

### 3 Disordered Appetites: Addiction, Compulsion, and Dependence

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In both popular and technical discussion, addictive behavior is said to be in some sense *out of control*. However, this description does not distinguish addiction from various forms of moral weakness. The excessive indulgence of appetites, for example, gluttony and promiscuity, are excesses for which we still hold one another responsible. The loss of control in addiction seems different: Addiction appears to be a source of compulsive desire, desire too strong for the agent to resist.<sup>1</sup>

The World Health Organization expresses this view in its 1969 definition of "dependence" (a term that replaced the use of "addiction" in its earlier declarations). Dependence is defined as a state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterized by behavioral and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and

This paper was prepared for a conference on addiction at the Russell Sage Foundation in June 1997. I am grateful to the other participants in the conference for comments, especially to my commentator on that occasion, Michael Brauman. I also thank Jon Elster for convening and moderating the conference as well as for his insightful work on virtually all aspects of this topic. This chapter has also benefited from discussions with Teresa Chandler, Michael Hudson, Sara Lundquist, and audiences at various colloquia.

<sup>1</sup> In the scattered allusions to addiction in my own writing, I have certainly tended, uncritically, to take it as exemplary of motivational compulsion. [See Chapters 1 and 2 in this volume.]

sometimes to avoid the discomfort of its absence. (Grinspoon and Bakular 1976, 177)

Nonetheless, talk of compulsion remains controversial among theorists and practitioners as well as among nonprofessionals in their dealings with addictive behavior.<sup>2</sup> In part, the controversy is due to moral ambivalence. If addiction is compulsive, then addicts might be absolved from responsibility. To some, this implication is a necessary step to a more humane policy ("Addicts need help, not blame"). Others find this way of thinking morally evasive—indeed, countertherapeutic. Moreover, thinking of addiction in this way encourages a dangerous paternalistic public policy.<sup>3</sup>

The controversy about compulsion is also conceptual. It is far from clear how the notion of motivational compulsion is to be analyzed. The moral and conceptual concerns interact with one another. Insofar as talk of compulsion is ill defined, it is liable to abuse. As Grinspoon and Bakular (1976, 191) skeptically put it, "What we know so far is only that sometimes some people intensely desire to consume certain substances called psychoactive drugs." They suspected that

words like *compulsion*, *craving*, and *overpowering need*, that are used to explicate *dependence* in the WHO definitions, apply just as often to love of chocolate cake, or for that matter to love of another human being, as to desire to take the drug; or else they are merely scare rhetoric to incite punitive campaigns. (Grinspoon and Bakular 1976, 186)

<sup>2</sup> The authors of later editions of *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association depart from the second edition by dropping the reference to the "compelling desire to use a substance" in the definition of dependency. This change was apparently prompted by the goal of appealing only to "patterns of pathological use that can be objectively quantified." This goal does not prevent the third and fourth editions from using the "ability to cut down or stop use" as a criterion. See Kuehule and Spitzer (1992, 22–3).

<sup>3</sup> The list of skeptics includes Fingarrette (1988), Grinspoon and Bakular (1976), and Peelle (1985). Peelle insists that "people are not passive victims of the addictive urges or cues that occur in their bodies or in their lives; they select not only the settings in which to live nonaddicted lives but also the reactions they have to the urges they experience to return to their addictions. The methods they use are in keeping with their values and the people they see themselves as having become" (191).

With the recent appearance of twelve-step programs not only for food and relationship junkies but also for those hooked on debt or on the internet, perhaps these words have lost some of their rhetorical force. Still, the caveat is well taken; we should remain wary of the tendency to conflate devotion and addiction, temptation and compulsion.

My focus in this essay is mainly on the conceptual issues, though I touch on some normative questions at the end. I have two main aims. First, I want to explore some of the analytical difficulties arising from talk of motivational compulsion. Second, I try to propose an account of addiction that avoids problematic notions of compulsion and clarifies some of the differences between addictions and other forms of dependency.

### *Motivational Compulsion*

The kind of compulsion under consideration here is *intrapersonal*; you, or your behavior, is in some sense compelled by your own desires. Let's consider how this notion is related to the interpersonal paradigm.

When the bouncer compels you to leave the room by literally picking you up and tossing you into the alley, the movement of your body is explained by another's purposes, rather than your own. In interpersonal compulsion, one is subject to the intentions of someone else. This is not enough to constitute compulsion, however. Suppose you allow someone to move your arm along the table. To be a case of compulsion, the explanation must entail your inability to resist.<sup>4</sup> A third feature is typically present as well: As in the case of the bouncer, you are guided by the other's aims not only independently

<sup>4</sup> In the bouncer case, we should distinguish two possible moments of resistance. Perhaps you could have resisted the efforts to throw you out. Once thrown, however, you are powerless to counteract the forces that move you. This distinction has a possible counterpart in the case of addiction. It may be within one's power to resist taking the drug up to a certain point but not beyond it. So one might be responsible for getting to that point and, therefore, for allowing oneself to reach the point of powerlessness.

of your will but *against* it.<sup>5</sup> When that condition is in place, you are moved, helplessly, by someone else's desires, contrary to your own.<sup>6</sup>

The question about "motivational compulsion" (as I call it) is this: Could I have a relation to (some of) my own desires that is sufficiently parallel to my relation to the bouncer's intentions to warrant nonmetaphorical talk of compulsion?

One phenomenon that leads us to take the notion of intrapersonal compulsion seriously is a certain kind of motivational conflict. Just as the bouncer can force you out of the room contrary to your will, so your appetites and impulses might lead you where you do not "really" want to be. This form of conflict reflects a kind of duality that is analogous to the two-person case. Here the opposition is not between you and another but between you—that is, your evaluative judgment—and your other desires. Here, the "other" is your own motivation. This kind of conflict presents an issue of self-control rather than deliberation because here insubordinate desires are *to be resisted*. In these circumstances, their claims lack authority.<sup>7</sup>

<sup>5</sup> What seems crucial here is independence rather than actual conflict. To continue with the parallel, just as the bouncer might compel me to go exactly where I want to be (perhaps even in the same manner), an impulse might have an overpowering force without actually going against the agent's aims. In both the interpersonal and intrapersonal cases, actual conflict is a manifestation, but not a criterion, of independence. This is what Frankfurt (1971 [1988]) has in mind by "willing addicts," whose compulsive desires to take the drug agree with their critical evaluations. Frankfurt would not agree, by the way, that in these cases the individuals' agency is entirely undermined. If the behavior is performed not only because it is compulsive but also because of their critical evaluation, then the actors are responsible for what they do.

<sup>6</sup> This formulation is based on examples of forced movement. Of course, someone might *prevent* you from moving; instead, The bouncer might immobilize you by pinning you to the ground. We could take intrapersonal compulsion to comprise both cases, as well. This would be to treat agoraphobic panic, say, as an irresistible aversion to leaving the house. I doubt that this is the best approach to these cases, but this question is not central to the purposes of this chapter.

<sup>7</sup> Plato was concerned with these issues in *The Republic*, where he comments on the case of Leontius, who

became aware of dead bodies that lay at the place of public execution, at the same time felt a desire to see them and a repugnance and aversion, and . . . for a time

### *Doubts about Compulsion as Irresistibility*

Does this sort of duality warrant serious talk of motivational compulsion? A strong case can be made for a negative answer to this question. Consider Joel Feinberg's claim about the notion of irresistible desire:

Strictly speaking no impulse is irresistible; for every case of giving in to a desire . . . it will be true that, if the person had tried harder, he would have resisted it successfully. The psychological situation is never—or hardly ever—like that of the man who hangs from a window sill by his fingernails until the sheer physical force of gravity rips his nails off and sends him plummeting to the ground, or like that of the man who dives from a sinking ship in the middle of the ocean and swims until he is exhausted and then drowns. Human endurance puts a severe limit on how long one can stay afloat in an ocean; but there is no comparable limit to our ability to resist temptation. (Feinberg 1970, 282–83)<sup>8</sup>

Now we do speak of some recalcitrant desires being stronger than others and of some being very hard to resist. Unless we call into question the notion of strength of desire altogether, on what grounds can we deny that some desires are so strong that they are *too hard* to

he resisted and veiled his head, but overpowered in despite of all by his desire, with wide staring eyes he rushed up to the corpses and cried, There, ye wretches, take your fill of the fine spectacle! (439e–40a)

The sources of desires, Plato concludes, are multiple. Appetites per se are desires, for food and drink, not for good food or good drink (438–9). The hunger for french fries is one thing; the concern to eat what is good for me to eat is another. The latter has its source in the agent's evaluative judgment; the former arises from appetite. Judgments of the good belong to reason:

[S]ome mean sometimes though thirsty refuse to drink . . . Is it not that there is a something in the soul that bids them drink and a something that forbids, a different something that masters that which bids? . . . And is it not the fact that that which inhibits such actions arises when it arises from the calculations of reason?

[439e, following. The foregoing translations are Paul Shorey's (Hamilton and Cairns 1989).] For a searching discussion of Plato's doctrine see Terry Penner (Vlastos 1971, 96–118).

<sup>8</sup> I discussed this passage less appreciatively in Chapter 2 of this volume.

resist, quite beyond the limits of one's capacities?<sup>9</sup> Would this denial mean that we are all endowed with unlimited willpower? If so, the capacity to resist temptation would surely be extraordinary among human powers.

Feinberg appeals in this passage to a conditional criterion of resistibility: If one had tried harder, then one would have resisted. The adequacy of this test is suspect because it does not address whether one *could* have tried harder, in which case one may still not have been able to resist. Still, it seems right to say that failure to satisfy Feinberg's criterion is a sufficient condition of *irresistibility*. If one's utmost efforts do not prevail, surely one is up against an irresistible force. Feinberg's insight is that this negative test has no clear application in the motivational case, for circumstances of temptation necessarily involve motivational conflict, which precludes wholehearted effort.<sup>10</sup>

To satisfy the wholehearted attempt criterion, a desire would have to be an internal pressure that might be opposed, successfully or not, with all one's might—as one might attempt to counter the gravitational force of a slab of stone. This conception of desire, however, is of questionable coherence: Perhaps examples that come close to this are the felt stress of a full bladder, the urge to release one's breath after holding it for a while, or to ejaculate. Significantly, each of these cases involves material in tubes or sacs under pressure. These pressures can be felt in extreme cases as nearly unconquerable hydraulic forces inextricable from desire.

<sup>9</sup> "For months, Rafael Ramos [a recovering heroin addict] lived in fear of catching a glimpse of bare arms, his own or someone else's. Whenever he did, he remembers, he would be seized by a nearly unbearable urge to find a drug-filled syringe" (Nash 1997, 72). Would it not be strange if there were motivational forces that were nearly unbearable but none unqualifiably so?

<sup>10</sup> The parallel point holds for inability. As Hampshire (1965) says: "When we definitely, and without qualification or conflict, want to do something at a particular moment, sincerely make the attempt in normal conditions, and yet fail, we know as surely as we can ever know that at that moment we could not do it" (3). This criterion is central to our attributions of powers, but it does not give us a handle on the notion of motivational inability, since the antecedent conditions are never, in those cases, satisfied.

Perhaps one could so transcend the pain and discomfort caused by such pressure that one could be described as wholeheartedly resisting these forces (successfully or not). In this case, if it is intelligible, one would have succeeded in externalizing the desire, thereby transmuting it from a source of attraction or temptation into a physical tension. To be defeated in this case would no more be a misdirection of the will than would be the failure of the wholehearted attempt to resist the force of the boulder. Yielding to pressure would not in this instance be voluntary movement.<sup>11</sup> If this example as described makes sense at all, however, it is hardly the typical case in which we tend to speak of compulsive desire.

The circumstance described would certainly not be one of temptation. Recalcitrant cravings for nicotine or heroin are not like internal tensions, sometimes mounting to a breaking point. The circumstances of the seriously unwilling addict seem rather more like those of the exhausted climber. The discomfort both inclines one to give up the project and leads one not (in the end) to resist the desire to do so. Unlike external obstacles (or internal pressures), motivational obstacles work in part not by defeating one's best efforts but by diverting one from effective resistance. One's behavior remains in these cases in an important sense voluntary.

That is the crucial difference between the mass of the boulder and the motivational force of a desire. The mass of the boulder can overpower me by bypassing my will, whereas desire cannot. Being overpowered by the hunk of stone means that full, unconflicted use of one's powers is insufficient to resist its force. Being defeated by a desire means that one's capacities to resist are not unconflictedly employed. Hence, one who is defeated by appetite is more like a collaborator than an unsuccessful freedom fighter. This explains

<sup>11</sup> In his critical discussion of the idea that free will (as distinct from free action) might be compromised by compulsive desire, Albritton (1985) remarks that compulsive sexual desire would have to be "like being thrown into bed." However, then "there's no unfreedom of will in it. You haven't in the relevant sense *done* anything" (420). For a discussion of Albritton, see Hoffman (1995) and Watson (1995).

why it can feel especially shameful; to one degree or another, it seems to compromise one's integrity. A parallel point holds for addictions. For self-reflexive beings, the ambivalence of addiction is built into its mechanism: It enslaves by appeal, rather than by brute force.

Thus Feinberg's doubts about irresistibility call attention to a conceptual point about desire rather than to an awesome volitional power of human beings. It is not that there are certain forces that, remarkably, are no match for human determination; rather, we do not stand to our desires as to slabs of stone. For this reason, desires cannot be said to be irresistible by the same criterion, and perhaps in the same sense, as forces of nature. The corollary for the concept of motivational ability is this: In Feinberg's words again, that "there is no . . . limit to our ability to resist temptation" that is comparable to the limits of our physical capacities: not, again, because of an unusual omnipotence in this region of life, but because ability means something quite different in the motivational case.

To sum up: Feinberg's observations point to an important disanalogy between the interpersonal and intrapersonal notions of compulsion. The forces that defeat us in motivational compulsion do so not by opposing our wills but by directing them. Does this disanalogy mean that talk of motivational irresistibility is hyperbole or that putative cases of compulsion are after all cases of weakness? Or can we make sense of the phenomena in some other way?

### *Resistibility as Reasons Responsiveness*

A number of philosophers have proposed to identify the capacity for self-control with sensitivity to countervailing reasons. John Fischer, who analyzes motivational compulsion in terms of the absence of "guidance control,"<sup>12</sup> applies this idea to addiction in the

<sup>12</sup> "An agent exhibits guidance control of an action insofar as the mechanism that actually issues in the action is reasons-responsive" (Fischer 1994, 163). See also Fischer 1987; Fischer and Ravizza 1991. [See Chapter 10, this volume, for a fuller treatment of Fischer's and Ravizza's conception of reasons-responsiveness.]

following passage:

When a [drug addict] acts from a literally irresistible urge, he is undergoing a kind of physical process that is not reasons responsive, and it is this lack of reasons responsiveness of the actual physical process that rules out guidance control and moral responsibility. (Fischer 1994, 174)

Jonathan Glover's notion of unalterable intention is basically the same idea:

The test for self-control, which differentiates between my intention and that of the alcoholic, is that my intention can be altered by providing reasons that give me a sufficiently strong motive, while his can only be altered, if at all, by some form of manipulation such as behavior therapy or drugs.<sup>13</sup>

"Where we have evidence of an unalterable intention of this kind," Glover goes on to say, "it is reasonable to say that the person who acts on it cannot help what he does" (Glover 1970, 99; for a related analysis, see Gert and Duggan 1979).

One difficulty here is that the susceptibility to countercenatives might not be responsiveness to them *qua* reasons. If motivated behavior can be insensitive to reasons, as compulsion must be on this view, then it is no good appealing to susceptibility to countermotivation as a criterion of control unless that motivation would be operating in a reason-responsive manner rather than compulsively. One's response to what is in fact a reason might not be an instance of sensitivity to reasons.<sup>14</sup> That my desire to shoot up would be overpowered

<sup>13</sup> But, suppose that the agent's intentions are alterable by self-administered behavior modification therapy and that the agent knows how to do this. (I suppress here some worries about the coherence of putting some of Glover's points in terms of intention.)

<sup>14</sup> What is more, such accounts must block the possibility that the circumstance of the counterfactual incentive (even when that incentive operates rationally) somehow renders one responsive to reasons (by somehow bringing one to one's senses, as it were). My criticisms show that the capacity for reasons responsiveness cannot be understood purely dispositionally. Fischer (1994, 164–8) would try to provide for this and some of the worries in the text by appealing to a requirement that the actual

by my dread of punishment (or of rats) might only prove that I am doubly enslaved.<sup>15</sup> Freedom cannot be understood as subjection to countervailing compulsions.<sup>16</sup>

This point parallels the objection to the "cop at your shoulder" standard sometimes invoked in discussions of criminal responsibility. That the accused would have resisted if they had had that kind of incentive is supposed to show that they possessed powers of self-restraint sufficient for legal responsibility. Similarly, if you knew your drug taking was subject to immediate punishment, then you would have had a certain kind of reason to abstain. If that knowledge would have led you to abstain, then you are at least minimally responsive to reasons.<sup>17</sup> My objection is that the counterfactual incentive might be compulsive as well.

Although this objection helps itself to an unexplained notion of compulsion, it is valuable, nonetheless. If we can make sense of mechanism that issues in the action be held fixed in the counterfactual situation. The operation of the counterfactual incentive would show that one's action is actually reasons responsive only if the same mechanism is at work in the actual and counterfactual circumstances. This idea meets the requirement, formally, but I am skeptical about the possibility of filling out its content in a satisfactory way.

<sup>15</sup> Consider the possibility of an individual with competing addictions; that is, sources of potentially incompatible compulsive desires. The only thing that will lead me not to take a drink, suppose, is the belief that drinking now would require me to forgo heroin for a long while. Or perhaps I would resist taking the heroin only if the supply were guarded by rats, to which I am highly phobic.

<sup>16</sup> Taken as a sufficient condition, Feinberg's (1970) test is open to a similar objection. If I tried harder, I would resist. Perhaps the presence of a counterfactual incentive would enable me to try harder than I could in its absence. If my capacity to try were in some way impaired in certain contexts of temptation, my susceptibility to deterrent incentives under certain circumstances would not show that the desire is under my control (here and now). There is some plausibility to the idea that addictions tend to have this effect; I return to this point later.

<sup>17</sup> In terms of learning theory, of course, all aversive consequences are tantamount to punishment. So the restriction by the "cop at one's shoulder" standard to this one counterfactual seems arbitrary. If this standard reflects a deterrent or regulative conception of criminal law, however, the restriction is intelligible. If you are susceptible to the prospect of deterrence by legal threats, then it makes sense to subject you to them. [See Chapter 11 for a fuller discussion of criminal responsibility for addiction.]

motivational compulsion at all, then susceptibility to different motivation does not prove voluntary control. Hence, no serious test of compulsion in terms of susceptibility to counterincentives will work.

Perhaps these worries can be met by suitable refinements. Another, even more obvious, concern comes to the fore in Glover's discussion: to avoid conflating incapacity and incontinence. How is unalterability to be distinguished from weakness of will?<sup>18</sup>

Here is Glover's suggestion:

If, like the alcoholic or drug addict, he is not open to persuasion by himself or by other people, then he does have a psychological incapacity. Yet, if a reasonable amount of persuasion would alter his intentions, but he himself chooses to avert his attention from the reasons in question, his is then a case of moral weakness without psychological incapacity. (Glover 1970, 100)

It is not clear why Glover is so confident that those we call addicts do *not* "choose to avert their attention from reasons." The philosophical worry, however, is that the appeal to such a choice returns us to our starting point. For the choice to avert one's attention is itself not reasons responsive. If it is not on that account unalterable, then self-control is not just a matter of reasons responsiveness. If the choice not to be responsive to reasons is noncompulsive, as it must be if Glover is to distinguish weakness from addiction, then we must supplement sensitivity to reasons with an independent notion of control. We are left in the end, then, with an unanalyzed appeal to what is in the agent's power and, hence, with the question: Is it within the agent's power to resist the temptation to go against reason?

The appeal to choice suggests a further complication. An intention might be unalterable because it expresses a determination to close off further consideration. Such resolution might be a kind of strength, if

<sup>18</sup> Glover (1970) points out two different ways in which an intention might be unalterable: It is independent of reasons one takes to be sufficient, or one would see contrary considerations to be sufficient if one were to "reason properly, or were not in some way deluded" (100). My worry concerns the first way. The second kind of unresponsiveness to reasons might well involve an incapacity, but it is not a case of irresistible desire.

not a virtue, or it might just be stubbornness—but it should not count as compulsive. (Nor, indeed, as weakness of will.)

Fischer distinguishes incontinence from incapacity by defining guidance control in terms of *weak responsiveness*: In contrast to the compulsive agent, the weak-willed agent is sensitive to *at least some* sufficient reasons to do otherwise. But, I doubt that any clearly intentional behavior fails to meet this condition. Certainly, the paradigm cases of severe and desperate addictions are not literally irresistible in this sense. Few if any addicts are beyond the reach of one counterincentive or another.<sup>19</sup>

The case of Ben Sanderson, the drunken character in the film *Leaving Las Vegas*, might be instructive here. Initially, Sanderson might strike one as an example of someone whose alcoholic behavior is unalterable, but this example is complicated. What is unwavering here, if anything, is not Sanderson's intention to drink *simpliciter* but his mission to drink himself to death to escape a shattered existence. Much of the dramatic tension in the film centers on the question whether the loving ministrations of Sera, the prostitute, will call him back to life. In the end, they do not; but it is not clear that nothing could have deflected him from his suicidal course: for example, that he would have been unmoved by a vivid and immediate threat to kill his children (for whom he appears still to have some attachment) unless he remained in the detox center for three months.

Of course, Sanderson's determination reflects not stubbornness but despair. He cannot see a way to go on with his life. (This might remain so even if he had pulled himself together for a bit to save his child.) The problem is not that his intention to put an end to his life

<sup>19</sup> James (1950, 2: 543) quotes a report "of a man who, while under treatment for inebriety, during four weeks secretly drank the alcohol from six jars containing morbid specimens. On asking him why he committed this loathsome act, he replied, 'Sir, it is as impossible for me to control this diseased appetite as it is for me to control the pulsations of my heart.'" James also tells us of a "dipsomaniac" who claimed, "Were a keg of rum in one corner of a room and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon in order to get the rum." I remain skeptical. (I thank George Loewenstein for this reference.)

is unalterable but that he sees no reason to alter it. He can see no future for himself that makes sense. This might indeed point to a sense in which Sanderson is motivationally disabled; but the incapacity here is not the incapacity to resist desire but to care.

### *Compulsion and Disruption*

I suspect, then, that no reasons responsiveness theory will by itself provide a satisfactory account of motivational compulsion or enable us to preserve a plausible and significant distinction between compulsive and weak-willed behavior. (I discuss this distinction in Watson 1977 [Chapter 2 in this volume].) Nothing in these criticisms shows that the relevant notion of control cannot be identified with the *capacity* for sensitivity to reasons (or normative competence). They do show, however, that this capacity cannot be understood solely in terms of susceptibility to counterincentives.

Just the same, the idea that addiction involves a diminishment of the sensitivity to reasons has a good deal of plausibility. Characteristically, addicts have difficulty in bringing reason effectively to bear on their choices in a certain region of deliberation, at least under some circumstances. We will do well, I think, to abandon the interpersonal model, which features the power of addictive desire to defeat our best efforts and, instead, to understand the relevant notion of compulsion in terms of the tendency of certain incentives to impair our capacity to make those efforts. We are not so much overpowered by brute force as seduced.

One feature of desires experienced as compulsive is their power to capture one's attention. It is in this sense that we speak of a musical rhythm, or a literary plot, as compelling. This quality is generally desirable in a tune or drama but can be quite unwanted in other contexts. Desires can be more or less compelling in this sense. One measure of the strength of desires is their capacity to claim one's consciousness, direct one's fantasies, break one's concentration on

other things. One finds it difficult to keep one's mind on one's work because one keeps thinking of one's lover, or of the chocolate cake in the pantry, or of the cigarettes at the market. The objects of these desires tend to demand or dominate one's attention, despite oneself.

These desires are sources of a good deal of "noise"—like a party next door. The clamor of appetite directs one's attention to its object as something to be enjoyed. This feature of desire, it seems to me, accounts both for the potential irrationality and the power of desires we experience as compulsive. The efforts involved in various techniques of resistance require a focus (or redirection) of consciousness that is hard to achieve in the midst of much appetitive noise. Again, this is the source of what might be called the predicament of self-control. Techniques of self-control often work by maintaining one's focus against such distractions, and yet employing those resources already takes an amount of focus that tends to dissolve precisely when it is needed.<sup>20</sup> This fragmentation of consciousness is one of the familiar elements of practical irrationality (Elster 1999a).

Understood in this way, compelling desires are often implicated in a kind of impairment of normative competence.<sup>21</sup> This impairment admits of degrees and does not entail complete incapacity. I am inclined to see the distinction between weakness and compulsion as a normative one: Roughly, individuals we describe as weakly giving into temptation are those who reasonably could be expected to have resisted or to have developed the capacities to resist. This view locates compulsion toward one end of a continuum that includes weakness of will; those at this end of the continuum are subject to such strong

<sup>20</sup> Consider the remarks of a former heavy drinker: "It seems to me that a person needs to have it within himself, be strong enough to handle his own problems . . . You have got to have some inner strength, some of your own strength in resources that you can call up in yourself" (Peele 1985, 194).

<sup>21</sup> For this term, see Wolf (1990, 129). In Wolf's terms, the addict's will is less intelligent than it would be in the absence of addiction. Addictions can impair normative competence not only by distorting probabilistic judgment or instrumental rationality, but also by affecting our sense of our fundamental values and projects—what we find meaningful in life.

desires that it is unreasonable to expect even a strong-willed person to hold out.<sup>22</sup>

I do not have the space to develop and assess this proposal here. I am sure it is unsatisfactory as it stands, but it does have some appeal. The concept it identifies is an important one, and makes sense of many of our practical concerns. Compulsive behavior tends to disrupt one's life in ways that are very difficult to control without help. It is this characteristic that elicits sympathy. It is this characteristic that is of interest to the therapeutic community. (Indeed, this is what creates that community.)

The overall effect of this proposal is to give up on the understanding of addictive compulsions as forms of necessitation. Anyway, addictions are not necessarily compulsive, even in the proposed sense. Some addictive conditions are relatively mild; others are terribly difficult to break; but if enough is at stake in someone's life, it might not be unreasonable to expect, or indeed demand, that she (genuinely seek help to) overcome the problem.

### *Addiction and Dependency*

I have, among other things, been presenting some grounds for dissatisfaction with talk about motivational compulsion, understood on

<sup>22</sup> A normative account is developed in Greenspan (1986). Her discussion focuses on those who are subjected to aversive behavioral control (such as the character Alex in Anthony Burgess's *Clockwork Orange*). The victim of compulsion is "unfree because he is faced with a kind of threat, like a robbery victim coerced at gunpoint, with intense discomfort as his only option to compliance. This means that the actions he is compelled to take will be reasonable—reasonable in the light of an unreasonable threat" (Greenspan 1986, 196). In Chapter 2 of this volume, I suggest a normative account of a different kind. Whereas Greenspan suggests that we can account for compulsion without assuming that the compulsive cannot do otherwise, I argue there that we can account for the difference between compulsion and weakness without assuming that the weak agent *can* at the time do otherwise. The idea is that weakness is the manifestation of a vice; someone is a victim of compulsion if she is subject to motivation that even a person of exemplary self-control could not resist. My discussion there presumes (though it does not require) what I have been questioning here: that motivational compulsion in the sense of irresistibility makes sense.



the model of irresistible desire. Although addiction is commonly described (if not always strictly defined) in these terms, we need not be skeptical about the concept itself. For the crucial notion here, I suggest, is the idea of an *acquired appetite*. It is this notion that explains the stereotypical or symptomatic characteristics of addiction, including its association with compulsion. I develop this idea in what follows.

It is important to distinguish three levels of dependency. The first level I call *physical dependency*. Very roughly, individuals are physically or chemically dependent on some substance if consuming that substance has made them prone to suffer withdrawal symptoms—discomfort, agitation, restlessness, illness—when deprived of the substance for a period of time and, usually, to find the ingestion of the substance highly pleasurable.

Whether or not physical dependency is necessary for addiction, it is clearly not sufficient. Imagine you have been given morphine for pain control while in the hospital.<sup>23</sup> Suppose upon withdrawal you have no idea of the cause of your malaise. Although you no doubt desire relief, you have no desire, overpowering or not, to take the drug. Once you learn the cause of your discontent, probably you will come to want, and want badly, some morphine (or anything else) to avoid the discomfort. Clearly, *this* instrumental desire for the drug would not be the craving that is constitutive of addiction. One could have this sort of desire for morphine without ever having ingested the stuff—to relieve a toothache, say. So a desire for the drug (overwhelming or not) that is motivated by the discomfort resulting from this physical dependency is not on that account addictive.<sup>24</sup>

<sup>23</sup> This example, and the point it supports, come from Seeburger (1993, 46): "Hospital patients who are given morphine or other narcotics for relief from pain can develop tolerance and can show withdrawal symptoms, once the administration of the drug is discontinued. Nevertheless, they rarely become addicted. Most have no difficulty getting off the drug and are often grateful to be able to do so."

<sup>24</sup> Portenoy and Payne (1997) insist upon a distinction between physical dependence and addiction. What they mean by physical dependence is roughly what I mean, but they define addiction as a condition in which one is unable to abstain: "Use of the

When infants are said to be born addicted, what must be meant is a condition of narcotic dependence that does not involve cravings or addictive behavior. To call this addiction without qualification seems to me misleading, since it need not involve addictive craving and corresponding patterns of behavior. Nor need it involve the propensity to irrational thought and desire.

To be addicted, in the sense in which infants and those who become aware of their chemically dependent states cannot (yet) be, involves a dependency of a further kind. It requires a history of behavior that forges a cognitive link and a motivational link between that kind of substance and behavior and pleasure and relief. The fact that behavior of a certain kind (drug-taking behavior) has certain effects (dependent on the individual's chemical dependency) generates a periodic craving. The physical dependency increases one's tendency to be (more or less intensely) rewarded by the behavior and to be more or less acutely uncomfortable without this substance (or behavior). These withdrawal symptoms might secondarily reinforce behavior that leads to ingestion of the substance. Only then does one acquire, not only a dependency on but an *appetite* for the substance or behavior in question.<sup>25</sup>

term 'addiction' to describe patients who are merely physically dependent reinforces the stigma associated with opioid therapy and should be abandoned. If the clinician wishes to describe a patient who is believed to have the capacity for abstinence, the term physical dependency must be used" (564). Since my second level of dependency, which I consider to be addiction proper, need not involve this inability, Portenoy and Payne are marking a different distinction.

<sup>25</sup> Spelling out these cognitive and motivational links is complicated. One of the complications concerns the relation between the object of one's appetite and what one is addicted to. Rats and people become addicted to cocaine. Should we say that a rat or a person craves or wants cocaine even if it or she has no conception of that substance? (I am grateful to John Christman for raising this issue with me.) Suppose you have a completely false belief about the object of your appetite. Suppose you are regularly but unknowingly exposed to certain addictive "fumes" when and only when at a certain villa in Italy. When you are away for a while, you find yourself "craving" another er visit; when you return you are deeply gratified, and you find that you need to return more frequently, for longer visits. You might imagine that you have developed an attachment to the place. You are in fact addicted to the "gas", what is your appetite for? (I am indebted to Lee Overton for suggesting to me an example like this.)

This further condition is sometimes satisfied by nonhuman animals. In experimental conditions, rats can become chemically dependent on opiates and stimulants. They learn to do various things to get more. They thereby acquire something structurally similar to their natural needs for water and food. They come to enjoy taking in opiates as they do food. When they are deprived of these things, they are distressed.

Since nonhuman animals lack a capacity for critical evaluation, they are not even *prima facie* candidates for either motivational compulsion or weakness. Addictions may move them contrary to their own good but not contrary to their own conceptions of the good. Nevertheless, when their addictive behavior displaces their natural appetites, they suffer from what might be called an appetitive impairment.

To become addicted is to acquire an appetite, an appetite that, typically, is caused and sustained by the regular ingestion of certain substances. To acquire an appetite is to acquire a felt need, a source of pleasure and pain, that has a periodic motivational force that is independent of one's capacity for critical judgment. Hence, for creatures with such a capacity, to acquire an appetite is to become vulnerable to temptation.

Appetites involve positive and negative inclinations. We are naturally hooked on food and drink. When I am hungry, I typically become more or less uncomfortable. That is distracting. I desire to become more or less uncomfortable. That is not all. More various degrees to relieve this discomfort, but that is not all. More positively, the distinction between the edible and the nonedible in my environment becomes highly salient to me. Depending on experience, certain sorts of food are especially alluring and their consumption intensely enjoyable. It can be more or less difficult to resist eating, or seeking, food, primarily because it becomes more or less difficult to keep my mind off the subject. We do not call these ordinary food dependencies addictions. Indeed, lack of interest in food or drink after a period of abstinence is a sign of disordered appetite.

An addiction is a nonnatural or acquired appetite. The ingestion of nicotine or caffeine can induce a periodic craving for these substances. Although addictions tend to be in some measure compelling, in the sense we discussed earlier, nothing in this conception implies straightforwardly that the addicted person is subject to cravings that are irresistible.<sup>26</sup> When temporary abstinence is the result of a deliberate, wholehearted plan (say, for the observance of a religious holiday), smokers often get by without much difficulty—just as some people fast for quite a while without being subject to great temptation. The strategies and techniques of self-control are similar for natural and nonnatural appetites.

Nor does the conception of addiction as acquired appetite imply that this condition is necessarily harmful, all things considered. Certain addictions can be regulated without interference with a person's physical or mental health or with productive social relations.<sup>27</sup> Opiate dependency can be a reasonable price to pay for control of acute or chronic pain.<sup>28</sup> Just the same, acquiring appetites is a hazardous business. Natural appetites are grounded in natural needs, and the health of an animal depends in general upon their satisfaction. We tend to do poorly when our natural appetites are suppressed or disordered. Insofar as addictions exhibit the phenomenon of tolerance (which, apparently, not all of them do), the appetites in which

<sup>26</sup> This is contrary to Halikas et al. (1997, 85), who define craving as "an irresistible urge to use a substance that compels drug-seeking behavior."

<sup>27</sup> This is the goal of methadone maintenance programs. Apparently, when properly administered, these have had considerable worldwide success in countering the adverse effects of heroin addiction. Nevertheless, as a matter of public policy, they have been controversial in the United States partly because they are thought merely to replace one addiction with another (Lowinson et al. 1997a; Kreek and Reisinger 1997).

<sup>28</sup> Portenoy and Payne (1997) observe that physical dependency as a result of prolonged use of opiates in programs of pain management does not reliably lead to addiction. "A reasonable hypothesis is that addiction results from the interaction between the reinforcing properties of opioid drugs and any number of characteristics . . . specific to the individual . . . such as the capacity for euphoria from an opioid and psychopathy" (582).

they consist are more difficult to regulate and tend toward an unhealthy insatiability.

As we have seen, addictions involve a tendency to various kinds of irrationality—but so do the appetites generally. There may be nothing distinctive about addictions in this respect: hunger, thirst, and sexual attraction create similar liabilities. On the other hand, possibly certain addictions are linked to special or especially serious distortions of judgment and reasoning. For all I know, certain addictive substances have distinctive effects on parts of the brain that govern cognitive functions.<sup>29</sup> If deprivation of food or water, for example, were shown not to have similar effects, then that would support the idea that (some) addictions made us especially liable to distortions of rationality.<sup>30</sup> For my purposes, it suffices to note our general susceptibilities as appetitive beings.

One advantage of characterizing addiction primarily in terms of its effects on rationality rather than in terms of irresistibility is that this conception readily makes sense of the idea of mild addictions, for the disorder it identifies has different degrees and dimensions. Caffeine addiction rarely if ever leads to fundamental changes in personality or to severe distortions in practical thought. Even here, there are familiar distortions—for example, a professor who risks being late to lecture in order to stop by the espresso stand on the way to class. (“It will just take a minute.”) Note that one might do this for pastry, as well, without having what some call a food disorder.

<sup>29</sup> Of course, extreme intake of alcohol (or speed or LSD) can induce psychosis and cause brain damage. So can eating lead paint or, for that matter, I suppose, a great deal of carrot juice.

<sup>30</sup> It is important to distinguish the effects on rationality of the dependency itself from the more direct effects of the ingestion of certain addictive substances. As dependencies, all addictions create liabilities to irrationalities when one is deprived (or threatened with deprivation) of the substance. Addictive substances differ, however, in their intoxicating properties. Being “high” may itself diminish rationality. I suspect these differences are linked to the different capacities of substances to lead to what I call existential dependency: some of these impairments of consciousness are precisely what one comes to “need.” (Here, I am indebted to discussion with Susan Neiman.)

On this view, again, addictions are continuous with ordinary appetites, such as one’s craving for croissants (to go with that latte).

### Further Questions

The conception of addictions as acquired appetites raises difficult questions about both of its constitutive concepts. What should be comprised under the heading of appetite? How exactly can we distinguish between appetites that are acquired and those that are original? Here, I can only touch on these issues.

I have been working with a paradigm list of natural appetites—hunger, thirst, and sex—but I have no precise account of the criteria of membership. The natural appetites have to do with what is needed for the health or flourishing of the individual, I said, but sexual appetite is anomalous in a number of respects. Sexual attraction often exhibits a periodic appetitive structure, tied to hormonal activity; but unlike nutrition, sexual activity is not required for the survival of the individual. To be sure, many of us find abstinence distressing, but this effect depends somewhat on individual circumstance, age, and culture. As difficult as it may be for others to understand, some physically normal individuals manage to flourish in celibacy.

Moreover, unlike hunger and thirst, sexual appetite is fulfilled by behavior without the ingestion of substances into the body. To be sure, natural reproduction in human beings occurs by the literal incorporation of certain substances into the body of female sexual partners. This brings out a deep biological parallel with the other appetites.<sup>31</sup> For evolutionary reasons, human beings tend periodically to find specific activities more or less intensely pleasurable and to be discomfited by their frustration. Nonetheless, a significant contrast with hunger and thirst remains. The satisfactions and fulfillment of sexual desire, and the discomfort resulting from nonfulfillment, have

<sup>31</sup> Here, I am indebted to discussions with Michael Hudson.

nothing to do with the ingestion of substances. If so, and if addictions are acquired appetites, then there is room for the possibility of acquired behavioral appetites, as many people think. In any case, beyond (male?) adolescence, sexual desire is connected only loosely with appetitive periodicity. It has much richer emotional and interpersonal content than hunger and thirst.<sup>32</sup> Erotic responsiveness is often evoked by the perceived sexual interest of others in us. This would be an unexpected feature of the other appetites: as though I were aroused to hunger by the recognition of the desire of the blueberry muffin to be eaten by me.

Furthermore, not all natural needs for substances are appetitive. Oxygen is essential to individual survival; we feel extreme discomfort when deprived of it for even a moment or two; and a felt need to breathe exhibits a (very short) periodic structure. Why, then, is the need to breathe not appetitive?<sup>33</sup>

This question deserves a fuller treatment than I can give it here. The answer, I think, is connected with the fact that breathing is an automatic response, controlled by the autonomic nervous system. Appetites, acquired and unacquired, are sustained by reward.<sup>34</sup>

<sup>32</sup> I am grateful to Sharon Lloyd for emphasizing this point.

<sup>33</sup> The desire to sleep (from sleepiness) is periodic and naturally connected with the individual's health. Why isn't it appetitive? (See Watson 1977 [Ch. 2]; I am grateful to Laurie Piper for pressing this question on me again.) I do not have an adequate answer. My hunch is that this desire does not constitute a craving that arises from and is focused on voluntary behavior in the relevant way—but this is too obscurely put for me to have much confidence in it.

<sup>34</sup> Ainslie (1998) summarizes neurophysiological work since the 1950s in this way: Researchers "have found that most or all recreational substances . . . exert their rewarding effect by stimulating dopamine release in one small part of the midbrain, the nucleus accumbens, which is the same site where normal rewards like food and sex occur" (16). That both addictions and appetites involve in some way a subsystem of the brain's dopamine system is supported by Gardner and Lowinson (1993). According to them, "more than three decades of neuroanatomical, neurochemical, neuropharmacological, neurophysiological, and neurobehavioral studies have converged to indicate that brain stimulation reward is largely mediated by a portion of the mesotelencephalic dopamine system of the ventral limbic forebrain" (360). This reward system "is strongly implicated in the pleasures produced by natural rewards

In contrast, I suppose, the desire to breathe and the discomfort of not breathing do not involve the brain's reward system in the same way, but I am not sure how to incorporate these observations into a satisfactory definition of the appetitive.

These are questions about what an appetite is. Another set of issues concerns the contrast between acquired and original appetites. I said earlier that we are naturally hooked on food and drink, but of course what is edible and drinkable (or sexually appealing) is largely a cultural matter. The appetites are not just for indeterminate food or drink or physical contact. What an individual who is hungry or thirsty or sexually aroused thereby desires depends upon specific training and experience. One wants this or that culturally available form of satisfaction.

In one sense, then, all appetites are acquired. Beyond early infancy, the ways we satisfy our appetites are virtually always mediated by acculturated tastes. On the other hand, addictions are in a sense perfectly natural. Our constitution is such that many of us are prone to become physically dependent when exposed to certain substances (or activities?) and to acquire appetitive desires for these. The idea that natural appetites (in contrast to addictions) are unacquired has to be interpreted in a way that is consistent with these truths.

Nevertheless, I think the distinction marks a real difference. Its defense depends on the fact that the social construction of the appetites takes place on a biological foundation of culturally independent needs. This point certainly requires careful formulation and development. Until then, a certain amount of caution, if not skepticism is admittedly in order.

## *Dependence and Attachment*

Addiction often involves what some writers call *existential dependence* (Seeburger 1993); that is, the development of an identity to (for example, food and sex).<sup>35</sup> See also Gardner (1997); Gold and Miller (1997) note that dopamine "antagonists block the rewarding effects of food and water just as they block the self-administration of stimulants such as cocaine" (174).

which the addictive practices are crucial. In this way, devotion to the relevant behavior becomes bound up with the meaning of one's life. Pete Hamill (1994) describes his relation to drinking in this way:

I had entered the drinking life. Drinking was part of being a man. Drinking was an integral part of sexuality, easing entrance to its dark and mysterious treasure chambers. Drinking was the sacramental binder of friendships. Drinking was the reward for work, fuel for celebration, the consolation for death or defeat. Drinking gave one strength, confidence, ease, laughter; it made me believe that dreams really could come true. (146-7)

Breaking the addiction thus requires fashioning a new sense of what one's life is about. Herbert Fingarette (1988) emphasizes this kind of dependence as a feature of alcoholism (though he scrupulously avoids the language of addiction):

For a heavy drinker to make a major change in his drinking patterns requires a reconstruction of his way of life. The drinker must learn over time to see the world in different terms, to cultivate new values and interests, to find or create new physical or social settings, to develop new relationships, to devise new ways of behaving in those new relationships and settings. (110)

Existential dependency is surely one of the most disturbing features of paradigmatic addictions. One's existence might come to be more or less centered around the satisfaction of this appetite, in such a way that one's sense of what is most important in (one's) life is defined by one's addiction, and life without it would seem significantly diminished in meaning. This explains what is often so demeaning about that condition: One becomes *devoted* to what is unworthy of devotion.<sup>35</sup> Still, I see no reason to think that addictive appetites are necessarily bound up with a distinctive way of life.<sup>36</sup> Existential

<sup>35</sup> Seeburger (1993, 50-1) endorses William Burroughs's remark that "junk is not a kick. It is a way of life. . . . You become a narcotics addict because you do not have strong motivations in any other directions." Addiction either supplants whatever had provided meaning to the individual before, or it supplies meaning to an otherwise empty life.

<sup>36</sup> If being addicted to alcohol means having acquired an appetite in virtue of one's chemical dependency, and if being an alcoholic means coming to center the meaning

dependence is a matter of degree. Acquired appetites (like natural ones) might lead to such dependence but they need not to any notable extent. We should not be misled by sensational examples into thinking of this level as a feature of all addiction.<sup>37</sup> It is rarely if ever reached by those who are hooked on caffeine or even nicotine. (But, consider the remarkable example of the literary critic, Mikhail Bakhtin, who reportedly used up the only copy of his book manuscript for cigarette paper.)

For something to be bound up importantly in my way of life, I need not see myself as strictly unable to do without it. It is enough that its absence would leave, as we say, a very big hole. Individuals in this third stage of dependency have an especially difficult time changing. In the extreme case, I might find another form of life unthinkable—I cannot imagine my life without it.<sup>38</sup>

It is useful to see this stage of dependence as involving *attachment* to one's addiction. Life without one's addiction presents itself to one as a grave loss. The prospect of a change is at least daunting, sometimes even terrifying. The sense that one otherwise lacks the resources to cope with everyday life might induce panic. In extreme cases, this sense might amount to an attachment disorder.

### *Dependence and Autonomy*

The difficulties presented by addictive dependency are not necessarily different in kind or degree from other dependencies that we would not want to count as addictions. Attachments that are central

of one's life around the consumption of alcohol, then we ought to distinguish alcoholism from alcohol addiction *simpliciter*. More generally, we should distinguish being addicted to this or that from *being an addict*.

<sup>37</sup> Elster (1999b) refers to this kind of dependency as "crowding out." Elster rightly rejects it as a necessary condition of addiction.

<sup>38</sup> This, again, is a different form of motivational incapacity from irresistible desire. This is an instance of what Frankfurt calls volitional necessity; see "Rationality and the Unthinkable" in Frankfurt (1988). [And see Chapter 4 in this volume.]

to human flourishing make us vulnerable to losses of a similar magnitude.<sup>39</sup> It is not just a question of wanted versus unwanted addictions. Unwise attachments are not on that account addictions.

Existential dependence is not necessarily regrettable. Most of our lives are structured around the appetites in one way or another. They and their expression tend to be dear to us. The pains and perplexities of this devotion sometimes tempt us to ideals of detachment; but on reflection our appetitive lives matter to most of us in ways that we do not regret.

The same goes for attachment to acquired appetites. As we have seen, some people can manage their addictions. Addiction is in principle compatible with temperance.<sup>40</sup> We cannot dismiss a regulated devotion to tobacco or drink as demeaning or enslaving just on the grounds that it involves dependence. That would presuppose an ideal of self-mastery that would condemn much of what we value in human life.

Let me press this point a bit further. I am told that it is possible for a well-supplied heroin addict to live an otherwise healthy and productive life. (It appears to be otherwise with cocaine and amphetamines.) In any case, imagine that this is so for a certain severely addictive substance, *S*, and that in a certain culture, otherwise similar to ours, the use of *S* is not only tolerated but respected as highly spiritually beneficial. This culture regards the dependency on this substance, which is to say, the vulnerability to various kinds of

<sup>39</sup> Seeburger (1993) ignores this point: "What counts in addiction is that one relates to something, whether a substance, a process, a relationship, or whatever, in such a way that one experiences oneself as unable to do without it" (58–9). So much for grand passion (for Vronsky and Anna Karenina) as well as the ideals and attachments of everyday life.

<sup>40</sup> Or at least with continence, which Aristotle distinguishes from virtue proper (*Nicomachean Ethics*, 1152). If addictive cravings are inherently sources of temptation, then addiction is incompatible with the virtue of temperance, as Aristotle conveys it. That would sharply distinguish addictive appetites from natural ones, for the virtuous woman or man will, in Aristotle's picture, have and enjoy the natural appetites. My claim is that a virtuous person could have the same relation to his or her acquired appetites.

diminished self-control, as a small price to pay for the enrichment of human life provided by *S*. Fortunately, *S* is easily obtainable, perhaps even subsidized by the society for religious reasons.

This fantasy makes it clear that the moral significance of an individual's volitional vulnerability depends not only on individual responsibility and the limits of human endurance but also on judgments about the meaning and value of the behavior and relationships that they make possible. In our imagined society, both the use of and dependency on *S* are regarded as entirely fitting and normal, on a par with the appetites for food and drink. The unfortunate minority who cannot tolerate *S* are thought to be missing something. To become addicted to *S* is not thereby to infringe any social or legal norms of self-control. The content of such norms is not determined by an abstract standard of self-control but by a sense of what is worth pursuing in human life. The threat of being deprived of one's *S* is here on a par with the prospect of imminent starvation.

The assessment of addiction as a form of slavery depends as much on norms regarding the value of addictive dependencies as from concerns about self-control *per se*. We tend to see them as demeaning or destructive rather than as possible sources of worthwhile human activity. For this reason, we tend to expect people to avoid those conditions and see the plight created by those conditions as the individual's own fault.

I know of no substance in our culture that has the role of *S* exactly, but there are instructive examples of parallel acquired dependencies which we encourage and honor. I have in mind the various relationship attachments exemplified by parenting or being in love. Like addictions, to be attached in these ways is to be vulnerable to diminished control of certain kinds.

I am not arguing that addictions of any kind should be valued in the way we value the attachments just mentioned. Perhaps we are right as a culture to disrespect addiction. That deserves a separate discussion. My point is that these forms of dependency cannot be disparaged *solely* on the grounds that they diminish self-control, that is, simply because they *are* dependencies. Addictions must be

shown in some further way to reduce the value of human experience or agency. Obviously, countless lives have been ruined by devotion to drugs. On the other hand, addictive substances help many of us to endure what would otherwise be rather bleak prospects.

### *Conclusion*

The concepts of appetite and of addiction are both highly indeterminate. Therefore, any proposed analysis is perforce somewhat regimetary. It would be wrongheaded, then, to object that those who would speak of curiosity as an appetite for learning or of obsessions with chess or music as addictions are misusing the terms. Similarly, those who define the term "addiction" as involving uncontrollable impulses or self-destructive behavior can find a lot of support in both popular and technical discussions. The issue for us is theoretical: What regimentation is most illuminating? Even the answer to this question is partly relative to purposes. It is quite natural for the therapeutic community to work with a normative conception according to which the addicted individual is one who needs help, but these broader and normative conceptions seem to me to obscure connections and differences among the phenomena that the conception of addiction as acquired appetite highlights. This narrower conception enables us to see structural similarities between the clear cases of addiction and natural appetites.<sup>41</sup> These similarities illuminate the connection of addiction with various forms of irrationality (and in extreme cases motivational impairment) and suggest common neurophysiological processes.<sup>42</sup>

<sup>41</sup> The closest relative of this account that I have found in the empirical literature is Loewenstein's (1999) visceral theory. Loewenstein identifies addictions with conditional cravings. Like the proposed account, this view emphasizes the similarities between addictions and appetites and other visceral factors. Loewenstein also emphasizes the importance of cue conditioning for craving. I am not clear enough about the author's conception of craving to venture a more detailed comparison and contrast here.

<sup>42</sup> Elster (1999b) critically discusses accounts of addiction that focus on "phenomenological similarities rather than causal commonalities."

By itself, this conception leaves it open whether and to what extent addiction is a bad thing in particular cases. That seems to me desirable. The issues raised by addiction are not sharply distinct from the issues raised by the appetites in general. In part, these concern our notorious troubles in dealing well with the pleasures of life. Addictions dispose us to be led on and distracted by pleasure, as though it were our master. In extreme cases, they can even corrupt our sense of what evil is, but they can also figure as part of the meaning of a life well enough lived, at least compared to the alternatives. In this respect, too, addictions lie on a continuum with the other appetites.