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THE PARADOX OF 'FREEDOM' AND THE SOCIAL FUNCTION OF PSYCHIATRY

ABSTRACT. This paper considers the concept of 'freedom' in behavioural terms, defining it in relation to 'freedom of action'. This notion is applied to psychiatric abnormalities, and it is suggested that this new way of looking at the problem may go some way to surmount the philosophical difficulties normally attaching to the notion of 'freedom'.

Key words: Freedom of will, Freedom of action, Decision making, Psychiatry.

Discussions about 'freedom' in relation to human behaviour, including Skinner's philosophical excursions into this field more usually trodden by philosophers, are not usually very fruitful. The very meaning of the term 'freedom' is difficult to grasp. Behaviour, so we are convinced, is determined by motivational factors, habits, and social learning; these in turn are activated by genetic and environmental factors quite outside the control of the individual. Given that such a picture is true (and it would be difficult to think of any alternative involving factors not due to hereditary and environmental influences), then it surely follows that all our behaviour is 'caused' in a way that precludes the exercise of any genuine choice. 'Freedom' is thus a delusion, floating in a sea of determinism. This is a bleak philosophical answer to the layman's urgent claims for freedom, dignity, responsibility, and choice.

This bleak picture presented by science is not readily accepted by the man in the street. Just as he objected to Copernicus' displacement of the earth from the centre of the universe, or to Darwin's rejection of the uniqueness of man, so the man in the street opposes determinism and asserts his independence and freedom of choice. His main argument is simply the psychological conviction that in a given situation he is faced with genuine alternatives, and can decide in some way between them. Put two cards on the table in front of him, one to the right and one to the left, and ask him to touch one of them, and he is convinced that his choice is not in some way pre-empted by either heredity or environment, or any interaction between them; he feels 'free' to touch either card.

Such demonstrations of course are meaningless, and have no relevance to the argument. Since the beginning of time, people have been convinced of many things later demonstrated as erroneous. Convictions range from the belief that the earth is flat, to a belief in the existence of witches; belief in the divinity of kings to faith in the invincibility of Hitler. Human beliefs, however strongly held, are no evidence in matters of fact.

In addition to recognising the emptiness of the argument, we can easily

Metamedicine 3 (1982) 367–374. 0166–2031/82/0033–0367 $00.80.

disprove it experimentally. Post-hypnotic suggestion is one such way. We can suggest to a person under hypnosis that ten minutes after waking up he will carry out such and such an action; the action having been carried out, we can then query him regarding the reasons for it, and such reasons are usually forthcoming, but clearly erroneous in that they do not refer to the (forgotten) post-hypnotic suggestion. In other words, people's convictions about the causes of their behavior can be experimentally demonstrated to be erroneous in certain cases, and hence do not deserve to be taken seriously.

Another kind of demonstration is the well-known ability of conjurers and magicians to cause people to behave in certain ways without their being aware of the manipulations to which they have been subjected. The magician will hold out a hand full of cards to his victim, asking him to pick one; the victim is convinced that he is free to choose, but in subtle ways the conjurer is able to influence the choice, and make the victim choose the one card he is meant to choose. Thus here too conviction is a poor guide to reality; when we know the true causes of a person's actions, we can see that his ocnsciousness of freedom to choose is just a mistaken kind of introspection, valueless from the scientific point of view.

Another, more 'scientific' argument, derives from Heisenberg's principle of indeterminacy. As is well known, the deterministic picture of physicists like Lapalace fails at the subatomic level, for reasons which are logically clear. To observe the position and velocity of subatomic particles, we have to illuminate them, thus imparting energy to them which interferes with their position and/or velocity. Depending on the wave-length of the light used to illuminate the scene, we either have a very fuzzy picture of the particle, but do not impart a great deal of energy to it, pushing it in one direction or the other (long wave) or we obtain a fairly accurate picture of the particle position, but impart a great deal of energy to it, pushing it away from that position (short waves). Either way, we cannot with accuracy ascertain the position and velocity of the particle. To what degree a particle can be said to have position and velocity when it is impossible to observe these accurately is a matter for physicists to decide, and possibly for the philosophers; the point remains that indeterminacy lies at the basis of modern physics.

Arguments based on Heisenberg's principle of indeterminacy have often been used by philosophers keen to argue against determinism in human affairs, and to advocate freedom of the will. It is very doubtful whether such arguments are meaningful. Ultimately, Heisenberg's principle leaves us with unpredictable and apparently uncaused chance movements as the main exception to the rule of determinism; yet 'chance' is not what most people have in mind when they speak about 'freedom'! It may be necessary at this stage of our knowledge to admit chance effects in addition to genetic and environmental causes of human

behaviour, but such chance events furnish no support for a belief in freedom of choice; chance events merely provide a third type of determinant about which nothing can be said other than that we have not yet succeeded in measuring and controlling it, and in fact may never be able to do so. The whole question is surely irrelevant to conceptions of freedom of choice in human beings.

This raises the important matter of what precisely is meant by saying that a person has such freedom of choice? Is it suggested that his actions are completely uncaused by any of the various types of motivation psychologists distinguish, and have isolated in proper scientific experiments? The notion of a motive-less action is difficult to give any meaning to, and is probably not what most people mean when they talk about 'freedom of will', or 'freedom of choice'. But if we are not talking about a complete lack of motivation, then surely the action is determined by the preponderance of motivating factors one way or the other, and there is no freedom involved. This paradox is seldom faced by those who advocate a notion of freedom, but without facing it we cannot even begin to understand what the proponents of 'freedom' are actually suggesting. They have certainly never produced a hypothesis stated in such terms that it could be tested empirically, and without the possibility of such empirical fortification the notion must be considered scientifically meaningless.

In spite of such an unambiguous conclusion, it does seem reasonable to distinguish different kinds of constraining factors, and perhaps to redefine 'freedom' in line with the distinctions made. Consider three people, *X*, *Y* and *Z*, all constrained to stay in their room, and not to go out. *X* is a convicted murderer, kept in solitary confinement because of his unruly behaviour. *Y* is a woman suffering from agoraphobia, so strong that it prevents her from ever leaving her room. *Z* is a professor of physics living in a town much of which has just been destroyed by an atomic bomb, and he knows that on leaving his (shielded) room he will be killed by the level of radiation outside. All three are behaving in an identical fashion, i.e., they remain in their rooms although they would much prefer to go outside. Yet the causes for their actions are quite different. *X* is constrained by physical barriers, *Y* is constrained by emotional barriers, and *Z* is constrained by professional/intellectual barriers. All of these set limits to their freedom of action, but they are all quite different in nature, and should be considered separately.

Consider *X* first of all. His freedom of action is constrained most severely, because there is nothing he can do to escape from his predicament. (I am ruling out such possibilities as burrowing through the walls and escaping, or knocking a guard over the head and running away.) The constraints are physical, and not mental, and hence differ profoundly from those which affect *Y* and *Z*. He does not have an emotional or intellectual problem; the constraints on his freedom have nothing to do with psychology.

On the other hand, the constraints on *Y* are entirely emotional. They have arisen through a process of Pavlovian conditioning, added to which we have a process of anxiety incubation (Eysenck 1979). The resulting fears and anxieties are so strong that they activate motivations compared to which nearly all other types of motivation are impotent. It is possible, nevertheless to evoke motivations which would be stronger; if we were to set the house on fire the motivation for self-preservation would almost certainly be stronger than the fear-anxiety motivations which keep her imured, and she would escape out into the open, at whatever cost to her emotional well-being.

Z again, is in a different position. *Y* has been motivated by the activity of her paleocortex (limbic system), which speaks the language of Pavlovian conditioning; her neocortex is impotent to overcome these motivations through appeals to reason. *Z*, however, is acting in a purely rational manner; he is clearly physically capable of leaving his room, and there are no irrational fears mediated by Pavlovian conditioning of limbic system activity to keep him from doing so. His actions are dictated by the neocortex, interpreting outside events in terms of his own survival. Once the level of radiation had declined below a certain point, *Z* would be able to leave his room, and would have no difficulties in doing so. Or he might obtain radiation-proof clothing, and thus get out of his difficulties.

We might grade these three people in terms of freedom of action. *X* has the least freedom of action, because his behaviour is physically constrained. *Z* has the greatest amount of freedom of action, because his constraints are entirely cognitive, and if he controls the cognitive problem presented by his situation, there is nothing to prevent him from acting in line with his own desires, such as leaving his room. *Y* is somewhere in between the other two; there are no physical constraints on her leaving the room, but the emotional constraints are not susceptible to cognitive solutions. However, there are nevertheless solutions to her problems; these involve the extinction of the conditioned responses which are constraining her behaviour. She could appeal to a behaviour therapist, for instance to treat her by desensitization, flooding, or modelling, and it seems fairly clear from the known effects of these methods that in a very short period of time she would be cured, and no longer impaired in her 'freedom' to follow her desires, and leave her room (Kazdin and Wilson 1978).

Following these examples, we might redefine freedom in terms of not being constrained by physical barriers (prison) or by conditioned emotional fear/anxiety reactions, but able to use our intellectual resources to optimize the amount of pleasurable activity, and minimize the amount of painful activity available. In other words, if we accept the philosophy of hedonism (or of psychology which accepts the 'law of effect' or the Skinnerian principle of reinforcement), then we can resolve our paradox by accepting the motivational

factors which evolution has embedded in us instinctively, or which training has embedded in us environmentally, and use our reason in aid of these principles.

This use of the term 'freedom' agrees well with our customary way of looking at neurosis, psychosis, and sometimes criminality. We feel that people thus afflicted are unable to make rational choices in their behaviour by forces which although not as compelling as those of physical restraint, are nevertheless strange and alien to the person's ego. Here I think we have the crux of the matter. To human beings, the ego is largely identified with conscious experience, thinking, and the neocortex generally. Emotions, particularly when these are strong, and conditioned rather than instinctive, are felt as somehow alien, as overwhelming the rational ego, and therefore impeding the person's freedom of choice – as indeed they do, in this limited sense. Thus the proper use of the concept of freedom is not unlimited ('we can do anything, without any particular motivation'), but limited to rational conduct in the aid of instinctive, habitual and learned optimizations of hedonic tone. Such a use of the term has immediate implications for the practice of psychiatry. It has often been said that the aim of psychiatry should be to 'set the individual free', and this clearly is a very sensible type of definition in terms of our use of the term 'freedom'; we do not tell the individual what to do, but liberate him from the tyranny of certain types of conditioned responses which prevent him from doing the kind of things he himself wants to do (and of which we might ourselves disapprove!). Our approval, in the majority of cases, is irrelevant; as psychiatrists or clinical psychologists we are not the agents of religion, the state, or some ethical group which attempts to lay down principles of conduct for people; our job is to accept the choices made by our patients (in so far as these do not contravene the laws of the country), and to liberate them from constraints of a psychological kind which they feel as alien, and want to see removed. Few people would argue with this interpretation as far as neurotic conditions are concerned, but psychotic conditions clearly do produce problems.

The main relevant difficulty which arises in the case of psychosis is that while the neurotic is capable of telling us in a rational manner just what his or her true aims are, and how these are distorted by anxieties, fears, and other irrational manifestations or their disorder, psychotics are by definition incapable of doing this. A person who has a cat phobia knows quite well that there is no real danger inherent in cats, and that his reactions are unreasonable; hence he can reasonably ask the psychiatrist to remove this unreasoning fear. A psychotic who believes that he is Napoleon, or that his brain is melting, or that he is secretly in touch with the devil, really takes these strange beliefs as true, and hence cannot, in the majority of cases, ask for relief, just as little as a scientist would go to the psychiatrist to ask to be relieved of his belief in Newton's law of gravitation, or Maxwell's field theory of electricity. If the psychotic is to be treated at all,

then this will often, if not always, be without specific authorisation on his part; the very nature of his disease makes such authorisation impossible. It is here that Szasz in the USA and Laing and Cooper in the UK, have objected on the grounds that psychosis is not a disease in the medical sense, and that we have no right to intrude upon the freedom of choice of the psychotic.

The argument about whether psychosis is or is not a disease is not helped by the fact that medical textbooks do not furnish us with a definition of disease; the concept is usually taken for granted, and hence any logical argument is made almost impossible by the absence of an agreed definition. However, the evidence suggesting that functional psychoses (particularly the schizophrenias and manic depressive illness) are genetically transmitted, have a biological basis, and are curable by certain drugs is now so persuasive that I find it difficult to believe that anyone would still seriously consider psychotic behaviours to be simply normal (or, as Laing and Cooper would have it, supernormal) types of behaviour which are rationally appropriate to the function of individuals living in what these authors sometimes call an insane society. The simple fact that typically the psychotic in any society would perish without outside help suggests that he is suffering from some form of disorder which is serious enough to call for help, even though he himself may not be conscious of this need.

Should such help be given when not asked for? This is an interesting ethical question which cannot in the nature of things be answered in any absolute sense. It may be noted, however, that many psychotics (particularly schizophrenics and depressives) who have been treated successfully later on recount terrifying horror stories of their sufferings while still in the schizophrenic or depressive state, and express gratitude to the psychiatrist who rescued them from this living hell. In view of these reactions it is difficult to refrain from taking psychotic reactions, and the liberation from the limitations on freedom which they impose, as another example of the benevolent psychiatric intervention which increases the level of human freedom in a measurable manner, and to a significant extent. With this conclusion, I believe, the great majority of psychiatrists and clinical psychologists would agree.

To say this is of course not to deny that upon occasion sadistic, ignorant or stupid psychiatrists may use methods which do not have the desired effect, or that in our genuine ignorance of the causes and cures of schizophrenia or depression we may make mistakes, and not act in what are truly the best interests of the patient. This may happen in any kind of medical intervention, and is not confined to the particular type of disorder which is treated by a psychiatrist. Nor do we want to prejudice any judgement about the ethics involved in using psychiatric patients as guinea pigs for research on the effects of leucotomy, say, or ECT. The arguments here are no different to the arguments that are current in medicine in general, and I have nothing to add here to a debate which has been

going on for a long time and which can in the nature of things have no 'true' and absolute answer. I do agree, however, with those who oppose surgical treatment of mental disorder, or the use of electro-shock, as being both inhumane and probably contrary to the best interests of the patient. These methods have no proper rationale, the effects are extremely doubtful, and their side effects are often deplorable. Their further use in psychiatry would require better justification than it has received in the past in order to become admissible.

To summarise our position, then, we would say that the concept of 'freedom' in an absolute sense is philosophically and scientifically meaningless, and that people act, in the long run, in terms of motivations which are partly determined by genetic, partly by environmental causes. People generally feel, however, that their personal identity is tied up very much with cognitive functions mediated by the neocortex, concerned mainly with facilitating the satisfaction of emotional and instinctual desires mediated by the paleocortex, and originating fundamentally in evolutionary developments. This combination of motivation and reason is experienced by the individual as 'freedom', and any impairment of this freedom, either through physical bonds or conditioned anxiety reactions, is experienced as loss of freedom. An even greater loss of freedom, such as that entailed in the functional psychotic disorder of schizophrenia and manic depressive illness is not necessarily experienced as loss of freedom because the cognitive abilities of the individual are themselves impaired by the disorder, making reasonable judgement difficult or impossible. This use of the term 'freedom' is *relative* rather than *absolute*, and does furnish us with a rationale for the use of psychiatric treatment. Such treatment is admissible and desirable when it increases the 'freedom' of the individual, using the above definition, and the agreement or disagreement of the individual can only be taken as guidance when his cognitive abilities have not been too seriously impaired. In such cases of serious impairment, judgement has to be made in terms of what experience has led us to expect to be the person's reactions on regaining his cognitive ability. Admittedly there is an element of subjectivity and even guessing involved in making such decisions, but in the absence of more certain knowledge, and as decisions have to be made one way or the other, it seems difficult to avoid action along these lines. What is important is to realise the differential meanings of the term 'freedom', accept its philosophical implications, and understand the different uses of the term in different contexts. When the necessary distinctions are made, the term regains in comprehensibility what it looses in generality.

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