

ILLUSIONS OF SELF-CONTROL AND THE WEAKNESS OF THE WILL IN CONTEMPORARY TREATMENT OF ADDICTIONS

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From the ancient discussions on how (and if) is *akrasia* possible to today's critical observations on the "sciences of addiction", Philosophy has remained attentive to the questions concerning the acquisition of bad or damaging habits. This is not surprising since addiction comprises, in a practical and theoretical way, various problems related with: our capacity for self-governance towards available goods and customs, the relation between mind and body, the coherence of our beliefs and values, and the conditions of accountability of our actions.

In the last decades, parallel to (and with some interconnections with) its working on the puzzle of the weakness of the will, Philosophy has been hosting an intense debate over the status of addictions. Should these be understood as diseases, processes of a gradual or sudden impairment of one's cognitive and emotional capacities, or instead, even when dependency sets in, the addict maintains the ability to choose, in which case we must consider them a kind of volitional problem, namely weakness of the will. This may seem a vain dispute but it provides a rich thread to revisit classical questions that cross mainly between: philosophy of the mind, epistemology, ethics and practical philosophy.

Intermingled with the question of legal and moral accountability, lie, sometimes implicitly, various assumptions regarding treatment or therapy. Here the debate is not restricted to the problem of free will (compatibilism vs incompatibilism), but concerns also the adequate form of control that puts an end to the series of weak-willed actions. Philosophical discussions have privileged the analysis of weak-willed "actions", over the consideration of the underlying conditions of a disposition of character, seemingly relegated to other sciences¹. Yet, certain psychic and moral dispositions were in the past assumed as essential in discussing recalcitrant emotions and irrational choices, see

¹ There are valuable exceptions, see for instance the how A. Macaro rethinks weakness of will in the context of philosophical counselling (2006: 108-34).

for instance the interpretative tradition of melancholy and *acedia*. In its modern forms, addiction (re)opened a similar line of inquiry.

The idea of self-control [*enkrateia*] as a requirement of therapeutic outcomes has deep roots in western thought, particularly in the teachings concerning the “art of living” and in the practices of the self that predate the notion of psychotherapy (independent from a strictly physiological approach). That conception is still embedded in much of today’s psychotherapies even if both the recognition of unconscious processes (and the denouncing of the mastery of the self) and the increasing awareness of the social dimension of mental illnesses, had a considerable impact reframing that conception of self-control. In this essay, I explore the idea that self-control, particularly based on conscious attention and vigilance, can frequently become a hindrance to overcome some kinds of addiction.

The irrationality involved in addiction consists in “discounting”² significant consequences of present behaviour for one’s future well-being (physical, cognitive and moral). Most of the times, when considering his condition, the addict is able to get a pretty reasonable sense of what is happening with him, acknowledges the way a previously pleasurable experience, sometimes socially accepted and reinforced, has turned into a duty or a despaired attempt for momentary relieve. He is able to deliberate in a change of conduct, but somehow, from deliberation to action something stalls, he is not consequent with his own best judgment. I argue that only with an adequate account of weakness of will and its (supposed) opposite, self-control, one can grasp the problems involved in addiction.

There are some standard explanations for weakness of will. It has been attributed to: 1) varieties of ignorance, which within the history of ideas we can trace back to Socrates (dismissing the consistency of the problem³), 2) a disease or a conflict between faculties, as suggested by late Plato, and 3) to an inability to resist temptation, that supports aristotelic conception of *akrasia*⁴. These are consistent with the old anthropological model of human motivation that presented a dynamic between disordered appetites and reason’s command. The moral psychology of the moderns frames the will on the major terms

2 This term issues directly from economic choice-theory of the “Hyperbolic discount” of future consequences of one’s present behaviour, successfully applied in the understanding of addiction (Ainslie 2001). Unfortunately, I have no space to explore it in this essay.

3 *Protagoras*. 352a ff.

4 *Eth.* N. 1134b; 1146b.

of that dynamic, but opens it to dispute and gradually devoid it from the natural order of things that grounds the ancient model.

Modern society have developed itself, sometimes at the borders of the medical system, modes to recognize addiction as derived from “loss of control” or the “weakness of the will”, leading to (or resulting from) the recursive cycle of consumption of substance or to degrading forms of behaviour. It seems that without adopting a normative framework of what can be considered a worth way to act, one cannot define addiction. Clinical (and informal) practices and scientific discourse tended to converge on a set of ideas on the causes and modes of treatment of addiction syndromes⁵, having as their key concept the idea of the re-establishing of self-control. At the same time, even if behavioural sciences and philosophy of action have raised suspicions and scepticism around the term “will”, at least in the form of a pre-wired modular mechanism, self-help literature and everyday semantics concerning therapy remains centred on the idea of will-power.

Folk psychology, understood as the common reasoning on mental concepts seems to provide an adequate explanation for the causal relation between beliefs, judgments and desires. However, when considering the kind of “pathology” or disorders of human agency in which, as we tend to agree, addictions consist, that model proves inadequate and is assaulted by serious difficulties.

In order to be qualified an addiction, abuse of substances and/or deviant behaviour need a further requirement, both provided by the disposition (and inner experience) of the addict and from third person observation. It is necessary that the behaviour exceeds both what the subject considers enjoyable and manageable; it conducts to evident harm on oneself (one’s health and resources) and, with the increasing need to satisfy the habit, leads to a degradation of social relations, both the relation with significant other and any occupational or professional relation (e.g. Pickard/Pearce 2013: 165-7). Even after recovering from physical dependency associated with some addictions, the subject is extremely susceptible to cues directly or indirectly related with consumption, and only in time, does one experience an ease of mental obsessions related with the previous use. Some types of habits are entrenched on society and can only be considered addic-

⁵ The present inquiry have privileged substance addiction, but its views can be, in most cases, adapted to explore emergent types of behavioural addiction. For a review of this expanding field and its various disorders see: Rosenberg and Feder (2014).

tive if they are pursued beyond a certain degree of frequency and intensity, that is the case in some new typologies of addictive behaviour where the attribution of a disorder can be contended, think for instance in shopping and internet surfing addictions⁶.

Davidson marks a new interpretative tradition that releases the problem of weakness of will from the moral confinement it had been submitted⁷, and puts it at the centre of philosophy of action⁸. He reviews Hare's moral perspectivism and its refusal of the possibility to act contrary to a known better alternative issued from an evaluative judgement. Partially following Hare's internalist assumptions, Davidson comes to concede the possibility of free and voluntary incontinent action, exploring the distinction between unconditional and conditional best judgment. Nevertheless, he considers such an act as necessarily irrational. This reluctance in accepting "strict akratic action" (Mele 1987: 16 ff.), has been interpreted as a sign of "unbounded rationality" that requires for each action an unrealistic examination of beliefs and intentions (Zilhão 2005: 203), and which dismisses the "motivations" (feelings and emotions") as constitutive of better judgement.

A. Mele developed a convincing theory that surpasses some of the blockages of rigid conceptual understanding of weakness of will (1995). This philosopher stresses an always-latent discontinuity between the "motivational force" of desire and the evaluative judgement concerning, that depends on a vast array of factors that include the object's familiarity, "salience" and proximity. This view has empirical and imaginative grounding since some objects appear to be more attractive to the agent by virtue of their salient qualities and accessibility.

One of the problems that we need to face is that when the vicious cycle of addiction sets in, self-control, conceived in its instrumental way, becomes counter-productive. It can even become ancillary to the maintenance of the vice. As remarked by Mele, one must be attentive to the fact that: "some exercises of self-control apparently are not

6 There are in fact varying normative stances grounding the qualification of a practice as addiction across times and cultures, nonetheless it would be inadequate to reduce it to a social construction.

7 Even if it was also used to illustrate the pursue of duty (2002: 30).

8 He also counteracts a certain resistance that grows in the first half of the 20th century regarding the concept of will, not only due to political underpinnings, but mostly as an imprecise concept (Ryle 2009: 55).

performed in the service of a better judgment” (1995: 60). Self-control seems to be a necessary condition for rational or justifiable behaviour, but not a sufficient one. Under some conditions, it is in fact doomed to failures. I will highlight how this is frequently the case in the context of rehabilitation and in preventing relapses. Self-control is always dependent on the principles it follows and the goals it enables, that is what guides one’s thoughts and actions.

In first section, I shall begin by sketching the main distinctions between three types of loss of control or weakness of the will, in order to understand the specificities of addiction. In section 2, I will briefly show how both developmental and cognitive psychology and neurosciences are indispensable to inform us on the causes and mechanisms that enable to explain the traditional gap between motivational forces and the judicative instance that tends to explain the onset and escalation of substance abuse. Without dispensing with conceptual work, those observations support diachronic and synchronic forms of self-control to cope with strong impulses associated with addictive substances and behaviours. In section 3, I hold that an exclusively formal approach to human psychism provides an incomplete conception to counteract the causes of addiction. In the last section, I complement this framework with an illustration of how a particular type of craving for enjoyment or relief, affects self-control. Alcoholism provides the opportunity to observe the gaps and misconceptions between informal forms of therapy and state of the art theories regarding addiction mechanisms.

1. Akrasia, Compulsion and Addiction. Some distinctions

Philosophical inquiries on addiction refer to *akrasia* as a way to clarify the basic structure involved in failing to act accordingly with one’s better judgments (e.g. Mele 2002; Wallace 2006)⁹. But this equation with a unqualified form of incontinence (or weakness of will) can be misleading (Rorty 1980; Arpaly 2002: 43 ff.; Holton 2009: 97 ff.).

In this grey zone between the extremes of free (and voluntary) choices and compulsion, conceptual analyses of practical philosophy run the risk of inadvertently adapt psychological and clinical terms imprecisely. It is no surprise that some of these incursions seem

⁹ A. Mele (1987: 109-120) explored forms of “belief *akrasia*” consisting in practical reasoning’s failure to pursue better deliberation between different alternatives, for instance in cases of rationalization of wrong or damaging conduct.

grounded on a normative view of human action that is both unrealistic and excessively rigid in its “carving of the joints” of the addiction phenomenon.

In this section my task will be to distinguish the kind of weakness of the will that may be involved in addiction.

In order to simplify my approach, I will by-pass the problem of third person attributions of psychic states (beliefs, desires and intentions), based on a given behaviour, discursive and actantial. Self-excuse for enjoying pleasure or achieve relief and subliminal self-delusion on the real (or future) consequences of one’s agency are frequent in addiction. Dishonest or hypocritical assertions concerning the duality and putative conflict between one’s values, what he really cares for, and what he is irresistibly lead to do, are either part of “strict” hedonism¹⁰ or akin to a form of “errant” self-control. This latter concept tailored by Mele (1995: 61-83), refers the exercise of control in activities that collide or oppose with the agent’s better judgment.

Contrary to the strong desires involved in ordinary temptation, in addiction the agent is constantly susceptible to cravings to consume (or, similarly, perform a given behaviour), in order to relieve one’s physical and psychic distress. Even after recovering from physical dependency (as we briefly explain in next section) one remains extremely susceptible to any related cue of addiction. The learning, mostly unconscious, that associates between certain stimulus and reward remains latent, continuously feeds the susceptibility to the obsession with the “high” state.

In addiction we seem to find an involuntary outcome of a series of precedent intentional choices. Contrary to the standard account of *akrasia*, the ability to choose is not shortly impaired but skewed.

In his analysis of the seemingly logical inconsistency of weakness of the will, Davidson (2002: 25) reminded us that Aristotle suggested as condition of *akrasia* that it does not become habitual, that is, a disposition of character¹¹. The incontinent action, also due to its intermittence, must somehow come as a surprise for the agent himself. Akritic action is intentional, which means that practical reasoning

10 We can think on the “wanton addict” characterized by H. Frankfurt (1971), or its popular improvement in the economic theory of choice, the “rational addict” that, due to a supposed devaluation of the future, thinks the gains of the high compensate its future consequences (Becker/Murphy 1998).

11 In order to be *akrasia*, Aristotle sustained that this type of action cannot become an habit, otherwise one would be referring to a vice.

deliberates between two viable alternatives to act, following the worst, freely and voluntarily. This condition excludes overwhelming emotions, that entirely obstruct one's ability to formulate judgment, from consideration¹².

This selection among alternatives, that characterizes *akrasia*, is not present in all instances of weakness of will, that can be thought not as a process of selection of a given action (deliberation), but as a concession that undermines previous resolutions and commitments (McIntyre 2006). Temptations, the kind of cravings associated with addiction, are not properly marked by overcoming better judgment, concerning for instance one's future self, but by a corruption of it.

Contrary to the traditional conception of *akrasia*, where we are dealing with a *reflexive breakdown* – due to its incoherence with one's beliefs and judgments –, the failure of self-control in preventing or counteract addictive behaviour, abiding one's overall best judgement, puts us into question as self-interpreting beings (Lear 1999: 81-82). The agent has all the significant information of his own problem (and its typification), but is still unable to attain enduring change. At the same time, the addict is subjected to urges or impulse that, when non satisfied, slowly transmute to painful withdrawal symptoms. Here we can follow R. Wallace's (2006: 167ff.) summary of the main features of the so called A-impulses (or A-desires) that escape and determine one's intentions: they are persistent if not satisfied; they are urgent cravings; are associated with pleasure and pain (both physical and psychological) and come to alter patterns of neurophysiology.

Watson argued that: "weakness and compulsion are on a par. The intuition that the agent's will is too weak, whereas in the other case [compulsion], the contrary motivation is too strong, appears to rest on an illusion" (1977: 328). However, at least in instances of addictive behaviour, weakness of will can be distinguished from uncontrolled and non-intentional impulses, utterly indifferent to one's beliefs, judgment and commitments. In addiction the individual seems to be minimally able to choose, and, at least prior and after indulging on his habit, he is sometimes keenly aware of the worth of his action,

12 There is a frequent confusion between weakness of will, one's wavering resolutions, as being equivalent to be irresistibly overcome by one's emotions. As famously remarked by Austin (1961: 146), one can indeed think on innumerable cases where an agent follows the worse judgment not by virtue of compulsion, but by calmly reflecting on one's preferences. One can attribute these preferences to a form of recklessness (moral weakness) but that is not necessarily the case.

namely the way it conflicts or goes against his judgment of what would be, “all things considered”, best. A compulsion can result from an unsatisfied appetite, independent from one’s will, and relatively indifferent towards one’s acquired tastes. Compulsion is a transitory predisposition that does not necessarily means dependence nor self or other’s harm¹³.

In prolonged substance dependence we have a different picture, even if one is willing to concede that some desires have striking similarities with compulsions¹⁴. And the difference seems to be also temporal, for if we grant it to be truth that compulsions *are* by definition irresistible, addiction (may) *became* irresistible. For that same reason, one’s retrospective understanding and evaluation of compulsion and addictive behaviour is also different, even when they are characterized both by an involuntary cause. In the case of compulsion, we seem to be dealing not with a loss of control but something more along the lines of absence of control.

2. Motivational force and executive functions

Behavioural and Neurophysiological sciences are two indispensable sources grounding this conception of the mechanism of choice, the first deriving from classical studies on conditioning, the latter evolving to structural and functional neuroimaging methods (Ainslie 2001: 13-27).

W. Mischel has recently revisited the trajectory of what became known as “the marshmallow experiment”, a test that was first conceived and latter implemented in the late sixties (2014)¹⁵, that measured the ability of preschool children to refrain from the immediate gratification in view of a greater reward¹⁶. From the refinement of the

13 Contrary to a widespread conception that addiction is something that we can’t think along similar lines of a “victimless crime” it is never the case that it is harmless, not only for oneself but also to other’s, constituting a major public health problem.

14 Think for instance on the automatic compulsion to wash one’s hands in OCD and the way a crack addict arranges all his associated paraphernalia.

15 It draw both John Bowlby observations of breakdown of attachment in children and Mary Ainsworth research on the “strange situation”, namely the alternative reactions of despair and distraction.

16 A problem with the first version of the marshmallow test was that it only accessed selective and control behaviour under the perspective of different amounts of the same thing, it was based in cumulative reasoning. In its late versions, it was improved accessing the evaluative reasoning between incom-

test, its longitudinal application and follow ups¹⁷, a significant correlation was found between the ability of a young child to wait longer for a greater reward (instead of immediate consumption of a lesser reward) and their capacities as adults, not only in resisting impulsive behaviour, but also to cope with frustration. Putted this way, this hypothesis seems a behaviourist formula for personal achievement that partly confirms the Freudian ideas on the role of “delay of gratification” in psychic development. Mischel himself concedes that the subscription of this correlation between early manifestations of “will-power” (its strategies) and latter success and adaptability are not necessarily a fate (social determinism), an immutable script, genetic, biological or social, that predicts one’s abilities. However, the few exceptions seem to confirm the general rule. According to Mischel one can only prevent this correlation in a great scale by implementing education reforms that reward the attentional capacities children in early years.

Some strategies to overcome conflict, not give in to temptation, where spontaneously used by children at young ages: ritual avoidance and distraction from the object of desire, focusing attention on its objective/neutral properties instead of “salient” (attractive) features of the object. Developmental psychology shows the effectiveness of some of these techniques, like for instance “framing” the object. It also points to the importance of communicational suggestion, and the possibility of a kind of automatization of the “hot system” with “if...then” clauses.

Similarly to Mele’s view, intrepid emotions can be put into service of detained judgement, by diachronic counterconditioning: 1) replacing with something similar 2) vividly imagining its negative effects 3) making a social contract or a commitment with someone. The challenge is to pass from an effortful counteracting of impulses to an automatic, i.e. non-conscious management (Metcalf/Mischel 1999).

Another point that is worth considering, regarding the basis of motivation, is in my view insufficiently addressed by both Mischel and the cognitivist tradition (see section 3). “Self-control” cannot be

patible things, by exploring the tension between the execution of difficult or boring tasks and the possibility of play.

17 “I had no reason to expect that how long a preschooler waited for marshmallows or cookies would predict anything worth knowing about their later years, especially since attempts to predict long-term consequential life outcomes from psychological tests very early in life had been spectacularly unsuccessful” (Mischel 2014: 12).

reduced to a capacity that needs to be trained, making it in somehow automatic, through recourse to techniques of distanciation. One can only make waiting be worth if there a latter gain is expectable, if it “pays off”, if this expectation is uncertain and its is highly improbable that a greater reward is to be expected, one is lead to consume or pursuit something that is readily available, “at hand”, not risking to lose it all (Mischel 2014: 34-5).

Neurophysiology of addiction has been essential to explain how substance abuse and some types of behaviour alter one’s normal reward system, altering and dominating one’s patterns of decision. Within studies devoted to gratification and the capacity for self-control, *ego depletion* theory has gathered wide agreement. It holds that in addiction, system II, with its limited capacity for conscious attention and control, comes under attack of impulses and repeatedly relinquishes control in favour of the automatic activities of the system I, related with automatic processes (Baumeister 2002)¹⁸. This points to the hypothesis that the resolutions of addicts slide under temptation not necessarily due to a weaker will, but by virtue of their greater exposure to certain stimuli.

According to this scheme, it is doubtful that willpower can be considered as a faculty in the sense of providing a unified stance of self-control. If we are to conceive something as a willpower distinct from “conative impulses” and having a saying in practical deliberation, it is to be conceived not as a modular mechanism but a disposition requiring active exercise. R. Holton maintained that, properly understood, willpower refers to the ability of an agent to stick with one’s intentions and resolutions unless there is a reasonable justification for give them up (2009: 77-86). It refers a form of diachronic control over desires and intentions, occluding the menaces to their maintenance in future judgment and resolving “intertemporal conflicts”. As stated above, some of its basic techniques can be acquired in a young age in order to resist temptations (and dealing with frustration), and it seems plausible that, with the development of one’s cognitive and emotional capacities for evaluative judgment, namely the ability to acknowledge future consequences of actions, these skills are improved.

As emphasized by T. Schroeder (2013), recent neurophysiological data suggests that if we are to fully understand how substance de-

18 For a fuller account of this distinction between systems I and II, and some of its consequences for practical philosophy, see Levy (2006) and Holton (2009: 54-55, 128-136).

pendence takes hold of someone's life, we cannot simply say that addicts "desire" their enjoyment¹⁹, and not just in the sense that it has turned into a tantalizing torment that requires increasing frequency and quantity.

According to Schroeder's hypothesis, despite desiring the pleasure associated with the intake, addicts "do not desire them as much as they seem to. This is why they often act irrationally in choosing to use" (2010: 391). The problem with this perspective is that, by the nature of addiction itself, it follows that only when one has developed the dependence is he able to, also due to his first-hand experience, devalue a certain good that is no longer a sign of genuine pleasure but of despaired relief or imposed obligation. We can concede that some types of drugs plow a profound and unique path of reward, forming associations beyond conscious learning. But even if their repetitive intake alters the reward sign generation within the brain, enjoyment associated with the consumption cannot be fully taken out of the picture of one's cravings. Besides, it seems then that it is better to resume with the ordinary view that the addictive behaviour was not rational right at the onset, since the pursue of pleasure and satisfaction did not considered its long-term effects²⁰.

Wallace pointed that in this type of research, grounded on the relation between the limbic system and the prefrontal cortex, what he called the "hydraulic model"²¹, one is not facing a theory of action, given that the individual is a plaything of desires independent from intentional experience (Velleman 1992). Wallace's critique on decision and regulation theories that provide pre-conscious mechanisms with an explicative force of human actions draws on the danger of reducing the subject to a resonance of external impulses. In non-addictive forms of desire, no matter how strong one's cravings are, one can

19 The apparent contradiction is that: "[f]ollowing the conventional wisdom (...) it would seem that addicts are often rational in choosing to use their addictive goods" (Schroeder 2010: 391).

20 In support of this view we can observe that modern society (namely through the medical systems) has typified the major epidemics of addiction, enabling an increasing conscientization on the risks of dependence and future harms, involved in the consumption of certain substances (and behaviours). I hold this to be truth even if, in more liberal states characterized by regulated economic systems, the individual is able to make his choices but he is also ideologically compelled to some consumptions and practices.

21 Dealing with the same problem, Holton traces back this perspective back to Hume view of the influence of passions on one's reasoning and deliberation (2009: 112 ff.).

reconsider his impulses and, with “strength of will”, make them concordant with one’s values, eventually restoring “internalist” claims. However, in cases of severe addictions to certain substances, but also to some kinds of behaviour, beyond a certain degree obviously correlated with one’s neurophysiology and personality, cognitive and emotional abilities are impaired to a completely different level. The author recognizes the need to provide a phenomenological conception of these strong desires, “the way things seem experientially to the person is on their grip” (Wallace 2006: 181). However, by privileging a cognitive model that understands cravings associated with dependency as resembling perceptions of anticipation of pleasures or discomfort, he fails to recognize the neurophysiological bases of dependency, the way the reward system is not only merely altered but “hijacked”. An ordinary argument, for instance based on the conditional “if...then” reasoning, that exposes to oneself the future rewards of abstinence is certainly important, but by itself, it will be unable to deterred the addict from pursuing a certain behaviour of “fulfilment”, normally, so we assume, motivated by strong impulses. Generally, once an addiction as begin to impair one’s capacities the “gain” provided by the habitual behaviour tends to lose its initial pleasure being gradually replaced by the need to prevent physical pain and mental “dissonance”. It leads to a process of escalation of consumption, the vicious cycle: urgent craving → relief → feelings of guilt and shame → withdrawal symptoms (∞).

Therefore, even if Λ -impulses resist “beliefs and desires ordinarily implicated in self-control” (Wallace 2006: 175), some techniques and therapeutic programs seem to be effective in counter their urges. Hence, in order to achieve autonomy, the strict distinction between the motivational force and the practical judgment must be somehow eased. In fact: “[t]he important thing is not to assume control” (Pettit/Smith 1993: 77).

3. Just say no? Questions concerning the lack and excess of self-control

Statistics suggest that, in the transition to adult life, the large majority of substance abusers during adolescence, come to spontaneously abandon or reduce their use to manageable levels (e.g. Wall and Morland 1999: 121-26; Kennett 2013). The persistence and aggravation of the phenomenon, and the inability to deal with distress of withdrawal, is as a rule, associated with the existence of previous social-exclusion and/or psychiatric conditions (Heyman 2009: 65-88;

Pickard/Pearce 2013). For some kinds of substance and behavioural addiction, the medical and the correctional system are their invariable checkpoints.

As J. Kennett (2013) rightly pointed, the neurophysiological model is incomplete without accounting for the social side of the motivation, not only to refute abstract theories of practical choice²², but also because self-control is not solely dependent upon processing capacities. Otherwise, one could be merging “errant self-control”, that characterize the ordeals that the addict go through in order to get high (or simply be relieved from withdrawal symptoms), with the will to pursue values and deliberations formed by evaluative judgment, i.e. normative form of self-control.

In some sense, maintaining addiction requires one’s strong will to overcome all the obstacles to continuing consumption when one is aware of the decaying of one’s body and cognitive functions, of the deception of significant others, financial ruin. This picture of an extreme narrowing and curtailing of one’s potentialities due to a very resolute pursuing of one’s dependency, indicates that in a certain sense the term “weakness of will” can be infelicitous. Off course that “weak” can be used not only for the inability to maintain resolutions along different moments and circumstances, but also in the sense that one prefers a poor conception of living or simply disregards it in favour of a “moment to moment” reasoning (Bechara *et al.* 2002).

In most of the addictions the capacity to maintain commitments, or even resolutions, tends to become severely impaired since the agent is strictly moved by a form of “synchronic well-being” (Kennett 2013: 155). The participation of the individual in different social systems (familial, professional, political) requires a coordination with different sorts of expectations, but they have in common the need for planning and regulation according to changing circumstances. The addict can only attend to those duties superficially and/or intermittently²³. What the strictly cognitivist approach fails to understand in

22 As done by Levy himself (2007: 36): “[b]ecause the environment in which attempts at self-control are made is so crucial to their success or failure, focusing on the individual in abstraction from that environment is misleading”.

23 The “core trait assumption” is infirmed when one considers the participation of a psychic system in different social contexts, where one displays distinct patterns of self-control: familial, social and professional. But even these distinctions can become blurred in processes of addictive escalation, where one’s roles are successively underperformed. Addiction, by definition, presents the extreme case where character and motivations inflict in all the roles one is presupposed

order to produce a break in the vicious cycle is that the biographical circumstances and the socio-economic factors of the addict's life play a decisive part not only on the etiology of the addictive behaviour, but also in the prospects of recovery.

A significant force counteracting recovery from addiction is resignation. This can have roots in one personality and biography since addiction sometimes is the way found to cope with various kinds of difficulties, but is normally enforced by the larger social context. Resignation can be even justified as a rational choice since, even if the addict abstains, positive outcomes in a close future are highly doubtful, and addiction frequently helps to endure other sufferings and burdens.

4. The case of alcohol addiction

I've choose to approach alcohol addiction as an illustration of this inquiry on the problem of self-control given: 1) its rich and well documented history of experimental and theoretical approaches, 2) its dissemination and heterogeneity as a social and cultural problem, 3) the way it entails immediate and long-term harmful consequences (for oneself and others), and 4) the ability of patients to account their experience.

This latter aspect, mitigated in some addictions, is frequently discredited, however, it is crucial to understand the importance of the personal context in addiction (Heyman 2009: 44-54). It seems keenly present in alcohol dependence where the dynamics between the evidence of health and social damages – the awareness of the restriction of one's potentialities – and the recursive transition to the state of vigilance, produce clear-headed accounts of an endless inner battle. No wonder then that alcohol consumption, as a “full blown action” (free and deliberated) of acting against one's better judgment, was thought as a viable example of genuine weakness of will (Bratman 1979: 156-7).

In his cybernetic model of the recursive abuse of alcohol, Bateson (1987) suggested that in the transition from sobriety to the drunk, the alcoholic oscillates between incompatible (or even antagonist) self-states, almost different epistemologies. One marked by the features of individualization, rivalry and competition, the other by a sense of

to perform and, in the long run, comes to consummate them. Therefore, in severe addiction one cannot distinguish between personality and function.

belonging and complementary union with the world²⁴. Of course that with the advance of addiction the need to prevent the discomfort of withdrawal seems to overtake a real pleasure and relaxation associated with drinking. Bateson noted that the kind of changes offered by Alcoholics Anonymous [AA], and even psychiatric clinics, is exclusively invested in the reinforcement of only one side of the distinction, the side of self-control towards drinking. That is to say, it reinstates the sober state. Similarly to the “ego depletion” model, the eagerness to maintain self-control and its, most of the times surreptitious product, the pride, in competitiveness with others, can be the decisive spark that triggers relapses. This means that the alcoholic remains within a double bind between two states: one characterized by the mental obsession with the booze, even as a “dry alcoholic”, the other identified as the disapproved runaway behaviour. The latter not only justifies control but can also put an end to what we can describe, in a contorted formula, as a self-testing to self-control that increases frustration.

To escape this distinction, this duplication of the already problematic partition between mind and body, one needs a new setting not reduced to conscious self-control, working also on the motivational system. G. Barnes (2009) that continued Bateson’s project, proposed a hypnotherapeutic model that prepares the conditions for that transition, promoting not only conditions of symmetry but also of complementarity. Here again, instead of a rigid reinforcement of a processing capacity, proposed by the major cognitive approaches, therapy proceeds by creating the conditions for an effective appeasement of unconscious processes. This intervention on the previously “learned” memory of the link desire-reward, takes place within a larger framing than conscious control promoted on the counselling relation. It requires an all-new positioning of the individual within the community.

With a different perspective, O. Flanagan (2013 b) has recently maintained that the “twelve steps program” of AA’s was conceived as a response to hard-core alcoholics, moulded on a religious conception of grace. Flanagan sustains that the program cannot be entirely reduced to a brainwashing of the participants on their sessions, but surely depends on a compulsory reinstantiation of outdated dogmas. The philosopher grants that talking therapy, some traces of cognitive behavioural therapy and a close bond with a sponsor (someone that the alcoholic must contact in case imminent relapse) can be seen as

24 This general account of the transition is present in phenomenological descriptions of various types of addictions (Heymann 2009: 64).

grounding its efficiency. However, demanding relinquishing of will-power and self-control in favour of humble submission to a higher power, AA goes well beyond psychotherapy, demanding a full commitment for a spiritual conversion. It is interesting that Flanagan considers that this type of commitment may be adequate for a kind of inveterate addiction with low bottoms. And here Flanagan probably agrees that maybe the kind of moral perfectionism that sustains this doctrine of lifelong abstinence and its self-fulfilling prophesy, not only tends to cover exceptions but also burdens the subject with an excessive anxiety of control. But with the diversifying forms of consumption and degrees of addiction a *via regia* for abstention or regulation of consumption is highly questionable both in terms of its adhesion and in its efficacy (Flanagan 2013: 90-1).

In recent decades the idea of addiction as a disease seems to have taken the upper hand both among the medical community and in public opinion. This has certainly contributed to reduce social stigma, but at the same time the classification as a disease does not seem to have been accompanied by an integration between clinical and informal models of treatment. The problem to which Flanagan is particularly attentive is that the will and responsibility cannot be completely put out of the picture of addiction, for, even if minimal, there is a certain level of control of the modes of consumption. However, this must not lead to an obliteration of the studies in Neurophysiology that indicate differences between choices made under dependency and normal decisions or even strong desires. These are physical correlates of what is a distinctive difficulty in refrain cravings and control attention when facing an addictive impulse.

Perhaps the opposition between Bateson's and Flanagan's account is only apparent, derived not only from the different socio-cultural setting they address, but also the kind of observation. One attending to multilevel patterns of a ecology, the other a first-person experience of dependency. Ultimately, both views seem to complement each other since their critiques, of the outcomes of pride of self-control and the kind of learned helplessness of a rigid spiritual path, open to an approach more adapted to the different types of addiction.

Some conclusions. An adequate framing of self-control

We have seen that, given the complex nature of its recursivity, addictions require a particular approach to the problem of weakness of will. I tried to explore: 1) the "motivational force" of dependency is more "rigid" than in cases of ordinary temptations (regular or not), 2)

it presents a clear oscillation between what one evaluates as better and the cravings (sometimes identic with compulsions). To identify addiction with *akrasia* seems untenable since one's choice, even if intentional, cannot be fully accounted as voluntary, for they result from a constraining of one's willing ability. At the same time, it seems evident that, despite Watson's critic, addiction is not completely involuntary, not only because initially it was in one's power to follow one's best judgement, but also because that possibility never entirely absent.

Against conventional illusions regarding willpower, I argued, along a pathway alternative to psychoanalysis, that recovery from addiction requires special planning of self-control, mostly based on interpersonal resolution/commitment and a cognitive and emotional change of expectations (in different social systems), in order counteract one's cravings.

Self-control or the ability to act following one's deliberations under the availability of immediate gratification, requires both an identification with social expectations and, as underlined by recent studies in economic decision theory, and adequate level of identification with one's "future self".

It is worth noting, particularly in order to temperate some neurophysiological accounts, that indulging in one type of consumption and behaviour is an inherent aspect of addiction. That is to say, even if we consider that the agent is no longer moved by desire, but simply by the need to appease the dysphoria, his own linking of the rewards provided by the use cannot be discredited (even if it was really enjoyable only prior to the consummation of dependency).

The recent emerging of the metaphor of the dynamic system I and II (and its variants), can be somehow understood as the neurophysiological counterpart of models of reasoning subscribed by some philosophers of action. In common, they have the need to assure control over one's deliberation, particularly in the translation of values into action. However, the circumstances of addiction require a larger "regulating mechanism", able to account for the vulnerability to a certain stimuli/action. The power of the will is in fact the engine enabling resistance to particular stimuli, but it is empty if not grounded in a larger scheme. In those cases, an adequate sense of control can only be achieved through a long restructuring of one's epistemology.

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Abstract

Addictive behaviour constitutes a serious enigma to action and moral philosophy as to theories of rational choice. How is it possible that someone pursues a desire that has been repeatedly experienced and reinforced as contrary to one's better judgement? According to a general view, addiction stems from the loss of self-control attributed to its increasing undermining by strong cravings. However, in both substance and behavioural addiction, one's ability to make choices is not entirely impaired. One is able to pursue some intentions, despite of the fact that addiction leads to a derailment from normal life, undermining relations and roles constitutive of identity and agency. Therefore, it seems that self-control is not completely absent but it becomes somehow "errant", not oriented by an adequate appraisal of the future, and even maintained in order to fulfil what has become an overwhelming need. This has recently been explored as an unbalance between motivational and evaluative assessment, *i.e.*, a particular form of weakness of will. After determining the specific kind of weakness of will associated with addiction, I will try to understand in what terms can self-control be conceived in order to produce therapeutic outcomes. The case of alcoholic dependence will serve me to illustrate the concurrent forms of self-control subscribed by both sciences and therapies of addiction.

Keywords: self-control, addictive behaviour, willpower, decision-theory, alcoholism.