Possible Futures: Free Will and the Stories We Tell Ourselves

Short Abstract (139 words): Clinical research suggests that treatment engagement and persistence improve when people see themselves as agents whose choices, efforts, and self-regulation *matter* (Amdie et al. 2022; Baumeister et al. 2009). By contrast, experimental attempts to manipulate belief in free will through brief determinism primes have produced weak and inconsistent behavioral effects (Vohs & Schooler 2008; Genschow et al. 2020, 2023). This paper argues that this apparent mismatch has two sources. First, small, short-term belief manipulations are unlikely to produce robust changes in long-term behavior. Second, and more importantly, belief-manipulation studies target abstract commitments about free will, whereas clinical practice relies on local, practical forms of agency that are graded, context-sensitive, and responsive to sustained intervention (Haggard 2002; Nataraj et al. 2020). We propose a framework for articulating agency in clinical contexts that supports motivation and responsibility without presupposing controversial metaphysical claims.

Extended Abstract (989 words): Philosophical debates about free will have long centered on questions of determinism, control, and moral responsibility. Despite persistent disagreement at the metaphysical level, many philosophers maintain that the truth or falsity of determinism should not substantially alter how we deliberate, hold ourselves responsible, or pursue meaningful lives (Strawson 1962; Dennett 1984; Wolf 1990). In clinical contexts, however, beliefs about agency appear to matter in a more immediate and practical way. Clinicians routinely appeal to ideas of choice, responsibility, and effort when encouraging patients to engage in treatment, persist through difficulty, or imagine the possibility of change (Bandura 1997; 2001). This raises a natural question: how should agency be understood and framed in clinical practice, given both its apparent importance and the unresolved debates surrounding free will? These debates take on particular urgency in clinical settings, where scientific explanations of mental disorder must coexist with practices that presuppose agency, responsibility, and the possibility of change.

This paper addresses that question by bringing together philosophical work on agency and responsibility with empirical research on belief in free will, agency, and control. We begin by highlighting two strands of research that appear to be in tension. On the one hand, clinical and adherence-oriented literatures emphasize the importance of agency-related attitudes such as autonomy, perceived control, responsibility, and effort for treatment engagement and persistence (Amdie et al. 2022). Closely related work in social and motivational psychology similarly shows that seeing oneself as an agent whose decisions and self-regulatory efforts matter predicts persistence, self-control, and norm compliance (Baumeister et al. 2009). Conceptual and normative work in healthcare ethics likewise stresses the importance of patients' active involvement in decision-making and their sense of authorship over treatment trajectories. On the other hand, experimental literature has attempted to manipulate belief in free will directly, often by undermining it through brief determinism primes (e.g., short texts or prompts designed to increase endorsement of determinism and reduce belief in free will). While early studies reported downstream behavioral effects (Vohs & Schooler 2008), later replication attempts and meta-analyses suggest that such effects are small, fragile, and highly context-dependent (Genschow et al. 2020; Genschow et al. 2023).

We argue that this apparent tension has two main sources. First, we should not expect small, short-term belief manipulations of this kind to produce reliable changes in long-term, real-world behaviors such as treatment adherence. Second, and more importantly, the tension reflects a deeper mismatch of explanatory levels. Experimental belief-manipulation studies typically operationalize agency as endorsement of abstract commitments about free will and determinism, often measured through self-report instruments such as the Free Will Inventory (Nahmias et al. 2014). Clinical practice, by contrast, relies on a conception of agency that is local, graded, and practical: the capacity to initiate action, regulate behavior, respond to reasons, and see one's efforts as meaningful within a constrained set of options. These forms of agency are empirically tractable, responsive to sustained intervention, and predictive of engagement and persistence, yet they do not map cleanly onto metaphysical debates about whether agents could have done otherwise in an identical causal history.

This explanatory mismatch helps clarify both why belief-based interventions often fail and why agency nonetheless remains central to clinical practice. Briefly shifting a patient's abstract beliefs about free will does little to alter the concrete capacities that structure action in everyday contexts. Moreover, for some patients, especially those who already experience low perceived control or hopelessness, abstract discussions of determinism may invite fatalistic interpretations that work against therapeutic aims. At the same time, the failure of belief manipulation does not show that agency is irrelevant. Rather, it shows that agency must be framed at the right explanatory level, given the goals and constraints of clinical practice.

Support for this claim comes from work on the sense of agency in cognitive science and psychology. Studies of intentional binding and action–outcome learning suggest that experienced agency tracks reliable causal relations between actions and outcomes, rather than endorsement of abstract metaphysical theses (Haggard 2002). More recent work shows that agency is sensitive to motivational context and can be strengthened through training and feedback that enhance action–outcome contingencies (Majchrowicz et al. 2020; Nataraj et al. 2020). These findings indicate that agency is not a binary metaphysical status, but a set of capacities that can be scaffolded and supported, even under significant constraint.

The philosophical contribution of this project is not to resolve the metaphysics of free will, but to clarify which conceptions of agency are worth caring about in practical contexts. In this respect, the argument returns us to a familiar philosophical claim with which the paper began: that abstract disputes about determinism should not be expected to do much work in shaping our everyday practices of deliberation, responsibility, and action. The clinical case helps explain why. What matters for motivation, responsibility, and change is not whether agents satisfy some metaphysical condition on freedom, but whether they can see their actions as responsive to reasons, values, and goals over time, even under substantial causal and psychological constraint. When agency is understood at this level, it becomes clear both why belief-manipulation interventions so often fail and why appeals to agency nonetheless remain indispensable in clinical practice. Framed in this way, agency remains an intelligible and appropriate target of intervention without overpromising autonomy or denying the reality of illness.

The paper concludes by sketching implications for clinical communication and public-facing discussions of free will. Rather than attempting to persuade patients to endorse or reject abstract metaphysical theses, clinicians can focus on cultivating practical forms of agency: helping patients identify actionable options, build skills, track the effects of their efforts, and understand responsibility in non-punitive ways. Philosophy plays a central role in this project by clarifying how agency can be affirmed in practice without collapsing into belief manipulation. In doing so, the paper offers a framework for bringing philosophical insights about agency into clinical contexts that is empirically informed, ethically responsible, and responsive to lived human concerns.

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