

Being free by losing control: What Obsessive-Compulsive Disorder can tell us about Free Will

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'If men wish to be free, it is precisely sovereignty they must denounce.' – Hannah Arendt¹

I. Introduction

According to the traditional Western concept of freedom, the ability to exercise free will depends on the availability of options and the possibility to consciously decide which one to choose.² Given that there are different options, the consequence of this view is that the more *conscious control* one has over one's actions (as opposed to merely impulsive responses), the freer one is. Since neuroscientific research increasingly shows the limits of what we in fact consciously control, it seems that our belief in free will and hence in personal autonomy is in trouble. If the free will sceptics are right, the consequences would be far-reaching, not only with regard to our self-understanding, but also with regard to ethical and legal matters.

A closer look at the phenomenology of Obsessive-Compulsive Disorder (OCD) gives us reason to doubt the traditional concept of freedom in terms of conscious control. Patients suffering from OCD experience themselves as unfree. They feel trapped in their fears, in their obsessions and compulsions, and in fact their daily life is often severely hindered by the imprisonment of their disorders. The question is whether their lack of freedom is due to a lack of will power. Do they have too little conscious control over their thoughts and actions? Or could it be the opposite: are they exerting *too much* conscious control over their thoughts and actions?

In this chapter, we will argue that OCD patients testify to the general condition that exercising an increased conscious control over actions can in fact *diminish* the sense of agency rather than increase the experience of freedom. Referring to Heidegger (Heidegger 1927/2001) and Merleau-Ponty (Merleau-Ponty 1945/2002), we argue that conscious control and deliberation may be useful when the natural flow of action is disturbed: for instance when a necessary tool is broken or missing (Heidegger 1927/2001) or when one learns a new skill (Dreyfus 2002). However, deliberation itself may also disturb the flow of unreflective action.

¹ Arendt, H. (1954/2006). What is freedom? Between past and future. New York, Penguin Classics: 142-169. (p.163)

² As Timothy O'Connor starts the entry on 'Free Will' in the Stanford Encyclopedia of Philosophy: "Free will" is a philosophical term of art for a particular sort of capacity of rational agents to choose a course of action from among various alternatives.' O'Connor, T. (Summer 2011 Edition). Free will. The Stanford Encyclopedia of Philosophy. E. N. Zalta.

Too much deliberation on and analysis of one's unreflective, habitual actions may cause insecurity and even a breakdown of what was once 'second nature'. We introduce three different ways in which too much deliberation can have negative effects on patients with OCD, rendering them even more unfree.

The experiences of these patients show that the traditional conception of freedom in terms of 'free will' has major shortcomings. There is an alternative, however, to be found in the work of Hannah Arendt. She advocates a conception of freedom as *freedom in action*. Combined with phenomenological insights on action, Arendt's account of freedom helps us to get a more adequate understanding of the role of deliberation in the experience of freedom. We argue that the experience of freedom depends on the right balance between deliberate control *and* unreflective actions.

Our alternative conception also has important implications for the debate on free will in cognitive neuroscience. In particular, a phenomenological perspective on the balance between deliberation and unreflective action can correct the false dichotomy that plagues the neuroscientific debate on free will: it is generally assumed that *either* one has conscious control over one's actions and thus counts as a free agent *or* automatic processes are at work that have nothing to do with the agent. Phenomenological investigation of unreflective action shows that this latter assumption is a crude misconception of what it means to be an autonomous agent. We are our habits as much as we are our conscious control.

II. The lack of freedom in OCD

Patients suffering from OCD are plagued by persistent, intrusive thoughts or images that they feel are inappropriate and which cause anxiety or distress (obsessions). They try to ignore or suppress these thoughts or images, or they try to neutralize them with some other thought or action (compulsions) (American Psychiatric Association 2000). OCD patients recognize that their fears are irrational or at least excessive. However, this does not help them. They still fail in their attempts to keep control over their upsetting thoughts and images, and they still feel compelled to perform their neutralizing compulsions.

OCD patients are thus compelled to think or do things they do not want to think or do. They experience themselves as unfree. Their disorder forces them to behave in ways that they can themselves acknowledge to be disproportional. They admit and realize that their compulsive behaviours, hours of cleaning, checking, washing on a daily basis are inadequate and inefficient. This recognition of the irrational character of their deeds adds to their suffering and their feeling unfree.

'I am constantly worried that I might say something that would hurt other people. When I talk to someone, I pay close attention to what I say, but afterwards I am never sure whether I did not unintentionally say something offensive. I am constantly aware of all the possibilities for being offensive or insulting. Therefore I avoid people as much as I can. I hate it: I feel trapped inside my own head.'

(OCD patient)

OCD patients feel trapped: they want to free themselves of their obsessions and compulsions. But when the tension they experience gets too high, they feel they *have to* wash their hands, check the oven, or order their furniture – just to make the tension bearable. The daily lives of people with OCD are severely limited by their disorder. When the symptoms are severe, patients hardly venture outside of their houses anymore.

To get a feel for these limitations, imagine that the things you do between waking up in the morning and going to work would take you not just an hour, but rather all day. Imagine you have to take a shower for three hours, wash your hands five hundred times, or clean the house for twelve hours a day. Imagine that it would take you four hours to get prepared for going to a party, so that it might already be over by the time you get there. Probably next time, you would not even bother to go – also because the party itself will need to be followed again by hours and hours of cleaning rituals. Since repetitive rituals are not just time-consuming, but are also accompanied by extreme tension and concentration, the compulsive behaviour is extremely tiring. Moreover, as a patient explained, this is not the kind of tiredness you experience after a day of hard work, because ‘you have not been doing anything *real*.’ It is not a satisfied form of tiredness after completing or establishing something.

Instead of going out in the world and doing things, OCD patients spend much of their time worrying about what might go wrong, or in other ways exhaustingly preparing themselves for all possible scenarios. Patients explain their situation as being ‘locked inside’ of their head. Often, patients also have ‘meta-anxieties’: they worry about worrying too much, or they are afraid that they might act out their obsessions, or afraid of losing even more control and going mad.

The paradoxical role of conscious control

Our focus here is on these patients’ failing attempts to gain control. How can we explain this? Is their failure due to a lack of will power? Do they have too little conscious control over their thoughts and actions? Indeed, patients report that they cannot keep control over their thoughts and worries *and* that they feel unfree. Do these patients perhaps lack a free will? That would fit the traditional idea that the experience of being a free, autonomous agent, depends first and foremost on the level of conscious control that one is able to exert over one’s actions. Esquirol, the first psychiatrist who described a patient with what we now call OCD, indeed thought it was a disease of the will (Esquirol 1838). However, since then, many other conceptions of the nature of OCD have been formulated, focussing on either the emotional dimension, or the will, or the intellect (De Haan, Rietveld et al. Forthcoming).

But is a lack of conscious control really what the problem amounts to? What speak against the conception of OCD in terms of a lack of conscious control are the experiences of the patients themselves. Patients rather exert much *more* conscious control over their actions and thoughts than people ordinarily do. In fact, normally we do not deliberate about our thinking or our behaviour so often at all. Compared to OCD, normal behaviour appears to be very naïve, trustful and perhaps even a bit superficial. Are you actually sure you locked your door this morning? You probably did not pay any conscious attention to your movements. Are you

actually aware of the possibility that your food may contain too much pesticide, or that there could be pieces of glass in your peanut butter? Did you check that before taking a bite? And did you ever think about all the germs you may get from using a public toilet? And how these germs may spread on everything you touch – including other people?

All in all, in everyday life, we do so many things without thinking, without paying conscious attention, just relying on our habits and trusting that everything will be fine. We do not question and doubt everything, but we rather exhibit a *basic trust* in both the world and in our own abilities (De Haan, Rietveld et al. Forthcoming). Patients with OCD *do* worry about these things, and *do* pay conscious attention to their actions. On the one hand, these patients report that they feel unfree, and may even point to their failure to exercise control to explain their lack of freedom. On the other hand, it appears that they exercise much more conscious control over their thoughts and actions than people normally do. On the account of freedom in terms of free will the degree of conscious control is the measure for the degree of freedom. This traditional conception thus cannot account for the experiences of these patients. How can we explain this paradox of feeling unfree whilst exerting a high degree of conscious control?

III. Freedom of will versus freedom in action

This paradox brings us right to the heart of a philosophical debate on how to understand freedom – or more specifically, how to understand the role that conscious deliberation plays in our experience of freedom. In her important essay ‘What is freedom?’, Arendt (Arendt 1954/2006) sketches the historical shift in the conception of freedom as *freedom to act* to freedom in the sense of ‘*inner freedom*’. Initially, in Greek and Roman culture, men were regarded as free to the extent that they could be politically active. Arendt generalizes this idea as ‘freedom to act’, which refers to the capacity to start something new; to participate in a community or a political realm. Being free means to be able to act and take part in the (social) world. Interestingly, this implies that individuals in fact need other people and social practices to be free. By contrast, freedom is nowadays usually regarded as ‘inner freedom’, that is, the subject’s freedom of thought or freedom of the will. On this account, the inner realm in which no other can interfere is taken to be the instantiation par excellence of freedom. Given its domain of the inner realm, the degree of inner freedom is measured by the amount of control one exerts over oneself, as opposed to the amount of influence one has in the outer world.

Arendt points to the political and religious motivations for this shift, and she heavily critiques the impotence of such an inner freedom as compared to the freedom to act out in the world. Inner freedom is the diluted derivative of freedom to act: ‘The experiences of inner freedom are derivative in that they always presuppose a retreat from the world, where freedom was denied, into an inwardness to which no other has access. The inward space where the self is sheltered against the world must not be mistaken for the heart or the mind, both of which exist and function only in interrelationship with the world.’ (p.145). According to Arendt, freedom is first of all at stake in our intercourse with others, not with ourselves.

But not only political and religious developments fostered this shift. There is also an influential philosophical background for this way of thinking. For in the mainstream

philosophical tradition contemplation and reflection have been celebrated for ages as the most important and most valuable of human capacities. Thinking about things is valued more than doing things. Arendt challenges this view and argues for the importance of the active life instead.

A phenomenological account of action

Arendt has clearly been influenced by Heidegger. Heidegger (Heidegger 1927/2001) pointed to the primacy of our practical engagement with the world over deliberation. First of all we go out and do things in the world: we have our projects, we want to achieve something. And in doing so, we are immersed in our actions, which is rather the opposite experience of deliberation. In fact, Heidegger argues, we only deliberate when something goes wrong: for instance, when a tool we want to use is broken or missing; or when there are other tasks waiting for us that distract us from our present job. In such cases, we need to interrupt the flow of our actions, take a step back and reflect on what to do. Once we have figured this out, we will again return to our unreflective flow of action.

Conscious deliberation also plays an important role in learning new skills. Drawing on the work of Merleau-Ponty, Dreyfus (Dreyfus 2002) argues that we can distinguish several stages in the acquisition of a skill and that the more proficient one becomes, the less one needs to rely on rules and theories, and conscious deliberation of what to do. Expertise is rather characterized by an 'immediate intuitive situational response' (p.6). For example, when we learn to drive, we at first need to pay conscious attention to when and how to shift gears. The more proficient we get, the more we can rely on our habitual responses. In fact, once we are skilled, deliberation can even disturb our flow of action. Exerting conscious control is thus a necessary step on the way. But the hallmark of skill acquisition is the transfer from consciously controlled to intuitive habitual actions, with particular aspects such as timing and attunement to the situation, none of which are under our conscious control. Thus, once we have acquired a skill explicit deliberation is no longer needed: the skill has become our second nature. Or, as William James (James 1890/1950) put it over a century ago: 'It is a general principle in psychology that consciousness deserts all processes where it can no longer be of use.' (p. 496).

This brings us to another important characteristic of our way of 'being-in-the-world' – as phenomenologists call it. The French phenomenologist Merleau-Ponty (Merleau-Ponty 1945/2002) pointed out that our practical engagement in the world is first and foremost a *bodily* engagement. We generally rely on our habits that have become our second nature. That is, we have incorporated these skills in our bodies. Our spontaneous, intuitive interaction with the environment and with others relies to a large extent on our bodily skills. Accordingly, Merleau-Ponty argues that 'consciousness is in the first place not a matter of "I think that", but of "I can"' (Merleau-Ponty 1945/2002) (p. 159).

It is important to note that these spontaneous, intuitive responses are not mere *reflexes or instincts*. In many situations in ordinary life, I respond appropriately without the need to first deliberate. I behave appropriately in the bakery, waiting for my turn; I talk to my colleagues over lunch; I can cycle through Amsterdam while thinking about theories of freedom. In many cases I act without conscious deliberation because I can rely on my spontaneous inclinations. In contrast to mere reflexes, which are motoric neurological closed loop systems, or instincts which are pre-programmed sets of fixed behaviours, these are skills that I have *developed*, and this development

has taken time and effort. Some skills we have developed already very early in life, so that they are deeply engrained. Others we have mastered at a later age. But either way, our spontaneous, unreflective actions are informed and learned. They are the result of a cultivation or '*Bildung*' within our socio-cultural practices (Rietveld 2008).

The role of deliberation in the experience of freedom in action

The phenomenological tradition offers a fundamentally embodied and embedded account of freedom. Phenomenologists emphasize the primacy of our practical, bodily engagement with the world. Moreover, because we are always part of social practices, we do not act in a vacuum. Our embodied and embedded nature precludes freedom in the sense of absolute sovereignty. Even the sterile version of 'inner freedom' cannot escape the fact that what we think and will is highly influenced by our socio-cultural environment. The attractive power of Arendt's notion of freedom in terms of action is that it provides an alternative in which other people and our environment are not just perceived as hindrances to freedom, but rather as the *enabling domain* in which our free actions first make sense. This fits with Merleau-Ponty's (Merleau-Ponty 1945/2002) explanation of freedom as 'commitment in the world' (p.526). Of course, other people and our environment can hinder our free action, but this potential hindrance is secondary to their enabling role. That is, they can hinder us precisely *because* we first of all need them for this realm of freedom to be opened up for us.

Now, what role does conscious deliberation play in the experience of freedom on such a phenomenological, action-oriented account? If freedom is indeed 'an inherent quality of the I-can' (Arendt 1954/2006) (p.158) (instead of the I-will, or I-think), and if we take into account phenomenological insights on (expert) acting, it follows that our experience of freedom will be characterized foremost by our spontaneous, bodily responsiveness to the situation at hand. However, whereas Arendt opposes contemplation and action, we saw that phenomenological accounts of action (Heidegger 1927/2001; Merleau-Ponty 1945/2002; Dreyfus 2002) are more nuanced. Deliberation does play a role, a vital role even, but it is a *serving* role. Deliberation is sometimes needed to come to the aid of the unreflective flow of action in case of disturbances or problems or when we start to learn something new. Acting freely thus requires a proper *balance* between deliberation and unreflective action.

We noted before that freedom of the will is measured by the extent of conscious control one has over one's thoughts and actions. So what determines the degree of freedom in action if it is not conscious control? According to Arendt, the extent of freedom in action depends on the extent of 'virtuosity', understood in a very specific way. She refers to Machiavelli's concept of *virtù*: 'the excellence with which man answers the opportunities the world opens up before him in the guise of *fortuna*' (Arendt 1954/2006) (p.151). That is, freedom lies in the virtuosity enacted in our actions, which in turn depends upon the coupling between 'fortuna' (that which the world has on offer) and 'virtù' (personal skills). In other words, the level of freedom in action depends upon two things: (a) to see the relevant opportunities for action, and (b) to act well on them.³

³ Arendt's conception of virtuosity as depending upon the combination of both worldly opportunities and personal skills strongly resembles the notion of responsiveness to '*affordances*'. The ecological psychologist Gibson Gibson, J. J. (1979). The Ecological Approach to Visual Perception. Boston, Houghton Mifflin.

Arendt's account of virtuosity as a measure of freedom remains somewhat abstract, however. For how do we distinguish the relevant opportunities from the irrelevant ones? And what determines whether or not we act well on them? In reference to both Arendt and Merleau-Ponty, Rietveld (Rietveld 2008) argues that one's commitment in the world is motivated by one's *concerns*, that is, by what one cares about. One's concerns include one's needs, preferences, and interests. These are not limited to one's own well-being. For example, it is likely that what one cares about also includes the needs and interests of one's loved ones. Which opportunities the world opens up for one, and more specifically, which opportunities are *relevant*, will depend upon what one's concerns are. Reflection is not necessary for this responsiveness to relevant opportunities. As Rietveld (Rietveld 2008) remarks: 'even though there is no wilful choice by a deliberating subject, that which the individual cares about nevertheless motivates the way she acts freely' (p.152).

This is a crucial element that remains undeveloped in Arendt's work: freedom in action is motivated by what one cares about. One's concerns determine which possibilities for action are relevant and solicit action and which are ignored. Now, when we take up the role of our motivating concerns we can specify virtuosity as the ability to act in coherence with one's concerns. That is, the freedom one experiences will increase the more one is able to act in accordance with what one cares about. If I can act according to what matters to me, I will feel free – regardless of the amount of conscious control I exert during this action. In other words, we can conclude that the experience of freedom depends on the *coherence between my concerns and my actions*.⁴

IV. Too much control is counter-productive: three mechanisms

What does this philosophical excursion bring us with regard to understanding the lack of freedom as experienced by OCD patients? First of all, the conception of freedom in action that we have developed understands freedom as the coherence between my concerns and my actions. It is clear that patients suffering from OCD are unfree in this sense: they feel compelled to think and do things that are not in accordance with the way they would want to live. Also, when these patients recover, and we ask them about their experience of freedom, they generally report how they have taken up those activities in life that their disorder had made impossible for them. The freedom they gained is the freedom to do what matters to them..

introduced this notion to designate the intricate relation between the available opportunities for action and the specific biological make up and skills of an organism – an idea that was already developed by Von Uexküll Von Uexküll, J. (1920). *Theoretische Biologie*. Berlin, Paetel. in his notion of the '*Funktionskreis*'.

⁴ Note that on this conception, the experience of freedom is not all or nothing, but rather a matter of degree. The more I am able to act in accordance with what I care about, the freer I am. Someone who would succeed in acting in total accordance with her concerns would be as free as one could be. Thanks to the editor for suggesting this point to us.

The conception of freedom in terms of action acknowledges the importance of acting in the world, of engaging oneself in projects, together with other people. Crucially, the ability to perceive the possibilities for engaging in the world requires an attitude of acceptance: of basic trust. This attitude of trustful openness to the outside world stands in contrast with deliberation which rather entails turning one's attention inwards instead of outwards. Too much inward directedness leads to closing oneself off in one's own inner world. Now, the problem in many forms of psychopathology is precisely that patients 'live in their own world'. As Van den Berg (Van den Berg 1972) pointed out in his book on the principles of phenomenological psychopathology '*A different existence*': 'The psychiatric patient stands apart from the rest of the world. (...) he has a world of his own.' (p.105). Patients are trapped in themselves, and their inward directedness attributes to the continuation of the pathologies.

Moreover, we are now in the position to explain the paradox that OCD patients experience themselves as unfree, even though they exert more conscious control over their thoughts and actions than people normally do. The phenomenological account of action assigns conscious deliberation a *serving* role in order to attain a spontaneous flow of action. We switch to deliberation when we encounter a problem, or when we are still in the process of learning a new skill. Too much deliberation, however, may rather disturb our flow of action. Think for instance of learning how to dance tango. Initially this requires a lot of conscious attention. One has to think about one's posture, and the position of one's feet and so on. But the more skilled one becomes, the less one needs to think about these things. One just moves fluently. Imagine the dancing has become a second nature. When one would then be asked to pay conscious attention to one's feet during the dance, this will rather disturb one's fluency. But also just looking at one's feet while quickly descending the stairs can be a dangerous example of how conscious control may disrupt one's actions.

Here we will look at three counter-productive control mechanisms that are at stake in OCD: one concerning one's thoughts, and two concerning one's actions.

1. The pink-elephant-effect

Patients suffering from OCD try very hard to control their thoughts. But how much control do we ordinarily have over our thoughts? Is it not rather part of the phenomenology of thinking that thoughts 'pop up' and that we can at best 'funnel' them? At least we never completely steer or control our thinking. There is always an element of 'emergence' of our thoughts. If having limited control over one's thoughts is normal, perhaps these patients strive for an exaggerated and impossible control.

It has been long since suggested that striving to control and particularly to suppress specific thoughts can in fact have an opposite effect. The 'pink elephant' has become the symbol of the difficulty of thought suppression: when instructed not to think of a pink elephant, this rather induces this image to come to mind. The most well-known research on thought suppression started off with white bears. In 1987, Wegner and colleagues (Wegner, Schneider et al. 1987) conducted a series of experiments in which they asked participants *not* to think of a white bear for the next five minutes. If the experimenters would not have brought up the white bear the chances would have been next to zero that participants would have spontaneously thought about white bears. However, the assignment directed their attention to what was now

'forbidden' to think. Wegner and colleagues showed that deliberately not wanting to think about a white bear makes it in fact much harder not to do so. They write:

'The paradoxical effect of thought suppression is that it produces a preoccupation with the suppressed thought. These findings suggest that the task of suppressing a thought is itself difficult, leading people to hold the thought in consciousness repeatedly even as they try to eliminate it. When they are then released from the suppression task and asked instead to go ahead and express the thought, they do so at an accelerated rate, mentioning it more often than if they had simply been asked to express the thought from the start. There are thus both immediate and delayed tendencies toward conscious preoccupation with the very thought that is being suppressed.' (p.8)

Such a mechanism appears also be at play in patients with OCD (Salkovskis and Campbell 1994; Rassin, Diepstraten et al. 2001; Purdon 2004). The counter-productive effect of suppression could in their case be even more stringent, since the thoughts and images that bother them are not just neutral stimuli like white bears and pink elephants. They are rather depictions of what the person in question considers to be most repulsive, usually of a sexual, aggressive, or blasphemous content. A mother for instance pictures herself murdering her baby, a father is plagued by incestuous thoughts, and others worry about how they might cause fatal accidents. As Salkovskis and Campbell (Salkovskis and Campbell 1994) point out, such 'emotionally valenced and personally relevant' thoughts and images are likely to be more intrusive than emotionally neutral stimuli.

Moreover, patients tend to attribute much meaning to these images. Shafran and colleagues (Shafran, Thordarson et al. 1996) distinguished two biases: the likelihood bias; and the moral bias. The likelihood bias refers to the finding that OCD patients are inclined to assume that thinking about an event will make this event more likely to happen. Thus they fear that their negative intrusions will increase the chance that their fears will indeed become reality. The moral bias refers to the idea that having a thought about something is morally equivalent to actually doing it. OCD patients tend to think that their unwanted thoughts reveal something about what they are really like or what they would be capable of doing when they would lose their self-control. Taken together, these biases are referred to as 'thought-action fusion'. Naturally, this inflated meaning provides an extra motivation for trying to suppress these thoughts – unfortunately with counter-productive effects.

Apart from the propensity of OCD patients to control their thoughts by trying actively to suppress them, it has also been noted that patients tend to be 'hyper-aware' of these thoughts (Salkovskis and Campbell 1994). Salkovskis and Campbell conclude that not only thought suppression itself, but also this constant self-monitoring 'play a key role in the maintenance of obsessional thinking' (p.7). We would suggest that this tendency to exert control and the inward directedness of attention are parts of the same process.

2. The self-sustaining prophecy

With regard to the role of conscious control in action, we can distinguish two different counter-productive mechanisms: the self-sustaining prophecy and the hyper-reflectivity trap. Starting

with the first, part of the problem simply comes from the fact that the time spent worrying, or thinking and performing one's compulsions, is time *not spent* engaged in meaningful actions – which implies that patients' worst case scenario's are not corrected by real-life experiences.

In addition, there is a basic mechanism of avoidance at work. Beck and Clark (Beck and Clark 1997) point out that pathological anxiety consists of both an 'erroneous or biased interpretation of stimuli as dangerous or threatening' along with the underestimation of 'personal coping resources and the safety or rescue features in the environment' (p.50-51). Unfortunately, the experience of anxiety generally prompts people to *avoid* the anxiety-provoking situation – which means that they will not be in the position to correct their overestimation of the danger and the underestimation of their own skills on the basis of their own experience.⁵ In other words, as long as patients do not go out and act, they do not accumulate positive, correcting experiences with regard to both the world and themselves.

The avoidance prevents patients from experiencing that their convictions are distorted. They cannot prove themselves wrong, because they do not put their convictions to the test of real-life activities – resulting in a self-sustaining prophecy.

3. The hyper-reflectivity trap

Not only do OCD patients engage less in meaningful activities both out of avoidance and out of sheer time pressure, but when they do, another mechanism may come into play. As we noted before, OCD patients exert much more conscious control over their actions *during* these actions. That is, they pay more conscious attention to what they do than people usually do. We suggest that here too, excessive conscious control can have a counter-productive effect.

Many OCD patients are insecure whether they have done something, or have done something correctly. Did I really properly lock the door? Just to be sure, patients may repeat their action, whilst paying extra attention to all their movements. Now, it is completely normal to exert conscious control over one's deeds when one is insecure or when it is particularly important that one do things right. For instance, if one locks the door before leaving for a long holiday, one probably pays more attention to turning the key, than on an ordinary morning when one is going to work. Switching to conscious control can be a very helpful strategy.

However, as we noted before, too much conscious control may disturb the flow of action. Especially with those actions that we are experts at, that are already part of our second nature, thinking about these actions implies taking a step back in the stages of skill acquisition (Dreyfus 2002). You may have tied your shoes this morning. How *exactly* did you do that? If I asked you to explain, you would probably be inclined to just show how you do it. But suppose I ask you to *describe* each movement; this would probably not be easy. And if you think long

⁵ Meynen (Meynen, G. (2011). "Generalized anxiety disorder and online intelligence: A phenomenological account of why worrying is unhelpful." Philosophy, Ethics, and Humanities in Medicine 6(1): 7.) recently pointed out that patients who worry excessively overestimate the helpfulness of deliberation, at the cost of relying on their bodily skills. That is, they may endorse a 'metacognition that overrates the value of detached contemplation about future situations while underrating the value and resources of actual embodied-embedded engagement' (p.1).

enough, you may even get confused how you in fact to tie your shoes. Paying conscious attention to your habits may actually foster a feeling of estrangement or insecurity.⁶

The exaggerated reflection on and deliberate attention to what one is doing is called 'hyper-reflectivity'. Every act becomes a conscious, deliberate decision instead of just spontaneous responsiveness. What is normally taken for granted, unthinkingly relied upon, is now brought to awareness. As Fuchs (Fuchs 2011) points out, making such tacit processes explicit actually *disturbs* their functionality. He writes: 'Self-centeredness and hyper-reflection are ... on the one hand, the result of the illness, but on the other hand, they often additionally contribute to it.' (p. 239).

This process of hyper-reflection can be recognized in many different forms of psychopathology – in fact it was first described with regard to schizophrenia (Laing 1959/1990; Sass 1992). In the case of OCD patients, we can also see such a negative spiral at work. We have proposed to call this mechanism the 'hyper-reflectivity trap' (De Haan, Rietveld et al. Forthcoming). It proceeds through several stages:

1. First, there is the feeling of insecurity, anxiety, or tension.
2. This feeling leads to attempts to regain control through *deliberation* (e.g. what might go wrong and how could I prevent that?), and *reflective action* (e.g. trying to consciously control the performance of one's actions).
3. But too much reflection can be dangerous: analyzing and paying attention to your actions may lead to estrangement and typically *augments* insecurity.
4. As a last step, the increase of insecurity brings us back to the first step.

The initial feeling of insecurity may already be the result of a more fundamental lack of basic trust. The subsequent exercise of increased conscious control in turn *diminishes* the sense of agency rather than increasing the experience of freedom. Too much deliberation on and analysis of one's unreflective, habitual actions may cause insecurity and even a breakdown of what was once 'second nature'.

Solving the paradox: being free by losing control

Concluding, we can say that OCD patients experience themselves as unfree. Their condition is, however, not due to a *lack* of conscious control, but rather the result of *too much* conscious control. The combination of feeling unfree whilst exerting conscious control only appears to be contradictory when one understands freedom as 'inner freedom,' or freedom of the will. The phenomenological alternative conception of freedom in action can very well explain this combination. Moreover, by introducing the idea of a proper balance between deliberation and

⁶ Research on memory shows that patients with OCD do not have memory impairments per se, but rather *distrust* their memory: it is thus the *attitude towards* their memory that is affected. Interestingly, the same happens to normal controls who are instructed to repeatedly check their tasks. The checking thus augments the feeling of insecurity. See: Van den Hout, M. and M. Kindt (2003). "Repeated checking causes memory distrust." *Behaviour Research and Therapy* 41(3): 301-316.

unreflective action, we could better understand several of the aggravating mechanisms that can be at stake in OCD.

Interestingly, in our research on the phenomenological effects of Deep Brain Stimulation (DBS) find that patients suffering from severe OCD who are treated successfully with DBS, report an increase in spontaneous actions. As one patient remarked: 'my actions now go faster than my thoughts: I now do things without thinking. That is pretty scary!'.⁷ Successful treatment seems to restore the balance between unthinkingly relying and deliberating. Also, over-stimulation may lead to problematically increased impulsivity (Luigjes, Mantione et al. 2011). This finding is a further indication that DBS influences the balance between spontaneous action and conscious control, as well as a warning that although an increase in impulsivity is helpful, the balance should not tip to the other side either.

Our hypothesis is also in line with findings from fundamental brain research at our department. fMRI and EEG research in OCD patients stimulated at the Nucleus Accumbens, show changes in the *connectivity* between the Nucleus Accumbens and the prefrontal cortex. Stimulation restores intrinsic frontostriatal network dynamics rather than merely having inhibitory or excitatory effects at the target area (Figeo, Luigjes et al. Under review). In particular, stimulation of the Nucleus Accumbens of OCD patients decreases excessive frontostriatal connectivity, which is moreover strongly correlated with OCD symptom improvement.

We suggest that the excessive frontostriatal connectivity in OCD patients may be a reflection of their excessive use of conscious control at the cost of more unreflective skill-driven behaviour or responsiveness. The fact that the diminishment of the frontostriatal connectivity correlates so strongly with the improvement of the patients' symptoms may provide a neuroscientific affirmation of our phenomenologically based hypothesis that these patients exert too much conscious control rather than too little. However, further empirical research is needed to test this hypothesis directly.

V. Being free by losing control: implications for the neuroscientific debate on free will

A phenomenological analysis of the experiences of OCD patients confirms a conception of freedom that requires unreflective action just as much as conscious deliberation. To feel free, one needs to find a proper balance between deliberation and conscious control on the one hand and spontaneous, unreflective actions on the other. In other words, being free also requires losing control. Moreover, our unreflective habits or abilities are just as much part of who we are as our conscious deliberation is. To appreciate the importance of our habits, one only needs to keep in mind that spontaneous actions are informed. They are not mere reflexes or instincts, but are flexible and context-sensitive, and it has taken time and energy to turn them into habits. The learning of any new skill attests to the effort it takes to incorporate skills as second nature.

This alternative conception of what it means to be a free autonomous agent has some important implications for neuroscientific research on free will. Ever since Libet's landmark

⁷ Unpublished interview.

experiments (Libet 1985), many neuroscientific studies have shown that the role of our conscious control is limited (Wegner 2002). These findings are often taken to imply that we have no free will. We might like to think of ourselves as autonomous agents, these free will sceptics say, but all our supposed reasons for our behaviour turn out to be confabulations after the fact. That is, our reasons are not causing our behaviour, but are rather rationalisations of our behaviour after it has already occurred. Hence, we are not in control of our behaviour. Everything has already been decided long before by or in our brains. After the 'masters of suspicion' (Ricoeur 1970) Marx, Freud, and Nietzsche casted doubt about our traditional conception of the autonomous subject in the late nineteenth century, present-day research in cognitive neuroscience confirms the limits of our conscious control.

There are, however, two fundamentally different perspectives that we can take on the crumbling of our notion of the subject as a rational being who is only free when she or he is in conscious control. Nowadays it is popular to interpret the limited influence of our conscious control as a *void*, as a proof of the illusory character of our autonomy, our free will, and even our 'self' (Metzinger 2003; Wegner 2003). We may think that we are in control, these sceptics say, but in fact everything has already been decided for us by our brain. Now, even apart from its inherent conceptual confusions (How could an organ decide anything for us? And whose brain would it then be? (Bennett and Hacker 2003)), this interpretation unquestioningly assumes the traditional concept of autonomous agency with its emphasis on the role of conscious control that it subsequently dismisses. Moreover, this interpretation also assumes that explicit, deliberate intentions must precede actions, an assumption which is increasingly questioned.⁸

On the other hand, we could also regard the limits of conscious control as a matter of *redistribution*: perhaps our conscious control does less, whereas our skilled bodies, our second nature does more (De Haan 2012). This latter perspective acknowledges that our spontaneous, unreflective actions and our bodily skills make out a fundamental part of our personhood. Moreover, as our analysis has shown, the experience of freedom too not only resides in conscious deliberation, but just as much depends on our ability to do things *without* thinking, to rely on the flow of our know-how. Our analysis thus shows that these sceptical interpretations are based on a false dichotomy: it is assumed that *either* one has conscious control over one's actions and thus counts as a free agent *or* automatic processes are at work that 'thus' have

⁸ The interpretation of free will sceptics thus relies on what Hurley Hurley, S. (2005). Active perception and perceiving action: The shared circuits hypothesis. Perceptual Experience. T. Gendler and J. Hawthorne. Oxford, Oxford University Press. called 'the classical sandwich-model of the mind', that is, perception is regarded as input from the world to the mind, action is seen as the output from the mind to the world, and cognition (e.g. intentions) refers to the internal processes that take place in between. The adequacy of this linear, vertical model is increasingly under pressure from non-linear, dynamical models of both neural processes Kelso, J. A. S. (1995). Dynamic Patterns: The Self-Organization of Brain and Behaviour. Cambridge, MA, MIT Press, Beer, R. D. (2000). "Dynamical approaches to cognitive science." Trends in Cognitive Sciences 4: 91-99. and the relations between perception, action, and cognition O'Regan, J. K. and A. Noë (2001). "A sensorimotor account of vision and visual consciousness." Behavioral and Brain Sciences 24(5): 883-917, Noë, A. (2004). Action in Perception. Cambridge, MA, MIT Press..

nothing to do with the agent. As the investigation of unreflective action has shown, this latter assumption is a crude misconception of what it means to be an autonomous agent. Our unreflective skilful actions do not form a threat to our personal autonomy, but rather together with conscious deliberation co-constitute our autonomy and our experience of freedom.

VI. Conclusion

Patients suffering from OCD feel unfree. They cannot do the things they want to do, or think the things they want to feel. Instead, they feel they are trapped inside their head. In order to regain control over their lives, they deliberate or try to pay extra conscious attention to what they do. Paradoxically, their recourse to conscious control often makes matters worse, resulting in a diminishment of the experience of freedom and agency. The traditional conception of freedom in terms of conscious control cannot do justice to this phenomenon. We have introduced Arendt's conception of freedom in terms of action as an alternative. Drawing on phenomenological insights on action, we have formulated a more adequate account of the role of deliberation in the experience of freedom. We suggest that there is an optimal level of conscious control. Beyond a certain point, the desire for and exercise of conscious control becomes pathological and results in loss of control of one's behaviour. To feel free requires first and foremost that one can act in accordance with what one cares about. Consequently, we need to be able to engage in the world, to engage with others. And this engagement requires the ability to rely on one's bodily skills as much as on our ability to reflect and deliberate. For OCD patients, the challenge lies in lessening their conscious control and learning to trust, to rely on their abilities and their surroundings instead.

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