive attitudes anyway for personal or social good. A libertarian, for example, believes that people have free will and can do otherwise in some situations. It follows that, theoretically, the libertarian may find reactive attitudes as fair and logical responses towards a misdeed, as the libertarian believes that another person could have prevented the harm. But practically, the libertarian may also decide to refrain from resentment, for instance, considering it as a self-harm response. In the final analysis, the libertarian can appeal to a wrongdoer based on normative reasons and even demand legal punishment for the wrongdoing but also steer clear of resentment for one's own good.

I have introduced the above material so that the reader had a clear understanding of what type of blame-free relationships we have on the table when we consider Freud and Rogers. Counselling theories potentially can endorse different views concerning viable therapeutic and personal relations. Some clinicians may advocate, rightly or wrongly, ordinary interpersonal relationships both in therapy and everyday life, which involve all sorts of reactive attitudes. Others can be committed to suspension during therapy, which seems to be the most common and uncontroversial practice. Still, others might endorse hard or soft abolitionism.

To the best of my knowledge, a counselling theory that approaches to soft abolitionism is Rational Emotive Behaviour Therapy (REBT). First, REBT supports the

belief in free will, namely in compatibilism. As Ellis, the founder of REBT, writes: “Although REBT is not absolutistic in its espousal of free will, and to a large degree accepts a soft deterministic position...like most other therapies, its practitioners believe in will or agency, else they would not try to help people change” (2002, p. 94). Second, REBT argues that it is helpful to restrain some blame attitudes in one’s daily life to maintain a good level of mental well-being (practical motive for abolition). According to REBT, a few reactive attitudes (such as guilt, hurt feelings, shame and damning anger) constitute a group of unhealthy negative emotions, and it is suggested to replace these unhealthy emotions with more healthy negative emotions (such as remorse, sorrow, disappointment and irritation) (Dryden & Branch, 2008). I interpret that REBT leans towards abolitionism rather than suspension, as it proposes to extinguish a set of reactive attitudes overall in one’s daily life and not just to suspend them under certain conditions (e.g., when there are excuses). Yet, I cannot relate REBT to soft abolitionism entirely, as it is wedded only to the “minimization” of reactive attitudes rather than to the “extermination” of them.<sup>43</sup> Taken together, I conclude that REBT represents a certain transitive position: it is not a suspension already, but it is not a pure abolition yet.

Meanwhile, I am positive to infer that Rogers’s and Freud’s therapies belong to the suspensive practices. Both clinicians defend the view that it is necessary to have a non-judgemental attitude only under some conditions: within clinical settings or when one wants to have a helping communication. But they do not argue to erase reactive attitudes universally and completely from human daily life.

On the face of it, suspension appears to be much easier task than abolition. But in reality even suspension can be a tall order. Some of Freud’s patients – Wortis (1954), Doolittle (1956), Blanton (1971), Kardiner (1977) – testify that sometimes Freud was apt to lose his temper, despite his straightforward instruction for abstinence. Wortis, for example, shares his recollection: “He [Freud] seemed to be a bit hard of hearing, but did not admit it. On the contrary he continually criticized me for not talking clearly and loudly enough. “You’re always mumbling,” he said with some petulance, and he gave a mumbling imitation, “like the Americans do. I believe it is an expression of the general American laxity in social intercourse...” (1954, p. 24).<sup>44</sup> Meanwhile, Rogers admitted himself that it could be challenging and tricky to maintain unconditional positive regard

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<sup>43</sup> Dryden’s quote from private correspondence with the author.

<sup>44</sup> Late in life, Freud suffered from mouth cancer and struggled with speaking and hearing debilities caused by numerous jaw surgeries.

on a regular basis. As he writes: “I believe ... that the effective therapist experiences unconditional positive regard for the client during many moments of his contact with him, yet from time to time he experiences only a conditional positive regard—and perhaps at times a negative regard, though this is not likely in effective therapy. It is in this sense that unconditional positive regard exists as a matter of degree in any relationship” (1957, p. 101). Rogers’s point seems to be that counsellors should aspire to unconditional positive regard, but they should also realize that it may be an uphill battle and even sometimes impossible to put it into practice, and thus clinicians should not be too hard on themselves if they fall short in this enterprise.<sup>45</sup>

Below, we will consider some methods which could be of use to crusade affective blame in one’s clinical work and even ordinary life.

### *9.3. Adopting new beliefs*

The thought how to manage blame occupies many philosophers. One line of the argument is that the belief in determinism can alleviate blame-ascribing attitudes (Kane, 1996, p. 84; Pereboom, 2001, p. 99; G. Strawson, 1986, p. 88; Watson, 1987, p. 259). Provided people acquired a steadfast belief in determinism, they would manage to handle reactive attitudes. As Nagel claims: “When we first consider the possibility that all human actions may be determined by heredity and environment, it threatens to defuse our reactive attitudes as effectively as does the information that a particular action was caused by the effects of a drug” (1986, p. 125). Relatedly, Pereboom points out that history knows examples when people dispense with their old attitudes in the light of new beliefs, even if the attitudes are profoundly entrenched (2001, p. 98f). An example would be the tempering of racist and sexist attitudes after society accepts new progressive and democratic beliefs about equality of all people. A new belief can be that “People do not differ substantially across race and gender”. As Pereboom puts it: “This reflection could and should radically alter human attitudes and practices, even if they are deeply rooted and longstanding” (2008, p. 226).

However, it is important to consider one caveat. Even if people have managed to cease blame attitudes concerning gender and race, it does not follow that people can

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<sup>45</sup> By way of example some clinicians report that it is extremely hard to achieve unconditional positive regard in the work with hostile and antisocial personalities (Freeth, 2007, p. 136ff).

equally terminate blame attitudes in response to a wrongdoing, let alone radical evil. It should be noted, for example, that some incompatibilists confess that they fail to suspend reactive attitudes in their daily life, even though they hold beliefs in determinism and incompatibilism. Here is how Nichols describes his personal experience: “From the first time I encountered the problem of free will in college, ... I threw my lot in with philosophers ... who conclude that no one is truly moral responsible. But after two decades of self-identifying as a nihilist, it occurred to me that I had continued to treat my friends, colleagues, and acquaintances as morally responsible. Hardly ever did I call on my philosophical views to excuse people’s actions” (2007, p. 405). In short, Nichols originally identified himself as an incompatibilist and tried to live accordingly. But it did work out: he continued ascribing blame and holding people accountable for their actions. This personal observation prompted Nichols to revise his earlier convictions and eventually to agree with Strawson’s perspective about the power of reactive attitudes. Sommers gives the very same confession: “Like Shaun Nichols, I have always found the arguments for nihilism or scepticism compelling... Yet like Nichols I hold myself morally responsible all the time. I feel that I deserve blame for my bad actions and praise for good actions and accomplishments. I also commonly hold other people morally responsible – my family, friends, criminals, and (perhaps especially) athletes who are connected in any way to Boston sports” (2012, p. 303f).

These two stories suggest that the belief in determinism and even incompatibilism may be not enough to cast out reactive attitudes. The most striking thing is that we observe philosophers in these examples and not lay people. We witness the individuals who specialise in the free will debate, who have strong convictions concerning incompatibilism, and who are trained by their education and work to maintain the discipline of their thinking. It is natural to pose the following question in this situation: “Even if a trained and confirmed person finds it hard to cope with blame, what about ordinary people then?”

Of course, it would be false to generalize that if two incompatibilists failed to suspend their reactive attitudes, then all incompatibilists would fail as well. Nonetheless, given the fact that at least some individuals fall short, it is reasonable to question the claim that the belief in determinism can be an effective cure to subvert reactive attitudes universally among a general audience.

I suppose that this discussion begs a few good questions for the future research in experimental philosophy. One study could ask: “How many hard incompatibilists

actually succeed in suspending their reactive attitudes?” Another study could investigate whether inducing the belief in determinism or incompatibilism could suspend reactive attitudes among ordinary people, and if yes, whether this could have a long-term effect.

Another popular line of the argument is that people can keep reactive attitudes at bay if they take into account the past histories. Writing about a psychotherapy without blame, Pickard proposes:

“But perhaps the most important counter to blame within clinical contexts is proper attention to service users’ past history. ... in attending to this history... service users in all likelihood come to be seen not only as people who harm others, but as people who have been harmed by others. This capacity to see patients both as victims and as perpetrators can help clinicians avoid blame. It requires keeping in mind the whole of the person and the whole of their story, which undercuts any single attitude or emotion, forcing any blame to exist alongside other attitudes and emotions, such as understanding and compassion, and thereby at least tempering, if not outright extinguishing, its force” (2014, p. 13ff).

Pickard suggests that attention to past histories can act as “antidote” to “affective blame” (viz., reactive attitudes) (2011, p. 220). The mechanism is roughly the following: when we appeal to past histories, we understand that people act wrongly because they were traumatized themselves at some point of their life; this understanding, in turn, should evoke compassion and empathy, which compete with blame and ultimately extinguish it. It is not to deny that the clinician can still form a judgement that the agent acts wrongly and should take responsibility for this misdeed. The point is just to cope with one’s personal feelings, to avoid blame in interaction with the client and thus to maintain an effective clinical relationship.

However, though an appeal to past history may be a blame-antidote indeed, it may fail to produce a sufficient effect in all cases. Pickard mentions Watson’s writing about Robert Harris, US psychopath, and how attending to Harris’s story can temper blame: “The sympathy towards the boy he was is at odds with outrage towards the man he is” (2011, p. 220). However, this example also points out that an appeal to past history can be insufficient to curb blame. It is worth considering this case in a bit more detail.

Robert Harris was sentenced to death penalty for abducting and murdering two boys (Watson, 1987). While in jail, Harris showed no remorse for what he did. Watson suggests that, on the face of it, Harris is an “archetypal candidate” for blame (1987, p. 271). Most people apparently would respond to his deeds with “moral outrage and loathing” (ibid.). But then Watson invites us to learn more about the “roots” of Harris’s evil. Harris was not born as a psychopath. On the contrary, the eyewitnesses report that

he was a very sensitive boy, who loved animals and his family. But it turns out that Harris was surrounded by very abusive environment. Harris's father was an alcoholic who molested and regularly beat him; Harris's mother did not show any affection for her son and blamed him for all her misfortunes; Harris's classmates regularly teased him for his learning disabilities; Harris was put into prison at the age of 14; he was raped; he committed a few attempts of suicide. All in all, we can come to see that Harris was a victim himself. He was influenced by extraordinary cruelty from the moment of his birth, having no robust chance to learn anything different. He also did not ask to be born in such adverse milieu and to be traumatized. Watson then points out that our initial attitudes towards Harris might start to change. When we see the whole story, the attitudes of blame may subside. Some readers may even start feeling pity for Harris.

This story suggests two points. On the one hand, historic considerations may, indeed, abate reactive attitudes to some extent. If the bigger picture is in focus, the intensity of attitudes may diminish. But, on the other hand, though reactive attitudes may indeed reduce to some extent, they do not fade away. Watson points out that, in fact, we are likely to end up with a mix of contradictory feelings, which include both blame and compassion. As Watson points out: "Seeing [Harris] as a victim does not totally dispel those attitudes. Rather, in light of the "whole" story, conflicting responses are evoked. The sympathy toward the boy he was is at odds with outrage toward the man he is" (1987, p. 275).

The corollary of this story is that sometimes attention to past histories may be insufficient to extinguish blame. It is important, however, that we do not jump to any generalizations. If people find it hard to get rid of outrage in the case of Harris, it does not follow that they would have the same hardship considering more moderate cases. Nonetheless, we should be aware that attention to past histories may be not enough minimally in the cases of radical evil.

#### *9.4. Uprooting the underlying beliefs*

I now want to explain an alternative method that can be used to mollify blame. I will explain first the model I want to use for the argument, and then we will apply this model to consider the question of blame.

One of the most recognized methods in cognitive psychotherapy is the ABC Model (Ellis, 1962; Ellis & Dryden, 2007). The acronym ABC has the following

meaning. “A” stands for an activating event. This can be any external or internal stimulus. For example, it can be a conversation with a friend, a job errand, driving a car, watching TV etc. “B” refers to beliefs. This is the set of beliefs that a person holds about oneself, others or the world. People interpret perceived events based on their beliefs. “C” signifies consequences. It can be an emotion that a person experiences, or it can be some behavior in which a person engages.

Beliefs play the primary role in any cognitive theory and counselling method. Feelings do not occur by chance. Various cognitive schools concur that emotions are the result of specific beliefs. The ABC model suggests the following pattern. At first, a person faces an event (A). Then, one interprets this event based on one’s beliefs (B). Finally, the person experiences a particular feeling concerning this event (C). In sum, feelings result from how people interpret events.

Here is an example. A person witnesses a strike on the street (A). This is just an event. So far no attitudes or feelings are experienced. Then the person evaluates this event (B). One may think that protesters are idle people who avoid hard work. Or, one might come to believe that the strike causes a horrible traffic jam. Following this interpretation, the person comes to feel bad about this whole situation (C). But there can be an alternative interpretation. The person may come to think that the protesters fight for social justice, and they make the world a better place (B2). Consequently, one will naturally feel good about the protest (C2).

Importantly, the ABC model gives us also the method of work with one’s feelings and behavior. To change consequences (C), one should change the underlying beliefs (B). If the person wants to alter their emotions concerning a certain situation, one should change the beliefs that entail these emotions. Referring to the above-mentioned example, to stop feeling bad about the strike, the person should change the way they interpret this event. Once the beliefs are changed, the attitudes become amenable to modification as well.<sup>46</sup>

It should be also mentioned that beliefs form a hierarchy. We can distinguish between underlying and peripheral beliefs. Underlying beliefs are the central beliefs in

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<sup>46</sup> The view that emotions can be regulated by beliefs is not brand new. We can track this idea, for example, in philosophy of Stoicism. Stoics believed that some negative emotions – like anger, for example – occurred because of erroneous opinions. Nearly two millennia ago Marcus Aurelius wrote: “It is all within yourself, in your way of thinking. If you are distressed by anything external, the pain is not due to the thing itself but to your own estimate of it; and this you have the power to revoke at any moment” (Meditations, 8:47). In a similar vein, Epictetus wrote: “Men are disturbed not by things that happen, but by their opinion of the things that happen... When then we are impeded, or disturbed, or grieved, let us never blame others, but ourselves – that is, our opinions” (Enchiridion, §5).

the hierarchy. They reflect the outlook and values of the person. They are quite rigid, generalized and often unconscious. They also underlie plenty of other thoughts. Peripheral beliefs spring from the underlying beliefs. They are more modifiable, subject-specific and noticeable. Here is an example. Suppose we have the demand for good will as an underlying belief. This belief is generalized. But it gives rise to various subject-specific peripheral beliefs (Pb). Pb1 is that the President must show good will. Pb2 is that our friend Lucy must show good will. Pb3 is that our tutor Frank must show good will, and so forth. Thus, the underlying belief can produce thousands of peripheral beliefs.

When it comes to therapy, the extent of behavioural change depends on what beliefs we target. We can either change one peripheral belief or a few peripheral beliefs. Or, we can try to change an underlying belief.

What beliefs we change depends on the goals of the client. Here is an example. Ann wants to remove resentment towards her boss, as this threatens her career. But she does not intend to get rid of resentment overall. She finds it appropriate to respond with this pattern towards other people. To achieve this task, the therapy will target one peripheral belief only (the belief which causes resentment towards Ann's boss). But another client may want to remove resentment more generally. Claire, for instance, wants to get rid of resentment as far as it is possible, as she intends to become a more positive and calm person. In this case, the therapy would be concerned more with the underlying belief (the belief that underpins resentment in most situations).

Back to our main question. How can a counsellor (or any ordinary person) cope with blame? The recipe which has not been considered before is very simple: one should identify the beliefs that cause blame responses and then change these underlying beliefs.

It is reasonable to ask: "What beliefs exactly underlie blame?" Potentially the list may be very long, and there is no point in covering this material in this chapter. But by way of example, I should mention one belief that is likely to be involved in many cases of blame attribution. This belief is called "the demand for good will", and it was first invoked by Strawson in his ground-breaking paper on reactive attitudes (1962) and then by Wallace in his analysis of Strawson's work (1994).

Strawson notes that reactive attitudes have a cognitive undercurrent and rest on the normative belief called the "demand for good will". As he puts it: "reactive attitudes rest on, and reflect, an expectation of, and demand for, the manifestation of a certain degree of goodwill" (1962, p. 29). According to Strawson, all reactive attitudes are

based on the demand for good will. *Personal* reactive attitudes (such as anger, resentment, hurt feelings) involve the demand on others concerning the treatment of oneself: “The personal reactive attitudes rest on, and reflect, an expectation of, and demand for, the manifestation of a certain degree of goodwill or regard on the part of other human beings towards ourselves” (1962, p. 29). *Vicarious* attitudes (such as indignation, disapproval) imply the demand about good treatment of the third party: “The generalized or vicarious ... attitudes ... rest on, or reflect... the demand for the manifestation of a reasonable degree of goodwill or regard ... not simply towards oneself, but ... towards all men” (ibid). *Self-directed* attitudes (such as guilt, shame) include the demand on oneself: “Just as there are personal and vicarious reactive attitudes associated with demands on others for oneself and demands on others for others, so there are self-reactive attitudes associated with demands on oneself for others” (ibid).

We can well apply the ABC model to Strawson’s standpoint. The “demand for good will” refers to B (beliefs), while reactive attitudes reflect C (consequences). The pattern is roughly the following. The person at first adopts a demand for good will in their belief system. This could happen in childhood or at any point of life. The agent basically acquires a rigid expectation of how other people must behave. Then, the person evaluates the surrounding events referring to their belief system, including to the demand for good will. If the agent comes to believe that other people fail to show enough good will, then they will respond with a certain reactive attitude. But again, this pattern can be controlled and changed. If the person removes the demand for good will, one also prevents a reactive attitude.

It is noteworthy that the proverbial demand for good will invoked by Strawson is a well-known belief in the cognitive psychotherapy. Some know it as a “demand for fairness” (Bernard, 1998; Lindner et al., 1999). It may have idiosyncratic descriptions and slightly differ among people. But at all events, there is always a common gist: one way or another, the person always *demand*s good treatment from others. For example: “You must treat me kindly and fairly, or else you are a rotten individual” (Ellis, 1996, p. 69); “You must treat me reasonably, considerately, and lovingly, or else you’re no good” (Carlson, 2013, p. 331). One of the sub-beliefs of this demand is: “If people act unfairly or inconsiderately, they deserve to be punished” (Pucci, 2010, p. 124).

Cognitive therapists generally hold a rather negative attitude toward the demand for fairness. *First*, cognitive theories tend to consider demands per se as the core

triggers of emotional disturbances.<sup>47</sup> Dryden describes demand as a “rigid belief where the person dogmatically insists that certain conditions must or must not exist” (2003, p. 12). Demands are usually couched in normative verbs: “must”, “have to”, “should” and “ought to”. For example, it could be “Others must show good will to me”. One problem is that demands often undermine flexible thinking. If the person dogmatically believes in something, they can become deaf to alternative opinions and thus hinder further learning. Another problem is that people become extremely frustrated if their demands are not satisfied. *Second*, it is common to believe that the “demand for fairness” represents one of the main self-defeating beliefs, which underlies much mental issues. Ellis identified the demand for fairness as one of main irrational beliefs (1977).<sup>48</sup> It is presumed that this belief has a considerable negative impact. With respect to emotions, it provokes resentment, anger, hostility, fury and aggression. With respect to behavior, it entails vindictiveness, psychosomatic illnesses and acts of violence (Ellis, 2004, p. 78). As Ellis writes:

“People must treat me nicely and fairly, and [when they] don’t, this makes them utterly rotten people who deserve to be damned and punished. This Irrational Belief...can lead to an enormous amount of rage, feuds, wars, and even genocide. Then, the usual result is that others become equally enraged: They naturally condemn *you* for your anger... So anger begets anger and damnation begets damnation; and there is almost no end to this...” (2000, p. 42).

It was mentioned that the demand for good will is considered as the irrational belief. I should say a few words to clarify this point. It is common to distinguish between rational and irrational beliefs in the cognitive approach. Irrational beliefs are those beliefs that include questionable evidence, logic errors and delusions. Ellis suggests three key criteria how to examine the irrationality of belief (1965).<sup>49</sup> *Empirical* criterion enquires whether there is any empirical evidence to support the belief. Is the belief consistent with the known facts, science and reality overall? *Logical* criterion

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<sup>47</sup> In fact, this conclusion was drawn by several therapeutic schools, including psychoanalysis. See the concept of “Tyranny of shoulds” in the work of Karen Horney (1950).

<sup>48</sup> Two other irrational beliefs are (1) “I must do well and get approval from others, or else I am a worthless person”; (2) “Life must be easy and fair, otherwise it is unbearable and awful” (1977).

<sup>49</sup> As a measuring method, it is common to use various irrational belief tests. The very first method was the Irrational Belief Test (Jones, 1968). Later on, there were developed other inventories such as Rational Behavior Inventory (RBI) (Shorkey & Whiteman, 1977) and the Irrational Belief Inventory (IBI) (Koopmans et al., 1994). Some research supports the cross-cultural applicability of the IBI (du Plessis, Möller & Steel, 2004).

examines the logic behind a belief. Does the conclusion follow from logical premises? *Pragmatic* criterion weights the utilitarian value of the belief. Does this belief do more harm than good?

By way of example we can consider the demand for fairness (good will). If the therapist finds herself or himself holding on to the demand for fairness, which causes some reactive attitudes towards the client out of hand, the therapists can pose themselves the following investigative questions. Is there any scientific evidence that my clients *must* show good will towards me? Do I know any law of nature which makes it possible? (the empirical criterion). It is understandable that I want fair and considerate treatment from others – but does it follow that other people *must* do the thing that I want? (the logical criterion). If I continue to believe that my clients *must* always be kind and just towards me, could I be able to achieve my professional goals, which is to keep my temper? (the pragmatic criterion).<sup>50</sup>

The goal of disputing is to show that the demand for fairness is unwarranted. First, there is no law of nature which renders it possible that people must be considerate or fair. In fact, one can find a lot of counter-evidence in philosophy, psychology and biology. Without going into great detail, one can recall a very old Latin proverb: “Homo homini lupus”.<sup>51</sup> Second, there is no reason why others must act as we want them to. The world does not always cater to our desires. Even if we treat people fairly, it does not follow that they must reciprocate. Lastly, the harm of the demand for good will can outweigh the profit for psychotherapy. As an advantage, one may argue that the demand for fairness serves to maintain moral standards and decent behavior in interpersonal relations and psychotherapy.<sup>52</sup> But, on the other hand, while believing that the clients must act fair and decent, the therapist may find it impossible to maintain the attitude of neutrality and thus perform any effective therapeutic work.

The representatives of REBT, however, do not propose to surrender the belief for fairness overall. There is nothing wrong in asking for a kind and fair attitude from others. The only problem is how the belief itself is framed. The *demand*, as a cognitive

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<sup>50</sup> The therapist may pose the same questions to the client, if the goal is to dispute the demand for fairness of the client.

<sup>51</sup> “A man is a wolf to another man”.

<sup>52</sup> Ironically, though the demand for fairness aims to maintain social order, it can also often underlie severe moral curses. It can lead to conflicts with those who show disrespect. It can break up relationships and turn former partners into enemies. It can fuel abuse and revenge. It can result in wars, terror attacks and even genocide. Other disadvantages may include constant stress, mental disturbances, and psychosomatic illness, for it takes a lot of effort to make people conform to your standards of good treatment.

construct, is what causes problems. As an alternative, it is proposed to replace demands with *preferences* (David et al., 2009, p. 150). One can see outright that there is a considerable difference in demanding good treatment from someone and preferring that someone treats you well. But importantly, it is suggested that demands and preferences produce distinct emotional and behavioural outcomes. While demands tend to generate extreme emotional and behavioural consequences, preferences are prone to produce more moderate outcomes. For example, if frustrated the demand for good will may cause damning anger towards another individual, whereas a frustrated preference for good will can entail only irritation.

This suggests that the therapist should not surrender the belief for good treatment *per se*. One can give up only the dogmatic demand that one's clients must be considerate and adopt a preference for good treatment. For example, the demand for good will can be substituted with a following preference: "I strongly *prefer* that you treat me reasonably, kindly... but since I don't run the universe, and it's a part of your human nature to err, I, then, cannot control you" (Carlson, 2013, p. 331).

In concluding this discussion, I should explain why the arguments covered earlier about suspension do not reach the target. The arguments were that the belief in determinism or attention to past histories could curb blame attitudes. In a way, these arguments rest on the cognitive approach as well. If one adopts some new beliefs (e.g., that determinism is true), these beliefs (B) should, in turn, affect one's attitudes (C). But we remember that some incompatibilists fail to get rid of their reactive attitudes. Also, we remember that attention to Harris's past history does not dissolve the feeling of outrage completely. We have a cognitive method, but it does not work out. What is the reason?

The core problem is that the demand for good will remains untouched in both cases. The two arguments make a common mistake: they suggest adopting some new beliefs in order to extinguish reactive attitudes, but they do not address the underpinning of those reactive attitudes. There is no surprise why we end up with conflicting feelings towards Harris. On the one hand, we acquire some new beliefs about Harris's grievous past. Indeed, these new beliefs should entail compassion and thus enervate blame. But, on the other hand, we do not uproot the existing demand that Harris must show good will towards others. This belief sits tight and remains intact. As such, it continues to cause and fuel the feeling of outrage whenever we consider Harris's wrongdoings. I suspect the same argument can explain why some incompatibilists may fail to cope with their reactive attitudes. A sceptic may acquire plenty of metaphysical beliefs that free

will does not exist and that people are not responsible agents. But this will not help to cope with blame so long as one retains a demand that people must be fair and considerate creatures.

I do not want to tout the cognitive models as panacea against affective blame. I consider it just as one of the tools in the arsenal of methods that could be used to manage one's negative feelings. No doubt there are many other techniques that could be of use.<sup>53</sup> It appears that the more one is knowledgeable about the available methods, the better one is armed to take grip on one's attitudes.

### *9.5. Conclusion*

It was pointed out that while neutrality was the necessary condition of therapeutic work in Rogers's and Freud's practices, achieving neutrality could be a very challenging undertaking. Both Freud and Rogers failed sometimes to practice what they preached, according to the reports of their clients and their own confessions. The goal of the chapter was to establish what techniques could be used to handle blame.

Our first task was to establish what kind of blame-free relationship we have in the case of Freud and Rogers (see § 9.2.). Some counselling practices can involve common interpersonal relations, which include blame attitudes. Others can practice suspension and terminate blame only in the counselling work. Still others may adhere to abolitionism (either soft or hard), and thus they would like to remove blame attitudes completely.

To start with, I drew a line between suspension and abolition of blame. Suspension means ceasing reactive attitudes temporarily under certain conditions, while abolition stands for the removal of reactive attitudes altogether. I made a further distinction between soft and hard abolitionism. Hard abolitionism refers to those who abandon reactive attitudes and oppose free will and moral responsibility. Soft abolitionism refers to those who abandon reactive attitudes but favour free will or moral responsibility. Earlier, it was common to believe that abolitionism can be nourished only by free will sceptics. I argued, however, that abolitionism could also be supported by the advocates of free will. Much depends of the motive of abolition. A free will sceptic usually focuses on the motive of theoretical irrationality, considering reactive

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<sup>53</sup> Mindfulness meditation may be another method that could be used to calm down and pacify blame feelings.

attitudes as unfair and illogical responses, given certain metaphysical realities. A free will advocate, on the other hand, can be preoccupied with the motive of pragmatic irrationality, considering certain reactive attitudes as self-defeating ways of behavior. Thus, the person may find it appropriate to restrain some reactive attitudes for one's own good. One implication of the distinction between soft and hard abolitionists is that abolitionism can be appealing under all metaphysical conditions. It may be fair to abjure some reactive attitudes, if free will does not exist. But it may also be appealing to swear off some reactive attitudes, even if free will exists.

I have suggested that we can find some version of soft abolitionism in REBT. But, when it comes to Freud and Rogers, we deal with a clear example of suspension.

With regard to methods against blame, some researchers suggest that it could help to adopt belief in determinism or to appeal to past histories (see § 9.3.). I have pointed out, however, that these methods alone may be insufficient. A person can be a confirmed sceptic or appeal to past histories but continue attributing blame.

I have argued in this respect that it is necessary not only to adopt new beliefs that could extinguish blame but also to work with the beliefs that underlie blame in the first place (see § 9.4.). When we address the underlying beliefs, we can target the primary cause of reactive attitudes. All in all, counsellors can capitalize on the available cognitive techniques to get their emotions under control.

## Conclusions

Psychology is steadily moving towards integration. Universities already offer degrees in integrative psychotherapy, and people increasingly embark on integrative counselling. Researchers continue, however, the quest for the unified theory of personality.

The thesis has sought to throw some light on the place of free will and moral responsibility in a potential unified theory of personality. There were two primary objectives of this study: 1) to establish whether it is possible to integrate Freud's and Rogers's theories with regard to free will and moral responsibility; 2) to determine the functions of free will and moral responsibility in the psychoanalytic and client-centered counselling work.

The thesis has achieved both goals. The *first* significant finding to emerge from this work is that Freud's and Rogers's theories can be fully and harmoniously integrated with regard to the subject of free will and moral responsibility. There is still little understanding of what theoretical integration consists of, as the research in this field has only taken its first steps. But as this study demonstrates, integration can involve minimally two stages. On the one hand, we should eliminate any possible obstacles to integration. When it comes to free will, the obvious obstacle can be that two theories hold polar metaphysical views on free will or define free will differently. We have established, however, that theories by Freud and Rogers maintain the same metaphysical thesis, which is compatibilism. Moreover, both theories relate free will to the ability to make a choice based on one's reasons. On the other hand, integration is more than removing any obstacles, and it also requires the introduction of some new framework, which could allow two theories to merge and coexist. In this sense, we need to go beyond the original theories, which we attempt to integrate, and suggest a novel and more compelling theoretical model. In respect of free will, I have suggested that we can avail ourselves of Watson's mesh theory, which would unify Freud's and Rogers's views and would provide a more coherent and robust perspective on the nature of free will. In respect of responsibility, I have proposed to leverage Hart's taxonomy, which can illuminate different senses of responsibility used in psychotherapies. I have pointed out that Rogers, for instance, refers predominantly to the sense of role-responsibility, while Freud emphasizes the aspect of causal responsibility. But importantly, these two senses of responsibility are complementary: an integrative counsellor can work with

both role and causal responsibility when necessary, encouraging clients both to recognize their obligations and to recognize the link between their behavior and the outcome. In addition, Freud's and Rogers's theories tend to avoid the sense of liability-responsibility in their work. The reason is that two theories promote non-judgmental therapeutic attitudes in the counselling practice, which is incompatible with the idea of blame. It is not that the counsellors of two schools do not believe in blame at all, it is just that they decide to suspend their blame responses over treatment for therapeutic reasons.

When it comes to the *second* goal of this thesis, I have argued that free will and responsibility are important subjects for the therapeutic work. As the research suggests, free will and responsibility can play practical and therapeutic functions during treatment, affecting the mental health of clients and therapeutic work itself. A considerable body of studies indicate that choosing (aka the exercise of free will in Freud's and Rogers's theories) is generally associated with various positive outcomes, such as increased motivation, vitality, life satisfaction, better performance etc. There is also empirical evidence that taking even small obligations (aka taking role-responsibility) predicts good outcomes for mental health and agency. Drawing on the psychoanalytic theory, I have also argued that recognizing the roots of one's behavior (aka taking causal responsibility) can contribute to the increase in self-knowledge, self-control and maintaining the unity of the mind.

I have also argued that it is important to know how to avoid blame while working with responsibility, as blame can have a negative impact on clients and therapy overall. My first suggestion has been that counsellors can keep in mind the distinction between different senses of responsibility. One should not make a mistake to refer to the sense of liability-responsibility, which is common for the judicial system, and which interconnects the meaning of responsibility and blame. Instead, one can work with the senses of role, capacity and causal responsibility, which are useful ideas for the therapeutic work, and which do not contain the idea that the person is blameworthy. On top of that, I have argued that counsellors can avail themselves of the methods available in the cognitive psychotherapy to manage their blame feelings. Counsellors, for example, can identify the beliefs which underlie their blame responses, and by changing those beliefs they can change their attitudes.

It remains an open question whether psychotherapy can furnish people with any libertarian form of free will. But it is certain that people can acquire a compatibilist form of free will understood, for example, as an act on conscious reasons. Though it

may not render people ultimately free, it can definitely increase the degree of freedom people have in ordinary life.

I infer that one big value of free will and responsibility in psychotherapy is that by reference to these concepts counsellors can foster many proactive and mature qualities of human personality, such as counterfactual thinking, consciousness, moral reasoning, self-knowledge, choosing, self-control, confidence and commitment. These, in turn, often lead to a positive impact on agency and mental health, let alone social life. There is also a very high probability that the concept of free will can help people to gratify their psychological need for autonomy (see § 4.2.).

The findings of this study make multiple contributions to the current *literature*. *First*, this study adds to the literature on psychoanalysis and client-centered theory by providing two novel and comprehensive readings about the place of free will and responsibility in two psychotherapies. The findings of this research challenge a widely accepted view that Freud was a hard determinist (Erwin, 2002; Wallace, 2008) and the view that psychoanalysis allows leeway choice (Wallwork, 1991) (see § 1.3., 1.4.). *Second*, the present study adds to a growing body of work on personality integration. This study has demonstrated, for the first time, that personality theories can be integrated with regard to the subject of free will and moral responsibility. The findings of this study contradict to the view that the integration of personality theories is impossible because personality theories rest on fundamentally incompatible assumptions about human nature (Wood & Joseph, 2007) (see Introduction). *Third*, the research has gone some way towards enhancing our understanding of responsibility without blame in psychotherapy. The findings of this study support the earlier research on responsibility without blame, and it suggests some extension of knowledge by explaining why blame can have a detrimental effect on treatment, how counsellors can define responsibility, and what techniques they can use to mitigate their reactive attitudes (Pickard, 2014) (see § 8.4., 9.4.). *Fourth*, the research adds to the growing literature on reactive attitudes and abolitionism. I have argued that people might be willing to abandon reactive attitudes, regardless of their metaphysical convictions. These findings suggest some extension of earlier research on abolitionism by introducing the distinction between hard and soft abolitionism (Milam, 2017) (see § 9.2.).

The thesis suggests four main *implications*. First, the results of this study inform historians and psychologists to reconsider the subject of free will in Rogers's and Freud's theories. For one, the thesis recommends giving up the commonly held belief

which relates psychoanalysis to hard determinism. Plus, textbooks on personality psychology, which introduce students to the field, may find it appropriate to change a traditional approach to exhibit Freud and Rogers as antagonists on free will. This research points out that two theorists hold, in fact, almost identical standpoints on the matter.

Second, the results of this research suggest that a unified personality theory could be committed to compatibilism. I remain cautious of how a unified theory of personality (if ever developed) should treat the subject of free will, as more work needs to be done on this matter. But, as it stands now, compatibilism appears to be the main candidate for this role. On the one hand, we have some compelling evidence that free will has high instrumental value for human mental well-being. If true, it is highly unlikely that psychologists would be willing to reject this construct from personality theory and psychotherapy. On the other hand, compatibilism seems to dominate among personality theories. Apart from Freud and Rogers, this study has also mentioned in passing that compatibilism can also be found in theories by Frankl, Skinner and Ellis. I suspect that Watson's theory can also be well-suited to most of cognitive theories, as human capacity for rational thinking is the cornerstone of the whole cognitive approach. Of course, this claim demands further scrutiny and verification. But if correct, then we already have five personality theories from five different traditions (psychoanalysis, humanism, behaviorism, cognitivism and existentialism) that uphold compatibilism. I am positive that this number can grow substantially if we investigate other counselling theories.

Third, the findings of this study suggest that the training of mental health specialists should include scholarly modules in free will and moral responsibility. Partly what the thesis shows is that free will and moral responsibility are not purely theoretical or abstract questions, as many psychologists – including Freud and Rogers – are used to treating them. A growing body of research indicates that free will and responsibility are practical issues, which bear heavily on human mental health. Whether a counsellor believes personally in free will or not, one should know that free will and responsibility can be considerable determinants of mental well-being, and the lack of knowledge in this area can jeopardize the therapeutic work. As a minimal suggestion, the training module can consist of some themes covered in this thesis: different definitions of free will, the implications of the belief in free will, the pros and cons of choosing, the pros and cons of role-responsibility, the function of causal responsibility, the distinction

between feeling and fact of being responsible, the explanation of how to divorce responsibility and blame, the techniques how to suspend affective blame, and so forth.

Fourth, the results of this research suggest thought leaders and policymakers to be extremely cautious when issuing their verdicts on free will to the general public. In recent years, it has become quite popular to publish books with “revelatory” titles that there is no such thing as free will (Caruso, 2013; Harris, 2012; Wegner, 2002). Commonly, one argues against libertarian forms of free will, such as agent causation or event-indeterminacy, and turns a blind eye to the fact that plenty of people can understand free will in a compatibilist manner. An adverse consequence is that laypeople who are not competent in the free will debate can make overgeneralizations that one cannot have any kind of freedom at all, or they may jump to irrational conclusion that life is meaningless. Another worry is that if people come to believe that they cannot act freely anyhow, they may frustrate their psychological need for autonomy, which would result in the deterioration of their mental well-being (see § 4.2.). My recommendation is that even if the authors argue against some form of free will, they should inform their readers about freedoms people can have, keeping in mind that the subject of free will and human mental health can be closely interwoven.

A number of *limitations* also need to be acknowledged. *First*, the thesis has examined the subject of free will and responsibility at length only in two personality theories. There remains a question whether these results can be transferrable and generalized to other personality theories as well. *Second*, we have examined only one assumption about human nature, omitting other themes. Even if it proves that free will does represent an obstacle for integration, there can be some other assumptions and subjects that could prevent any further integration. *Third*, some better frameworks for the integration on free will and responsibility might be suggested. As mentioned earlier, I have made use of Watson’s theory and Hart’s taxonomy because they did the job well with regard to Freud’s and Rogers’s theories. But I concede that it might be possible of finding an alternative framework when we deal with the broader scope of theories. *Fourth*, one should interpret the argument about the value of the exercise of free will with caution (see § 4.2.). Because of Freud and Rogers, I have associated free will with rational choosing and then reviewed research on the value of choosing. But we have also established that there is no universally accepted definition of free will, and people can understand free will differently. This suggests that the value of the exercise of free will depends on how one defines free will in the first place, and this can vary. Though understanding free will as rational choosing is fairly common both among philosophers

and laypeople, it is worth remembering that some may stick to the view that free will is something else (e.g., the ability to be the ultimate source of one's actions, whatever this means in practice). *Fifth*, some caution must be applied to the assumption about the value of causal responsibility (see § 6.2.). I have suggested that causal responsibility can be of use to avoid internal conflicts and maintain the unity of the mind. However, this conjecture is based entirely on the psychoanalytic assumptions about the organization and functioning of human mind, which can be false.

This study has thrown up several questions in need of *further investigation*. *One* possible area of future research would be to examine the link between responsibility and mental health. There is only a modicum of empirical studies which bear on role-responsibility and human agency. And there appears no empirical research on causal responsibility and mental health. This thesis has suggested a theoretical position that taking causal responsibility could predict several positive outcomes. Further research can either confirm or refute this conjecture experimentally. *Second*, further work is needed to establish whether all personality theories can be integrated in the subject of free will and moral responsibility. The hypothesis to be verified is whether compatibilism prevails among personality theories. This thesis does not pretend to solve the issue of free will in personality theory. Rather, it initiates a novel discussion and invites researchers from different fields to enter the fray. *Third*, further research needs to be done to establish whether other assumptions about human nature can threaten the personality integration. I am positive that we can find multiple points of divergence between the theories, but I am sceptical that it is impossible to overcome these controversies.

A unified theory of personality will require integration of ideas and theories of many types. I am prone to think that a robust unified theory can emerge only from a prolific interdisciplinary research of scholars from different fields, in particular, close collaboration between psychologists and philosophers.

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