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Rationality

In my comments, I will first lay out the argument of Chapter Seven, then pick out one particular theme within it: that of pathologically compulsive actions. I will outline Huoranszki's (2011a) understanding of compulsion, and point out some of its advantages over other philosophical accounts of the phenomenon. Finally, I will present part of my own view of obsessive-compulsive disorder, which in certain elements converges with Huoranszki's conception, while taking issue with others.

The main claim of the chapter entitled 'Rationality' is that free will and responsibility should not be understood in terms of agents' capacity for rational self-control. More specifically, the theses defended are as follows. First, an agent can be responsible for an action that he does not perform for a reason. Second, agents can be responsible even if they fail to exercise the capacity of *rational* self-control in specific contexts. Third, an agent can apprehend a reason, and her action can be caused by that apprehension, without her exercising rational control over the action.

How can an agent be responsible for something she does not do for a reason? First of all, in what sorts of cases do agents act without a reason? Apart from crossing our arms or scratching our heads voluntarily but for no reason, we may also perform more complex acts without a reason. A more straightforward case is when the action is done gratuitously, "for its own sake". An example is stealing a chocolate bar from a store, not for any reason (such as being unable to pay for it or having a particularly urgent desire for it). The agent is nonetheless thought to be responsible for what she does, for she could have avoided doing it had she chosen to. Another example is one related to the individuation of actions: we have a reason to buy *a* bottle of milk, but we do not have a reason to buy *that particular* bottle. Still, taking that particular one is an intentional and voluntary act, one for which the agent is responsible.

It could be argued against the possibility of action without a reason that, if a person intentionally performs an action, then there is at least this much that can be cited in the way of a reason: he wanted to *x*, wanted to perform the action.

Thus, any intentional action is done for a reason and must involve the exertion of the capacity of rational self-control. Huoranszki's answer is that if wanting to perform an action would count as a reason for it, then we could create reasons for our actions just by deciding that we shall perform them, and the agent's intention to perform the action would automatically rationalize the action.

Another reason why this idea should be rejected is provided by an analysis of compulsive action. The two premises are that compulsive agents are not responsible for their compulsive acts and that they perform them without having a reason to do so. If we do not exempt certain wants from making for reasons (a possibility addressed below), then we have to say that the compulsive agent did not have the want, either, otherwise he would have acted for a reason, which is assumed not to be the case.

Alternatively, it might be claimed that pathologically compulsive agents do something they do not want to do. What may give this view a semblance of plausibility, Huoranszki argues, is that in non-pathological cases of being compelled, we may do something that we don't want to do—induced, for instance, by a threat. But these cases are not relevantly similar to pathological compulsion, since here the agent does retain his responsibility. Such cases cannot support the claim that wants are reasons anyway, because in these (non-pathological) cases, the agent acts *for* a reason, but *against* his want. Therefore, such cases cannot ground the claim that wants are reasons.

Finally, concerning the idea that some wants are reasons while others are not: if we understand the issue in this way, then it would be responsibility for actions that would ground the classification of wants as reasons for those actions. Thus, rational capacities would not explain responsibility; rather, responsibility would explain what counts as an exertion of some rational capacity.

The above arguments, as I have mentioned, rely on the view that the compulsive agent does not have a reason for the compulsive act and is not responsible for performing it. I will offer an alternative account later on. Now I will move on to the second cluster of arguments of the chapter: that exercising the capacity of *rational* self-control is not necessary for responsibility.

Weak-willed agents do not exercise rational self-control: they act in an irrational manner. While their actions do not depend, or at least do not depend appropriately, on their reasons, but rather go against them, weak-willed agents are still responsible for what they do or fail to do. Thus, lack of rational self-control does not imply lack of responsibility.

Now why are we responsible for our akratic behavior? Because our will is free even when it is weak: the weak-willed agent *could* have acted upon her (best) reasons in the sense that she would have done so had she chosen to. Some people deny this and argue that akratic agents do not act of their own free will, because they do not choose their actions: this is Gary Watson's view in 'Skepticism about the Weakness of Will' (Watson 1977). Akratic agents cannot make

a choice about what to do; however, they are responsible for their action and omission because of their culpable lack of self-control. Huoranszki counters this by observing that it is not the actual exercise of self-control that should be made the condition of responsibility, but having the capacity in general—and akratic agents do not lose that. (In contrast, compulsive agents are thought to be incapable of making the relevant choices.) Also: why should we believe that akratic agents cannot make a choice about whether or not to perform an akratic action? It seems, for instance, that their behavior is, or at least can be, sensitive to positive incentives. A weak-willed person who intends to quit smoking, but cannot resist when a cigarette is offered to her, would most probably be able to give up were she offered a very large sum of money to resist this temptation. Thus, her ability to make a choice is revealed by the sensitivity of her behavior to certain incentives. (The pathologically compulsive agent's behavior, in contrast, is considered to be unaltered by new positive incentives.)

Another possible objection to the idea that akratic actions would prove that free will as a condition of responsibility is not the same as the ability of rational self-control is the following. Even if akratic agents act against their best judgment, they may not act against their reasons in general. Their action depends on a reason they have, if not the "best one." Huoranszki's reply to this issue is based on a rejection of Watson's and Davidson's (Davidson 1970) common premises. Davidson's understanding of the weakness of will is that agents act against their all-things-considered judgments (e.g., that they should come off a certain substance) but act upon their "unconditional" judgments concerning the value of their action.

The first answer to Davidson's suggestion is that the akratic agent's weakness is to be attributed not to some cognitive mistake but to a motivational or volitional one. Second, if she cannot form her all-things-considered judgment, she does what she sees most reason to do. Her reason and motive do not come apart. But then the problem is not that her will is weak.

That the weak-willed agent acts *sub ratione boni* is an assumption Watson and Davidson share. They both maintain that free will is a rational capacity. Huoranszki denies that the ability to make choices is an ability to exercise some kind of rational control.

The third main topic of the chapter is action as a result of an apprehension of reasons without exercising rational control. Huoranszki—rather helpfully, I believe—distinguishes between two different forms of weakness of the will. There are two sorts of control that the weak-willed agent may fail to exercise. In one sense, she does not control her choice by her reasons, by not choosing what she has most reason to do. This is a failure to exercise a *rational* capacity. For instance, someone might be aware of the fact that it is her duty to help an injured friend and does not lack the ability to help, but the sight of blood keeps her from doing so. What she fails to do is choose and intend to perform the ac-

tion despite her strong reason in favor of it. The other sort of failure is failing to execute the action planned and in this sense intended. This is a failure to exercise an *executive* capacity. A gambler's intention to keep away from casinos, for instance, might be thwarted by their lure on certain occasions. In these cases, the gambler fails to act on an intention he formed, rather than failed to form an intention based on his reasons.

Finally, an agent who lacks the ability of rational control may nevertheless perform a rational action. If a person is incapable of abiding by her self-destructive plan she has every intention of carrying out, she is not acting in an irrational manner, even though her actions are not controlled by her reasons.

Agents who lack the capacity of *rational self-control* do retain some capacity to control their actions—otherwise we could not hold them responsible. They have the ability to do otherwise: they would have done otherwise had they chosen to and retained the ability to make the relevant choice.

COMPULSIVE ACTION[1]

Huoranszki shares an understanding of the phenomenon of compulsion with most philosophers writing on the topic, while the explanation he offers is an innovative one. The standard view in the philosophical literature is that the compulsive agent cannot make a choice regarding her action. A couple of recent statements of this view will suffice.

> We understand that a person suffering from obsessive-compulsive disorder, spending all day washing his hands and checking dozens of times that he remembered to lock the front door, cannot be thought of as having free will. His actions are mechanically dictated by stereotyped scripts, from which he cannot escape. Thus, obsessive-compulsive disorder is a malady of free will, because it prevents normal strategic planning and meta-control of behavior from overcoming compulsions. (Levy 2003: 214.)

> OCD patients often indicate that they wish to be rid of hand-washing or footstep counting behavior, but cannot stop. Pharmacological interventions, such as Prozac, may enable the subject to have what we would all regard as normal, free choice about whether or not to wash his hands. (Churchland 2002: 208; emphasis added.)

[1] This section is in large part a summary of my paper 'Agency and Mental States in Obsessive-Compulsive Disorder' (in manuscript).

The received explanation for the compulsive's inability to make a choice regarding her behavior attributes it to some volitional deficiency. Before assessing the plausibility of this type of explanation, a preliminary distinction needs to be mentioned, one Huoranszki brings out in another of his writings, 'Weakness and Compulsion: The Essential Difference' (Huoranszki 2011b).

Writing about compulsion, most philosophers have obsessive-compulsive disorder in mind. This pathology is often not clearly distinguished from compulsion in another sense. We talk about "compulsive" eating, drinking and gambling, the mechanism of which is significantly different from that of OCD. Most importantly, the "compulsive" eater or gambler is attracted, at least initially, to the action itself or some aspect of it, while the OCD patient has no intrinsic interest in the compulsive act. The latter are apparently not performed, not even initially, for their hedonistic value.

In fact, it is hard to see how *any* value could be attached to the compulsive act itself, intrinsic or relational. Given the apparent pointlessness of, say, making idiosyncratic movements with one's hands, repeatedly emitting inarticulate sounds, or engaging in what under normal circumstances are goal-directed actions—such as washing hands or checking the gas stove—with unnecessary frequency, we can proceed in two different directions. One possibility is to take this pointlessness at face value and assume that, had the agent been capable of not performing the act, she would have avoided performing it. Conceived in this way, OCD would be similar to conditions with complete loss of action control, such as the anarchic hand syndrome (see below). The other possibility is to look for some property of the act that confers value or significance on it for the agent without readily manifesting itself from a third-person perspective, with the hypothesis that OCD-related acts might be voluntarily performed. My own account will take the second path. Before presenting it, I will sketch two versions of the volitional deficiency view and what I take to be advantages of Huoranszki's account over them.

Watson (1977) attempts to differentiate between compulsion and the weakness of the will, which also seems to involve a desire the agent is unable to resist. Watson suggests that the difference lies in the kind of irresistibility the respective desires exhibit: while persons are weak-willed in relation to desires a normal adult in our society can be expected to resist, "no degree of training and discipline would have enabled him or her to resist" a compulsive desire (Watson 1977: 332). This characterization, Watson admits, makes the very existence of compulsive desires doubtful.

Zaragosa's more recent account uses the idea of "ego-depletion", of temporarily losing the capacity of self-control after its overly straining exertion. "A compulsive is subjected to a nearly continuous stream of impulses to perform a specified behavior, which eventually overworks the will, producing a form of psychological stress" (Zaragosa 2006: 262). What explains OCD for Zaragosa is a

failure of inhibitory mechanisms that would prevent the agent from performing the compulsive act.

Both accounts seem to overlook the distinction between weakness and compulsion pointed out by Huoranszki and regard the agent as drawn to the compulsive act, with the difference that Zaragosa's agent struggles to retain control. The selectivity of OCD behavior—the fact that it only extends to specific activities, e.g. hand washing for some, cleaning for others—is not successfully explained by either account.

Though concurring with the idea that compulsives do not choose or control their behavior and that compulsive acts are performed without a reason, Huoranszki understands the compulsive's failure as ultimately cognitive. The pathologically compulsive agent cannot make a choice for the reason that she does not believe that she is able to perform (or not perform) certain kinds of action (even if, in fact, she is). This understanding is supported by self-reports of OCD patients who claim that they *had to* perform the action and could not have done otherwise.

Volitional deficiency accounts of OCD do not seem to do justice to the causal role of beliefs in this condition. In Huoranszki's view, however, cognitive factors are just as important as orectic ones. Compulsion cannot be understood in isolation from the beliefs that ground and maintain them. In the following, I will offer an alternative account of the cognitive background of OCD, one that is not wholly incompatible with the one offered by Huoranszki.

Compulsive acts are normally preceded by obsessive thoughts.[2] The latter come unbidden, often intrusively and thus are not experienced by the subject as "conjured up" by herself. The contents of such thoughts are typically threatening events: traffic accidents, illnesses, significant losses, even grossly inappropriate public behavior on the subject's part. An OCD patient might repeatedly think, for instance, that the next time he crosses the street he will be run over by a car. He has no way of making sure, through ordinary means, that this will not happen. As obsessive thoughts can be overwhelming and burdensome, their subject tries to "neutralize" them through actions he believes or hopes will ward off the threat. He gives himself an assignment, much like a vow, to carry out repeated acts meant to influence the future state of the world in a quasi-superstitious manner. The acts are voluntary,[3] although the manner of agency involved is somewhat out of the ordinary (see below).

[2] OCD may well be a heterogeneous phenomenon and the view I am trying to advance here is certainly not applicable to all of its forms. There can be, e.g., obsessions without compulsions (the "pure obsessional" type), and "pure" compulsions are also possible, although infrequent.

[3] The compulsive acts involved in OCD are explicitly stated to be voluntary by a number of psychologists. I will give a few examples. "The feature of compulsion that needs to be stressed here is that a compulsion is actively brought about by the patient: he is not happy

It might be objected that such obsessive thoughts cannot reach the status of beliefs, especially since many patients acknowledge them to be "unreasonable". This may be interpreted, however, as merely an admission that the average cognizer would not share the obsessive belief—which does not necessarily prove it false. The OCD patient might believe herself to be in a privileged epistemic position, with access to special evidence.

The OCD patient carries out the compulsive act in order to avert danger by a ritual. Such rituals are "rigid or stereotyped acts according to idiosyncratically elaborated rules" (DSM-IV 1994: 418). The content of the ritual task is not perceived by the subject as arbitrary or "made up" by herself. She may be uncomfortable with the task; its performance may feel like an imposition. This is compatible with the subject sincerely claiming that she "has no choice" but to carry out the act, meaning that what she takes to be her reasons in favour of doing so significantly outweigh the reasons against (those deriving from the unpleasantness, embarrassment, etc., of the act): she has no choice because she cannot run the risk of getting hit by a car or losing a close relative.

Thus, pathologically compulsive agents do apprehend their actions as done for reasons, even though we would evaluate those reasons as bad or peculiar. Evolutionary and developmental explanations of OCD equally tend to emphasize the fact that the compulsive agent perceives the compulsive act as a means of control (or as self-punishment). If this is right, the irrationality of compulsive behavior does not seem to come from the inability to resist a desire, but partly from a bizarre means-end reasoning motivated by other mental states (primarily fears) and partly from the irrationality of the obsessive thought itself.

What evidence can be adduced in support of this account, specifically the claim that OCD-related actions are voluntary and largely controlled by the agent? I will mention three considerations. First, OCD patients feel responsible for the anticipated outcome of their action or non-action: if the house gets robbed, it is because they had not checked on the lock enough times; if they are harmed in a traffic accident, it is because they did not perform the appropriate ritual to ward it off (Clark 2004: 94ff.; Shapiro and Stewart 2011). The fact that the patient has the sense that she influences such outcomes in the world is indirect evidence for her feeling responsible *for the compulsive act* as well. If the act was not in her power to initiate, the compulsive person could not blame herself if the negative event occurred. This argument is admittedly relatively weak,

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about doing it, but it is essentially his voluntary action … and not an automatic behavior. Thus it is different from tics and muscle spasms that are found in some people, especially children, which are essentially involuntary motor responses. These are not actively, deliberately produced by the patient … Unlike compulsions, they are not purposeful." (De Silva and Rachman 2004: 9); "Although obsessions are felt as involuntary and are strongly linked to anxiety and distress, ritualizing (both overt and covert), is voluntary, controlled behaviour" (Arden and Linford 2008: 186); DSM-IV (1994: 120, 418).

though, for, as we will see, OCD phenomenology is not a sufficiently reliable indicator of actual agency.

Second, OCD-related actions take special effort. OCD patients are reported to have a "perfectionistic" tendency: they keep having the sense that they do not get the action "just right" and consequently feel a need to repeat it. Imperfectly executed actions may not ward off the event feared. The necessary number of repetitions is often determined along the way, according to when the performance "feels right". Thus, the OCD patient is capable of terminating her action at what appears to her the appropriate point.

Third, there is clear evidence that OCD patients can refrain from compulsive acts. That the OCD patient is in control of her action is most directly[4] shown by the way in which exposure and response prevention, the standard cognitive therapy treatment for OCD, is implemented. Physical prevention is no longer recommended practice (Foa and Franklin 2002: 100); rather, the patient is made voluntarily to refrain from performing her rituals.[5] The possibility of voluntary refraining shows the voluntariness of the action itself. When patients are exposed to the subject of their obsession and would otherwise perform the obsessive act, they can abstain from doing so, for therapeutic purposes. (The point of response prevention is to show that not performing the action does not lead to the feared event's occurrence.)

The second and third considerations suggest that the patient has actual, if perhaps somewhat limited (see below) control over her act. The reason why the claims made here are partly compatible with Huoranszki's account is that self-reports do not seem to be a reliable guide to OCD patients' agency and control over their actions. 30–40% of patients have poor insight into their condition; many of them, for instance, mistakenly deny that their compulsive acts are driven by obsessions (Kalra and Swedo 2009: 737–738). It seems reasonable to assume that the self-assessment of those who claim they are "unable to do otherwise" may also be mistaken. The possibility that the patient could have acted otherwise, had it not been for the sense that she was unable to, seems to be left open. The sense of a lack of control may be compatible with actual control.

While the acts OCD is manifested in are here argued to be voluntary, initiated and terminated by the agent, what can be labeled the "manner" or "style" of agency is somewhat out of the ordinary (Balconi 2010: 136ff). As was men-

[4] Compulsive agents also tend to refrain from compulsive acts in public—aware as they remain of how disturbing others would find their behavior—and have a tendency to confine their compulsive behavior to their home environment. (Many people have compulsions and we very rarely see compulsive acts.) Reportedly, it is also possible to replace a compulsive act with a socially less intrusive one—for instance, one that does not involve emitting noises. This also seems to indicate that compulsive agents do not lose their control capacities.

[5] "To maximize improvement, the patient needs to voluntarily refrain from ritualizing while engaging in programmatic exposure exercises" (Foa and Franklin 2002: 100).

tioned, OCD patients tend to have a sense of imperfectness, of "not getting it right" in executing their action plan. They also tend not to focus on that action plan, a phenomenon that may have to do with the repetitions involved. The action is likely to become highly habitualized, and part of its execution is often automatic. This might also contribute to the sense of being "unable to do otherwise" in some of the self-reported cases.

If my interpretation is along the right lines, obsessive-compulsive disorder is not as interesting to the philosophy of action and free will as it is generally thought to be (although the low-level agency mentioned in the previous paragraph might be). There are other mental pathologies, however, which seem to be more pertinent to the issue of the loss of control and a sense thereof.

One such disorder is the so-called "anarchic hand" syndrome. "Patients with Anarchic Hand syndrome sometimes find one of their hands performing complex, apparently goal-directed movements they are unable to suppress (except by using their 'good' hand)" (Eilan and Roessler 2003: 2).[6] Sometimes the anarchic hand interferes with what the other hand does; at other times it does something that has nothing to do with the subject's intentions. The act is outside the patient's control and is experienced as such. The answer to the question of whether these are actions at all, even if their subjects are not in control of, or responsible for, them, seems to be "yes", for "…the activities of the anarchic hand are skillfully controlled: they are not pure reflexes, but clearly devoted to a particular goal, and relative to the goal, well-executed" (Eilan and Roessler 2003: 2).

Action control appears to break down in other pathological conditions as well. For instance, in "utilization behavior", a certain type of stimulus seems to "force" the agent to act in a certain way; in "perseveration", they manifest an inability to stop a sequence of actions. In these cases it does seem that the agent has no choice, could not have done otherwise, and therefore is not free with regard to the action. There are also non-pathological failures of control, such as the 'Double Capture Error', in the case of which "attention is captured by some internal preoccupation, allowing the action to be captured by a stimulus associated with a strong habit". For instance, we find ourselves proceeding in the same direction as we regularly do, despite our intention to do otherwise this time. (This seems similar to the failure of an execution capacity, as described in Huoranszki's chapter.) Consideration of these phenomena may be relevant to the free will issue in more ways than just whether the agent could have done otherwise. Pathological conditions like the anarchic hand syndrome and the everyday experience of double capture may indicate the possibility of there being different control mechanisms, or control mechanisms at different levels, rather than one unified, central form of control.

[6] The last two passages rely on examples from Elian and Roessler (2003).

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