

Who's Fooling Who? Self-Deception and Addiction

by Neil Levy

Addicts may be self-deceived in denying they are addicts, but even when they admit their addiction they may be deceived about its nature. This is a self-deception in which society colludes, and for which the addict cannot be held responsible.

Self-deception is a ubiquitous phenomenon in human life. Sometimes it is a relatively innocuous quirk of someone's personality—a persistent refusal to see the flaws in her partner, for instance—but sometimes it concerns matters of great importance. One area in which self-deception is commonly encountered is in relation to drug and alcohol use. The addict who deceives herself into thinking that she is in control is a stock character of popular culture, and far from unusual in real life. Is the self-deceived addict responsible for her addiction? Most people—and most philosophers—would answer in the affirmative. We are, they argue, always or nearly always responsible for our self-deception, especially so when it concerns such important matters.

I will argue that this view is false. In general, self-deceivers are much less frequently responsible for their state than is commonly believed; thinking otherwise is a hangover from a now-discredited theory of self-deception. Moreover, the self-deceived addict faces particular difficulties in recognizing the truth about herself. Our society, and especially the groups most concerned with addiction, encourages addicts to adopt views which are false. To the extent to which this is so, and addicts have difficulty resisting the pressure under which they are placed to adopt these views, their responsibility is diminished or dissipated. We, who promulgate such myths, are as much to blame as the addicts themselves.

New Conceptions of Self-Deception

How should self-deception be characterised? According to one philosophical approach (which I will refer to as 'the traditional conception'), self-deception has two features:

- (1) self-deceivers maintain contradictory beliefs concerning the subject of their self-deception, and
- (2) self-deception is intentionally entered into and maintained.

Because self-deceivers know the truth whereof they deceive themselves, and because they deceive themselves deliberately and intentionally, they are held to be responsible for their deception. Bishop Butler, who calls this state 'internal hypocrisy', is illustrative:

The temper itself is essentially in its own nature vicious and immoral. It is unfairness, it is dishonesty; it is falseness of heart [...] it is a corruption of the whole moral character in its principle.

But we have good reason to reject both features of the traditional conception. Both give rise to paradoxes. Contradictory beliefs are mutually exclusive, and can be simultaneously maintained only at the cost of severe irrationality. It is also difficult to see how I can intentionally deceive myself, since I will always see through my own stratagems. To be sure, both features of self-deception can be explained by postulating an unconscious, which, while knowing the truth, can deceive my conscious mind into believing a falsity, but the cost of taking this route is high. To the extent we go down this path, we risk losing the *self* from the picture; if there are two agents at work, then perhaps we should talk about two selves. More relevantly for our purposes, to the extent we suppose that the unconscious is the agent of self-deception, we lose the right to attribute responsibility to the conscious subject.

In the face of these paradoxes, some philosophers have urged that we abandon the notion of self-deception altogether. However, there is another route open to us: we can follow philosophers like Alfred Mele in developing a 'deflationary' account of self-deception. According to Mele, we need attribute to self-deceivers neither contradictory beliefs, nor an intention to deceive. Instead, self-deception occurs whenever agents treat evidence in a motivationally biased manner. Our motivation to believe a proposition frequently sets the stage for the activation of a number of well-attested mechanisms identified by psychologists, such as the confirmation bias, in which people search for evidence in support of a hypothesis rather than evidence which would disconfirm it, and the availability heuristic, in which people are more



impressed by evidence that is readily at hand. Thus we can be self-deceived without ever suspecting it.

Mele, along with other philosophers who have developed similar accounts of non-intentional self-deception, nevertheless continues to maintain that self-deceivers are typically responsible for their state. For them, it represents a culpable failure to control our beliefs, or a failure of epistemic courage in the face of anxiety. However, I suspect that the presumption that self-deceivers are responsible for their deception is the last remnant of the traditional conception. If we reject that conception, with its contradictory belief and intentionality requirements, we should also reject the presumption of responsibility. For the self-deceiver to be responsible for her belief, she must be able to *identify* it as the possible result of a biased belief formation process. But Mele doesn't give us any good reason to believe that this will always, or even usually, be the case. Once we reject the contradictory belief requirement, in particular, we have no reason to think that self-deceptive beliefs are phenomenologically unusual in any way, and, therefore, no reason to think that self-deceivers are aware *that* they are self-deceived,

or possess any means to identify *which* of their beliefs is suspect. Though self-deceivers will sometimes be responsible for their beliefs, we should abandon the presumption of culpability. Everything depends on the facts of the particular case.

There is no such thing as an irresistible or compulsive urge to consume drugs.

Self-Deception and Addiction

Is the self-deceived addict responsible for her state? Let us consider, first, the addict commonly found in writings by philosophers. The addict who populates moral psychology is a strange creature. He is typified by Frankfurt's unwilling addict, who is moved to take drugs by a 'force other than his own', or by Fischer and Ravizza's addict, who is 'passive' with regard to urges he knows it would be futile to resist. This is an addict who is *compelled* to use; whose first-order desire is literally irresistible (or whose behaviour is not altered by a normal range of incentives and disincentives). This addict is a familiar figure in our culture. She is the alcoholic who is the alcoholic for life, whether or not she ever drinks again; indeed, who was an alcoholic even before she had her *first* drink, because she has an addictive personality, because she has a genetic predisposition to alcoholism. The self-deceived addict or alcoholic, therefore, is the one who will not admit that she is like this.

Now, I see no reason at all to think that the self-deceived addict, whose self-deception consists in her denial that she is an addict, is not real. This self-deceived addict (call her the type one addict) may even be quite common.

After all, the fact that the addiction is heavily stigmatised is just the kind of incentive likely to set the biasing mechanisms typical of the self-deceiver to work. Alcoholism, for instance, will be incompatible with most people's self-image, and they might be expected to deny that they suffer from it until the evidence is overwhelming. Thus alcoholics can be expected to test the hypothesis that they are not alcoholics, to be more impressed by the occasions upon which they didn't drink than those—far more frequent—occasions when they did, to surround themselves with people who drink as much or more than they do, to convince themselves that their drinking behaviour is normal, to take the fact they hold down a job or have a roof over their heads as evidence they do not have a problem, to rationalise their drinking by claiming that it is a response to a crisis in their lives, without admitting that the crisis is the result of the drinking, and not (just) its cause. Alcoholism has been called the disease of denial, and I see no reason to doubt that this is accurate.

Is the type-one addict responsible for her self-deception? I suggested that the self-deceived are often, perhaps usually, not responsible for their state because there is no reason to suspect them of knowing that they are the victim of biased belief formation processes. However, type-one addicts often do not have this excuse. Very often, they will have good reason to suspect that they are addicted. Indeed, often their problem is pointed out to them. It is possible for the addict to self-deceive herself, in cases like this, and not be responsible for her self-deception—especially with regard to alcohol; concerning which consumption, even sometimes very heavy consumption, is widely accepted. Given that this is the case, one or two lost weekends, or a few days off work due to overindulgence, will not constitute overwhelming evidence of alcoholism, but there will come a point at which the attribution of responsibility will often be appropriate.

Whether she admits her addiction or not, however, the addict is peculiarly placed. Addiction is a characteristic concerning which self-acknowledgment is especially difficult. To see this, we need to recognize that the unwilling addict of moral psychology, the alcoholic of Alcoholics Anonymous (AA), does not exist. There is no such person, because there is no such thing as an irresistible or compulsive urge to consume drugs, and because the addict who is moved by a force which is wholly alien to her is a myth. Addicts take drugs because they get something out of doing so; not merely relief from withdrawal symptoms, but pleasure and release from life problems. While I do not deny that addicts may be sincere when they avow a desire to give up, the *wholly* unwilling addict does not exist.

But when addicts are urged to recognize their condition, and acknowledge honestly what they are, it is precisely

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this image of themselves they are asked to embrace. They are expected to renounce one false self-image in favour of another. We rightly criticise their self-deception, but ask them to abandon it in favour of *more* self-deception. Very often, we are successful. Think of AA. AA, and following it many addictions programs, demands that those who turn to it confess their alcoholism, defined as AA defines it. Thus the ritualistic formula AA demands: 'I'm Neil, and I'm an alcoholic'. The very first step of the twelve step program is a confession: 'We admit we are powerless over alcohol'.

Caroline Knapp is an AA success story, someone who has accepted that she is powerless over alcohol. She used, by her own admission, to be a self-deceiver, someone who told herself and others that she was not an alcoholic, that she could give up drinking anytime she wanted. Now she learns the truth. She goes into rehabilitation, and learns about the effects of long-term consumption of alcohol on the reward system of the brain. Now, she knows that alcoholism is physiological, not psychological. Indeed, alcoholism isn't a disease of the person at all: she describes how she learnt that 'it wasn't all me [...] it wasn't all a matter of insight and will'. Instead, it was physiological: alcoholics experience 'a set of physiological responses—a compulsiveness and loss of control—that other people don't', and over which they have no control. Accepting that she is an alcoholic, she sees that it was against her will that she drank.

Let us call the AA addict the type-two addict. Now, I claim, the self-image of the type-two addict is at least as self-deceptive as the one that it is supposed to replace. There are, no doubt, physiological components to addiction. The brain pathways, common to all chemical dependencies, have been mapped and the effects of substance dependence on the dopamine system is well understood. Withdrawal, for instance, is real enough. But the physiological components of addiction do not amount to compulsion. As Fingarette points out, alcohol consumption, even by alcoholics, is very sensitive to price, which would be surprising if alcoholism was compulsive. Beyond the fact that consumption of the drug in question is pleasant, and abstinence painful, we do not need to refer to the physiological in explaining consumption patterns. They are better explained by the mechanism of hyperbolic discounting, the mechanism by which rewards which are nearer to us in time are temporarily endowed with much greater value than more distant rewards; by 'existential dependency', in which the addict forms her life around the drug which provides its framework; and so on.

The idea of the addict propagated by AA and other such

programs—the idea of the addict as the powerless victim of physiological forces—is a myth. Moreover, though it *might* be a useful myth for some people, enabling them to stop their excessive drinking, it is a harmful myth to many others, alcoholics and drug addicts alike. It provides a convenient excuse for every relapse. It's not up to them to stop; they must wait for intervention, for a higher power (in the AA jargon) to help them; its not a free choice, there's no point resisting. It is especially powerful, even irresistible, after one drink, when, according to the AA ideology, the horse has bolted ('one drink one drunk'). But it is also powerfully militates against abstinence as well. At the very least, it prevents the addict from focusing on the role excessive consumption plays in her life, the function it serves for her, and therefore prevents her from addressing the real source of her problems.

Self-deception is motivated (false) belief. What is the motivation for the addict to accept this picture of herself? There may be more than one motive, but I suggest that an important motivation for many addicts will be that it allows them to repudiate their desire for the drug. We see how powerful a motive that might be when we understand, with Watson, how drug addiction actually functions. Appetites do not overcome our attempts at resistance by brute force; rather they seduce us. Thus,

one who is defeated by an appetite is more like a collaborationist than an unsuccessful freedom fighter. This explains why it can feel especially shameful; to one degree or another, it seems to compromise one's integrity. A parallel points holds for addictions [...] It enslaves by appeal, rather than brute force.

It may be very difficult for someone to admit that she *wants* to take the drug, that consumption now is worth more to her than abstinence (though she may *also* want not to want the drug). It may therefore be much easier to repudiate the desire, attribute it to biology, and continue drinking with a good conscience. No doubt, employment of this strategy is helped immensely by the fact that drugs like alcohol also temporarily impair our cognitive faculties, blurring our sense of responsibility and obliterating our memories.

At least one philosopher has previously noted that the belief in AA addiction is a source of self-deception. Herbert Fingarette has written well-known books about self-deception, and about alcoholism, so it was to be expected that he would notice the connection between them. Fingarette recognizes that the motive for (self-deceptively) accepting the claim that one is a type-two addict is that it allows the addict to repudiate the desire

The idea of the addict propagated by 'Alcoholics Anonymous' is a myth.

to consume her drug. He also seems to accept that to the extent that the addict is encouraged in this self-deceptive belief, her responsibility is diminished. Disavowal of one's desires reduces one's ability to exercise self-control with regard to them, and therefore partially excuses the self-deceiver. Her actions are no longer 'either straightforwardly voluntary or straightforwardly involuntary', and to this extent her responsibility is diminished.

However, Fingarette's account of self-deception applies much more plausibly to the type-one addict than to the type-two. Fingarette accepts something very much like the traditional conception of self-deception. According to him, self-deception is simply an avoidance of focusing on an aspect of myself or my behaviour. By such avoidance, the self-deceiver avoids 'a traumatic wound' to her self-esteem. I shall not criticise this account of self-deception here. I am more concerned, for the moment, with noticing how it prevents Fingarette recognizing the extent to which the AA model undermines attribution of responsibility for self-deception. The type-one addict might conceivably have come about her self-deception by a motivated failure to focus upon her own behaviour. The type-two addict, however, need suffer from no such failure. On the contrary, she might make a good faith and sustained effort to examine her behaviour, and yet still remain self-deceived. Powerful forces prevent her from recognizing that her belief that she is an AA addict is self-deceptive.

Let us examine how these forces work to maintain the self-deception of the type-two addict. Perhaps doubts surface in her mind as to whether this model of addiction really best fits her behaviour; whether it really is all a matter of biochemistry. Caroline Knapp certainly entertains such thoughts:

I can find countless pieces of evidence to suggest that when I put alcohol into my system I experienced a set of physiological response—a compulsiveness and loss of control—that other people don't. But I still have trouble connecting that to the concept of permanent, progressive illness. What about the times I drank and didn't lose control?

However, it would be very difficult for her to identify her belief that she is an (AA) alcoholic as self-deceptive. She has been told that *denying* she is an alcoholic is self-deceptive; even entertaining doubts is suspicious. If she feels any doubts (and of course she need not), she may well justifiably interpret them as a self-deceptive desire to deny her alcoholism. For her, self-knowledge is almost impossible, since the one view which is (truly)

not self-deceptive is widely regarded as epitomising self-deception. To the extent that she is a conscientious believer, to which she attempts to guard against self-deception, she will be steered away from the truth, and towards self-deception.

Now, if that is the case, then though the self-deceptive addict of the literature might be responsible for her deception, it is almost impossible for her to leave her self-deceptive state. If she tries, she merely substitutes one set of deceptions for another. Since the therapeutic regime, and popular culture, encourage self-deception, the self-deceptive alcoholic who 'acknowledges' her problem is not responsible for her self-deception.

This conclusion can be reinforced by considering the extent to which addiction is belief dependent. The *physiological*, as well as the psychological, effects of drug consumption are highly belief mediated. Consider these facts:

- Cravings depend, in part, on beliefs. If there is no possibility that the craving will be satisfied, it quickly subsides. Heavy smokers regularly travel on airlines *without experiencing cravings* until they disembark.
- Withdrawal symptoms can be triggered by placing an addict in a situation in which she has used drugs in the past.
- The physiological effects of placebos on addicts, taken in the belief that they are the addictive drug, can be greater than the physiological effects of the real drug, consumed in the belief that it is a placebo.

Given that this is the case, we would expect the socially (indeed, medically) endorsed belief that the craving for drugs are near overpowering to have a powerful effect on the manner in which addicts experience their addiction. At the very least, we can expect them to behave like Fischer and Ravizza's addict, to give in to their cravings earlier, in the 'knowledge' that they cannot hope to resist them. The type-two addict might relapse more frequently, and when she does, she will binge far more heavily, than the type-one addict. For her it will be true—'one drink, one drunk'; the prophecy is self-fulfilling.

Thus this myth might militate against abstinence. Perhaps more seriously, it is certainly an obstacle to addressing the real problems to which excessive consumption is a response, socially and individually. It prevents the individual from perceiving the role that excessive consumption plays in her life, by encouraging her to believe that it is not *her* at all. It encourages us, as

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a society, to spend money on medical research rather than poverty alleviation, on drug regimes rather than systematic inequality. It is a useful self-deception, perhaps, for those who are not its victims, because it is (apparently) cheap for society, and it encourages us to look away from real social problems and instead attribute the problem to individuals with unfortunate genetic inheritances. It is also, it goes without saying, a useful myth for the alcohol manufacturers, who can claim that except for a small number of people with an unfortunate genetic predisposition, their product is safe.

To the extent to which we propagate this myth, explicitly by funding substance treatment programs predicated on its assumptions, or implicitly, by funding research on the 'genes for alcoholism', through popular culture, or even through writings in moral psychology, it is we who are (self-) deceived. Those who we are pleased to call addicts suffer as a result, but so do we, through the traffic accidents and associated trauma caused, overwhelmingly, by the general run of drinkers; through the thefts and muggings perpetrated by the addict for whom no realistic treatment regimes exist; through the misallocation of research funds. The addict suffers from her self-deceptive belief, and we suffer from hers and ours. If responsibility is to be shared out, we as a society are in line for as great, or greater, a share as the addicts.

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