

Hegel on addiction

Article (Accepted Version)

Deligiorgi, Katerina (2019) Hegel on addiction. Hegel Bulletin. ISSN 2051-5367

This version is available from Sussex Research Online: <http://sro.sussex.ac.uk/id/eprint/80210/>

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

Copyright and reuse:

Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Hegel on Addiction

Katerina Deligiorgi

...we all know that the fix, the cure is the same thing that hurt us. The cause is the cure and the cure is the cause.¹

Hegel has not written about addiction.² He has, however, written about action and it is our understanding of action that the phenomenon of addiction tests; it is not clear, for example, how, or indeed whether, one may apply notions such as choosing and willing in the context of behaviour that is dominated, perhaps determined, by someone's addiction. My aim in this paper is to show how Hegel's theory of action can usefully complement theoretical analyses of addiction and help address important philosophical questions that arise out of these analyses.

Since both addiction and Hegel's account of action are large topics, some clarifications are in order about the precise direction of the paper. One obvious path I shall not take is to engage with Hegel's discussion of habits. The reason for this is that despite the use of terms such as 'habit forming' in the context of addiction, the feature I am interested in is not the formation of the habit but the degree of involvement of the agent in her addiction, her pursuing a course of action in the knowledge that, as the anonymous addict in the quote above puts it, 'the cure is the same thing that hurts us'. I want to examine *how* someone can know that she is pursuing something hurtful and yet do it, despite also, possibly at the same time, not wanting to pursue it. Although I will try to motivate this question, by showing that the mere task of defining addiction naturally leads to considering its agential structure, I do not plan to take a position on the debate of whether controlling one's addiction is really a mental or physical matter; all that is needed for my purposes is to accept the rather uncontroversial fact that addiction has mental and physical parts.³

In the first part of the paper, I introduce some of the current discussion about addiction using both scientific and philosophical sources. The main difficulty is finding a way of defining the phenomenon of addiction that is informative and explanatorily useful. I argue that these descriptive aims cannot be served without addressing the need to say why addiction is a problem and for whom; this introduces the agential and evaluative aspect of the analysis. In the second part, I outline the main elements of Hegel's theory of action, focusing on his version of the doctrine of action under the guise of the good. In the third and final part, I bring the two discussions together, and sketch an agential model for understanding addiction.

¹ Hammer et al 2012, p.12.

² Hegel has written on mental disorders and their treatment in EM 137. EM: *Encyclopedia, Philosophy of Mind*, A. V. Miller transl., references to the English 1988 edition.

³ See the controversy following Ameisen's 2009 book, in which he uses a drug, baclofen, to 'suppress' the addiction (p. ii).

1. Some puzzles about addiction

I described at the outset addiction as a ‘phenomenon’, that is, something with observable features, such as characteristic behavioural patterns, a causal profile and so on. This description leaves out what is most important from the personal and social perspectives, namely that addiction describes things having gone somehow wrong for the agent; the addict is, first and foremost, a patient in the psychological literature, that is, as afflicted and not in full control of her agential powers.⁴ The purpose of this section is to give a more precise description of *how* things go wrong for the agent who is an addict.

1.1. Addiction: what it is, what it might be

The first thing to note in attempting to pin down the problem is that addiction is a relational notion, it describes a relation of someone to something. In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)—both IV and 5—the thing in question is some substance, such as drugs or alcohol. DSM IV defines addiction as substance dependence, which is in turn defined as maladaptive substance use leading to significant clinical impairment. The more recent edition, DSM 5, describes addiction more neutrally as a substance use disorder. ‘Disorder’ is an umbrella term that covers all sorts of impairments, from health problems, to failure to meet major responsibilities at work, school, or home. These impairments, in turn, come in degrees, from mild to severe. So for example an addict can suffer only mild impairment to her health and social life, and therefore function on a daily basis pretty much like a non-addict. Recognition of this possibility makes the phenomenon of addiction rather tricky to capture, since the boundary between functioning addict and non-addicted substance user is vague.⁵ It is also worth noting that the relation of the agent to some thing need not be a relation to some substance; it can be a relation to some activity, such as gambling for example, which can also produce impairments of the sort mentioned in the DSM. One positive upshot of this inconclusive diagnostic discussion is that addiction is a relational concept, it is about some agent’s relation to things or activities.⁶

Characteristic of the disorderly relation of the agent to the substance or activity to which she is addicted is its chronic character. In medical diagnostic terminology, the contrast is with acute conditions, which have sudden onset and usually limited duration. Addiction describes something that endures and perhaps even develops over time, hence the notion of a relapse is applicable here, which means that the addict falls back into the pattern of addictive behavior after having stopped for a period. The temporal aspect of the phenomenon further complicates the task of setting clear definitional boundaries between addict and non-addict.⁷

⁴ See Hammer et al 2012 for testimonies from addicts.

⁵ I use ‘vague’ here as a descriptive term.

⁶ Shelby (2016) takes the relational concept in a very interesting direction arguing that addiction is not a relation between two entities, but rather it is a system of processes aiming at equilibrium; to my mind descriptively this is the most promising recent account of the matter. I am grateful to Stephen Setman for drawing my attention to Shelby’s work.

⁷ Matters are further complicated by the popular use of the term ‘addictive personality’ which sees addiction as a feature of someone’s character that can be detected retrospectively i.e. post-addiction, so if this terminology is accepted, we could have cases of addicts who have not yet had any encounter with the substance or activity to which they are fated, so to speak, to become addicted. I treat cautiously the term ‘addictive personality’ despite its popular appeal because of

Studies in the neurobiology of addiction promise to help pinpoint the mechanism of addiction, and so explain how some relation to a substance or activity can be out of the ordinary and therefore count as a disorder. The basic explanatory hypothesis, put forward in the early twentieth century and still largely accepted, though not undisputed, is that rewarding systems in the human organism are being usurped by various substances or activities.⁸ Subsequent research has focused on identifying these systems both at the neurobiological level and behaviorally, with a view to explaining not just how this usurpation happens and so what can be done about it at the chemical level, but also *why* it happens, what moves people to do things that *allow* their rewarding systems to be hijacked in this way. A 2013 survey of this material in *Current Opinion in Neurobiology*, shows that a unified picture of addiction, let alone the identification of its causal mechanism, is not within reach and may no longer even be a guiding goal for research.

As it turns out then, the definition given in the DSM 5 is really a wrapper for a varied phenomenon.⁹ Still both in everyday and medical contexts, we do mean something when we use the term 'addiction'. The term that seems best to capture what we mean is 'compulsion'. Although talk of 'craving' has fallen out of fashion in the medical and psychological literature, compulsion is routinely used to characterise the relation of the addict to the thing she is addicted to. Here are some examples, which cover almost a fifty-year span of literature on addiction:

Eddy et al. 1965, 724: 'Strong psychic dependence, which manifests itself as an overpowering drive or compulsion to continue taking the drug and to obtain it by any means, for pleasure or to avoid discomfort'.

Jaffe 1975, 285: 'a behavioral pattern of compulsive drug use, characterized by overwhelming involvement with the use of the drug'.

Modell et al. 1992, 272: 'The data suggest that craving shares specific features in common with the obsessions of obsessive-compulsive disorder and that the existence of craving is dependent on the presence of obsessive thoughts about drinking. Positive correlations between craving and measures of compulsive drinking behavior also were found'.

Hyman and Malenka 2001, 695: 'the most serious consequence of repetitive drug taking, however, is addiction: a persistent state in which compulsive drug use escapes control, even when serious negative consequences ensue'.

Everitt and Heberlein 2013, 263 'animal models of addiction ...provide greater face validity for the clinical disorder, allowing the capture of the transition from initial, controlled to compulsive drug use, as well as relapse after abstinence'.

the danger of explanatory vacuity pointed out in Amodeo (2015). Once again, I owe this reference to Stephen Setman..

⁸ For different interpretations of the basic biology of addiction, which use evolutionary theories or alternative theories about the role of dopamine (the go to reward chemical), see Newlin (2001) and Zellner Watts Soms and Panskepp (2011).

⁹ There is a general tendency in the study of behavioural phenomena to start off with stark concepts and then, as the study of the phenomenon progresses and our understanding of it improves, to use more descriptive sorting concepts and less sharp demarcations, e.g. shellshock transforms to combat fatigue and then to PTSD. In the case of addiction, substance dependence becomes substance abuse, then use with features that *can* lead to various impairments, which come in different degrees of severity.

The resilience of the concept of compulsion is noteworthy given the transformation of the discussion about addiction shown for example in the differences between DSM IV and DSM 5. Abstracting from the immediate context of how compulsion is used in the examples given above, that is, to describe addictive behavior in general, specific addictions, or stages of addiction, it is easy to see why compulsion remains a useful notion: whatever else needs saying when talking about addiction, it seems to matter to make space for the thought that the addict has an urge to do something that overrides her other wants and can be said to be somehow forced to do whatever it is she does.

1.2. Compulsion: what it means

Although it may be useful to use compulsion to describe an aspect of addiction that most find problematic, it is still not clear what ‘compulsion’ means in this context. The simplest and strongest sense that can be given to compulsion is that there is nothing anyone can do about stopping or altering the behaviour. I think that this cannot be what some of the people cited above mean by compulsion not least because their diagnostic effort is part of a broader aim, which is precisely to do something about the condition they seek to describe. More generally, the existence of programs of rehabilitation and treatment, and of recovering and recovered addicts suggests strongly that the behaviour is alterable. In addition, of course, many jurisdictions treat addicts as culpable not as unfortunate victims of forces beyond their control.¹⁰ Obviously, one may want to take a radically revisionist line that both treatment and punishment are misguided. The conceptual underpinning for such move would be that it is simply contradictory to think of a type of behaviour that both can’t be helped *and* is subject to someone’s will (see Corrado 1999:581). I shall return to the issue of willing shortly; for the moment, I shall examine what sense can be given to ‘there is nothing anyone can do about it’.

Consider the following two examples of things that happen to an agent and which can’t be helped.

Pull. Jan walks by the riverbank. She is not floating upwards because of the pull of the earth’s gravity. She can’t help it. In fact, she does not even think about it.

Push. Jan missteps, slips, and falls in the river, which has very strong current. She can’t withstand its force. She can’t help being pushed downriver.

The examples are of forces that pull and push the agent in ways she can’t help, in the sense that she can’t resist them. But these forces *can* be acted upon, and counteracted, by other forces; for instance, given a gadget with sufficient lift force, Jan can be propelled upwards. Once the mechanics of the relevant forces are known, they can be exploited to some end. In both cases, of course, circumstances can be such that there is nothing anyone can do about it, but this is not an intrinsic feature of the situation. It seems to me that compulsion in the case of addiction may be more fruitfully treated as a force such as gravity in the pull and push examples. It may then be approached as a technical problem, as a disorder of forces, in which one or more forces are active on the agent and which can be counteracted, given sufficient understanding of how these forces work. The gain

¹⁰ Some psychologists working in this field appear to be aware of this, but then they have very blunt conceptual tools, compulsion or freedom and nothing in between. See Vohs and Baumeister *Addict Res Theory*. 2009: 17(3): 231–235; see too Charland 2002.

is a conceptual shift from a phenomenon that by definition nothing can alter to one that is alterable. In practice, addiction, just like other technical problems, *may* be currently not soluble or not soluble for every case, but this is an empirical fact.

One difficulty with this interpretation of compulsion is that it seems unlikely that a suitably reductive model of the phenomenon of addiction can be identified given the number of fields—and hence of candidate forces and counterforces—that are relevant to the study of addiction and which range from social and environmental to neurobiological.¹¹ Now it may appear that this is an unfair criticism, since the overview of what we might be talking about when we talk about addiction shows this to be possibly irreducible phenomenon. Certainly the meaning of ‘addiction’ is of a complex relational phenomenon, which as such, resists a simple definition. The reason for this is that we can point to a number of things in the world that play a role in the phenomenon and reduction, in the sense of identifying a single cause, is possibly a misplaced ambition in this context. However, reduction can remain a useful explanatory aim, if it is understood as translation from one system of talking about things to another system; this understanding of the explanatory task does allow for complexity and, generally, most interesting theories of human behaviour attempt just that kind of reduction.

In any case however, my concern is not with explanation here, but rather with what might be called a *de jure* concern, on what grounds do we call the disorder of forces a disorder? The disorder of forces model of compulsion treats addiction as a technical problem, of discovering the right combination of counterforces to it. This is absolutely fine and practically of obvious use to help those who are subject to such forces. Fundamentally the questions raised are of the form: given some state *a* we take to be a stable state, or ideal conditions state, here is how force *F* affects *a* and here is how force *F'* affects *F*. So the model sidesteps entirely the issue of why anyone should care about it, that is, it does not give us any clues about why this configuration of forces is disorderly; it does not go to the heart of the wrongness that is both experienced at the personal level and socially as something that hurts.

The disease model of compulsion can help address the *de jure* concern, because disease comes with its own version of what good is lacking when there is disease; for example the good of the being who suffers. In both pull and push, what matters is not just that Jan can't resist the forces, but that some effects are wanted and others unwanted. The effect of gravity's pull is wanted, when Jan takes her walk, unwanted when she slips into the river. What is wanted is viewed as good by the agent and what is unwanted as bad. The disease model of addiction allows us to separate forces acting on individuals that are wanted from those that are unwanted and it does so on the basis of identifying a configuration of forces as disorderly precisely from the perspective of those who are afflicted by them (see Leshner 1997): the relation of the addict to the substances or activities she is addicted to is comparable to getting an infection, it is something the person undergoes and does not want because the condition of being a patient in both cases hurts and is experienced as such by the patient herself.

¹¹ Instructive here is the debate about whether medicine is reducible to science, see e.g. Shaffner 1967. Reduction can of course just be subsumption of a set of diverse phenomena under a more comprehensive one, see e.g. Friedman 1974, Kitcher 1981. My treatment of the agent trouble issue, which I give in part 1.3, falls under this last category.

The disease model is mildly revisionist with respect to how we treat addicts and addiction. Given the chronic nature of addiction, it would make sense to consider it as a long-term impairment or disability and treat it accordingly, e.g. by paying addicts an allowance. Currently, there is no such provision. Perhaps there should be.¹² Our social, cultural and legal attitudes may well be things we ought to change, if the disease model is the right one. So, how can we judge this? We cannot rely just on more empirical research, since the question is about categorisation not information; that is we want to know under what category to put the information we gather. It is a matter of deciding whether 'disease' is apt or not.

One difficulty is that it is unclear what we are to count as symptoms of the disease and what is the disease itself, in particular, whether compulsion is a symptom of the disease or another word *for* the disease.¹³ This conceptual difficulty is not decisive against the disease model, whooping cough for example is the disease and the description of the characteristic symptom and if we go deeper to the pathogenic agent, *Bordetella pertussis*, it just means the bacterium from the genus *Bordetella* that causes persistent coughing. What matters however for the case of addiction is that merely adding a pathogeny to it, as the disease model promises to do, does not advance our understanding of compulsion. The notion of disease helps us home in on something having gone wrong with the agent, but it does not help us explain the nature of the wrong, we just have compulsion with the addition of some pathogenic mechanisms. The pathogenic mechanisms may explain the symptoms we class under 'compulsion' but not what is wrong with the behaviour; it is too coarse-grained to explain the wrongness of compulsion we associate with addiction. To put it differently, diseases of the various sorts that assail us can be seen as obstacles to our doing certain things and so as undesirable, at the very least, though there are rare individuals who can turn obstacles to opportunities. Be this as it may, the point we want to get clearer about is what is intrinsically negative about addiction, over and above its consequences for people's jobs or families and so on. In other words, we are seeking a deeper understanding of the specific character of 'compulsion' in addiction.

At this juncture, looking at the specific behavioural features the term compulsion describes in the addiction literature can help us get a better grip on it. Foddy 2011 provides a helpful summary arguing that there are such main features: insensitivity to costs, reporting of desires that the addict cannot control, and regret.¹⁴

Insensitivity to costs has been extensively treated in the literature, in the context of rational choice theory (RCT). RCT aims to explain compulsion in addicts not just diagnose insensitivity to costs. In an early formulation, by Becker 1992, the theory states that the addict acts to maximize utility by consuming a substance that is pleasant; unfortunately, it just so happens that the substance (i) induces tolerance and (ii) reinforces its own consumption. So the addict weighs present goods heavily and

¹² Interestingly, the way alcoholism is treated has shifted from penalisation to medicalisation, with a key intervention being Margaret "Marty" Mann's work for the National Committee for Education on Alcoholism, specifically her declaration that the alcoholic is a sick person that can and should be helped, see Mann 1958.

¹³ Guides for self-diagnosis do not usually distinguish between bits of behaviour:
<http://www.helpguide.org/articles/addiction/alcoholism-and-alcohol-abuse.htm>

¹⁴ To clarify: I do not claim that Foddy subscribes to compulsivity as marker of addiction, just that he seeks to provide an explanation for what might be meant by 'compulsion' by those who use the term.

discounts future costs. Discounting the future exponentially is standard in economic models, I value £100 now in my pocket more than £200 in a year.

But as Yaffe 2002 points out, discounting can be rational, if the discounting matches the degree to which the futurity of the good places its acquisition at risk. Your offer of £100 now is more attractive because in a year a lot can happen, you may forget, change your mind, be too poor to honour your promise and so on. So the acquisition of the good is at risk and therefore I discount the future in favour of the present. In the case of the potential addict it is rational to discount the future to the extent she can discount ending up as an addict. But given the odds of ending up as addict, on the RCT's own model, the theory's conception of 'rational' seems 'to be entirely myopic' (Yaffe 2002:189). In short, if the probability of addiction is very high, given the misery that goes with it, then it seems foolish, not rational, to discount it.

Compulsion, in the context of RCT, is part of the framing of the discounting theory, *ex hypothesis* we have a substance reinforcing its consumption. Whatever discounting the addict does appears to be epiphenomenal on this basic mechanism. As Foddy points out, for the theory to explain compulsive behaviour, we need to be shown that 'addicts relate to costs and counter-incentives in a way that is structurally different and disordered, compared to a non-addict who places an extremely high value on drugs or some other good' (Foddy 2011:29). But we aren't shown this, all the work is ultimately done by the substance. Still, what is useful about RCT models of addiction is the attempt to explain addiction without assuming the addict is irrational.

Reports of uncontrollable desires are versions of the 'can't be helped' element we looked at before. We can drill down to this aspect of compulsion by considering the following challenge proposed by Pickard 2012. Pickard argues that addiction is subject to a disjunct, either the addiction is controllable or it is not an action (Pickard 2012:42). Though Pickard's assumptions about action are questionable (see di Nucci 2014), she is on the right track in claiming that there is something wrong with the model of uncontrolled desires. The model is a replication, in an internal mental setting, of the earlier one citing external forces acting on the agent. It depends on what Wallace calls the 'hydraulic model' of willing (Wallace 1999:634). It is attractive because it can explain how certain impulses have sufficient causal strength that would have prevailed, even if one had, counterfactually, the sorts of beliefs and desires that are needed for self-control; hence the need for powerful interventions to counteract their force. The difficulty is, as Wallace points out, that on this model there is no space for the agent to initiate a 'regime of self-control' (ibid.). Indeed it seems that at each stage of our analysis of compulsion, the addict *qua* agent is crushed out of the picture, her agential abilities only allowed to function to the extent that they serve her addiction, not as enabling her to do something about her very condition as addicted.

The most promising feature in terms of getting a more fine-grained analysis of compulsion is the third one, regret. It is promising because it does not just describe what some, or most, addicts do, but also places addiction squarely within the domain of action. Regret allows that the agent acted under some force they could not at that point resist, while it also suggests that they believe that they ought to and could have done something about it. The various revisionist options we encountered earlier have no space for the experience of regret and so can only discount this 'could' as illusory. Yet the experience of regret is important because it speaks directly to the *de jure* concern in a way that the mere undesirability of disease does not. The possibility of regret suggests that

something valuable is lost by the agent *qua* agent, when she is an addict and this loss is *worth* regretting and makes sense regretting. This agential normative element is part of the idea of compulsion, because compulsion invites the sense that it is something that one ought to resist; also it deals with the evaluative sense of why one may want to treat addiction, because the reason why one ought to resist compulsion is that it leads to a loss of some good that is worth having. That compulsion straddles the descriptive evaluative domains of discussion about addiction is, I believe, the deeper reason for its resilience in a domain that has seen such considerable change, as I tried to document here.

Compulsion is a problem in a context in which self-control is a good that is worth having and which it makes sense to aspire to have because it is within reach of ordinary vulnerable beings.¹⁵

1.3. Agent trouble

Using as a guide the notion of compulsion, we reach now a conceptually complex understanding of addiction as a phenomenon that combines the notion of a powerful force that subjugates the agent yet without entirely depriving her of the ability to do something about it, an ability which is somehow connected to willingness to take some action about her condition, and where lapses in willingness mark agential shortcomings, not just technical glitches. If this is on the right track, then we need to find a concept that describes compulsion in this way as an agential problem. In the philosophical literature, there two main candidates for this, coercion and acrasia.

Watson, in his 1999 discussion of addiction, starts by contrasting compulsive with voluntary (Watson 1999:603). This contrast leads him to analyse the compulsive element in terms of coercion, a move that is made more plausible by a discussion of the legal defense of duress that may be plausibly invoked by some addicts, even if it may not be extended to all (Watson 1999:619). The advantage of understanding compulsion in line with coercion is that it fits regret and the recognition of forces that overpower the addict. However, I do not think that this is a conceptually promising path. While I agree with Watson that duress and coercion are contrasts to ‘voluntary’ (see too Hyman 2014), I am not convinced that they are useful for understanding compulsion in the addiction context, because compulsion does not exhibit one feature of coercion which is essential to it, namely threat. As Nozick (1997) has shown, I think convincingly, coercion requires a threat that is meant as a threat and understood as such.¹⁶

Acrasia does not appear immediately promising, not least because it is a controversial topic. Generally, it is thought to occur when one’s sincere judgement about what they should do, their evaluation of the situation, their view of what on the whole is good to do, simply does not guide their action; there is a disconnect between thought and deed.¹⁷ For present purposes, I will use ‘judge *a* and do $\sim a$ ’ as a placeholder that describes the

¹⁵ The sort of self-control I have in mind here does not require the exceptional discipline and extraordinary powers to overcome natural and other forces that are exhibited by, for example, Christian saints or Shaolin monks.

¹⁶ Nozick’s account is intentionally narrow in scope, however, it has wider application, for instance, it fits what is sometimes called the coercive power of state law, because we are speaking of a constraint backed by coercive power (i.e. threat of punishment).

¹⁷ The disconnect can be differently located if we think of acrasia as describing a mismatch between deliberation and intention or intention formation or some practical attitude of the agent. For present purposes such variants are not directly relevant to the argument.

symptom of acratia behaviour. Acratia is discussed in connection to addiction by Wallace 1999. Usually acratia is explained by the presence of powerful desires that overwhelm the agent causing her not to do what she judged best to do. This takes us back to the forces like gravity, river currents, uncontrolled desires. A different take on acratia, presented by Mele 2009, requires that a commitment to act is thwarted by uncompelled intentional motivation (see too Watson 1977:326). On the basis of this conception, Mele then argues that acratia cannot be usefully brought to bear on the discussion of addiction.

The point can be granted, without giving up on acratia provided we seek to understand the latter as neither a matter of uncontrollable forces nor as a result of uncompelled motivation. Rather, and following the thread of the discussion so far, the concept we try to make sense of—or examine whether it can be made sense of—is 'compulsion', which captures a force that is powerful yet about which something *can* be done. Here is where Wallace's analysis is particularly helpful. Wallace claims that powerful desires can be conceptualised as quasi-perceptions that attract the agent's attention and focus it thus clouding her judgement, so when she acts she can act foolishly and in ways she regrets. Addiction, he suggests, can be thought of as a chronic variant of such occurrence and so as producing a chronic evaluative defect. Although Wallace is not very clear on this, the suggestion is that the defect does not *entirely* disable the addict's evaluative and executive abilities, otherwise, if the defect is permanent the possibility of change or resistance—and relapse—would not arise.

I believe that acratia is a convincing model for understanding compulsion in the case of addiction because it recognises the complexity of the addict's exercise of her agency: The addict wants substance x or to engage in activity x. But she does *not* consider x-ing to be a good. She also wants *not* to x (or to stop xing), precisely because she does not consider x good. But she xs nonetheless, because she finds herself attracted to x, so she sees *some* good in in her x-ing.¹⁸

In addition, acratia fits with the phenomena identified by Foddy, insensitivity to costs, reports of uncontrollable desires, and regret, without oversimplifying compulsion and shutting the agent out of the phenomenon. To take each in turn, the addict goes against her better judgement about the costs of pursuing this rather than that course of action, she wants to do one thing and finds herself doing another, as if pushed by a powerful force, and she has regrets about paths not taken that she judges she ought and could have taken.

The danger, of course, is that these features of acratia that I present as advantages are just another way of muddying the waters, that is to say, neither compulsion, nor its diagnostic substitute, acratia, are straightforward or uncontested notions. So it is not clear whether any explanatory gains have been made by bringing compulsion in addiction and acratia together. A second possibly problematic area is that if addiction is understood as a variant of acratia then it can license the sort of moralising about addiction that threatens both programmes of rehabilitation that aim to enhance the addict's abilities of self-control and of research into drugs that counteract effects of specific substances, i.e. both behavioural and straightforwardly causal interventions. The

¹⁸ Seeing some good in doing x does not transform the doing x into a good, if we think of goods as things that we can enumerate without needing to qualify them too much whereas seeing some good in an activity indicates that overall the activity is not one we'd ordinarily enumerate in the good things but may be needed to attain a good or has something going for it even if it is risky or overall bad, Thanks to Helga Varden for pressing me to clarify this.

question then is whether trying for a middle ground in which addiction is understood as liable to normative and evaluative considerations, rather than either as a moral flaw or a disorder of forces, is worth doing. I shall return to this in the last section; what follows next is a brief presentation of Hegel's account of action, which provides the tools for an answer to this question.

2. Action and the good

In this section, I present Hegel's account of individual action, developed in the *Elements of the Philosophy of Right* and the *Encyclopedia Philosophy of Mind*, focusing on his adoption of the doctrine that action is under the guise of the good (GG). This starting point appears unpromising in the context of the present discussion in which acrasia features prominently. One of the surprising features of Hegel's version of GG is that it can handle some of the standard pathologies of agency. This is already in evidence in the *Philosophy of Right* and the conceptual underpinnings for this can be found in the *Science of Logic*.

2.1. Some problems with GG

In classical and medieval philosophy GG is something of a default position. GG is a thesis about the nature of the will—or desire or action. It states that the will—or desire or action—is guided by some aspect of goodness. In its twentieth century revival, GG will or desire are substituted by practical states and intentions. In this contemporary version GG stands for some evaluation—whether a belief that something is good or a perception of goodness—that guides the agent's action. Basically the thesis claims that there is a link between motivation and evaluation.¹⁹

The theory is usually challenged by examples of agents who do not appear to be motivated under an aspect of goodness. Typically such agents exhibit one or the other of the following pathologies: acrasia, diabolism, or indifferentism. The acratia acts voluntarily against her better judgment, so, by her lights, her choice is sub-optimal. The diabolic agent acts voluntarily on a reason she knows to be bad and chooses it because it is bad. The indifferentist does not care one way or another, her motivation remains unaffected by her evaluations, that is, she may judge x good and y bad and still be disposed to be guided by a throw of dice; her choice is in the circumstances 'blind'.²⁰ These pathologies illustrate a break between motivation and evaluation, and so between

¹⁹ The converse thesis about the link between evaluation and motivation is clearly separate and it is about the attractive powers of the good. Some philosophers who are committed to GG are also committed to the latter thesis (e.g. Plato), which sometimes goes by the name of cognitive motivational internalism. GG is a thesis about why someone acts and it is prima facie parallel with the case about why someone has a belief, to be motivated by what one evaluates as bad is analogous with believing something because it is self-contradictory, absurd, or refuted (see Sussman 2009).

²⁰ Diabolism discussed in Stoker 1979 and diabolism and acrasia in Gombay 1988. Indifferentism is not a lack of connection between evaluation and motivation, for example if the agent can't be bothered to do what she judges to be the right thing. Rather it is counting all evaluations the same for the purpose of forming intentions; most literature on this tends to focus on puzzles of choice when there is no obvious best, so called Buridan's ass cases, however, I believe indifferentism reveals a deeper problem about lack of fit between formal and contentful aspects of evaluation.

practical states leading to and sustaining action and estimations of goodness. Put in a more positive way: an extra step is required to connect motivation and evaluation.

Although the point about the extra step is usually presented in the context of the psychology of agency, it is really a conceptual one, it is the upshot of the difference between something wanted/desired/intended, and something worth wanting, desiring, intending. Denying this conceptual distinction leaves the proponent of GG to argue that deep down the agent does want what is worth having, which requires either some supra-agential guarantee or deliberation about the good to precede all actions. Neither is usually thought to be an attractive position to end up in.²¹

2.2. GG in the *Philosophy of Right*

Hegel's commitment to GG is spelled out at the start of the 'Morality' section in the *Philosophy of Right*: 'the absolute end of the will, [is] the Good' (PR: §114, p.79).²² Later on, Hegel specifies that '[f]or the subjective will the good and the good alone is essential' (§131, p. 87) and that '[t]he particular subject is related to the good as the essence of his will' (§133, p. 89). Given the context, it is reasonable to assume that Hegel might be talking of *moral* willing, in which case the claim would be uninterestingly true. Note however that the topic, individual and subjective willing, occurs at this precise juncture *because* it aims at the good and not the other way round. In other words, subjective and individual willing allows for a different perspective to open up on right and wrong than that which is available in the preceding section on abstract right, it allows for a perspective from which the good links internally with the will, rather than appear externally imposed.²³

Hegel defends GG through an analysis of how the will shows itself in action, *Handlung* (PR: §113, see too *E*: §113). The theoretical question he is addressing is 'what is an action?' Hegel's answer is that an action is something that can be recognised by a subject as her action. A transitionally important notion for this conclusion is deed, *Tat*. A deed is something done, 'an event, a situation which has been produced' (PR: §115R). The deed 'sets up an alteration' in the subject's environment (PR: §115, see too *E*: §505) that confronts the will as something that *can* be owned by a subject—'be known to me as *my* action' (PR: §113, p.78). Willing is in some sense then a form of ownership. This is of obvious relevance in the context of the 'Morality' section, given that establishing what is mine is necessary for attributions of responsibility. But one reason why I called the question Hegel tackles here 'theoretical' is to highlight the meta-normative strand of the argument. To anticipate somewhat, the solution to the problem how a deed can be known as someone's action is that the concept of the will is the good. The argument leading to this solution can be reconstructed in terms of three main steps:

²¹ The intellectualism of the position is questioned by Velleman: 'A young child can want things long before it has acquired the concept of their being worth wanting, or desirable' (7); and also Williams: 'In any ordinary understanding of *good*, surely, an extra step is taken if you go from saying that you want something or have decided to pursue it to saying that it is good, or (more to the point) that it is good that you should have it' (Williams 1985: 58 see too 210 n.9). See Orsi for a full set of references to the critical discussion.

²² PR: *Philosophy of Right*, all references are to the 1967 edition of the Knox translation.

²³ A related textual issue concerns the importance one may justifiably assign to the concept of the will, given that it is plausible to hold that Hegel aims to move beyond subjective will to supra-individual structures, institutions and so on. I think this is an unduly restrictive view of the topic as Bernard Quelquejeu 1972 has shown in his study of the will in Hegel's philosophy.

- a. Deeds are actions, if deeds are intentional.
- b. Deeds are intentional, if they realize some end presented to the agent as worth pursuing.
- c. An end is presented to the agent as worth pursuing, if it links up with *the* good.

I will examine briefly the arguments in support of each step.²⁴

a. Deeds are actions, if deeds are intentional. The first step starts with the notion of a deed, something that minimally involves some occurrence, 'an alteration', which is publicly observable. The usual division, inherited from early modern philosophy, is that there is an outer world of publicly observable objects, which is distinct from the inner world, typically available through introspection. Hegel makes a nod in that direction when using notions such as 'externalisation' of the agent's will (PR: §113). But here we start from the outside, so to speak, and make our way to the subject as agent so that the deed can be properly be identified as *hers*. Locating an agent in a dynamic environment, however, is not easy, because any 'event' or 'a situation which has been produced, is a concrete external actuality, which because of its concreteness has in it an indeterminable multiplicity of factors' (PR: §115R). In other words, there are causally active forces, 'agents', wherever we look! As Hegel puts it: 'Any and every single element which appears as the condition, ground or cause of one such factor, and so has contributed its share to the event in question, may be looked upon as responsible for the event or at least sharing responsibility for it' (ibid.). The notion that promises to carve out the environment into occurrences that are actions and those that are not, thereby picking out agents in the relevant sense, that is, of authors of actions, is intention, *Absicht*.

But what is intention? If a deed is an action provided is intentional, then we do not seem to have advanced very much—aside that is from re-naming actions as intentional deeds. Here is a dense passage in which Hegel ties all these elements together:

Whilst any alteration as such, which is brought about by the activity of the subject, is its deed [*Tat*], the subject does not recognize this as its action [*Handlung*], but recognizes as its *own* [*das Seinige*] and takes blame for that which is in the deed that was in its knowing and willing, which was its purpose [*Vorsatz*]. [...] With respect to form, the subject must have known and willed the action [*Handlung*] according to its essential determination that concerns the particulars [of the action]. This is the right of *intention* [*Absicht*]. (E 250, 313, translation altered).

The passage summarises the issues about ownership and then proposes the 'right of intention' as a way forward. In the *Philosophy of Right*, where he presents the matter more systematically, Hegel explains that the 'right of intention' names the 'universal quality of the action' as is 'known by the agent and so shall have lain from the start in his subjective will' (PR: §120). The claim is that the agent knows what she is doing under some general description of the performance. Presumably it is called a 'right' because if some deed is to count as an action, the agent should be in position to answer at least a 'what?' question about what she did—the relevant contrast class here being unintended effects or absent—minded doings. Asserting this rather unexceptional right hardly settles the issue of intention, the same deed (e.g. arm movement) can be any number of actions expressing any number of intentions (e.g. waving, calling for help, threatening, ritual

²⁴ An earlier more detailed analysis of the same passages can be found in Deligiorgi 2017. However, my aim there was to recover a positive role for morality, whereas here I am only interested in the way these passages express a commitment to GG.

summoning of demons etc.). Moreover, agents can be unreliable, obtuse, deceitful, self-serving. This is why Hegel introduces the 'right of objectivity', the action 'as known and willed by the subject as *thinker*' (ibid.). This right asserts the expectation of a more demanding sense of self-knowledge than asserted by the right of intention. The agent must be in position to show how the general description of the action she gives meshes with the publicly observable occurrence (e.g. a limp arm movement does not mesh with 'threat'). This sort of agential self-knowledge has several aspects, all nested together: for example, the agent must know *how* to do whatever it is she is doing, this kind of knowledge in turn requires connecting the 'what' in a reasonable way to the causal chains the agent is part of, and finally, the agent must know about the foreseeable effects of some of these chains she is part of. The point of this right is to alert us to the fact that at every step of the way the agent and her intentions are rooted in the physical and social world of which her action is part. At the same time, this rootedness is part of the agent's self-knowledge as agent. The problem with it is the fluidity of dynamic environments in which agents act, which present as webs of causes and effects and which seem to escape any single agent's purview.

b. Deeds are intentional, if they realize some end presented to the agent as worth pursuing. The notion of intention has a natural telic aspect to it, so it is reasonable to seek from the agent an end-citing answer to get clear about her intention; 'what are you up to?' or 'what is this for?'

The idea of purpose (*Vorsatz*) allows telic considerations to bear on the discussion of intentional action and with the introduction of telic considerations, questions of evaluation become relevant. The assumption is that the agent is pursuing a purpose because she considers it worth doing, which expresses a very basic version of GG. The version is basic only in the sense that there is no commitment yet about the precise form of GG, there is simply the assumption that follow-up questions, such as 'why you thought this to be a good idea?' have a place in this discussion about intentional action. In the *Philosophy of Right* the main candidates guiding evaluations about what is 'worth' doing are the agent's 'interest' (PR: §122), well-being, *Wohl* (PR: §123). Ideas concerning the agent's well-being have a plausible telic role in the agent's practical thinking and can generate reasons for her to do things. So this type of considerations enables the agent to answer evaluative questions by citing her belief that such and such activity promotes her well-being.

However, again a mismatch can arise between subjective and objective evaluations; agents can get things wrong about their well-being, interest, happiness. Sadly, this is another unexceptional point about action, we want things we think will make us happy but which do not, we think we want things, it turns out we do not really want and so on. Hegel tries to turn this situation to a dialectical advantage so that if the agent does come to the realisation that she got her *Wohl* wrong, she can begin to get hold of a notion of goodness that is more encompassing than interest and well-being. This is the notion of the good or *das Gute* (PR: §129).

c. An end is presented to the agent as worth pursuing, if it links up with the good. With this last step, it becomes clear just how demanding the objectivity standards Hegel expects agents to meet are if they are to know themselves as agents and claim rightfully ownership of the action. The argument that leads up to the good is, at least as I present it here, a regressive argument of conditions that could be seen to represent deepening self-knowledge on the part of the agent. The final step is the idea that however defective

specific instances of practical reasoning might be, to act intentionally is not just to have an idea of what one is doing and how that meshes with webs of causes and effects but also to have some *reason* for why one is doing what one is doing and be in principle able to evaluate their evaluations. It is not just that agents can be wrong about what they think is of 'subjective worth or interest' (PR: §122), it is also the case that the type of reason such subjective worth or interest generates is always provisional, since, to put it crudely, interest and subjective worth is indexed to want not to *the* good. Stated a bit more carefully: the chains of justifications the agent can adduce for her actions on the basis of interest tend to transform every action to a means for some further end, which 'may in its turn be reduced to a means to some further intention and so on ad infinitum' (PR: §122).

One may ask, what is wrong with this content-neutral practical reasoning? The only thing that is wrong with it is that justifications run out, and so the demand that the agent adduces some reasons is not met. At some point the agent is stamped and has nothing to say about why she is doing what she is doing. The underlying thought is that unless there is a regress stopper the questioning itself will be corrosive and its effect will go downwards leaving the local accounts the agent is able to give vulnerable to self-doubt. Is it plausible to think that if a connection to *the* good cannot be found all is lost? Probably not but recall that for Hegel we started with the question of how to claim a deed as one's own, so the discussion is placed from the start in an intensive, justification—demanding, forensic context. The regress stopper is a substantive notion of the good: 'The particular subject is related to the good as the essence of his will' (PR: §133). Hence for the action to be owned it must be possible for the agent to act under the guise of the good in the sense that she must have access to a final objective substantive notion of the good.

The obvious sceptical rejoinder is: 'well, too bad for ownership!' I want now to argue that Hegel is not blind to this and rather reaches a similar conclusion as far as individual agents are concerned. In the *Philosophy of Right*, GG is not a thesis about individuals. It is applicable to—and intellectually demanding for— individuals, because it sets a standard towards which individuals can strive but cannot reach *qua* individuals. The reason for this is not that individuals are inherently flawed, but simply that the good is not a matter of merely individual willing and doing. This is why the 'Morality' section of the *Philosophy of Right* gives way to *Sittlichkeit* and, promissorially at least, the problems with individual agency are presented as soluble under conditions of collective, communal, institutional types of agency.

This is not a hugely useful result for our purposes though because it suggests that the addict whose behaviour can be described as acratia is just the unlucky subject contingent factors, so if we want to understand her behaviour as such we need to go back to the empirical material we considered in section 1. I want to show now that Hegel has a conceptual analysis also of what the sort of agent trouble we called acrasia, and this can be found in the section in the *Logic* on 'The Idea of the Good'.²⁵

2.3. The Gappiness problem

²⁵ SL: *Science of Logic*, all references are to the 2010 di Giovanni translation.

The main claim that Hegel defends in that section is that the idea of the good can only be true, if the good is fully realised or made 'actual' (*wirklich*). Anything short of this is the source of meta-normative and normative problems. Already this truncated summary of the argument shows that the actual good is out of reach of individuals or even local collectives, it is a very demanding notion that consists in everything that is good and nothing that is bad. At the same time, Hegel does not consider it out of reach of human effort: the idea of the good is practical, that is, it aims at its realisation as a determinate state of affairs (WL 12.231, SL 729) and individuals, singly or collectively, are capable of grasping this idea and so its practicality, its to-de-doneness.²⁶ This is how willing, which is not a logical notion, is connected to this discussion: willing is the means by which individuals are able to grasp this practical notion. The essence of willing is the good just because the good is a practical idea and this thoughtful practicality for individuals is only available through willing.

Let us now look at the argument in more detail. There is a basic shape of a problem that concerns Hegel, which as we shall see has ramifications for individuals owning their actions and for various pathologies of action at the individual level. Here is how he presents it:

The idea of the will as a self-determining *explicitly* possesses *content* within itself. Now this content is indeed a *determinate* content, and to this extent finite and *restricted*; self-determination is essentially *particularization*, since the reflection of the will is in itself, as negative unity as such, also singularity in the sense that it excludes an other while presupposing it. Yet the particularity of the content is at first infinite by virtue of the form of the concept, of which it is the proper determinateness, and which in that content possesses its negative self-identity, and consequently not only a particularity but its infinite singularity. The mentioned *finitude* of the content in the practical idea only means, therefore, that the idea is at first not yet realized; the concept is *for the content* that which exists in and for itself. (WL 12.232, SL 730)

The background to this diagnosis of 'restriction', 'particularisation', and 'finitude' is the thought that the idea of the good is an idea of a good that is absolute or, in a different vocabulary, unconditioned. The basic meta-normative commitment is that enquiring after *the* good makes sense. Given now this commitment, any actual determination of a will *by* the good is only by a finite good, *this* good. This seems like such an obvious point to make and one that has negligible significance. Hegel uses this to argue that this basic asymmetry is responsible for all sorts of outcomes, 'if the good is again also fixed as *something finite*, and is essentially such, then, notwithstanding its inner infinity, it too can— not escape the fate of finitude—a fate that manifests itself in several forms' (WL: 12.232, SL 731). One of these is the abandonment of the idea of the good in favour of goods, which are accidentally so, given certain purposes we have. Another is the consideration of reality as void of worth, in an attempt to save the objectivity of the good by removing it from worldly constraints, and so on.

²⁶ There is a deeper issue here relating to the aims of the *Logic* itself: the idea that the good is dynamic, aiming at its realisation is not taken as a given, it is part of an argument that Hegel develops in stages throughout the *Logic* and which aims to show that making use, in the sense of asserting, basic logical and metaphysical concepts entails certain ontological commitments. I touch on some of these issues in Deligiorgi 2019a and 2019b.

Hegel develops a formal version of this diagnosis of a mismatch between the good and finite, restricted, particular goods in his discussion of practical syllogism, that is, which earns its place here because it is the practical shape of thought. The form of practical syllogism promises to offer an orderly and unmysterious way to connect whatever is to be our major premise, containing the idea of good, with some end that realises the good. The problem of restriction however re-appears and it looks as if it is an intrinsic feature of the form of practical syllogism. This is because there is a gap between the first premise, which states some infinite good 'absolute purpose' 'in and for itself' (*WL*: 12.233, SL 731) and the restricted good that is given in the second premise and which is the good to be realised in the conclusion. The cause of the problem is not 'external contingency' and 'evil' but rather 'collision and conflict in the good itself' (*WL*: 12.232, SL 731). This collision and conflict are generated by the good because the good is at once absolute and something particular, or, in a different vocabulary, an unconditional 'ought' and something that has a lot going for it.

Let us call this the gappiness problem. Gappiness is a conceptual problem—hence it earns its place in the logical analysis of the good. To understand it we can start with the distinction, mentioned at the outset between something wanted and something worth wanting. One way of understanding the gappiness problem is to see how this distinction is not, despite first impressions, really very deep. Something wanted is something for which some reason can be given however defeasable. So it belongs within the same continuum conceptually with something worth wanting. What is worth wanting has more reasons, perhaps less easily defeasable reasons, perhaps conclusive reasons going for it. The difference Hegel is pointing at is between something that has one, a few, many reasons going for it—which is what he calls 'content' in this section of the *Logic*—and something that is *the* good. The difference emerges in the practical syllogism as a gap between the first premise, which refers to the good as such, expressing a basic commitment that one's actions be guided by the good and the second premise by which some content is generated for a specific action or type of action under the guise of the good. So what interests Hegel here is not the difference between goods that appear subjectively to be so and may turn out to be illusory and, on the other hand, goods that are of better standing so to speak, of proven worth. Certainly this difference matters and can lead to all sorts of practical trouble. But the difference between *the* good and some goods points at a structural problem for moralities, like Hegel's, which are committed to an absolute objective good.²⁷

The gappiness problem is relevant to acrasia. To see the relevance we need to see how this conceptual point Hegel makes can apply to human behaviour, with all the epistemic, psychological, spatio-temporal conditions agents find themselves. On the model proposed, the acratice agent *can* have a sense of a good that transcends her limitations and at the same time hold to and act on a notion of a good that is tightly indexed to her circumstances.²⁸ She can think that really the most good is to put an end to her addiction, yet also that succumbing has something going for it. In a very schematic way of putting

²⁷ The obvious way to counter this point is to say that only if one entertains a notion of absolute good do we get gappiness in this way. I think there are reasons, independently of Hegel's argument, to have such a notion but this is not the place to follow this up. Note that Hegel's solution is to argue for the possibility of the good becoming actual, that is, *fully* realised albeit not through the effort of any single agent or group of agents.

²⁸ The take on acrasia I attribute to Hegel has some obvious similarities, though clearly different philosophical backstory to Davidson's account of acrasia, in terms of an all things considered judgement contrary to which the agent acts.

it, 'most good' is for the agent a set of reasons that should be sufficient for acting; 'most good' is not the same as absolute or objective good it is what stands in its place for ordinary agents. So it stands for the general premise of the syllogism. The agent does not act accordingly though. Under certain conditions, the endless list of circumstances that lead agents astray, she finds a reason to act and acts in a way that goes contrary to her idea of most good. She has *a* reason to do what she does, what she lacks *by her own lights* is *sufficient* reason. While going against her better judgement is perverse and wayward, it is not conceptually puzzling because on the Hegelian account, there are *always* reasons beyond those caught in the subject's deliberations. This is not because the good is reason-transcending, it is because its full content is beyond the reach of individual deliberations and actions. Another way of looking at what Hegel contributes to this discussion is to dissociate sufficient reasons for *x* from the notion of the good, there sufficient reasons are always some good, and if some good gives us sufficient reasons, then some other good, much less well supported by reasons can unfortunately be the reason for action. The key difference between pathology and ordinary agency is that in the latter cases the agents do act on what they think is most good or what they consider as giving them sufficient reasons for action, still on the Hegelian picture this is a kind of failure since rational agents seek to know and will *the* good, and despite their best efforts they cannot bring *it* about single-handed.²⁹

3. Hegel on addiction

In section 1, I identified compulsion as central to the conceptualisation of addiction and offered acrasia as promising because it allows us to think of addiction not just as a descriptive relational concept but also evaluatively as something that has gone wrong. I then tentatively subsumed compulsion under the larger class of acrasia because this seemed like a fitting candidate for the sort of thing that goes wrong.

Acrasia is a useful general term for compulsive addictive behaviour because it can co-exist with a number of detailed descriptive theories, because all it brings descriptively to the table is the idea that the agent can be thought of as both passive and active without contradiction. Further, because acratia action takes many different forms, it allows for the fine-grained descriptions of addiction that are favoured in current scientific discussion.³⁰ Most importantly, however, the advantage of this way of looking at addiction is that it permits full acknowledgement of the agency of the addict. This is important first of all because it forces us to treat the addict as agent who has something going wrong with her *qua* agent; she is not a non— or sub—agent, just because acrasia only affects agents. These are not jointly conclusive reasons for accepting the notion of

²⁹ Although this exceeds the scope of the present paper, it is worth noting that Hegel's distinctive conception of the idea of the good as inherently practical offers a way round the problems of diabolism and indifferentism confronted by more traditional versions of GG: the diabolus is merely parasitic on conceptions of goodness realised by others and her contribution is absorbed in the practical task of figuring out what is good; the indifferentist is a non-agent as for her the idea of goodness is idle and so she is not grasping an essential feature of it, she makes herself simply irrelevant, though again the possibility of indifferentism can drive home the importance of the practicality feature of the good.

³⁰ Perhaps an interesting path of research using philosophical and scientific expertise is to map out the set of contraries that characterise compulsion in addiction in contrast with other manifestations of acrasia. I take it this would be a matter of mapping complex sets of relations, systems of processes even, which also make sense in terms of how agents are passive and active in various degrees.

acrasia as diagnostically indispensable for addiction so what follows can also be read as a conceptual analysis of the agent trouble I called acrasia that can fit different psychological terminology (e.g. metaphorical use of the disorder of forces or disease models).

In section 2, I argued that Hegel's distinctive defense of GG allows for us to see how intentional agency—when we either reconstruct agent's reasons syllogistically or use syllogism to organise our practical thoughts—inherits from the gap between absolute goodness and any finite part of that goodness a conceptual kink. This analysis can help us understand acrasia as belonging in a continuum of what it is to pursue some good; so an agent can have sufficient reasons to *a* and yet act on a reason that goes against the action she sees by her own lights as best.

If now we bring 1 and 2 together, we have an account of acrasia that does not condemn the agent to irrationality, and so can be used to explain how compulsion features in addiction. But the purpose of this discussion was not to get hold of a theory of acrasia, its purpose was to have something to say through the broader topic of acrasia about the sort of compulsion that is characteristic of problematic cases of addiction and which requires that we view the agent as both passive and active with respect to her relation to substances or activities. Hegel's conceptual diagnostic can form the backbone of what we might call the agential model of addiction, that is a model that allows us to make sense of the actions of addicts, even when their choices turn out to be poisonous for them.

One advantage of the agential model is that it allows us to focus on agents without making addiction just a matter of individuals making bad decisions or taking a wrong turn. Because the issue is fundamentally conceptual, there is not a sharp distinction to be drawn between normal and pathological agents. The exemplary agent, who is, let us say, autonomous, self-controlled, rationally deliberating, and impeccably socialised finds herself in the company of the acrat. The exemplary agent manages to act consistently on what she has sufficient reason to do, and suffers fewer lapses, the acrat falls on the other side of the spectrum; the compulsion experienced by the addict can be seen as the consistent and distracting presentation of a good, 'the cure', that goes contrary to what she has sufficient reason to do, to avoid the cure, because 'it is the same thing that hurts'.

Looking now back at the start of this discussion, a further advantage is that the agential model helps with the DSM 5 definition. The definition appeared problematic because it encompasses too large a spectrum of behaviours. But on the agential model this is exactly right, addiction *is* a matter of degree; so someone who drinks alcohol regularly because she sees the goodness of the pleasure can be exemplary, equally, if the goodness of the pleasure clashes with other goodness she sees as worth pursuing and she does not stop, she is plausibly addicted, and the more consistent the pursuit of this one good over others, the closer we come to compulsion. So what at first appears as a very diffuse definition, which risks not defining anything, can be seen, with Hegelian help, as true to the phenomenon, which does come in degrees and has no fixed boundaries. Some might consider this domestication of the phenomenon of addiction a disadvantage; domestication, however, does not mean normalisation. Here is where the concern about *de jure* becomes relevant: because of the overall evaluative context of the theoretical discussion, medical help can be incorporated within a paradigm of *support* for the exercise of the addict's agential skills. At the same time, the model provides a corrective or a

reminder that the problem is not merely technical and not happening over there; the problem is human.*

Katerina Deligiorgi
University of Sussex
K.Deligiorgi@sussex.ac.uk

Bibliography

Ameisen, O. 2008. *The End Of My Addiction: How One Man Cured Himself of Alcoholism*. New York: Farrar Straus Giroux.

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*. Fifth Edition. Arlington: American Psychiatric Association Publishing.

American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders IV*. Fourth Edition. Arlington: American Psychiatric Association Publishing.

Amodeo, Maryann. 2015. 'The Addictive Personality'. *Substance Use and Misuse* 50 (8-9):1013-1016.

Charland, L. C. 2002. 'Cynthia's Dilemma: Consenting to Heroin Prescription'. *American Journal of Bioethics* 2(2): 37–57.

Charland, L. C. 2011. 'Decision-Making Capacity and Addiction'. In George Graham and Jeffrey Poland (eds.), *Addiction and Responsibility*. London England: MIT Press, pp.139–158.

Corrado, M L. 1999. 'Addiction and Responsibility'. *Law and Philosophy* 18(6):579-588.

Deligiorgi, K. 2017. 'Hegel's Moral Philosophy'. In D. Moyar ed. *The Oxford Handbook to Hegel*. Oxford University Press.

Deligiorgi, K. 2019a. 'The Good and the Actual'. In A. Honneth and J. Christ (eds.). *Zweite Natur. Stuttgarter Hegel-Kongress 2017. Veröffentlichungen der Internationalen Hegel-Vereinigung* (forthcoming).

Deligiorgi, K. 2019b. 'The Idea of the Good'. In M. Gerhard (ed.). *Hegel-Jahrbuch* (forthcoming).

DiNucci, Ezio. 2014. 'Addiction, Compulsion, and Agency'. *Neuroethics* 7:105-7.

Eddy, Nathan B, H. Halbach, H. Isbell, M. H. Seevers. 1965. 'Drug Dependence: Its Significance and Characteristics'. *Bulletin of the World Health Organization* 32:721-733.

* I want to thank Edgar Maragat and Constantine Sandis for inviting me to think about these issues and for helpful comments; I am also grateful to Helga Varden and Stephen Setman for manifold contributions, some of which I acknowledge in individual notes.

- Elster, J. 1999a. *Strong Feelings: Emotion, Addiction, and Human Behavior*. Cambridge, MA: MIT Press.
- Elster, J. (ed.). 1999b. *Addiction: Entries and Exits*. New York: Russell Sage.
- Foddy, B. 2011. 'Addiction and its Sciences –Philosophy'. *Addiction* 106:25-31.
- Friedman, M. 1974. 'Explanation and Scientific Understanding'. *Journal of Philosophy*, 71: 5–19.
- Gombay, A. 1988. 'Some Paradoxes of Counterprivacy'. *Philosophy* 63(244): 191-210.
- Hammer R. R., Dingel M. J., Ostergren J. E., Nowakowski K. E., Koenig B. A. 2012. 'The Experience of Addiction as Told by the Addicted: Incorporating Biological Understandings into Self-Story'. *Culture, medicine and psychiatry* 36(4):712-734. doi:10.1007/s11013-012-9283-x.
- Hegel, G.W.F. 1971. *Encyclopaedia of Philosophical Sciences (1830), Part III, Philosophy of Mind*. Trans. A. V. Miller with the Michelet (1847) *Zusätze*. Oxford: Clarendon.
- Hegel, G.W.F. 1967. *Philosophy of Right*. Trans. T. M. Knox. Oxford: Oxford University Press.
- Hegel, G. W. F. 2010. *Science of Logic*. Trans. G. Di Giovanni. Cambridge: Cambridge University Press.
- Heyman, G. 2009. *Addiction: A Disorder of Choice*. Cambridge, MA: Harvard University Press.
- Hoffman, J. (ed.). 2007. *Addiction: Why Can't They Just Stop?* New York: St Martin's Press.
- Hyman, Steven E. and R. Malenka. 2001. 'Addiction and the Brain: The Neurobiology of Compulsion and Its Persistence'. *Nature Reviews Neuroscience* 2: 695-703.
- Kitcher, P. 1981. 'Explanatory Unification'. *Philosophy of Science* 48(4):507-531.
- Leshner A. I. 1997. 'Addiction Is A Brain Disease, And It Matters'. *Science* 278: 45–7.
- Mann, M. 1958. *Marty Mann's New Primer on Alcoholism: How People Drink, How to Recognize Alcoholics, and What to do About Them*. New York, NY: Holt, Rinehart and Winston.
- Mele, A. R. 1996. 'Addiction and Self-Control'. *Behavior and Philosophy* 24: 99–117.
- Mele, A. R. 2009. 'Weakness of the Will and Akrasia'. *Philosophical Studies* 150(3): 391-404.
- Modell, Jack G., F. B. Glazer, L. Cyr, J. M. Mounts. 1992. 'Obsessive and Compulsive Characteristics of Craving for Alcohol in Alcohol Abuse and Dependence'. *Alcoholism: Clinical and Experimental Research* 16:2:272-4.
- Neulin, David B. 2001. 'The self-perceived survival ability and reproductive fitness (SPFit) theory of substance use disorders'. *Addiction* 97:427-445.

- Nozick, R. 1997. 'Coercion'. In *Socratic Puzzles*. Harvard University Press, pp. 15-54.
- Orsi, F. 2010. 'The Guise of the Good'. *Philosophy Compass* 10(10): 714-724.
- Pickard, H. 2012. 'The purpose in chronic addiction'. *AJOB Neuroscience* 3(2): 40–49
- Roberts, Laura Weiss, 2002. 'Addiction and Consent,' *American Journal of Bioethics*, 2(2): 58–60.
- Shafner K. F. 1967.'Approaches to Reduction'. *Philosophy of Science* 34: 137-47.
- Shelby, Candice. 2016. *Addiction. A Philosophical Perspective*. Palgrave Macmillan.
- Stoker, M. 1979. 'Desiring the Bad: An Essay in Moral Psychology'. *The Journal of Philosophy* 76:12: 738-753.
- Sussman, D. 2009. 'For Badness Sake'. *The Journal of Philosophy* 106(11): 613-628.
- Vohs, K. D. and R. F. Baumeister. 2009. 'Addiction and Free Will'. *Addict Res Theory* 17(3): 231–235.
- Wallace, R. J. 1999. 'Addiction as Defect of the Will: Some Philosophical Reflections'. *Law and Philosophy* 18(6): 621-654.
- Watson, G. 1977. 'Skepticism about Weakness of the Will'. *Philosophical Review* 86(3):316-339.
- Watson, G. 1999. 'Excusing Addiction'. *Law and Philosophy* 18(6): 589-619.
- Yaffe, G. 2002. 'Recent Work on Addiction and Responsible Agency'. *Philosophy and Public Affairs* 30(2):178-221.
- Yeomans, C. 2015. *The Expansion of Autonomy: Hegel's Pluralistic Philosophy of Action*. Oxford: Oxford University Press.
- Zellner, M.R, D.F.Watt, M. Solms, J. Panskeep. 2011. 'Affective neuroscientific and neuropsychanalytic approaches to two intractable psychiatric problems: Why depression feels so bad and what addicts really want'. *Neuroscience and Behavioural Reviews* 35:2000-2008.
- National Council on Alcoholism and Drug Dependence. 'NCADD History'.
http://www.ncadd.org/images/stories/PDF/history_charts_60_years_1944_2004.pdf
<http://www.williamwhitepapers.com/pr/AddictionTreatment&RecoveryInAmerica.pdf>