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Patrick Cody
What Psychodynamic
Psychotherapists Think about Free
Will and Determinism and How that
Impacts their Clinical Practice: A
Qualitative Study

ABSTRACT

This qualitative study explored psychodynamic psychotherapists' beliefs about free will and determinism and how these impact their work with clients. A secondary goal was to determine if and how knowledge of psychodynamic theory, neuropsychology and/or physics has shaped those views. Twelve clinicians were asked questions related to free will, determinism and clients' behavioral change. All participants said that psychodynamic theory has influenced their beliefs, and a majority said that neuropsychology has done so. Major findings include that 11 of the 12 participants endorsed the concept of compatibilism, that free will and determinism can co-exist and are not mutually exclusive in impacting behavior. This finding compares to, but does not confirm, research that found psychodynamic clinicians were more deterministic than other clinicians (McGovern, 1986), and it contrasts with research that suggests that the science related to free will and determinism has not reached the field and influenced clinical practice (Wilks, 2003). Clinicians named a variety of biopsychosocial factors that act as determinants and impose certain limitations on clients' ability to exercise free will. But they believe—and research supports—that psychotherapy can help clients be more conscious of their behavior patterns and reduce automatic, reactive decision-making and activity. In this way, therapists help clients have greater access to and ability to exercise their free will.

**WHAT PSYCHODYNAMIC PSYCHOTHERAPISTS THINK ABOUT FREE WILL AND
DETERMINISM AND HOW THAT IMPACTS THEIR CLINICAL PRACTICE:
A QUALITATIVE STUDY**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2012

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CHAPTER I

Introduction

Whether a therapist believes in determinism, free will, or something in between as a significant contributor to clients' behavior patterns, their beliefs impact their clinical practice and thus their clients themselves. This thesis primarily set out to explore what psychodynamic psychotherapists believe about free will and determinism and how these beliefs impact their work with their clients. Secondly, this research aimed to determine if and how psychodynamic theory, neuropsychology and/or physics shaped those beliefs.

Questions about free will and determinism have been central to the study of philosophy since the dawn of recorded history and have been central to the study of psychology since its founding a scant 13 decades ago (Bricklin, 1999). In recent years, neuroimaging has shown that thoughts, emotions, brain chemistry and behavior are intertwined (Siegel and Douard, 2011). Hence, questions about free will and determinism as factors in behavior have become more complex and nuanced.

What psychotherapists believe about the cause of their clients' problems and their ability to change likely impacts what form of psychotherapy they choose to practice. For example, cognitive behavioral therapy (CBT) has its roots in behavioral theory, which teaches a form of causality related to "inputs." Think, for example, of the dinner bell "causing" a dog to salivate in a conditioned response. With CBT, it is our thoughts that

lead to emotions and behavior, and changing these mental “inputs” then leads to change. Similarly, psychodynamic psychotherapists believe that human behavior is largely determined by prior events that imprint individuals’ minds and emotions so powerfully they “cause” certain behaviors and ways of operating in the world. Existential psychotherapists, on the other hand, are more likely to ask patients what they want and what they are going to do with the lives they have been given (they believe people are not responsible for being born into their circumstances, but they are responsible for what they do with their lives).

Psychodynamic psychotherapists seem to operate on two separate tracks. On the one hand, they assume that that a client is the way he is because factors in his past thus formed him (in a deterministic sense). On the other, they work with the client as if he has the free will to change or not (Smith, 2003). In fact, many psychodynamic psychotherapists may believe that muted versions of both determinism and free will operate in individuals’ lives. This is what philosophers call indeterminism (or soft-determinism).

In *Free Will and Responsibility: a Guide for Practitioners*, John Callender (2010) discusses how impaired brain functioning in certain mental illnesses like psychopathic personality disorders, post-traumatic stress disorder, and dissociative disorders impacts a clinician’s sense of free will and causal determinism. Callender suggests that if a therapist can help an individual client with his mental and emotional functioning, he or she can help increase his agency and freedom in a world where many forces impacting an individual are outside of his control.

This thesis attempts to answer the question: What do psychodynamic psychotherapists believe about free will and determinism? Do they believe that individuals have freedom of action, including the ability to change, only limited capacity to determine their own behavior, or how do they view this question? What's more, what factors impact how a therapist views this fundamental question? Do contemporary developments in neurobiology or physics impact how clinicians practice?

Key terms in this exploration include free will, determinism, and indeterminism. Free will can be defined as self-determinism or personal agency. Determinism is synonymous with causality, the idea that everything in life happens due to prior events. Indeterminism (and soft-determinism) suggests a middle way between pure free will and determinism. It holds that human actions are influenced by preexisting psychological, social, and other conditions but are not entirely governed by them, enabling individuals to maintain some freedom of action.

My research was qualitative in nature, utilizing a purposive sampling of 12 clinicians to gather sufficient data with which to draw reasonable conclusions. At the outset, I suspected that I would find that most therapists believe in indeterminism (both free will and determinism) and that through psychotherapy they may be able to help individuals increase their ability to exercise free will in their lives. In addition, this was my own personal bias: that humans are born into families and societies that shape and in many ways define them, that they are born with certain brains and bodies that both enable and limit them, and yet they have some ability to direct their own course in the world, however circumscribed by their circumstances.

CHAPTER II

Literature Review

In considering human behavior, psychological theorists have looked at free will and determinism as factors in mental health from a variety of angles and they have defined it variably. Goldberg (1977) defined free will as “based in the self’s understanding of its ability to act rather than simply to react.” Otto Ranke defined it as “inner balance between impulses and inhibitions” (Gourevitch, 1978). Waller (2004) said that “internal locus of control and confident self-efficacy” are two essential elements of free will. Together these definitions point to free will as having to do with independent action that is determined by individuals, doing what they choose to do, not what they are driven to do.

In contrast, determinism holds that “all events are strictly determined by an unbroken sequence of causes and, therefore, “nothing occurs by chance or accident,” according to Erdelyi (1985). In strict determinism, there is no room for free will and the appearance of free will is held to be an illusion.

Howard (1993), however, said both theory and a growing body of research suggest “the joint action of agentic self-determination and non-agentic causation in the genesis of human behavior.” This is echoed by Gomes (2007), who said, “The experience of agency is incomplete and fallible rather than illusory.”

What People Believe Matters

People across cultures believe that their behavior is not determined and that they are responsible for their actions (Sarkissian et al., 2010). Research shows that whether one believes in free will or determinism impacts human behavior. For example, belief in free will facilitates learning from emotional experience (Stillman, 2010).

In addition, students who first read materials promoting determinism are subsequently more prone to cheat on tests (Vohs, 2008). In one experiment, participants who read text that encouraged belief in determinism were more likely to allow a “flawed computer program” to solve math problems for them that they were asked to do independently. In another experiment, participants who read deterministic statements overpaid themselves for cognitive tasks and participants who read statements supporting free will did not. “These findings suggest that the debate over free will has societal, as well as scientific and theoretical, implications,” Vohs said.

As our thoughts and beliefs about free will impact our actions, so do levels of certain chemicals in our brain. Serotonin and dopamine impact behavior in ways that have led some scientists to question whether murderers (or any individuals) can be held responsible for their actions. In *Who’s Flying the Plane: Serotonin Levels, Aggression and Free Will*, Siegel and Douard (2011) present recent research that shows a strong correlation between low serotonin levels with violence and aggression. Specifically, impulses towards aggression may easily override rational decision-making processes, and if caused by low serotonin, suggest “deterministic biochemical processes in the brain” and thus limit responsibility (and legal culpability) for bad actions, they say.

Behaviorist researchers like Ivan Pavlov (1849-1936) have shown how classical conditioning can change behavior that we consider automatic. New research shows how such conditioning also changes brain chemistry. In classical conditioning, a neutral stimulus is associated with a stimulus that evokes a reflexive response until the neutral stimuli itself evokes the reflexive response. Siegel and Douard (2011), however, present research that shows how “classical conditioning of neurons in the prefrontal cortex” creates a decision-making mechanism that can control aggressive urges launched by low serotonin levels. In a sense, good habits can override impulses. So, importantly, adults of sound mind may be able to increase their free will by working to develop good habits that override their chemical impulses (and perhaps develop new brain chemistry) in the process of developing and maintaining different habits.

The Social Environment and Unconscious Forces

In addition to individual habits, familial norms and other social factors (such as culture, justice, and money), can be powerful deterministic factors that can influence an individual’s course in life. Baumeister (2008) argues in *Social Reality and the Hole in Determinism* for a new dualism of physical and social realities that impact causality and limit an individual’s free will. The powerful social forces provide a strong argument for indeterminism (limited free will and determinism coexisting).

According to Meissner (2009):

The will functions to decide, choose, and initiate action directed to motivationally determined goals. The conclusion is drawn that will action is determined and directed by motivational influences, and that will decision and choice, while

predominantly secondary process in organization, can operate consciously or unconsciously.

Solms and Turnbull similarly state that “The notion that most functioning operates unconsciously is very widely accepted in cognitive neuroscience today” (2002).

Psychoanalytic Theorists Weigh In

Smith (2003) discusses how early psychoanalytic theorists can seem to talk out of both sides of their mouths regarding human behavior. For example, Smith said that when Sigmund Freud theorized as a scientist, he wrote as a determinist (the human person becomes who she is as a result of events outside of her control). However, Smith said that when working as a therapist, Freud spoke as if people had the power to change. “Freud the scientist, who was convinced that every physical and biological phenomenon had a determining cause, acted and spoke differently from Freud the therapist, who assumed the reality of free will,” Smith said.

Meanwhile, the early psychoanalytic theorist Alfred Adler spoke of causes as well as the Individual’s ability to participate in the creation of his own self. Smith said both Freud and Adler held that individuals must accept responsibility for their actions, and that through insight and knowledge can make changes in their lives.

Ansbacher (1951) contrasts the determinism in the views of Freud and Adler as Freud looking to the past and Adler looking towards the future. Smith said a child’s choice of his prototype, or goal in life, acts as a chosen determinant force defining his life (“is thereafter determined by it as a final cause”). He further said that Freud believed that all acts are caused but also free because they generally are not forced.

A Third Option: Indeterminism

Recognizing that both free will and determinism may be limited, physicists, philosophers and psychologists have developed and refined other options to explain how humans move in the world. William James, a philosopher who was considered by many to be the founder of modern psychology, found no evidence proving for the existence of either free will or determinism (Bricklin, 1999). Bricklin suggests James was exploring a third option, what we now call indeterminism (a mix of determinism and free will).

Madsen (1958) describes how the formal concept of indeterminism followed the groundbreaking work of physicist Niels Bohr (who used the term compatibalism, suggesting that free will and determinism are compatible and not mutually exclusive).

Gulerce (1997) provides a history of how the notion of indeterminism has changed over the years and also how these varied understandings influence—or fail to influence—psychology (Gulerce says that psychology has not by and large kept up with science, which provides multiple ways of looking at reality). The author also suggests that one way of viewing indeterminism is to hold the concepts of free will and determinism at the same time as multiple ways of seeing reality or perhaps “different realities.”

Williams (1992) and Denner (1994) debate the similarities and differences between the notions of free will (defined by Williams as agency) and indeterminism. Williams holds that one can believe in both free will and determinism. Denner says Williams wants to allow room for free will for the purpose of assigning moral responsibility for action. Denner does not believe this an appropriate topic for psychology, and states that belief in individual agency does not equate with belief in

indeterminism, as they are not necessarily the same thing. In the end, Williams seems to be arguing for moral responsibility for human actions and Denner finds Williams excessively moralistic in an era when post-modernism allows for multiple, co-occurring truths. Specifically, Denner finds consideration of morality troubling to the study and understanding of psychology.

Legerstee (1997) reviews the important implications for indeterminism on child development related to children's ability to exercise free will and how "caused" factors in childhood impact who they become as adults. This appears to be what clinical social workers would call the interplay between person and environment. Bertelsen (1999) suggests a model called "soft-indeterminism" corresponding to the idea of soft-determinism (which acknowledges the role of random events in human life), as how an individual's and society's organizing dynamics intersect and interact. Von Sasson (1951) likes how indeterminism allows individual room for spontaneity, self-confidence, courage, and responsibility, "the essential features" of the psychological framework presented by Adler. On the flip side, Young (2010) said "the patients who arrive in our office are handicapped in their use of their free will."

Neurobiology and Brain Plasticity

Discrepancies between theory and practice continue to this day. Contemporary research shows that psychotherapy impacts brain chemistry among clients being treated for mental illness and brain chemistry can impact mood and behavior (Sharply, 2010). Dennet (1991) says not only are brains plastic, but so are our nervous systems, enabling individuals to continue emotional learning through their lifetimes. Meanwhile, Searle (2007) discusses neuroscience and indeterminism and their impact on the fields of

psychology and psychiatry. He makes a strong case for the role of free will in the life of individuals, but says to really understand free will we must understand the human person biologically, which we have not yet accomplished. Hence, the questions about free will and determinism are far from solved. As the scientific study of free will and determinism advances, the advances have not been matched in adjustments to counseling theory and practice (Wilks, 2003). The author states that no psychological theory specifically addresses the question of free will and determinism as they relate to either human behavior or clinical practice.

In the article “Neuroscience, Free Will and Responsibility,” Glannon (2009) argues that actions caused by unconscious factors do not threaten free will, abnormal brain function does:

Some cognitive neuroscientists and psychologists claim that our conscious mental states and actions can be explained entirely in terms of unconscious mechanical processes in the brain. This suggests that our belief in free will is an illusion and that we cannot be responsible for our actions. I argue that neuroscience as such does not threaten free and responsible agency. The real threat to free will is not normal brain function but brain dysfunction that impairs or undermines our capacity for agency.

In *Free Will and Responsibility: a Guide for Practitioners*, John Callender (2010) discusses how impaired brain functioning in certain mental illnesses like psychopathic personality disorders, post-traumatic stress disorder, and dissociative disorders impacts a clinician’s sense of free will and causal determinism. Callender and others (including numerous psychoanalytic theorists) suggest that if a therapist can help an individual client

with his mental and emotional functioning, he or she can help increase his agency and freedom in a world where many forces impacting an individual are outside of his control.

What Mental Health Professionals Believe Impacts Practice

In a survey of 100 psychologists, Kimble (1984) says the field of psychology is generally split into the humanist and scientific cultures. Among those surveyed, the humanists, who are all indeterminists, gravitated towards clinical practice. Those with ideas that reach more towards causality were attracted to research. The author suggests that the psychologists may be collecting in areas of practices as “birds of a feather” who are attracted to and by those with similar philosophies. As 27 years have passed since this study was conducted, the findings may or may not hold today.

In a survey of 43 mental health clinicians, McGovern (1986) found that psychodynamic psychotherapists assigned lower levels of responsibility to their clients for their problems and also their role in making change than did other therapists. Therapists who identified as having a framework based in cognitive behavioral therapy, family systems, or “eclectic” assigned their clients higher levels of agency in both cause and solution to problems. McGovern suggests the need for future research in this area, and his own study sampling is small and his study was conducted 25 years ago. There has been little related research of note since then.

In a study of how belief in individual free will impacts psychoanalytic therapy, Mazer (1960) found that commitment to determinism is “anti-therapeutic” and that therapists should “act as though the possibility of free will exists” to help clients effect change. Goodman (1998) argues that “A deterministic view toward treatment may make

rational sense of the client's experiences, relieving him of the experience of guilt, but it may make him feel powerless over those experiences he wants to change."

Only a limited quantity of moral psychology research assessing how belief in free will or determinism impact human behavior has been conducted among diverse populations. As previously stated, Sarkissian et al. (2010) confirm that people in four different parts of the world all want to believe that they have free will and that individuals are responsible for their actions. It is not yet clear how much "neuropsychological" research involves minority populations. These issues of cultural diversity are important areas for further investigation. Summary of Literature Review

Free will and determinism as factors affecting human behavior have been considered and debated since the founding of psychology. While early psychoanalytic theorists spoke of clients in a deterministic sense and worked with them as if they had free will to change, recent developments in physics and neurobiology have introduced the possibility of free will and determinism coexisting. Some researchers in recent years have stated that the science has not yet reached the field.

This review of the literature found much literature on how free will and determinism relate to psychological theory and much less about practicing psychotherapists' views on free will and determinism. There is little research on how knowledge of contemporary neuropsychology or physics impact therapists views about free will or determinism, and none about how their views change when presented with the concept of indeterminism. In addition, there is very little research on how psychotherapists' beliefs about free will and determinism influence their practice with their clients. Therefore, this present investigation into what psychodynamic

psychotherapists think about free will, determinism and client change helps to fill a gap in the existing literature.

CHAPTER III

Methodology

This study primarily set out to investigate what psychodynamic psychotherapists believe about free will and determinism as they relate to human behavior and how these beliefs impact their work with their clients. Secondly, I aimed to assess whether and how knowledge of psychodynamic theory, neurobiology or physics helped shape those beliefs for the therapists. To answer my primary and secondary research questions, I conducted qualitative interviews with self-identified psychodynamic clinicians of multiple disciplines about their views on free will and determinism. Using purposive interviews, I interviewed 12 clinicians and gathered sufficient data for some patterns and connections to become apparent. I solicited volunteers through my affiliations with mental health training programs in the Baltimore-Washington region.

Because mental health professionals are not a vulnerable population and I was not asking questions that are of a very personal nature, there were no identified ethical concerns regarding this survey. The only identified risk for participation was for stress. My application to conduct this research was approved by the Smith College Human Subjects Review Committee (see Appendix A).

Findings were used to determine any correlations between psychodynamic clinicians' beliefs about free will and determinism, their beliefs about clients' ability to change, and treatment practices. In addition, I sought to determine if there were any

correlations between beliefs and participants' age, sex, education, and/or understanding of neurobiology. As a snowball sampling is a non-probability method, this study may not be generalizable to the total population of mental health clinicians.

Participants and Interviews

Research participants were required to be licensed clinical social workers, psychologists or psychiatrists (masters level or higher), be a practicing psychotherapist, and have a self-identified psychodynamic orientation. All participants also were required to be fluent in English, but it did not need to be their first language. Participant could be any age as long as they were licensed and practicing psychodynamic psychotherapy.

After recruiting participants, I confirmed their eligibility by asking if they self-identified as practicing from a psychodynamic orientation, if they were licensed and currently working, if they were fluent in English, and if they were willing to be interviewed on the topic of free will, determinism and clinical practice.

By personal invitation and referral, I was able to identify 12 psychodynamic psychotherapists who were licensed, actively practicing, and who volunteered to be interviewed for my masters' thesis. No participant was provided any compensation of any kind. Most interviews were conducted in the clinicians' offices; one interview was conducted at a psychoanalytic training institute. After giving informed consent (see Appendix B), participants were reminded that they could withdraw from the study at any time and refuse to answer any question without withdrawing from the study as a whole. They also could withdraw from participation in my research after they have completed my interview as long as it was before a date I expected to begin working on my thesis.

The questions I asked each of the 12 participants follow:

Demographic Questions

- 1) In what degree are you licensed?
- 2) Do you self-identify as practicing from a psychodynamic perspective? Y
- 3) What population do you work with?
- 4) What are your Age, Gender and Race/Ethnicity?

Interview Questions

- 1) What does it mean to you to practice from a psychodynamic perspective?
- 2) In what ways do you believe that people have the power to change?
- 3) What factor or factors do you believe inform human actions?
- 4) How do you understand free will?
- 5) How do you understand determinism?
- 6) How does your understanding of psychodynamic theory impact your view of free will and determinism?
- 7) Has any knowledge of modern neuropsychology or physics changed or affected your beliefs about free will and determinism?
- 8) Much current research on neuropsychology and physics has led theorists to propose a new category between free will and determinism, called indeterminism or compatibilism. These theories suggest that people experience both determinism and free will in their lives. What do you think of this concept?
- 9) In what ways do you think psychotherapy can help clients increase their ability to exercise their free will?

- 10) How have your beliefs about free will and determinism changed over time?
- 11) Based on this conversation, is there anything you would like to add pertaining to your beliefs about individual free will or determinism?

Interviews averaged about 30 minutes. Interviews were audio recorded. In addition, I took notes of the interviews. Following completion of all interviews, I transcribed each interview verbatim. Responses to questions were later coded according to themes. Themes were then compared and contrasted with respondents' variables, such as their clinical discipline. Findings were used to determine if there are correlations between psychodynamic clinicians' beliefs about free will and determinism, how they practice, and correlations between respondent's beliefs and understanding of neurobiology or physics. Two colleagues volunteered to help me review and analyze the interviews for themes. Thus, I was able to confirm some findings and adjust others.

Relevance for the Field

The Smith College School for Social Work is a clinical program steeped in psychodynamic theory. As such, the interplay between beliefs about free will and determinism among psychodynamic clinicians is relevant to the program, other psychodynamic clinicians, and non-psychodynamic clinicians. As mental health clients typically come to psychotherapists with a desire for change (or in emotional pain and a desire for the pain to stop), therapists' views on their clients' free will and determinism are important in the clinical context. It may be helpful for mental health clinicians to consider their views on free will and determinism, their potential impact on clients, and

even how their beliefs about freedom and causality correlate with their chosen theoretical frame.

What individual clinicians think about freedom and causality, therefore, is likely to have tremendous implications for the clients they treat. Further, my research could reveal if there are any connections between disciplines and beliefs, specifically between psychodynamic psychiatrists, psychologists, and social workers, and their views on free will and determinism. My research could uncover similarities and differences between and among different psychodynamic approaches as well as mental health professions, with possible implications for education of mental health clinicians.

Because of the limited number and size of studies in this area, my research adds to a very limited research base, particularly regarding the impact of neuropsychology and physics on therapists' beliefs. The limitations of this study include the sampling size, low regional and ethnic diversity, and the fact that a snowball sampling may attract individuals who are interested in thinking about questions related to free will and determinism. Therefore, this is not necessarily a representative sampling.

CHAPTER IV

Findings

The purpose of this qualitative study was to examine the personal beliefs that self-identified psychodynamic psychotherapists hold about free will and determinism, how those beliefs impact their work with their clients, and how knowledge of psychodynamic theory, neuropsychology and/or physics has shaped those beliefs. This chapter will present data from qualitative interviews conducted with 12 psychodynamic psychotherapists. Each was asked 11 questions intended to elicit thoughts and beliefs participants hold about individual free will and determinism. The initial questions were global and philosophical and progressed towards more practical questions about scientific and theoretical foundations to their beliefs, as well as their beliefs about how their practices help individuals make changes in their lives.

Findings are presented in this order: (a) Demographics, (b) Beliefs about Free Will and Determinism, (c) How Knowledge of Psychoanalytic Theory, Neuropsychology or Contemporary Physics Impact on Beliefs about Free Will and Determinism, (d) Participant Beliefs about Psychodynamic Therapy and Change, and (e) How Beliefs about Free Will and Determinism Have Changed over Time. I then offer a summary.

Demographics

The psychotherapists interviewed included eight social workers, one masters-level psychologist (an LPC), and three psychiatrists. All participants were currently licensed

and practicing. Eleven were working full time; one was working part-time. Each participant self-identified as practicing from a psychodynamic perspective. Each of the three psychiatrists graduated from a psychoanalytic institute. Nine of the respondents worked with adults, two worked with children and adolescents, and one worked with adolescents and adults. They were nine women and three men and their ages ranged from 26 years old to 93 years old. Ten participants self-identified as Caucasian, one identified as multi-racial, and one identified as bi-racial. Their responses to demographic questions are detailed below.

Table 1

Demographic Characteristics of Study Participants

n=12	Participant #	Profession	Age	Gender	Race
	1	Social Work	29	Female	Multiracial
	2	Social Work	47	Female	Caucasian
	3	Social Work	39	Female	Caucasian
	4	Social Work	33	Female	Bi-racial
	5	Social Work	34	Female	Caucasian
	6	Social Work	65	Female	Caucasian
	7	Social Work	26	Female	Caucasian
	8	Counseling	58	Female	Caucasian
	9	Psychiatry	74	Male	Caucasian
	10	Psychiatry	93	Male	Caucasian
	11	Psychiatry	65	Female	Caucasian
	12	Social Work	40	Male	Caucasian

Beliefs about Free Will and Determinism

Participants were nearly unanimous (11 out of 12) in their belief that individuals have at least some free will that influences behavior choices. They defined free will in similar terms having to do with agency and internal locus of control. “I guess free will is the ability to have some agency or control over your life,” Participant Four said. “Our ability to decide for yourself,” Participant Two said. Participant Three said, “It is the ability to consciously choose your reactions and responses.” “It is our ability to change,” Participant One said.

In their response to the question of how they understand free will, four participants (33%) said that it is limited. “It exists, maybe within limits,” Participant Nine said. “I don’t think it is completely free,” Participant Six said. Participant Five said that the forces that she later named as determining factors (race, class, gender, and sexual orientation) also impose limits on free will.

Participant Challenges to Interview Questions

The participant who did not endorse free will, Participant Ten, said:

Implicit in the question is that there is a legitimate reason for assuming that there is something important about free will, and I don’t know that there is. That kind of thinking is raising questions that probably shouldn’t be even raised but our thinking can’t avoid...it is a wrong line of thinking, a wrong line of development. It does not lead to anything but confusion.

A few other participants said that the language itself was problematic. “I don’t think in terms of free will and determinism at all,” Participant Nine said, “I use words

like motivations, wishes, desires, and fantasies and goals and things like that.” Participant Four said the language sounded religious or philosophical to her, but she was able to adapt to it and answer questions as she understood them in her terms. Like Participant Four, most participants were more comfortable with the interview once they realized that they were not going to be asked to choose between free will and determinism.

Participant Ten later elaborated that questions and answers related to free will and determinism depend on one’s perspective, and that for him the more interesting questions have to do with why human consciousness exists at all, as it is not necessary in a deterministic world. Importantly, the idea of consciousness was also raised by other participants as important to free will. For example, Participant Six said, “I think being cognizant, as conscious as one can, gives you the most freedom to choose. To make choices.”

On Free Will and Determinism

This idea, linking free will with the conscious mind, was picked up further by others. Participant Eleven said, “In our unconscious we have impulses to do all sorts of things. So, free will does not mean freedom to do. Free will means access to our ambivalence and then being able to select from all our different factors the thing or things we want the most.” Similarly, Participant Three defined free will as “The ability to consciously choose your reactions and responses.”

Several participants spoke to a link between the idea of free will and hope. “Knowing that there is a component of free will gives us hope that we do have some control. It is direct opposition to fatalism, which so many of our patients have,” said Participant Eight. Picking up on the flip side of this theme, Participant One defined

determinism as “The inability to change, things like ‘you are born this way and you are going to be this way and it is always going to happen this way.’”

Participants distinguished the idea of determinism from determinant factors in human life. Five participants (42%) stressed the social environment as being a determinant force. Four, (33%), mentioned childhood and early upbringing, and four mentioned the unconscious and conscious perceptions. Three participants (25%) explicitly said that determinants included a range of bio-psycho-social forces. “I think of the interaction between person and environment,” Participant Two said, “I’m not one to believe that people are biologically determined or disposed. I think environment plays a big role.” Also speaking to external influences on human action, Participant Six said:

I think of all the systems they are part of. The family they are born into, and that includes siblings and parents and the neighborhood; a community and culture.

Culture has expectations that we then expect of ourselves. I think there is a lot of power in one’s family of origin. There were messages in the family that give us both guidance and constrictions.

Participant Seven seconded that theme, saying that “a lot” of human actions are shaped by “our interactions with our parents, our childhood experiences, such as needs that were met or not met; reinforcement, whether it be positive or negative.” Participant Five said, “Race, class, gender, sexual orientation” are all causal forces “and all those things limit ability to exercise free will.” Importantly, each of these factors that Participant Five identified has biopsychosocial aspects and impacts. Participant Nine harkened back to the idea of the unconscious as “probably” how he understands

determinism. In addition to internal “conflicts and inhibitions,” Participant Eleven said “genetic determinants” and “human development” also act as determinants.

Endorsing Compatibilism

Participants were presented with a definition of compatibilism, or indeterminism, as suggesting that “people experience both determinism and free will in their lives” and were asked to comment on the concept. Ten of twelve participants (83%) endorsed compatibilism directly. Another did so indirectly, understanding it as giving words to their belief that free will is limited and that some, but not all, determining forces can be ameliorated, but quibbled with the term. The last reflected that she was in over her depth and did not respond. Participant Four said, “I guess that is what I have been saying in a much less succinct way.” Participant One said, “That kind of reinforces what I said: both/and.” Participant Five said, “That sounds like it makes a great deal of sense. They don’t seem mutually exclusive in my head.” Participant Eleven also said, “I think it is consistent with what I am saying.”

Of the ten who endorsed compatibilism, two were familiar with the term. Participant Ten said the concept “is of some interest to me.” Participant Twelve said, “I think it is compelling,” adding, “In the ways that we talk day to day about freedom and change, I find that neurochemical determinism is compatible with choice and the ability to transcend.”

Of the two who did not endorse compatibilism, Participant Seven indicated that she was confused and she did not know if she “could answer these questions.” Participant Nine said “it sounds like a bunch of jargon to me” and declined further comment on the question. However, he earlier said that free will “probably” exists, but

that it is limited, and that he “probably” understands determinism as relating to unconscious factors. He also later said that he believes individuals have some ability (“within limits”) to change their unconscious. Together, these views indirectly point to a belief in something like compatibilism.

A few other participant comments predicted a belief in compatibilism that they later endorsed directly. For example, Participant Three defined determinism as “The things that we are ultimately stuck with that are very hard to change. We may be able to change our outlook, but it is hard to change things like our family backgrounds.” Participant Three later said that the concept of compatibilism “made a great deal of sense. In therapy we try to find that middle ground.”

The Impact of Psychodynamic Theory

Participants were asked how their understanding of psychodynamic theory has impacted their view of free will and determinism, and also if any knowledge of modern neuropsychology or physics has changed or affected their beliefs.

Participants provided a variety of personal definitions of what it means to them to practice from a psychodynamic perspective. “Looking at how the patient brings the past into the present” was mentioned by four participants (33%); the importance of the current client/therapist relationship in relation to the client’s other attachments was mentioned by six participants (50 %); the value of bringing unconscious conflicts and patterns into the conscious was mentioned by four participants (33%); and three (25%) specifically mentioned looking at how child development or childhood experiences impacts the client.

Ten of the 12 participants (83%) said that psychodynamic theory has impacted their beliefs about free will and determinism. Of these, half said that psychodynamic

theory showed the power of “corrective relationships,” “corrective experiences,” or “reparative relationships” in helping individuals to create change in their lives.

Participant Two said these corrective relationships provide a “chance to form different attachments, to re-experience people.” Participant Three said, “Through these therapeutic relationships we help people increase their capacity to change.”

Participant Four, who earlier said, “I don’t believe in determinism,” said:

I am going to contradict myself now. I guess I do believe that there is a way that something like trauma is an example of why people find themselves in similar situations, repeating the same problematic relationship or patterns; how someone who grew up the victim of violence can find themselves repeating the patterns.

Trauma can create unconscious patterns.

Participant Six, who previously spoke of social systems as being determining forces influencing individuals, said that psychodynamic theory allows her to see herself “as part of their [clients’] system.” She added:

I try to allow enough emotional space so that they can be themselves, so they can get to know themselves. So, in that way maybe they are freer in my office to choose than they might be in another setting.

Saying something similar, Participant Eleven said, “People change themselves...heal themselves. I and my work are agents of change. My job is to make the adventure safe enough.”

Participant Five said:

I believe that we are all driven by all of the things that Freud said we are driven by—sort of—but we are evolved human beings with brains and I think we all have the power and free will to behave like we want to behave and not be beholden to whatever is going on inside, deep inside the conscious mind.

The Impact of Neuropsychology and Physics

Of the impact neuropsychology or physics have had on their beliefs about free will or determinism, only three participants said that they have had no impact. Participant Ten was the only respondent to mention an impact of modern physics on his thinking, which he said has “diminished the appeal” of determinism by showing how some actions of matter in motion are in fact random.

The majority, nine participants (75%), said that recent developments in neuropsychology have influenced their beliefs. Five participants said that neuropsychology has reinforced their belief in both free will and determinism together; two said that what they know about neuropsychology has made them tilt more towards free will and two others said what they know of neuropsychology has made them tilt more towards determinism. All believe in both free will and determinism operating to varying degrees.

Six participants specifically mentioned the elasticity or malleability of the brain; three of these also noted how the brain can suffer “insults” through exposure to social violence or even environmental chemicals (the brain can be simultaneously “hard-wired” and elastic). “By making different choices we can change the structure of our brains, which changes everything else,” Participant One said. Speaking of neuropsychology, she continued:

That research probably could be damning, it could be interpreted as “look, you are broken all the way down to your neurons.” What we know about attachment theory, and what we know about how attachment theory and neuroscience...a lack of attachment actually impacts the way your neurons are being formed as a child. But we have also found that the very basic fundamental things, such as strong love and having affection, and being held and physical touch can be a corrective action, that attachment can be reformed. And I find that... the more we are understand about the brain the more we understand that actions, behaviors and environment, relationships can affect the chemical level and it can change. And I see that as reinforcing the free will.

Participant Eight agreed that “the brain can change if you have supports” and the psychotherapeutic relationship provides such support” that can “ameliorate negative factors” that come from “living in chronic, chronic violence, hostile environments.”

Participant Six said that while she has learned more about the “physical limits and structures of the brain that determine what [people] come with,” she has also learned that:

The brain is malleable. We know that brain cells can be created and not just die off over time, and that the brain can be changed mid-flight. We can help people change their experiences. I think it is really kind of exciting.

Participant Eleven said she has more respect for “the genetic component” of human action, as well as for individual’s ability to change. Likewise, Participant Twelve said:

My sense is that they have only reinforced what I have come to think. I am interested in those theories [i.e., compatibilism], but they have not fundamentally changed how I think, the optimism I have about people changing or the degree to which I think they are fundamentally driven by brains that are impacted by psycho-social experiences.

Speaking directly to a link between therapy, determinism and free will, Participant Nine said, “What neuroscience has done is to demonstrate the importance of unconscious factors as it relates to psychoanalysis, among other things as well.” This analyst, who earlier said the unconscious was “probably” how he understood determinism, now asked, “Do people have the ability to change their unconscious? Within limits, yes.”

Beliefs about Psychodynamic Psychotherapy and Change

The healing power of a corrective relationship in psychotherapy, between the client and therapist, was mentioned by six participants (50%). For example, Participant Three said, “Most change comes through relationships: the way we view ourselves, others, and the world. Positive relationships are reparative experiences. Through these therapeutic relationships we help people increase their capacity to change.”

Participant Four spoke of how the psychotherapeutic relationship can inspire clients to desire to replicate the style of relating elsewhere in their lives:

Having these different kinds of relationships, [helps people] see a different way of relating to someone. A lot of times you want something different but you can't imagine what that difference would look like because you haven't had it...until you are with someone who can help you imagine or live it with you in some way.

Participant Twelve spoke of the power the relationship has to help clients identify patterns and choose new ways of relating and acting, with themselves and others:

What I think it does is it melts away defenses and anxiety and the internal hang-ups that promote maladaptive behavior patterns. There seems to be fundamental changes that occur when people experience themselves in a new way with someone one with good boundaries. So I believe in this kind of mysterious corrective relationship that allows people to be more fully free to make informed decisions about who they are and what they want... Fundamentally, we want people to change their relationship with themselves and with other people. When I think about that, I think that everything about those relationships—how they judge them, how they perceive them, how they value them. I think in the context of healthy relationships, people approach those things differently and internalize different attitudes, and that is what I think enables them to change. Not someone pointing out a logical misstep.

Another theme was the power of psychotherapy to help individuals change how they look at themselves and their world. “People have the ability to change from within,” Participant One said, “There is flexibility in our perceptions, which impact our actions and interactions.” Participant One further said:

I think that I consider how someone was raised and their relationship with their parents and their perceptions of that, as well as their experience of it and the facts of it. I think that knowing those things and being able to either reframe them or put those experiences in the context of their current situations or feelings can

often bring about a change or the ability to change, which I think of as free will. Although ...you might have been a difficult child, you might have had parents who were incapable of handling you, you might have had a really stressful time, and therefore now...you might feel horribly about yourself...If you had the ability to shift your perception of that and are able understand that how you were treated as a child is not part of who you are...Instead of strong words... you might have had stressed out parents. Instead of parents that hated you...you can look at the situations differently and be able to understand how it has influenced you. I think a person can change how they look at the world and how they interact with the world. And so I think that is the element of free will.

Several participants also referenced the power of psychotherapy to address issues in the unconscious that may be hindering an individual's freedom. Participant Eleven said, "They get freed up from the knots in which they have found themselves."

Participant Two said:

To empower them and explore in a safe way, obstacles, things that get in the way of them exercising or even seeing that they have free will. Having that safe, trusting relationship can help them feel empowered, explore in a safe way the things that prevent them from exercising their free will, and maybe change behavior that doesn't work for them.

Participant Six said that "by making the unconscious conscious," she can help clients "make more free—not automatic—decisions." Similarly, Participant Seven said:

Some people think that they have no control over anything. And one of my roles as a therapist is to help them see that they have more control than they think they do. By helping a patient identify patterns, I am able to help them to say that “there are some things that I can control.

Participant Twelve spoke of his own personal experiences grappling with free will and determinism in his own life and the aid that psychodynamic psychotherapy was to him.

Thinking more personally than professionally, it has influenced me that as I deal with my own hang-ups, insecurities, ego needs, and try to inch towards transcending those, I feel very much more free to make decisions about what I want, to acknowledge which things are biologically driven. And for me, part of the duty of growing older is to have a better sense of accepting some of those things. When I am better able to accept some of those things, I feel more secure and connected, then I feel I am to make decisions more honestly...So, in my own experience, the things that come with meeting some of the goals of psychodynamic treatment have helped me to feel much more free, and helped me slough off a lot of patterns and drives and behaviors that seemed more constraining. It was helpful achieving that kind of freedom.

Belief Changes over Time

Participants were asked how their beliefs about free will and determinism have changed over time. Participant Four said just in the course of our discussion her views had changed.

In talking with you, I see I had imagined that they were mutually exclusive. I like the idea [compatibilism]. It somehow gives a sense of empathy that people are the way they are because they have had experiences that have shaped them, that does not mean that they are defined completely by those experiences, that there is the ability to change, to have some free will.

Participant Ten said that he never thought free will and determinism were mutually exclusive. Participant Eleven said that her life “has just increased respect for both: respect for free will and humility about determinism, because I don’t always know what it is.” Participant Nine suggested that the amount of free will and determinism can vary from person to person. “I get sometimes very impressed by people’s ability to change,” he said, “and at other times I am impressed by just how difficult it is for people to do anything different than what they have already done.”

Participant Three said, “The longer I am in the field, the more I believe in determinism. And yet I also have seen the power of psychotherapy and the power of people’s ability to change.” Participant Two said she has become “more protective of someone’s right to self-determinism.”

Two participants held opposing views about individuals’ ability to exercise free will over time. Participant One said children may have more access to free will than do adults.

I worked with children in the beginning; I saw more flexibility. Working with adults, I am much more challenged to see the use of free will. I see more rigidity in their own beliefs in determinism: “This is what happened to me there is

nothing I can do about it,” or “This is the way I was born, it’s been like this my whole life, and there is nothing I can do about it.”

Meanwhile, Participant Six said that individuals’ access to free will may increase with age:

The older I have gotten, the more free will I believe that people have. Because they are wiser, hopefully, more mature, they have more experiences that they can choose to grow from or not. Some people can stay pretty stuck. But I have seen people get better, in part because they are older and have more maturity, and I did not see that before, maybe because I am older now.

Participant Five described growing up in a liberal, educated household where topics like free will and determinism were discussed at the dinner table. But her views changed, especially after going to a social work school with an anti-racism mission.

I can separate the two, but I think the two—free will and determinism—co-mingle and merge. No pun intended, but the world is not black and white; things are not black and white. A person’s free will...They merge. I think things are more gray over time. Now I think things are more complicated.

Summary

The majority of participants had clear and strong beliefs in free will. While only one quarter first said that they believed free will was limited, all those who explicitly endorsed some notion of free will as directing human behavior later endorsed a limited free will (as in compatibilism). Ten of 12 respondents (83 %) explicitly endorsed

compatibilism, as a concept that they had been grappling with in the discussion. (For example, Participant Four said, “I guess that is what I have been saying, in a much less succinct way.”) Only two participants (16%) had any prior knowledge of the concept of compatibilism, and both of them endorsed it.

Several participants expressed frustration with the questions and most settled into the interview once they realized that they were not going to be asked to proffer a belief in free will vs. determinism. Although only a minority of participants was familiar with the concept of compatibilism, once introduced to it, the vast majority endorsed belief in it.

Participants listed a variety of limits on free will, including unconscious conflict, the social environment, family, culture, genetics, race, class, sex and sexuality.

Participants also acknowledged that while free will cannot change some determining factors, individuals can change their attitudes and perceptions about these factors. For example, at least two participants said that while one cannot change their family of origin, they can change their beliefs, values, and perceptions associated with their family of origin. Participant One said, “I think a person can change how they look at the world and how they interact with the world, and so I think that is the element of free will.”

Nine participants (75%) were able to name ways that psychodynamic theory influenced their beliefs about free will. Ten (88%) said that contemporary neuropsychology has impacted their beliefs about free will and determinism. Only one participant said that modern physics has influenced his beliefs, moving him away from any belief in strict determinism as quantum physics introduced the idea of randomness in the universe.

Participants believe that psychotherapy can help individuals increase their access to free will by helping to identify patterns, establish corrective relationships, and bring unconscious conflict into the conscious mind. Participant Nine said that therapy may be able to help individuals change their unconscious; he previously mentioned the unconscious as his idea of determinism. Participant Five said therapy can help individuals “not be beholden to what is going on inside.” Participant Eleven spoke of the ability of therapy to help individuals see more clearly the various factors operating in their lives, including their ambivalent wishes, “and choose” that which they want the most.

CHAPTER V

Discussion

This qualitative study aimed to research beliefs that licensed psychotherapists (social workers, psychologists or psychiatrists) who self-identify as practicing from a psychodynamic perspective hold about free will and determinism, how these beliefs impact their clinical work with clients, and how knowledge of psychodynamic theory, neuropsychology and physics has shaped those beliefs. This chapter discusses the findings from the data presented in the previous chapter. First, I will discuss the data by participants' professional discipline. Then I will discuss the major themes that emerge from analysis of the data. I will then close with a discussion of certain findings by professional discipline, the limitations of this research and the implications of these findings on future research.

The major themes uncovered and to be discussed further include:

a) Participants were nearly unified (11 of 12 participants or 91.6%) in their belief in individual free will. Ten of 12 participants (88%) directly endorsed the concept of compatibilism, that free will and determinism co-exist and are not mutually exclusive. They identified free will as “choice,” “agency,” and “the ability to change.” Participants named a variety of biopsychosocial forces—such as brain functioning, child development and social systems—that act as determinant forces impacting individuals. Thus, they

reported belief that human behavior—including that of their psychotherapy clients—is similarly guided by certain determinants as well as individual agency;

b) Participants said that psychodynamic theory (100%) and contemporary neuropsychology (75%) have influenced their beliefs about free will and determinism. “Looking at how the patient brings the past into the present,” the importance of the psychotherapeutic relationship in relation to the client’s other attachments, and bringing unconscious conflicts and patterns into the conscious are three themes that were commonly identified as ways that psychodynamic theory guides understanding human behavior and individual treatment. “The brain is malleable” and subject to “insults” during child development as well as corrective “rewiring” through psychotherapy are the most prominent ways neuropsychology was cited as contributing to understanding of human behavior and clinical treatment; and,

c) “We don’t start in the same places.” The majority of participants (eight of 12, or 66%) observed that some people have more determinants limiting them than others, and, conversely, some people have more access to free will than others. Participants understood that intellectual, emotional, or physical impairments can limit individuals’ abilities to exercise free will. They knew that poverty and violence can have powerful biopsychosocial impacts, including on the brain, that limit individuals’ freedom. Meanwhile, some individuals are born physically healthy, raised in psychologically healthy homes, and have sufficient resources to facilitate their freedom. A practical impact of this finding is that some clients arrive with greater ability to act freely and change is easier for some people than for others;

d) All Participants (100%) believe that as psychotherapists they can help individuals increase in their ability to exercise their free will. They do this by helping clients “be more conscious,” change perceptions about themselves, others and the world, and by using the therapeutic relationship as a corrective relationship. These mechanisms were identified as key ways therapists support clients’ ability to change.

Endorsing Compatibilism

Most therapists interviewed endorsed belief in compatibilism (11 of 12, or 91.6% even if they have never heard of the idea before. Participants said that a range of biopsychosocial factors can act as determinant forces in people's lives impacting their behavior. Participants identified the social environment, early upbringing and child development, unconscious and conscious perceptions, and disabilities as the important forces acting on an individual. This finding ties to Baumeister’s (2008) argument that both physical and social realities have deterministic impacts and limit an individual’s free will. Participants also believe that individuals have the ability to change. For example, by identifying harmful patterns in their lives, individuals may have more freedom to act rather than react. This echoes the findings of Von Sasson (1951), who said indeterminism allows room for human agency.

This broad endorsement of compatibilism was an expected result of this study, because psychodynamic therapists generally work with clients who come in with a problem or problems that may be more or less traceable to their antecedents (i.e., causes, such as early trauma). The therapists then help the individuals address and master these challenges. This corresponds to Howard’s presentation (1993) of “the joint action” of causation and self-determination in human behavior. And as Smith (2003) spoke of

Sigmund Freud writing of clients as if the world was deterministic but talking with them as if they had free will, participants in this study appear to look at clients' problems with an understanding that their problems have a genesis but with an acceptance that the clients also have the ability to address many of their problems and work towards change.

This support for compatibilism contrasts, however, to McGovern's finding (1986) that psychodynamic therapists tended towards a deterministic stance in both causation and individual agency. And while Wilks (2003) said that advances in understanding of free will and determinism have not been matched in the counseling field and Gulerce (1997) said that psychology has not caught up with science in terms of having a multifaceted view of reality, it appears that the field has in fact advanced a more sophisticated understanding. To reiterate, all participants accepted that the concepts free will and determinism are compatible and not mutually exclusive. This finding aligns with Williams' (1992) view that individuals can hold both concepts at the same time and marks a distinct advance in clinical understanding.

Both Psychodynamic Theory and Neuropsychology Influence Beliefs

Not surprisingly for a group of self-identified psychodynamic psychotherapists, the majority of participants (10 of 12, or 83%) said that psychodynamic theory has influenced how they think about free will and determinism. This may be because discussion of free will and determinism has been part of psychodynamic theory since its founding (Smith, 2003). "The past in the present," the action of unconscious conflicts, patterns and drives, and working through ambivalence are ways that participants mentioned psychodynamic theory helps them understand human behavior.

While seven participants (58%) were at least conversant in the basics of contemporary neuropsychology, nine participants (75%) said that neuropsychology has influenced how they think about free will and determinism. It has largely confirmed their views. The most commonly mentioned concept of neuropsychology is that “the brain is malleable,” reaffirming the brain plasticity research of Denett (1991). The idea that the brain is malleable further supports the idea that psychotherapists can make a difference in clients’ lives, as discussed by Sharply (2010) in his work on psychotherapy’s positive effect on brain chemistry and mood.

“We Don’t Start in the Same Places”

Perhaps related to the fact that they later endorsed compatibilism, participants were more comfortable talking about determinants than strict determinism. That is, they were more comfortable talking about forces shaping individuals rather than controlling them. Participants were able to list a broad range of determinants, and most (75%) either named directly or talked around a biopsychosocial perspective, that biological, psychological, and social/environmental factors shape and influence individuals.

Several participants spoke eloquently of the fact that “we don’t start in the same places,” as Participant Five said. This participant pointed to biopsychosocial factors like race, gender and sexuality in which social expectations for their advancement are low and their social conditioning does not otherwise support their freedom of thought or movement. Participant Eight pointed out that some people are born into families rich with resources, that promote independent thinking and action, and subcultures that facilitate personal agency and others, in contrast, are born into resource-poor families that do not promote independent thinking or action.

The implication is that some people have more freedom than others. “Some kids have the deck stacked against them,” Participant Twelve said. Participant Two said, “The circumstances of a person’s environment greatly impact the desire and the ability to make any changes.” Participants said that change is not always possible and if it is possible, sometimes it is very difficult and slow. This finding is supported by numerous researchers, including Legerstee’s (1997) report on the socio-environmental impacts on children and Glannon’s (2009) finding that “dysfunctional” brains impair individual’s free will.

Psychotherapy Can Help Individuals Exercise Free Will

As may be expected for a group of psychotherapists who self-identified as having a psychodynamic orientation, all were able to provide full responses to the question asking in what ways they believe psychotherapy helps individuals increase their ability to exercise free will. The mechanisms participants use to support client change include a) use of the therapeutic relationship as a “corrective relationship” that allows for healthy attachment, trust and a subsequent rewiring of neural pathways in the brain; b) bringing aspects of the unconscious mind into the conscious mind and thereby support individuals’ ability to act consciously rather than reactively; and c) helping clients alter beliefs about themselves, others and the world.

This finding about therapists being readily able to list the mechanisms of change echoes the work of Sharply (2010), who detailed studies showing how psychotherapy effects change in individuals. Two participants spoke directly to the power their own psychotherapy helped them to change. One said it helped him “feel much more free”. This finding connects with the work of Callendar (2010), who said that if therapists can

help individuals with mental and emotional functioning, then they can help increase their agency (self-determination or free will).

The power of the psychotherapeutic relationship to be a “corrective” relationship was cited directly by six participants (50%) and another four (33%) referenced the importance of the relationship in psychodynamic psychotherapy (for a total of 83%). For example, Participant Four said that individuals may not be able to imagine a new way of relating until they experience a healthy, well-bounded relationship in therapy. Several participants, such as Participant One, spoke of the power of a corrective relationship (a healthy attachment) to help rewire the brain and “change well-worn pathways.” This assertion again harkens to research that shows how psychotherapy can change brain chemistry, wiring, and mood and behavior (Sharply, 2010 and Cozolino, 2006).

Several participants said that a key aspect of the psychotherapeutic relationship was the latitude that therapists give clients to discover and be themselves in the room with the therapist. “I try to allow enough emotional space so that they can be themselves, so they can get to know themselves,” Participant Six said. This statement about giving clients enough room to be themselves corresponds to Young’s (2010) statement that psychotherapists help clients who have an impaired ability to exercise free will.

Nine participants (75%) cited the power of psychotherapy to help individuals see maladaptive patterns and consciously choose new ways of acting (rather than reacting). “By making the unconscious conscious,” therapy can help clients “make more free—not automatic—decisions,” Participant Six said. These comments affirm Goldberg’s (1977) statement that free will is the ability to act rather than react. Further reinforcing that perspective, Participant One said:

I think a person can change how they look at the world and how they interact with the world...To see the influence of our upbringing on our relationships, on who we were then and who we are now...and that can interact with our ability to change from this point forward, which is where the free will comes in.

The ability to change perceptions—how one looks at oneself, others and the world—also was mentioned by seven participants (58 percent) as a way psychotherapy can help individuals increase in freedom. “I think a person can change how they look at the world and how they interact with the world, and so I think that is the element of free will,” Participant One said. Participant Ten said that he has been thinking about the power of words as symbols that open individuals up to new ideas and ways of relating:

I tend to think of words as giving much more possibility or choice, I'll use that word rather than free will. Once symbolism has started, a remarkable bunch of changes occur in the evolution of human kind. The use of symbolism, the fact that it begins, and the beginning has big effects, it certainly tips the balance in favor of being able to have more choices.

These comments link to Stillman's research (2010) that shows how what people believe impacts how they act.

All participants believe that change, as an exercise in free will, is possible. Many spoke of working to make unconscious patterns conscious so that individuals may see more clearly and have more room to choose actions. Participant Twelve spoke of the “split-second” you try to give someone to help them choose a new way of acting, rather

than reacting automatically. This parallels Goldberg's definition of freedom as being the ability to act rather than react. Participant Four said, "I think I believe pretty confidently in people's ability to change, but I think the change process is quite difficult and slow and can take a while." This correlates to Siegel and Douards (2011) work on classical conditioning, which relates to habits, and the slow but steady ability to create new decision-making-mechanisms that support change.

Several participants spoke of the importance of free will to being able to hold hope in change and how important hope is to therapy and the ability to change. "Hope comes from knowing that things can be different, and that comes from choices and change," Participant One said. Participant Eight said, "I could not do this work if I did not believe in some hope for change." She also said, "In terms of free will, I look at it more in terms of hope. Knowing that there is a component of free will about us gives us hope that we do have some control," she said. "We may not have it, but the idea is hopeful." She later added that psychotherapy "can help facilitate the discovery of free will in us and the hope for change."

This finding echoes those of Mazer (1960), who said that therapists should "act as if free will exists" and doing otherwise is "anti-therapeutic," and Goodman (1998) who said that a deterministic stance by a therapist may make a client feel stuck in his problems. Sometimes the ability to exercise free will may come down to particular individuals. "I get sometimes very impressed by people's ability to change," Participant Nine said. "And at other times I am impressed by just how difficult it is for people to do anything different than what they have already done."

Findings Sorted by Professional Discipline

The size of the survey sampling totaled 12 self-identified psychodynamic psychotherapists. Eight (66%) of the participants were social workers. Three (25%) were psychiatrists, each of whom had psychoanalytic training. One participant was a Licensed Professional Counselor. All participants lived and worked around Baltimore, MD.

Social Workers

The social workers were more likely to look at the social environment as a determining factor in their clients' lives (six of eight social workers, or 75% of them, did so). This may be explained by the fact that social workers are trained to look at the person in environment. This finding connects to Legerstee's (1997) discussion of how socio-environmental impacts on a child have lasting ramifications into adulthood.

While only three participants in the study (25%) said that their views on free will or determinism have not been influenced by knowledge of neuropsychology or contemporary physics, all three were social workers. The two participants (16%) who said that they have come to believe more strongly in free will over time were both social workers. One social worker indicated that she was not familiar with the concept of determinism, or its synonym causality.

Some social workers enjoyed the philosophical aspects of the questions and some did not. Two of the eight social workers (25%) seemed to revel in the existential nature of the questions while two others (25%) expressed discomfort and/or displeasure. For example, Participant Twelve said the questions reminded him of a favorite paper he wrote back in college and earnestly commented on how much he enjoyed thinking and talking

about the subject. Another social worker, Participant Six, said at the end of the interview: “It is a nice subject to think about. I didn’t know I was thinking about all those things until you asked. Thank you for asking.” However, Participant Four expressed discomfort with the questions and was only able to engage when she realized that she was not going to have to espouse a belief in either free will or determinism. It was at the point of endorsing compatibilism—when, for example, Participant Six said “I think that is similar to what I was saying”—that many participants were more able to relax into the discussion and respond with less hesitancy and more confidence. In contrast, Participant Seven reported anxiety regarding the questions themselves and said repeatedly that she “was just starting out” in the field and did not know if she could answer the questions.

Psychiatrists

All three of the psychiatrists interviewed for this study are also psychoanalysts and each (100%) identified psychodynamic theory with the operations of the human mind. All three (100%) psychiatrist/psychoanalysts said that they have been influenced by knowledge of either neuropsychology or contemporary physics. Each believes individuals have the power to change, within limits. Participant Nine said psychodynamic psychotherapy may free individuals “to be able to do the things they wish to do.” Participant Eleven said it can help them “get freed up from the knots in which they found themselves.”

Two of the three psychiatrist/psychoanalysts were very strong in their belief in compatibilism, both free will and determinism, and felt that modern neuroscience and physics strengthened and confirmed their views. The third was non-committal, saying said the term “sounded like jargon.” But he also said that free will “probably” exists in a

limited fashion and that he “probably” understands determinism as the unconscious. Interestingly, this participant also said that individuals have some ability (freedom) to shape the unconscious (deterministic) forces that direct them. This compares to Williams’ (1992) statement that one can believe in free will and determinism at the same time.

Like the social workers, not all the psychiatrists were comfortable with the questions. Participant Eleven was very comfortable with the questions. Participant Ten initially argued against the “legitimacy” of questions about free will and determinism, as if he was going to be asked to endorse one over the other, but he later settled in to the discussion with the concept of compatibilism, which he was familiar with and endorsed. Participant Nine was generally dismissive of the questions about free will and determinism but engaged in some key aspects of the discussion, such as stating how he saw free will as limited, determinism as the unconscious, and change as possible (even to the point of changing aspects of the unconscious). This compares to Solms and Turnbull’s (2002) statement that the fact that “most functioning operates unconsciously is very widely accepted,” however, the participant adds that individuals have some ability to influence the unconscious factors that influence them.

Licensed Professional Counselor

The lone LPC spoke of her belief in free will, but an analysis of the language that she used in the interview revealed a tilt toward deterministic thinking, especially for children who come from underprivileged backgrounds and who live in violent communities. In addition to saying, “some people are born with bad brains” she also spoke to the “insults” children’s brains suffer from exposure to violence and lead paint.

The comments of this participant, Participant Eight, are similar to those of Glannon (2009), who said that brain dysfunction is “the real threat” to free will.

Child practice

While the two participants who work with children were not the only participants to mention socio-environment insults on the brain (through such forces as exposure to violence), both repeatedly mentioned the role of the brain in responses to various questions and were familiar with major developments in neuropsychology.

Researcher’s Personal Bias

Early in my literature review, I expected to find that psychodynamic psychotherapist believed that their clients have a mix of free will and determinism in their lives. That is, that they can control some things and not others, and that the goal of therapy is to help individuals take responsibility for their lives (not wait to be taken care of by others or see themselves as victims). However, I later learned through reading McGovern (1986) and talking with several licensed clinicians, that some psychodynamically oriented clinicians believe more in causality than free will. I expected to find, as Smith did (2003), that psychodynamic clinicians “talk out of both sides of their mouths.” That is, they believe that that their clients’ problems may be largely “determined” or caused by outside forces but also that their clients have the ability (free will) to act to change and improve their situations.

My own views on this are that that we operate in the world in an indeterministic fashion. That is, we have a mix of free will and determinism in our lives. Indeterminism would suggest that a value in clinical social work would be to help individuals increase their agency in their own lives (which could be understood as their ability to exercise

their free will more abundantly). I believe that psychotherapy can help people increase their ability to act in their own lives and make change, and this agency is aligned with both personal agency and an internal locus of control. I have attempted to compensate for my biases by focusing on the existing literature and the views of study participants.

Limitations of This Research

The size of the survey sampling was small and non-random, totaling 12 self-identified psychodynamic psychotherapists, and may or may not be suggestive of findings that would come from a larger and/or random sampling. All study participants lived and worked around Baltimore, MD, which may have its own cultural beliefs about free will and determinism that are held consciously or unconsciously by the participants. Hence, it is possible that the study suggests regional views. The sample was also 83% Caucasian, therefore aggregate findings may be skewed toward views of the dominant culture.

Throughout the interviews, all participants and the researcher spoke of determinants as if they were generally negative and of free will as if it was generally good. This likely reflects cultural and personal biases. It may have thwarted discussion of greater complexity. For example, like antisocial behavioral, pro-social behavior also can be the result of biological, psychological and/or social determinant forces. This blind spot should be kept in mind when considering study results.

Because all three psychiatrists had psychoanalytic training, they may not be representative of the views of psychiatrists who self-identify as psychodynamic in orientation but do not have psychoanalytic training. None of the other (non-MD) participants in the study had psychoanalytic training. Eight (66%) of the participants

were social workers and so their over-representation in this study may skew the aggregate findings towards beliefs that are more likely to be held by social workers. The single Licensed Professional Counselor had views that tilted towards determinism and may or may not represent views common among those in her profession.

The lack of context for the questions seems to have caused some participants to feel adrift in unfamiliar territory when asked to say what free will and determinism meant to them. For example, Participant Four said that the language of free will and determinism sounded “religious” or “philosophical” to her. This compares to Denner (1994), who argued that colleagues who were looking for human responsibility for action were being “moralistic.” She was able to use the language of the mental health field in her understanding of the questions and respond accordingly, but not all participants were able or willing to do so. It is worth noting that adding more context for the questions also could have influenced responses one way or another.

If neuroscience and physics had an influence on a participant’s thoughts and beliefs, they typically were used to support participants’ pre-existing ideas about free will and determinism. This was most likely because the most commonly cited finding, that the brain is malleable, supported the work of psychodynamic psychotherapists. That is, such therapists commonly help clients work through maladaptive patterns from their childhoods and typically then see change in their clients.

Seven of the 12 participants (58%) had enough of a working knowledge of neuropsychology to bring it into the discussion. For example, Participant Four spoke directly of “what I choose to understand of neuroscience.” Nine participants (75%) said neuropsychology has influenced them (through such as topline findings that the brain is

malleable and neural connections can be reformed). The results of this study may be different if all of those polled had a working knowledge of neuropsychology.

As discussed above, Participant Eight, when speaking of the ability people have to change, said, “anybody can be trained to change,” which may be characterized as behavioristic attitude. She (like Participant Two) also said that change can be facilitated and supported by “the right environment.” These participants are indirectly suggesting an important point: perhaps therapists can be a determining (causal) factor in clients’ lives, in addition to (or perhaps instead of) simply helping them access their free will to change. This may be a confounding variable for this study, and a reminder that since William James and other early theorists first considered these issues, there is still no concrete evidence proving the existence of free will, determinism, or any of their modern offshoots, such as compatibilism (Bricklin, 1999).

Implications for Practice and Future Study

If indeed psychodynamic psychotherapy aids individuals in accessing and exercising their free will, this aspect of therapy may be a focus of education and targeted practice. This may be particularly important and effective for the subset of therapists who are energized and activated by the existential nature of the topic. As this study shows, however, not all therapists are interested in this approach. The approach may similarly be energizing and activating for clients who are interested in existential and philosophical issues.

While all study participants have a self-identified psychodynamic orientation in common, and eight of 12 participants were social workers (66%) the sample size of this study is too small to determine if the seeming patterns of beliefs among social workers

would be consistent among a larger sampling of that profession. For example, would clinical social workers consistently be more likely than other mental health professionals to name the social environment as a determining force in individuals' lives? Would they be more likely than other mental health professionals to "tilt" more towards free will than determinism, even within a compatibilist world view?

A future study could attempt to find out whether psychodynamic psychotherapists hold the same, similar, or diverging views when discussing free will and determinism when it pertains to themselves specifically, in contrast to more global views regarding their beliefs about free will among their clients or people in general. Bringing the focus of questions on the therapists' own behavior may evoke different responses and produce different findings.

Further research could be done to find out how therapists who self-identify from a cognitive behavioral perspective think about free will and determinism. As noted in the literature review, prior studies have suggested that psychodynamic psychotherapists tend to be more deterministic than cognitive behavioral therapists (McGovern, 1986).

A focused study of psychodynamic psychotherapists who all have a working knowledge of contemporary neuropsychology could determine if their views are similar or diverge from views presented here.

Because trauma research has been popular and plentiful in mental health literature in recent years, and much trauma literature touches upon its impact on the brain, it would be interesting to know how much of current mental health clinicians' knowledge about neuropsychology comes directly from trauma literature.

A follow up study may look at therapists' views on consciousness. Participant Ten said that the interesting question to him was not whether free will or determinism exists, but why consciousness exists, as it is not necessary in a deterministic world, nor does it seem necessary to most of the "lesser animals". Meanwhile, several participants spoke of free will as being able to act from the conscious mind rather than react from the unconscious, patterned mind. A majority of participants (75%) stated that increasing in consciousness is central to the exercise of free will. Further explorations of this subject would be both interesting and cutting edge, as consciousness is a subject of interest in current neuropsychology and of some interest in physics (and certainly metaphysics), in addition to being of longstanding interest to psychodynamic theorists.

Finally, follow up research may confirm or refute my finding that psychodynamic psychotherapists endorse compatibilism. That is, they accept that free will and determinism are compatible and not mutually exclusive. This finding contrasts to Wilks (2003) assertion that science, particularly the concept of indeterminism, has not influence clinical practice aligns with Williams' (1992) view that individuals can hold both concepts at the same time. It marks a distinct advance in clinical understanding.

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Appendix A

Human Subjects Review Board Permission Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 6, 2012

Patrick Cody

Dear Patrick,

Your response letter was very professional and logical. Your project is now officially approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

I wish you the best of luck in what I think is a neat study at the intersection of theory, philosophy and practice.

Sincerely,

A handwritten signature in black ink, appearing to read 'David L. Burton', with a long horizontal flourish extending to the right.

David L. Burton, M.S.W., Ph.D.
Chair, Human Subjects Review Committee

CC: Caroline Hall, Research Advisor

Appendix B
Informed Consent

Dear prospective participant,

I am a second year graduate student at the Smith College School for Social Work. I am conducting research on the beliefs that psychodynamic psychotherapists hold about free will and determinism, and how these beliefs impact their clinical orientation and practice. I will then use this research to write a thesis related to the topic, and perhaps future presentations and publications.

To participate in the research, you must be a licensed mental health professional and have a psychodynamic orientation. The survey will include about 12 questions that you may answer with words of your choosing. The survey will take approximately 45 minutes to complete. Your responses to questions will be recorded by hand by me using pen and paper and audiotaped. I will transcribe the interviews and code the data myself.

As the questions have to do with your personal beliefs regarding free will and determinism (as well as concepts like agency, locus of control, and individuals' ability to change) I will ask you to consider issues that may be personal to you. However, the questions are unlikely to cause you personal distress. Therefore, the risk of participation is minimal. The benefits of your participation include personal reflection and adding to the limited knowledge base related to the correlation between mental health practitioners' beliefs about free will and determinism and their clinical practice. I am unable to offer financial compensation for your participation.

Working with my supervisor, I will work to protect the privacy and confidentiality of each respondent. If any responses to questions that you provide could

potentially identify you or anyone you might name, I will remove such information before using it my thesis report. Only my thesis advisor and I will have access to your personal information. All data will be kept in a secure location for three years, as required by law, and then destroyed. My thesis will include aggregate data as well as finding that suggest correlations in therapists' background, beliefs and practice. Any quotes or vignettes I use will be disguised; however, I ask that you not identify any of your clients in discussing your practice. Like my thesis, any future presentations on my research at the Smith School for Social Work or any written publications will only include de-identified and aggregate data.

Participation in this survey is voluntary. You may withdraw from this interview at any time and you may refuse to answer any question without exiting the interview as a whole and any data will be destroyed immediately. If you wish to withdraw from this study after you have completed the interview, you must withdraw by April 15, 2012. If you have any questions regarding this survey, you may contact me on my cell phone at ###-###-#### or the Chair of the Smith College School for Social Work Human Subjects Review Committee at 413-585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant _____ Date: _____

Researcher _____ Date: _____

Please keep a copy of this for your records.

Thank you for your participation.

Patrick Cody

Appendix C

Interview Questions

Demographic Questions

- 1) In what degree are you licensed?
- 2) Do you self-identify as practicing from a psychodynamic perspective? Y
- 3) What population do you work with?
- 4) What are your Age, Gender and Race/Ethnicity?

Interview Questions

- 1) What does it mean to you to practice from a psychodynamic perspective?
- 2) In what ways do you believe that people have the power to change?
- 3) What factor or factors do you believe inform human actions?
- 4) How do you understand free will?
- 5) How do you understand determinism?
- 6) How does your understanding of psychodynamic theory impact your view of free will and determinism?
- 7) Has any knowledge of modern neuropsychology or physics changed or affected your beliefs about free will and determinism?
- 8) Much current research on neuropsychology and physics has led theorists to propose a new category between free will and determinism, called indeterminism or compatibilism. These theories suggest that people experience both determinism and free will in their lives. What do you think of this concept?

- 9) In what ways do you think psychotherapy can help clients increase their ability to exercise their free will?
- 10) How have your beliefs about free will and determinism changed over time?
- 11) Based on this conversation, is there anything you would like to add pertaining to your beliefs about individual free will or determinism?