

Volition, compulsion, and insanity.

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Reviews the book, *Rationality and compulsion: Applying action theory to psychiatry* by Lennart Nordenfelt (see record 2007-13079-000). This book is an important and carefully argued, if somewhat overly wrought, analysis of one of the important interfaces between psychology and philosophy. Although the author does not directly apply his analysis to forensic psychology and psychiatry, the most important implication of this book is that we cannot readily dispense with the notion of volition in our understanding of mental illness, and as such, efforts to do so in the application of psychology to the law will ultimately fail. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Full Text

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“Freedom of Will”

Nordenfelt's argument presumably has little to do with freedom of the will, in the radical sense of independence from all material causation, and indeed the author believes that his views can be reconciled with the compatibilist notion that our everyday concept of freedom is in full accord with a scientific, deterministic, neurologically based understanding of human behavior (p. 9). On this compatibilist view, which can be traced back to David Hume, individuals are free to the extent to which they are able to pursue their wants and desires (or modify these wants and desires to accord with their other, higher order goals) regardless of whether their wants, desires, and goals are themselves the causal result of chains of events in their history and/or processes transpiring in their brains. Nordenfelt holds that mental illness can be fruitfully understood in terms of the vocabulary and theory of human action, a theory that appeals to the individual's wants, beliefs, reasons, and intentions. However, he does not hold, as is sometimes argued, that a rational explanation supplants or is incompatible with a material causal one. (More on this later.)

Mental Illness as Compulsion

For Nordenfelt it is the (compatibilist) notion of freedom—that is, the ability to act upon and appropriately modify one's wants and intentions—that is sorely compromised in at least several genera of mental illness. He holds that individuals suffering from delusions, compulsions, addictions, phobias, obsessions, rigid personalities, and even psychopathy are, to a greater or lesser extent, compelled to act as they do and are therefore neither rational nor free. Critical to Nordenfelt's analysis of compulsion and mental illness is his notion of “fixation.” For Nordenfelt,

the sentence “*A is compelled to do F*” means that a goal *P* exists such that *A* has a *fixated* intention to achieve *P*, and a *fixated* conviction that *F* is an action necessary to perform in order to attain *P*. (p. 16; italics in original)

It is important to note that for Nordenfelt the *ordinary* case of compulsion has nothing at all to do with being mentally ill. For example, an individual with a *fixated intention* to remain alive may have the *fixated conviction* that he or she must leave a burning ocean liner. Such an individual is *compelled*, in Nordenfelt's sense, to leave the ship but is not by any stretch of the imagination mentally ill for doing so. It should also be noted that such an individual is not *absolutely* compelled to leave the ship, nor is he or she causally constrained from performing another action. He or she may be incapable of descending to the lifeboats, other intentions or beliefs may intervene (e.g., the intention to stay with or save a child), or his or her intentions or beliefs may come into conflict with other propositional attitudes (e.g., a mortal fear of water or his or her captain's commitment to go down with his ship).

Indeed, in most cases, intentions and beliefs have relative degrees of flexibility and may indeed be negotiable. For this reason, Nordenfelt speaks of *relative degrees of compulsion*. However, in the paradigm case of compulsion, an individual has a strongly fixated set of intentions and beliefs that he or she does not choose and which, for all intents and purposes, are forced upon him or her. Examples of the latter are the fixated intention to survive, to eat, to quench one's thirst, and the fixated beliefs as to how to fulfill these intentions (e.g., finding and drinking water). Such forced fixated intentions and beliefs are contrasted by Nordenfelt with those that may be fixated but are, according to the author, freely chosen, such as a man's nonnegotiable intention to become a millionaire or to vacation this summer in Stockholm. Such freely chosen intentions may be fixated, but they are hardly forced upon the individual.

In the case of mental illness, an individual, according to Nordenfelt, has a mistaken belief forced upon him or her (e.g., in paranoid delusions; see p. 172); is unable to perceive what others would readily see as alternative courses of action (automatism; p. 169); has a drive forced upon him or her that is in conflict with some of his or her other vital goals (kleptomania, pyromania; p. 175); is troubled by a thought that he or she cannot rid himself or herself of (obsessions; p. 176); or fails to comprehend that certain alternatives that he or she does not desire are morally preferred (psychopathy; p. 182). Although Nordenfelt's analyses of these specific mental disorders are not equally persuasive, the gist of his argument is that whereas both “normal” and mentally ill individuals entertain, and may even hold, unfounded intentions and beliefs, only the former can, by improving their reasoning, correct their unfounded or maladaptive propositional attitudes and

thus choose not to act upon them. In mental illness, at least one or the other of an individual's relevant intentions or convictions are implanted within him or her (rather than chosen; p. 186) and are beyond any genuine possibility of correction through reason.

Compulsion and Criminal Responsibility

In a moment I will raise some questions regarding the validity of Nordenfelt's analysis, but for now I would like to raise the interesting question of whether his analysis, if correct, would or should have an impact upon our notions of criminal responsibility. Nordenfelt makes but passing reference to the legal concept of responsibility (p. 11), and while he does refer to the M'Naghten criteria for insanity, it is only to use the original M'Naghten case as an illustration of fixated belief in paranoia.

However, we should note that under the M'Naghten rule, which was promulgated in England in 1843, a defendant would be found not guilty by reason of insanity if he or she failed to know the nature or quality of his or her act; failed to know that it was wrong; or was operating under a delusion that, if true, would provide a justification for his or her offense behavior (Reznek, 1997). In the United States, under current federal (and much state) law, the rule has been modified to eliminate the clause referring specifically to delusions, and it has been expanded to permit a finding of insanity in such cases in which a defendant superficially knew that his or her action was unlawful but failed to "appreciate" its wrongfulness. The M'Naghten rule and its modifications have come to be understood as a "cognitive test" for criminal responsibility.

Beginning in 1954, with the so-called Durham rule, both federal and state courts began to institute noncognitive criteria for insanity. In the Durham case, Judge David L. Bazelon proposed that an analysis of the social, economic, educational, environmental, and psychological causes of criminal behavior should result in a finding of insanity in cases in which a criminal act was the *product of mental disease or defect*. Such a product rule accords quite well with Nordenfelt's analysis of mental illness as compulsion. While initially welcomed as compassionate and humanitarian, the product rule was ultimately criticized for granting too wide a scope to the insanity defense and is now limited to the state of New Hampshire (Giorgi-Guarnieri et al., 2002).

Another noncognitive, indeed explicitly "volitional," criterion leading to the so-called "irresistible impulse" defense was adopted by a number of states and also endorsed in the American Law Institute Model Penal Code. The notion that one could be found not guilty by reason of insanity if one acted on the basis of an irresistible impulse was introduced to cover cases in which an individual who understands the nature and consequences of his or her act and appreciates the difference between right and wrong is nonetheless incapable of controlling his or her behavior. Sixteen states currently have a volitional prong in their criteria for insanity (Giorgi-Guarnieri et al., 2002).

However, the federal courts eliminated this prong in *United States v. Brawner* (1972) and, after John Hinckley was acquitted on grounds of insanity in the shooting of President Ronald Reagan,

the Congress, in the 1984 Insanity Defense Reform Act, made a version of the cognitive (M'Naghten) rule law, one that also required that the defense establish with "clear and convincing" as opposed to a "preponderance" of evidence that "the defendant, as a result of a severe mental disease or defect, was unable to appreciate the nature and quality or the wrongfulness of his acts."

Today the federal courts and the majority of state courts have a purely cognitive test for insanity. In such jurisdictions, it is not possible to find an individual not guilty by reason of insanity if his or her act was the "product" of mental illness or if his or her volition was overborne by an "irresistible impulse." Thus, to take two examples from my own forensic case files, a woman was found not criminally responsible in the death of her daughter when, as a result of schizophrenic delusions, she came to believe that the child's soul was becoming permanently defiled by a series of rapes that the defendant had tried to prevent but was powerless to do so, and it was therefore an act of mercy to kill her. However, an equally ill, schizophrenic woman who experienced command hallucinations (which she fought against but found she could not resist) to drown her newborn child in the bath was found guilty of homicide because, despite this powerful ego-dystonic intention, she understood that her action was wrong. On Nordenfelt's analysis, however, each of these defendants was compelled; the first because of an implanted and fixated belief, the second because of an implanted and fixated intention.

There is, I believe, serious question as to whether a purely cognitive test of insanity is even possible. Typically, considerations of cognition and volition go hand-in-hand, and the notion of volition is implicit in juries' deliberations regarding the cognitive test for insanity. This is because the cognitive test applies only when the individual's failure to "know and appreciate" is the *result* of a mental disease or defect. Consider the case of an African American male who, after some vague involvement with the Nation of Islam, came to believe that God had commanded him to "take a stand" for his people, demonstrate for the world his willingness to martyr himself by killing a number of White people in a New York City bar, and then, in a standoff with police, be himself shot and killed. In fact several people were seriously injured and the defendant's head was grazed by a police bullet, but no one died, and the defendant was tried on several counts of attempted murder. A key question in the trial was whether the defendant's beliefs and intentions were in fact the result of a religious delusion or were better understood as a misguided product of a radical political stance that the defendant had adopted as a result of his listening to tapes of Louis Farrakhan and other Black nationalists.

Analyzed within the context of Nordenfelt's theory, the intentions and beliefs that are the result of a political commitment are presumably more flexible and corrigible (and less fixated) than those that are the result of an implanted delusion. This analysis, I think, accords well with common sense. Unlike beliefs caused by mental illness, one's political beliefs are generally thought to be arrived at through the normal channels of perception and reason. As such, in this case (and many others), a cognitive analysis of criminal responsibility ends up having to consider the question of volition by considering the origin (and implicitly the volitionality) of the individual's beliefs. In this sense, Nordenfelt's volitional analysis of mental illness is already implicit in the cognitive tests for insanity.

When we come to such disorders as drug addiction, pathological gambling, and paraphilias, disorders that on Nordenfelt's analysis rest on implanted fixated *drives* and *intentions*, the gap between the volitional analysis of mental illness and contemporary legal standards of responsibility widens considerably. Paraphilias are a good test case, as it is hard to assert (as is sometimes said with respect to drug addiction and compulsive gambling) that those with paraphilias *choose* the overwhelming urges they often struggle against. In the case of pedophilia, for example, acting out on such urges, even to the limited extent of possessing images related to one's desires, can lead to dire legal consequences (for example, there is currently a federal five-year minimum sentence for distributing or receiving child pornographic images over the Internet), and it is hardly a defense that one has an *implanted uncontrollable urge* leading to a fixated intention to have it satisfied.

In fact, in the case of child pornography, my forensic experience has been that having an uncontrollable pedophilic urge is viewed by prosecutors and judges as an *exacerbating* rather than a mitigating factor in one's offense. Of course it can be argued, and with some force, that one has a choice as to whether to act on such powerful urges (we all do, I suppose, for example, with respect to our powerful *legal* sexual urges). However, it can hardly be gainsaid that the individual with an implanted pedophilic (or drug-seeking, or gambling) urge is more restricted in his or her freedom to desist from the corresponding illegal behavior than those who have no such urges and who, for example, trade in pedophilic images or drugs purely for profit. Interestingly, when the federal sentencing guidelines were in full effect, a person could receive a downward departure in his or her sentence if deemed impaired in ability to control behavior that he or she knew to be wrong (a remnant from the old volitional test for insanity)—yet pedophilic and pathological gambling behavior were explicitly excluded from this aspect of “diminished capacity.”

“Folk Psychology” and the Validity of Action Theory

It thus seems clear that, if valid, Nordenfelt's analysis would lead to reconsideration not only of how we think about mental illness but also of how we understand criminal responsibility in mentally disturbed individuals. The question remains, is Nordenfelt's analysis valid? I can only touch upon this question here, and I will do so only in relation to one of the potential criticisms that can be leveled against Nordenfelt's way of thinking; a criticism that is based upon the idea that common sense, or folk psychology as it is sometimes called, is a wholly inadequate basis for psychological explanation.

Nordenfelt's theory of mental illness, and action theory in general, rests on the assumption that explanations of human behavior in terms of intentions, beliefs, and reasons are scientifically valid and hence (or at least) morally relevant. This brings us back to one of the questions with which we started: the “compatibility” between such notions as volition, intentions, and compulsion with causal explanations in science. On the assumption, for example, that mental processes are in some sense identical with, or at least caused by, brain processes (an assumption that Nordenfelt seems to share; see pp. 8–10), the question arises as to whether the current folk concepts of mind that make use of mental terms such as *belief*, *reasons*, *intention*, *freedom*, and

compulsion (and which Nordenfelt has attempted to systematize) provide an account of human behavior that will ultimately make sense on a neurobiological level.

This raises the question of the scientific status of folk psychology. Nordenfelt's theory makes use of such folk concepts as *intelligence*, *intention*, and *belief*, and organizes them into a theory about the nature of mental illness. Yet there is, I believe, a serious question as to whether these folk terms actually name concepts and processes that can be fruitfully investigated in a scientific manner.

There are those (for example, the philosopher Paul Churchland, 1995) who argue that folk psychology is actually a primitive and bad theory of human behavior and cognition, similar in crucial ways to the theory of the “ether” in physics or “phlogiston” in chemistry. These terms were once thought to name real entities and have explanatory value but are now regarded as empty words. Terms like *beliefs* and even *intentions* may, Churchland argued, turn out to be so broad, inexact, and misleading that they are useless for guiding scientific investigation, and psychology needs to divest itself from its folk psychological heritage and start building new vocabulary and theory from the ground up.

Churchland even went so far as to speculate that human beings will someday both create and learn to speak an entirely new, scientifically based, psychological language that will revolutionize (a) our capacity to communicate with one another; (b) our sense of what it is to be human; and (c) our social institutions, including the law. On this view, the whole notion of accounting for mental illness in terms of rationality and compulsion, and the consequent effort to distinguish between those actions that are compelled and those that are free, is no more valid than the effort to distinguish those behaviors that are the work of God from those that are controlled by the devil; neither, Churchland would argue, belong in the science of psychology.

Perhaps so, but proponents of Nordenfelt's analysis (and of our current legal system) are certainly free to argue that if our current concepts of action and responsibility are not scientific, then it is science, and not folk psychology, that stands in need of correction. Any science of psychology that cannot interface with our everyday notions of what it means to be a responsible human agent runs the risk of being morally irrelevant. Nordenfelt's theory is certainly morally and legally relevant. It is incumbent upon those who are unhappy with its moral and legal implications for our understanding of mental illness and criminal responsibility to bring forth a superior theory, one that is capable of better assisting us in drawing the relevant moral distinctions necessary for the implementation of the law.

References

1. Churchland, P. A. (1995). *The engine of reason, the seat of the soul: A philosophical journey into the brain*. Cambridge, MA: MIT Press.
2. Giorgi-Guarnieri, D. , Janofsky, J. , Keram, E. , Lawsky, S. , Merideth, P. , & Mossman, D. (2002). *Journal of the American Academy of Psychiatry and the Law*.
3. (1984). *Insanity Defense Reform Act*.

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[4.](#) Reznick, L. (1997). Evil or ill? Justifying the insanity defence. New York: Routledge.

[5.](#) (1972). .