A THEORY OF ADDICTION FOUNDED ON CLASSICAL GREEK PHILOSOPHY

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A THEORY OF ADDICTION FOUNDED ON CLASSICAL GREEK PHILOSOPHY

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ABSTRACT

The aim of this thesis is threefold (i) To introduce a theory of addiction founded on an understanding of Classical Greek philosophy, (ii) To increase current understanding of addictive behaviour through an awareness of Classical Greek philosophy, (iii) To become the stimulus for others to study addictive behaviour from the perspective of Classical Greek philosophy.

The ancient Greek concepts of *akrasia* and *mania* are central to this thesis. *Akrasia* may be loosely translated as acting against a better judgement, and *mania* as a disorder of the soul. Personal volition, self-efficacy, desire, appetite, reason and logic, and other areas of human behaviour that have a bearing upon addiction are considered. In the Classical Greek period there was no conception of addiction. For those living at the time, it was a constant struggle to resist the pleasures offered by, for example, food, drink, drugs and sex. Some could not resist these temptations and went on to indulge their appetites to excess.

The Classical Greek philosophers, Socrates, Plato, and Aristotle characterised such "appetites" as an impairment or defect of the soul. Their work is key to this study. They argued that when appetite rules the soul, as opposed to reason and logic, the soul falls into a state of disorder. A disordered soul has the capacity to turn a good life into a miserable one.

An exegetical study of ancient texts reveals that Socrates, Plato, and Aristotle studied in detail the kind of human behaviour that encourages an

excessive appetite to develop. An exposition of contemporary theories of addiction, combined with an understanding of Classical Greek philosophy, allows for this research to propose that: *Addiction is a disorder of the soul characterised by the excessive use of psychoactive substances, or the excessive involvement in certain non-substance related activities.*

Key words: Addiction, Excessive Appetite, *Akrasia, Mania,* Tripartite soul, Disordered soul.

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GLOSSARY OF TERMS

Addiction	Addiction is a disorder of the soul characterised by the excessive use of psychoactive substances, or the excessive involvement in certain non-substance related activities.[1]
Akrasia	The act of wittingly making a bad choice when a better one is freely available. Generally, it may be thought of as acting against a better judgement, one which has been prompted by desire overcoming reason.
Aretê	Meaning excellence or virtue.
Art of measurement	The power of appearance encourages the individual to knowingly make bad choices when good ones are freely available. The art of measurement is the antidote to the power of appearance.
Elenctic	A cooperative argumentative style of discourse between individuals that is designed to stimulate critical thinking.

[1] This definition represents my proposed theory of addiction. Addiction to substance related activities and non-substance related activities is not mutually exclusive. A person could develop an excessive appetite for both.

Eudaimonia (Flourishing)	Loosely translated in contemporary terms as happiness. In the Classical Greek period it had a richer meaning than happiness. It meant living a virtuous, flourishing life, with the care of the soul being a priority over material wealth and possessions.
Incontinence (*Akrasia*)	A description of *akrasia* used by Aristotle in the *Nicomachean Ethics.*
Irrational appetite/desire	An appetite/desire that is not controlled by reason.
Mania	A rich concept in both the Ancient and Classical periods of Greece. In this thesis, its translation as a disease or disorder of the soul is adopted.
Power of appearance	A phenomenon described by Socrates. It has the power to cause people to vacillate in their actions and make bad choices in preference to the good.
Sophrosyne	A rendering in English suggests *sophrosyne* as, prudence, temperance, self-control.
Soul	"The seat of that faculty of insight which can know good from evil and infallibly choose the good"[2]

[2] Cornford (1984: 51).

Soul, Tripartite	Plato's doctrine of the three divisions of the soul: appetite; spirit; and reason.[3]

[3] The word spirit is used in this context in a secular sense. It may be thought of in terms of a person's energy, enthusiasm, determination.

Contents

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INTRODUCTION

1.1 Aims of the thesis

This thesis explores the nature of addiction and addictive behaviour. It does so from the perspective of Classical Greek philosophy. To the best of my knowledge, this is the first time that philosophy from this period of history been used to gain a comprehensive understanding of addiction and addictive behaviour.[4] The aim of the thesis is threefold. Firstly, to construct a theory of addiction founded on Classical Greek philosophy. Secondly, to increase current understanding of addiction through an awareness of Classical Greek philosophy and thirdly, to encourage the study of addiction and other aspects of human behaviour from the perspective of Classical Greek philosophy.

[4] The Classical era of Greek philosophy covered a period of around two hundred years, between the fifth and fourth centuries BC.

1.2 Methodology

For the first time two very different disciplines, Classical Greek philosophy and the Psychology of Addiction, are brought together to produce a unique theory of addiction. Determining a methodology for this excercise proves challenging. It entails taking Classical Greek understanding of human behaviour, developed over two and a half thousand years ago, and applying it to modern-day notions of addiction. In a like manner, it requires the setting of modern-day notions of addiction into a distant historical period, and context.

The methodology acknowledges differences in vocabulary. For example, ancient Greek words, such as *sophrosyne* (meaning prudence, temperance or self-control), and *aretê* (meaning human excellence), do not lend themselves easily to translation into English. It should also be noted that the word 'addiction' does not form part of Classical vocabulary; 'intemperance' is the favoured alternative in this earlier period. It will, however, become apparent as the thesis progresses, that despite these differences similar problems that are experienced today as a consequence of addictive behaviour were also experienced in mid-fifth century Athens. Indulging excessively in alcohol, food, gambling, and sex was commonplace throughout the Classical period (Davidson, 1998).

The methodology in regard to understanding the philosophy of the Classical era included an exegetical study of the ancient texts. The aim was to discover those narratives that explained human behaviour of the kind reflected by people who have developed an addiction. It was also to explore their usefulness to modern-day approaches to addiction, and whether a new theory could helpfully combine both Ancient Greek and modern day constructs. Factors explored

included: acting on emotions and desires rather than on knowledge and logic; allowing emotions to rule behaviour; behaving in a way that would normally be avoided; and failing to care for the body and soul. It proved to be the philosophy of Socrates (470 BC-399 BC), the dialogues of Plato (428 BC- 348 BC), and the writings of Aristotle (384 BC-322 BC) that met these requirements. The dialogues of Plato, and the writing of Aristotle produce a rich source of theories that account for all manner of human action. These theories are reproduced throughout the thesis and are referenced directly to the respective narratives. To understand the ancient texts, commonly available modern translations of the ancient Greek language were used.

The methodology accounts for certain concepts taken from the Classical period that require more explanation than others. These are presented in section 1.7 below. One notable example, which is central to this thesis, is Plato's conception of the tripartite soul. I have paid particular attention to explaining how the soul was understood in the Classical period, and how it is likely to be understood by many people today. Understanding the elements of the tripartite soul is key to understanding the concept of addiction as a disorder of the soul. The methodology employed throughout the thesis accounts for this.[5]

To locate the Ancient Greek concepts within modern day theories, and to assess their usefulness in this context, a review of current academic literature and contemporary theories of addiction has been undertaken.[6] The research material was examined to determine if parallels could be drawn between certain practices

[5] Chapter Four gives a detailed exposition of the tripartite soul.
[6] See Chapter Two for an overview of current theories of addiction.

and concepts that were recognised in the Classical period, and concepts and practices that are allowed for today.

There is no existing methodology for bringing Classical Greek philosophy and modern-day theories of addiction together. Therefore, I have adopted an exegetical approach, which is traditional to the philosophical study of the ancient texts. I have combined this with a critical review of modern theories of addiction in order to identify synergies and differences between the two. From this I have developed a unique theoretical perspective of addiction that draws on both modern and classical theory.

1.3 Outline of the chapter

This introductory chapter will progress as follows. In the next section the scope of the research will be considered. It delineates the parameters of this study, and includes a brief discussion on all manner of behaviour that could possibly lead to excess. The philosophical perspective of the thesis is then discussed. This is followed by a section which considers the relevance of Classical Greek philosophy in the 21st century. The next section addresses the terminology of the Classical period. The framing of contemporary issues in addiction follows, and then terminology in modern-times is discussed. A limited number of statistics are offered next to give some idea of the current scale of addiction in the United Kingdom. Recovery from addiction within the context of the 'lived experience' is then considered. The chapter is brought to a close by briefly outlining the contents of the other chapters that form this thesis.

1.4 Scope of the research

Much of the academic literature that is written about addiction is defined by its reference to substance misuse. Understanding the effects on human behaviour of psychoactive substances such as heroin, cocaine, marijuana and alcohol, monopolises this area of research (Orford, 2005). Apart from alcohol, these substances are referred to under the all-encompassing title of 'drugs'. Commonly, people do not think of alcohol as being a drug. The emphasis on substance misuse does not account for activities known as behavioural or process addictions. Albrecht *et al.* (2007) claim that excesses of shopping, exercise, pathological gambling, computer game playing, and sexual behaviour, induce specific reward effects in the body's own biochemical processes. These reward effects are akin to those induced by substance-related addictions. Several writers draw parallels between the criteria defining behavioural addiction and substance-related addiction (Orford, 2005; Holden, 2001; Potenza, 2006; Robbins and Clark, 2015; Marks, 1990).

Orford (2005), believes that confining the field of study to drug addiction or substance abuse, is unhelpful for the development of a complete theory of addiction. He argues that while the commonplace term addiction remains apt, for those requiring an exact term, "excessive appetites" defines the study of addiction more accurately. Defining addiction in this broader sense encompasses all manner of human activity of which substance misuse is just one example (Orford, 2005: 2).

The notion of individuals developing 'excessive appetites' was well recorded in mid-fifth century Athens. As I will show later, the temptation to indulge in drink, drugs, sex, and gambling to excess was ever present. Many Athenians succumbed to these temptations. It is Plato's psychology of the soul,

and his doctrine of the tripartite soul, that allows for an understanding of these excesses. I believe that same understanding is as relevant today, as it was two and a half thousand years ago.

All references to addiction and addictive behaviour in this thesis, embrace behavioural as well as psychoactive substance addictions. I am not concerned about the nature of the excess. It may be the smoking of crack cocaine, or the excessive consumption of cream cakes, it matters not for the purposes of my inquiry. It is the development of an excessive appetite for whatever; exercising, working, interminably watching television, or playing computers games, that concerns this thesis. With Orford's classification in mind, I prefer the term excessive appetite in preference to addiction. However, as Orford points out, the commonplace term addiction remains apt, therefore throughout the thesis I use the terms addiction and excessive appetite interchangeably.

To be clear, my interest in the development of an addiction lies at the level of the individual. The philosophical aspects of this thesis reflect that position. In other words, I am inquiring into an individual's capacity to develop an excessive appetite of their own volition. I will not be considering such matters as the so-called 'war on drugs', society's views on addiction, or any of the wider issues that are often associated in modern-times with addictive behaviour. I recognise that a number of contemporary theories assert that among other factors, a person's social circumstances and living environment, can be of significance in the development of an excessive appetite. I do not doubt that this is the case. However, as I shall explain later, I do not believe that they can be attributed as causal factors in the development of an excessive appetite. This will become

apparent as the thesis progresses. I should add that the position I take draws no parallels with the vice or moral theory of addiction. In other words, there is no apportioning of blame for addictive behaviour in the discussions that follow.

1.5 Framing the philosophical perspective of the thesis

Inspiration for this research is taken from a period of philosophy when there was particular interest in trying to understand human behaviour. This interest was sparked by Socrates. It is commonly understood that there is no first-hand knowledge of Socrates' philosophy. He wrote nothing of his philosophical thoughts. There are however, three sources for his work: Aristophanes; Xenophon; and Plato. It is generally accepted that Plato is the most authoritative source (Nails 2017). In this thesis, it is through Plato's writing of his dialogues that the philosophy of Socrates is understood.

The 'Socratic Problem' or 'Question', characterises the difficulty in establishing the line between the thoughts of Socrates and Plato. Briefly, the Socratic Problem is the problem of not knowing where "[the thoughts of] Socrates ends and Plato begins" Roochnik (2004: 80). The issue is neatly summed up by Navia (2007):

> We confront in the end a problem, the Socratic Problem as this is known, one that can be stated in simple terms: despite all our knowledge about Socrates, little of substance can be affirmed without hesitation. Any trait associated with him, any idea attributed to him, can be contradicted by adducing passages from various sources (Navia,2007: loc 111).

The Socratic Problem has occupied the minds of scholars for many years without resolution. There is no purpose in engaging in this debate for it is of no relevance to this research. I mention it here, to simply clarify any confusion that may arise when the thoughts of Plato and Socrates are discussed in the following chapters.

As the thesis progresses, I will show how the studies of Socrates, Plato, and Aristotle, paved the way in making sense of the emotions that people experience in their lives today. A number of scholars acknowledge the worth of such studies. For example, Bostock, suggests that Aristotle presents us with a fresh approach to the modern-day ethical problems that we face. He says that Aristotle's views are "untrammelled" by all the baggage that we bring with us" (Bostock 2000: 2). Kenny, believes that the "concept of mental health was Plato's invention" (Kenny, 1973: 1). Cornford treats "the systems of Plato and Aristotle as attempts to carry into the interpretation of the world the consequences of Socrates' discovery" (1984: x). Roochnik (2004), puts it succinctly when says that we should study the philosophy of Plato and Aristotle in "order to retrieve and revitalise their views":

> . . . one can, and should, turn back to the Greeks, not only to become knowledgeable about the venerable past, but because the Ancients may still have much to teach us today. They may have come up with better answers to the urgent questions human beings, in every age, invariably face (Roochnik, 2004: 3).

I believe these references give some sense of the worth of studying Socrates, Plato, and Aristotle in the context of contemporary social problems.

Choice, motivation, personal responsibility, desire and excess, are but a few elements of human action that these philosophers explored. I do not think it is unreasonable to suggest that in modern-times, these are among the areas of human behaviour that people engaged in the study of addiction, and addictive behaviour, seek to understand.

This thesis is attempting to do what Roochnik suggests above, which is to retrieve and revitalise the philosophy of Socrates, Plato, and Aristotle in a way that it can be used to address contemporary problems associated addiction, and addictive behaviour. I believe the arguments I put forward in this thesis for proposing addiction as a disorder of the soul, are provided for in riches by Socrates, Plato, and Aristotle.

Central to this thesis is an understanding of the human soul. I recognise that the conceptions of the soul that Socrates and Aristotle held were different in certain respects. To be clear on this point. The theories I take from the writings of Aristotle, support the overall theory of addiction that I am presenting. These include his account of *akrasia*, his theory of the differences between the souls of animals and human beings, his theory of imagination or *phantasia*, and his conception of happiness. The philosophical discussions I present on these subjects, does not offend the position either philosopher takes on their individual notions of the soul.

1.6 The relevance of Classical Greek Philosophy in the twenty-first century

In the previous section I discussed the value of studying the Classical Greek philosophers, Socrates, Plato, and Aristotle. In this section, I want to extend that

discussion to meet a potential objection. It is one that might suggest there is no purpose in studying philosophy from a period of time that bears little, if any resemblance to life in the twenty-first century. It might also be said that philosophy has developed and moved on from the Classical era, making philosophical concepts from that period redundant. I acknowledge that how philosophy was understood and practiced two and a half thousand years ago, is profoundly different to the way it is understood and practiced today.

My initial response to the objection would be that problems surrounding addiction are not unique to the twenty-first century. Addiction has shown itself to defy differences in time. While Socrates, Plato, and Aristotle, may not have used the same vocabulary that is used today regarding addiction and addictive behaviour, what this thesis will show is that they clearly understood what it meant for a person to develop an addiction. They were also aware of what today we call behavioural addictions. Furthermore, I will show that these philosophers understood the negative psychological and physiological effects that an addiction can have on a person's health and well-being. They also offered what I believe to be a viable solution to the problem.

The history and development of philosophy from the Classical period to the present is a huge subject area. It is beyond the scope of this research to address it in detail. However, there are certain points that I can reference to give some idea of how Classical Greek philosophy has developed, and why it remains relevant to date. There are three areas that I think have particularly influenced the way Classical Greek Philosophy is now viewed. Firstly, there is the encounter of Christianity with ancient culture and the unification of the Judaeo-Christian and

the Greco-Roman tradition. This "is perhaps the most important event in the history of Western culture" (Johansen, 1998: 569). Secondly, during the 17th and 18th centuries, The Age of Enlightenment, philosophers set a course in moral philosophy that was to abandon the Classical Greek theory of human purpose. In its place was introduced a concept of obedience to moral law. This had a significant effect on the way philosophy was to be understood. Thirdly, I will consider the views of a number of contemporary philosophers who have written extensively on the subject. This will show the relationship of current philosophical thought to its past, and the Classical era. I will also give some examples to illustrate how interest in Classical Greek philosophy has increased in recent times. Finally, I will show how a central tenet of Aristotle's moral philosophy has become a dominant theory in normative ethics in the 21st century.

1.6 (i) Classical Greek Philosophy and the Christian Faith

The relationship between Classical Greek philosophy and the Christian faith has often been uneasy. In the two thousand or so years since the emergence of Christianity, philosophy has sometimes been seen as a natural complement to Christian theological reflection. At other times, followers of the two disciplines have viewed each other as "mortal enemies" (Murray and Rea, 2016: 1). Webb (1933: pp.79-80), suggests that:

> The opposition between philosophy and religion, which we so frequently observe, is thus both natural and inevitable. It arises from the fact that they are both concerned with the same object.

At the root of this problem lies two very different conceptions of what it means for a person to lead a good and virtuous life. The Classical Greek philosophers emphasised 'man', answerable to himself and led by reason and logic as the centre of this interest; theological doctrine had no part to play in this theory. The occasional reference in Greek philosophical theology to the Greek God Zeus is the only obvious link to religious tradition (Webb, 1933). When the Christian faith emerged, it claimed spiritual worship and the affirmation of the will of a Christian God as the way to live a good and virtuous life; a view that clearly contradicted that of the Classical Greek philosophers. An early Christian author and fideist, Tertullian, argued that religious faith is independent of, if not outright adversarial toward reason. On this view, the faculty of reason is "unnecessary and inappropriate for the exercise and justification of religious belief" (Amesbury, 2017: 1).

The discord between philosophy and Christianity is typified in the following. In 45 B.C. Cicero wrote:

> Socrates was the first who brought down philosophy from the heavens, placed it in the cities, introduced it into families, and obliged it to examine into life and morals, good and evil (Main, 2011: 227).

The following is from Saint Paul who later wrote in the Epistle to the Colossians (2:8), taken from the New Testament. In this writing he makes clear the early Christian thoughts on philosophy:

> Beware lest any man spoil you through philosophy and vain deceit, after the tradition of men, after the rudiments of the world, and not after Christ.

As I will explain shortly, it was not until the fourth century A.D. and the influence of Saint Augustine that attempts were made to resolve this controversy. The sentiments expressed by Saint Paul, linger today. The suggestion is that any life that is lived outside of the Christian Scriptures "becomes an existentialist or relativist pursuit with no foundation other than our life histories" (Christian Network, 2013).

The message preached by the prophets of Christianity appealed to their fellow countrymen. It appealed because [unlike philosophy], it promised spiritual salvation, immortality, and a future life liberated from sickness, disease and poverty (Koester, 1998). Furthermore, Christianity offered not merely "fellowship in a philosophical school, but in a religious body of initiated brethren" (Webb, 1933: 90). Despite the rise of Christianity "every epoch of Classical culture [after Plato], was marked by Platonic characteristics" (Jaeger, 1986: 77). Jaeger believes this is the only possible way to understand Saint Augustine, who took Plato's *Republic* and 'Christianised' it in his book on Christian philosophy, *The City of God.*

Augustine's Christianity was largely influenced by Platonic ideas During his lifetime (354 A.D. - 430 A.D.) there is the transition from late antiquity to what is known as the Early Middle Ages. Augustine was sympathetic to the philosophy of Plato, for he could see no contradiction between his work and Christianity (Harris, 1995). There was, however, a caveat, which was his belief that reason, the mainstay of philosophy, was limited in its ability to answer religious questions.

Augustine believed that philosophical reflections complemented theology but only when these were grounded in an intellectual commitment to the Christian faith. Under these conditions, philosophy was legitimate on the basis that such legitimacy was derived from its underlying faith commitments. Augustine's influence, and his attempt to converge philosophy and Christianity, continued into the High Middle Ages (circa 1000 A.D. - 1250 A.D) (Murray and Rea 2016). Through the philosophy of Neoplatonism,[7] Augustine carried this school of thought into Christianity where it became a major influence (Harris, 1995).

During the Renaissance, four hundred years after the death of Augustine, Saint Thomas Aquinas (1225 A.D. - 1274 A.D.) offered an alternative philosophical model that sought to harmonise Christian faith and the philosophy of Aristotle. The 'Thomistic' model recognises that philosophy and theology differ primarily in their intellectual starting points when considering human behaviour. Philosophy takes its starting point as logic, reason, and natural human faculties, whereas theology turns to the scriptures of the Bible and divine revelation, or divine authority. This demarcation paves the way for conflict between the two disciplines. However, supporters of the Thomistic model believe that such conflict is merely apparent. They maintain that since a Christian God created the world, accessible to philosophers and theologians, the claims yielded by one cannot conflict with the other, unless either has made some prior error. On this account, it is possible that reason and faith can co-exist alongside each other (Murray and Rea, 2016). Aquinas proposed a system of 'Christian Aristotelian' philosophy,

[7] Neoplatonism, developed from the third to the fifth century A.D. Its founder, Plotinus, posited a "highly monastic" version of Plato's philosophy, countering dualistic interpretations of Plato's thoughts (Harris, 1995: pp. 612-614).

expounded in his writing of *Summa Theologiae.* In *Summa Theologiae* can be found Aristotelian metaphysics, philosophy of mind, and moral philosophy, all of which form a significant part in the Christian vision of the created world and of God (Broadie, 1995).

In the Middle Ages the divine purpose was reflected with an emphasis on classical teachings. This especially included the moral teachings of Aristotle, "who had been canonized when his philosophy was grafted on to Christian theology [by Augustine and Aquinas]" (Hampson, 1968: 17). As I will explain in a moment, the reconciliation that Augustine and Aquinas sought between Classical Greek philosophy and Christianity, was to damage Aristotle's reputation centuries later.

In addressing the question whether Christianity introduced new concepts and problematics into the philosophical tradition, Gilson suggests that the most favourable philosophical position is that held by Christianity and not philosophy. Christianity's greater superiority consisted in the fact that it was not "the simple abstract knowledge of the truth but an efficacious method of salvation" Gilson goes on to suggest that in the eyes of Christianity, ancient philosophy represented no more than pure speculation, whereas Christianity itself is "a doctrine which brings with it at the same time, all the means for putting itself into practice" (Gilson, cited in Hadot, 2002: 259). Over a period that stretched three centuries, members of the various factions of Christianity and ancient philosophy, fought each other, adapted themselves to each other, and learned from each other. Ultimately, however, it was Christianity that prevailed (Johansen, 1998).

1.6 (ii) The Age of Enlightenment and the telos of human purpose

During the 17th and 18th centuries, a sea change occurred in philosophy. Two dominant moral theories emerged; deontology and utilitarianism. The precursor to this event was a mistrust of religion and a mistrust of the authority of the Church. This placed doubt over Aristotle's philosophy as a consequence of it being associated with the Christian faith (Webb, 1933). This is the period known as The Age of Enlightenment (or The Age of Reason). The Age of Enlightenment contrasts with "the darkness and irrationality that supposedly characterised the Middle Ages" (Inwood, 1995: 236). It was a time when an independent secular class of philosophers "who were outside the pale of the church" gained prominence[8] (Manuel, 1965: 1). The concept of modern liberal individualism took hold and in addition to rebelling against traditional forms of moral and political authority "it also displaced the Church from its traditional role in the Christian polis" (Lutz, 2012: 31). If Aristotle's reputation had waned during this time, the reputation of Socrates was growing. The intellectual drive of the period was very much associated with Socrates, who was "transformed into a figure of modernity" (Leonard, 2010: 185). Plato's was simply seen as communicating the philosophy of Socrates through his dialogues (Leonard, 2010).

Further developments were about to test the resilience of the Classical tradition when the concept of teleology was removed from its moral framework during The Age of Enlightenment. Teleology was an important feature of the ethical theories of Socrates, and Plato. It claimed that obeying certain moral precepts were an end to achieving human excellence. This notion had survived up

[8] For example: Bentham; Descartes; Hume; Kant; Locke; Mill; Rousseau; Smith and; Voltaire.

to the 17th century. To carry it forward demanded that three well established Classical elements be recognised: "untutored human nature; mans-as-he-could-be-if-he-realized-his-telos; and the moral precepts which enable him to pass from one state to the other" (MacIntyre, 2007: 54-55). The idea of 'man as he could be' was deprived of its teleological context. In other words, there was to be no conception of human perfection serving as the ultimate goal. On this account, removing the notion of telos from human purpose reduces morality to no more than rule-following (MacIntyre, 2007).

MacIntyre comments on the absence of telos in the philosophical structure of the Enlightenment:

> Since the moral injunctions were originally at home in a scheme in which their purpose was to correct, improve and educate that human nature, they are clearly not going to be such as could be deduced from true statements about human nature or justified in some other way by appealing to its characteristics (MacIntyre, 2007: 55)

Removing telos from the moral framework meant that, contrary to the Classical tradition, which saw 'imperfect' people seeking human excellence through moral development, thinkers during the Enlightenment changed this notion and instead believed obeying the rules of morality as the goal, not human perfection (MacIntyre, 2007). Thus, a central plank of Classical Greek philosophy had been abandoned. Once again Classical philosophy had been subjected to

adaptation or manipulation, as it had been by Augustine and Aquinas centuries earlier.

Taking telos out of the moral scheme left a void that had to be filled. Some new teleology or some new categorical status had to be found, otherwise the "rules of morality would appear as mere instruments of desire and will" (MacIntyre, 2007: 62). Out of this appeared two theories of morality that I have mentioned previously; utilitarianism and deontology (MacIntyre, 2007). While utilitarianism adopts a form of teleology, it is one that brings about the most 'overall' good, and not just the good for the person performing the action. Utilitarianism has no connection with the Classical Greek concept of *aretê* (human excellence). In terms of a categorical status, the theory of deontology was introduced. This was founded on the basis that a course of action is morally permissible if it conforms to the 'moral law', the 'categorical imperative' (MacIntyre, 2007). In his writing of *After Virtue* (2007, pp. 62-78), MacIntyre suggests that utilitarianism and deontology failed as plausible moral theories. Nevertheless, he recognises that "in the course of attempts at making them succeed, social as well as intellectual transformations were accomplished" (MacIntyre, 2007: 62). This is apparent because until the 1970s, utilitarianism and deontology dominated normative ethics. Hursthouse (1999: 1) suggests that "during the 1960s and 1970s hundreds of books and articles were written on normative ethics [yet] . . . no mention was made of any third possibility that harked back to the ancient Greeks". Gradually a change was observed and a neo-Aristotelian version of virtue ethics was introduced. This development leads into

the twenty-first century and the current debate surrounding Classical Greek philosophy.

1.6 (iii) Classical Greek philosophy in the twenty-first century

The way in which philosophy is practiced and understood today is different from the way it was practiced and understood in the Classical period. MacIntyre (1998: 38) makes the following observations in this respect:

> At the heart of Greek moral philosophy is the figure of the educated moral agent whose desires and choices are directed by the virtues towards genuine goods and ultimately towards *the* good. At the heart of a distinctively modern moral philosophy is the figure of the autonomous individual whose choices are sovereign and ultimate and whose desires are , in one version of such moral theory, to be weighted equally along with those of every other person, or, in another version of such theory, to be constrained by categorical rules which impose neutral constraints upon all desires and interests

The events in the development of philosophy that I have so far described in this section, have caused the discipline to arrive at the point MacIntyre describes. He harks back to the period of the Enlightenment and the development of the moral theories of deontology and utilitarianism, both of which he considers have had a negative effect on the way morality is viewed today (MacIntyre, 2007). The moral framework of the past, in which moral judgements were understood "and governed by impersonal standards justified by a shared conception of the human

good" and supported by practical beliefs, habits, thoughts, feeling and actions have, according to MacIntyre, been lost (MacIntyre, 2007: vi). Despite these thoughts, interest in Classical Greek philosophy has been reinvigorated, as I will now explain.

At the beginning of the 20th century, analytic philosophy held sway for many classicists. This resulted in some of its devotees turning away from the traditional areas of philosophy such as metaphysics. They believed that Ancient Greek philosophers concerned themselves with non-philosophical problems, and as such their work was of no value (Daniels, 2019). "This view was eventually overcome by the philosopher Gilbert Ryle, who found that Plato's later dialogues were actually 'doing' analytic philosophy and were thus of some interest after all!" (Daniels, 2019: 1). Ryle's position sparked a renewed interest in Classical Greek philosophy, most notably under the inspiration of Vlastos and Nussbaum in the USA, and Williams and MacIntyre in the UK.

As an example of the current scholarly interest being shown in Classical Greek philosophy it is worth noting that at the end of the nineteenth century, the classicist Diels gathered together manuscripts of the various commentaries on Aristotle. He then published these works in thirty volumes or so, totalling over fifteen thousand pages in the original Greek, in *Commentaria in Aristotelem Graeca* (CAG). In the late 20th century, a group of scholars, under the leadership of philosopher and historian Sorabji, began translating the CAG into English (Daniels, 2019). The translation produced new insights into Classical Greek philosophy that have increased awareness and raised interest in the subject.

Sorabji suggests that the commentaries recovered by Diels also contain ideas that are of direct interest to modern debates (Daniels, 2019).

Such renewed interest in Classical Greek philosophy can be seen in cognitive science. The roots of this discipline can be traced to the philosophy of Plato and Aristotle and their explanations of human knowledge. “In the 19th century, cognitive science fell within the remit of experimental psychology” (Thagard, 2019: 1). Research in this field is to be found in many academic papers similar to that produced by McCready-Flora (2014). He argues that “human action is a subset of animal motion, and Aristotle’s cognitive science offers a unified account of both” (McCready-Flora, 2014: 396-397). Cognitive science is returning to its Classical origins through the work of Plato, and Aristotle. It is an example of how the Classical tradition of philosophy is informing contemporary issues to gain a better understanding of the mind.

1.6 (iv) Some current debate around Classical Greek philosophy

The resurgence of interest in Classical Greek philosophy has brought with it some philosophical argument. As an example, I turn to a paper written by Nussbaum and Putnam (2003), and an opposing view posited by Burnyeat (2003). The gist of the disagreement is that Nussbaum and Putnam, put forward an argument that favours Aristotle’s view of the soul and body. They argue that the position he takes is both credible and acceptable. On the other hand, Burnyeat argues that the proposition that Nussbaum and Putnam put forward is false. He goes so far as to say that Aristotle’s theory of the mind, body and soul should be “junked” (Burnyeat, 2003: 26). I am not entering this argument. I raise the conflict to show how current interest in Classical Greek thinking can provoke fierce debate

between contemporary philosophers. Nussbaum and Putnam characterise Burnyeat's response to their paper as an "attack" on their interpretation of Aristotle's view on the body and soul" (Nussbaum and Putnam, 2003: 1). The correspondence between these three on this matter continues. I see this kind of ongoing dialectical exchange between respected contemporary philosophers, as a good thing for the advancement of Classical philosophy. It shows that it clearly has some relevance for topical debate. In Chapter Two (s2.1) I reference Hull (1935: 1), who suggests that professional conflict is good since it indicates "an immense amount of interest and genuine activity which are entirely favourable for the advancement of any science".

As it might be expected, there are some contemporary philosophers who are more committed than others in furthering the study of Classical Greek philosophy; Alasdair MacIntyre is one of these. In *After Virtue* (2007), MacIntyre paints a bleak picture of current moral discourse and theory. The central thesis of *After Virtue* is firstly, that current moral and political philosophy is inadequate, and secondly, that this can only be renewed by a return to a study of the virtues and the notion of human excellence. His withering critique of present day moral theories, under the banner of "liberal individualism" characterises the narrative of *After Virtue.* It can be seen in outline at the beginning of the book where MacIntyre says:

> liberal individualism, embodies the *ethos* of the distinctively modern and modernizing world, and that nothing less than a rejection of a large part of that ethos will provide us with a rationally and morally defensible standpoint from which to judge

and to act – and in terms of which to evaluate various rival and heterogenous moral schemes which compete for our allegiance" (MacIntyre, 2007: xvi).

MacIntyre defends Aristotle's conception of human nature and morality. He pits this aspect of his moral philosophy against the moral philosophy that came out of the Enlightenment, and the theory of 'moral relativism' that followed. This should be no surprise following a reading of 1.6 (ii) above, where I explain how the concept of human purpose, its telos, was discarded during this period. MacIntyre (2007) believes that modern philosophy and modern life is void of any coherent moral code. According to him, many people currently have no sense of community and furthermore, their lives reflect no sense of purpose or meaning. Liberal individualism is the antithesis of the Aristotelian community (MacIntyre, 2007). It will be noted in S. 1.11 below, how the notion of a sense of community and community involvement, is key to recovery from addiction within the framework of the 'lived experience'.

To conclude this section I want to discuss a version of neo-Aristotelian ethics. It is a moral theory that addresses the problems MacIntyre finds in the abandonment of telos, and the dominant moral theories of deontology and utilitarianism that were products of the Enlightenment. Virtue ethics has its roots in the philosophy of Plato, and Aristotle. This is so because three tenets of their philosophy, *aretê, phronesis,* and *eudaimonia,* figure prominently in its moral framework. Virtue ethics considers: virtues and vices; motives and moral character; friendship and family relationships; a deep concept of happiness; the role of the emotions in our moral life; and the fundamentally important question

of what sort of persons we should be, and how we should live. Each one of these concepts is absent in deontology, and utilitarianism (Hursthouse and Pettigrove, 2018). Virtue ethics was a dominant moral theory until the Enlightenment. It "suffered a momentary eclipse during the 19th century but remerged in Anglo-American philosophy in the late 1950s" under the stewardship of Elizabeth Anscombe (Hursthouse and Pettigrove, 2016: 1).

Hursthouse is noted for her work on virtue ethics. In her book on the subject, Hursthouse presents a programme for the development of neo-Aristotelian virtue ethics (Hursthouse, 1999). Hursthouse claims that since the 1970s, the interest in virtue ethics has increased among contemporary philosophers. At the end of the 20th century neo[9]-Aristotelian virtue ethics "acquired full status, recognised as a rival to deontology and utilitarian approaches, as interestingly and challengingly different from either as they are from each other" (Hursthouse, 1999: 2). The number of books, articles, academic papers, and electronic sources, that discuss virtue ethics tend to support the claim that Hursthouse makes. The work that Hursthouse has produced is not simply of scholarly interest. She has shown that virtue ethics has practical applications in helping resolve some of the moral issues that people face (Hursthouse, 1992). When the tradition of the virtues is regenerated it is by way of everyday activites. It is practiced in households, by families, in schools, in health care and the community (MacIntyre 2007).

[9] It is known as 'neo' because the proponents of the theory allow themselves to regard Aristotle as "plain wrong [in his views] on slaves and women" and also because they do not restrict themselves to Aristotle's list of virtues (Hursthouse, 1999: 8).

The upshot is that through her work on virtue ethics, Hursthouse has clearly demonstrated the worth of recalling philosophy from the Classical period. I would suggest that in doing so she has provided an example of the relevance of Classical Greek philosophy in the twenty-first century.

1.6 (v) Conclusion of the section

Since Socrates turned attention away from the pre-Socratic philosophers interest in nature and toward trying to understand human behaviour, Classical Greek philosophy has not had a trouble free journey into the 21st century. The emergence of Christianity and developments in normative ethics, with the introduction of the moral theories of deontology and utilitarianism, have had a bearing on the way Classical Greek philosophy has been viewed over past centuries.

During this period the moral philosophy of Socrates, Plato, and Aristotle, has not always been seen in a favourable light. However, I hope I have shown that the resurgence of interest in Classical Greek philosophy by contemporary philosophers has gone some way to redressing the balance. Classical Greek philosophy is being applied today in areas of human interest, and neo-Aristotelian virtue ethics has become a dominant moral theory in normative ethics ranking alongside, deontology and utilitarianism. MacIntyre sums up the need for seriously considering the work of the Classical Greek philosophers when he says:

> [there is] a need to learn from some aspects of the past, by understanding our contemporary selves and our contemporary moral relationships in the light afforded by a tradition that

> enables us to overcome the constraints on such self-knowledge that modernity, especially advanced modernity imposes (MacIntyre, 2007: ix).

It is for the reasons I have explained in this section that I believe Classical Greek philosophy can help us better understand some of the social and personal problems that people face today, including addictive behaviour. These reasons also show the relevance of Classical Greek philosophy in the 21st century.

1.7 Terminology in the Classical period of Greece

There are some philosophical concepts from the Classical Greek period of Greece that are worthy of particular consideration at this early point in the thesis. These are fully referenced in later chapters. I shall begin by considering the concept of the soul.

The soul, or to be precise Plato's conception of the tripartite soul, is central to understanding the development of an excessive appetite. The existence of the soul has been the subject of much debate over centuries, and it continues to be so. Translated from the ancient Greek, 'mind' refers to the *psychē* or soul (Liddel and Scott, 2007: 798). Lee (2007), in his notes on his translation of Plato's *Republic*, says that the Greek word *psuche*, meaning soul, sometimes refers to the personality or character of a person, or the "seat of mental function" (Lee, 2007: 385).

The soul is not a physical entity. It cannot be surgically removed from the body and handled. Neither can its presence be determined by modern-day technology such as Magnetic Resonance Imaging (MRI scan). The soul is invisible

to the eye. It can only be apprehended by reason and thought. In his dialogue, *Laws*,[10] Plato writes that the soul embraces the individual, but that embrace is " . . . totally below the level of our bodily senses, and is perceptible by reason alone" (898e).

Two contemporary philosophers make the following observation on the current belief of the soul:

> The current intellectual climate is quite hostile to the idea that we are embodied souls. The idea that there might be more to us than our physical bodies is out of step with contemporary secular philosophy. There is a prevailing assumption that we human beings and other animals are thoroughly physical – chemical realities (Goetz and Taliaferro, 2011).

Prior to Socrates, philosophic inquiry was primarily concerned with the nature and origin of the world (Cornford, 1984). Discussions on the soul were couched in terms of it being a ghost like entity that had no bearing on human action (Cornford, 1984: 50). This contrasted sharply with Socrates' interest in the soul. He never discussed, as his predecessors had done, "such questions as the origin of the world" (Cornford, 1984: 29). Socrates was only interested in human concerns. He developed a conception of the soul in more meaningful terms than earlier philosophers, and placed it firmly in the sphere of human action.

Socrates moved philosophy from the study of Nature to the study of human life. Thus began the development of the psychology of the soul (Cornford, 1984).

[10] Unless stated otherwise, all translations of Plato's dialogue, *Laws* are by Taylor (1973).

Socrates' "discovery" as Cornford describes it, was that "the true self is not the body but the soul" (Cornford, 1984: 50). In Plato's dialogue *Laws,* (Book X), there is a lengthy discussion on the nature of the soul between two interlocutors; the Athenian, and Clinias. What emerges from this discussion is the belief that the soul has primacy over the body. It is the soul that governs the body, it is the soul that carries us wherever we go; the soul guides us into action. The soul is defined as "motion capable of moving itself" (896a)[11]. In Plato's dialogue *Phaedrus* (247d), he tells the reader that the soul is "nourished by reason and knowledge". Plato's suggestion is that reason and intellect constitute the essence of the soul.

In his dialogue *Phaedo*,[12] Plato writes that the soul is something that keeps bodily desires and affections in check "especially if it is a wise one" (94b). Cornford (1984), asserts that Socrates' notion of the soul has insight about what it is best to do, and how best to behave; "with no alien adornment, but with its own, with temperance and justice, bravery, liberality and truth" (114e f). Cornford says that what Socrates meant by the soul was " . . . that faculty of insight which can know good from evil and infallibly choose the good" (Cornford, 1984: 51).

As I explain in Chapter Four (s.4.2), Socrates considers life a function of the soul. According to Lorenz (2009: 3.2) this is "[N]ot just any kind of life, but a distinctly human life. Caring for the right sorts of things in the right way, ruling or regulating oneself". In *Phaedo*, Plato informs us that the soul's presence in the body establishes that the body is alive (105c). He developed the notion of the soul being a faculty of insight, an entity that is capable of discerning good from bad, and

[11] Stephanus pages are used to reference Plato's dialogues, and 'Bekker numbers' for the writing of Aristotle.
[12] Unless stated otherwise all translations of Plato's dialogue *Phaedo,* are by Hackforth (1998).

right from wrong. He believed the enlightened soul would not allow itself to be dominated by pleasure, pain, lust or any other desires (Cornford, 1984).

Socrates attributed many aspects of human life to the soul. A way of understanding this might be to consider the soul as a repository for features of life, including those I have just mentioned; appetite, reason, and spirit. In support of my analogy I turn to Lorenz (2009), who suggests:

> . . . it is, after all, open to us to interpret what Socrates is saying in terms of a conception that integrates the things that Socrates attributes to the soul as functions, or as parts of aspects of its function, namely in terms of the conception of living a life, and not just any kind of life, but a distinctly human one . . . depending on the condition of their soul, a person can be better or worse at doing these things (2009, 3.2).

The knowledge a person has of themselves, understanding the way to live a good and flourishing life, and caring for the soul, were key issues for Socrates. Persuading those around him to care for their soul above all else, was Socrates' prime aim in life. When he told those who would listen that the only thing worth caring for was their soul, "he was using language that must have sounded very strange to them" (Burnet, 1916: 12-13). No doubt a similar reaction might be expected from most people today.

I think the answer to the question, what is the soul, must be that it can mean different things to different people. It might be said that for Plato, the soul has a practical purpose; the soul moves us into action, it governs the body. This

was the belief held of the soul in the Classical period of Greece. In modern-times I think it would be difficult for most people to perceive of the soul as having a practical purpose.

Plato's conception of the tripartite soul, which could certainly be thought of as serving a practical purpose, is considered in Chapter Four (s.4.3). The tripartite soul functions well if reason takes the lead over the other two parts: appetite and spirit. Reason must have primacy otherwise, as Socrates tells us in Plato's dialogue *The Republic*, the appetitive part of the soul will become too large and allow excess to develop. What Socrates is describing is how the appetitive part of the soul can dominate reason and spirit. The consequences of this is the beginning of an excessive appetite. It also signals the beginning of a conflicted soul for the individual concerned. Equilibrium between the three elements of the soul must be re-instated if the excessive appetite is to be checked, and further inner conflict averted. In Chapter Four (s.4.4), I will explain how such inner conflict is ultimately resolved by the individual concerned exercising self-mastery, or self-control, over the soul. I will have more to say on the nature of the soul as the thesis progresses, but for now I want to consider the next term which is the Classical Greek concept of '*eudaimonia*'.

Eudaimonia is discussed at length in Chapter Six (s.6.5). Loosely translated, *eudaimonia* means happiness. From Socrates' time the chief question debated by the various schools of philosophy was the definition of happiness (Cornford, 1984: 35). Socrates and Aristotle, both agreed that happiness (*eudaimonia*) is what we all aim for in life. They believed that everything we do is done with the attainment of happiness in mind. However, their notion of happiness and modern-day notions

of happiness, differ significantly. For example, *eudaimonia* is not a transient state. In other words, it is not feeling happy in the moment, perhaps because of an imminent holiday, buying a new car, having a new job, engaging in a new relationship, or whatever it may be that brings immediate pleasure.

Eudaimonia is more closely aligned to living a life that is flourishing. It is in the perfection of the soul that a flourishing life, *eudaimonia* lies. A person who is *eudaimōn* possesses a soul that is at peace, where harmony exists between its constituent parts. In Chapter Six (s.6.5), I propose that it is the pursuit of happiness, a modern-day notion of happiness and not *eudaimonia,* that results in some people developing an excessive appetite. As I will explain, it is a corrupted modern-day form of happiness that allows for reason and logic to be overcome by an excessive appetite.

Turning now to the Ancient Greek concept of *akrasia.*[13] In Plato's dialogue *Protagoras*,[14] Socrates discusses *akrasia* with the ageing Sophist,[15] Protagoras. It will become clear as the discussion between the two progresses, that the notion of *akrasia* consists in the act of wittingly making a bad choice when a better one is freely available. It may be thought of as acting against a better judgement, one which has been prompted by desire overcoming reason. It is in this context that

[13] In his writing of the *Nicomachean Ethics,* Aristotle uses the word 'incontinence' to describe *akrasia.* In today's vocabulary the word incontinence translates to a person's reduced control over certain bodily functions. *Akrasia,* and not incontinence, will be used throughout this thesis unless it is a direct quote. Unless stated otherwise all translations of Aristotle's *Nicomachean Ethics* are by Crisp (2005).

[14] Unless stated otherwise, all translations of Plato's dialogue *Protagoras* are by Taylor (1976).

[15] The Sophists were itinerant lecturers in the 5th century BC. Sophism was not a recognised school of philosophy, and neither were the Sophist linked as a group. Unlike Socrates, they charged pupils, predominantly young statesmen and nobility, for their services. They taught all manner of subjects There was an uneasy relationship between Socrates and the Sophists. Plato was hostile to the Sophists, believing their claims, among others as teachers of *aretê* (human excellence), was unjustified, De Romilly (2002).

Socrates questions the reason people give for behaving akratically. He disputes the claim that they act in this way because they have been overcome by among other things, desire. He takes the view that if a person has knowledge of what is good and bad, they would never wittingly do anything bad. What Socrates means by this is that knowledge can never be overcome by the senses; knowledge will always lead a person to make the right choices in life. As I explain in Chapter Four, Plato subsequently revises his view on *akrasia* with his introduction of the tripartite soul.

To set *akrasia* in the context of addiction, I suggest that the notion of an 'unwilling' addict epitomises akratic behaviour. This is so because the addicted person knows that they have an addiction and they try to bring it to an end. However, every attempt results in failure, because they follow their desire to continue the addiction knowing it is the bad choice, and despite reason urging them to do otherwise (Frankfurt, 2007). They have acted against their better judgement; a paradigmatic case of *akrasia* in my view.

I acknowledge that the term unwilling addict is one that is not often used in the vocabulary of addiction. I have taken it from Frankfurt (2007) and Kennett (2013). Frankfurt, in *Freedom of the Will and the Concept of a Person*, explains his theory of first and second order desires. In doing so he uses the example of an addict who is "wanton", and another he describes as an "unwilling addict". The wanton, whose character I consider further in Chapter Five (s.5.17), unlike the unwilling addict, experiences no inner conflict. The wanton, willingly and without reflection, pursues the addictive behaviour. In contrast, the unwilling addict is

"helplessly violated by his own desires" (Frankfurt, 2007: 328). The unwilling addict:

> hates his addiction and always struggles desperately, although to no avail, against its thrust . . . He tries everything that he thinks might enable him to overcome his desires for the drug. But these desires are too powerful for him to withstand, and invariably, in the end, they conquer him (Frankfurt, 2007: 328).

Referencing Frankfurt's work in her research, Kennett (2013), clarifies the notion of an unwilling addict. She suggests that the addict is not unwilling if they " . . . do not over time judge that another way of life should be better for him and devote some of his voluntary cognitive resources to resisting drug use". She adds that the unwilling addict clearly fits the dual-process account of self-control, and its loss as applied to addiction (Kennett, 2013: 159). On this account, unwilling addicts know that what they are doing is bad for their health and well-being. However, contrary to their better judgement, they continue to encourage their addiction despite making efforts to the contrary.

Having considered the notion of 'unwilling addicts', I should enquire if there is such a category of 'willing addicts'. Kennett (2013) does not think so. She believes that addiction as a state " . . . doesn't seem like something that could be valued for its own sake" (Kennett, 2013: 158). However, she claims that:

> . . . there is a subgroup of addicts for whom drug use and the experiences derived from it are seen as part of a good and flourishing life . . . drug dependence may be seen as the price to

> be paid [for this situation] . . . [it may also offer for the individual concerned] artistic inspiration . . . and a valuable insight into oneself . . . (Kennett, 2013: 158).

Closely associated with *akrasia* are two concepts that are of some significance in this thesis. They are the **'**power of appearance' and the 'art of measurement'. Both concepts are introduced by Socrates in Plato's writing of *Protagoras*. I suggest in this thesis, that it is the power of appearance that encourages the instigation and maintenance of an addiction. The power of appearance has the capacity to make bad things look good, and to deceive a person into choosing the bad. The power of appearance means what it implies. It is how things appear to an individual that gives it its power. In other words, what may appear enticing and desirable to one person, may not be so for another.

The art of measurement is the antidote to the power of appearance. The premise behind this theory is that the art of measurement is a safeguard against the deceit of the power of appearance. According to Socrates, unlike the power of appearance, the art of measurement provides for a truthful and accurate representation of what a person perceives. Plato tells us little about the characteristics of the art of measurement except to say that embedded within it is a form of knowledge. To understand what he may mean by the art of measurement and how it may be put into practice, Socrates' notion of holistic medicine is explored in Chapter Six (s.6.7).

The 'disordered soul' is the subject of Chapter Six. I have stated that the primary aim of this thesis is to develop a theory of addiction founded on Classical Greek philosophy. It is a theory that proposes addiction or an excessive appetite,

to be a disorder of the soul. To be faithful to the ancient texts I should say that addiction is a 'disease' of the soul rather than a disorder of the soul. I have substituted the word disorder for disease to avoid any misunderstanding that the soul is diseased in the way that disease would be interpreted in modern-times. My reason for doing so, is that I do not wish to give the impression that the soul is infected or is suffering from a malady which requires 'medical' attention. Furthermore, I do not want my theory to be likened to the disease theory of addiction. Socrates uses the term disease to imply a lack of ease, to indicate a disorder within the soul. Used in this way, it has no modern-day medical connotations attached to it. It is for these reasons that I use the term disorder and not disease. Similarly, there are other words that I use throughout the thesis that also have connotations with the disease model of addiction. For example, relapse, recovery, and treatment. These words are ubiquitous in the vocabulary of addiction and in common discourse. For ease of reference, and to avoid confusion, I do not seek to substitute them.

The ancient Greek word '*sophrosyne'* is considered next. There is no word in English that translates *sophrosyne.* A rendering in an English Dictionary offers "prudence, temperance, self-control" (Merriam-Webster, 2017). In the foreword to his translation of Plato's dialogue, *Charmides*, Jowett (1973) says that "arrogance, insolent self-assertion", was the quality most detested by the Greeks, *sophrosyne* is the opposite of this. To the Ancient Greeks, *sophrosyne* meant:

> accepting the bounds which excellence lays down for human nature, restraining impulses to unrestricted freedom, to all

> excess, obeying the inner laws of harmony and proportion (Jowett, 1973: 99).

In brief, *sophrosyne* means caring for the self. While the word *sophrosyne* will not be used often in the thesis, the concept is implicit in all the positive and good elements that can be found in the rational soul as it is portrayed in the following chapters.

The notion of self-care was a significant issue during the Classical period of Greece. As Foucault (2005) notes, caring for the self in this time was a generalised precept when applying the rules "you must attend to yourself, you must not forget yourself, you must take care of yourself" (Foucault, 2005: 5). The Ancient Greek aphorism "know thyself" and "nothing to excess" inscribed in a wall of the forecourt at The Temple of Apollo, Delphi, reflects these sentiments. As the thesis progresses it will become clear that Socrates lived his life in accordance with the above principles.

What is significant for an understanding of Socrates' philosophy, is that he also urged others to live by these sentiments. In Plato's dialogue, *The Defence of Socrates*[16], Socrates extends the aphorism to suggest that "the unexamined life is no life for a human being to live" (38b). Jowett suggests that *sophrosyne* was a quality that the ancient Greeks believed could never be bettered (Jowett, 1973: 99). It was the ideal state in which to live life. It was a state that placed the care of the soul above all else. According to Jowett, in modern-times *sophrosyne* "is not among our ideals . . . we have lost the conception of it" (Jowett, 1973: 99).

[16] Unless stated otherwise, all translations of Plato's dialogue, *The Defence of Socrates* (or its alternative title: *The Apology*) are by Gallop (2008).

That concludes the section on a note on terminology in the Classical period. Framing of contemporary issues surrounding addiction is considered next.

1.8 Framing contemporary issues surrounding addiction

Addiction is a term used in everyday language with little reflection on its meaning (McMurran, 1997: 1). Part of the problem is that addiction is an abstract concept that over time has offered itself to many varied interpretations (West and Brown, 2013: 10-40). Defining the meaning of addiction has caused considerable debate over the years. I do not intend to give too much space to inquire into these discussions, but to give some idea of the difficulty I offer the following comments.

In defining the meaning of addiction accurately for its classification in the Diagnostic and Statistical Manual of Mental Disorders (DSM-3, 1968),[17] committee members of the American Psychiatric Association (APA), spent much time in the 1980s considering whether the type of behaviour under consideration should be classified as "addiction" or "dependence" (O'Brien *et al*. 1996). Those members who favoured using the word addiction argued that it accurately conveyed the compulsive nature of drug-taking. In this way, the behaviour described was distinguished from the kind of dependence that may arise when certain psychoactive drugs are legally prescribed. Those who preferred the word dependence felt that it was less stigmatising and easily encapsulated all drugs, including nicotine and alcohol. It was by a single vote that the word dependence won the day. The decision by the APA reflected an earlier move in 1964 by the

[17] The DSM defines and classifies mental disorders. It is a reference point for those engaged in the mental health sector of health care.

World Health Organisation (WHO) when all reference to the term addiction was replaced with dependence (O'Brien *et al*. 1996).

Having apparently resolved the dilemma on wording, the issue was raised again in 2013, when the APA compiled its Fifth and current edition of the DSM. The earlier classification was reversed, and the word addiction was favoured over dependence (West and Brown, 2013). A reason why dependence was preferred initially over addiction, was that many practioners thought it [the word addiction] carried with it a sense of stigma. However, on reconsidering this position, fears of stigmatising those who developed an addiction, were overshadowed by the reluctance of some clinicians to prescribe appropriate medication to patients displaying any signs of tolerance and withdrawal. The conflict was resolved, at least within the APA, by it formally adopting the word addiction (West and Brown, 2013).

The American Society of Addiction Medicine (ASAM) has a short and long definition of addiction. The long definition covers seven pages, this is the short version:

> Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours. Addiction is characterized by inability to consistently abstain, impairment in behavioural control, craving, diminished recognition of significant problems with one's

> behaviours and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death (ASAM, 2011:1).

The above discussion gives some idea of the problems that arise when trying to define addiction. To date there is no universally agreed definition. In this thesis I propose a definition of addiction that places the seat of an excessive appetite within a disordered soul:

> *Addiction is a disorder of the soul characterised by the excessive use of psychoactive substances, or the excessive involvement in certain non-substance related activities.*[18]

The theory supporting the above definition will become clear as the thesis progresses. The definition I offer is brief, but I do not think its brevity oversimplifies the problem. What I hope to show in the following pages, is that from the perspective of Classical Greek philosophy, addiction is not a difficult concept to understand; it is simply a disorder of the human soul. That said, I do not underestimate the problems that are often associated with addiction. For example, I acknowledge that negative personal and environmental circumstances can impact significantly on an individual's well-being. Homelessness, unemployment, the breakdown of a relationship, bereavement, illness, fear and

[18] As I mentioned in the Glossary, addiction to substance related activities and non-substance related activities is not mutually exclusive. A person could develop an excessive appetite for both.

negative childhood experiences, are among the factors that may encourage an individual to act in a way they might otherwise not have done. These are serious matters and people respond to them in different ways (Puleo and McGlothlin, undated). Some people may turn to the excessive consumption of psychoactive substances as a coping mechanism, while others may find less risky strategies.

What I will show in this thesis is that while the crises people experience may vary, the constant factor in human beings through good or bad times, is the presence of the soul. How it is cared for in a crisis is a matter for the individual concerned. The soul may emerge stronger or weaker. Of course, a person may be motivated to take psychoactive substances for no reason other than to experience a sense of euphoria, of happiness, which is something I discuss in Chapter Six (s.6.5).

1.9 Terminology in modern-times

As noted earlier, it is the term excessive appetite, rather than addiction, that better defines the field of study. In many places throughout the thesis the word 'excess' appears, and its association with an excessive appetite. There is difficulty in determining the meaning of excess. *Collins Dictionary of the English Language* (1980) defines excess as "the state or act of going beyond normal, sufficient, or permitted limits". Within the context that excess is being used in this thesis, the question is what constitutes normal, sufficient, or permitted limits? It is tempting to think that Aristotle's 'doctrine of the mean' might help resolve the problem, but unfortunately it does not. The doctrine of the mean can be found in Aristotle's *Nicomachean Ethics*, Book Two. The doctrine suggests that the mean lies "between two vices, one of excess, the other of deficiency" (1107a1-3).

Meaning that if the appropriate amount of something is to be determined, it can be found between a mid-point of not too much, and not too little. There is more to be said about Aristotle's doctrine of the mean, but there is little point in taking it further because it does not help determine excess in the way it is being used presently. This is so because Aristotle qualifies his doctrine of the mean by saying that there are certain things that are bad in themselves, and that these actions or feelings do not admit of a mean (1107a9). The examples he cites are adultery, theft, and homicide. He then goes on to add to the list "injustice, being a coward, and being intemperate" (1107a18-20). In sum, what Aristotle is saying is that it would be wrong to expect there to be a mean, an excess and a deficiency, of being intemperate:

> since [this would mean] there would be a mean of excess and a mean of deficiency, an excess of excess and a deficiency of deficiency . . . because [in such cases] the mean is, in a sense, an extreme . . . generally speaking, there is neither a mean of excess or deficiency, nor an excess or deficiency of a mean (1107a22-26).

What Aristotle means by this is that it is impossible to have a mean of excess, and a mean of deficiency, because the mean represents both positions. Therefore, to define excess there is a need to look elsewhere.

I think what it comes down to, when trying to define excess in the context of addiction, is that what one person may consider excessive, say drinking a bottle of wine in an evening, another person may consider moderate. Within the context

of my theory of addiction, excess may be defined as indulging the appetitive part of the soul to the point where the soul reaches a state of disorder. As the reference above to Socrates suggests, when the appetite gets too large or strong it has the capacity to wreck the life of the individual concerned. In later chapters of the thesis, I will present some examples of this when I relate the experiences of people who have developed an excessive appetite. What they have in common, apart from indulging their appetites to excess, is that in each case their lives had become unmanageable, they lived a miserable existence. In essence, this is the point that Socrates' is making; an excessive appetite wrecks an individual's life. A modern-day example of this is provided by the self-help Fellowship, Alcoholics Anonymous (AA). Step 1 of the Fellowship's 12 Step recovery programme, states: *"We admitted we were powerless over alcohol – that our lives had become unmanageable"* (*Alcoholics Anonymous*, 2001: 59). I think that when an individual's life becomes unmanageable, in the way it is described by members of AA, whether one bottle of wine is consumed in the evening or one glass, it matters not; the amount consumed is irrelevant. If by consuming alcohol, in whatever quantity, is making an individual's life unmanageable, and bringing their soul to a state of disorder, then for them they are drinking to excess. It is by way of this line of thinking, that I come to the conclusion that excess may be defined as; indulging the appetitive part of the soul to the point where the soul reaches a state of disorder.

I now want to consider the 'labelling' of people who have developed an excessive appetite. Benjamin Lee Whorf was a linguist. In the introduction to a selection of Whorf's writings, the editor of the work, Carroll (2012), says that

Whorf makes two cardinal hypotheses, both of which shows the importance of the language we use:

> First, that all higher levels of thinking are dependent of language. Second that the structure of language one habitually uses influences the manner in which one understands his environment. The picture of the universe shifts from tongue to tongue (Carroll, 2012: vi).

On this account, the way people views others around them is important. In the following chapter, I consider contemporary theories of addiction. Among these I mention Attribution Theory and the labelling of individuals. This is a theory that attributes certain functions and character traits to individuals. It tries to make sense of what one person thinks of the next, and how they respond to each other. It allows people to paint a picture of those around them and place them into certain categories. The labelling of people plays an important role in Attribution Theory. People who develop excessive appetites are not exempt from labelling. In common parlance they are ascribed the label of being an 'addict'. There is no biological basis for this ascription (Alter, 2010). In short, labels shape our perception of other people. This is not problematic unless the label reinforces negative stereotypes (Alter, 2010). There is also the problem that the person who is ascribed a label may themselves go on to reinforce it:

> The end result of the labelling process is a structure of role expectations and a set of self-concept changes that eventuate in

> the individual's performance of the deviant role. The behaviour which is assigned is carried out (Roman and Trice, 1967: 246).

From what I have said so far, it is apparent that language frames and reinforces the perceptions that people have of others. When certain labels are linked they can appear synonymous and in doing so portray sinister meanings. For example, the UK Drug Policy Commission (2010: 9) discovered that in the reporting of court cases, while the label "addict" was used in only 8% of news items, in 1 in 5 of these cases it was used with negatives adjectives attached such as "vile" and "evil". The danger of using labels in this way presents the potential to stigmatise people who have developed an excessive appetite.

Unfortunately, at present there is no alternative single word to be used for addict. The word is firmly embedded within the vocabulary of addiction. Acknowledging the problems associated with it, I use it reluctantly throughout this thesis to describe people who have developed an excessive appetite.

1.10 The scale of addiction

I have stated that this thesis only concerns the notion of addiction at the level of the individual. I do not intend to engage with the wider issues surrounding addiction. However, I think I should briefly give some idea of the scale of the general problems that individuals present when they are affected by an excessive appetite.

It is difficult to be precise in determining the number of people who have been harmed by developing an excessive appetite. Statistics provided by 'Public Health England' (2016) reveal that during the period 2015-2016, "288,843 adults

were in contact with drug and alcohol treatment services." Some "203,808 adults received drug treatment" and "144,908 adults received alcohol treatment". 'Alcoholics Anonymous' (AA) estimates that worldwide it has 2,103,184 members (General Service Office of AA, 2017).[19] 'Narcotics Anonymous' (NA), a self-help organisation that models itself along the lines of AA, keeps no attendance records, but says it holds nearly 67,000 meetings each week in 139 countries (Narcotics Anonymous World Services, 2016). There are no statistics available for those undergoing treatment in private rehabilitation centres, and of course no statistics exist for those who do not declare they have developed an excessive appetite.

Smoking is another area where it is difficult to be precise about levels of addiction. It is challenging to determine precise numbers of people who have developed an excessive appetite for nicotine. What is known is that statistics provided by the National Health Service, show that in the year 2014-15 the number of prescription items dispensed in England to help stop smoking was 1.3 million (NHS Digital: 2016).

Mortality rates for the excessive consumption of psychoactive substances reveals that in 2016, "alcohol-related deaths" in the United Kingdom amounted to 7,327 (Office for National Statistics, 2017). There were 2,593 deaths attributed to "drugs misuse" in England and Wales in 2016 (Office for National Statistics, 2017) and 78,000 deaths in England in 2014-15 "estimated to be attributed to smoking" (NHS Digital, 2016). While the above statistics are not precise, they do give some

[19] The General Service Office (GSO) of AA does not keep membership records. It states that the information on membership numbers does not represent an actual, but estimated count of those who consider themselves AA members. The information they provide here is based on reports given by groups listed with the G.S.O.

idea of the human harms caused by psychoactive substances. I can find no statistical information which reveals the extent of behavioural addictions.

I conclude this section by noting that the 21st century has seen the introduction of a class of new psychoactive substances (NPS). These substances are often referred to as 'legal highs'. Despite being colloquially known as legal highs, in 2016 they were proscribed as illegal by the 'Psychoactive Substances Act 2016' (FRANK, Undated). NPS produce similar effects to illegal drugs like cocaine, cannabis, and ecstasy, and they are equally as dangerous (FRANK, Undated).

1.11 Recovery from an excessive appetite: the 'lived experience'

Recovery from an addiction cannot be imposed, it has to be freely undertaken. What this section addresses is the nature of recovery, how it may be understood and actualised, and how my proposed theory of addiction enhances current understanding of the subject. Recovery is a difficult concept to define. It does not lend itself easily to any precise definition. Failing to understand the importance of recovery from addiction, has far reaching consequences beyond those experienced by the individual concerned.

In 1774, Anthony Benezet, wrote a treatise on the "dreadful havoc made by the mistaken use, and abuse, of distilled spirituous liquors" (Benetez, 1774: 43). He urged "lawmakers, governors, and rulers" to consider it their duty to put a stop to the excesses of the masses by taxing it out of their reach (Benetez, 1774: 43). Surprisingly, 'recovery' from addiction, as opposed to thinking in terms of abstinence and dependency, has "only recently been embraced by government as a key policy focus and placed at the forefront of policy documents" (Malloch and Yates, 2010: 9). Research undertaken by Malloch and Yates, indicates that much

work is now being done in the area of recovery, an area of research that had previously been "ignored or overlooked" (Malloch and Yates, 2010: 9).

I suggest that the havoc Benetez recognised during his lifetime in the eighteenth century, has currency in modern-day approaches to tackling addiction. The concern he shows for his fellow citizens is played out today in the following narrative:

> The human cost of misusing alcohol and drugs is not easy to measure. The damage extends well beyond the statistics and substance misuse and addiction are intrinsically linked to other social issues such as mental and physical health, housing, inequality, poverty and crime, and can have a much wider impact on people's relationships, employment and those around them (Pascoe and Robson, 2015: 14)

Service providers, together with a wide range of social agencies, commonly wrestle with the problem of how to identify and address these personal, and social issues. Best (2010: 32-35), claims that " [W]e have generated a model of addiction, especially drug addiction, that is extremely pessimistic, in part because our goals and expectations for this form of treatment are so low". Identifying the problems caused by addiction is only part of the problem. Defining recovery, with a view to operationalising action to address it, remains a "controversial area of treatment" (Yates and Malloch, 2010: 15). However, some consensus is emerging which suggests that definitions have begun to focus on three essential elements of recovery:

> (i) a radical shift in the person-drug(s) relationship (variably defined as remission or sustained abstinence),
>
> (ii) improvements in global health and functioning,
>
> (iii) positive participation in community life (White, 2014: 496).

While acknowledging that there are difficulties in determining the precise nature of recovery from an addiction, there is no shortage of definitions of the phenomenon (Best, 2012: 3). For example, the UK Drug Policy Commission (UKDPC, 2008: 6) offers the following:

> [recovery from addiction is] voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.

The Betty Ford Consensus Institute Panel, (2007: 222) suggest that recovery from addiction is:

> A voluntary maintained lifestyle characterised by sobriety, personal health and citizenship

A report produced by the Scottish Government defines recovery from addiction as:

> A process through which an individual is enabled to move from their problem drug use, towards a drug-free lifestyle as an active and contributing member of society (Scottish Government Report: *The Road To Recovery:* Section, 81)

A definition by White (2007: 17), suggests that:

> Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe 'alcohol and other drug' (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD- related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.

There are common threads within the above. For example, there is the suggestion that recovery is an experience that brings with it a sense of purpose in life, a feeling of belonging within a community, and continued good health. From this, arises the notion that recovery is an experience, a 'lived experience'. Best and Laudet (undated: 2) set out the characteristics of the lived experience of recovery:

> the essence of recovery is a lived experience of improved life quality and a sense of empowerment; that the principles of recovery focus on the central ideas of hope, choice, freedom and aspiration that are experienced rather than diagnosed and occur in real life settings rather than in the rarefied atmosphere of clinical settings. Recovery is a process rather than an end state, with the goal being an ongoing quest for a better life.

Within the context of lived experience it is apparent that recovery from addiction is multi-faceted, and that it requires input from a diverse range of sources. To fulfil this requires a variety of personal, social and public factors to

come together with a sole purpose; recovery from addiction. As I will explain below, recovery from addiction as a disorder of the soul benefits from the resources that are brought together in the lived experience of recovery. These resources are defined as 'recovery capital'. Recovery capital refers to "the sum of resources necessary to initiate and sustain recovery from substance misuse" (Best and Laudet, Undated: 2). Cloud and Granfield (2009: 4) argue that there are four component to recovery capital:

"(i) 'Social' capital, defined as the sum of resources that each person has as a result of their relationships, and includes both support from and obligations to groups to which they belong; thus, family membership provides supports but will also entail commitments and obligations to the other family members,

(ii) 'Physical' capital, defined in terms of tangible assets such as property and money that may increase recovery options (e.g. being able to move away from existing friends/networks or to afford an expensive detox service),

(iii) 'Human' capital which includes skills, positive health, aspirations and hopes, and personal resources that will enable the individual to prosper. Traditionally, high educational attainment and high intelligence have been regarded as key aspects of human capital, and will help with some of the problem solving that is required on a recovery journey,

(iv) 'Cultural' capital includes the values, beliefs and attitudes that link to social conformity and the ability to fit into dominant social behaviours".

In short, recovery capital reflects the personal and social attributes that a person can draw upon to aid their recovery. It also implies "the person's engagement and commitment to the community and their willingness to participate in its values" (Best and Laudet, undated: 3). Banonis (1988: 37), encapsulates the essence of recovery within the framework of recovery capital when she says:

> recovery from addiction is a process of change, of becoming, and of healing. Healing is a deliberate, self-initiated, creative choice of the person. In recovering from addiction, the previous patterns of living are changed and new patterns are cocreated in the person-environment interrelationship. The repatterning from addiction to recovery is reflected in the change in the addicted person's view of self and the world (Banonis, 1988: 37).

Having set out the definition of recovery, and the characteristics of recovery capital, I now consider how recovery is delivered in practice. For this I turn to a project undertaken in West Kent over a four year period and culminating in 2015. Its authors proposed a whole person approach to address drug and alcohol misuse (Pascoe and Robson, 2015). What this means is that the programme of recovery put in place is person centred. It attempts to understand, in a holistic way, how addiction manifests itself from the perspective of the individual, and from this to consider what is likely to initiate and sustain recovery. It is based on the premise that people who have developed an addiction often have a range of personal and social issues that impact on their recovery. As noted

above, it is believed that these need to be addressed if successful recovery is to be achieved. The explicit aim of the West Kent project was to:

> enable people to move away from problematic substance misuse and into recovery in a way that empowers the individual to tap into and make the best use of their communities and their own capacity (Pascoe and Robson, 2015: 7).

Innovation is key to realising the above. In West Kent a number of innovative ideas were tested. Examples included: a small grants scheme to allow members of the recovery community to test new ideas that would improve recovery capital. Slightly larger grants were offered to help similar projects at a community level; an everyday activities programme was introduced to enable members to expand their social, networks and skills with the help of peer supporters; Open Days and other events aimed at integrating with the wider local community were arranged; allowing for opportunities for service users to critique and scrutinise the West Kent Recovery Service; involvement of a 'community alliance' which aimed at establishing a bridge between the recovery community and the resources available to other communities in the West Kent area; introducing an 'arts' initiative that showcased work done by members of the recovering communities in the West Kent area (Pascoe and Robson, 2015: 39-41).

The above initiatives are aimed at strengthening individual recovery capital. The wider community has a stake in this, for it benefits all those concerned if members of the recovering community play their full part in its wellbeing. To sum

up the perceived value of recovery within the community I reference White (2009: 23):

> Personal recovery flourishes in communities that create the physical, psychological, and cultural space for recovery to grow and sustain itself. Local communities of recovery and their related social institutions constitute agents of healing in their own right that can serve as both adjuncts and, in some cases, alternatives to professionally-directed addiction treatment.

In the absence of a universal and unambiguous definition of recovery, a huge challenge is presented when assessing the impact that recovery programmes have. The 'lived experience' of recovery is no exception to this problem. The most commonly used tool to assess recovery is the completion of a questionnaire by the individual concerned. It is known as the 'Treatment Outcomes Profile' (National Treatment Agency for Substance Misuse, 2007). The authors of the West Kent project suggest that if the paradigm of recovery is blurred, it is extremely difficult to measure recovery. Furthermore, they maintain that responses to the Treatment Outcomes Profile questionnaire "may be widely influenced by individual practitioners and treatment service culture around expectations for recovery" (Pascoe and Robson, 2015: 57). The conclusion Pascoe and Robson draw from this is that an agreed understanding of what recovery means, and how it is to be sustained, is required if recovery from addiction is to be meaningfully understood and assessed (Pascoe and Robson, 2015). They suggest the way forward is that the key factors that contribute to the lived experience of recovery should be

comprehensively assessed. These key factors, as the lived experience of recovery implies, would be set around nourishing environments. Ultimately, it would be the person concerned who would be the best judge of the value of this and other recovery programmes. As I shall explain in the following part of this section, clear parallels can be drawn between the modern notion of recovery, perceived as a lived experience, and the ancient healing of a disordered soul.

1.11 (i) Classical Greek philosophy and its relevance to the 'lived experience' of recovery

Within the context of Classical Greek philosophy, for a person to live their life well, to lead a good and flourishing life, meant caring for the soul. Later in this thesis, in Chapter Four (s.2), I discuss further Plato's notion of the soul. I point out that in *The Republic* (353d), Socrates makes it clear that life, and therefore living, is a function of the soul. How a life was lived, through the care of the soul, was of primary concern to the philosophers under discussion. They placed the care of the soul above all other considerations. Socrates claims that a good soul, an excellent soul, allows a person to live a good and flourishing life, while a bad soul does the opposite (353e). As I explain in Chapter Four (s.4.2), Socrates considers life a function of the soul. I have referenced a contemporary philosopher, Lorenz (2009: 3.2,) who interprets Socrates as meaning "[N]ot just any kind of life, but a distinctly human life. Caring for the right sorts of things in the right way, ruling or regulating oneself". As the thesis progresses it will become clear that developing an excessive appetite, an addiction, is not conducive to developing a good soul, or reaping the benefits of a good life. The aim of the 'lived experience' of recovery is to change the lifestyle of the individual concerned for the better. There are parallels to be

drawn between this modern conception of recovery, and the way in which Lorenz has interpreted Socrates' care of the soul, in particular; "caring for the right things in the right way, and ruling and regulating oneself".

The lived experience of recovery is a holistic approach to the problem of addiction, meaning that it considers the whole person. This is precisely the approach that Socrates adopts when he speaks of caring for the soul. As noted, Socrates believes the soul is life, the soul determines for good or bad, how that life is lived. The lived experience of recovery expresses care for the life of the individual seeking recovery. Furthermore, it is concerned with the way that life is led. It also seeks a long-term resolution through a mode of living that keeps temptation and relapse at bay. Living a temperate lifestyle, one that is free from excess in the long term, is an ideology that Aristotle encourages. As the thesis progresses the reader will become familiar with the term *eudaimonia*, which loosely translates today as happiness. *Eudaimonia,* is a key philosophical concept for Aristotle. As I explain this aspect of Aristotle's philosophy in Chapter 6 (s.5), for a person to be *eudaimōn* is the "equivalent to living well and acting well" (*Nicomachean Ethics*, 1095a22). It also means living this kind of life until death (1100a10-18). Therefore, the commitment to living a life that has *eudaimonia* at its heart, is important at all stages of life.

As discussed above, a key element in the lived experience of recovery is community involvement. There is nothing new in people seeking support, help and comfort from those around them. Participation in the life of the communities to which we belong, was recognised as being mutually beneficent during the Classical period. Lutz (2012: 29), suggests that for Plato, and Aristotle the common good:

> is not an aggregate of private interests. It is a substantive good that we can seek for ourselves only through participation in the life of communities to which we belong; it is a good for each of us that we can all share, but only if we seek it together.

The above position is reflected by Aristotle in his writing of *Politics*[20] (1252b27-1253a17). There are parallels to be drawn between how the Classical Greek philosophers valued community involvement, and the way in which it is viewed today within the context of the lived experience of recovery. Recovery is therefore not to be considered a solitary activity. It involves others, including those living in the general community.

Another area where parallels can be drawn between Classical philosophy and the modern-day notion of the lived experience of recovery, is the role played by peer supporters. Those involved in the West Kent project recognised "the value of peer support in contributing to the lived experience of recovery" (Pascoe and Robson, 2015: 12). In addition to sharing their knowledge, their strength and skills in maintaining good recovery, peer supporters may also be seen as a role model for those people seeking recovery. They are exemplars of recovery, whose behaviour and success serve as an example that can be emulated to aid recovery. In Chapter 6 (s.6.5), I discuss this further, and consider some examples of people whose characteristic qualities may be considered admirable as role models. As I explain, Aristotle recognised the importance of learning from the right kind of people. In the first sentences of Book VII (Chapter I) of the *Nicomachean Ethics,* he

[20] This translation of Aristotle's *Politics* is by Jowett (2001).

warns of the types of characters to be avoided. It is those people who possess the characteristics of vice, incontinence [*akrasia*], and intemperance (1145a15-21). Recognising the quality of life that peer supporters enjoy, a life free from addiction, is one that Aristotle would no doubt have applauded. It is also one that a person seeking recovery would aspire to. The Classical Greek philosophers recognised the value of taking a lead from the right people, it is also a concept recognised in the West Kent project through its peer support work.

The lived experience of recovery embodies a holistic approach to the process of recovering from an addiction. It considers and attempts to address, the often myriad of personal and social difficulties that have befallen the individual concerned. The lived experience of recovery accounts for the factors that can have a negative effect on the healing process. The rationale behind this kind of thinking is that consuming psychoactive substances, or engaging in certain activities to excess, may be symptomatic of deeper underlying problems that a person is experiencing. Addressing the conspicuous problem, which is the addiction, and failing to account for the contributory factors that maintain it, is unlikely to lead to good recovery.

Later, in Chapter 6 (s.8) of the thesis, I spend some time explaining Socrates' holistic approach to healing the body and soul. What I show is how Socrates, searched for and treated underlying problems that contributed to the central issue. In the rest of Chapter 6, I consider Socrates' healing of the whole person within the context of modern day talking therapies. I draw parallels between Socrates' method of healing, which accounted for the health of the whole person, and modern-day talking therapies which seek to achieve the same outcome. A

reading of Chapter 6 (s.8-10), portrays Socrates as a forerunner in practicing the concept of holistic healing. What the Chapter reveals is that that there is a direct parallel to be drawn between Socrates' method of healing the body and soul and the lived experience of recovery in the treating of the whole person.

In summing this section up, I would suggest that there are definite parallels to be drawn between the contemporary theory of the 'lived experience' of recovery, and the philosophy of the Classical Greek philosophers. A core value of the Classical Greek philosophers, which is discussed at length in this thesis, is the long-term living of a good life. A flourishing worthwhile life, that acknowledges the virtue of temperance and by doing so fends off the development of an excessive appetite. Participating in the life of a community, sharing the good, and enjoying a sense of belonging was acknowledged as being worthwhile during the Classical period. Holistic healing, treating the whole body, was commended and practiced by Socrates in mid-fifth century Athens. It is a concept that is mirrored today in the lived experience of recovery. Reflecting on role models, and understanding the value of peer support in the living of a good life, was also recognised.

Taking into account the above, I would argue that Classical Greek philosophy positions itself well within the context of recovery from addiction, especially when it is considered within the 'lived experience' of recovery. For the remaining part of this chapter I will briefly outline the contents of the thesis. I will do so by way of summarising its chapters.

1.12 The chapters

Chapter Two, introduces several contemporary theories of addiction. These cover a wide and varied range of issues that are said to contribute to the making

of an excessive appetite. Almost all contemporary theories of addiction restrict their field of interest to the theory they propose. What I mean by this is that they fail to account for the possibility that if considered alongside each other, they may enhance our overall understanding of the problem. The biopsychosocial model of addiction is an exception to this. It is unique in that it does attempt to encompass all variants of human behaviour. It also accounts for environmental issues that may instigate the development of an excessive appetite. Within the context of the biopsychosocial theory, addiction emerges as a multi-faceted, complex phenomenon.

Despite the comprehensive range of factors that contemporary theories of addiction address, it will become clear as I write about them, that none come close to bearing resemblance to my proposed theory of addiction. I do not discount their value because I think they allow for some context in which the addictive behaviour can be viewed. I will say more about this in Chapter Eight (s8.1), where I set out the advantages of the theory of addiction I am proposing.

Between them, contemporary theories of addiction account for almost every eventuality that could possibly be construed as contributing to the development of an addiction. There is however, one crucial element that all contemporary theories of addiction overlook. It is the part the soul plays in addictive behaviour. As the thesis progresses the significance of the soul and its bearing upon human action will become apparent.

Chapter Three, focusses attention on Socrates' denial of *akrasia*. *Akrasia* will be considered in some detail in this chapter by way of a study of Plato's dialogue, *Protagoras.* As I set out in the Glossary to the thesis, *akrasia* may be

viewed as when a person acts against their better judgement. I have briefly addressed *akrasia* above, so it is unnecessary to consider it again at this point. Socrates' theory of human motivation underpins his denial of *akrasia.* This theory is known as Socratic intellectualism. As I will explain in Chapter Three, Socratic intellectualism is an extremely demanding theory of human behaviour.

The puzzle as to why people behave akratically is considered in Chapter Three. It considers why people sometimes knowingly act against their better judgement, when a more favourable choice is available. In answer to this, Socrates introduces his theory of the power of appearance. I have defined above the power of appearance and its antidote, the art of measurement. It is discussed in this chapter in some detail.

Chapter Four, leads to a consideration of the tripartite soul and the part it plays in the development of an excessive appetite. It is Plato's revision of *akrasia* in his dialogue *The Republic* that allows for this. In the dialogue, Socrates has changed his view and now accepts that *akrasia* is possible. Plato's theory of the tripartite soul is examined in this chapter, and its bearing on addictive behaviour explained in detail.

The discussion of the tripartite soul leads to considerations of: self-mastery; voluntariness, choice; and the disciplining of an unruly soul. This chapter is key to understanding how reason within the soul is compromised and how appetite takes control. An understanding of Plato's conception of the tripartite soul will show how conflict occurs within a person who has developed an excessive appetite. From this explanation, and by recognising the part the soul plays in shaping

behaviour, I think it will become apparent why I draw the conclusion that addiction is a disorder of the soul.

Chapter Five, inquires into Aristotle's account of *akrasia.* He offers four explanations. The bearing each one these has on addiction is commented upon. Aristotle's view on Socrates' dismissal of *akrasia* in *Protagoras,* is paradoxical. On the one hand, he disagrees with Socrates' denial of *akrasia,* and yet on the other, he lends it some support. He goes on to harmonise these conflicting views by showing that a person can behave akratically, and yet still retain knowledge of what they are doing. He introduces two kinds of *akrasia*; weak and impetuous. Both will be considered in this chapter. Reason within the soul, and the anatomy of the soul, as Aristotle defines it, follows.

To compliment Aristotle's anatomy of the soul, I introduce the theory of a modern-day philosopher, Harry G. Frankfurt, and his writing of *The Freedom of the Will and the Concept of a Person*. Together with Aristotle's conception of the structure of the human soul, and Frankfurt's theory, I will show how addiction is a uniquely human phenomenon.

There are several anecdotal references in this and other chapters that help give the discussion some context. They are taken from people who have lived the experiences they are sharing. While academic references are also offered, I think the examples of lived experiences that are included are equally as important.

Chapter Six, inquires into several issues surrounding the disordered soul. Medicine, and its connection to Classical Greek philosophy, begins this chapter. It shows the strong connection between the two disciplines, and how they

influenced each other. In Classical Greek philosophy it was an interpretation of *mania* that led Socrates to refer to the potential for a human soul becoming diseased. To give a backdrop to Socrates' theories on the disordered soul, I have included a brief sketch of the times in which he lived. Through observations of his fellow Athenians, Socrates had first-hand knowledge of what it meant to suffer from a disordered soul caused by excess.

Later in this chapter, I offer a theory of motivation for the development of an excessive appetite. It suggests that people who develop excessive appetites are motivated to do so in the pursuit of happiness. This leads to a discussion on the interpretation of happiness, or *eudaimonia*, and happiness as it is understood today. It is in this connection that Aristotle's function of a person is considered. To understand the function of a person is important, for it shows what it means to lead a good life, a life free from a disordered soul.

Mistaken belief is then considered. This section will show how some people pursue addictive activites in the mistaken belief that they will bring them the happiness they desire.

The three sections that follow, are concerned in one way or another with the treatment of the disordered soul. The early signs of what today we would call holistic medicine, can be detected in Socrates' care for health, and the treatment of ill-health. The practise of such treatment was considered by Socrates to be an art, a *technê*. The chapter concludes with parallels being drawn between the notion of *technê*, the therapeutic use of words by Socrates, and modern-day talking therapies.

Chapter Seven, examines what I have termed ancillary issues that are commonly associated with addiction. These include, relapse, self-deception, denial, withdrawal symptoms, and cravings. I acknowledge that these matters do not have a direct bearing on the principle aim of the thesis. However, I think it is important to address them if only to illustrate how they can be accommodated within the context of Classical Greek philosophy.

Chapter Eight, explains the theory of addiction that I am proposing and the advantages it has over existing contemporary theories. It also contains a section that addresses the challenges the new concept of addiction is likely to face in practice and in the framing of policy.

Chapter Nine, draws the thesis to a close.

2

CONTEMPORARY THEORIES

OF ADDICTION

2.1 Introduction

The field of addiction is not short on theories. There are psychological, biological, sociological and economic theories, and "many more" (West and Brown 2013: 1). Some of these theories will be discussed in this chapter. Contemporary theories attempt to define the causes of addiction, and some suggest ways in which they may be treated. That there are so many theories, and that many conflict with each other is of no concern, it is a positive thing (Hull, 1935). In 1935, in the *Psychological Review*, Hull, who devised Drive Theories of psychological behaviour, wrote an article entitled 'The conflicting psychologies of learning – a way out'. Should anyone be concerned about the number of conflicting psychological theories that were around at the time, he wrote:

> No one need be unduly disturbed by the mere fact of conflict as such; that in itself contains an element of optimism, since it indicates an immense amount of interest and genuine activity which are entirely favourable for the advancement of any science (Hull, 1935: 1)

The purpose of this chapter is not simply to show an awareness of current theories of addiction. Its primary aim is to reveal the complex and multifaceted nature of addiction that these theories suggest. Clearly, in modern-times addiction is a phenomenon that does not lend itself to simple explanation. The theories I have selected cover a wide range of factors that are said to operate within the

spectrum of addiction. As the thesis progresses, parallels will be drawn between some of these factors, and Classical Greek theories of human behaviour.

In presenting these theories I have grouped them into subsections that I believe relate to their locus of control. There are three main groups that I shall consider, medical/biological, psychological/behavioural, and hybrid. The grouping is not definitive. It may be that some of these theories fit equally as well in another group. However, I think that generally the grouping in which I have placed the theories reflects the appropriate category. I will comment on individual theories at the end of each section and give some indication on how they differ from my proposed theory of addiction. The chapter concludes with a summary and comment on some of the issues raised.

There is a great deal of detail contained within these theories and some of it, for example in 'addiction as a disease of the brain', is especially scientific. I do not think it serves any purpose to cover this kind of detail, or indeed some of the detail contained in the other theories. My aim is to examine their core concepts, and position them within the context of my proposed theory of addiction. The first group of theories I shall consider, are those contained within the medical/biological theory of addiction.

2.2 Medical/biological theories of addiction

Within this group I have chosen to consider three theories. The first is, Jellinek's 'disease concept of alcoholism', followed by the brain disease theory of addiction and lastly, genetic theories of addiction. Each of these theories places the seat of addiction within the biology of a person. The genetic theory of addiction is unlike the other two in that it cannot be considered a disease. However, I place

it in this category because of the strong medical/biological connotations that are associated with the theory.

2.2 i The disease concept of 'alcoholism'

In 1960, Jellinek, a physiologist and researcher, published *The Disease Concept of Alcoholism.* Fingarette, (1988: 20) claimed that the book " . . . eventually became the canonical scientific text for the classical disease concept." Mc Murran (1997: 14) says that "Jellinek's contribution to furthering the disease concept of alcoholism was influential." A central tenet of Jellinek's theory is that alcoholism, as he refers to it, is a disease. So convincing was his argument that in 1982, 80% of Americans who responded to a Gallup poll believed that addiction to alcohol was a disease (cited in Peele, 1988: 30).

Jellinek's research implied that people addicted to alcohol are different from other people who are not addicted. What he meant by this is that the addicted person has some biological or physiological abnormality that makes them different than the rest of the population (Jellinek, 2010). Jellinek and advocates of the disease theory, suggest this abnormality must either present from the moment the addicted person was born, or it has been triggered through the use of alcohol. They claim the "disease is irreversible and progressive, with the only true course of recovery being one of abstinence" (McMurran, 1997: 22).

Jellinek described five types of drinking, which he labelled with Greek letters. Essentially, what he did was to describe what he believed to be the various stages of drinking. Progressing through these stages, as the dependency on alcohol grows, eventually leads to the "disease of alcoholism" (Jellinek, 2010: 36-39). Heather and Robertson (1981: 8) summarise Jellinek's theory as a "series of

barriers which less serious types of problem drinkers successively fail to surmount, leaving only the alcohol addict at the finishing line". Mc Murran (1997: 13) says that Jellinek's disease concept of alcoholism "served the purpose of avoiding the social stigma attached to excessive drinking". This helped attract people who had developed an excessive appetite for alcohol into treatment. It also helped to encourage donors to contribute funds for setting up treatment services (McMurran, 1997). Jellinek's theory represents the core elements of the medical/biological theory of addiction. It suggests that the individual concerned has contracted an illness, much like any other illness. They are victims of this illness and they bear no responsibility for its instigation or maintenance.

2.2 ii The brain disease theory of addiction

In support of the brain disease theory of addiction, Leshner (1997: 1) claims:

> Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain (Leshner, 1997: 1).

Leshner may be making a bold statement, but nevertheless he is expressing a view that is not uncommon in the field of addiction, especially in the USA. As well as scholars, high profile organisations that influence opinion on the subject also reflect Leshner's view. These include the American Society of Addiction Medicine (2011) which suggests that "[A]ddiction is a primary, chronic disease of primary brain reward". Another American organization, The National Institute on Drug Abuse (2016), claims that addiction is a brain disease because "drugs change the brain; they change its structure and how it works". The National Institute on

Alcohol Abuse and Alcoholism (2017), (also an American research body) draws parallels between addiction to alcohol and addiction to drugs as a 'brain disease'. It uses the term, alcohol use disorder and characterizes it as a chronic relapsing brain disease.

The association between the neural circuitry of the brain and addictive behaviour is a theory which suggests that "addiction is a disease of the brain" (West, 2013: 70). When neural circuitry is claimed to be the source of addiction it brings with it much technical language. Neuroanatomical structures within the brain are described in great detail in support of the theory. As I have suggested, for present purposes it is not necessary to become familiar with such detail. Adapting the comprehensive account of this theory that is presented by Brewer and Potenza (2008), I offer the following explanation. Appetitive conditioning is defined as " . . . the process through which new rewards are learned and acquire motivational salience" (Brewer and Potenza, 2008: 2). New rewards that are pleasurable play a significant part in this theory of addiction. Dopamine, an organic chemical, functions within the brain as a neurotransmitter. Dopamine neurons are activated when something pleasurable is transmitted; they are part of the brains reward system. Psychoactive substances stimulate dopamine neurons. The presence of the drugs in the neural circuit is rewarded with further burst of dopamine. The pleasure this brings to the individual concerned is thought to be one worth repeating. Courtesy of dopamine, the pleasure continues as often as the drug is ingested. This is the core concept of the theory which shows how this process leads to the development of an addiction.

The above is a brief and simplistic account of the part the neural circuitry of the brain plays in encouraging addictive behaviour. The key points to understand are that, like Jellinek's disease concept of alcoholism, addiction as a brain disease relinquishes the individual concerned of any responsibility for its cause. Both theories suggest that addiction is beyond the addicted person's control. The theories also remove the stigma attached to addiction, and helps the plight of the addicted person to be viewed in a more sympathetic light. The last theory of addiction that I consider in this group is the genetic theory of addiction.

2.2 iii The genetic theory of addiction

When scientists look for addiction genes, they are searching for an individual's biologically inherited vulnerability to addiction (Genetic Science Learning Centre, 2013). It is claimed that the possession of certain genes impact negatively on an addicted person's ability to end their addiction. They may experience more severe withdrawal symptoms if they try to bring their addiction to an end (Genetic Science Learning Centre, 2013). Skewes and Gonzalez (2013), claim that there is strong evidence to link genetic disposition to addictive behaviour. However, while this may be the case at an individual level, it does not account for addiction at the population level. This becomes apparent when people who are not at risk genetically present with an addiction, and others who are a known to have a greater genetic risk do not (Skewes and Gonzalez, 2013). To explore these anomalies, Skewes and Gonzalez suggest that the biopsychosocial theory of addiction should be considered. This theory, which I have already mentioned briefly, will be discussed again shortly. It acknowledges the part that

psychosocial variables, interacting with genetic and biological factors, are thought to contribute to the causes of addiction.

Bevilacqua and Goldman (2009), seek to explain the connection between an individual's genes and their propensity to develop an addiction. Their research suggests that "addictions are moderately to highly heritable". The degree to which this occurs, is proportional to the genetic relationship to the addicted relative (Bevilacqua and Goldman, 2009: 2).

Kendler *et al.* considered, alcohol, caffeine, cannabis, and nicotine, and the bearing that an individual's genetic disposition has on the excessive use of these drugs. They discovered that while familial and environmental factors were a significant influence in early adolescence in encouraging the use of the substances mentioned, the influence decreases with age. By contrast, the role genetic factors played in this respect became more significant, and "the effects of the psychoactive substances increased as the individual grew older" (Kendler, *et al*. 2008: 674).

The vulnerability that an individual may have to addiction through their genetic make-up, is a complex matter to establish. The problem, according to the Genetic Science Learning Centre, is that multiple genes contribute to the biology of an individual. Despite these issues, researchers at the Genetic Science Learning Centre conclude that multiple lines of research show that addiction is influenced by genes (Genetic Science Learning Centre, 2013).

2.2 iv A comment on medical/biological theories of addiction

There are some difficulties with medical/biological theories of addiction. For example, Jellinek's theory does not account for the addicted person who recovers

of their own volition from the 'disease of alcoholism'. This process of recovery is known as "maturing out" or "unassisted change" (McMurran, 1997: 98-100). No definitive answer has been found for this phenomenon. West and Brown (2013: 97), suggest that it can only be presumed that whatever the "abnormality" was that existed in the brain has normalised, or the individual was never "truly" addicted in the first place. I suggest that the reason for such change may be accounted for by personal volition, or choice. Personal volition and choice plays an important part in my proposed theory of addiction. It is an aspect of addictive behaviour that I consider further in Chapter 4 (s.4.6).

Despite the support that the brain disease theory of addiction receives, it is questioned by several researchers in the field including: Fingarette 1989; Peele 1985; Walters 1999; Schaler 2000; Szasz 2003. In *Ceremonial Chemistry,* Szasz argues that the use of diagnostic systems such as the DSM and others, wrongly imply the presence of a disease, in this instance, the disease of addiction (Szasz, 2003). Another critic of the disease theory as it relates to the disease of the brain asks:

> How can mental disorders be caused by a chemical imbalance in the brain when scientists lack a baseline standard of what constitutes a chemical balance with which to discern an imbalance, and do not possess a direct measure of neurotransmitter levels in the brain that possesses diagnostic validity of clinical utility? (Deacon, 2013: 857).

The theory of addiction I propose does not support the notion that addiction is a disease, or that genetics plays a part in its development. There are several areas of difference that distinguish the medical/biological theory of addiction from my theory that addiction is a disorder of the soul. For example, personal volition plays a significant part in my theory of addiction, whereas medical/biological theories suggest that personal volition has no relevance to the development of an addiction. Medical/biological theories of addiction fail to account for spontaneous recovery, and neither do they address relapse following a period of recovery. They also fail to show why some people, and not others, develop excessive appetites for psychoactive substances, and neither do they account for behavioural addictions. The theory of addiction I propose addresses each one of these issues in some detail.

In brief, Medical/biological theories of addiction depict the addicted person as a victim of a disease. A disease which is beyond their control. Its supporters imply that it is disease much like any other that a person can contract. However, as I have pointed out, there is no scientific evidence available to determine that addiction is a disease, in the sense that disease is generally understood in modern-times. Neither is there any convincing evidence to suggest that a person's genetic make-up contributes to the development of an addiction.

2.3 Psychological/behavioural theories of addiction

This section concerns psychological/behavioural theories of addiction. In this group I have included, Operant Conditioning Theory, Classical Conditioning Theory, The Myth of Addiction Theory, The Self-Medicating Hypothesis of

Addiction, Withdrawal Symptom Theory of Addiction, and Behavioural Theory of Addiction.

2.3 i Operant conditioning theory

Operant conditioning theories derive from the work of Skinner (1958). His research considers how behaviour is affected by positive and negative stimulus. A positive stimulus, being a stimulus that brings a reward, is necessary for the maintenance of a desired behaviour. On the other hand, a negative stimulus, one that punishes, will diminish it. Skinner's research on animals, and subsequently humans, showed that by reinforcing rewarding or punishing consequences, behaviour can be modified. It is dependent on the response received, be it positive or negative, that determines whether individuals repeat or desist from certain behaviours (Skinner, 1958).

Research on animals has produced some understanding of physiological and environmental factors that may influence the development of excessive appetites (Olmstead 2006; Ahmed 2012). It is claimed that this research provides evidence which suggests that human behaviour shows similar patterns of acquisition and extinction predicted by operant conditioning theory (Ashton and Stepney 1982; Hyman et al. 2006).

Within the context of addiction, it is said that environmental stimulus encourages addictive behaviour (McMurran, 1997: 38). For example, cues found in the environment which have associations for the addicted person, of past and present excessive activities, have the potential to encourage such use. A cue may prompt the individual into seeking out the activity. If successful, the reward is the pleasurable effect that follows.

Reinforcers, positive or otherwise, do not usually occur randomly (McMurran, 1997). Cues signal what may happen if a certain behaviour is carried out, these are known as “neutral stimuli”. When they are found in the environment they are called “discriminative stimulus” (McMurran, 1997: 38). As an example, the fragrance coming through the door of a pharmacy may bring back recollections to those addicted to over the counter drugs. This would be an instance of discriminative stimulus.

The frequency and consistency of the association between responses is significant. For example, smoking tobacco, is found to be pleasantly stimulating to the smoker. In addition, “inhalation of the tobacco keeps at bay unpleasant feelings of nicotine deprivation” (Ashton and Stepney, 1982: 54-58). In this sense, each inhalation reinforces the reward and avoids the punishing response. Experimentation using animals suggest that it is through this process of positive or negative reinforcement, that smoking becomes powerfully entrenched (Ashton and Stepney, 1982).

West and Brown (2013: 118), believe that Operant Conditioning Theory offers a powerful and plausible explanation for many aspects of “drug addiction”. They suggest it may explain why an addicted person experiences conflict between the desire to end their addiction, and the motivational forces that pull them toward continuing it. West and Brown believe that the positive and negative reinforcements that have been brought to bear during the addictive state, have had a part to play in the tension the addicted person experiences. There is obviously a duality of feelings at play here. On the one hand, there is desire. This is the desire to continue with the addictive behaviour. On the other hand, there is

reason, which is sending a contrary message. This is a defining phenomenological experience for the individual in this situation. While West and Brown describe the effects of this, in Chapter Four (s.4.3), I explain the mechanisms that are at work within Plato's doctrine of the tripartite soul that cause this inner conflict.

There is one further point that I would like to consider regarding Operant Conditioning Theory. It is the question whether, within the context of this theory, imprisonment acts as a reinforcer. A report by the Social Exclusion Unit (2002) suggests not. It states that "drug and alcohol misuse is one of nine factors that influence re-offending". In 1997, "58 per cent of prisoners were convicted of a further crime within two years of release, 36 per cent were returned to prison" (Social Exclusion Unit, 2002: 1). It was concluded by the Social Exclusion Unit that imprisonment may aggravate the factors associated with re-offending:

> . . . a third [of prisoners] lose their house while in prison, two-thirds lose their job, over a fifth face increased financial problems and over two-fifths lose contact with their family. There are also real dangers of mental and physical health deteriorating further, of life and thinking skills being eroded, and of prisoners being introduced to drugs Social Exclusion Unit, 2001: 3).

On the above evidence, I think it highly unlikely that imprisonment may be thought of as a successful reinforcer of reduced/abstinence within the context of Operant Conditioning Theory.

2.3 ii Classical (Pavlovian) theory of addiction

Closely associated with Operant Conditioning Theory is Classical (Pavlovian) Conditioning Theory. The difference between the two is that in Operant Conditioning Theory, reward or punishment is contingent on an individual's behaviour. In other words, do the right thing and a reward will follow, do the wrong thing and punishment will follow. In Classical Conditioning Theory this is not the case. A neutral stimulus automatically triggers a response that has no reinforcing outcome.

Classical Conditioning Theory is based on the work of Ivan Pavlov, a physiologist who studied the digestion of food in dogs. Pavlov noticed that on hearing the clanking noises of their feeding bowls, the dogs began to salivate in anticipation of food. They associated the noise with the delivery of food. The dogs continued to salivate on hearing the noises even when no food was given. This kind of learning by association became known as classical conditioning (Pavlov, 2003).

An example of classical conditioning in a human scenario is provided by Heather and Robertson (1981). They describe the hypothetical case of an office worker who drinks at the end of his working day. Arriving home later, the alcohol content in the individual's blood has lowered. This triggers the desire for another drink, so they leave home and go to the local public house. Over time this behaviour becomes habitual. The pattern of the office workers behaviour becomes predictable from the moment the working day ends. The process of returning home, timed with the lowering of alcohol in the body, became a stimulus to prompt the desire for a further drink. The stimulus to drink is satisfied by the visit to the public house, and so the cycle continues.

A significant issue that arises out of Classical Conditioning Theory that is relevant in the treatment of addiction, is said to be the notion of 'extinction'. Pavlov discovered that when no food appeared following the noises made by the feeding bowls, the pattern of cue response that the dogs had exhibited previously, was broken. They no longer salivated or responded to the noise. The behaviour they had shown previously ceased, it became "extinct" (McMurran, 1997: 35). A similar result was found in humans. When the addicted person was presented with drug paraphernalia or a substance that resembled a drug, but with no actual drug being given, resistance to the cue was built up to the point of extinction. However, evidence suggests that associations accrued during the conditioning phase are not entirely forgotten and relapse sometimes occurs (McMurran, 1997: 35).

2.3 iii Addiction as a myth

The notion that addiction is a myth, is a theory that is often associated with rational choice theories (West, 2013). Using the word rational, and referring to rational choice theories of addiction, does not imply that the individual concerned is making a sensible or rational choice. It relates to a situation where the individual considers alternative courses of action. They then apply their sense of reason and analysis to make what they believe to be the correct choice. Insofar as addiction is concerned, this involves making a 'rational choice' that favours the benefits of the addictive behaviour over costs (West, 2013: 46-47).

There are several theorists who advocate the idea that addiction is a myth including Davies 1997, Fingarette 1989, Schaler 2000, Szasz 2003, and Heyman 2009. I will consider the work of Davies (1997). I have chosen Davies because of his inclusion of Attribution Theory in his explanation of addiction as a myth.

Attribution Theory seeks to understand how people arrive at 'common-sense' explanations for their behaviour, and for the behaviour of others. This provides an interesting insight into how people who have developed an addiction view their behaviour, and how others perceive it.

A central tenet of Davies' theory is that people take drugs because they want to, and not because they are compelled by the pharmacology of the substance they are using. Furthermore, he says it "makes no sense for them to behave in any other way given the options available to them" (Davies, 1997: x). This position contrasts starkly from the picture of the helpless addict, who is battling with something that is beyond their control; a picture portrayed above by the medical/biological theory of addiction. Davies says that "this is the picture that most people want to have of an addict" (Davies, 1997: 10). He believes it is one that is also held by most people employed in the media, in treatment agencies, in government, and elsewhere. This belief is associated with another, which is that there are "evil pushers lurking on street corners to ensnare the nation's youth" (Davies, 1997: x).

To understand why people accept these negative accounts, Davies draws on the notion of Attribution Theory. This is a theory of human behaviour that is concerned with the psychology of inter-personal relations. In short, it seeks to elicit the explanations people give for their actions, and the actions of others. The original stimulus for Attribution Theory came from Heider (1958). In *The Psychology of Interpersonal Relations* (1958), Heider sets out the meaning of inter-personal relations. He tells us they are about what people think of each other, how they respond to the actions of another, how they expect another to behave, how

they perceive each other, and how they anticipate what the other person is about to do. Heider calls these “surface” matters. They are events that happen in our everyday lives, and we deal with them in a way we believe is appropriate given the circumstances (Heider, 1958: 1).

Heider suggests that when we think about inter-personal relations in this way, we are employing what may be called “common sense psychology” (Heider, 1958: 1). It is a psychology which allows us to build a picture of our social environment, and the principles that guide our responses to it. Whether the truth is established through common sense psychology matters not according to Heider. He tells us that if a person believes that their future can be foretold by interpreting the lines on the palm of their hand, then this belief must be accounted for when explaining their actions and expectations (Heider, 1958: 5).

Attribution Theory explains certain things, “but it does not reveal what is or what is not the truth” (Davies, 1997: 158). Davies says the theory explains how people account for the behaviour of the addicted person, and how they perceive that person’s behaviour. Conceptualising the misuse of drug in this way is primarily an illustration of how Attribution Theory works, rather than it being a “true” or “scientific account” (Davies, 1997: 25). As noted, the interpretation people place on addictive behaviour serves a function. The difficulty Davies sees in this is that the concept of addiction, and the problems associated with it, leaves it open to be reduced to nothing more than functional explanations. The result is that the “real nature of addictive behaviour becomes even more elusive than ever, and the truth remains hidden” (Davies, 1997: 160).

West and Brown (2013) suggest that Davies raises an important feature of addiction that is often overlooked. It is that people use terminology that serves a function. They give the example that when the addicted person talks to the police or health worker they will use the language of addiction. This narrative suggests that their behaviour is out of control and therefore they cannot stop taking the drugs. Likewise, those employed in the caring agencies understand this language and they too respond accordingly; they see it as their function to do so. Family members may also find it easier to cope emotionally by characterising their loved ones as victims, rather than seeing them as being responsible for their situation. It also serves the needs of policy makers and members of the media to use language that accords with the functional terminology of addiction (West and Brown, 2013). If this is correct, it hardly surprising that Davies, and other advocates of addiction as a myth, call for a complete rethink about the way addiction and addictive behaviour is addressed. To them it appears that current notions of addiction are built on falsehoods, and mistaken beliefs.

2.3 iv The self-medication hypothesis of addiction

The Self Medication Hypothesis Theory of Addiction, (SMH) is an example of a pre-existing needs theory of addiction. Its originator, Edward J. Kahntzian and others who support SMH, connect psychological and emotional distress with the development of addiction (Kahntzian, 2003). Two important aspects underpin the idea of SMH. The first is that individuals develop excessive appetites for psychoactive substances because the substances relieve states of distress. The second is that the drug being used is psychopharmacologically specific. In other words, it is not chosen randomly, but for its specific qualities to relieve the pain of

a psychological distressing experience (Kahntzian, 2003). The high prevalence of comorbidity between addiction and certain psychiatric disorders is also recognised. In these cases, it has been found that "patients with schizophrenia have higher rates of alcohol, tobacco and other drug misuse than the general population" (National Institute on Drug Abuse, 2010: 3).

The SMH theory of addiction suggests that the individual concerned is not seeking pleasure or reward from the effects of psychoactive substances, but is exercising self-care in using the drugs. Understanding this has important implications for treatment of patients who are dually diagnosed with both an addiction, and a psychiatric disorder (Kahntzian, 2003). The management of pain, through the self-medication of psychoactive substances has also been recognised as a problem. To address this, specific treatment plans are recommended when patients present in this way (British Pain Society, 2007).

The next theory I address, is said to arise as a consequence of withdrawal symptoms experienced following the absence of psychoactive substances in the body.

2.3 v Drug withdrawal theory of Addiction

West (2013: 56), suggests that Drug Withdrawal Theory is said to be "probably the most commonly held theory of addiction." It is a theory which suggests that physiological adaptation occurs with the presence of psychoactive substances in the body. When the psychoactive substance is withheld, unpleasant and significant side effects occur. These effects are commonly known as withdrawal symptoms. The effects of withdrawal symptoms are drug specific (Kuhn *et al*., 2003). For example, opiate withdrawal symptoms include severe gastrointestinal distress and

a flu-like state, as well as severe dysphoria. On the other hand, individuals withdrawing from an excessive appetite for alcohol experience tremors, hyperthermia, increase in blood pressure and heart rate, plus dysphoria and anxiety (Koob *et al.* 1998). Withdrawal symptoms are said to be so unpleasant that to avoid them "the addict takes more of the drug, and so the cycle of addiction continues" (Koob, 1998; Kuhn *et al.* 2003: 263).

It is not difficult to understand why Drug Withdrawal Theory might be considered the most commonly understood theory of addiction. It fits well into a commonplace understanding of the problem of the kind discussed earlier, when Attribution Theory was considered. Drug Withdrawal Theory gives the impression of a helpless addict, trapped in a continuum of addictive behaviour brought on by irresistible cravings.

The final theory to consider in this grouping, which I mentioned briefly above in Chapter One (s.1.4), is the Behavioural Theory of Addiction.

2.3 vi Behavioural theory of addiction

This is a relative new area of study in the field of addiction. I have included it because of the emerging recognition by some researchers, that seemingly mundane activities have the potential to cause similar problems to pharmacologically induced addictions (Orford, 2005; Griffiths and Meredith, 2009; Grant *et al.* 2011; Grant *et al.* 2013). Orford suggests that no longer should the concept of addiction continue to be restricted to a few drugs that have been outside the law in the West in the late 20th century. He believes that such a view has distorted provision for those who need help to address other addictions. It has also seriously undermined the understanding of addiction in a way that is unhelpful

when trying to develop a comprehensive theory of the phenomenon (Orford, 2005). As Orford explains, almost any activity under given circumstances could become addictive. He puts it this way:

> It is not to substances that we are at risk of becoming addicted, but rather to objects and activities of which drugs are a special example. This new perspective allows different comparisons to be made, new concepts to be privileged and arguably a more comprehensive and satisfactory model to be developed of how people's appetites can become out of control (Orford, 2005: 2).

Included in the group of excessive appetites are eating disorders, shoplifting, joyriding, compulsive shopping, excessive exercise, sun tanning, playing of computer/video games, and gambling (Grant *et al.* 2011). It is only the behavioural disorder of gambling to excess that has received formal recognition as an addiction. This is so because of its inclusion in the category of addictive behaviours in the Diagnostic and Statistical Manual of Disorders (American Psychiatric Association, 2013: 5th Edition).

Orford (2005) considers whether certain activities that people are not accustomed to will cause similar problems to those of the past. He cites the introduction of alcohol to the indigenous people of Australia and North America as examples, and heroin and cocaine in the industrialised countries in the 1980s and 1990s He consider whether, for example, internet addiction will present significant problems in the future, similar to the problems currently experienced by substance

abuse. He suggests that the likelihood of this is very real if patterns of behaviour from the past are repeated.

Grant *et al.* claim there is growing evidence to suggest that behavioural addictions resemble substance addictions in many domains. These include, natural history, phenomenology, tolerance, comorbidity, overlapping genetic contribution, neurobiological mechanisms, and response to treatment (Grant *et al*. 2011: 1). The essential features being that both substance addiction and behavioural addictions display a "failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others" (Grant *et al*. 2011: 2).

2.3 vii A comment on psychological/behavioural theories of addiction

Of the theories of addiction I have grouped in this category, two share obvious characteristics. Parallels can be drawn between operant and classical conditioning theories in that they both suggest that cues, in one form or another, instigate an addiction. The third theory, addiction as a myth, shows how addiction can be viewed as a rational choice made by the addicted person. When addiction as a myth is viewed in the context of attribution theory, it explains how attitudes and behaviour towards the addicted person can be shaped in a negative way. The next two theories focussed on the psychological aspects of addictive behaviour. They revealed a need on the part of the addicted person that requires fulfilling. In one there is the need to self-medicate and in the other the need to satisfy a craving when the psychoactive substance has been withdrawn. Behavioural addictions were finally considered within this section. This theory of addiction suggests that all manner of activities may, if taken to excess, can develop into addictive behaviour.

Considering each one of the above as they appear. There are a number of weaknesses in operant and classical conditioning theories of addiction. For example, they fail to account for circumstances where there is an absence of cues. In other words, they do not address instances where the addicted person acts on imagination alone. In Chapter Seven (s.7.3), I describe how Aristotle explains the part *phantasia* (imagination), plays in moving a person to action. I interpret his theory of *phantasia* in a way that explains how relapse in addiction may occur following a period of recovery. Operant and classical conditioning theories do not account for incidences of relapse. I think that for any theory of addiction to be plausible, it must account for recovery and relapse, as well as its instigation, and maintenance. Operant conditioning is considered further in Chapter Three (s.3.5), when I enquire into Socrates' notion of the power of appearance.

One final point to make in regard to operant and classical conditioning theories of addiction is that for them to succeed, both theories are dependent on external influences, and chance. They rely on the chance of the addicted person encountering a cue and responding to it. As it will become clear as the thesis progresses, cues and chance play no part in the theory of addiction that I propose.

Insofar as treatment for addictive behaviour is concerned, Davies, in his theory that addiction is a myth does not accept that there is a "cure" for addiction because in his view there is "fundamentally nothing to be cured; no more in fact than there is a cure for rock climbing, football, or playing the violin" (Davies, 1997: 54-55). He reasons that research into addiction which attempts to discover why people eat, drink, gamble, take drugs to excess, is in actuality a search for why people commit themselves to do anything. In other words, "it is a search for an

understanding of the whole of human choice behaviour" and with no sudden breakthrough anticipated (Davies, 1997: 55).

Davies concludes his theory that addiction is a myth by emphasising the point that there is a clear need for a revision in current strategy because in his view society is being driven towards an abyss, not by users of drugs but by those whose preferred solution is to eliminate drugs from society, no matter how socially disruptive this may be. He sums up:

> Unless we seriously consider ways of reducing penalties, of producing more sensible media coverage, of reducing the political appeal of drugs, in other words of examining all aspects of the addiction system, the problem will metamorphose into something far costlier in societal terms (Davies, 1997: 169-170)

Ultimately, Davies (1997) and other advocates of the theory that addiction is a myth, call for a new approach to understanding the problem. As this thesis progresses, it will become clear that the theory of addiction I propose provides a new approach. It addresses, in detail, the point that Davies makes about the choices people make in their lives. I will also show that developing an excessive appetite is not a myth, and that contrary to Davies's assertion that it cannot be "cured" I will explain later, in Chapter Six (6.7-6.10), how recovery from an excessive appetite may be achieved.

In their evaluation of the self-medication hypothesis of addictive behaviour, West and Brown (2013) make certain observations. They suggest that in its "most basic form" the self-medication hypothesis of addiction "requires that

psychological disorders predate drug use and this is often though not always the case" (West and Brown, 2013: 51). In their view the SMH model fails to account for those instances where there is an absence of psychological problems to be overcome (West and Brown 2013). I think these are legitimate areas of concern. However, I do believe that the self-medication theory of addiction has some merit. For it explains why people may choose to consume psychoactive substances to excess in their efforts to relieve distressing psychological, or physical long-term conditions. While this method of relieving distress may not be advisable, I think it is one that is quite understandable.

The withdrawal symptoms theory of addiction paints a picture of an inescapable cycle of addictive behaviour. Because of the discomfort experienced when the body is denied of its usual intake of psychoactive substances, the urge to satisfy the craving that follow are said to be overwhelming. There is a problem with this theory in that withdrawal symptoms that arise from the licit intake of drugs are also common. Such symptoms are not solely experienced by people who have developed an excessive appetite for psychoactive substances. In short, people who have developed an excessive appetite for psychoactive substances are not unique in experiencing withdrawal symptoms, they are also experienced by people who withdraw from licit substances. The theory of addiction I propose considers withdrawal symptoms in some detail in Chapter Seven (s.7.5), together with the notion of cravings. It will show that there is nothing unusual or unique in an addicted person experiencing such symptoms.

Behavioural addiction was the final theory to be considered in this grouping. A reading of Orford (2005) suggests that there is much work to be done if

behavioural addictions are to be ranked alongside the more familiar range of substance use addictions. He puts it in a way which suggests that the "boundary around the core of our subject is a fuzzy one" (Orford, 2005: 6). This lack of clarity presents problems for practitioners when individual's present with behavioural addictions. The lack of literature and knowledge in this area compared to substance use addictions, causes problems for diagnosis, treatment and assessment (Wilson and Johnson, 2013).

The theory of addiction I propose includes all manner of addictions, whether they be behavioural or arise as a consequence of consuming psychoactive substances to excess. The object of the excessive behaviour is irrelevant to my theory of addiction. Furthermore, the theory of addiction I propose is inclusive, meaning that it accounts for all excessive appetites regardless of their particular characteristics.

2.4 Hybrid Theories of Addiction

This is the final grouping of contemporary theories of addiction that I explore. I have included in this group, Excessive Appetites Theory, Psychosocial Theory, and Biopsychosocial Theory. They are placed in the hybrid category because each one reflects the idea that a broad range of factors impact on addictive behaviour. It is an integrative approach to understanding addiction that does not adhere itself to any one theory or treatment of the problem. It takes a nondogmatic approach when considering the risk factors associated with addictive behaviour. The consequence of this being that it encourages clinicians to exercise creativity, flexibility, and reasonableness in treating addictive behaviour (Washton and Zweben, 2006). As an introduction to these broader theories of addiction, I

begin with Orford's (2005) Excessive Appetites Theory. It is said that this theory of addiction is the "most complete and integrative account of addiction available" (West, 2013: 65).

Excessive appetites theory 2.4 i

Orford explains the nature of the changing field of addiction. These changes recognise that the range of addictive behaviours has expanded to include the concept of behavioural addictions that I discussed earlier. Having established that the word addiction is too restrictive in its application, Orford suggests that for those wanting greater precision in defining the field, the term "excessive appetite" is more appropriate (Orford, 2005: 2). He distances himself from terms such as 'dependence', 'alcoholism', 'compulsive gambling', and 'bulimia' because they are "all ambivalent on the question of addiction as a disease" (Orford, 2005). These terms imply that addiction can be defined without accounting for a person's history, culture, social position or moral values. To address this he encourages the use of "excessive appetite" or "strong attachment", arguing that these terms refer to circumstances in which people have found that "certain activities can become out of control" (Orford, 2005: 2). The conflict they find themselves in only arises because the appetite has developed to a point where it has become excessive. Orford believes that an attachment to a psychoactive substance or activity can become so strong that it erodes an individual's freedom of choice. It is for these reasons that Orford prefers the terms excessive appetite or strong attachment. However, he does acknowledge that despite his preference for these terms, "the commonplace term of addiction remains as apt as before" (Orford, 2005: 2).

The terminology used in the vocabulary of addiction is clearly a significant issue for Orford. He is critical of the WHO and the APA in their attempts to define certain "disease like conditions" such as "alcohol dependence, pathological gambling or bulimia nervosa". He believes such descriptions are arbitrary. They "leave deficiencies which are filled by others who add more descriptions such as alcohol abuse, problem gambling, or binge eating disorder" (Orford, 2005: 347). He says that any attempts to arbitrarily define addiction is:

> . . . bound to be spurious since the processes that give rise to strong appetitive attachment are normal ones and, although the distribution curves may be highly skewed, there is no point at which normality ends and abnormality begins . . . [N]o precise definition of addiction or dependence, however arbitrary, will serve all people, in all places, at all times (Orford, 2005: 347).

From the perspective of contemporary theories of addiction, Orford's theory raises several issues that he believes are relevant to understanding the development of an excessive appetite. He emphasises the notion that there is no simple explanation that will help us better understand addictive behaviour. "All the evidence" points to not one single causative factor or even a few factors, but to "a very large number". Furthermore, he says, because human social behaviour develops slowly and progresses through several stages, these factors are not acting independently or in unison (Orford, 2005: 208).

Orford is clear that among the other theories that the excessive appetites theory may have parallels with, these do not include disease and biological

theories. He believes that while it might be argued that given the right circumstances appetites can become so strong that they appear disease-like, "there are too many ways in which an excessive appetite is unlike a physical disease" (Orford, 2005: 344). However, he finds himself agreeing on one point with the advocates of disease theories of addiction. It is that addiction is a reality, it does exist. There is something more about addiction "than it simply being deviant behaviour, or attributions about behaviour that seek to garner sympathy and reduce blame" (Orford, 2005: 344).

2.4 ii Psychosocial theory of addiction

As the title of this theory of addiction suggests, it relates to processes that are both psychological and social in their origin. A multitude of psychosocial factors determine human behaviour, as well as addictive behaviour. These factors include, culture, family, peer influence, environment, and lifestyle. The "influence they have will vary from one person to another and will also vary for any one person over time" (McMurran, 1997: 31).

The claim behind the theory is that psychosocial factors are likely to be determinants of substance misuse. For example, Valentine *et al.* (2010) examined the influence of parents within the context of alcohol consumption. They surveyed a representative sample of 2,809 parents with at least one child aged between 5 and 12 years. The research concluded that parents were the most important influences on children of this age. This was especially so when determining the child's attitudes toward alcohol consumption. They also discovered that young children learn positive messages about drinking in moderation, after witnessing their parents drink to excess. A further conclusion reached was that the

educational strategies that parents employed are largely successful at conveying the pleasures, and the risks, of alcohol consumption.

In contrast to the above, an earlier study into parental influence by Matejcek (1981) revealed that children and adolescents, while living at home with a parent who drank to excess, were significantly likely to experience all nature of maladjustment problems, emotional problems, conduct difficulties, and school and learning difficulties (cited in Orford, 2005: 21); Research by the American Academy of Child and Adolescent Psychiatry (2011), suggests that children of alcoholics are four times more likely than children of non-alcoholics to become alcoholics.

An individual's social network or peer group also has the potential to become a determinant factor in substance misuse (McMurran, 1997). McMurran explains that this could be due to one of two processes. The first is 'socialization', which develops because of interpersonal influences or peer pressure. The second is 'selection' which suggests that some users of psychoactive substances will select others to mix with who have similar interests in the drug they are using. A study by Downs (1987), shows a reciprocal relationship between friends insofar as drinking was concerned. In other word, they influenced and encouraged each other to drink.

Noting that environment and lifestyle plays its part in encouraging substance abuse, research by Johnson and Chamberlain (2008: taken from abstract), discovered a strong link between homelessness and problematic substance use. From a dataset base of 4,291 homeless people, they found that two-thirds of those interviewed had developed a strong attachment to

psychoactive substances after they had become homeless. Homeless people who had developed an addiction remained without a home for twelve months or longer. They also discovered that younger homeless people, were at greater risk of developing problems associated with the misuse of psychoactive substances, than their older counterparts.

2.4 iii Biopsychosocial theory of addiction

The next theory of addiction to consider is the biopsychosocial. The biopsychosocial theory of addiction encapsulates many of the theories discussed in this chapter. As its title suggests, it brings together biological, psychological, and social explanations of addiction. This reflects the claim that no single existing theory of addiction can explain why some people and not others, develop excessive appetites for psychoactive substances (Skewes and Gonzalez, 2013). The origins of the Biopsychosocial Theory dates to 1977, when the dominant theory of disease had for some time been represented by the biomedical model (Engel, 1977). Biomedical theories explain disease solely in terms of biological and physiological principles. The theory does not look beyond the pathology of an illness. In other words, it fails to account for illnesses where there is no discernible evidence of pathological disease (Wade and Halligan, 2004). As an example, extreme stress resulting from engagement in battle was not recognised during the First World War. Consequently, many soldiers were sentenced to death and shot, having been accused of malingering. Today, these soldiers would be considered victims of the illness, “post-traumatic stress disorder” (Wade and Halligan, 2004: 398). As can be seen from this example, the trauma the soldiers suffered in battle, was thought to have played no part in the condition they found themselves in.

The originator of BPS, Engel, argued that to "neutralise the dogmatism of biomedicine" a new approach was required (Engel, 1977: 35). In short, what Engel claimed was that to understand the causes of ill health, it was evident that psychological, behavioural, and social factors impacting on the individual concerned, must be accounted for. From this position he devised the Biopsychosocial Theory of disease. The theory was subsequently adapted to address problems presented by addictive behaviour. An example of this is provided by Hawkins *et al.* (1992). Together with his co-researchers, Hawkins reviewed the risk factors that he believed contributed to making adolescent and young adults more susceptible to alcohol and drug abuse. These included: "extreme economic deprivation; poor neighbourhood; family history of alcoholism; parental use of illicit drugs; academic failure; early peer rejection; social influences to use drugs; and the early initiation into drug use" (Hawkins *et al.,* 1992: 96). This research concluded that if the goal was to reduce the harms caused by these risk factors, then "coherent multi-component or comprehensive strategies including, but not limited to, social influence resistance, hold significance for preventing drug abuse" were required (Hawkins *et al.,* 1992: 97).

Further research into the biopsychosocial factors of addiction has been considered which examine the influence of social media (Cavazos *et al*. 2014). Enquiring into the link between contributors to the social media forum 'Twitter', concerning the use of marijuana, revealed how "especially responsive young people" are to its influence. The findings of the research indicated that just 10% of messages on a pro-marijuana 'Twitter feed' made mention of any negative risks associated with its use. This suggested to the researchers that via this form of social

media, a high number of 'tweets' that encouraged the use of marijuana were being distributed. They concluded that in view of the popularity of Twitter among a young demographic of contributors, and a discourse that clearly encourages the use of marijuana, a better understanding of Twitter would be helpful "for tailoring and targeting online and offline prevention messages" (Cavazos-Rehg, *et al*., 2014). The examples presented of social media and social influences generally, suggest a strong link between psychosocial factors of human behaviour and addiction.

In his criticism of BPS theory, Dodes (2014: 1), suggests that the Biopsychosocial Theory of addiction is a "tepid catch-all" theory where "every other theory of addiction has got a seat at the table". He goes on to claim that it is a mistake to put disparate factors together simply because they may appear to be connected. For example, the impoverished man might become an alcoholic, and his social state may be a contributing factor in this. However, while poverty may add to his problems the solution is a psychological one; "poverty contributes to addiction, but it is not the deepest understanding of it" (Dodes, 2014: 1). He concludes by suggesting that because the Biopsychosocial Theory brings the ideas of many theorists together, it is "making nice", suggesting that it is "doing more good for the theorists than the addicts" (Dodes, 2014: 1).

Ghaemi (2011) claims that the main strength of the BPS theory of addiction lies in the fact that it is not dogmatic. It does not, in theory, exclude or set any one theory above another. However, he goes on to clarify this by saying that its weaknesses follow from this essential positive feature. He presents a ten-point critique of the BPS theory. In summary, he suggests it is: based on a falsely narrow concept of biology; it is inconsistent between mind/body relationship; it is no more

beneficial than the humanist model of medicine; it is a trivial theory, with unclear boundaries; there is confusion between treatment and aetiology; it is inadequate in addressing costs and managed care; it presumes psychiatric superiority; is a poor teaching tool; lastly, BPS leaves the door open for a return of biological dogmatism (Ghaemi, 2011).

2.4 iv A comment on hybrid theories of addiction

Hybrid theories of addiction identify many barriers that may be present in an an addicted person's life. These are thought to be contributors to the development of an addiction, which presumably must be overcome if recovery from addiction is to be achieved. The problem with this position is that it fails to account for people who develop an excessive appetite and yet are not disadvantaged in a way that is described by the biopsychosocial theory. It would be naïve to think such people do not develop an excessive appetite. Similarly, the biopsychosocial theory does not account for people who do meet the set criteria, and yet do not go on to develop an addiction. Viewing addiction as a disorder of the soul avoids these difficulties. While a person may be experiencing problems in their life that seem insurmountable, these do not account for the development of an addiction. The responsibility for developing an excessive appetite, as I make clear throughout the thesis, rests with the individual concerned.

To be clear on the point I am making, I accept that external forces, such as those raised by the biopsychosocial model of addiction, have a part to play within the general framework of addictive behaviour. By this I mean it is perfectly understandable for a person to turn to psychoactive substances, or engage in a non-substance related activity to excess, if they are faced with some of the barriers

in life that the biopsychosocial model of addiction raises. For example, living in an abusive relationship, being homeless, experiencing bereavement, or being unemployed, are just a few of many of life's events that might persuade a person to find comfort, or a perceived solution to their problem, in addictive activities. In Chapter Three, I present examples of the understanding and empathy that Socrates displays when people find themselves in difficult situations. However, to lay the origin of addiction on external influences, as the biopsychosocial model of addiction appears to do, is to characterise the addicted person as a helpless victim. In other words, it implies that responsibility for achieving recovery from addiction rests elsewhere other than with the individual concerned.

Unlike the biopsychosocial theory of addiction, the theory I propose does not place the origin of addiction elsewhere, other than within the soul of the individual concerned. What this means is that recovery from addiction is a gift that is already present within the addicted person, should they choose to take it. It is a gift that is ever present regardless of any external forces that may be acting upon the individual concerned. Possessing this knowledge, if it is used, will empower an addicted person to reclaim their life from addiction. This is an important aspect of the theory of addiction that I am proposing. It will become clearer as the thesis progresses.

2.5 Summary and comment

In this chapter I selected a number of contemporary theories of addiction to discuss. There are many others that I could have considered but I chose those that are representative of most major theories. What is apparent is that they reflect a diverse range of approaches that seek to determine the nature of addictive

behaviour. Many of them, like the theory just discussed, share a common feature which is the belief that external influences play a large part in the addiction process. There are also theories that suggest addiction is a disease much like any other disease. Other theories have been developed through experimentation on live animals. There are also theories that deny the very existence of the phenomenon. One contemporary theory of addiction links some everyday activities to addictive behaviour. These kind of behaviours are said to have the potential to cause similar problems to pharmacologically induced addictions.

In a broader context, contemporary theories of addiction offer ways for addiction and addictive behaviour to be interpreted in modern-times. Research projects in the field of study, for example the research submitted to the European Monitoring Centre for Drugs and Drug Addiction (2013), *Insights: Models for Addiction* by West (2013), have the potential to influence public policy. From these reports, policies on matters of health care, social services, and policing may be determined. In health care, the treatments offered to those suffering from an addiction is shaped by contemporary theories of addiction. The education of health care professionals is based on contemporary theories of addiction. Public opinion and media accounts of addiction are also informed by contemporary theories.

The above points reflect the overall characteristics of contemporary theories of addiction. Between them they touch upon almost every aspect of human behaviour bar one. They neglect to consider the part the human soul plays in the development of addiction. As I have said in Chapter One, this thesis will show that it is the soul and not the body that guides individual behaviour. The body can be treated, and as I will explain later, the myriad of issues that contemporary

theories of addiction raise may be addressed, but unless the soul is cared for, unless the soul is given priority above of all other things, an excessive appetite will never be brought under control. As it will become clear as the thesis progresses, my contention is that people who have brought their addictive behaviour to an end, unwittingly or otherwise, have done so by achieving a sense of harmony within their soul.

The theories of addiction that have been discussed in this chapter, provide a contemporary backdrop for the discussions on Classical Greek theory that appear throughout the thesis. A core concept of the theory of addiction that I am proposing is that it accommodates existing theories. It recognises the negative influences that many of the issues raised in contemporary theories of addiction, can have on determining a person's choices and life style. It is a point, acknowledged in Chapter Eight of the thesis, where I set out the component parts that go toward building the overall theory of addiction that I am proposing.

Finally, for this chapter, I should say that the new theory of addiction does not neatly fit into any one of the contemporary theories of addiction discussed above. By defining addiction as a disorder of the soul, I take a psychological approach to understanding the problem, one that is founded on Classical Greek philosophy. Viewed within this context, addiction as a disorder of the soul, should be placed in a unique category of its own viz. 'A psychology of addiction founded on Classical Greek philosophy'.

In the following chapter I begin the task of justifying the above claim. I consider Plato's dialogue *Protagoras*, and Socrates' denial of *akrasia*. It is Socrates' denial of *akrasia* that allows Plato to introduce some fundamental aspects of

human behaviour that I suggest have relevance to the phenomenon of addiction. It is desire, and the way in which people handle their desires that is key to understanding Socrates' argument in *Protagoras*. The dialogue sets up Plato's revision of *akrasia* in one of his subsequent dialogues, *The Republic.* It is this revision of *akrasia*, considered in detail in Chapter Four, that permits me to reference Socrates' claim that it is the soul that determines human action. It is the soul that must be given priority over all other considerations if a person is to live a healthy, worthwhile, addiction free life.

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3

SOCRATES' DENIAL OF *AKRASIA*

IN PLATO'S DIALOGUE *PROTAGORAS*

3.1 Introduction

This chapter begins my inquiry into Classical Greek philosophy, and the bearing it has on addiction and addictive behaviour. It concerns desire and the way in which people respond to the desires they experience. It is about the compulsion people claim to feel, and the external influences they say act upon them. In addressing these human emotions this chapter focuses on the Classical Greek concept of *akrasia*. As I have suggested, it is often the case when resurrecting words from the Classical Greek period, to discover that there are no synonyms to be found in the English language that reflect their exact meaning; *akrasia* is no exception.

Akrasia is the subject of much interpretation, (Brickhouse and Smith, 2007; Charlton, 1988; Shields, 2007; Mele 2012). Based on my understanding of the ancient texts, I interpret *akrasia* as being the act of wittingly making a bad choice when a better one is freely available. It may be thought of as acting against a better judgement, one which has been prompted by desire overcoming reason. In other words, when desire and reason come into conflict, desire wins. This interpretation will become apparent as the chapter progresses.

Akrasia is puzzling. It begs the question, why would someone, all things considered, choose to take a course of action that is bad for them. Especially when

an alternative and better one is freely available. It does not make sense, but it is what people do. When reason conflicts with desire inner conflict often occurs. This kind of conflict can be seen in some addicted people who rage against their addiction. On the one hand, reason urges them to end their addiction, but on the other, they continue their excessive behaviour because desire is encouraging them to do so.

The chapter will proceed as follows. The first section will consider Socrates' denial of *akrasia*. This will be followed by his intellectualist theory of human motivation, also known as Socratic intellectualism. Next, I will consider Socrates' power of appearance, and the influence it has on the choices a person makes. The power of appearance, within the context of the theory of Operant Conditioning, will then be discussed.

The antidote to the power of appearance, Socrates' art of measurement, will then be considered, before finally turning to some ancillary matters that arise out of Socrates' denial of *akrasia*. A summary and comment conclude the chapter.

3.2 Socrates' denial of akrasia

Few of us can deny having experienced *akrasia* at some point in our lives. The outcome may have been no more than a sense of regret for succumbing to temptation with no lasting harm done. However, when the temptation leads to the development of an excessive appetite for psychoactive substances, or the persistent repetition of a certain activity, the consequences can be far more serious. To understand *akrasia* I turn to Plato's dialogue, *Protagoras.*

In this dialogue Socrates, and his interlocutor Protagoras, address the conflict between desire and reason, which is characterised by *akrasia* (352b-358e).

What they are attempting to establish is the true nature of the behaviour when people claim they have been overcome by their desires. They say that this in turn causes them to knowingly act against their better judgement. Socrates denies the very existence of *akrasia*. He cannot accept that anyone who does what is bad for them, would do it wittingly. He says that the knowledge they possess would prevent this from happening. In other words, the knowledge a person has is stronger than the emotions they feel. If this is the case, it should result in them following reason and logic, and not their desires.

It should be noted that the term *akrasia* is not of Plato's making. He does not use the word in any of his surviving dialogues (Shields, 2007). Neither does Plato portray Socrates as "explicitly denying the possibility of something called *akrasia*" (Shields, 2007: 64). It is Aristotle who later represents Socrates in these terms. In this regard he says:

> It would be awful, Socrates thought, when knowledge is present in someone for something else to master it and drag it about as if it were a slave. Socrates campaigned against this account altogether, on the grounds that there is no *akrasia:* No one acts against what he supposes to be best, but does so rather because of ignorance (*Nicomachean Ethics*, 1145b23-27).[21]

When Socrates denies the existence of *akrasia* he is not suggesting that people do not make bad choices, or that experiences of the kind that people call being overcome by emotions are not real. It is the misdescription of these

[21] This translation of the text for Aristotle's *Nicomachean Ethics* is taken from Shields (2007: 64).

experiences that Socrates takes issue with and which best characterises his denial of *akrasia* (Shields, 2007). To explain, Socrates begins the discussion on the subject in *Protagoras* by introducing two contrary views. The first, sets out what he believes to be the account held by most people. It is that while most people hold knowledge, and have the power to exercise that knowledge, they fail to do so. Instead, they claim to be overcome and ruled by something else:

> sometimes pleasure, sometimes fear of pain, or lust or anger, and so on; they [most people] just look at knowledge as a slave who gets dragged about by all the rest (352c).

The list of appetitive forces that Socrates presents is not intended to be exhaustive. It could possibly extend to include such things as " . . . laziness, shyness or boastfulness" (Taylor, 1976: 172). Whatever the impulse that causes an individual to claim they had been overcome by desire matters not. The important point is that most people, according to Socrates, believe that it is a compulsion that forces them to act in this way. They suggest this compulsion defeats all the knowledge they have which would have prevented them from behaving in this way.

On the second view, Socrates refutes the belief held by the people. He sets out to establish the supremacy of knowledge above all else. He cannot accept that if a person has knowledge of what is good and bad, they would do anything other than what knowledge guides them to do, which would be the good. In seeking Protagoras' support, he asks him:

> Now are you of a similar position about knowledge, or do you think that it is something fine which can rule a man, and that if someone knows what is good and bad, he would never be conquered by anything so as to do other than what knowledge bids him? In fact, that intelligence is a sufficient safeguard for a man? (352b).

Of course, Protagoras agrees with Socrates (352e). As a leading sophist, and someone who makes his living from teaching, it would be quite surprising if he did not. Having made his point about the value of knowledge, Socrates now turns his attention to the claim made by most people, that they succumb to their desires in the knowledge that those desires are bad (352d-e). Following a discussion on this point, Socrates and Protagoras conclude that the reason people say certain things are bad in this respect, is because they often bring problems with them regardless of whether they are pleasurable. In other words, certain things are bad not because of the pleasure they bring, but because of what comes later "diseases and the like" (353e). They both agree on this, but also allow for those occasions when a trade-off of pleasure against pain is necessary for the overall good of the person concerned. For example, when there is a need to undertake "athletic training, and warfare, and medical treatment by cautery and amputation, and drugs and starvation diet" (354a-b).

To emphasise the validity of his argument, Socrates introduces a semantic trick into the discussion. By a clever use of words, he shows that the claims people make when they say they have been overcome by their emotions do not make sense. The trick, which can be found at 355b-d of the text, may be summarised as

follows. A person suggests that they have been overcome by a desire to do a bad thing when they did not have to do the bad thing, it was their choice. Furthermore, they did the bad thing because they were overcome by a good thing (the desire for pleasure). Through a substitution of words, the explanation now becomes "I did something knowing it was bad because I could not resist what was good" or by replacing bad by painful, "I did what I knew was painful because I could not resist the pleasure" (355b-d). Socrates' word play shows the absurdity of this person's claim when it is presented in this way.[22]

Ultimately, Socrates reveals that what most people call being overcome by their emotions is a cognitive "error" (357d). The cognitive error being that they have consigned knowledge and reason to a position below emotion, and in doing so allowed their desire to rule their behaviour. As Socrates points out, wrong action done without knowledge is done in error (357d-e). In the following section I shall say more about this cognitive error. In doing so I consider the intellectual rationale that supports Socrates' claim that knowledge is all powerful. It is known as Socratic intellectualism and it underpins Socrates' denial of *akrasia*.

3.3 Socratic intellectualism

Protagoras is one of Plato's earlier dialogues (Kahn, 1999: 73). Kahn says that we may turn to *Protagoras,* and a few other of Plato's dialogues such as, *Laches, Charmides,* and *Euthyphro,* to gain a reconstruction of Socrates' 'own'

[22]The soundness of this semantic trick is problematic. The problems raised are discussed in Taylor's commentary of the *Protagoras,* (1976: 179-181). We need not spend time on these arguments as they do not take us any further in understanding the basis of Socrates' denial of *akrasia*. I include it here to illustrate the effort Socrates is making to establish his point that people are misrepresenting their behaviour when they say they have been overcome by their emotions.

philosophical position. In these dialogues, the theory of Forms[23] does not appear. This suggests to Kahn (referencing the studies of Zeller, and Guthrie[24]) that they are "historically Socratic" (Kahn, 1999: 73). From this, the traditional conception of Socratic philosophy emerges, which includes the following:

(i) that virtue (*aretê* [human excellence]) is some kind of knowledge or wisdom, so that moral understanding is not only necessary but sufficient for virtuous action,

(ii) that in this sense all the virtues are one, namely, something like knowledge of what is good and bad,

(iii) hence, no one wittingly acts badly but does so out of ignorance, and

(iv) *akrasia* or acting against one's better judgement, is impossible: what looks like being overcome by pleasure or passion is in fact an intellectual mistake [a cognitive error] (Kahn, 1999: 73).

The above characterises Socrates' intellectualist theory of human motivation; Socratic intellectualism. Socratic intellectualism does not allow for emotion to play any part in decision making. It is a purely cognitive moral psychology of human behaviour, where knowledge and wisdom reign supreme. Socratic intellectualism is undoubtedly a demanding view of human action. It "denies the role of emotion as possibly playing any part in human behaviour" (Kahn, 1999: 73). With this in mind, it is not difficult to understand why Socrates

[23] Plato's theory of the Forms, represent a perfect transcendental world view. A view that is not corrupted by the senses, Kraut (2017).
[24] Zeller, (1814-1908) a classical scholar, wrote the multi-volume treatise, *The Philosophy of Greeks in their Historical Development.* Guthrie, (1906-1981) also a classical scholar wrote six volumes of a *History of Greek Philosophy.*

takes issues with the majority of people when they claim that desires can overcome reason and cause them to act against their better judgement. They suggest they have been overcome by pleasure, pain, lust and so on, whereas Socrates would claim that they have made a cognitive error.

As I have mentioned above, on Socrates' account, knowledge can never be overridden by desire. If a person has knowledge, they would never do anything other than what knowledge bids them to do. This is laid out in points ii and iii above, where Kahn speaks of Socrates' philosophical position. Socrates' continues to develop his theory in *Protagoras* when he says:

> no one freely goes for bad things or things he believes to be bad; it's not, it seems to me, in human nature to be prepared to go for what you think to be bad in preference to what is good. And when you are forced to choose one of two evils, nobody will choose the greater when he can have the lesser (358d).

If this is considered alongside part of Socrates' previous statement mentioned above, where he says that if someone knows what is good and bad they would always follow knowledge and do what knowledge bids them to do, it is seen just how challenging Socratic intellectualism is as a way of living. It is attributed to Socrates in the Aristotelian, *Magna Moralia*[25]:

> After him [referring to Pythagoras who had also spoken on the virtues] came Socrates, who spoke better and further about this subject, but even he was not successful. For he used to make

[25] Translation of the *Magna Moralia* is by Ross (1915).

> the virtues sciences, and this is impossible. For the sciences all involve reason, and reason is to be found in the intellectual part of the soul. So that all the virtues, according to him, are to be found in the rational part of the soul. The result is that in making the virtues sciences he is doing away with the irrational part of the soul, and is thereby doing away also both with passion and moral character; so that he has not been successful in this respect in his treatment of the virtues (1182a19-23).

Kahn suggests that construed as a model for rational decision making, Socratic intellectualism is a "brilliantly simple scheme". He says it is "very much" like the scheme that underlies "rational choice theory". However, as "a descriptive account of ordinary human behaviour it is quite incredible" (Kahn,1999: 230). He notes that Socrates' intellectualist theory of human motivations has parallels with rational decision-making theory. However, other than making the comment in passing, Kahn does not elaborate on this further. It might be useful to look a little closer at this possible connection.

In the previous Chapter, the myth of addiction was considered. It was noted that the use of the word rational in this context, does not mean that a sensible or reasonable decision has been made by the individual concerned. The developers of rational choice theory, Becker and Murphy (1998), propose that "rationality in the context of addiction, means having a consistent plan to maximize utility over a period of time" (Becker and Murphy, 1988: 675). In brief, rational choice theory seeks to show how individuals make choices that accord with their preferences. It sees social exchange much like economic exchange,

where the aim is to maximise benefits or profits. Within the context of addiction, West and Brown (2013: 44) suggest that in regard to rational choice theory, "[P]eople may label themselves as addicted on one occasion and not another depending on the benefits or costs attached to those labels".

When the reference at 358b-d of Plato's *Protagoras* (p.78 above) is analysed, similarities can be seen between rational choice theory and Socratic intellectualism. Taking the first sentence of the text where Socrates says: "[N]o one freely goes for bad things . . . " The same proposition can be seen in rational choice theory, in that people go for the best possible option available. They attempt to optimize advantages and minimize disadvantages. Following rational choice theory, the individual concerned would not go for what is thought to be bad, in preference to what is good. This same logic can be carried forward to the second sentence in the narrative, which says " . . . when you are forced to choose one of two evils, no one will choose the greater when he can have the lesser". Here again, the suggestion is that that people will always maximise benefits and seek to avoid disadvantages. They will always take the lesser of two evils.

To draw a parallel between Socrates' use of the word rational, and the way in which it is used in addiction and rational choice theory, may seem unlikely. However, I suggest that the comparison between the two holds good. In the context of rational choice theory, a rational choice is being made by the individual who is maintaining an excessive appetite, regardless of how irrational it may seem to others. Add to this Socrates' theory that no one errs willingly, the similarities between the use of the word rational, in both contexts, is clear.

As the thesis progresses, the emphasis that Socrates places on the supremacy of knowledge will become increasingly apparent. In his search for knowledge, his mission is to expose those people around him who claim to be wise, but are nothing of the kind. He modestly acknowledges his own lack of wisdom at 23b of Plato's dialogue, *The Defence of Socrates.* Through his elenctic method of discourse he seeks to help others understand their own ignorance. He sees himself as a "gadfly . . . cajoling and reproaching" in an effort to awake his fellow citizens from their "slumber" (30e-31a). This process is an essential part of what Socrates means by "caring for one's soul" (Kahn 1999: 73). The care of the soul is a key theme throughout this thesis.

In Chapter Five, I consider Aristotle's critique of Socrates' intellectualist theory of human motivation in his writing of the *Nicomachean Ethics*.[26] Aristotle, takes issue with Socrates' denial of *akrasia*. He believes it is a view of human behaviour that is "plainly at variance with the way things appear to people" (1145b38). It is not difficult to understand why Aristotle might disagree with Socrates. For people often find it difficult to keep their desires in check, and as I have said, this can sometimes lead them to act against their better judgement. This was not so for Socrates, for reason and logic ruled his life. To have an insight into Socrates' character may give us a clue as to why he set such a high store by wisdom and reason.

At all times, Socrates kept his emotions and appetites under control. For example, we see his strength of self-control brought to the fore in Plato's

[26] Unless stated otherwise, all translations of Aristotle's *Nicomachean Ethics* are by, Crisp (2005).

Symposium. In this dialogue, there are several reports of Socrates' drinking. However, despite often being in the company of heavy drinkers he was never seen in a drunken state (176c, 214a, 220a, 223c-d). While temptation was put in his way, he resisted the blatant sexual advances of his close friend Alcibiades (217a-219a). In Plato's *Charmides,* Socrates experiences sexual desires for the eponymous Charmides, but his self-control prevents him acting on these desires (155d-e). *In* the *Symposium,* his physical endurance on the battlefield, and in the extremes of bad weather was never in doubt (220a-e). In *The Defence of Socrates* at 21b-24b, his pursuit of self-knowledge, understanding the depths of his own learning, was infinite. His sense of justice, and commitment to the law of the Athenian state, overruled any desire he may have had to escape execution for a life of exile (37a-b). I include this note on Socrates' character to give some idea of his own self-discipline and self-care. This approach to life may have been influential in forming his beliefs on how others should behave.

It is clear that Socrates lived by a standard of human behaviour that was extremely high, and well beyond the reach of all but a few (Cornford, 1984). Cornford believes Socrates to be one of those few who can be considered "heroic and divine". He says his "spiritual manhood rose above the commonly acknowledged bounds of human capacity. It was only after his death that people appreciated this" (Cornford, 1984: 53). It is in Plato's *Republic* that the attributes of the wise are reflected upon; wisdom is possessed by the philosopher-ruler.[27] His knowledge of the good is so strong as to determine the right action in every case.

[27] The wisest of all. The philosopher king/ruler is the best person to rule over a city and its people (Part V11: *The Republic).*

This guarantees the level of virtue that people may aspire to, but are unlikely ever to achieve (Kahn, 1999: 223). Most people comply with a form of virtue that means conformity to current ideals of conduct. In other words, "the virtuous person is one who conforms to what the rest of society approves" (Cornford, 1984: 52-53).

In Plato's dialogue *Meno*,[28] Socrates likens this type of virtue to a swarm of bees carrying out their unremitting duty (72b f.). I suggest that the level of virtue that people operate on is not one of perfection. They do not live as paradigms of faultless behaviour. Most individuals conform to Socrates' common notion of virtue, and as they go about their everyday lives many are likely to behave akratically.

In the next section I want to consider why it is that people follow their desires rather than following knowledge and reason. If, as Socrates suggests, people do not go for bad things wittingly, the question is what makes them go for these things in the first instance. The answer to this lies in Socrates' notion of the power of appearance.

3.4 The power of appearance

Socrates claims that it is the power of appearance that deceives people into following their desires rather than following knowledge and reason (*Protagoras*, 356c-e). This leads them to behave akratically, meaning to act against their better judgement. The power of appearance has the capacity to encourage a person to do something that all things considered, they would not ordinarily choose to do. According to Brickhouse and Smith (2007: 1), what Socrates means by the power

[28] Unless otherwise stated, all translation of Plato's dialogue *Meno* are by Waterfield (2009).

of appearance is " . . . something that merely appears to be good to convince an agent that it is good". According to Socrates, the power of appearance " . . . confuses us and makes us often change our minds about the same things and vacillate back and forth in our actions . . . " (356d).

As an example of the power of appearance, suppose an individual has high cholesterol and their doctor advises them to refrain from eating cream. At some point they have a cream cake placed in front of them. Remembering the doctor's advice about eating cream, they do not eat the cake. However, a few moments later they choose to ignore the advice and eat it. The reason they give for ignoring their doctor's advice is that they have been overwhelmed by desire, the desire to experience the pleasure that could be gained by eating the cake. Given these circumstances, and interpreting Socrates theory, the reason given for eating the cream cake is absurd. Their action, they claim, was governed not by the knowledge they had about their high cholesterol, but by their desire for the pleasure of eating the cake; a desire that defeated knowledge. They acted against their better judgement, and behaved akratically. The power of appearance instigated this akratic behaviour. In this example, the person's desire was to experience a moment of pleasure by eating a cream cake. For other people it may be the pleasure of inhaling cocaine. Consider the following which describes the effects of opiate consumption:

> All opiates cause a pleasant, drowsy state in which all cares are forgotten and there is a decreased sensation of pain. The feelings are the most intense after injection, which brings the rush that most users compare to orgasm . . . People under the influence of

> opiates will often say that they just don't worry about their troubles anymore: they are in a special, safe place where cares are forgotten (Khun *et al.* 2003: 182-183).

On the face of it, this does not appear to be an unpleasant state of intoxication. It is perhaps one that many people would opt for if it was unconditional. I mention it simply to show how the power of appearance may exert its influence, if allowed, on consuming psychoactive substances for recreational purposes. I suggest the same may be said of the power of appearance and its influence on non-substance related addictions.

Brickhouse and Smith (2007: 11), interpret Socrates as suggesting that "[S]omething acquires the power of appearance when it becomes the object of a non-rational desire". Meaning that the object is seen by the individual concerned as having the capacity to satisfy some appetite or passion, " . . . for example, as a pleasure or as a relief from some pain" (Brickhouse and Smith, 2007: 11). In *The Republic*, Socrates describes a non-rational appetite as "an element closely connected with satisfaction and pleasure" (*The Republic* 439d). To understand the difference between a non-rational and a rational desire, is to understand that the latter is supported by reason and logic, whereas the former is simply a means to satisfy the senses. It is the latter position that accords with Socrates' intellectualist theory of human motivation.

Recall, Socrates saying that no one wittingly goes for bad things, and if they do it is because they have made a cognitive error. This is a key point to reflect on in the example given above. The person acted in ignorance, they made a cognitive error. Reason and logic warned the individual that for health reasons, they should

not eat the confectionary placed in front of them. However, the power of appearance came into play and trumped all health concerns. It fooled them into believing that something that was bad for them was good, and they behaved akratically. If the cream cake is substituted for cocaine we arrive at precisely the same outcome. The power of appearance has the capacity to influence the taking of the psychoactive substances in the way that it influenced the eating of the cake.

What has happened in the example given, is that the power of appearance has diverted attention from reason and logic toward fulfilling the senses. In Plato's dialogue *The Republic*, Socrates tells us that in these circumstances a person's desires flow strongly in one direction, and correspondingly weaker in another:

> if a man's desires set strongly in one direction, they are correspondingly less strong in other directions, like a stream whose water has been diverted into another channel . . . when the current of a man's desires flow towards the acquisition of knowledge and similar activities, his pleasure will be in things purely of the mind, and physical pleasures will pass him by (485d-e).

I believe the above accounts for the mindset of an addicted person. When someone has developed an excessive appetite their desires are set strongly in fulfilling it. Adapting Socrates' analogy, the addicted person's appetite for the drug of choice floods the mind with thoughts of satisfying itself. All effort is channelled toward achieving that aim. The channel where knowledge and reason normally flows runs dry. I suggest that the diversion of knowledge and reason does not

happen by chance. In adapting Socrates' analogy, I believe it is not unreasonable to suggest that it is the power of appearance that is the driving force behind channelling the mind away from knowledge, and in the direction of the senses.

This channelling of desire at the expense of reason is ever present in modern society. It is a challenge for people who have developed an addiction to avoid its influence. For example, commercial advertising campaigns make good use of the power of appearance to promote the sale of alcoholic drinks. Until recently this was also the case for the sale of tobacco products.[29] I should meet a potential objection here and say acknowledge that perhaps for many consumers advertising is a positive experience. It may assist in making the right choices and getting the better deal. However, I do not believe these cases represent Socrates' conception of the power of appearance. The power of appearance can best be seen in the following internet source which suggests the aim of advertising:

> The real purpose of advertising is to tell a story . . . Every advertisement should be set up as a fantastical world where a viewer can get lost in and use their imagination. The mind and imagination are powerful tools for you. By allowing viewers to think and create their own interpretation of the ad, it creates more engagement. Engagement that you can use to your advantage (Clark, 2013).

[29] In 2002, The Tobacco Advertising and Promotion Act, made the advertising of tobacco products illegal in the U.K.

The ethos being developed here by the advertiser, recognises the worth of engaging with the mind and imagination of the potential customer. For those customers who have a propensity for engaging in akratic behaviour, this approach could be problematic. Especially if that behaviour involves the maintenance of an addiction. I believe that given these circumstances, an advertising culture that endorses the above, unwittingly or otherwise, promotes what Socrates defines as the power of appearance.

In considering aggressive advertising campaigns from the perspective of an addicted person who is trying to end their addiction, consider the potential impact of the following. It is estimated that each year in the U.K. more than £800 million is spent on advertising alcoholic drinks, with the global estimate at approximately $1 trillion (Institute of Alcohol Studies, 2017). Targeting of alcohol sales is a regular feature of television advertising, on billboards, through online social networking, and through sponsorship and point of sale promotions (Institute of Alcohol Studies, 2017). The power of appearance may be an influencing factor in encouraging a younger generation to consume alcohol. For example, 'Alcopop' is a term coined by the popular media. It describes alcoholic drinks that resemble non-alcoholic sweet drinks such as lemonade, orangeade (Centre for Applied Research Solutions, Undated). The sweetness of alcopop drinks appeals to younger drinkers, and many other people, who prefer the taste to the bitter taste of some wines and beers. It is thought these drinks are a causal factor in under age binge drinking (Centre for Applied Research Solutions, Undated).

3.5 The power of appearance and the theory of Operant Conditioning

In the previous chapter, a range of contemporary theories of addiction were discussed, including Operant Conditioning Theory. It was noted that this theory considers how behaviour is affected by positive and negative stimulus (Skinner, 1958). A positive stimulus brings rewards. It is a benign process. “Most people do not behave randomly” (McMurran, 1977: 38). They act purposefully and for a reason. Certain cues in the environment signal the outcome of a specific action. It was noted that these were called “discriminative stimuli” (McMurran, 1997: 38). An obvious example might be the ringing of a door bell which prompts a move to respond to it. Operant Conditioning Theory recognises the significance of discriminative stimuli and cues.

For the most part, discriminative stimuli and the behaviours they prompt may not be problematic. However, if they are set within the context of the power of appearance they may encourage akratic behaviour. Certain discriminative stimuli or cues are especially significant and personal to each addicted person. If left unchecked, these cues encourage the maintenance of addictive behaviour (Mooney, *et al.,* 1992). Research suggests that those who have developed an excessive appetite for psychoactive substances show significant physiological and subjective reactions when they see paraphernalia related to their substance of choice (Carter and Tiffany, 2002). The paraphernalia may be something as obvious as a syringe or a beer mat, but other cues may not be so obvious. For example, for people addicted to over the counter medicines, the distinctive aroma of a pharmacy may be the cue. Another may relate to those who consume their drug of choice in the bathroom using a familiar water glass to swallow the drug

(Mooney *et al.,* 1992). In these circumstances a seemingly innocuous everyday object has become embedded within the power of appearance. Mooney *et al.,* (1992), warn of the dangers of cue reactivity and its bearing upon addiction:

> There are serpents bearing apples everywhere. The only way to avoid falling victim to their wiles is to be able to see through their disguises, to avoid them when possible, and to know how to confront their seductive come-ons (Mooney *et al.* 1992: 171).

Operant Conditioning Theory explains how discriminative stimuli impact on the behaviour of an addict, but it does not tell us why this happens. I think the answer to this lies in the power of appearance. It is the power of appearance that gives a discriminative stimulus its attraction for the satisfying of an excessive appetite. In explaining the power of appearance Socrates gives some examples in *Protagoras* of how the power of appearance can fool people (356c-357a).

He points out something that is commonly understood. He says that things look and sound differently when viewed from alternative perspectives. As an example he asks "[D]o the same magnitudes look bigger when you see them from near at hand, and smaller at a distance, or not?" (356c). The obvious answer is yes, of course they do. The same tree looks bigger when it seen closer than it does from a distance. He asks a similar question of thickness, and of sounds becoming louder the closer a person is to the sound.

These are unremarkable observations, but the point Socrates is making is a general one. It is that appearance have the power to fool people, and to fool them into making bad decisions. Socrates goes on to ask, what if the preservation of life

depended on the understanding of numbers, choosing the correct amounts, deciding when smaller and larger were needed and so on. To get such calculations right may even be life-saving according to Socrates (357a). He does not give examples of such extreme circumstances, but one might be of a physician prescribing a patient the correct amount of medication. Too little and it will have no effect, too much and it may cause death. What Socrates is leading to, and what will be discussed shortly, is that to resolve problems created by the power of appearance, some form of measurement is required.

When Socrates gives examples involving sight, sound, and calculations, I do not think he was restricting the influence of the power of appearance to these senses alone. A reading of the text shows clearly that the general principle he is emphasising is that the senses cannot be trusted. The power of appearance does not require a physical object to focus on. This can be seen when Socrates includes arithmetic as an area that can be fooled by the power of appearance. As noted in the above example, in certain circumstances it is vital that the arithmetic is correct and not left to the power of appearance. Imagination also does not require the presence of a physical object. I discuss this aspect further in Chapter Seven, where Aristotle's notion of *phantasia* (imagination) is considered.

A few matters regarding the power of appearance require further inquiry. The power of appearance is a term used by Socrates solely in connection with its application to akratic behaviour. It is acknowledged that people sometimes see things that excite their desires. For example, it might be an attraction to another person, the sight of a new car, a new house, a new job or whatever the object of desire may be. A person may desire things and obtain them. From the outset in

these cases, there was never any doubt in the person's mind that what they desired they truly wanted. It may subsequently turn out to be a bad choice, but at the time it was made it was done in the belief that it was the right decision to make. To be clear, this is not akratic behaviour. The power of appearance had no part to play in the decision-making process. The power of appearance causes people to knowingly act against their better judgement. In the examples just given the individual concerned was not acting against their better judgement.

Another issue to address concerns Socrates' examples, and their reference to spatial proximity. Recalling the example of the cream cake, it is noted that spatial proximity played no part in the individual's decision to eat it. The distance of the cake from the individual concerned was consistent throughout. It did not move closer or further away, which suggests that spatial proximity played no part in the decision to eat. While spatial proximity alters the appearance of the size of an object, Socrates believes that temporal proximity alters the appearance of the amount of pleasure (or pain) the object will bring (Brickhouse and Smith, 20017). Socrates, wants " . . . us to understand temporal proximity as analogous to spatial proximity" (Brickhouse and Smith, 2007: 9).

In his commentary on *Protagoras*, Taylor (1976) says more on the above and explains further what Socrates' means by temporal proximity. Taylor refers to a conversation Socrates has with an anonymous interlocutor who is questioning his explanation of the power of appearance (*Protagoras,* 356a). This person is not doubting Socrates' overall analysis of the power of appearance, or its effects. His purpose is to introduce something he believes Socrates has overlooked in his analysis of the power of appearance. In doing so he is drawing attention to a

"psychological fact of some importance" (Taylor, 1976: 188). It is that we are more concerned about what is likely to happen to us now, or in the immediate future, than about something that is far off and not likely to happen soon. This is so, even though we may accept that what will happen in the distant future may have a significant bearing on our well-being. For example, "smokers who are fully aware of the dangers of this activity will care more about the pleasure it affords presently, than being unduly concerned about future illnesses" (Taylor, 1976: 188; Ashton and Stepney, 1982).

For an individual to rationally calculate what is in their best interest, now and in the future, they must remove themselves from the present in space and time. Having done this, they should then "set about rationally calculating and giving equal weight to their desires and feelings at future times" (Taylor, 1976: 188). Taylor gives examples of such action e.g. when a person has a "regular dental check, or secures a pension for future retirement" (Taylor, 1976: 189). Both are examples of planning for the future. However, to plan in this way runs counter to the psychological state that we are most comfortable with, which is to take the immediate pleasures, and either ignore or accept the possibility of future negative consequences (Taylor, 1976).

This psychological attachment to the present manifests itself in many different forms as Taylor suggests. He says that "misdeeds from many years ago, are unlikely to make us feel less ashamed of those from yesterday" or that "sights of horrors in distant lands have less of an impact on us than witnessing an accident at first hand" (Taylor, 1976: 189). We can accept the inevitability of death at an unspecified time some way off in the future, but feel "stark terror should the

prospect become immediate" (Taylor, 1976: 189). What Taylor is suggesting is that in view of the significant psychological fact that Socrates' anonymous interlocutor raises, and given the examples provided of this, "acting against one's better judgement appears a less isolated and consequently less paradoxical phenomenon" than at first it may have seemed (Taylor, 1976: 189). There is no reason why such logic should not be applied within the context of addictive behaviour.

In the following section I consider the antidote to the corrupting influence of the power of appearance. Socrates refers to this as the art of measurement.

3.6 The art of measurement

The art of measurement gives a person peace of mind and renders powerless the power of appearance. If a person possesses the art of measurement they will never be deceived by the power of appearance (*Protagoras* 356b-357b). On this account, the art of measurement is a significant issue for understanding human behaviour. If we can learn to measure the worth of pleasure and pain through the art of measurement, and see the truth of what appears before us, we may be in a better position to avoid making bad choices. While Socrates offers the art of measurement as the neutralizer to the power of appearance, unfortunately he tells us little about its precise nature.

He says the power of appearance embodies exact knowledge and goes on to describe it as "some technique of measurement" (357b). It is a technique that allows us to make the right choices when the power of appearance exerts its influence. At the point when it might be expected that Socrates would enlighten us further, he simply says, "[N]ow *which* art and *what* knowledge, we shall enquire

later" (357b). However, this is a promise that is never fulfilled. In the following pages I shall attempt to discover what Socrates means when he speaks of the art of measurement.

The art of measurement is a puzzling concept. However, it makes sense if it is understood that the Classical Greek interpretation of art is *techné* (Taylor, 1976: 194); today, we would use the word technique. What Socrates is suggesting, is that to defeat the power of appearance a technique is required that will allow for the measurement of the relative worth of pleasure and pain. By way of an untheoretical explanation, Taylor says that the art of measurement might be thought of in terms of people saying they are "measuring" or "weighing up" the consequences of a course of action. Or it may be considered in terms of "balancing" rewards against punishment (Taylor, 1976: 195). Taylor's explanation gives some idea about what Socrates might have had in mind when he spoke of the art of measurement. In sum, the art of measurement is simply a means by which things can be judged.

Unfortunately, our ordinary everyday understanding of measurement would not succeed in measuring emotions or desires. An emotion cannot be placed on a scale and weighed. It cannot be set against a rule and measured, no more than pain, pleasure, or lust can be measured in this way (Taylor, 1976). Our senses tell us when we are experiencing pleasure or pain, but they do not tell us the precise amount of pleasure or pain that we are experiencing. We speak of having a heavy heart or carrying a weight on our shoulders. These popular idioms are meant to convey a feeling that we can relate to, but they cannot be taken as an exact measurement of a person's emotions.

The most we can say about measuring an emotion is that we enjoyed *x* more than *y*, or that we felt more pain when we pursued *a* rather than when we pursued *b*. At the time of deliberating a choice we have no way of quantifying the emotions we are feeling in true mathematical terms. A "deliberation, no more than an emotion, can be scientifically measured" (Taylor, 1976: 195-196). For most of the time this does not present a problem. The general knowledge that a person possesses through experience helps them to make the correct decision without the need of mathematical calculations. For example, a person of sound mind would understand the outcome of thrusting the hand into an open fire. With the knowledge they have they might conclude that this is not a good idea. The difficulty is that common intuitions are of no help when we come to address certain complex areas of human behaviour, which includes addiction.

I have said that Socrates tells us two things about the nature of the art of measurement; it is a technique and it embodies exact knowledge:

> since we have seen that the preservation of our life depends on a correct choice of pleasure and pain, be it more or less, larger or smaller or further or nearer, doesn't it seem that the thing that saves our lives is some technique of measurement, to determine which are more, or less, or equal to one another . . . And since it's measurement, then necessarily it's an art which embodies exact knowledge (357b).

Knowing that the art of measurement embodies exact knowledge and technique does not on the face of it, take us any further in determining its precise

specification. The definition of art for Socrates in mid-fifth century Athens was as wide ranging then as it is today (Parry, 2014). Socrates considered art to be a technique, a craft. *Technē* was associated with sculpture, painting, architecture, generalship, piloting a ship, and many more activities. It was an important concept that was used synonymously with knowledge and wisdom. "*Technē* marked the difference between plain experience and theoretical knowledge" (Jaeger, 1986: 130). Kahn suggests that the basic conception of Socrates' *technē* is that "it is a discipline whereby its learning is passed on by a chain of teacher and learners, who then become teachers" (Kahn, 1999: 213).

The notion of a technique that can combat the power of appearance is significant. This is something that I discuss at length in Chapter Six, where Socrates' conception of healing a disordered soul is discussed together with the Ancient Greek concept of the 'charms'. Socrates employs these charms to help people who suffer from inner conflict. In brief, the charms reflect the therapeutic use of words. They bear a striking resemblance to what today we call the talking therapies. I shall say more about the parallels that can be drawn between Socrates' use of the charms, and modern-day talking therapies in Chapter Six (s.6.8, s.6.10).

3.7 Further issues arising out of Socrates' denial of *akrasia*

To conclude the discussion on *akrasia* a few more issues require addressing. Firstly, it should be noted that *akrasia* does not abnegate a person from personal responsibility. In Socrates formulation of the phenomenon, the person knows they should do something other than what they are doing. They are not compelled or coerced in any way to behave as they do. They act out of personal volition. On this account, it may be said that the person who drinks to excess is responsible for the

state they find themselves in. The gambler who loses all their wealth can only hold themselves responsible. A person is responsible for their own actions despite claiming that they were overcome by desire, or whatever the impulse may have been. “If it was accepted that being overcome by desire was a plausible reason for action, people could never be held responsible for anything at all” (Taylor, 1976: 173). The notion of personal volition, voluntariness, and choice is discussed later in Chapter Four.

It is commonplace among writers to interpret the Socratic paradox that no one does “bad” things wittingly as no one does “wrong” things wittingly. In common vernacular, there may appear to be very little difference between what is bad and what is wrong, and for the most part the distinction would matter little. However, within the context of addiction there is a need to be clear on the meaning of the words used to avoid being misinterpreted. The words bad and wrong are not synonymous. While it could be reasonably said that addiction is bad, insofar as it brings about bad consequences, care should be taken not to judge it as being wrong. Addiction as something wrong has associations with the moral theory of addiction. A theory which suggests that addiction is a sin, a public nuisance that contravenes social norms This theory brings with it notions of blame and disapproval (McMurran, 1994). I do not believe that the apportioning of blame has any part to play in a theory of addiction.

The next matter to consider is to understand that Socrates does not appear to lack compassion for those who find themselves in difficult situations. In *The Republic,* allowance is made for the good person, for the person of good character who may relapse into bad behaviour. In representing oneself as a good person,

Socrates says there would be no shame in this. He includes those who drink in this category:

> This will be especially true if he is representing the good man behaving with steadiness and determination, and only failing in a few respects and to a limited degree, owing to illness or love or drink, or some other misfortune (396c-d).

We find similar examples of Socrates' compassion in the *Protagoras* where he comments on a poem by Simonides:

> when helpless disaster overthrows the resourceful, wise and good man, it is impossible for him not to be bad . . . (344e). So, it is that the good man too could sometimes become bad, either through age, or toil or disease or some misfortune (345b).

According to Socrates, everyone has the potential to do bad things given certain circumstances (345b-c). Some unexpected misfortune may befall a person, which causes them to act badly. Often these situations bring with them exceptional circumstances which mitigate their actions. These kinds of situations are problematic to resolve, and sympathy may be felt for those involved. An example of this might be the contemplation of the assisted suicide of a loved one. The carrying out of such an act is illegal in the UK. Regardless of the rule of law, a level of sympathy and understanding may be expressed toward the offender in such circumstances. There appears to be no good reason why compassion should not be extended to those who have developed an excessive appetite. As Socrates

suggests, when misfortune comes into the life of a good person it may lead them to do bad things.

The misfortune that Socrates speaks of may be interpreted as simply a case of bad luck. Unfortunately, there are people who live within a social environment which mitigates against them understanding good behaviour from bad. Emphasising his belief that no one is voluntarily bad, Socrates recognises that a person's position in society may determine their situation and cause them to make bad choices. For example, in Plato's dialogue, *Timaeus,*[30] Socrates speaks of the bad influences that a person may experience which are beyond their control:

> When evil discourses are uttered in private as well as in public, and no sort of instruction is given in youth to cure these evils, then all of us who are bad become bad from two causes which are entirely beyond our control. In such cases the planters are to blame rather than the plants, the educators rather than the educated. But however, that may be, we should endeavour as far as we can, by education and pursuits and learning to avoid vice and attain virtue (87b2-7).

As Socrates states in *Protagoras*, nobody would do something bad when they know that something else they can do is better. Crucially, he makes the point that it must be within that person's "power" to do the better thing:

> . . . no one who either knows or believes that something else is better than what he is doing, and is in his power to do,

[30] Unless stated otherwise, all translations of Plato's *Timaeus* are by Lee (1977).

> subsequently does the other, when he can do what is better (358c).

While Socrates accepts that misfortune can present some people with certain difficulties in life, as I shall explain as the thesis progresses, he also believes that if a person is of sound mind then that person is ultimately responsible for their own actions. In other words, the choices people make in life and the outcomes that follow, rest with them alone.

3.8 Summary and comment

Socrates' denial of *akrasia* is puzzling. He suggests that when people knowingly act against their better judgement, they do so because they have made a cognitive error. It is not, as they claim, because they have been overcome by desire. If a person knows they are making a bad choice it must, according to Socrates, be because they are acting in ignorance. It is ignorance brought on by the power of appearance. The power of appearance makes bad things look good. It encourages the individual concerned to make the bad choice to satisfy their desires. It is this line of reasoning that permits Socrates to deny *akrasia.*

Underpinning Socrates' denial of *akrasia* is Socratic intellectualism. This theory is based on the belief that if a person knows bad from good, they would never wittingly choose the bad. In the context of akratic behaviour, the individual concerned knows that they are making the bad choice and yet they go ahead and endorse it through their actions.

In the following chapter, I will explain how Socrates revises his position on *akrasia*. He now accepts that *akrasia* does occur, and in the way described by most

people. This reversal by Plato, in his dialogue *The Republic*, did not happen by chance. It is believed that it was done intentionally with a view to prompting discussion on several important questions about human behaviour, especially human knowledge (Jaeger 1976). I shall say more on this point shortly.

As I have shown, the power of appearance is an important concept in understanding addictive behaviour. It convinces some people that the taking of psychoactive substances to excess or engaging in certain non-substance related activities is a good thing to do.

To counteract the influence of the power of appearance, Socrates advocates the art of measurement. If an individual possesses the art of measurement they will never be fooled by the power of appearance. However, he does not tell us the essential characteristics of the art of measurement beyond saying that it has knowledge embedded within it, and that it is some kind of technique. Despite this lack of detail, parallels may be drawn between Socrates' therapeutic use of words and modern-day talking therapies. This is an issue which is discussed in greater detail in Chapter Six.

Another significant point that has been made in this chapter is that the object of a person's irrational appetite is incidental. It may stem from a desire to eat cream cakes or smoke cocaine, it matters not. It is the *akratic* behaviour of the individual concerned that is the focus of interest, and not their object of desire.

What Socrates' denial of *akrasia* accounts for is an understanding of the interaction between a person's desires and the knowledge they possess about those desires. People know when they have acted against their better judgement, and they may come to regret it. In his denial of *akrasia*, Socrates has offered a

theory of human motivation that on the face of it may seem implausible to many people. However, as I have said, it is believed that Socrates was aware of this from the outset. I think it was his aim throughout to make people think further about knowledge, and desire. By presenting the theory in this way he sought to encourage people to think more deeply about the process that causes people to act against their better judgement. It also anticipates Plato's reformulation of *akrasia* in *The Republic*. The value of understanding Socrates' initial denial of the phenomenon of *akrasia*, and the bearing it has on addictive behaviour, will become self-evident in the next chapter, where desire and knowledge are discussed in greater detail.

In this chapter, I have introduced a number of concepts that go toward building my theory of addiction. I will have more to say on these in the chapters that follow. They contribute to my overall theory of addiction by revealing: the negative influence that desires can have on people; the process that causes people to act against their better judgement; an explanation of how an individual can avoid acting against their better judgement; how the object of desire is irrelevant to the development of an addiction; and the frailty of human life. I will bring these, and other component parts of my theory together, in Chapter Eight (s.8.2) of the thesis.

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4

PLATO'S REVISION OF *AKRASIA* AND HIS DOCTRINE OF THE TRIPARTITE SOUL

4.1 Introduction

This chapter launches my theory that addiction is a disorder of the soul. The previous chapters have paved the way for the introduction of this theory. It is a theory that allows for a new approach to better understanding addiction, and addictive behaviour. It is Plato's revision of *akrasia*, and his doctrine of the tripartite soul, that permits me to propose that addiction is a disorder of the soul. His tripartition of the soul into appetite, spirit, and reason, sites the psychological dysfunctioning of a person with an excessive appetite into a single place; the soul. By doing this, Plato allows for an insight into the ambivalence that occurs within a person who has developed an excessive appetite for psychoactive substances, or an excessive involvement in non-substance related activities. As I will show, Plato's doctrine of the tripartite soul explains the extreme impulses an addicted person experiences when the reasoning part of the soul urges them to end their addiction, and the appetitive part encourages it.

Plato's revision of *akrasia* in his dialogue *The Republic*, admits that desire can overcome reason and permit the development of an excessive appetite. It is a

significant *volte-face* on Plato's part. The obvious question is what caused him to make this about turn on the existence of *akrasia*. As I have suggested, on the face of it, Plato's revision of *akrasia* is puzzling. We saw that in his earlier dialogue *Protagoras,* Socrates is adamant in his conviction that *akrasia* does not exist. People are not overcome by their emotions as they claim. They have simply made a cognitive error, says Socrates.

In trying to understand Plato's revision of *akrasia*, Jaeger suggests that he developed the views he expresses in *The Republic*, long before they were revealed in that dialogue:

> He well knew the end towards which he was moving. When he wrote the first words of his first Socratic dialogue, he knew the whole of which it was to be a part. The entelechy of *The Republic* can be quite clearly traced in the early dialogues (Jaeger, 1986: 96).

Another view from Kahn (1999), is that the discrepancy between the intellectualism of the *Protagoras*, and the moral psychology of *The Republic*, is "problematic only if the former is interpreted as a descriptive account of ordinary human action and motivation" (Kahn, 1999: 243-244). In other words, it is only a problem if it is seen as being the way people ordinarily behave. However, it is not problematic if it is construed as a normative ideal as knowledge being sufficient for virtue, the kind of philosophic virtue represented by Plato. Socrates' denial of *akrasia* in the *Protagoras* asserts the supremacy of knowledge over the emotions. It is within this theoretical framework that Socrates is arguing that all the virtues

are unified under knowledge. This proposition forms one of Socrates' fundamental doctrines: "Virtue is Knowledge". It is within this context that Kahn is suggesting there is no conflict between the psychology of *Protagoras*, and the psychology of *The Republic*, if both dialogues are seen as part of Socrates' efforts to convince the doubters of the integrity of this paradox (Kahn, 1999).

The tripartite soul as portrayed by Plato, is the focal point of this chapter. It is said that "[H]is conception of the tripartite soul marks an epoch in understanding human psychology" (Burnett, 1916: 11 ff; Cornford, 1984, 50-51; Dodds, 1997: 138ff; Gulley, 1968: 193-200; Jaeger, 1986, 38ff).

It is in Part V (Book IV) of *The Republic*, where Plato describes the three divisions of the soul as reason, spirit, and appetite. Unlike reason and appetite, the notion of spirit is not so easily understood. I shall explain this shortly together with the other parts of the soul. For the moment, all that needs to be understood is that reason is the part of the soul that thinks. It rationally weighs options and tries to decide what is the best and truest thing to do. When reason rules, the soul is in harmony. A harmonious soul leads to a good and flourishing life. On the other hand, if the appetitive part of the soul overwhelms reason and rules the soul, the soul becomes damaged and falls into a state of disorder. For the individual concerned, the outcome is a miserable life. It is the kind of life that is often recognised in people suffering from an addiction. As the chapter progresses, and the tripartite soul is discussed in some detail, it will become clear how an excessive appetite develops, and how the soul becomes disordered as a consequence.

The chapter will proceed as follows. It begins with an introduction to Plato's dialogue *The Republic*. Despite its title *The Republic* concerns itself primarily with

the human soul. As I will explain shortly, the narrative has Socrates explaining the importance of the soul to the living of a good life. I then move on to consider Plato's doctrine of the tripartite soul. It is Plato's theory of the tripartite soul and his revision of *akrasia,* that allows for the proposal that addiction is a disorder of the soul. An important aspect to understanding the tripartite soul, is the notion of self-mastery or self-control. If a person is to maintain a good soul, and live a worthwhile life, they must care for their soul above all else; self-mastery plays its part in this. Following this section, I consider Socrates' idea about how a disordered soul is to be kept in check, how it is to be disciplined. Finally, before summarising and commenting on the chapter, Aristotle's treatment of voluntariness and choice is considered. It is relevant to consider this aspect of Aristotle's work at this point because as I will show, it compliments Plato's theory of self-mastery.

4.2 An introduction to Plato's dialogue, *The Republic*.

The Republic is a substantial piece of work. It consists of ten books in which a whole range of questions concerning, morality, knowledge, metaphysics, and politics are addressed. Despite its title, Plato's "central concern in this dialogue is the human soul" and everything Plato says about the state and its organisation, "is presented merely to give an enlarged image of the soul and its structure" (Jaeger, 1986: 199). In the dialogue, Plato imagines creating a new city, an ideal state which has justice at its heart. Plato's notion of an ideal state was very different from the Athenian State of the time. For example, in his ideal state there was a division of political labour. This contrasted sharply with the idea of equality for all in the arena of public decision making. In mid-fifth century Athens there was no specialist positions or roles that demanded expert speakers or expert

knowledge when public policy was being made. All adult male citizens were equal in their right to occupy major positions of power, be it in the Assembly or the law courts. There was no separate ruling or military elite. Plato's ideal state sought to change this. Lee (2007) interprets Socrates as implying that wisdom, meaning the wisdom to rule, is not possessed by everyone, and therefore not everyone can rule in a way that benefits all classes. In short not all people are wise, or smart enough to participate in public decision making, and therefore it should be left to the experts.

It is within this framework of the ideal state that wisdom and knowledge reigns supreme. Where the "philosopher ruler" serves to bring this vision to reality and ensure justice for all (*The Republic*. Part VII, Book V). Plato uses his conception of the ideal state to explore the various elements of the soul. He explains his methodology in the following way:

> We thought it would be easier to see justice in the individual if we looked for it first in some larger field which also contained it. We thought this larger field was the state, and so we set about founding an ideal state, being sure we should find justice in it because it was good (434e).

This is the basis on which Plato builds his analogy between the soul and the state. His ideal State consists of three main classes of individuals. Firstly, there are the producers. These are the craftsmen, farmers, and builders. Secondly, there are auxiliaries, or soldiers, whose role it is to defend the State. Thirdly, there are the rulers, the philosopher kings who are responsible through their wisdom for the

management of the State. When each class performs its own function for the general good and does not interfere in the others business, then the State is just and good (433d-e).

There is no need for any further exposition of Plato's analogy of the State and the soul, as interesting as it may be. It is what he arrives at through the analogy in terms of the tripartite nature of the soul that is of greater interest. He draws parallels between the three divisions of the state and the three divisions of the soul. The rulers, the philosopher kings, are responsible for making decisions and ruling the State. They are analogous to wisdom and knowledge within the soul. The auxiliaries, the soldiers are to keep order, and they are analogous to the spirited part of the soul. Then there is the largest class, the producers. This class is expected to follow its leaders and not pursue its own self-interest. The people in this class must always practice moderation. In this sense they may be likened to the appetitive part of the soul (*Republic* Part IV Book IV). When the three parts are performing their roles as they should, and not interfering with the others, the entire State will operate smoothly, exhibiting justice and harmony (433e, 434c). This reflects the working of the good soul when each of its parts are operating as they should.

In short, justice is the overall unifying quality of the state and the soul (443c-444a). It infers self-mastery and harmony and living on good terms with oneself (443d). Injustice is the opposite. It is a "kind of civil war" between the elements of the soul. It is the inappropriate rule of the inferior part, the irrational and ignorant part, over the superior, the wise and knowledgeable part. The result is "injustice, indiscipline, cowardice, ignorance and, in short, wickedness of all kinds" (444b). At

all costs this latter scenario is to be avoided. The soul must be cared for. This is a common theme throughout the Platonic corpus. Socrates is relentless in urging those around him to care for the soul above the body. It is a point he continues to make even close to the end of his life. In Plato's dialogue *The Defence of Socrates,* Socrates says to those present at his trial:

> are you not ashamed that, while you take care to acquire as much wealth as possible, with honour and glory as well, yet you take no care or thought for understanding or truth, or for the best possible state of your soul? (29d-29e).

And again:

> all I do is to go about persuading you, young and old alike, not to care for your bodies or for your wealth so intensely as for the greatest possible well-being of your souls (30a-30b).

The Republic has *On Justice* as an alternative title. Justice, according to Plato, is conceived as "human excellence" (335c). Justice is a word that translates from the Greek, *dikaiosunē* (*Bible Tools*, 2018). A reading of *The Republic* shows that *dikaiosunē* corresponds more closely to morality or correctness of thinking, feeling or acting, than to our common understanding of justice. Socrates recognises the importance of *dikaiosunē* to the living of a happy and well-ordered life. His notion of justice correlates with a person's function as a human being " . . . justice implies excellence and knowledge" (351a). A person's characteristic

excellence (*aretē*)[31] helps them perform their function well, while their characteristic defect causes them to perform it badly. Socrates tells us that the question of justice is not a trivial one:

> We must now proceed to the further question which we set ourselves, whether the just live better and happier lives than the unjust. It is, in fact, already clear, I think, from what we have said, that they do; but we must look at this question more closely. For it is not a trivial one; it is our whole way of life that is at issue (352d).

On this account, justice is a requirement if a person is to perform their functions well and so achieve *eudaimonia*, the Greek ideal of happiness (352d ff.).[32] The nature of a person's function is revealed through the faculty of mind where the qualities of paying attention and exercising control reside. A good mind will perform these functions well, a bad mind, badly (353e). As noted in Chapter One (s.1.6), translated from the ancient Greek, "mind" refers to the *psychē* or soul (Liddel and Scott, 2007: 798). When Plato speaks of the psyche he is referring to the "rational soul" the part that reasons and calculates. (Kahn, 1999: 355). It is a person's soul that Socrates is alluding to when he asks his interlocutors in *The Republic* "[A]nd what about life? Is not that a function of mind?" (353d).

As noted previously, the soul also has the capacity to bring the body to action. Plato explains how the soul achieves this in the last dialogue he wrote,

[31] I shall say more about the concept of *aretē shortly.*
[32]A person's function and the concept of *eudaimonia* are discussed further in Chapter Six.

Laws. He claims, "that which can move itself [the soul] is infinitely the most effective with all the rest posterior to it (894d).[33] Soul is defined as the motion that can set itself moving and is the " . . . primal becoming and movement of all that is, has been, or shall be . . . it has disclosed itself as the universal cause of all change and motion" (896a). As noted earlier, Plato's claims that it is the soul that governs and the body that is governed:

> Consequently, it will be a right, decisive, true and final statement to assert, as we did, that soul is prior to the body, body secondary and derivative, soul governing in the real order of things, and body being subject to governance (896b-c).

On this account the soul guides us into action it "carries us wherever we go" (898e). In Plato's *dialogue*, *Phaedo*, Socrates' interlocutor agrees that the presence of a soul in the body establishes that the body is living (105c). Earlier in the same dialogue Socrates warns of the bad influence of the body over the soul. He says that the body must be held in check if it is not "to confuse, disturb and alarm us, thereby preventing our soul from seeing the truth" (66d). He reinforces this by adding:

> the body fills us with desires and longings and fears and imaginations of all sorts, and such quantities of trash, that as the common saying puts it, we really never have a moment to think about anything else because of the body (66e).

[33] Unless stated otherwise, all translations of Plato's *Laws* are by Taylor (1973).

In *Timaeus*, Plato reasserts the primacy of the soul over the body by it being older " . . . god created the soul before the body and gave it precedence in both time and value, and made it the dominating and controlling partner (34c). From what I have said about Plato's conception of the soul, it should be apparent that in Classical Greek philosophy the soul was a rich concept. To recap: life is a function of the soul; the just soul knows good from bad, and inevitably chooses the good; the soul has the capacity to move the body to action; the presence of the soul demonstrates that a body is living; the soul has primacy over the body.

A good soul is critical to the well-being of an individual. It cannot be given a higher status beyond saying, as Socrates does, that life itself is a function of the soul. If Plato's conception of the soul is valid, as I believe it is, it has a strong influence on human behaviour. It controls how we think, and moves the body into action. The soul is life. If the soul is thought of in the way Plato conceives the tripartite soul, then it is not difficult to imagine how an excessive appetite, an addiction might damage it. Addiction is the antithesis of a good soul. It will send the soul into a state of disharmony, a state of disorder. To understand this further I shall now look closer into Plato's doctrine of the tripartite soul.

4.3 Plato's doctrine of the tripartite soul

Much had been written about the ancient Greek concept of the soul in the two centuries before Socrates' birth. In this period, the soul was thought of as a "shadowy, ghost like entity that faded with time, and perished on death" (Cornford, 1984: 50). As I pointed out in Chapter One, in pre-Socratic philosophy it was the body that represented the self and not the soul.

In his search for the true self, Socrates met Anaxagoras a pre-Socratic philosopher.[34] Anaxagoras raised Socrates' hopes when he broke from accepted wisdom. Socrates believed Anaxagoras to be the first person to suggest the mind as the primary cause of change. In his theory of the cosmology, Anaxagoras set mind apart as the "greatest power" when he said:

> Other things all contain a part of everything, but Mind is infinite and self-ruling, and is mixed with no Thing, but is alone by itself . . . For it is the finest of all Things, and the purest, and has complete understanding of everything, and has the greatest power (Anaxagoras, 1983: B12).

These words encouraged Socrates. In Plato's dialogue *Phaedo*, he says "[I] thought I'd found, in Anaxagoras, an instructor in the reason for things to suit my own intelligence" (97d). Socrates believed that Anaxagoras was going to offer more than an efficient cause of how the cosmos originated. He was expecting an explanation of a final cause as to why and for what purpose it was originated. He became disillusioned when Anaxagoras began to speak of "air, and aether, and many other absurdities" (98b-c).

In developing the theory of the soul in Plato's *Republic,* Socrates begins by telling us that "one and the same thing cannot act or be affected in opposite ways at the same time in the same part of it and in relation to the same objects" (436b).

[34] Anaxagoras (5000-429BCE) was a contemporary of Socrates. The reference to him being pre-Socratic should be seen as meaning that as with other pre-Socratics, his thinking was not influenced by Socrates.

He draws this conclusion by asking whether we perform various functions in the same part of us or in different parts. In other words:

> [D]o we learn with one part of us, feel angry with another, and desire the pleasures of eating and sex and the like with another? Or do we employ our mind in as a whole when our energies are employed in any of these ways? (436a-b).

He proceeds on the assumption that the same thing can never act in opposite ways, or bear opposite predicates, at the same time in the same part of itself, and in relation to the same thing (436e-437a).

He does qualify this by saying that there are occasions when this does sometimes happen. He illustrates this by way of the case of someone who is thirsty and desires to drink. This person wants to drink but some deliberation strongly advises them against this (perhaps for medical reasons). Under these circumstances, no matter how thirsty the individual may be, and no matter how strong the desire is to drink, they are likely to refrain from quenching the thirst (439a-d). From this example, Socrates reasons that there is an element of the mind that bids the individual to drink (appetite), and a second element (reason) which prevents this happening. In other words, reason masters appetite (439c). He describes these elements in the following way:

> And isn't the element of prevention, when present, due to our reason, while the urges and impulses are due to our feelings and unhealthy cravings? (439c-d).

Socrates has now identified two distinct parts of the tripartite soul, reason and appetite:

> We can call the reflective element in the mind the reason, and the element with which it feels hunger and thirst, and the agitations of sex and other desires, the element of the irrational appetite – an element closely connected with satisfaction and pleasure (439d).

He then develops the third part of the soul, the 'spirited'. This part is not easy to define with any precision. Plato uses the words, "*thumos and thumoeides*" to define it (Lee, 2007: 141). Lee tells us that neither of these words are easy to translate, but says they may be considered to be, "anger", "indignation", and "spirit". It will depend on the context in which they are being used (Lee, 2007: 141). Bloom (1968) lends support to Lees' interpretation. He suggests that spiritedness can lead to an individual being a "voracious conqueror" or a "protector of others" (Bloom, 1968: 377). It can induce anger at whatever opposes desire, and it can result in moral indignation by the person who punishes his own desires, as well as those of others (Bloom, 1968). Bloom agrees that Plato's definition of spiritedness is ambiguous, and suggests that "spiritedness may support or oppose bodily desire, or it may even itself be a kind of desire" (Bloom, 1968: 375). This discussion is not so relevant to the present issue. The important point is, that albeit spirit or indignation may be difficult to define, the part it is given by Plato within the soul contributes to his revision of *akrasia*.

To illustrate his meaning of spiritedness, Socrates tells the story of Leontius. It is the telling of this story that makes Plato's revision of *akrasia* clear. It demonstrates that desire can overpower an individual and cause them to act against reason. The tale is that on returning from Piraeus, the port of Athens, Leontius passes an area outside the city walls where the bodies of recently executed criminals are left in the open. Leontius is faced with a desire to look at the bodies, but reason urges him to close his eyes to the dreadful sight. He initially holds back, disgusted with his morbid passion. It is a passion that overwhelms him, and he rushes to see the corpses with his eyes wide open and saying "[T]here you are, curse you – a lovely sight! Have a really good look! (439e-440a). Making his revision of *akrasia* apparent, Socrates tells his interlocutor Glaucon, that Leontius' psychic struggle is not uncommon human behaviour:

> And don't we often see other instances of a man whose desires are trying to force him to do something his reason disapproves of, cursing himself and getting indignant at their violence? It's like a struggle between political factions, with indignation [spirit] fighting on the side of reason . . . (440a-b).

Leontius' strange and morbid behaviour is thought to have been of a "sexual nature", which is of no interest other than it gives some explanation to an otherwise odd act (Annas, 1981: 129; Reeve, 1988: 129, 134). What is of interest is that Plato's tale of Leontius is unmistakably an example of *akrasia*. Leontius attempts to fight against his irrational desire, but it wins out in the end. There are parallels to be drawn between Leontius' behaviour and that of an unwilling addict.

Both struggle to resist irrational desires but without success. Similarly, the power not to behave in this way, not to follow their desires, rests with Leontius as it does with the addict. Cornford underlines Socrates' dictum that responsibility for one's actions and the care for one's soul lies within oneself. "Self-rule is the rule of the true self over other distracting elements; an absolute autocracy of the soul" (Cornford, 1984: 51).

Leontius expresses a sense of anger for failing to control his irrational desire to view the dead bodies. It is this behaviour that Socrates picks up on to define the indignation, the spirit that Leontius experiences. Socrates believes that the actions of Leontius show that anger is different from desire, and that it sometimes opposes it (440a). He likens Leontius' behaviour to a struggle between political factions. When this happens, spirit or indignation are most likely to oppose appetite and take up the fight on the side of reason (440e). To prevent appetite taking control of the soul, spirit must work closely with reason to keep it in check:

> They [reason and spirit] must prevent it [appetite] taking its fill of the so-called physical pleasures, for otherwise it will get too large and strong to mind its own business and will try to subject and control the other elements, which it has no right to do, and so wreck the life of all of them (442a-b)

Having an appreciation of how Plato developed the elements of the tripartite soul goes some way to help us better understand the harmony that exists between these elements when appetite is kept under control. When appetite is under control the soul is in a good state. It is a good soul, a just soul. It is one that is living

on favourable terms with itself. However, when these three elements are in turmoil, when they are upset by an excessive appetite and become unruly, they are vulnerable to what Plato in his dialogue *Laws,* calls the "greatest folly". The folly that Plato speaks of is the dissonance that occurs between reason and appetite in the conflicted soul. Wisdom produces no effect and the soul pursues a course of action that is both irrational and damaging to its overall health (687e-689c).

If Plato's conception of the tripartite soul is considered within the context of addiction, we can understand the inner turmoil that the addicted person who wishes to end their addiction experiences. Reason and logic urges them to bring their addiction to an end, but the appetitive part of the soul sends a contrary message. It tells them to feed their addiction and satisfy the irrational desire. The third part of the soul, the spirit shows itself through the addicted person's indignation at their failure to master the addiction. This mirrors the behaviour that Leontius exhibited when he expressed a sense of anger. For the addicted person, this anger or indignation is often accompanied by promises of future good conduct, of sobriety, expressions of regret and disgust for behaving in such an unacceptable way; promises of ending the addiction often follow.

So far, I have argued for locating the seat of addiction within the soul. As I suggested in the introduction, Plato's doctrine of the tripartite soul allows for this in that it shows how the appetitive part of the soul has the capacity to overwhelm reason and logic. When this happens, the way is clear for the development of an excessive appetite. If left unchecked, not only will the soul suffer as a consequence, so too will the body:

> I don't suppose that it profits a man to be alive with his body in a terrible condition, for this way his life, too, would be necessarily a wretched one (*Gorgias*, 505a).[35]

The question that now arises is how the appetitive part of the soul can be checked, if indeed it can. It is a question that introduces notions of self-mastery, choice, and voluntary action. In the next section I consider Socrates' conception of self-mastery. In keeping with this line of enquiry, I will also examine notions of choice and voluntary behaviour as they are accounted for by Aristotle in his writing of the *Nicomachean Ethics.*

4.4 Socrates' conception of self-mastery

The idea of personal volition or self-control has long been associated with addictive behaviour. Prior to the early part of the 18th century, people drank to excess because they chose to. Habitual drunkenness was considered a vice, a moral failing that was within the drinker's power to end. Those who drank to excess were said to lack self-control (Levine, 1978). At the end of the 18th and beginning of the 19th centuries, some people who drank to excess claimed they had an overwhelming desire to do so. They said they were unable to control their intake of alcohol, and that they had a compulsion to drink (Levine, 1978). This suggested that self-control had little if anything to do with their drinking habits. The medical profession took an interest in these claims. Despite there being no scientific evidence at the time to support the theory, the excessive consumption of alcohol was 'medicalised' and the notion of addiction came into being (Schaler, 2000).

[35] Unless stated otherwise, all translations of Plato's *Gorgias* are by Zeyl (1987).

A public survey carried out in the UK in 2010, showed that almost half (49%) of people polled believed that people addicted to drugs "lacked self-discipline and will power". Over half (58%) believed that "if they tried, addicts could control their addiction" and 36% did not believe that addicts deserved any sympathy (Singleton, 2010). How much store can be set by such polls when considering questions of choice and addiction is questionable. Especially when a quarter of respondents believed they could identify addicts simply by looking at them.

When Socrates is accounting for public opinion in *Protagoras*, Protagoras shows his disregard for the opinions of the majority of people when he asks Socrates " . . . why must we examine the opinion of the mass of people, who say whatever comes into their heads" (*Protagoras,*353a). Whatever the merits of Protagoras' claim, his view cannot be easily dismissed. I think Davies (1977), when discussing attribution theory in Chapter Two, revealed that how people perceive others with an addiction is significant for a variety of reasons.

Socrates has much to say about self-discipline. As noted, good self-discipline is characteristic of his own personality, as well as it being a central part of his moral philosophy. Within the tripartite soul it is self-discipline that keeps check over the appetitive part. As I have explained, when logic and reason rule the soul it is at peace; it is self-disciplined. In *The Republic*, Socrates sets out to discover the meaning of self-discipline:

> At first sight, self-discipline looks more like some sort of harmony or concord . . . Self-discipline is surely a kind of order, a control of certain desires and appetites. So people use "being master of

> oneself (whatever that means) and similar phrases as indications of it . . . (430e).

Socrates thinks that the phrase "being master of oneself" is absurd and explains why:

> But "master of oneself" is an absurd phrase. For if you're master *of* yourself you're presumably also subject to yourself, and so *both* master *and* subject. For there is only one person in question throughout (430e).

He now explains what he believes the phrase self-disciplined is intended to mean:

> What the expression is intended to mean, I think, is that there is a better and a worse element in the personality[36] [the soul] of each individual, and that when the naturally better element controls the worse then the man is said to be "master of himself", as a term of praise. But when (as a result of bad upbringing or bad company)[37] the smaller forces of one's better element are overpowered by the numerical superiority of one's worse, then one is adversely criticized and said not to be master of oneself and to be in a state of indiscipline (431b).

[36] This translation of "personality" refers to the soul (Lee, 2007: 393).
[37] Socrates is drawing parallels between the state and the individual at this point. He is not presenting a discourse on addictive behaviour or its causes. His comments on upbringing and the keeping of bad company should therefore be viewed in this context.

In Plato's dialogue *Gorgias* he puts it more succinctly when he describes being self-controlled as:

> "Nothing very subtle. Just what the many mean: being self-controlled and master of oneself, ruling the pleasures and appetites within oneself." (491d-e)

On this account, I suggest that in the case of an addicted person, the worse part of the soul has gained control over the naturally better. The soul is in a state of indiscipline brought on by the excesses of an appetite. When this happens, the individual concerned ceases to be masters of their own behaviour; they lack self-discipline. This reveals itself in the personal problems commonly associated with addictive behaviour. The important point to bear in mind here, is Socrates' suggestion that each one of us has a worse and better element within our soul. This is so whether or not addictive behaviour is involved. With this in mind we might reflect on those occasions when we have allowed indiscipline to enter our lives. It may have been nothing more than a momentary lapse in an otherwise disciplined existence. Any one of the many strong feelings that we sometimes experience might lead us to behave in a way that is out of character and not in our best interest. Socrates believes that ". . . the mass of mankind lives an intemperate life because of ignorance or lack of self-control or both" (*Laws*: 734b). When this happens, it is because we have permitted the worse element of the soul to overwhelm and control the good. We have allowed indiscipline to rule the soul.

I suggest that this is precisely what happens when someone develops an excessive appetite. The appetite has developed to the point of excess not because

the addict is a moral failure, or is in the grip of a disease. It is because they are human beings like the rest of us, and the development of an excessive appetite could happen to any one of us, as Socrates' has suggested.

As human beings we are fallible, we are not perfect, and as Socrates's revision of *akrasia* indicates, the desires we experience can sometimes overpower reason. The point to emphasise is that the person who has developed an addiction, is no different in this respect than the non-addicted person. Both form part of the "the mass of mankind that live an intemperate life". To bring the intemperate life to order requires the harmonisation of the three parts of the soul. It is self-discipline that harmonises the soul. As I have suggested, when the three parts of the soul are harmonised, a person lives a just and happy life. Socrates tells us what characterises self-control:

> Then don't we call him self-disciplined when all these three elements are in friendly and harmonious agreement, when reason and its subordinates are all agreed that reason should rule and there is no civil war among them? . . . That is exactly what we mean by self-control or discipline in a city or in an individual (442c-d)

He goes on to say:

> The just man will not allow the three elements which make up his inward self to trespass on each other's functions or interfere with each other, but, by keeping all three in tune, like the notes of a scale (high, middle, and low, and any others there may be),

> he will in the truest sense set his house to rights, attain self-mastery and order, and live on good terms with himself. When he has bound these elements into a disciplined and harmonious whole, and so become fully one instead of many, he will be ready for action of any kind (443c1-d).

Having a better understanding of how Socrates defines self-control, I will now consider how this can best be achieved. In the dialogue *Gorgias*, Socrates' takes issue with his interlocutor Callicles, on the grounds that if we allow our appetites to go unrestrained, if we allow our passions to rule over reason and intellect, we shall not experience *eudaimonia*; we shall not live a happy and flourishing life. Socrates' self-control is based on this premise. In the following passage, Socrates makes this point clear to Callicles:

> Now, isn't it also true that doctors generally allow a person to fill up his appetites, to eat when he is hungry, for example, or drink when he is thirsty as much as he wants to when he is in good health, but when he's sick they practically never allow him to fill himself with what he has an appetite for? . . . And isn't it just the same with the soul, my excellent friend? As long as it's corrupt, in that it's foolish, undisciplined, unjust and impious, it should be kept away from its appetites and not permitted to do anything other than what will make it better (505a-b).

What Socrates is suggesting is that a disordered soul should not have its appetite encouraged by filling it up. A person "should not allow their appetites to

be undisciplined or undertake to fill them up – a never ending evil . . .” (507c-d). The more the appetite is encouraged in this way the stronger it becomes. A person who allows this to happen must be “disciplined”:

> a person who wants to be happy must evidently pursue and practice self-control. Each of us must flee away from lack of discipline as quickly as his feet will carry him, and must above all make sure that he has no need of being disciplined, but if he does have need, either he himself or anyone in his house, either a private citizen or a whole city, he must pay his due and must be disciplined, if he’s to be happy (507c-d)

What does Socrates mean when he says that an individual should be “disciplined” if self-control is lacking? If this comment is considered within the context of addiction, it seems harsh to suggest that someone who has developed an excessive appetite should be disciplined. Especially when there is no evidence to suggest that punishment or discipline, as it is generally understood, is the most appropriate response to addictive behaviour. I consider what Socrates means by this in the following section.

4.5 Disciplining the unruly soul

Socrates’ comments on discipline should be viewed in the context of an earlier conversation he has had with two interlocutors, Polus and Callicles, where punishment and justice is discussed in Plato’s dialogue *Gorgias* (480a-d). Socrates is using the language of discipline and punishment in this earlier part of the text. He is doing so because he believes that these are the terms that Polus and Callicles

can readily understand (Rowe, 2007). He simply extends this style of language to his later conversation at 507c-d when he is speaking of disciplining the soul. There is nothing to suggest that Socrates thinks that punishment will "make a person better, more knowledgeable or wiser" (Rowe, 2007: 35).

Criminal courts in the UK have recognised that treatment and rehabilitation for defendants who are "dependent or have a propensity to misuse drugs" is preferable to punishment (Magistrates' Courts Sentencing Guidelines, 2005: 3.79). As it is with Socrates, courts have also reached the conclusion that in cases such as these, a person will not be made more knowledgeable or wiser about their situation, by imposing punitive sentences. As an alternative, the court may make an order directing that a person who has developed an addiction undergoes treatment. These are known as "Drug Rehabilitation Requirements" (Magistrates' Court Sentencing Guidelines, 2005: 32). However, these orders have certain conditions attached to them, one of them being that the defendant must "express a willingness to comply with the requirement". In other words, the person subject to the requirement must agree to be supervised by HM Prison and Probation Service in fulfilment of the order (Magistrates' Courts Sentencing Guidelines, 2005: 3.79).

Socrates' approach to changing the behaviour of people he met was by way of verbal persuasion. He saw himself as a "gadfly", cajoling, reproaching, and stinging the citizens of Athens into thinking for themselves (*The Defence of Socrates* 30e-31a). This represents the Socratic (elenctic) method of discourse. It is a method that tests, cross examines, and refutes an opposing viewpoint. Socrates describes the testing of himself and others by these principles as the "greatest benefit for a

person" since the "unexamined life is not worth living" (38a). It is through this method of discourse, that Socrates pushes the individual to reveal the truth for themselves.

There was, however, another side to Socrates' vocabulary which I mentioned earlier, and which was less combative. It was his use of certain charms which consist of "beautiful words". These words were used to "cure" a disordered soul, a soul lacking in temperance (*Charmides,* 156e-157a). In Chapter Six (s.6.9), I consider a range of contemporary "talking therapies" that are employed in the treatment of addiction today. Parallels can be drawn between these and Socrates' charms. One of the therapies discussed is Motivational Interviewing (MI). The developers of MI, Miller and Rollnick, suggest that MI is about:

> arranging conversation so that people talk themselves into change, based on their own values and interests. Attitudes are not only reflected in but are actively shaped by speech (Miller and Rollnick, 2013: 4).

Plato's charms have similar objectives to MI. They are "characteristic of a form of reasoning, a safeguard against error and harmful emotions" (Entralgo, 1970: 113). It will become clear when the charms are discussed, that the person applying the charm must understand and accommodate the mind of the person they are speaking to. MI adopts a similar approach which involves "a collaborative partnership with clients, a respectful evoking of their own motivation and wisdom" (Miller and Rollnick, 2013: viii). It will be shown that the notion of addressing ambivalence is at the heart of MI. The ambivalence of others was something that

Socrates had to contend with throughout his life. As I have said, much more will be presented later in Chapter Six on the comparisons that can be made between Socrates' notion of the charms, and modern-talking therapies. In the meantime, I want to continue with the theme of self-mastery, and consider Aristotle's notion of voluntariness and choice.

4.6 Voluntariness and choice

Along with the issue of self-control, other matters that are raised in the context of addiction are those of voluntariness and choice. As noted, Levine (1978) says that at the end of the 18th and the early years of the 19th centuries, some people began reporting that their desire to drink alcohol was irresistible; it overwhelmed them. These people were suggesting that choice took no part in their decision to drink. In other words, their ability to choose whether to drink or not was taken from them by the overwhelming persuasive effects of the alcohol.

Arguments concerning whether addiction is a choice are well rehearsed. The following are two examples of a common theme presented by writers who believe that addiction is involuntary. Leshner (1974) suggests that:

> [A] metaphorical switch in the brain seems to be thrown as a result of prolonged drug use. Initially, drug use is a voluntary behaviour, but when that switch is thrown as a result of prolonged drug use, the individual moves into the state of addiction characterised by compulsive drug seeking and use (Leshner, 1997: 4).

O'Brien and McLellan (1996) make a similar point:

> [A]t some point after continued repetition of voluntary drug taking, the drug 'user' loses the voluntary ability to control its use. At this point the drug 'misuser' becomes 'drug addicted' and there is a compulsive, often overwhelming *involuntary* aspect to continued drug use (O'Brien and McLellan, 1996: 237).

Offering an alternative, commonly held view, Schaler (2000) says:

> 'Loss of control' has been repeatedly sought by researchers and has never been found. All the evidence we have supports the view that drug addicts are conscious – yes, even calculating-responsible persons, in full command of their behaviour (Schaler, 2000: 21).

These conflicting positions are representative of the opinions that characterise the notions of voluntariness and choice within addiction. Such views are polarised and leave no room for compromise. Aristotle has much to say on the subject of choice and voluntary action. It is in Book III of the *Nicomachean Ethics*, that he discusses the topic. He has an opinion on people who take intemperance to a level where they find it difficult to control. Speaking about how people become just and unjust, he views their situation along similar lines to the temperate and intemperate person. The unjust person cannot become just simply by wishing they were. Neither can the intemperate person become temperate simply by wishing they were. He puts it this way:

> For neither does the ill person become well like this [by wishing]; but he is ill voluntarily, by living incontinently and ignoring his doctors . . . it was [at one time] open to him not to be ill, but it is no longer so once he has thrown away his chance; similarly, one can no longer recover a stone once one has thrown it, though it was in one's power to throw it because the first principle lay within him (1114a20-25).

He then goes on to say:

> So too from the start it was open to the unjust person and the intemperate person not to become such, so that they are what they are voluntarily; but now that they have become what they are, it is no longer possible for them to be otherwise.

Aristotle is clear, the intemperate person is unwell of their own making. While at one point this could have been prevented the option is no longer available. Furthermore, he believes that responsibility for any illness that follows from intemperate behaviour, rests within the individual concerned. He makes the point that it is not only vices of the soul that are voluntary, so too are those of the body (1114a30). Little sympathy is given by him to those people living their lives in this way:

> nobody would criticize a person blind by nature, or as the result of a disease or injury, but rather pity him; everyone however, would blame a person who was blind from drinking or some

> other intemperance. So, bodily vices in our power are blamed, while those not in our power are not (1114a 34-38).

Therefore, it is "through the slackness of their lives" by behaving intemperately that people develop an excessive appetite, according to Aristotle (1114a6-8):

> people are themselves responsible for turning out like this, through the slackness of their lives – responsible for being unjust by doing wrong, or intemperate by spending their time in drinking and the like; in each sphere people's activities give them the corresponding character. This is clear from the case of people training for competition or action, since they practice the relevant activity continually. A person would have to be utterly senseless not to know that states in each sphere arise from their co-responding activities (1114a6-14).

This needs little analysis. Aristotle is suggesting that if a person spends most of their time drinking then they are likely to develop an excessive appetite for drink. If an individual engages constantly in gambling, then they are likely to develop an excessive appetite for gambling. It is a theory that can be applied to most activities. A point is reached where a person may become unwell because of the type of behaviour they follow. However, on Aristotle's account of choice, there is no evidence to suggest that this behaviour is compulsive or irresistible. He is clear on the limits of the voluntary and the involuntary " . . . what is forced is what has an external first principle, such that the agent or the person acted upon contributes

nothing to it" (1110a 2-3). It is within a person's power to determine what they will and will not engage in (1113b8-16).

As noted, Aristotle tells us that voluntary actions are praised and blamed, while involuntary ones are pardoned and occasionally pitied (1109b31-33). He also believes it is useful for legislators to delineate what is a voluntary and involuntary action. On this depends whether a person is to be commended or punished (1109b33-36). He sets out what he believes to be an involuntary action: "[T]hings that happen by force or through ignorance are thought to be involuntary" (1110a1-2). By force he means the force of an external first principle (the first principle being the initial causal factor) bearing down on an individual who contributes nothing to it. He gives the example of "if a wind, for example, or people with power over him carry him somewhere" (1110a3-4).

Insofar as involuntary things happening in ignorance, Aristotle gives several examples. To take one of these, he speaks of administering a drink to someone believing it will save them, when in fact it causes their death (1111a18-19). He also draws a distinction between someone who is acting in ignorance and someone acting through ignorance. He explains it this way:

> the drunk or the person in a rage is not thought to act through ignorance, but through drunkenness or anger: he does so, however not knowingly but in ignorance. In fact, every wicked person is ignorant of what he should do and refrain from doing and missing the mark in this way makes people unjust and generally bad (1110b33-38).

Now having an understanding what Aristotle means by involuntary action and acting in or through ignorance, we can proceed to consider what he calls voluntary action. He explains voluntary action as follows:

> So, since what is involuntary is what is done by force or because of ignorance, what is voluntary would seem to be what has its first principle in the person himself when he knows the particular circumstances of the action (1111a25-28).

Aristotle's conception of a voluntary action is clear. It is that the individual concerned has not been coerced into behaving the way they do, and they are not acting in ignorance in the way ignorance has just been described. In other words, they make their decisions freely and of their own accord. He does, however, raise the question of things done "through fear of greater evils or for the sake of something noble" (1110a5-10). He explains this further by giving the example of a tyrant holding an individual's parents or children in their power, and ordering them to do something shameful on the condition that in doing it would save their family, while not doing it would result in their death (1110a11-14). He goes on to give a second example of people throwing cargo overboard in storms at seas. This is done for their safety for "no one jettisons cargo voluntarily . . . it is what sensible people would do" (1110a11-13). Aristotle calls this latter example of actions "mixed" (1110a14). They are mixed in the sense that the first principle, the first cause of action lies within the individual concerned. For this reason, the action may be considered voluntary. However, without qualification they are also involuntary

because nobody would choose to act in this way. It is for these reasons, Aristotle calls these actions mixed.

There is another set of circumstances that Aristotle says have a direct relevance to notions of voluntariness and choice. He tells us at 1110a28-30 of the text, that a person may be pardoned when they do something "wrong because of things that strain human nature to breaking point and no one would endure". What Aristotle is suggesting reflects the theory of the Self Medication Hypothesis theory of addiction (SMH). SMH was discussed in Chapter Two (s.2.6). It was explained that some people develop excessive appetites for psychoactive substances because of the relief these substances provide from states of distress. Of course, the level of endurance that a person can muster under stressful and painful circumstances, will vary from one individual to another, but I do not think that such variations are important. The point is that if Aristotle's exception to the rule is accepted, it takes little imagination to understand why someone suffering stress to breaking point, would be vulnerable to developing an excessive appetite for psychoactive substances.

Remaining with the notion of choice, Aristotle draws a distinction between choice and voluntary actions. He tells us that while rational choice is a voluntary thing, it is not the same as being voluntary, which is a broader notion:

> children and other animals share in what is voluntary, but not in rational choice, and we describe actions done spontaneously as voluntary, but not as done in accordance with rational choice. People who claim it is appetite or spirit or wish or some kind of belief do not seem to be right, since rational choice is not shared

by beings who lack reason, while appetite and spirit are shared (1111b11-12).

On this account, Aristotle believes that the intemperate person acts from appetite, but not from rational choice. He tells us that appetite is concerned with what is pleasant and what is painful, rational choice with neither (1111b18-23). Of course "there is no rational choice of what is impossible and someone claiming that he was rationally choosing this would be thought a fool" (1111b29-31). The bottom line is that rational choice involves choosing what is within an individual's power to choose, and what might come about through that person's own efforts (1111b 33-34, 39-40). Aristotle is unequivocal in his belief that if a person can do things that are bad, then they can also do things that are good. In other words, they have a choice. From this, it follows that a person should not be criticised for their behaviour if it is brought about involuntarily by force, or ignorance in the ways previously described. However, barring these exceptions, Aristotle is in no doubt that people are obliged to take personal responsibility for their own actions; they are responsible for being the way they are.

Arguably, there are exceptions to this theory when it is considered within the context of addiction. An obvious exception would be the 6,000-7,000 babies born in the UK each year suffering from foetal alcohol syndrome. A condition caused by the mother consuming excessive amounts of alcohol during pregnancy. In the year 2012, 1,129 babies were born addicted to other psychoactive substances, primarily heroin, and the state supplied substitute methadone. It is estimated that presently in the UK, 350,000 children have parents addicted to

psychoactive substances.[38] A further exception may be applied to people suffering from a mental illness, where mental functioning is disturbed and personal volition impaired. In these cases, it is comorbidity of an addiction and a mental health disorder that is said to be the reason for the addictive behaviour. According to the European Monitoring Centre for Drugs and Drug Addiction (2016), the presence of psychiatric disorders, associated with substance use disorders, has become an important issue in drug policy and treatment provision.

To sum up Aristotle's theory of choice and voluntary behaviour, he makes it quite clear that he believes people are responsible for their own actions. This means that unless some external force beyond a person's control has caused them to act in a way they would not otherwise have done, or accounting for the exceptions provided, they are solely responsible for the outcomes of their actions. If this is position is considered within the context of an excessive appetite, there can be no doubt that Aristotle would see this kind of behaviour as a choice. All the actions that are employed to service an excessive appetite, its instigation and continuance, Aristotle would consider voluntary.

4.7 Summary and Comment

To summarise this chapter, I begin with Leontius' story which accounts for Plato's revision of *akrasia.* Through the experience of Leontius, Plato now tells us how irrational desires can overpower reason, and encourage a person to do what otherwise they would not have thought of doing. The tale of Leontius, draws our attention to similarities between his experience and those of an unwilling addict.

[38] Centre for Social Justice (2012); UK Parliament, *Hansard* (2013).

Leontius fights against his desires but they overwhelm him. They guide him toward doing something he regrets, which in this instance is looking at dead bodies. Unwilling addicts struggle against their desires. They experience a conflict within the soul between their irrational appetite and reason. Often appetite wins over reason and the addiction continues. Leontius' soul is unruly and disordered, much like the soul of the unwilling addict. When the three parts of the tripartite soul are in conflict in this way, injustice and disharmony rules. When they are in harmony the soul is in a good condition. There is no inner conflict, and a worthwhile and flourishing life follows.

Plato's doctrine of the tripartite soul is a theory that is likely to be understood readily. No doubt many people have felt the pull of irrational desires and acted upon them. Some of them will have regretted doing so. The important point to take from this is that these same processes, this same pull, acts upon people who do not have an addiction as well as those who do. Therefore there is nothing unique about experiencing an irrational desire, and there is nothing unique or remarkable about experiencing such desires within the context of an addiction. Irrational desires bind us together as human beings. As Socrates tells us ". . . the mass of mankind lives an intemperate life because of ignorance or lack of self-control or both". Unfortunately, for people who have developed an excessive appetite, this ultimately leads to a disordered soul.

I have offered a definition of addiction based on Plato's theory of the tripartite soul, which proposes that an excessive appetite is a disorder of the soul. It is a disorder that can damage both body and soul, and it is instigated by the

excessive consumption of psychoactive substances, or the excessive engagement in certain non-substance related activities.

As I have commented, the brevity of this definition contrasts with many contemporary definitions of the problem. Despite this I think it engages with the essential issue, which is that when people allow the appetitive part of the soul to take control, the soul becomes disordered. It is nothing more complicated than that in my view. Relapse following a period of recovery is simply a reinstatement of the excessive appetite. In other words, the individual concerned has once again allowed the appetitive part of the soul to overrun reason and logic, thus reinstating the addiction.

Contemporary debates on addiction invariably include such issues as self-control, voluntariness and choice. Socrates' theory of self-control or self-mastery as he calls it, is a simple notion. It is when the worse element of the soul takes control over the good. In these circumstances the person concerned has lost self-mastery of the soul. At all costs this is to be avoided because as Socrates has explained, it is the soul that guides us into action. Lack of self-mastery is not unique to the soul of an addict. As Socrates says, it is a difficulty "the mass of mankind share".

Socrates offers his thoughts on the disciplining of an unruly soul. He tells us how harmony can be restored to the soul by using certain charms. As I have explained, the charms he describes can be likened to contemporary talking therapies that are used to help individuals deal with negative thoughts, and feelings. The aim of these therapies is to encourage positive changes in a person's life. Socrates' charms have a similar objective in that they are intended to provide

a safeguard against error and harmful emotions. I will say more later on the nature of Socrates' charms, and the parallels that can be drawn between them and modern-day talking therapies.

Aristotle's view on voluntariness and choice has been considered. He makes his position on the subject clear. Voluntary actions are those where the first principle of movement, the first causal factor, rests within the power of the individual. An involuntary action is one where an external force has imposed itself, and where it is beyond the capabilities of the individual to avoid or prevent the outcome that follows.

Aristotle believes that rational choice is different from voluntariness. The intemperate person, the addicted person, acts from appetite and not from rational choice. He says that appetite is concerned with what is pleasant and what is painful, rational choice with neither. This reflects the characteristics of Plato's theory of the tripartite soul where an irrational appetite is the antithesis of rational choice. If Aristotle's theory of voluntariness and choice is accepted, then there is nothing forced or involuntary about someone developing an excessive appetite. This means that allowing for the exceptions mentioned, a person with full mental capacity is responsible for their actions, including the development of an addiction.

Among the many issues discussed in this chapter, I have emphasised the part the soul plays in controlling the way people think and behave. I have also underlined Socrates' view that the soul should be afforded proper care and attention above all else. The person who takes care of the soul, who allows reason and logic to rule, is rewarded by leading a life that is worth having. On the other hand, the person who puts bodily pleasures and irrational appetites above the care

of the soul, will pay the penalty. This behaviour will lead to a soul in disharmony and a life not worth living. Any one of us could develop an excessive appetite for psychoactive substances, or whatever, if the worse part of the soul is permitted to overcome the better.

The concepts I have raised in this chapter that contribute to the making of my theory of addiction include: the mental anguish that is felt by some people who have developed an addiction; issues around self-mastery, and how a disordered soul may be kept in check; voluntariness and choice within the context of addictive behaviour. There is a further concept that underpins the proposed new theory of addiction. It is the part the soul plays in influencing and guiding people into action. It is this overarching concept that permits me to propose the new theory of addiction that is presented later in Chapter Eight of the thesis.

5

ARISTOTLE'S ACCOUNT OF *AKRASIA* AND ITS BEARING UPON ADDICTION

5.1 Introduction

I began this inquiry by considering Socrates' denial of *akrasia* as it appears in Plato's dialogue, *Protagoras.* As noted in the previous chapter, Plato subsequently revises his thoughts on this. In his later dialogue *The Republic*, we see Socrates accepting that reason and logic can be overpowered by desire. In other words, he now holds the belief that *akrasia* does exist, and in the way that it is described by most people (352d-e). It is Plato's conception of the tripartite soul that allows for this revision of thinking (*The Republic,* Part V Book IV). When the appetitive part controls reason and knowledge, self-discipline is sacrificed and consequently the soul becomes disordered. I will now consider what Aristotle has to say on the subject of *akrasia*.

There are two areas of Aristotle's philosophy that I want to consider in this chapter. The first is taken from his writing of the *Nicomachean Ethics.* It concerns the four explanations he offers of *akrasia*. These accounts are founded on the kind of knowledge Aristotle says the akratic person possesses at the time they act. The first account is that there are 'two ways of knowing something'. The second comes by way of Aristotle's interpretation of the practical syllogism. In the third, he considers the kind of knowledge possessed by those who are 'asleep, mad, or

drunk'. The fourth account of *akrasia* returns to the practical syllogism, but on this occasion it is to discuss the notion of 'necessity' within the practical syllogism. Directly following each of these accounts I shall consider what bearing they have on addiction. This will reveal how Aristotle's explanation of *akrasia* can help understand some of the more puzzling aspects of addictive behaviour.

The second area to consider in this chapter, relates to certain aspects of Aristotle's account of the soul as it appears in his writing of *De Anima*, and *Metaphysics*[39]. As mentioned in Chapter One, I am mindful of avoiding any debate that involves the philosophical differences between Plato's conception of the soul, and Aristotle's. The issues I discuss in this chapter should not cause any difficulties in this regard. They concern Aristotle's description of the structure of the human soul, and how it differs from the soul of non-humans. I have included this aspect of his work because I want to show how the human soul has the capacity, of its own volition, to develop an excessive appetite. To expand on this idea, I have included a discussion on Frankfurt's *The Freedom of the Will and the Concept of a Person* (Frankfurt, 2007).

The chapter begins with an assessment by Aristotle of what he believes to be the popular view of *akrasia*; the 'ordinary person's' view. I shall then consider what Destrée (2007), considers to be a paradoxical position taken by Aristotle on the subject. Aristotle's two types of *akrasia*; 'weak' and 'impetuous' are discussed next. I then briefly consider Aristotle's theory of reason within the soul. Following this, I turn to consider his four explanations of *akrasia.* I will then enquire into his

[39] Unless stated otherwise, all translations of Aristotle's *Metaphysics* are by Lawson-Tancred (2004).

account of the structure of the human soul, followed by Frankfurt's concept of a person. I will show how Frankfurt's theory of the concept of a person compliments this aspect of Aristotle's theory. A summary and comment brings the chapter to a close.

5.2 *Akrasia*: "the opinion of people"

My inquiry into Aristotle's treatment of *akrasia* begins at Book VII, Chapter One, of the *Nicomachean Ethics.* This is where Aristotle sets things out "as they appear to people" (1145b4-5). Before he does so, he tells us that there are three types of character to be avoided: "vice; incontinence [*akrasia*]; and brutishness" (1145a15-16). The contrary to vice is virtue, and the contrary to "incontinence", or as I shall refer to it, *akrasia*, is self-control. The contrary to brutishness is a "heroic and godlike virtue" (1145a17-21).[40] He then goes on to inform us that people believe that self-control is good and praiseworthy, while *akrasia* is bad and blameworthy. The self-controlled person stands by their calculations, while those who behave akratically depart from them (1145b10-14). The concept of reason is then introduced into the discussion. It is said that the person behaving akratically knows that what they do is bad, but they do it because of what affects them. While the self-controlled person, knowing that their appetites are bad, but because of reason they do not follow them (1145b15-17). It is sometimes said that the practically wise person cannot behave akratically. On the other hand, it is also said that certain people who are practically wise and clever do behave in this way (1145b23-25). These, according to Aristotle, are some of the claims people make.

[40] This type of character is of no interest to the study.

5.3 The paradox of Aristotle's account of *akrasia*

The account of akrasia that Aristotle's offers presents a "real paradox" (Destrée, 2007: 139). Aristotle agrees with what most people say in Plato's dialogue *Protagoras*, concerning the existence of *akrasia.* Therefore, he rejects Socrates' denial of the phenomenon. He says that the view Socrates holds is plainly at variance with the way things appear to most people. Aristotle believes it is commonly understood that people do sometimes knowingly act against what they know to be good in preference for what is bad (*Nicomachean Ethics,* 1145b37-41). However, later in the text he appears to lend support to Socrates' intellectualist position (1147b10-16). He does so by way of a discussion on the difference between "real" and "perceptual" knowledge. He argues that the knowledge that is present in someone who allows it to be "dragged about" as Socrates suggests, is not real but perceptual knowledge. It is this reasoning that allows Aristotle to support Socrates' initial view on *akrasia.*

So, we have in one instance, Aristotle agreeing with the people that *akrasia* is real and that it exists, and yet in another he supports Socrates' initial thesis in *Protagoras*, that *akrasia* does not exist. The upshot is that Aristotle believes Socrates may be right to deny the existence of *akrasia*. He believes he may also be right when he suggests that the root cause of *akrasia* is ignorance. However, he thinks Socrates is wrong in not identifying clearly just what the nature of that ignorance might be (Destrée, 2007). In his treatment of *akrasia*, Aristotle sets out to address these omissions (Robinson, 1969). Ultimately, Aristotle's account of *akrasia* does not result in him affirming one view over the other. Instead, he presents an interpretation of *akrasia* that seeks to harmonise both positions.

5.4 Impetuous and weak *akrasia*

As I have said, Aristotle recognises two forms of *akrasia*, characterised as "impetuosity" and "weakness". He says that people who display weak *akrasia* deliberate, but because of what affects them they fail to stand by their decisions. They knowingly allow their passions to overrule reason:

> [The person exhibiting a weak form of *akrasia*] is the type to who tends to be carried away contrary to correct reason because of the ways he is affected. They [the passions and desires] overcome him to the extent that that he does not act in accordance with correct reason (1151a24-26).

In describing impetuously akratic people, Aristotle says they too act under the influence of their desires, and do so contrary to reason. However, in contrast to the weak akratic the impetuous akratic fails to deliberate (1150b22-25). They do not reflect on their behaviour. An akratic action may therefore be due to either impetuosity or weakness. In both cases, the bad choice is made contrary to reason. It is also made willingly, and in the knowledge that a better choice is available. There is however, one significant difference between the two. Due to their failure to deliberate, the impetuous person experiences no inner conflict at the time of action. Therefore, beyond knowing that what they are doing may be bad for them, they give it no further thought.

On the other hand, the person showing weak *akrasia* hesitates, and in so doing deliberates on their course of action. Consequently, they experience conflict within the soul. I suggest that it is weak *akrasia* that is symptomatic of the

behaviour of the unwilling addict. The unwilling addict reflects on their addiction and wishes they could bring it to an end. They also understand that they should not behave in this way. However, they often excuse their actions by claiming that they are helpless in the face of continuing desires to satisfy the appetite. It is Aristotle's account of weak *akrasia* that helps us understand the mind-set of the unwilling addict. In the following section, I want to consider the nature of this conflict by looking at Aristotle's account of reason within the soul.

5.5 Reason within the soul

Aristotle informs us in the *Nicomachean Ethics* that within the human soul there is an element that has reason, and another element that lacks it. He says it matters not whether these elements are separate like the parts of the body, or anything else that can be physically divided. They " . . . might be naturally inseparable but differentiated in thought, like the convex and concaved aspects of a curved surface" (1102a28-34). There is another "natural" element within the soul that lacks reason, but nevertheless partakes in it (1102b15-16). To explain what he means by this, Aristotle says that we praise the reason of the self-controlled person and the reason of the person who behaves akratically. That is we praise:

> the part of their soul with reason, because it urges them in the right direction, toward what is best; but clearly there is within them another natural element beside reason, which conflicts with and resists it (1102b16-20)

He uses a medical analogy to explain further:

> For just as paralysed limbs, when one rationally chooses to move them to the right, are carried off in the opposite direction to the left, so also in the soul: the impulses of incontinent people carry them off in the opposite direction. In the body we do indeed see the lack of control, while in the soul we do not see it; but I think we should nevertheless hold there is some element in the soul beside reason, opposing and running counter to it (1102b20-27).

Aristotle mirrors Plato's thoughts, albeit not in the exact manner. Both suggest there are elements within the soul that have the potential to create conflict. It is a conflict characterised as a struggle between reason and desire. Aristotle claims that in the akratic person, desire overcomes reason but in the "self-controlled person, the temperate, and the brave, the soul ultimately obeys reason" (1102b28-31). In the case of temperate people, the soul is still more ready to listen to reason "since their souls are in total harmony with reason" (1102b28-31). Furthermore, the temperate person is self-controlled and prone to endurance (1145b17-18). They stand by their deliberations and are not drawn by irrational desires. The self-controlled person and the akratic person experience bad appetites, but they also possess the faculty of reason. It is in this sense that they both "partake" in reason (1102b 15-19). Aristotle reinforces this later in the text when he says:

> The incontinent person knows what he does is bad, but does it because of what affects him, while the self-controlled person,

> knowing that his appetites are bad, because of reason does not follow them (1145b15-17).

When Aristotle refers to the akratic person following their desires rather than following reason, he means that they act upon those desires. It does not have to be a strong desire that brings on *akrasia*. It is possible that a weak desire, the kind that most people would easily be able to control, would suffice (1150b13-18). This theory contradicts a common explanation of *akrasia*, which suggests that the desires the akratic person faces are so strong that they overwhelm reason. Whatever the strength of the desire may be, weak or strong, it moves the individual concerned to act upon it. On Aristotle's account, is seems that any suggestion that people who have developed an addiction experience desires that are more powerful and stronger than the desires felt by non-addicts, is somewhat questionable.

5.6 Aristotle's four accounts of *akrasia*

Aristotle initially deals with some preliminary suggestions on the nature of *akrasia.* He says there are people who accept some of Socrates' arguments but reject others. These people agree with Socrates when he says that nothing is superior to knowledge but deny that no one acts contrary to their beliefs. On this basis, they claim that "the incontinent [the akratic person] has, not knowledge, but belief when he succumbs to pleasure" (1145b43-47). Aristotle dismisses this suggestion:

> But if it is belief and not knowledge – if it is not a strong supposition that offers resistance, but a weak one like that found

> in those who are doubtful – we shall pardon a person's failure to stand by his beliefs in the face of strong appetites; but we do not forgive wickedness, or any of the other blameworthy states (1146a1-5).

Aristotle, believes *akrasia* to be a blameworthy state, and therefore it cannot be excused on the condition presented above (1145b10-12). He revisits the same point later and rejects it again but for a different reason. On this occasion, he says that the distinction between knowledge and belief does not necessarily mean that the person who is expressing his belief is any less convinced of his position than the person who has knowledge:

> The view that people are incontinent in the face of true belief but not knowledge is irrelevant to our argument. Some people hold beliefs without doubting them at all, thinking that they have precise knowledge. So, if it is because of the weakness of their conviction that those who believe are more likely to act against their supposition than those who know, knowledge will be no different from belief. For some people are no less convinced of what they believe than are others of what they know. Heraclitus makes that clear[41] (1146b31-38).

Aristotle next considers the suggestion that it may be practical wisdom that is overcome by *akrasia* (1146a6-12). In defining practical wisdom, Aristotle tells us

[41] Heraclitus was a Greek philosopher who claimed he was self-taught. He was active around 500 BC. Aristotle cites him as a man who was most certain in what he was saying, although he did not know whether what he was saying was correct.

that this kind of wisdom is concerned with acts that are "just, noble, and good for a human being" (1143b22-23). The practically wise person is

> able to deliberate nobly about what is good and beneficial for himself. He does this not in particular respects, such as what conduces to health or strength, but about what conduces to living well as a whole (1140a25-29).

Furthermore, as Aristotle understands practical wisdom it requires virtue of character. It would therefore be "absurd" to think that a person who has practical wisdom and is virtuous, could at the same time behave akratically (1146a7-8). It is for this reason that he dismisses the suggestion that it might be practical wisdom that is overcome by *akrasia*. Having dismissed these immediate suggestions, Aristotle turns to consider the kind of knowledge the akratic person does possess. He puts it this way:

> We have to look into what affects him: if he acts through ignorance, what manner of ignorance? For it is obvious before he is affected, at any rate, the person who acts incontinently does not think he should (1145b38-42).

In the sections that follow, I explain Aristotle's attempts to discover the nature of the ignorance that Socrates claims people act under when they allow desire to overcome reason. Following each account, I shall consider these explanations within the context of addiction.

5.7 The first account: 'there are two ways of knowing'

What Aristotle means when he says that a person can know in two ways is that a person can have knowledge but not use it, or they can have knowledge and use it (1146b 39-41).[42] He says:

> since we speak of knowing in two senses (the person who has knowledge but is not using it, and the person who is using it, are both said to know), it will make a difference whether someone doing what he should not has knowledge but is not attending to it or is attending to it. The latter seems extraordinary, but not if he is not attending to it (1146b39-43).

Aristotle says there are many things that we have knowledge of but until these things are brought to our mind we are not using that knowledge. Bostock (2000) suggests that by the word 'using' Aristotle does not mean to act upon. He points to Aristotle's writing of, *De Anima* 417a21-b1; *De Generatione Animalium* 735a11; and *Metaphysics* 1048a34 1050a12-14, in support of this theory. He draws the conclusion that what Aristotle means by the word 'using' in this sense "is to bring something to mind, to contemplate it" (Bostock, 2000: 125-126). Aristotle does not provide us with an example, but Robinson (1969), suggests that the following might be a good indicator of what he means:

> As I begin this sentence, you possess but are not using the knowledge that Greece is an arid land: as I end it, you are using

[42] It is Plato who first introduces the notion that there being two senses in which a person can know something: *Theaetetus* (197a-199c).

> it as well as possessing it, because I have recalled it to your minds (Robinson, 1969: 141).

This suggests what Aristotle means when he says that there are two ways of knowing, or two ways of knowledge being used. The implication is that someone who possesses knowledge that ordinarily would deter them from doing an akratic act can, in fact, do that act. The forbidding knowledge is known, but it is not being used, it is not being contemplated. Put simply, the akratic person knows that what they are doing is bad. The knowledge they have informs them of this, but they still do it. They do it because they are not using that knowledge at the time they should use it. In other words, the individual concerned is not contemplating the knowledge at the moment of their akratic action. Robinson suggests that for Aristotle, this solution contains everything that is necessary for the explanation of *akrasia*. "It shows both how the akratic person knows, yet does not know, that the bad choice is being made" (Robison, 1969: 141). In the following section I consider this within the context of addiction.

5.8 Addiction and: the two ways of knowing

One of the puzzling aspects of addiction is understanding the knowledge the unwilling addict has of their situation. They claim to know that what they are doing is bad, and they often pledge to act on this knowledge. Promises of changing ways and sobriety invariably follow. Bill Wilson, the co-founder of Alcoholics Anonymous, provides us with a vivid example of the kind of behaviour under discussion. On the 28th October 1928, following ten years of excessive drinking and broken promises, Wilson wrote a note to his wife Lois in the family Bible:

> To my beloved wife that has endured so much, let this stand as evidence of my pledge to you that I have finished with drink forever (Wilson, 1984: 81).

By Thanksgiving Day of the year (seven days later), he had written "My strength is renewed a thousand-fold in my love for you" and in January 1929, he added "[T]o tell you once more that I am finished with it [drink], I love you". Wilson did not keep these promises. He went on to drink. It was to be another six years before he eventually achieved sobriety for the rest of his life. He died in 1971.

Wilson possessed the knowledge that he was drinking to excess. He was also aware that his excessive drinking was unacceptable. He knew it was bad for his health and that he should bring it to an end. Like other unwilling addicts he expressed these thoughts many times. He made numerous promises over the years to his wife and friends that he would stop drinking, but he never kept these promises. The knowledge he possessed told him he should stop, but this did not deter him. At the time of breaking these promises he did not use the forbidding knowledge he possessed. Wilson had knowledge of his addiction in the two ways that Aristotle presents this account of *akrasia*. He was aware that he had a problem with his excessive consumption of alcohol. This knowledge forbade him from taking further drink. However, when he most needed to use this forbidding knowledge he failed to use it; he chose to carry on drinking.

Wilson's behaviour is a paradigm of Aristotle's theory of how one can know something in two ways. Certain knowledge is possessed but not used. Within the context of addiction, this manifests itself in promises of sobriety being frequently broken. It is an account of *akrasia* that helps us understand the knowledge the

addicted person has of their addiction. It explains the bewildering situation where they purport to understand the damage they are causing to themselves, where they promise to end their addiction, but fail to do so. Wilson chose to dismiss the forbidding knowledge he possessed. His appetite for alcohol was within him. Aristotle tells us that when "appetite happens to be present within a person", it can lead them to satisfy it "since it [appetite] can move each of our bodily parts" (1147a14-20, 1147a40-42).

5.9 The second account of *akrasia*: 'the practical syllogism'

A practical syllogism consists of a universal or major premise that asserts a universal truth, and a minor premise that asserts a particular truth. The line of reasoning that follows when a major and minor premise are brought together, often leads to action. For example, the major premise may be "everything sweet should be tasted". The minor premise being, "this thing is sweet". The conclusion that follows, which leads to action will be; "this sweet thing should be tasted". In *De Anima*, Aristotle explains the schema of the practical syllogism:

> The faculty of knowing is never moved but remains at rest. Since the one premise or judgement is universal and the other deals with the particular (for the first tells us that such and such a kind of man should do such and such a kind of act, and the second that *this* is an act of the kind meant, and I a person of the type intended), it is the latter opinion that really originates movement, not the universal; or rather it is both, but the one

> does so while it remains in a state more like rest, while the other partakes in movement (434a16-23).

Aristotle informs us that since there are two kinds of premise at work here, it is possible for someone to have knowledge of both, and yet act contrary to where the syllogism logically leads them. They do this by using their knowledge of the universal but not of the particular, because things to be done are particulars (*Nicomachean Ethics,* 1147a1-4). It is correct to say that when a person behaves in this way, they know full well that they have made a bad choice. Aristotle takes this idea a step further and says that there are also different types of universals (1147a5-9). One refers to the person the other to the object. He explains this with the example " . . . dry foods are good for all humans, and that the agent himself is a human, [or] that this sort of food is dry". He adds that the person in question " . . . either does not have the knowledge whether this particular food is of this sort, or is not exercising it" (1147a8-9).

The notion that a person is not exercising the knowledge they have in these circumstances is clear. It follows the previous example given. However, "in the case of one not knowing whether this particular food is of this sort requires some explanation for there seems to be a weakness in the reasoning" (Ross, 2004: 228-229). It suggests that, given these circumstances, the akratic act is involuntary. This cannot be the case, for as Aristotle tells us akratic behaviour is voluntary. To resolve this, Aristotle draws a distinction between acting "through" ignorance and acting "in" ignorance (1104b24-36). He gives the example of a "drunk" or a person in a rage. In these cases, he says the person is not thought to be acting through

ignorance, but through drunkenness or anger. He acts in this way not knowingly, but in ignorance. He says:

> In fact, every wicked person is ignorant of what he should do and refrain from doing and missing the mark in this way makes people unjust and generally bad (110b 36-38).

In adopting this position, Aristotle makes it clear that the person who behaves in this way is acting in ignorance. It is a form of ignorance that is blameworthy and inexcusable. It is the ignorance of an akratic person.

5.10 Addiction and the practical syllogism

To understand the implications of the practical syllogism within the context of addictive behaviour, I offer the following. The universal premise, or truth, is that people who have an addiction, should not consume psychoactive substances for recreational purposes, or any other purposes unless under medical supervision. Neither, should they involve themselves in non-substance related activities to excess. The particular premise is that *x* has an addiction. It therefore follows that *x* should not partake in the things just mentioned. I think it is unlikely that in the present information rich society, the problems associated with addiction are unknown to people who have addictions. I would say with some confidence, that the unwilling addict would be aware of the universal and particular premisses that have been presented, albeit not necessarily by this way of academic explanation.

In this example, the addicted person has knowledge of both premises, and yet they go on to act contrary to what they say they truly want, which is to bring their addiction to an end. Why is this so? Why is it that the unwilling addict, being

aware of the universal truth that the syllogism presents, fails to comply with its forbidding premise? They also ignore the particular premise which tells them that they have an addiction, and instead continue to encourage their excessive behaviour. So why do they not follow the logic of the practical syllogism?

In answer to the above, Aristotle tells us that certain emotional states can impair a person's ability to actualise the knowledge they have. These states obstruct the knowledge contained within the practical syllogism. A person's appetite, be it excessive or not, can alter their physical state as well their psychological states: " . . . spirited feelings, sexual appetites, and some other such things clearly alter our bodily conditions as well, and in some people even produce attacks of madness" (1147a14-20). Several other desires and emotions that have this effect could be included. For example, "anger often makes a person flush with heat, fear leads to a cold sweat, love to a racing heart, grief to tears, and so on" (Bostock, 2000: 127).

The point that Aristotle is making is that emotions such as those described block any connection with the forbidding knowledge. In the case of the unwilling addict, the irrational appetite is aroused to the extent that the feelings they experience both physically and psychologically, blocks their ability to actualise the forbidding knowledge they possess. In other words, they are aware of the universal premise, but their ability to invoke the particular premise has failed them. Their appetite has overcome reason. It moves them to act in a way that conflicts with both the universal, and the particular premise, of the practical syllogism.

5.11 The third account: those who 'are asleep, "mad" or drunk

Aristotle's third explanation of *akrasia* is a sub-division of one I considered a moment ago where a person can have knowledge in two ways. In this instance, it concerns people who are in a state where they are not fully cognisant of what they are doing. To explain this, Aristotle introduces a different notion of "having" to the one I have already mentioned. In this case, he speaks of having and yet not having knowledge:

> In the case of having knowledge without using it we see a different kind of having, so that one can in a sense both have and not have it – for example if one is asleep, mad or drunk. Now this is the condition of people under the influence of the ways they are affected; for spirited feelings, sexual appetites, and some other things clearly alter our bodily conditions as well, and in some people even produce attacks of madness (1147a14-20).

Those who find themselves in this condition are in no position to attend to the knowledge they have while they are in the states described. Aristotle cites drunkenness, "madness", and sleep, as obstructions to actualising knowledge, but the list could no doubt be extended. He says that those under the influence of any of these things, must first be released from them before any relevant knowledge they have can be used. The sleeper must be awakened, the drunken person made sober, and the insane cured, before any knowledge can be actualised. He then turns to meet a potential objection to this explanation. The objection being that it could be said that the akratic person may say and appear to mean those things that Aristotle says the person in this state cannot comprehend. In other words,

they seem to have the capacity to put words together which suggest that they are aware of their akratic behaviour. To this, Aristotle responds that the fact they use words that have their origin in knowledge proves nothing:

> For people under the influence of these feelings even recite proofs and verses of Empedocles,[43] and those who have just begun to learn can string words together, but do not yet know; it must grow into them, and this takes time. So, we might suppose that incontinent people speak just like actors (1147a 21-27).

What the akratic person fails to do, when they talk in a way which suggests they understand their behaviour, is to subsequently commit to what they say. For example, when the person who is intoxicated says they will quit drinking, their words are without consequence, just like when one actor on the stage says to another actor "I love you". The actor no more means what they are saying than the person who says they will quit drinking. Both are using words that in truth they have no connection with. It is for these reasons that Aristotle dismisses words spoken in this context.

5.12 Addiction and the knowledge of those 'asleep, "mad" or drunk'

Those who find themselves in a state of drunkenness, 'madness', or sleep, must be removed from these states before they can actualise the knowledge they possess. As Aristotle has told us "spirited feelings, sexual appetite and some other such things" alter our bodily conditions. It would not be unreasonable to include

[43] Empedocles: a pre-Socratic Sicilian philosopher *c.*492-432 BC

amongst these “other such things” the desire to sate an irrational appetite. To understand how an irrational appetite can alter one’s physiological and psychological state consider the example of Lillian Roth. Roth was a well known American singer and actress. Her personal life was overshadowed by her addiction to alcohol. In common with most other people in her condition, her days were dominated by the consumption of alcohol:

> I realised I could never go out of the house again without liquor. Orange juice and bourbon in the morning was not enough. The physical demand was growing. I would need liquor more often – not because I wanted it, but because my nerves required it. Soon I was slipping down doorways, vanishing into ladies’ rooms, anywhere I could gain privacy, to take a swift drink . . . The two-ounce bottles graduated to six-ounces, and then to a pint, and in the last years of my marriage . . . wherever I went, I carried a fifth of liquor in my bag (cited in Orford, 2005: 12).

Roth understands the bad condition she is in. Overtime she has seen it deteriorate and spiral out of control. The situation she describes is not unlike many other people in her position. Her excuse for behaving akratically is that her nerves are out of control. Like other unwilling addicts, if Roth wishes to end her addiction she must become cognisant of her addictive state. To do this, she has to free herself of the physical and psychological manifestations of her addiction. In common parlance, she has to get herself ‘clean’. Only then can she can begin to contemplate long-term sobriety. Until this happens, the irrational appetite she has

developed will continue to override logic and reason within her soul. Consequently, any knowledge she may think she has about her addiction will, as Aristotle suggests, never be actualised.

5.13 The fourth account: necessity within a practical syllogism

Aristotle's fourth and final account of *akrasia* (11477a28-41) is open to a number of interpretations (Robinson, 1969: 145-160; Bostock, 2000: 131-135; Destrée, 2007: 139-155). It is the notion of the distinction between real and perceptual knowledge that is key to this example. On this somewhat complicated account, Aristotle leaves behind the various ways in which a person can know something. In its place he introduces the idea of necessity; necessity within the practical syllogism. What he means by this is that once two premises become one, then by necessity action must follow. He adds the proviso that the person concerned must have the ability to act, and not be prevented from doing so (1147a 34-36). He explains it this way:

> everything sweet must be tasted, and this is sweet, in that it is one example of particular sweet things, a person who is capable and not prevented must act on this immediately (1147a 33-35).

In this explanation of *akrasia* there are four things happening within the soul. Firstly, there is a forbidding universal premise which might, for example, forbid the person from tasting sweet things. Secondly, there is present within the soul a premise that contradicts the forbidding premise, and encourages the person to indulge in sweet tasting things. Thirdly, there is the particular premise that has the potential to set the second premise into action. It suggests that the thing that

is presented is sweet. Fourthly, if there happens to be a desire within the soul for sweet things, the necessity to consume the sweet thing will follow.

What has happened here is that there is the first syllogism forbidding the akratic act. A second syllogism encouraging it. There is the knowledge that a particular thing is sweet, and finally there is appetite; the desire within the soul to taste sweet things. The outcome of this situation is inevitable. It is inevitable because Aristotle has already told us that appetite is capable of moving us, both mentally and physically, to act (1147a39-40).

In this explanation of *akrasia*, the akratic act has followed the universal syllogism, which suggests "everything sweet must be tasted." They have been moved to act by a desire for sweet things. This action is consistent with a rule imposed by the universal premise that "everything sweet must be tasted." It is the akratic's reasoning and belief that causes them to act in this way. However, Aristotle tells us that the belief the akratic person holds in these circumstances "is not in itself contrary to correct reason, but only incidentally so, since it is appetite, not belief that is contrary" (1147b1-3). He goes on to comment that this is why animals do not behave akratically, for they do not possess universal suppositions, only mental imagery and memory of particulars (1147b4-5).

In this instance it is the akratic's appetite that is contrary to correct reasoning, and it is their appetite that has moved them to act. The particular premise of the correct reasoning viz. "[I] should not taste this sweet thing", has been blocked by the excessive appetite. It is a temporary ignorance that may be dispelled in the same way as the sleeper is awakened, or the drunken person made sober (1147b6-9).

5.14 Addiction and necessity within a practical syllogism

In this explanation of *akrasia* the addicted person holds the universal premise that they should not for example consume alcohol. In addition, they hold a premise that encourages them to do so. Within them there is an appetite, in this case a desire to drink. The desire moves them towards taking the drink and they commit the akratic act. The interesting question is why the premise that encourages the person to drink is the one that moves them to act. The individual concerned has a sensible alternative, but they fail to take it. In the following chapter at section 6.5, I offer an explanation for this when I propose the pursuit of happiness as a motivating factor in addictive behaviour. Happiness that emanates from the excesses of an addiction is, I suggest, a corrupted form of happiness. However, to understand the explanations of *akrasia* that Aristotle presents here, it should be recognised that the good a person may be seeking does not have to be a real good. As Aristotle tells us it may be an apparent good:

> Everyone aims at what appears good to him, but over this appearance we have no control; rather, how the end appears to each person depends on what sort of person he is. So, if each person is in some way responsible for his own state, he will also be responsible for how it appears. If he is not, however, then no one will be responsible for his own wrongdoing, but he will do these through ignorance of the end, thinking that they will result in what is best for him (1114a40-1114b7).

This presents a plausible explanation as to why some people, and not others, develop an excessive appetite for psychoactive substances; the object that is desired appears to people in different ways. For the addicted person, the drug or activity of choice is a means to an end which, in my theory, is the attainment of happiness. Aristotle makes it clear that people are solely responsible for the way things appear to them (1114a6-14). The visions held in the mind are subjective. Therefore, if something appears as a good to the akratic person, and that good will satisfy the appetite, the inevitable action follows.

Unlike the self-controlled person, the akratic will not be influenced by any of the forbidding syllogisms discussed. Their desire to sate the irrational appetite overrides reason and logic. It moves them mentally and physically towards achieving that goal. The desire to maintain the excessive appetite will remain with them until they discover the truth for themselves. The truth they must discover is that it is perceptual knowledge that is determining their way of life and not real knowledge. Like the prisoners held captive in Plato's simile of the cave, they are being fooled by images that have no bearing on the good or the truth.[44]

5.15 Comment on Aristotle's four accounts of *akrasia*

Aristotle has presented four accounts of *akrasia.* It is the first account, which is knowing something in two ways, that I believe is the most relevant to better understanding addiction. This explanation of *akrasia* distinguishes a time between when a person both possesses and uses a certain piece of knowledge, from a time when they possess it, but do not use it. What this account shows is

[44] Plato's simile of the cave is to be found at 514a-521b of *The Republic.*

that the addicted person both knows, and yet does not know that their addiction is bad. They know it is bad because the knowledge that tells them this is part of their intellectual equipment. It is embedded within their cognitive awareness. On the other hand, they do not know it is bad because at the time they most need the knowledge, which is before they commit the akratic act, they do not use or contemplate it. In other words, they fail to bring the forbidding knowledge to the forefront of the mind. To say that they know that their addiction is bad for them is true. However, this is not to say that they are thinking of this fact all the time, or that they are thinking of it when their appetite moves them into action. Recall a few moments ago when I gave Robinson's example of Greece as an arid land. This example showed how a person can have knowledge but not be using it. This sums up the way in which the addicted person employs the knowledge they have about their situation.

When the above explanation of *akrasia* is taken together with the account given of those asleep, insane, or drunk, I think it is close to providing a full explanation of *akrasia* within the context of addiction. What I want to consider next is Aristotle's structure of the human soul and to inquire into how the human soul differs from the soul of other species of animals.

5.16 Aristotle's structure of the human soul

In this section of the chapter I consider Aristotle's description of the structure of the soul, and Frankfurt's concept of a person. I do this because I want to consider whether human beings are unique in their capacity to develop excessive appetites for psychoactive substances, and other behaviours. If addiction is unique to humans, and not shared with other non-human species,

there is a need to identify the element, or elements within the soul, that make this so.

From a reading of Plato dialogues, it is known that there are three parts to the soul; appetitive, spirit and reasoning. It is also known that when appetite overcomes reason, the soul becomes disordered. However, to understand the physical structure, the biology of a soul, and its limitations as they apply to different species, there is a need to look beyond Plato's tripartite theory. It is for this reason that I turn to Aristotle.

Biology was a natural pursuit for Aristotle. In his writing of *De Anima* he explains what separates the soul of humans from other animal species. He also includes a discussion on the structure of the soul of inanimate objects, such as plants and trees. It is this aspect of Aristotle's conception of the structure of the soul that allows me to consider whether addiction is a uniquely human experience, or whether it is something that is shared with other species. It is important to establish this because this thesis rests on certain personal characteristics of humans. By this I mean the characteristics of thinking, judging, evaluating, and self-reflection, all of which rest within the human soul.

In his writing of *De Anima,* Aristotle presents us with a hierarchy of a soul's functions or capacities (*De Anima*, 413a22-413b 6). Within this hierarchy the higher levels of the soul subsume the lower. Aristotle describes the various parts of the soul that are appropriate for the body of its kind in the following way. He says the first part of the soul, the nutritive, is not specific to human beings " . . . it exists in everything that takes in nutrition, even embryos, and to be the same in fully grown beings" (*Nicomachean Ethics,* 1102a35-1102b 3; *De Anima,* 415a1-15).

The nutritive part is a constant feature of all souls. He then tells us that this aspect of the soul can be put to one side since by nature it plays no role in human virtue (*Nicomachean Ethics*, 1102b13-14).

The next level of soul is the soul of non-human animals. In addition to its nutritive element, the faculties of sensitivity and perception lie within the non-human soul. It is these faculties that separates the soul of non-human animals, from the lower soul of plants and trees (*De Anima,* 413b1-6; 414a30-414b1). Because of its characteristics, the sensitive and perceptive part of the soul, through the sense of touch, also partakes in feelings of pleasure, pain, and desire (414b3-7).

The highest part of the soul incorporates all the aspects of the lower two. This is the human soul (414b17-20). What separates the human soul from a non-human soul is its capacity for thinking, for having mind (414b19-20). By mind Aristotle means having the capacity to think and judge to seek out knowledge and make sense of things (429a10-11, 23-24). It is in our nature to do this, according to Aristotle (*Metaphysics* 980a1). So, it is that humans have the capacity to think and judge. It follows that with these cognitive abilities a person can critically evaluate a situation, and then take what they believe to be the best course of action. To compliment Aristotle's understanding of what separates human life from animal life, I turn to the writing of Frankfurt (2007) and his theory of the concept of a person. Frankfurt's theory is particularly useful to the present discussion because he not only distinguishes between the various capacities of a human being and other animals, but he also applies his theory to addictive behaviour.

5.17 Frankfurt's concept of a person

Frankfurt suggests that humans have what he calls first order desires, the desire to eat, drink, and defend themselves (Frankfurt, 2007). They share these traits with non-human species. However, a unique characteristic of humans is that they can move their first-order desires to a higher level of second order desires or second order volitions (Frankfurt, 2007). Non-human species do not have this capacity. It is within the highest order, the second order volitions that a person's ability to critically evaluate a course of action lies. It is this ability that defines the concept of a person and distinguishes human behaviour from the behaviour of other creatures (Frankfurt, 2007). Parallels can be drawn between Aristotle's structure of the human soul and Frankfurt's concept of a person. Both determine that the human soul is of a different nature to the soul of animals. The difference rests in the human capacity to think, to judge, and to evaluate a situation.

Frankfurt provides an example of the above within the context of addiction. He cites the case of two addicts, "one is an unwilling addict while the other is a wanton" (Frankfurt, 2007: 328-329). The unwilling addict has conflicting desires. On the one hand, they wish to take the drug, but on the other they want to refrain from doing so. The situation presents a conflict between this addict's first-order desires. The unwilling addict also has a volition of the second order, which urges them to stop taking the drugs. A decision now is to be made. The unwilling addict wants to end their addiction and stop taking the drugs. They want their second order volition to be the one they act upon. It is this desire that they want to identify with, and not the one that encourages them to continue taking the drug. It is a situation that often prompts an addicted person to make an analytically puzzling statement:

> It is in virtue of this identification and withdrawal, accomplished through the formation of a second order volition, that the unwilling addict may meaningfully make the analytically puzzling statement that the force moving him to take the drug is a force other than his own, and that it is not of his own free will but rather against his will that this force moves him to take it (Frankfurt, 2007: 329).

What Frankfurt is suggesting is that people make choices of their own volition. This is achieved through an assessment of their first and second order desires. In the case of addiction, when there is conflict between first and second order desires and the least favourable option is chosen, this is puzzling and creates anxiety for the addicted person, and those close to them.

Frankfurt makes the point that regardless of whether the addicted person goes on to act on their first order desire (to take the drug) or their second-order volition (to refrain from taking it), both desires are theirs. Whether they take the drug or not it is their decision. It is what "he himself wishes to do and not because of some external influence" (Frankfurt, 2007: 329). Ultimately the individual adopts one of their desires and eliminates the other.

The second addict, mentioned briefly in Chapter One, Frankfurt describes as "wanton". He says, "it is logically possible, however unlikely it may be, that a person may be considered a wanton" (Frankfurt, 2007, 328). The wanton does not have any preference for which of their conflicting first-order desires come to the fore. They will pursue whatever course of action they choose; they have no second-order volitions. This is due to either their "lack of capacity for reflection or their

mindless indifference to the enterprise of evaluating their own desires and motives" (Frankfurt, 2007: 328). Unlike the unwilling addict, there is no conflict in the mind of the wanton. Frankfurt is clear on the character of a wanton:

> The essential characteristic of a wanton is that he does not care about his will. His desires move him to do certain things, without its being true of him either that he wants to be moved by those desires or that he prefers to be moved by other desires. The class of wanton includes all non-human animals that have desires and all very young children" (Frankfurt, 2007: 327-328).

Frankfurt includes very young children in this definition. This is not surprising because common experience tells us that very young children do not possess second-order volitions. They do not reflect on their behaviour and neither do they evaluate the consequences of their actions. Significantly, Frankfurt places animals in the category of a wanton. On this account, animals do not think, judge, evaluate or reflect on their behaviour.

If Aristotle's construct of the human soul, and Frankfurt's theory of the concept of a person is accepted, it follows that animals cannot behave akratically. They cannot experience conflict within the soul. Inner conflict, the conflict between appetite and reason, is predicated on the ability to judge and evaluate desires. Recalling Aristotle's description of the animal soul, he says it only has a nutritive element and the faculties of sensitivity (the sense of touch), and perception. He also makes the claim that animals do not hold universal suppositions. This is why "animals are not incontinent [why they do not behave

akratically] because they have no universal supposition, but only mental imagery and memory of particulars" (*Nicomachean Ethics*, 1147b42-44).

On Aristotle's account of the animal soul, animals do not have a reasoning part within the soul. Therefore, the nutritive or appetitive element they do possess cannot challenge reason, as it does in the human soul. Furthermore, unlike animals, humans have the capacity for self-reflection. This allows them to make conscious changes in their lives based on their experiences, and the experiences of others. Humans have the capability, through learning, to discern right from wrong, and good from bad. Furthermore, humans have the capacity to evaluate, to judge, to think, and with few exceptions, to act of their own volition. I suggest these attributes form a set of values and principles that determine a person's behaviour and outlook on life. There is no evidence to suggest that animals hold such values and principles.

For the above reasons, I would suggest that human beings are unique in their capacity to develop a disordered soul that arises out of the excessive consumption of psychoactive substances, or the excessive involvement in non-substance related activities.

5.18 Summary and Comment:

In his account of akrasia, Aristotle informs us that the akratic person knows that what they are doing is bad for them, but they do it because they are affected by their irrational appetite. It is appetite, be it weak or strong, that moves them physically and mentally to sate their irrational desires. It therefore follows that whatever the object of an irrational desire may be, the obstacle to fulfilling such a desire is reason. The akratic person does not engage with reason at the point of

deliberation. They know what they should do, but they fail to do it because appetite moves them to act contrary to reason. It might be a "weak" or "impetuous" form of *akrasia* that the akratic person experiences. The distinction is that the weak akratic deliberates on their thoughts. Consequently, they experience inner conflict. The impetuous akratic acts under the influence of their passions and contrary to reason, but they do not deliberate, therefore they do not experience inner conflict.

Aristotle wants to try and understand the kind of knowledge akratic people have when they behave in this way. He accounts for this knowledge in four ways. Firstly, there is the notion of knowing something in two ways. Secondly, there is the way in which a practical syllogism is interpreted by the akratic. Thirdly, the knowledge possessed by those asleep, "mad", or drunk and finally, how necessity within a practical syllogism, influences the behaviour of the akratic. Each one of these accounts of *akrasia* characterises the behaviour of the unwilling addict. The unwilling addict claims to know the nature of their addiction, and the harm it is causing. They speak of their intention of ending it but fail to do so. They claim to loathe their addictive behaviour but nevertheless encourage it.

It is Aristotle's first explanation of *akrasia, '*knowing in two ways', that I acknowledge contains everything necessary to account for the behaviour of the unwilling addict. On this account, people with an addiction possess the intellectual apparatus that is necessary to allow them to end their addiction, but they fail to use it. They fail to contemplate it at the time they most need it. Their mental state is disturbed to the extent that they are prevented from actualising the knowledge they have about their situation. It is disturbed by the power of their irrational

appetite. A power which can move an addicted person to act physically and mentally against their better judgement. This allows them to commit the akratic act.

Aristotle's four explanations of akrasia help us better understand the addicted person's cognitive process. It allows for an interpretation of the knowledge they possess and put to use when they think about their situation. It explains some of the mystifying and contradictory beliefs that the addicted person holds when they express their desire to bring their addiction to an end. It shows how in one sense they know the predicament they are in, and yet in another they do not. The words the unwilling addict speaks, like the words the actor speaks on the stage, cannot be characterised as lies or deceit. However, such words are meaningless and empty, they are devoid of any consequences. They have been corrupted by the individual concerned choosing desire and appetite, over reason and logic.

Aristotle offers an analytical explanation of the structure of the soul, insofar as revealing its distinguishing features, its authority and function in all living things. It is important to establish this difference because a central element of this research rests on certain personal characteristics of humans. Aristotle accounts for these characteristics.

A soul is present within, and belongs to, a body of its appropriate kind. The soul is the seat of reason and logic. However, there is, within the human soul, a natural element that conflicts with, and resists, reason. This results in a struggle between reason and desire. In the self-controlled person reason overcomes desire,

but in the akratic person desire conquers reason. It is a conflict that Plato describes in his conception of the tripartite soul.

Contributing to an understanding of what separates humans from animals, is Frankfurt's theory of the concept of a person. Along with Aristotle, Frankfurt makes it clear that there are cognitive and emotional differences that distinguish humans from animals. Animals are wanton. While wantons have desires of the first-order they have no second-order volitions. They do not reflect on their behaviour, they simply act to satisfy their needs, much like very young children. Combining Aristotle's theory of the distinction between the souls of humans, and the souls of animals, together with Frankfurt's theory of the concept of a person, the conclusion I draw is that animals do not experience the inner conflict that is felt by the unwilling addict.

Aristotle's explanation of the structure of the soul and his account of akrasia, contributes to an understanding of addictive behaviour. His hierarchy of the soul's functions appropriate to its being, distinguishes the human from the non-human soul. It is a distinction that allows for the recognition of the part reason and appetite play in the movement of the human body. In the case of the akratic person, appetite alters their physical and mental state and subsequently overcomes reason. It is a process that can readily be identified in the unwilling addict. It is also a process that makes addiction a uniquely human trait.

The core concepts from this chapter that contribute to my theory of addiction may be summarised as: providing an explanation of the more puzzling aspects of addiction; showing how an irrational appetite can move a person to act against their better judgement; reveals why *akrasia*, and the mental anguish an

unwilling addict experiences, is a uniquely human phenomenon. Each one of these concepts, together with others, can be found in Chapter Eight (s.8.2), in the list of the component parts that contribute to building my theory of addiction.

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6

THE DISORDERED SOUL

6.1 Introduction

So far, I have explained how an excessive appetite develops within the soul and how this has a negative effect upon the life of the individual concerned. When the soul is overcome by an excessive appetite it is in a state of disorder. This leads me to propose that addiction is a disorder of the soul. In this chapter, I want to consider some of the wider issues that are associated with a disordered soul. I will also offer some detail on how a disordered soul may be understood within the ancient Greek concept of *mania.*

The wider issues I discuss include a person's motivation for consuming psychoactive substances to excess, Aristotle's conception of the function of a person, Plato's notion of holistic care, and his therapeutic treatment of a disordered soul. Finally, I will draw some parallels between Plato's treatment of a disordered soul, and the modern-day talking therapies that are used to help people suffering from mental anguish achieve recovery.

I begin by considering the ancient Greek concept of *mania* and its relevance to a discussion of the disordered soul. Following this, I will enquire into the close connection between philosophy and medicine in the Classical period. This will reveal how medical analogies were used at the time to explain some difficult philosophical concepts, and to set Plato's theory of a disordered soul in some context. Following this, I offer an explanation why some people are motivated to

consume psychoactive substances to excess. It is my theory that they do so in the pursuit of happiness, albeit a corrupted form of happiness. As a contrast to modern notions of happiness, I consider the ancient Greek concept of *eudaimonia*.

I then enquire into the function of a person. I do this to explore whether it could possibly be considered to be part of a person's function to develop an excessive appetite. This may sound puzzling but in the Classical Greek period it was important to understand these concepts. As I will show, Aristotle's theory of the function of a person is relevant to this research.

A theory which is not generally associated with addictive behaviour is considered next. It is the notion of mistaken belief. As I will explain, mistaken belief leads a person into believing that psychoactive substances, and other addictive activities, can bring them the happiness they seek.

Plato's concept of holistic medicine follows. This section will show that Plato was ahead of his time in this area of medical care. He understood the importance of what might be called, 'lived experience'. In this context, Socrates demonstrates the importance of closely listening to what people have to say about their problems. He also knows when to speak and when to remain silent. In the final sections of the chapter, I will show how Socrates employs a therapeutic treatment known as the "charms". The charms bear a striking resemblance to modern-day talking therapies. As I will show, the claim that Plato was the inventor of a rigorously technical, verbal, psychotherapy, is no exaggeration.

6.2 Medicine and philosophy in the Classical period

Analogies between philosophy and medicine were not uncommon in the Classical period. Therefore, to connect the philosophy of the soul with the medical

notion of disease as Plato did, would not have been extraordinary. His dialogues are replete with medical analogies that illustrate the connection between a healthy body and a healthy soul. For example, in his dialogue *Timaeus,* Timaeus discusses the nature of the human body. He considers old age, death, causes of diseases, respiration, mental and psychosomatic illnesses, such as epilepsy, melancholy, the circulatory system, and much more. At 42b of the text, he compares justice and injustice to health and illness respectively.

In Plato's dialogue *Phaedo,* the central character Phaedo, who was a pupil of Socrates, compares rhetoric to medicine (270b). In his dialogue *Gorgias*, Plato claims that each of the four skills (medicine, gymnastics, legislation and justice) provides care for the body "with a view to what's best" (464c). In *Theaetetus,* Socrates characterises his work as a philosopher to that of a midwife. He says it differs only in the sense that "it midwifes men and not women as by the fact that it examines their souls in giving birth and not their bodies" (150b-c). In *Charmides,* the connection is made between treating body and soul together, as one part cannot be treated without the other (157a-157b).

Several Greek doctors, such as Hippocrates, Diocles, and Galen combined medical practice with philosophical interests. They enquired about the nature of medical science, the methodology of diagnosis and prognosis, the nature of cause and effect relationships, and the extent to which such relationships can be known and ascertained (Van Der Eijk, 2006). The interdisciplinary nature of Classical Greek thought in the mid-fifth century, suggests why medical analogies were common during this period of philosophy. It also suggests why physicians drew on philosophy in the development of health care. When the overlap between

Classical Greek philosophy and medicine is considered, it is not difficult to understand the analogies that Socrates draws on to explain the treatment of body and soul.

As I have suggested, to speak of a 'diseased soul' will no doubt sound incongruous to modern ears. It is therefore unlikely that most people today could ever imagine that the soul is something capable of becoming diseased. However, for the Classical Greek philosophers this was not the case. Carrick (1985: 26) claims that "[A]ncient Greek philosophy can only competently be understood if one recognises that it arose in concurrence with ancient Greek medical theory". Edelstein (1967), says that while some scholars "believe that ancient Greek philosophy was influenced by medicine, it was in fact the reverse . . . philosophical insight guided the physicians in their biological, physiological, and anthropological studies" (Edelstein, 1967: 350).

Socrates' affinity with medical analogies is not surprising. Prior to his unique conception of the soul it was the gods and daemons, according to the tragedians and the poets of the day, who set the tone for the way the soul was perceived (Holmes, 2010). Whatever illness or misfortune fell upon an individual was thought to have been willed by the gods (Padel, 1995). By dismissing the thoughts of the tragedians and poets, as Socrates does in *The Republic* at 379c of the text, there arises a need to explain who, or what it was, that generated the ills that had previously been blamed on the gods and daemons (Holmes, 2010). Socrates explained that the care of the soul, underpinned by the notion of *sophrosyne*, was the responsibility of the individual concerned; the gods and daemons had no part to play in this. To explain such events in a way that people would understand,

Socrates turned to the medical model and the use of medical analogies. As I have suggested, bringing together philosophy and medicine in this way was a feature of Plato's writing. Emphasising this, Jaeger (1968) says that Socrates' "doctrine of ethical knowledge would be unthinkable without the medical model" (Jaeger, 1986: 3). On this account, it is as I suggest, no surprise that Socrates turns to a medical analogy to explain the notion of a disease within the soul, a disease characterised by *mania*.

6.3 *Mania* in Ancient Greece and modern-times

The meaning of mania has changed significantly since the ancient period of Greece (Porter, 2002). In the earlier period, *mania* translated to 'madness', passion, rage, and frenzy (Liddell and Scott, Greek-English Lexicon, 2007: 425). It was a rich concept, an idea that was relevant to several subjects including, theology, medicine, literature, romance, drama, or a disease of the soul (Ahonen, 2014; Dodds, 1997; Padel, 1995).

For the Ancient Greeks, *mania* was synonymous with furious 'madness'. It was a collapse of reason and thinking, leading to confusion, delusions, fits of fury, excitation or aggression (Berrios, 2004: 105). This is not to suggest that the Ancient Greeks interpreted this as a mental illness. The concept of mental illness is absent in the textbooks of Ancient Greek medicine. The idea that the brain is the centre of cognition, and mental disorder, did not begin to form part of medical understanding until close to the end of antiquity (Ahonen, 2014: 18).

While mania is currently a recognised term in the nosology of mental illness, (NHS Choices, 2016; World Health Organisation, 2003; World Health Organisation, 'Lexicon of Mental Health Terms', 1994; American Psychiatric Association's,

Diagnostic and Statistical Manual of Mental Disorders DSM.5, 2013) it no longer retains the depth of meaning that it had in the ancient period (Berrios, 1981; Healy, 2008). By the end of the 19th century, *mania* was characterised as bipolar disorder (Healy, 2008). It is a condition that retains its associations with *mania* as being a manic-depressive illness. Its symptoms include, mood swings, which range from extreme highs (*mania*) to extreme lows (depression) (NHS Choices, 2016). It is, of course, the manic aspect of the disorder that is associated with *mania* and not the depressive. Healy suggests that modern authorities make a "gross error" when they attempt to link modern presentations of bipolar disorder with ancient precedents (Healy, 2008: 19). It is clear that the meaning of *mania* has changed significantly since the Classical period.

6.4 *Mania* as a disease of the soul

Following an exposition of diseases of the body in *Timaeus*, Plato addresses the disease of the soul. He does so by way of Socrates' interlocutor Timaeus, who begins by informing us that "folly" or thoughtlessness, is a disease of the soul. Of this there are two kinds; "madness [*mania*] and ignorance". According to Plato any affection which brings on either of these conditions must be called a disease. Excessive pleasures and pains are the worst diseases of the soul. He puts it this way:

> It will be granted that folly is a disease of the soul, and of folly there are two kinds, madness and ignorance. Any affection which brings on either must be called a disease and so we must rank excessive pleasures and pains as the worst diseases of the

> soul. For when a man enjoys great pleasure, or conversely when he suffers from pain, he is incapable of seeing or hearing anything correctly but hurries to grab one thing and avoid another; being in a state of frenzy his reasoning power is at this time at its lowest (86b).

"Madness" or *mania*, and "ignorance", are the defining features of a disease of the soul. On the evidence presented so far in this thesis, it is clear that these two characteristics feature heavily in addictive behaviour. As noted, in the *Nicomachean Ethics*, Aristotle tells us that spirited feelings, sexual appetites, and "some other such things" clearly alter our bodily condition as well, and in some people bring on attacks of "madness" (1147a17-20). While we are left to guess at what Aristotle means by "some other such things", it has been noted that Bostock (2007) suggests that the list of such things that alter a person's bodily condition can be extended. He says that for instance, anger, fear, love, grief "and so on" could be included in the list.

When Aristotle makes the claim that certain things can alter our bodily states, he does so within the context of his discussion on akratic behaviour. Embedded within *akrasia*, as both Socrates and Aristotle have made clear, is the notion of 'ignorance' on the part of the individual concerned. As I have explained in some detail, *akrasia* is the hallmark of the unwilling addict, and addictive behaviour.

On the above account, I do not think it is unreasonable to suggest that among the things that can alter a person's bodily condition is an addiction. While in modern-times there would quite rightly be a reluctance to use the term

'madness' or 'mad' as it relates to the character of an individual, I think, as Berrios (2004) has suggested above (p.181), that it may be translated as a "collapse of reason and thinking" leading to among other things "confusion". To understand Aristotle's use of the word 'madness' as a 'collapse of reason and thinking', is a more apt way of interpreting the term within the context of addiction.

Ignorance and a collapse of reason and thinking, as they are accounted for above, characterises addiction and addictive behaviour. Addiction is a 'folly', a disease or disorder of the soul.

In the dialogue, *Timaeus,* Timaeus suggests that diseases of the soul are brought on by nurture or bodily dispositions. Surprisingly, he concludes that they are the consequence of bad parenting and bad education. In other words, it is parents and teachers that are responsible for the development of a diseased soul and not the individual concerned:

> The responsibility [for a person developing a disease of the soul] always lies with the parents rather than the offspring, and with those who educate rather than their pupils; but we must all try with all our might by education, by practice and by study, to avoid evil and grasp its contrary (87b).

The above reflects the Socratic doctrine that no one errs willingly (*Protagoras,* 358c; *Meno*, 77b-78b; *Gorgias*, 468c). There is a difficulty here because what Timaeus is saying conflicts with the view that Socrates, Plato, and Aristotle hold, which is that we are each responsible for our actions. If the

sentiments expressed in the above text were to be followed, it would mean that nobody would ever be held morally responsible for their behaviour (Taylor 1976).

Aristotle recognises that the words of the formula "no-one errs willingly" may be misinterpreted to deny a person's responsibility for their bad actions, while allowing them to claim the credit for their good ones. He corrects this by making it clear in the *Nicomachean Ethics*, that people are responsible for their bad actions as well as their good ones (1113b14-16). Furthermore, he introduces the idea that everyone aims for what appears good to them, but it is only the good person in whose case the apparent good, is always the real good (1114a40-1114b13). I think it is clear, from what I have said in Chapter Four about choice and voluntary action, that Aristotle is adamant that no third party is responsible for another person's deeds, they rest entirely with the individual concerned. Socrates, no more than Aristotle, would have denied this (Taylor, 1928: 611).

Nevertheless, on the face of it, Timaeus' statement is clearly at odds with Plato's recognised position where he places significant emphasis on the moral responsibility of the individual. We need only recall the 'Myth of Er' in *The Republic* (617e4-5), to see where Plato stands on this. Briefly, the myth tells of the rewards a good person can expect in the afterlife. No such rewards can be expected by a bad person. Socrates is using the Myth of Er to explain to his interlocutor Glaucon, that the choices we make in life, and the character we develop, have consequences in death. The central theme of the myth is that we, and we alone, are responsible for the decisions and choices we make in life. Socrates considers it a moral truth that each one of us, not our parents, nor our teachers or our Maker, are answerable for the moral quality of our actions. A reading of *The*

Republic reveals that its entire ethos is based on the premise that a person should take responsibility for their own deeds.

Taylor (1928) says that the medical determinism expressed by Timaeus does not represent the views of either Plato or Socrates. The only reason these thoughts may have been introduced into the text by Plato is that such theories were common in fifth-century medical circles (Taylor, 1928: 611-612). Gill (2000) holds that the view expressed by Timaeus, is quite compatible with Plato's less profound ethical theories. Whatever the case may be, it is commonplace that, as represented by Plato, Socrates never wearied in insisting that individuals should take responsibility for their personal conduct "even the ultra-sceptics have not yet ventured to challenge the historical accuracy of this representation" (Taylor, 1928: 610-614). As suggested earlier in the thesis, on this account, and the account Aristotle gives of voluntariness and choice, there is little need to speculate about where the responsibility lies for the development of an excessive appetite insofar as these philosophers are concerned; it lies within the individual concerned.

In the following section, I want to consider what I believe is the motivation that encourages some people to develop an excessive appetite. In Socrates' time many of his fellow citizens indulged their appetites to excess. They were promiscuous, drank dangerous concoctions of alcohol to excess,[45] were gluttons, chronic gamblers, and consumed psychoactive substances for recreational purposes (Davidson, 1988). There is however, a marked difference between

[45] Ancient wines were unlike the massed produced vintages that people consume today. Additives, in the form of organic psychoactive substances were added to the mixture to make it more intoxicating, to take away the bad odour of the wine, and to improve its taste. The drugs that were added to the wine were known to cause hallucinations and serious injury, including blindness and sometimes death, Rinella (2012).

attitudes towards these activities in the ancient period, and today. It is the way in which excess was viewed. For the ancient Greeks there was no suggestion that these activities were compulsive. They were there to be enjoyed, and they wanted to indulge themselves as much as they could in such pleasures. In this sense compulsion was a function of enjoyment (Rinella, 2012). Struggling against desires was a natural thing to do and a challenge for many people who lived during this time:

> Whether the struggle was between you and the world's pleasures, or between you and your body, this state of conflict was normal and natural. What was abnormal was to put up no resistance, to be continually and instantly overwhelmed (Davidson, 1988: 143).

Davidson goes on to add:

> Such feeble characters threw in the towel without a fight. They were defeated and enslaved by their desires. They were known as the *akolastoi*, the uncorrected, the unchecked, the unbridled, or the *akrateis,* the powerless, the impotent, the incontinent (Davidson, 1998: 143).

6.5 The pursuit of happiness as a motivating factor in addiction

As just mentioned, in Socrates' time compulsion was thought to be a function of enjoyment. In this sense, the motivation for indulging an appetite to excess was clear; enjoyment. People who developed an excessive appetite accepted it as a risk involved in pursuing enjoyment. As outlined earlier in Chapter

Two, in modern-times contemporary theories of addiction are many and varied. They include the environment in which a person lives, the negative influence of family and friends, unemployment, coping with emotional stresses, self-medication, to calm or excite, or the seeking of pleasure. This list is not exhaustive. Sargent (1992: 80) suggests that "[I]t is well known that people experience many and various rewards that motivate them to drink". She includes, "warmth, coolness, joy, ability to socialise, release of sexual inhibitions" among the motivating factors. The National Institute on Drug Abuse (2014)[46] gives five reasons why adolescents consume psychoactive substances: "to fit in [with their social circle]; to feel good [to experience a sense of euphoria]; to feel better [alleviate depression]; to experiment [to discover new experiences]; to do better in a competitive society".

Many of the factors mentioned above, are implicit in some of the contemporary theories of addiction that have been discussed. For example, the Biopsychosocial Theory of Addiction would accommodate each one of these potentially motivating factors. What I propose is that there is one single motivating factor that people engage with when they develop an excessive appetite, which is their notion of happiness. In this section I will elaborate further on this and in doing so introduce two conceptions of happiness. The first is happiness as it was understood during the Classical Greek period. This conception of happiness is known as *eudaimonia*. The second is a modern-day notion of happiness. It is a

[46] A federal-government research institute of the United States.

modern-day notion of happiness, and not *eudaimonia,* that I believe is the motivating factor in addiction.

In the Classical period *eudaimonia* was a significant concept. Today it is loosely translated as happiness, but to be precise, it is more akin to well-being and living a flourishing life (Hursthouse and Pettigrove, 2016). Zeyl (1987), says that the Greek moral philosophers based their notions of a good life, a happy life, on the ethical choices a person made. The best choices are those that have the greatest claim to being identified with the happy (*eudaimōn*) life. It is the condition of the soul that determines the kind of life a person leads. The most worthwhile life is that which reflects the philosopher's account of the soul (Zeyl, 1987).

Eudaimonia is closely associated with the well-being of the soul. It is characterised by the distinction between contemporary notions of happiness, which for many people have no connection with the soul, and the Ancient Greek concept of *eudaimonia*, which has everything to do with the soul. The harmony that exists within the soul is key to understanding the Ancient Greek notion of *eudaimonia.*

Before I proceed further, I want to try and encapsulate the meaning of *eudaimonia* as it was understood in the Classical Greek period. *Eudaimonia* is not a word that readily translates to the English language. I have used the common translation of 'flourishing', but as Hursthouse points out " . . . animals and even plants can flourish, but *eudaimonia* is only possible for rational beings" (Hursthouse, 1999: 9). There is also a problem in using the word 'happiness' as it is understood today. In this sense, happiness is a subjective feeling for instance, "I

think I am happy, therefore I am happy". To understand *eudaimonia* is to move beyond this subjective notion of happiness.

As I shall explain shortly, in Greek thought it was important to fulfil life's proper function. In doing so the aim was to achieve *aretē*, translated as human excellence. If *aretē* was attained, the individual concerned was living a good worthwhile life; they were experiencing *eudaimonia,* they were *eudaimōn.* However, the obvious question remains, what precisely does a person have to do to achieve *aretē* and *eudaimonia.* The simple answer is that they have to develop the appropriate character. It was noted earlier that Aristotle has pointed out the character states to be avoided; vice, incontinence, and brutishness. To avoid vice and incontinence, it would be necessary to develop the character of a virtuous person and temperate person. The characteristic of virtue is to be found in *aretē*. When discussing *aretē* in general terms, Aristotle says " . . . the virtue of a human being too will be the state that makes a human being good and makes him perform his characteristic activity well" (1106a21-23). To achieve the appropriate character, is to learn from others, and as Aristotle says, it has to begin at an early age:

> For virtue of character is concerned with pleasures and pains; it is because of pleasure that we do bad actions, and pain that we abstain from noble ones. It is for this reason that we need to have been brought up in a particular way from our early days, as

> Plato[47] says, so we might find enjoyment or pain in the right things; for the right education is just this" (11045b11-16).

I suggest that in some circumstances it would be difficult to know what would be the right action to take. A reading of Hursthouse (1999) helps here. She says:

> Maybe we have to accept that there isn't anything that counts as knowing that a particular action is right; all there is, is feeling convinced that it is because it is in accordance with a certain rule one personally want to adhere to, or because it is what would be done by the sort of person one actually wants to be (Hursthouse, 1999: 33).

An example of the above may be that a person who admires the characteristic qualities that were portrayed by, Martin Luther King, Nelson Mandela, or Mother Teresa, might want to emulate these, and live their life accordingly. It does not have to be a high-profile individual. A person whose work ethic is admired may be such a role model. In the context of addiction, it might a member of Alcoholics Anonymous Fellowship, who has been in recovery for many years, and who provides such inspiration and is a role model to newcomers to the group. The point I am trying to make is that *eudaimonia* has to be worked at. The sources of inspiration may be close to home. To tap into these sources is to build a bank of excellent human characteristics. In other words, to move towards living

[47] This reference to Plato, in support of the claim Aristotle makes here, can be found in his dialogues, *Republic* 401e and *Laws* 653a-c.

a good and flourishing life, to become *eudaimōn*, and achieve *aretē.* What I have presented above, and earlier in the thesis, is a brief outline of *eudaimonia,* and shown how it is distinguished from modern-day notions of happiness. I now consider the concept in greater detail, and the relevance it has to addiction and addictive behaviour.

In the first sentence of Book I of the *Nicomachean Ethics*, Aristotle introduces the concept of what he believes to be the ultimate "good". He says:

> Every skill and every inquiry, and similarly every action and rational choice, is thought to aim at some good; and so the good has been aptly described at which everything aims (1094a1-3).

Later in the text Aristotle speaks of the "chief good", meaning a good that is worth having for its own sake, and not for the sake of something else (1097a30-42). He reveals that this chief good, the complete good, is happiness[48] (1097a-1097b). It is not an external good, nor a good of the body that brings true happiness, but a good of the soul (1098b19-22). To understand the characteristics of the chief good, Aristotle offers his theory of the function of a person, which I shall discuss in detail shortly.

As noted, for a person to be *eudaimōn* is the "equivalent to living well and acting well" (1095a22). It also means living this kind of life until death (1100a10-18). The commitment to living a life that has *eudaimonia* at its heart is important at all stages of life. As I suggested a moment ago, unlike modern notions of

[48] In the narrative, I am following the translation of the modern-day text which uses the word happiness and not *eudaimonia*. I think it can be assumed with some confidence that Aristotle is referring to *eudaimonia* when he speaks of happiness.

happiness, *eudaimonia* is not something that happens briefly , or simply fills in a moment in time. Bostock (2011), offers an example of the contrast between *eudaimonia* and a modern-day interpretation of happiness. He says that today people often talk of happiness as happening within a brief period: "I was happy when I got up, but even at breakfast I began to feel depressed" (Bostock, 2011: 11). I could include other examples of the kind I mentioned earlier, where among others, I cited transient events such as buying a new car, an imminent holiday. These events are not characteristic of *eudaimonia*.

Eudaimonia reflects success and achievement in every aspect of a person's life. For example, "a person cannot be *eudaimōn* in one part of life (say, living in a good partnership) and not *eudaimōn* in another (say, their job)" (Bostock, 2011: 11). In contrast to *eudaimonia*, Aristotle believes that for the "masses" happiness is something straightforward and obvious like pleasure, wealth or honour. He says the same person can give different accounts of happiness "when he is ill it is health, when he is poor it is wealth" (1095a24-28). I think that in modern-times most people would understand happiness in the way Aristotle describes it for the masses, rather than happiness as *eudaimonia.*

It is difficult to determine a precise modern-day notion of happiness, for it is likely to mean different things to different people. Crisp (2005), suggests that "there is a difference between the concept of happiness, and various conceptions of it" (Crisp, 2005 xi). Clearly, today's notion of happiness differs from those of the Classical period. However, no matter how rich and meaningful a concept *eudaimonia* may be, it cannot be said that it should be favoured over modern-day notions of happiness.

In the *Nicomachean Ethics*, Aristotle says that all people agree that the ultimate end [the purpose] of life is *eudaimonia* (1095a20-22). He reinforces the ideal of happiness later when he says:

> If there is anything that the gods give to men, it is reasonable that happiness should be god-given, especially since it is so much the best thing in the human world (1099b13-15).

I should be clear and say that in my view, people have the choice to follow whatever notion of happiness pleases them most. I think it is generally accepted that having an addiction is not a pleasant or positive state, it is a bad thing. It is unlikely that by choice, anyone would wish to live in an addicted condition. On the other hand, it may be that someone, of their own choosing, would be happier living such a life regardless of the consequences. The following example illustrates this point.

Peter Cook was a successful comedian. He died in 1995 from a gastrointestinal haemorrhage resulting from severe liver damage. His ex-wife said that Cook made it quite clear to her and his close associates, that despite being firmly convinced that alcohol would kill him, nothing was going to stop him from continuing to drink. His fellow comedian, John Cleese believed that Cook took the choice that he would rather live a shorter time and continue to drink (cited in Orford 2005: 13).

Cook had a choice, and as inconceivable as it may seem to some people, he chose to drink accepting that death was the likely outcome. Recall that Socrates tells us that no one freely go for bad things, or things they believe to be bad. He

says it is not in human nature to do this (*Protagoras*, 358d). Applying this reasoning, it can be assumed that Cook made the choice he believed was good for him, and he was happy to do so. Following this line of reasoning, Cook was not doing anything extraordinary in maintaining his addiction, despite what those around him may have thought. By embracing his own conception of happiness, he was behaving quite naturally. The point I am making through this example is to show that it was Cooks' personal conception of happiness that he was following. He made it his own, and in doing so he pursued what made him most happy, which was to continue with his excessive appetite for alcohol.

Cook was not pursuing *eudaimonia* as it would have been understood by the Classical Greek philosophers. He could not have possibly been, otherwise he would not have chosen to live in an addictive state. But no matter how perverse Cook's decision may have appeared to others, as I have said, he was pursuing his own conception of happiness.

Cook's is an extreme case, but it serves to illustrate the general point that I am trying to make. People, that is all people regardless of whether they have an addiction or not, follow their own idea of happiness. If that entails consuming psychoactive substances, or engaging in some other activity to excess, then so be it, it is their choice. There is no distinction between this, and other less risky activities insofar as a person's notion of happiness is concerned. Indeed, as noted earlier, there are some people who judge that consuming psychoactive substances for recreational purposes contributes to a "good and flourishing life" (Kennett, 2013: 158). I take no issue with this. However, it is possible that some of these

people [perhaps including Cook] are deceiving themselves and are mistaken in their beliefs[49] (Kennett 2013).

While conceptions of happiness may differ from one person to another, what is not in doubt is that if an addiction is to be brought under control there is only one notion of happiness to follow, which is the ancient Greek concept of *eudaimonia.* In Plato's dialogue, *Gorgias*, Socrates suggests that developing an excessive appetite is not conducive to achieving *eudaimonia*. He gives an insight into why he believes that indulging an appetite to excess is a bar to achieving *eudaimonia*. During a conversation with Callicles, Socrates' main protagonist in the dialogue, Callicles argues that to develop, and even encourage an excessive appetite, is not a problem. The happiest people, according to Callicles, are those who let their passions and desires grow unrestrained. He says such a person must do all they can to satisfy their appetites (491e-492a). Socrates takes issue with this and suggests that if people allow their appetites to become unrestrained, if they allow their passions to rule over reason and intellect, they will not experience *eudaimonia.*

As noted, the conception of happiness that Socrates and Aristotle held is very different from what most people today would consider as happiness. Nevertheless, as I suggest, there is no reason to believe that the notion of happiness that people conceive of today, is less valid for them as *eudaimonia* was for the Greeks in the Classical period. In other words, a modern-day notion of happiness, as different as it is in comparison to *eudaimonia,* is for some people

[49] The notion of mistaken belief within the context of addiction, is discussed in Chapter Seven (7.6).

today the chief good. It is what people pursue in their lives. As Aristotle has informed us, happiness is the best thing in the world and it is what people aim for in their lives. I suggest this is as true now as it was in Aristotle's time.

The puzzle is why do some people think that something that is generally accepted as a bad thing, being an excessive appetite, will bring them happiness. To understand this there is a need to recall Socrates' theory that people do not consciously go for bad things. Adopting Socrates' line of reasoning, the person who engages in excessive behaviours is not doing so wittingly. Recall Socrates argument in *Protagoras*, where he speaks of the power of appearance, and how it fools people into making bad choices over the good. I suggest this is precisely what happens when people consume psychoactive substances, or engage in other activities to excess. They are doing so having been fooled by the power of appearance. The power of appearance has set them on this course of action. If Aristotle's theory that people will always do things in life, whatever that may be to bring them happiness, then I would argue that the purpose for engaging in excess in first instance can be identified; it is to experience happiness. It is this line of reasoning that I believe supports my proposal that the pursuit of happiness is the motivating factor in addiction.

In the following section, I consider the topic I mentioned a moment ago, which is Aristotle's function of a person. This will help us further understand what it means to lead a good life and achieve happiness.

6.6 The function of a person

To better understand what it means to lead a good life, Aristotle's 'function argument' as it is known, is a good place to start. He believes that for all things that have a function, the good and the well, reside in that function:

> But perhaps saying that happiness is the chief good sounds rather platitudinous, and one might want its nature to be specified still more clearly. It is possible that we might achieve that if we grasp the characteristic activity of a human being. For just as the good – the doing well – of a flute player, a sculptor or any practitioner of a skill, or generally whatever has some characteristic activity or action, is thought to lie in its characteristic activity, so the same would seem true of a human being, if indeed he has a characteristic activity

He goes on to say:

> Well do the carpenter and tanner have characteristic activities and actions, and a human being none? Has nature left him without a characteristic activity to perform? Or, as there seem to be characteristic activities of the eye, the hand, the foot, and generally each part of the body, should one assume that a human being has some characteristic activity over and above all these? (1097b).

What Aristotle is suggesting is that if we have expectations of happiness being the chief good for a person, we first need to establish just what it means to be a person. In other words, what are the characteristics of a person, what is a

person's function? If the answers to this question is unknown, it would present an opportunity for a character like Callicles, to argue that there is nothing to suggest that the function of a person, does not include indulging their appetites to excess. If this was the case, then the development of an excessive appetite for psychoactive substances, or whatever, would not necessarily be a bad thing. To determine whether this is so, is a further reason to inquire into Aristotle's conception of a person.

For the Ancient Greeks, fulfilling a proper function in life was to aim at achieving human excellence or *aretē* (Adkins, 1960). If a person succeeded in achieving *aretē* it meant that they were fulfilling their proper function in life. They flourished, experienced well-being, and were *eudaimōn*; they were truly happy. Adkins (1960: 31) suggests that " . . . *aretē* was the most powerful word of commendation used of a person". It implies the possession by anyone to whom " . . . it applies of all the qualities most highly valued at any time by Greek society". Taylor (1976) says that in Homeric[50] society the emphasis of *aretē* was placed on an individual's prowess in warfare, whilst in fifth century Greece the emphasis shifted to social attributes, such as fair dealing, and importantly, self-restraint.

In *The Republic*, Socrates argues that a person needs justice to perform their particular function and so achieve happiness. His theory is that each thing has a function. He asks his interlocutor a simple question:

> So, tell me do you think a horse has a function? . . . And would you define the function of a horse, or of anything else, as

[50] The Homeric era was around 1200BC.

> something one can only do, or does best, with the thing in question? (352d).

He builds his argument further by citing the functionality and excellence of the eyes, the ears, and several working implements, for example, a knife. He establishes that whatever the thing may be its characteristic excellence (*aretē*) enables it to perform its function well, while its characteristic defect makes it perform it badly (353c-d). Socrates gives the soul prominence in considering the argument of a person's function. He claims it is impossible for a person to perform any function without the use of the soul. He provides such examples as, paying attention, controlling, deliberating, and so on. The soul has it "peculiar excellence" and if it is deprived of this excellence it will not perform its function well; a good soul will perform the functions of control and attention well, a bad soul badly (353d). He then goes on to pose the question, "[A]nd what about life? Is not that a function of the soul?" A good soul, an excellent soul, allows a person to live a good and flourishing life, while a bad soul does the opposite (353e).

Aristotle, mirrors Socrates' argument in the *Nicomachean Ethics*, where he suggests that from a thing's function we can determine if something is performing well or not (1098a10-18). He provides the example of what might be expected of a lyre player. The characteristic activity of the lyre player is to play the lyre, but the characteristic activity of the "good" lyre player is to play it well (1098a13-17). Doing something well is equivalent to doing it in accord with the excellence or virtue that one might expect. In Aristotle's example of the superior lyre player, their superiority lies in the fact that they have taken their lyre playing to a higher

level. The lyre player demonstrates excellence in their playing that takes them beyond the capabilities of other lyre players.

Aristotle applies this reasoning to the living of a good life for a human being. In the *Nicomachean Ethics*, he provides the definition of the characteristic (the function) of a human being as being a certain kind of life:

> and if we take this kind of life to be activity of the soul and actions in accordance with reason, and the characteristic activity of the good person to be to carry this out well and nobly, and a characteristic activity to be accomplished well when it is accomplished in accordance with the appropriate virtue; then if this is so, the human good turns out to be activity of the soul in accordance with virtue, and if there are several virtues, in accordance with the best and most complete (1098a17-25)

There is a need to tread carefully when defining the function of a person, and suggesting how a life should be led. People lead lives of their own choosing. If this means developing an excessive appetite that ultimately ends in illness and premature death, then so be it. To prescribe an all-encompassing, catch-all definition of how a person should live their life is difficult, if not impossible. However, if an excessive appetite, with all its potential to do harm is to be avoided or curtailed, it appears that a life which has *eudaimonia* as its goal, and is lived in accord with Aristotle's function of a person, it is the kind of life that is most worth living. As I have suggested, if a person was *eudaimōn* throughout their life, they

would never succumb to developing an excessive appetite. *Eudaimonia* and an excessive appetite are mutually exclusive.

To bring this section to a close I want to consider how significant *eudaimonia* and the care of the soul is for a people recovering from an excessive appetite. I shall use the example of recovery from an excessive appetite for alcohol. In the vocabulary of addiction there is the slang term "dry drunk" (Mooney *et al.,* 1992: 161, 164). What the term is meant to describe, is someone who has abstained from drinking, and yet still behaves emotionally and psychologically as if they had not done so; they are still ". . . as brittle as tinder and inexplicably worse than before" (Bennett, 2011). The individual being described is living a life that is as miserable as it was before they abstained from drinking. In my view, the reason for this kind of behaviour is that while the drink may be removed from the body, the soul remains damaged; it has not recovered from experiencing the excessive appetite. The soul can only be repaired if it is cared for, and only if it is cared for in a way that is underpinned by *eudaimonia*, and the pursuit of *aretē.* Modern-day notions of happiness will not, in my view, repair a damaged soul. Recovery from addiction should be life enhancing. Adopting a way of life that has *eudemonia* and *aretē* as its goal is a sure way of achieving this aim.

I now want to turn to a matter that I suggest is not commonly considered within the context of addiction. It is the idea of mistaken belief. The decision to consume illicit substances may be taken for a multitude of reasons (*Alcoholics Anonymous*, 2001). Whatever the reason may be, common experience suggests that it is not a good idea to consume psychoactive substances to excess. However, an individual may hold a contrary belief and see no reason why such substances

should not be taken in this way. For some people however, their belief may prove to be a mistake. This is a particularly relevant point when it is considered within the context of my theory, that the pursuit of happiness is the motivating factor in the development of an excessive appetite.

6.7 Mistaken belief and addiction

Socrates' theory of how a person can hold a mistaken belief has a bearing on an understanding of addictive behaviour. Before this theory is considered, the following are illustrations of mistaken belief. They involve two high profile individuals, including one who I have mentioned previously. Both men subsequently became addicted to psychoactive substances. They mistakenly believed that the substances they were consuming would increase their happiness. One of them also thought it would raise his intellect. The first is Bill Wilson. In telling his story he describes how his addiction brought him close to death. He believed his wife would soon be "handing him over to the undertaker" (*Alcoholics Anonymous,* 2001: 7). These sentiments contrast starkly with Wilson's initial feelings when he first discovered the "joy and happiness" that drink brought him when he was attending a friend's party (Wilson 2005: 56).

The second example concerns Thomas De Quincey, an English essayist who wrote of his addiction to opium. In his autobiography, *Confessions of an English Opium Eater*, which was published in 1821, De Quincey tells of the pleasures of consuming opium. He speaks dismissively of alcohol, but generously of opium:

> Here was a panacea, for all human woes; here was the secret of happiness, about which philosophers had disputed for so many

> ages, at once discovered, happiness might now be bought or a penny, and carried away in a waistcoat pocket; portable ecstasies might be had corked up in a pint-bottle; and peace of mind could be sent down by mail (De Quincey 2009: 141-142).

After many years of addiction and suffering ill health, De Quincey changed his view about the benefits of opium. He later wrote the following, which I think is worth quoting in full:

> I had become awestruck at the approach of sleep, under the condition of visions so afflicting, and so intensely life-like as those which persecuted my phantom-haunted brain. More and more also I felt violent palpitations in some internal region, such as are commonly, but erroneously, called palpitations of the heart - being, as I suppose, referable exclusively to derangements in the stomach. These were evidently increasing rapidly in frequency and strength. Naturally, therefore, on considering how important my life had become to others besides myself, I became alarmed and I paused seasonably; but with difficulty that is past all descriptions. Either way it seemed as though death had, in military language. 'thrown himself astride of my path'. Nothing short of mortal anguish, in a physical sense, it seemed, to wean myself from opium; yet, on the other hand, death through overwhelming nervous terrors – death from brain fever or by lunacy – seemed too certainly to besiege the

> alternative course. Fortunately, I had still so much firmness left as to face that choice, which, with most of instant suffering, showed in the far distance a possibility of final escape (De Quincey, 2009: 105).

What De Quincey describes, vividly illustrates the agony he experienced when he was in the throes of his addiction. Both he and Wilson were motivated to take their drug of choice in the mistaken belief that through these substances they would find happiness. Or to be precise, their conception of happiness. Their behaviour was not initially akratic, for they did not believe at the outset that they were making bad choices. They suffered no inner conflict at the time they made their decisions, for they willingly chose to consume their drugs of choice. However, when feeding the excessive appetite became the daily norm, and illness and social isolation followed, the situation changed dramatically. Both men altered their views on the benefits of consuming alcohol and opium; they became unwilling addicts. Their souls had been reduced to a disordered state. What began as mistaken belief subsequently developed into akratic behaviour. Their akratic behaviour sustained the addiction.

Socrates allows for mistaken belief. In Plato's dialogue, *Meno*, the following exchange takes place:

> MENO: There are people who think that bad things do them good, and then there are others who recognise that they do them harm.

> SOCRATES: Do you also think that people who think that bad things do them good are recognising the bad things as bad?
>
> MENO: No, I don't think *that*.
>
> SOCRATES: Obviously, then, in these cases, when people don't recognise something as bad, it's not that they're desiring something bad; they desire what they take to be good, even though in actual fact it's bad. And this means that people who fail to recognise something bad as bad, and take it to be good, are obviously desiring something good, aren't they? (77d).

Socrates' theory of mistaken belief is pertinent within the context of addiction. As noted previously in Chapter Three, Socrates says in Plato's *Protagoras*, that people do not go for bad things wittingly. He does not make any exceptions to this rule. In other words, he does not specify a particular group of people, or a specific activity that is exempt from this line of reasoning. If Socrates' theory is accepted, then it follows that those who have developed an excessive appetite for psychoactive substances, are no different than other people in this respect. Returning to the examples of Wilson and De Quincey, these two held the mistaken belief that their substances of choice would be good for them and not bad. It was only through experience that their decision proved to be bad. However, this was not the belief they held at the outset.

If it is accepted that people may be mistaken in their beliefs about the value of the psychoactive active substances they consume, or other addictive activities that they may engage in, then there is no contradiction between the common experience of addiction, and the notion that no one does bad things wittingly. It is

not difficult to understand how these people may be mistaken in their view of addiction. This is so, especially when it is appreciated that self-deception and denial, are common features of addictive behaviour. They contribute in no small way to the mistaken belief that an addicted person holds. Both represent obstacles to self-knowledge by disrupting the motivation for change. In short, self-deception and denial, which are discussed further in Chapter Seven (s.7.4), encourage mistaken belief. Socrates' thesis that no one does bad things wittingly seems less implausible within the context of addiction when mistaken belief is accounted for. The remaining sections of this chapter are concerned with the healing of the disordered soul, beginning with Socrates notion of holistic health care.

6.8 Socrates' holistic care for body and soul

In this section, I will explain how Socrates' approach to healing an unhealthy soul and body bears resemblance to modern-day holistic medicine. Holistic medicine today emphasises the need for the practitioner to consider a whole range of topics that are associated with the well-being of the patient (British Holistic Medical Association, 2018; Henderson, 2014). These may include a person's environmental circumstances, their psychological, emotional, social, and spiritual states. Holistic medicine considers the whole person and not just their bodily ailments (Henderson, 2014). Socrates' idea of holistic treatment was much narrower in its application than the practice of holistic medicine is today. Nevertheless, the beginnings of a holistic form of medicine is clear to see in Socrates' approach to health care. It is commonly believed in modern-times, that care for body and mind forms part of a sensible health regime should a person wish

to be healthy.[51] The eponymous Timaeus, in Plato's dialogue, has much to say about the health of body and soul. He champions the need for physical and intellectual exercise. For example, he suggests that "intense study and research" without the balance of physical exercise is bad for the body. On the other hand, too much exercise without pause for intellectual nourishment will damage the soul. It will make the soul "dull, slow to learn, and forgetful" and "bring about the worst of diseases, which is ignorance" (87e-88a). Timaeus suggests that the safeguard against these dangers is to exercise both body and soul, thus preserving an equal and healthy balance between them (88b):

> So, anyone engaged in mathematics or any other strenuous intellectual pursuit should also exercise his body and take part in physical training; while the man who devotes himself to physical fitness must correspondingly provide due motions for the soul by applying himself to the arts and all manner of philosophy. Only so can either rightly be called at once 'beautiful and good' (88c).

Plato recognises the importance of paying equal attention to a person's physical and intellectual needs. His concern is with treating the whole person both physically and psychologically. In his dialogue *Laws*, one of the interlocutors, the Athenian, asks "[B]ut suppose a physician who has the task of treating a whole body is willing and able to give his attention to the large masses but neglects the

[51] There are numerous pages on the internet advising how a person can keep body and mind fit. An example is, Open Education Database: 100 Ways To Keep Your Mind Healthy And Fit (undated).

minor members and parts. Will his whole subject ever be in good condition?" (902d). The rest of the party agree with the Athenian when he says that if this method of treatment was followed, the physician would not be successful. To emphasise the point, they agree with him that "even the hedger will tell you that the large stones will not lie well without the small" (902d-e).

We see a similar care for body and soul reflected in another of Plato's dialogues, *Charmides*. The part of the narrative that is of interest begins when the young Charmides is introduced to Socrates. Charmides complains that he is suffering from a headache and turns to Socrates for a cure. Socrates has the remedy, which consists of the application of a certain herb and a "charm" to go with it (156d-157c). In the following section I address the notion of the "charm" in some detail. Socrates goes on to explain to Charmides how "good doctors"[52] set about treating the whole person:

> You have probably heard this about good doctors, that if you go to them with a pain in the eyes, they are likely to say that they cannot undertake to cure the eyes by themselves, but that it will be necessary to treat the head at the same time if things are to go well with the eyes. And again, it would be very foolish to suppose that one could ever treat the head by itself without treating the whole body. In keeping with this principle, they plan

[52] The "good healers" is most likely a reference to Hippocrates who founded a more scientific approach to medicine. Socrates mentions Hippocrates in this context at 270c in Plato's dialogue, *Phaedrus* (Lee, 2005: 146).

> a regime for the whole body with the idea of treating and curing the part along with the whole (156b-c).

Socrates tells Charmides that his knowledge of such things had been strengthened while he was serving in the army (156d). A Thracian healer, a priest, emphasised the care of the soul in the treatment of the body. This is a key step in the care of the body and the soul. The healer tells Socrates:

> just as one should not attempt to cure the eyes apart from the head, nor the head apart from the body, so one should not attempt to cure the body apart from the soul (156e).

The Thracian healer laments the fact that the practice of treating the body without treating the soul is widespread [in Athens]:

> It is for this very reason [failing to treat the whole body] why most diseases are beyond Greek doctors, that they do not pay attention to the whole as they ought to do, since if the whole is not in good condition, it impossible that the parts should be (156e3-6).

There are parallels to be drawn between what is being described here, and many present-day practices which treat the addicted person. Advances in medical science allows for the treatment of excessive appetites by attending to the body. It is not only truth and wisdom that are compromised when irrational appetites rule the soul, so too is bodily health. This can be seen in a person who has for example, developed an excessive appetite for psychoactive substances. Cirrhosis

of the liver, heart disease, stroke, certain cancers, and chronic pancreatitis, are common illnesses associated with the excessive consumption of alcohol (NHS Choices, 2015). These illnesses can be treated by medical means, but treating an unhealthy soul is a different matter. If the soul is not treated there remains the possibility of a relapse into the addictive behaviour that caused the illness in the first place. This can have detrimental consequences for the recovery of the patient.

A well-publicised case in 2003 (Shaik and Booth, 2003), highlights the problems that Socrates raises when the body is treated but not the soul. George Best was a former high-profile professional footballer. Over many years he had developed an excessive appetite for alcohol. He subsequently suffered cirrhosis of the liver. In 2002 he underwent surgery for a liver transplant; the procedure was a success. A year later, and having undergone surgery to replace stomach implants designed to help him curtail his drinking, it was reported that Best was drinking heavily, despite being warned by doctors that he could become seriously ill or die if he started drinking again (Shaik and Booth, 2003). Best died in 2005, from kidney and lung infections (Oliver, 2005). I think there can be little doubt, as reported at the time in the media, that Best's death was linked to his excessive consumption of alcohol (Oliver, 2005).

My purpose in citing the above example is to underline Socrates' notion that the soul must be cared for as well as the body. Best ignored his doctor's medical advice and carried on drinking despite the dangers he faced. His body had been repaired, but his soul was in the same disordered condition as it was before he had received treatment. Recall Socrates, in Plato's dialogue *The Defence of Socrates*, beseeching those who would listen to care for their souls above their bodies (30b).

Of course, Best's physical needs had to be attended to, but I would argue that it was his disordered soul that also contributed significantly to his untimely death.

There is a wide range of medical interventions that claim to treat addictive behaviours. For example, people who have developed an excessive appetite for food have the opportunity of undergoing surgery. Following this procedure, which may be the fitting of a gastric band, the body absorbs fewer calories and unwanted weight is lost. Adjustable gastric banding (AGB) as it is known, is said to becoming the most popular bariatric operation performed in the United States, and Canada (Snyder *et al.* 2010). It is provided free of charge for some people through the National Health Service (NHS Choices, 2017).

People with an excessive appetite for alcohol have the opportunity of taking medication to deter them from drinking. If they do drink, the effect is one of having an immediate and intense hangover that may last for several hours (NHS Choices, 2015). E-cigarettes or electronic cigarettes have been introduced recently as an alternative to smoking tobacco (NHS Choices, 2016). While some of the negative health consequences of smoking may have been eliminated by e-cigarettes, they still contain nicotine which is the psychoactive substance that people who smoke crave.

Another treatment for addiction, for the few who receive it, is a stay in a residential rehabilitation centre.[53] The long-term success of these centres is

[53] Residential rehabilitation supported by the National Health Service accounts for 2% of people in treatment. The average stay in such centres is thirteen weeks. (National Treatment Agency for Substance Misuse. 2012: 3). The number of those receiving private treatment via commercial rehabilitation centres is unknown.

difficult to establish due to a lack of audited statistics.[54] In 1983, George Vaillant, a researcher in the field of addiction and co-director of an alcohol treatment clinic in the United States, set about trying to prove the efficacy of his rehabilitation programme (Vaillant, 1983). He compared the success rate of his programme against the success rate of those who did not undergo a recognised treatment plan. Over an eight-year period he tracked one hundred patients who had been treated at his clinic. This sample was contrasted with three other research programmes of equal duration where no formal treatment had been offered to people who had developed an addiction to alcohol. Much to his surprise, and disappointment, Vaillant discovered that those who had received treatment at his clinic fared no better in the long term than those who had received no treatment. In addition, there was little difference between the relapse and death rates from both sets of studies. This led Vaillant to the conclusion:

> that there is no compelling evidence to indicate that any brief clinical intervention permanently alters the course of alcoholism, or that it is any more successful than natural recovery from addiction Vaillant (1983: 281-293).

None of the above treatments, including Vaillant's, mentions giving care and attention to the soul. I suggest that achieving recovery from addiction means more than drawing a veil over its physical manifestations, vis-à-vis medical intervention.

[54] In 2012, The National Treatment Agency for Substance Abuse of the National Health Service, produced a report that outlined the difficulties of achieving a consistent approach amongst those who provide residential rehabilitation services for addicts. While the report refers to people suffering from addictions overcoming their addiction, it gives no further detail or any evidence to substantiate this claim.

If the soul is not brought to order the addiction will continue. If it is accepted what the Classical philosophers say, then achieving recovery from an excessive appetite is about caring for the soul. Success can only be acquired by working hard and long at developing a good soul. As I noted earlier in *The Republic,* Socrates quotes Hesiod[55] in this regard:

> Evil can men attain easily and in companies: the road is smooth and her dwelling near. But the gods have decreed much sweat before a man reaches virtue and a road that is long and hard and steep (364d).

As noted, in some instances medical science can manipulate the body's senses with relative ease. Body weight can be reduced through bariatric surgery, drinkers can be deterred from drinking by taking medication, and smokers can indulge their appetite for nicotine with reduced risk. When medical science is brought to bear under these circumstances the body is deceived, but as I have shown, the soul has not been fooled. As noted earlier, it is the soul that moves a person into action and not the body. It is the addicted person's irrational and appetitive part of the soul that encourages the addiction and not the body. The soul is the prime mover in these instances. It is within the soul where the control of an excessive appetite lies and not the body. To bypass the soul by manipulating the senses of the body is to repeat the same fundamental error that Socrates says some Greek doctors were guilty of.

[55] A Greek poet who was active between750 and 650 BC.

Recalling Hesiod's statement, it must not be thought that attaining recovery from addiction is easy. Interpreting what Hesiod and Socrates say, the healing of a disordered soul is not a passive process. It takes hard work and there is no guarantee that the destination, meaning reaching the goal of recovery, will be achieved. In the next section, I consider Socrates' treatment of the unhealthy soul and his use of the "charms".

6.9 Socrates' healing of the unhealthy soul: the "charms"

In this section, I consider how Socrates determined that an unhealthy soul should be treated. As I have explained, he did not believe that the body could be treated separately from the soul. As mentioned, Socrates promoted a regime of health care that he adopted from a Thracian healer. This holistic approach was innovative at the time, and as Socrates says, many Greek physicians failed to recognise its benefits. Consequently, treatments that only addressed bodily symptoms often failed (*Charmides*,156e).

In Plato's dialogues where Socrates speaks of health care, Socrates does not dismiss the worth of medical attention that must be given to an unhealthy body. In the example taken from Plato's dialogue *Charmides*, Socrates tells the young Charmides that the remedy for the cure of the headache he complains of is through the application of some medication, a herb, ("leaf"). However, he quickly adds that the leaf is useless unless it is accompanied by a certain "charm" or conjuration (*epôdê*) (155e). It is the charm that heals the soul, and as the Thracian healer has told Socrates:

> the soul is the source both of bodily health and bodily disease for the whole man, and these flow from the soul in the same way that the eyes are affected by the head. So, it is necessary first and foremost to cure the soul if the parts of the head and of the rest of the body are to be healthy. 'And the soul', he said, 'my dear friend, is cured by means of certain charms, and these charms consist of beautiful words. It is as a result of such words that temperance arises in the soul (156e-157a).

So, the soul is cured by means of "certain charms" and these charms consist of "beautiful words" and from these words temperance arises in the soul. When the "soul acquires and possesses temperance it is easy to provide health both for the head and the rest of the body" (157a). Entralgo (1970: 109) tells us that the word charm or *epode* and those related to it, appear throughout the Platonic corpus on fifty-two occasions. It can be found in *Charmides, Gorgias, Meno, Euthydemus, Symposium, Phaedo, the Republic, Phaedrus, Theaetetus, and the Laws*, (Entralgo, 1970: 109).

The charm was clearly an important concept in the philosophy of Plato. Despite its prominence in his dialogues, Entralgo says that Plato's treatment of the charms has received limited attention from modern philosophers (Entralgo, 1970: 108). The ancient Greeks had been practising 'magical' charms based on superstition, since prehistoric times (Entralgo, 1970). There is a distinction between the charms that Socrates practised and the magical charms. The former purifies a person's soul. It is used in a positive sense which helps the individual concerned achieve self-control (*Charmides,* 157e). In Plato's dialogue *Theaetetus,*

Socrates tells us that midwives sooth the pains of childbirth by the recitation of such charms (149d). These charms were incanted in good faith and in the honest belief that they would help the patient. They are the kind of charms advocated by Plato.

The other charms, the magical charms, are used in a negative way. People who used the charms in this way cheated people out of their money in return for absolution of any sins that they or their ancestors may have committed. For a fee they would also use the magical charms to "harm one's enemies" (*Republic*: 364b-d). Such people were deceivers who were destined to be imprisoned or condemned to death for sorcery (*Laws*: 933d-e). Plato found the use of these kind of charms reprehensible. These are not the charms that I shall be focussing on for they are not Platonic charms.

It is the therapeutic charm, which is the charm that Socrates employed that is of greater interest. It is this charm that leads Entralgo to conclude that "beyond the shadow of a doubt Plato [was] the inventor of a rigorously technical verbal psychotherapy" (Entralgo, 1970, 126). To support this claim, Entralgo suggests that the charm is transformed by Plato from its earliest magical meaning, into a therapeutic tool on attaining the status of a beautiful speech. This is the point at which the charm becomes "philosophically acceptable and medically effective" (Entralgo, 1970: 123). In Plato's dialogue *Phaedrus* (271c-272b), Socrates lays down certain precepts that the good orator will follow when treating the soul. These precepts cannot fail to be valid in the case of the "physician-orator", especially when the connection between oratory and medicine is made explicit by Socrates earlier in the dialogue at 270b (Entralgo, 1970: 123).

For the soul to be treated in a way that will benefit the individual, the orator must possess certain skills and know how to apply them (272b). For their part, the individual concerned must agree to the treatment (*Charmides*, 157b, 157c, 176b). This suggests that no one can be forced into accepting therapeutic interventions. A similar point was made earlier when I gave an example of criminal courts in the UK imposing Drug Rehabilitation Orders. This sentence is only allowed if the defendant accepts the order and agrees to undergo rehabilitative treatment. Returning to the passage in *Phaedrus,* the orator must have the skill and knowledge to determine the kind of intervention that is required for the individual (271d-272b). The skills employed recognise that different people have different needs. In addition, the orator must keenly watch and read the responses given so that the correct approach for treatment may be offered and carefully monitored (272a). Furthermore, the orator must understand the needs of the individual's soul in order that the appropriate words may be applied (271c-d). The orator must practice their art and understand the correct arguments that must be applied. These must be applied in a certain fashion to persuade the individual of "so-and-so and the orator must also know when to keep quiet" (272a).

What I take from the above is that the beautiful speech or *logos kalos* of the orator or orator-physician, will have its greatest therapeutic effect when the needs of the individual are recognised and allowed for. When the orator understands that people are different and have different issues to address, and when the orator is trained and competent to recognise this. When the orator knows when to speak and keep quiet, and when they understand the nature of the type of person they are trying to help. This is what I take from the discussion of Plato's charms. I do not

think that the aim of the orator and the therapeutic charms used over two and half thousand years ago, is dissimilar to the aims of modern-day therapists, and the talking therapies they employ.

6.10 Modern-day talking therapies

Kenny writes that "the concept of mental health was Plato's invention" (Kenny, 1973:1). It is Plato's treatment of the tripartite soul that allows Kenny to make this claim. As I have explained in previous chapters, it is Plato's moral psychology that permits us to see the conflict that occurs within the soul when its parts are in a state of disorder. Mental illness can be viewed as a disturbance between these parts (Kenny, 1973). As noted, the therapeutic use of the word was an important concept for Plato. Entralgo's comment that Plato was the inventor of a rigorous technical verbal psychotherapy, and Kenny's remark that the concept of mental health was Plato's invention, suggests that the recognition and treatment of emotional and psychological disorders, have their roots in Classical antiquity. What can be taken from this is that there are parallels to be drawn between Socrates' notion of the charms and modern-day talking therapies.

The UK Government is committed to allocating significant financial resources to support a limited range of talking therapies "despite a recovery rate of only around 15% of all referrals" (Callan and Fry, 2012: 4). The same researchers claim that recovery rates would increase if the many forms of talking therapies awaiting approval by the regulating body, The National Institute of Health and Clinical Excellence, were to become available (Callan and Fry, 2012: 4).

The Mental Health Foundation suggests that talking therapies can help people who are feeling distressed by "difficult events in their lives, as well as those

with mental health problems" (Mental Health Foundation, 2017). The Mental Health Foundation promotes a range of talking therapies. They recommend that people seeking help by way of a talking therapy, do so through practitioner's who are properly qualified in this area of work. These include: psychotherapists; counsellors; psychiatrists; psychologists; and other health care professionals (Mental Health Foundation, 2017).

The therapies employed give people the opportunity to explore their thoughts and negative feelings. They are aimed at understanding the way they think and behave, and in doing so it allows them to make the necessary changes to pursue a better way of life. There are numerous modern-day talking therapies. I shall consider a few of them and from this an overall picture of talking therapies should emerge. The examples of talking therapies presented are taken from the Mental Health Foundation report of 2017.

The type of talking therapy used depends on the kind of problems the individual presents. This is recognised by the National Institute for Health and Clinical Excellence (NICE), which supports the use of talking therapies (NICE Guidelines, 2007; Cited in Mental Health Foundation Report, 2017). For example, NICE suggests that Cognitive Behavioural Therapy (CBT) is especially useful for a range of problems which include depression, anxiety, obsessive compulsive disorder, managing long-term illnesses, eating disorders, post-traumatic stress and schizophrenia. In addition to meditation, many of the methods used in CBT can be found in Dialectic Behaviour Therapy (DBT). This therapy is particularly helpful when dealing with clients who have eating or personality disorders (Mental Health Foundation, 2017).

In helping people who have developed an excessive appetite come to terms with their problem, personality and early life experiences are explored by way of Psychodynamic Therapy. This type of therapy also considers how current thoughts, feelings, relationships, and behaviour have been influenced by past experiences. The suggestion is that once a person understands these personal traits, a more helpful way of dealing with them will be discovered. In a similar way, Humanistic Therapy also addresses addictive behaviour and other problems, such as anxiety and depression. It accounts for the individual's relationship with their body, mind, emotions, behaviour and their spiritual welfare. It also enquires into the way in which family, friends, society or culture, can help the individual grow and live a full life (Mental Health Foundation, 2017).

The therapeutic use of words may be employed by non-professionals. For example, self-help groups such as Alcoholics Anonymous, Gamblers Anonymous, and Narcotics Anonymous, are not managed by experts or professionals in the field of addiction. It is a principle of AA that no professional counselling is permitted at their meetings (Alcoholics Anonymous, 2001: xix). The 'anonymous groups' are made up of people who have developed an excessive appetite for psychoactive substances, or an excessive appetite for non-substance related activities. They share their common experiences at meetings, with a view to helping their cohorts and themselves achieve recovery from addiction. It is through the spoken word that the group finds encouragement and the courage to change their ways. The Alcoholics Anonymous Book (2001) contains many stories of men and women who have found recovery through AA meetings. It is clear from a reading of their stories

that their recovery has rested heavily on listening to others in the same situation speaking of their experiences.

There is a particular talking therapy that I would like to discuss in some detail. It is Motivational Interviewing (MI). I want to use MI as an exemplar of modern-day talking therapies, and consider the connection between this kind of therapy and the Socratic charms. The originators of MI, Miller and Rollnick, offer three definitions of the therapy. The first, which they suggest is a layperson's definition states that MI is:

> . . . a collaborative conversation style for strengthening a person's own motivation and commitment to change (Miller and Rollnick, 2013: 12).

This definition encapsulates the spirit of Rogers' (1962) patient centred-therapy, where the therapist does not attempt to lead the client in a specific direction, and where complete support is shown for the client without casting any judgement (Cherry, 2017). Rogers' humanistic therapy is predicated on the autonomy of the individual to experience "complete freedom to choose" (Rogers, 1962: 93). Miller and Rollnick set out eleven principles that reflect this approach. They may be briefly summarised:

1. The services of the practitioners of MI exist to benefit the people being supported and not vice versa,
2. Change means self-change,
3. People are the experts on themselves,

4. The practitioner does not have to make change happen. The truth is it cannot be done without the help of the client,

5. The practitioner does not have to come up with all the ideas. Most of them are held by the person concerned,

6. People have their own strengths that can be called upon,

7. Change requires a partnership a collaboration,

8. It is vital to understand the person's own perspective on the situation,

9. Achieving change is not about winning for practitioner,

10. Motivation for change is not installed. It is already there is simply needs bringing to the fore,

11. It should be understood that people make their own decisions about what they will and will not do.

I highlight this final point which emphasises that a person's choice of behaviour is their own. This principle leads to the second definition of MI which Miller and Rollnick refer to as the practitioner's definition:

> Motivational Interviewing is a person-centred counselling style for addressing the common problem of ambivalence about change (Miller and Rollnick, 2013: 29).

Miller and Rollnick call the third definition of MI the technical definition. This definition refers to MI as being a goal-oriented style of communication with special attention given to the language of change, designed to strengthen personal motivation. All of which is undertaken in an atmosphere of acceptance and compassion (Miller and Rollnick, 2013: 29).

From these three definitions parallels can be seen between Socrates' use of the charms and MI. For example, MI is characterised as a collaborative conversation style of bringing about change. As noted, Socrates' use of the charms follows this collaborative line of thinking. In the *Charmides,* he makes it clear to Charmides that he must have his consent before applying the charm (157b, 157c, 176b). The success or otherwise of the charm rests on a collaboration between the two of them.

In the second definition of MI, the issue of ambivalence to change is raised. As I have explained, Socrates spent his life addressing the ambivalence of those around him. Miller and Rollnick are clear on the way in which MI approaches ambivalence. It is achieved through methods of guiding, not directing (Miller and Rollnick, 2013: 12-13). The emphasis of the autonomy of the individual in MI is acknowledged. As noted, Socrates and Aristotle both set great store on the autonomy and responsibility of the individual.

In MI, silence is recognised as an important tool for the therapist (Miller and Rollnick, 2013: 265). In *Phaedrus,* Socrates suggests that for the benefit of the hearer, the orator must understand when to speak and when to keep quiet (272e). In all the professional talking therapies, the therapist is trained to carry out these practices. Socrates recognises the importance of training in this area of oratory in *Phaedrus* (272e). The training and competence of therapist is also recognised to be of great significance today. Results of a study undertaken by Crits-Christopher, *et al.* (2009) reveals that the skill and personality of the therapist is actually more important than the type of therapeutic intervention offered. A key finding of the research supports this:

> therapists differ perhaps in skill levels, interpersonal styles, abilities to learn and implement alliance-fostering techniques, or to identify and repair alliance ruptures, differences which mean they tend to form relatively good or poor relationships with their patients, in turn affecting whether they make the desired changes in their lives (Crits-Christopher *et al.* 2009: 1125.).

While Socrates did not express himself in this way regarding the skill base of the therapist, I feel sure that having noted his concern regarding the training of the orator of the charms, he would have endorsed the sentiment expressed above. I acknowledge that the approach of Socrates in practising the charms, contrasts markedly from his better known elenctic method of discourse, where he considers himself a 'gadfly'.[56] Miller and Rollnick, and others who support MI, are unlikely to think of practioners of MI as "gadflies", stinging their clients into changing their behaviour.

In my opinion, what Socrates' use of the charms, and his empathetic approach to communicating with others who are experiencing inner conflict shows, is his complete understanding of the fragility of people and the problems they experience. I think it is no exaggeration to suggest that the talking therapies as they are understood today, owe a great deal to Socrates' therapeutic use words.

One final matter to consider in this section is the need and worth of talking therapies. According to NHS England (Undated) over 900,000 people each year,

[56] In Plato's dialogue the Defence of Socrates [The *Apology*] at 30e, Socrates describes himself as a gadfly, goading those around him to awake from their indolence and set their thoughts on goodness.

now access psychological therapies. Another report suggests that 1 in 4 people in the UK will experience a mental health problem each year. Talking therapies are central to addressing many mental health problems (NHS England, 'Moodzone': 2016).

A report in February 2016 from the independent Mental Health Taskforce to the NHS in England, put together a five-year plan of action. This plan addresses a range of issue including the recruitment and training of therapists, the range of services offered, and staffing levels to meet the challenges presented. The main tenor of the report is that the services offered by way of talking therapies must be increased. Among these increases includes the establishment of a new fund of up to £30 million, for outcome-based interventions to support patients with comorbid mental health issues, and "alcoholism and drug addiction". The intention is also to increase the help offered to 70,000 more children who require access to mental health care (Mental Health Taskforce Strategy, 2016: 27, 25). The report acknowledges that mental health services have been chronically underfunded, noting that poor mental health care can bring about a 50% increase in costs in physical care. £1billion, is pledged to bring about improvements to this situation. It I said that this amount will be realised through a strengthened approach in prevention and early intervention (Mental Health Taskforce Strategy, 2016: 19).

I do not think there is much doubt that mental health services, including those provided through talking therapies, are both useful and necessary to help some people recover from mental illness. In the following section I want to return to a puzzle that was presented early in Chapter Three (3.6) concerning Socrates' theory of the art of measurement. While Socrates offered the art of measurement

as the antidote to the power of appearance he did not explain its characteristics in any detail. I want to consider, within the context of modern-day talking therapies, the art of measurement, the *technē* Socrates speaks of. Although it cannot be said with any certainty, this exercise may throw some light on what Socrates had in mind when he spoke of a *technē*, and the art of measurement.

6.11 *Technē*, and modern-day talking therapies

When a close look is taken at the notion of *technē*, some immediate parallels can be drawn between the relationship in roles between Socrates' practise of the charms, and that of the therapist in modern-times. To discover more about Socrates' *technē*, several of Plato's dialogues must be searched. What is found is that while he does not tell us precisely what this technique consists of, he does stipulate a series of conditions before an activity can be considered a technique. In summary, these conditions are:

1. For an activity to qualify as a craft, executed by a craftsman, it has to be explicable (*Gorgias*, 465a).

2. The craftsman must be able to give an account of the object of his expertise" (*Laches*, 190a-b).[57]

3. The craftsman is rational in his work, he does not act randomly"(*Gorgias*, 503d)

4.The craftsman is unique in his field of work (*Defence of Socrates,* 24e, *Gorgias*, 455b)

5.Each craft is distinct in nature (*Gorgias,* 452a, *Ion*, 537c-d);

[57] Translation of Plato's, *Laches* by Waterfield (2005).

6. To qualify as a craft an activity must be teachable and learnable (*Protagoras*, 319c-e) (Stern-Gillet, 2004: 186-188).

Addressing the above points as they appear, I do not think that there is any doubt that the work of the modern-day therapist can be explained. The briefest of searches on internet databases and library resources, show that the work of the therapist engaged in the talking therapies is well catalogued. Any number of academic papers, articles, and books have been written on the subject. Following training, it is most likely that the therapist would be able to give an account of their expertise. Overseen by the Professional Standards Authority for Health and Social Care, the work of all therapists, including those engaged in the talking therapies, is well scrutinised. The Authority maintains registers of qualified social and health care workers throughout the UK (Professional Standards Authority for Health and Social Care, 2017). As might be expected, the therapist does not act randomly. The Professional Standards Authority maintains a register of accredited therapists who have been trained to a professional level (Professional Standards Authority for Health and Social Care, 2017). The skill of the therapist is knowledge based. It is teachable and learnable, as evidenced by the formal training that is demanded of professional therapists (Counselling and Psychotherapy Central Awarding Body, 2018).

I think it safe to say that modern-day talking therapies, and the therapists who apply them, satisfy the criteria of the Platonic *technē*. I suggest that within the context of addictive behaviour talking therapies meet the challenge posed by the power of appearance. Modern-day talking therapies are embodied in knowledge. It is this kind of knowledge that Socrates' brought to the fore in

practising the charms. The charms the Greek physicians used were "characteristic of a form of reasoning, a safeguard against error and harmful emotions" (Entralgo, 1970: 113). I suggest this is precisely the *raison d'être* of today's talking therapies. While there are no references to the soul in the training programmes of the talking therapies, I am in no doubt that it is the soul that benefits from such a treatment regime.

6.12 Summary and comment

In previous chapters I have explained how a disordered soul develops, and how this leads to an unhappy life for the individual concerned. In this chapter I have explained the aetiology of a disordered soul and what this meant to the Classical philosophers. Socrates saw at first hand the damage excess caused to the citizens of mid-fifth century Athens. I believe that similar excesses are being witnessed In the 21st century.

I have proposed that the motivation for developing an excessive appetite lies within the pursuit of happiness. If it is accepted what Plato and Aristotle say about people only pursuing those things they believe will bring happiness, then it is logical to suggest that an excessive appetite begins its life with an individual's desire for what they believe to be happiness. As I have explained, if Aristotle's function argument is accepted, then to develop an excessive appetite, and experience the trauma that accompanies it, is not the proper function of a human being. It is Socrates' theory that people do not wittingly go for bad things, together with Aristotle's contention that the sole aim in a person's life is to achieve happiness, that leads me to suggest that happiness is the motivating factor in the development of an excessive appetite.

I then considered mistaken belief within the context of addiction. I explained how an individual may be mistaken in the belief that the excessive consumption of psychoactive substances will bring the happiness they seek. There is nothing unusual in making such a mistake. It was noted that Socrates allows for mistaken belief, and in doing so permits us to understand the part that mistaken belief plays in addictive behaviour.

The latter part of this chapter concerned how a disordered soul can be returned to good health. I think the parallels that I have drawn between ancient approaches to the treatment of a disordered soul, and contemporary approaches to medicine, are significant. For example, I think there can be little doubt that Socrates practiced a holistic approach to healing body and soul. For him it would be anathema to do otherwise. The practice of holistic medicine is commonplace today. However, it is still apparent that in some instances the body is offered care without any consideration given to the healing of the unhealthy soul.

The therapeutic use of words was considered. Plato was lauded as the discoverer of mental health, and the originator of a rigorous technical verbal therapy. The Platonic charm, the *epôdê* or beautiful speech as Socrates referred to it, was the response to the disordered soul in the Classical period. The Platonic charm is in my opinion the forerunner of the contemporary talking therapies that therapists rely on today when treating their clients. I think the skills these practioners display represent the art of measurement, the techné that Socrates refers to. Within the context of addiction, I am in no doubt that talking therapies are the antidote to the influence of the power of appearance.

This chapter has been about defining the meaning of a disordered soul and how it can be brought back to health. If we accept what the Classical philosophers say in this regard, then it is a mistake to attempt to heal the body without healing the soul. Throughout this thesis it has been emphasised that the body is secondary to the soul. Without a healthy soul there is no hope of living a good and flourishing life. I think it is not unreasonable to assume that, as Aristotle suggests, a good life is what people desire.

There are a number of concepts that contribute to my proposed theory of addiction that arise from this chapter. They may be summed up as; having an understanding of the disordered soul within the context of addiction; how the disordered soul may be treated; understanding that the motivating factor in developing an excessive appetite is the pursuit of a modern-day notion of happiness; mistaken belief within the context of addictive behaviour; and acknowledging that the ultimate responsibility for developing an excessive appetite, with few exceptions, rests with the individual concerned.

7

RELAPSE, SELF-DECEPTION, AND OTHER MATTERS THAT HAVE A BEARING UPON ADDICTION

7.1 Introduction

In this chapter I consider several issues that are commonly associated with addiction. I do so to show that these matters can be fully addressed within the context of Classical Greek philosophy. They are: the notion of relapse; relapse and imagination (*phantasia*); self-deception and denial; and withdrawal symptoms and cravings.

The chapter will proceed by addressing the issues as they appear above. To begin I will consider the notion of relapse following a period of recovery from addiction.

7.2 Relapse and addiction

For a theory of addiction to be feasible it must account for what is referred to as relapse. Relapse may be defined as a return to using psychoactive substances after a period of abstinence. The World Health Organisation suggests that relapse is "often accompanied by reinstatement of dependence syndrome" (World Health Organisation, 2018). It also states that some writers distinguish between relapse and a "slip". A slip meaning an "isolated occasion of alcohol or drug use" following

a period of abstinence (World Health Organisation, 2018). The reference to a reinstatement of dependence syndrome by WHO, implies that individuals who have developed an excessive appetite for psychoactive substances have a medical problem. On this account, a relapse would signal a return to addiction defined as an illness. For the reasons I have given in the previous chapters of this thesis, I do not accept that addiction is a medical issue.

I believe that the power of appearance has a significant part to play in relapse. I have suggested that the power of appearance is a dominant factor in the development and maintenance of an excessive appetite. I believe that it has the capacity to influence a person's choices, and cause them to behave akratically at any time. As noted, the power of appearance is ever present in a person's life. If it is permitted, it will send them in the wrong direction, and encourage them to make bad choices over good.

Recalling the contemporary theory of Operant Conditioning, which was discussed in Chapter Two, it was noted that discriminative stimulus in the environment acts as cues which present high risk situations for someone with an addiction. Discriminative stimulus has the potential for prompting a return to addiction following a period of recovery. I believe that the power of appearance is embedded within the cues that the addict acts upon. Under these circumstances the power of appearance may be triggered at any time, should the addicted person allow that to happen. As Mooney *et al.* have described this situation "[There] are serpents bearing apples everywhere . . . with their seductive come-ons" (Mooney *et al.,* 1992: 171). For example, the sight of the beer mat, the drug

paraphernalia, the favourite bar, or the favourite gambling machine, all have the potential to initiate the power of appearance.

I suggest that the power of appearance is influential in some cases of relapse but not all. I offer two explanations for this. The first reason for relapse is that the addicted person of their own volition, and experiencing no inner conflict to do otherwise, simply decides to return to their old ways. Common excuses for this may include, having a bad day, a bereavement, relationship problems, loss of employment, or financial problems. Should the addicted person in recovery decide to rekindle their excessive appetite based on any of the reasons mentioned, or any others that they care to think of, that is their choice. Neither *akrasia* nor the power of appearance have been influential in initiating this kind of relapse.

Secondly, relapse may occur as an outcome of *akrasia*, but the process need not be accompanied by its association with specific tangible objects or cues. To explain this further, in the next section I consider Aristotle's theory of imagination or *phantasia*.

7.3 Relapse and imagination (*phantasia*)

Understanding the concept of *phantasia* or imagination, may help understand why an addicted person relapses when the power of appearance is absent in some tangible form. For more on this I turn to Aristotle's writing of *De Anima.* Before I do so I should say that Lawson-Tancred, the translator of the copy of *De Anima* that I am citing, makes a point worth noting. He characterises Aristotle's theory of imagination as a "disjointed but highly original, indeed pioneering treatment of the imagination" (Lawson-Tancred, 1986: 196). He credits the incoherence to partly being the effect of Aristotle's wish to form a bridge in

the treatment of imagination, between his discussions of sense-perception, and the intellect. He also suggests that the incoherency in the treatment of imagination by Aristotle is "surely a sign of its philosophical vitality" (Lawson-Tancred, 1986: 196). In what follows I have taken elements of Aristotle's conception of the imagination, and adopted them to consider within context of relapse and addiction.

In the following part of the narrative in *De Anima*, Aristotle says that the soul always has in mind an image when it thinks:

> For in the thinking soul, images play the part of percepts, and the assertion or negation of good or bad is invariably accompanied by avoidance or pursuit, which is the reason for the soul's never thinking without an image (*De Anima*, 431a21-25).

I maintain that in this short piece, we have all the ingredients for the power of appearance to come into play through images perceived by the soul; the choice between good and bad is clearly on offer. It is on these images that the power of appearance exerts its influence. In other words, a person can imagine something to be good when also knowing it is not.

Aristotle identifies imagination as ". . . that in virtue of which we say that an image occurs to us . . ." (428a2-3). It is different from sense-perception in that " . . . perceivings are always veridical, imaginings are for the most part false . . . " (428a16-17). Interpreting what Aristotle is saying is relevant to the notion of relapse. As I interpret it within the context of addiction, Aristotle is providing a reason why relapse occurs without sense perception. The suggestion being that

when a person thinks of something, they think in terms of images. For example, an individual planning a holiday in the Maldives may visualise, the sun, white sands and coral reefs. On the other hand, if they are planning a trip to the Arctic they might visualise a cold environment, ice flows, and polar bears. All quite natural and innocent images. However, for a person who has an addiction, they may see images in the mind that they would prefer not to if they wish to remain in recovery. For as Aristotle informs us, "whenever one contemplates, one necessarily contemplates in images" (*De Anima,* 432a9-13).

Aristotle says that "vision appears even to those whose eyes are shut" (*De Anima*, 428a21-22). On this account, the power of appearance need not be some physical object that stimulates the senses. Through *phantasia* it is possible for an addicted person to recall an image that initiates the power of appearance in the mind.

Phantasia produces, stores and recalls images used in a wide range of cognitive activities. It also motivates and guides action (*De Anima*, 428b16-429a13; *De Memoria*, 450a20-25[58]). What a person desires they first imagine, for as Aristotle has informed us the soul never thinks without a visual representation, without an image. From this image the body is moved to act; this could lead to an unwelcome outcome for an addicted person.

As an example of imagination in action, I offer the following. Bill Wilson, who I mentioned previously, allowed his imagination to lead him to relapse, following a period of recovery. While alone in a hotel room on a business trip. His

[58] Aristotle's, *De Memoria* is translated by Beare (2001).

mind wandered to bygone days and past drinking sprees. He imagined what it would be like to taste a drink that he had never tasted previously. When the opportunity presented itself shortly after this episode, he took the drink, continued drinking and was drunk for three days (Alcoholics Anonymous 1984: 92). I suggest that it was his imagination (*phantasia*) that was the influencing factor in Wilson's relapse. It is the same characteristics surrounding imagination, that in my view prompts an addicted person to respond to a discriminative stimulus within the context of Operant Conditioning Theory. In the next section I continue with the theme of acting against a better judgement and consider the notions of self-deception and denial.

I think Aristotle's conception of *phantasia*, offers some insight into the way imagination can have a negative effect on the addicted person. It initiates the power of appearance, and in doing so causes relapse and a return to the addicted state.

7.4 Self-deception and denial

Self-deception and denial both play a part in the maintenance of addiction (Elster, 2005). Self-deception is not a new phenomenon, and neither is it confined to the behaviour of those who have developed an excessive appetite. Each one of us has the potential to delude ourselves through self-deception. Almost every aspect of current philosophical discussion about self-deception is a matter of controversy, including its definition and paradigmatic cases (Deweese-Boyd, 2012). Briefly put, self-deception is when a person deceives themselves as to the true nature of their feelings and beliefs. It is by its very nature, self-directed; the agent is both liar and lied to. Deweese-Boyd (2012: 1) says that:

> Minimally, self-deception involves a person who seems to acquire and maintain some false belief in the teeth of evidence to the contrary as a consequence of some motivation, and who may display behaviour suggesting an awareness of the truth.

Self-deception can take many forms. "It may be an outright lie, avoidance of the truth, obfuscating the truth, or exaggerating or casting doubt on the truth" (Hippel and Trivers, 2011: 1). Within the context of addiction, "self-deception prevents the addict from admitting to themselves or others the destructive nature of their drug use" (Mooney *et al*., 1992: 576). This can be a dangerous characteristic, as the following suggests:

> Most of us have been unwilling to admit we were real alcoholics. No person likes to think he is bodily and mentally different from his fellows. Therefore, it is not surprising that our drinking careers have been characterised by countless vain attempts to prove we could drink like other people. The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it into the gates of insanity or death (*Alcoholics Anonymous* 2001: 30)

Deweese-Boyd (2012) has gathered the thoughts of several writers who have written on the morality of self-deception. He summarises these as follows: self-deception causes harm to oneself and others, (Linehan, 1982); self-deception undermines autonomy, (Darwall, 1988; Baron, 1988); it corrupts the conscience

(Butler, 2002); violates authenticity (Sartre, 2003); manifests a lack of courage and self-control that undermines the ability to show compassion (Jenni, 2003); ignores the obligation we have to others to scrutinise the beliefs that guide our actions that is proportionate to the harm such actions might involve (Linehan, 1982). On this showing, it is not difficult to believe that there is something morally objectionable about self-deception.

Socrates understood the "terrible" nature of self-deception. In Plato's eponymous *Cratylus*,[59] he tells Cratylus of his failings in this respect:

> I have long been wondering at my own wisdom. I cannot trust myself. And I think that I ought to stop and ask myself, what am I saying? For there is nothing worse than self-deception – when the deceiver is always at home and always with you – it is quite terrible, and therefore I ought often to retrace my steps and endeavour to look "fore and aft," [60] in the words of the aforesaid Homer. And now let me see, where are we? (428d).

Unlike the power of appearance, which finds its cues in the environment, self-deception emanates from within the individual concerned. The self-deceiver is completely responsible for the actions that arise out of self-deception. They carry their self-deceiving thoughts around with them, always. As Socrates points out " . . the deceiver is always at home and always with you." No matter how

[59] Translation of Plato's Cratylus by Jowett (1973).
[60] Homer's: *Iliad* 1.34. Translated by Lattimore (1951).

sound the knowledge offered, the self-deceiver will inevitably distort it to suit their own purpose.

Socrates admits he cannot trust himself in the face of self-deception. He feels the need to check his behaviour, to look "fore and aft" to rid himself of it. Only through this process can he have confidence in his beliefs. The self-deceiver with an addiction has no such reservations. They claim to be wiser about the nature of their situation than anyone else, but their wisdom is built on self-deception. Plato recognises wisdom built on self-deception in his dialogue, *Philebus.*[61] During a conversation with his interlocutor Protarchus, Socrates emphasise the importance of knowing oneself before all else (48d). He sets out three obstacles to self-knowledge. Firstly, a person may think they are richer than their property makes them. Secondly, there are people who think themselves more handsome or beautiful than the rest, and thirdly, as Socrates asks of Protarchus:

> And is it not the virtue of wisdom that the mass of men insists on claiming, interminably disputing, and lying about how wise they are? (48d-49a).

It is this third obstacle to self-knowledge that characterises the delusional thinking of the self-deceiving addict. Their self-deception deceives them into believing that they are wiser than others in matters concerning their addiction. As an example, Bill Wilson's wife Lois was aware of the extent of her husband's excessive drinking, and she continually implored him to change his ways (Wilson,

[61] Translation of Plato's *Philebus* by Hackforth1973)

1984). However, Wilson thought he knew better. He declared that "he couldn't be impressed by its seriousness, except now and then when there was a humiliating episode" (Wilson, 1984: 69-70). Wilson was addicted to alcohol for eighteen years. On numerous occasions he tried to end his addiction, but self-deception frequently encouraged him to do otherwise (Wilson, 1984).

Many people who have developed an addiction have written about their self-deception, their delusional thinking. The following is a selection of their thoughts. When told by a social worker that he had a drink problem, this person responded by saying:

> Wait a minute, dearie, alcohol is not my problem. Alcohol is the glue that keeps me together in the face of all these problems (Cited by Washton and Boundy, 1990: 28).

> The harder I worked with Max the sicker she got. So, when it ended up at a psycho ward, I wasn't all that surprised. But then, when that steel door slammed shut, and she was the one that went home, I truly was amazed (*Alcoholics Anonymous,* 2001: 408).

> I resisted seeing myself as a problem drinker. All I really needed, I thought, was to drink better (Ameisen, 2009: 7).

> Despite all we can say, many who are real alcoholics are not going to believe they are in that class. By every form of self-deception and experimentation, they will try to prove

> themselves exceptions to the rule, therefore non-alcoholic (*Alcoholics Anonymous,* 2001: 30).

Self-deception played its part in the relapse of these people. As noted, they believed themselves to be the wisest when it comes to matters concerning their addiction, but their confidence is misplaced. Their delusional thinking encourages them to deny their situation. One individual describes her denial as a powerful part of her addiction. The sentiment she expresses is not uncommon:

> Denial is the most cunning, baffling, and powerful part of my disease, the disease of alcoholism. When I look back now, it's hard to imagine I didn't see the problem with my drinking. But instead of seeing the truth when all of the "yets" (as in, that hasn't happened to me – yet) started happening, I just kept lowering my standards (*Alcoholics Anonymous*, 2001: 328).

People who have developed an addiction deny their behaviour with a variety of stock phrases: "I only drink socially and no more than anyone else"; "I am not an addict, I can quit whenever I want"; "I only smoke the occasional cigarette"; "I'll make up my losses in the next race"; "I'll quit tomorrow" (Elster, 2005: 73). Furthermore, they often confuse cause and effect. For example, "blaming excessive drinking for marital problems when it is more likely the other way around" (Elster, 2005: 73).

What this section of the chapter has addressed is the self-deception and the delusional thinking of an individual who has developed an excessive appetite.

What has become clear from this discussion is that unless the addicted person faces the truth, and recognises self-deceit, recovery is unlikely.

In the next section, I consider two matters that are associated with addiction; withdrawal symptoms and cravings. These concepts have become part of the vocabulary of addiction. As I shall explain, this creates a problem because in common usage both words serve to set people who have developed an excessive appetite apart from others. The reality is that the symptoms of withdrawal and cravings are common to each one of us. Doubtless, most people will have experienced them at some point in their lives. There is nothing remarkable about either of these conditions. They relate closely to the concept of pain and its relief. What I will show is that Socrates helps us understand that such phenomena are a natural part of human behaviour.

7.5 Withdrawal symptoms and cravings

In Chapter Two, Withdrawal Theory of Addiction was discussed. It was noted that this was "probably the most commonly held theory of addiction" (West, 2013: 56). In brief, the theory suggests that the body adapts to the psychoactive substances that are consumed. When these are withheld, unpleasant and significant side effects occur. It is these side effects that are known as withdrawal symptoms. The addicted person may find these symptoms so unpleasant that to obtain relief, or to avoid them completely, they take more of the drug or engage more excessively in their chosen activity. This results in a cycle of addiction (Koob, 1996., Kuhn *et al.* 2003: 263).

Withdrawal from psychoactive substances may be uncomfortable, and in some cases it may also be painful. Withdrawal symptoms differ for each

psychoactive substance (Kuhn *et al.* 2003). For example, it is known that the waning of opiate effects causes a person to feel unwell and experience flu like symptoms. Individuals who have developed an excessive appetite for alcohol will feel restless and become anxious. Other withdrawal symptoms may include delirium tremens, causing the whole body to shake. Consciousness is often clouded and hallucinations may be experienced. On the other hand, there are some drugs, such as amphetamines, LSD, and cannabis that have little by way of withdrawal symptoms (Kuhn *et al.,* 2003; McMurran, 1997).

In some instances, medical intervention may be necessary to ensure a safe recovery from withdrawal of the long-term use of psychoactive substances. Sudden withdrawal from certain licit prescription medicines may be equally damaging to a person's health. This latter group of medicines includes, anti-depressant drugs (NHS-Direct Wales, 2015) and drugs known as beta-blockers (NHS-Choices, 2016). In these cases, medical intervention is required to ensure the safe transition to end their use. Medical intervention serves the same purpose in helping people withdraw from both licit and illicit substances. The process of withdrawing from certain drugs, be they consumed for recreational purposes or for legitimate medical reasons, often requires medical supervision. The point is that there is nothing unique in someone who has developed an addiction experiencing withdrawal symptoms. Given certain circumstances, people who do not have an addiction also experience the same symptoms.

Despite claims to the contrary, it appears that some heroin users doubt the significance of withdrawal symptoms. For them the notion of withdrawal has been exaggerated. This is how one of them explains it:

> Staying off's, the hard part. Coming off? It's nowt really, there's not much too it like. There's a few of us round here, who've all been on smack, got sick of it. And you get nowt over there at the clinic, there's no methadone or what have you. So, you know, we just do it on our own like. It's bad for a few days, but …get stocked up with you know, comics and magazines, chocolate and pop and that. Go to bed, and just sit it out (Pearson, 1987: 154).

Associated with withdrawal symptoms is the notion of craving. A definition of craving is to "desire intensely, to long for, or to need greatly or urgently" (*Collins Dictionary of the English Language*, 1980). A craving is a subjective feeling. In a nontechnical sense, "a craving is a desire or an urge that has crossed a subjective threshold of intensity" (Kozlowski and Wilkinson, 1987: 31). Within the context of addiction, cravings are said to be "the most important explanatory factor" of the phenomenon. Cravings include the "pull of euphoria as well as the push from dysphoria" (Elster, 2005: 62). Cravings are closely linked with the disease theory of addiction, which was discussed in Chapter Two. In this connection, it is said that cravings are the biochemical or psychological mechanism that prompt addictive behaviour (Fingarette, 1989: 41). In Jellinek's disease conception of alcoholism, it was noted that the notion of craving is linked with "Gamma alcoholism", the "predominating theory of alcoholism" together with withdrawal, and loss of control (Jellinek, 2010: 37).

The word craving was converted many years ago into technical jargon. The intention being to include all dispositions of those who had developed an excessive appetite for psychoactive substances (Kozlowski and Wilkinson, 1987).

It is commonly held that cravings play a significant part in the maintenance of addictive behaviour (McMurran, 1987). Those who support this idea suggest that if an excessive appetite is not quenched, strong cravings are experienced to the point where they become irresistible. The desire is said to be “so intense and powerful that no amount of reasoning can defeat it” (Fingarette, 1989: 41). The word craving is used in a technical sense as a causative factor of relapse, or a loss of control over one’s appetite for psychoactive substances. Attempts at defining cravings in this way suggest that it is a subjective experience of an urge or desire to use psychoactive substances (Kozlowski and Wilkinson, 1987).

It is claimed that cravings have been identified in clinical, laboratory, and preclinical studies as a significant predictor of substance addiction and relapse following a period of recovery (Witkiewitz *et al.,* 2013: 1563-1571). Kozlowski and Wilkinson (1987) contradict this, and suggest that there is no scientific evidence to support the assumption that cravings induce relapse. They criticise the way the word has been adapted to extend its intended meaning:

> Scientists sometimes spot a perfectly successful word in lively use outside the laboratory, grab it by the throat, drag it back to the laboratory, and put it on display as a 'technical term'. The word may need special training to behave itself in the halls of science and in the minds of scientists (who may have to unlearn the prior uses of the word). 'Craving' has continued to live in the common language, while being asked from time to time to do service in formal research on drug use (Kozlowski and Wilkinson, 1987: 31).

In 1954, the World Health Organisation's Expert Committee on Alcohol and Alcoholism met to clarify the use of the word craving in research into alcohol addiction. Members of the committee believed confusion was being experienced when the word was used in common vernacular to describe a variety of drinking behaviours. They argued that more specific technical terms should be employed to describe the different mechanisms at work in addiction to alcohol. The word craving should not be used in this context (World Health Organisation Expert Committee on Alcohol and Alcoholism, 1954). The Committee preferred the terms, "physical dependence" or "pathological desire" as opposed to the word, craving (World Health Organisation Expert Committee on Alcohol and Alcoholism, 1954: 5-6). Despite this advice, the word remains in common usage. It shows remarkable resilience in its use by researchers into addictive behaviour (McMurran, 1987). As an example, 'NHS Choices, Stop Smoking' advises smokers on how to address "cravings" for cigarettes (NHS Choices, 2016).

It is natural that a person should wish to satisfy a craving, whatever that craving may be. In addition to them being uncomfortable, cravings may also be painful. For example, a person may crave food and suffer the pains of hunger when the body is seriously depleted of nourishment. When the appetite is sated the pleasure of relief from the pain of hunger is welcome. In *The Republic*, Socrates discusses the close relationship between pain and pleasure with his interlocutor, Glaucon. They both agree that pleasure is the opposite of pain (583c). There is also a state where one is at "rest" where one feels neither enjoyment, nor pain. It is a position that lies between the two, which gives the mind a rest from both (583c):

> What people say when they are ill is that there is nothing pleasanter than health, though they had not realised its supreme pleasure till they were ill (583c-d).

Socrates says that "the pain we suffer makes us glorify freedom and rest from pain as the highest pleasure, rather than any positive enjoyment" (583d). Plato's dialogue, *Phaedo* depicts the final days of Socrates life before his execution. His legs are secured with chains and he is in pain. Phaedo describes the scene where Socrates marvels at how closely pain and pleasure are connected:

> Socrates sat up on the bed and drew up his leg and massaged it, saying as he did so, what a queer thing it is, my friends, this sensation which is popularly called pleasure! It is remarkable how closely it is connected with its conventional opposite, pain. They will never come to a man at once, but if you pursue one of them and catch it, you are nearly always compelled to have the other as well; they are like two bodies attached to the same head.

Socrates goes on to say:

> I am sure that if Aesop had thought of it he would have made up a fable about them, something like this – God wanted to stop their continual quarrelling, and when he found that it was impossible, he fastened their heads together; so wherever one of them appears, the other is sure to follow after. That is exactly

what seems to be happening to me. I had pain in my leg from the fetter, and now I feel the pleasure coming that follows it (60b-c).

What Socrates is describing is something we have all experienced at some point in our lives. Hurting oneself in an accident, having a painful tooth removed, or recovering from an illness, are among everyday events where the pleasure of health follows the pain of illness or accident. Whatever the cause, there is a strong desire to be rid of the pain, there is a craving for the pleasure of feeling well. Cravings are not difficult to understand. It is likely that the more intense the discomfort the greater the craving for its relief. The bottom line is that cravings are a normal function of human life, and while they may be uncomfortable to endure, there is no evidence to suggest that they are irresistible. People who have developed an excessive appetite are no different than the rest of the population in this respect.

7.6 Summary and comment

This chapter has considered some issues around addiction that have gained relevance in recent times. Relapse, self-deception, denial, withdrawal, and cravings are words that have become part of the vocabulary of addiction. What I have shown in this chapter, through the work of the Classical Greek philosophers, is that there is nothing remarkable or unique about these occurrences. They are shared by people who have developed an addiction, and by people who do not have an addiction. Furthermore, there is no scientific evidence to suggest that any of these factors when they are set within the context of an addiction justify being recognised as a medical condition.

With regard to the notion of relapse, I have explained that it may be caused by the power of appearance, but it could also be initiated through choice. In other words, the individual concerned simply decides of their own volition to return to their addictive ways. Relapse is not contingent on the power of appearance, and neither is akratic behaviour. Therefore, relapse may be instigated by *akrasia* without the involvement of the power of appearance, or any discriminative stimulus.

Within the context of relapse, Aristotle's theory of *phantasia* or imagination, was considered; the notion of *phantasia* is worthy of further research. I explained how the phenomenon has a part to play in encouraging relapse through images visualised within the mind. It provides another view of the way the power of appearance may be considered. For example, specific objects, cues, discriminative stimulus, sounds, and taste, may be thought of as cohorts of the power of appearance, but as Aristotle's theory of *phantasia* suggests, they do not have to be present in any tangible form to encourage akratic behaviour.

Self-deception and denial within the context of addiction has been considered. Both prevent the addicted person from admitting to themselves, or others, the destructive nature of their drug use. As noted, self-deception can take many forms and it is often accompanied by a variety of stock phrases, all of which serve to self-deceive.

I have suggested that there is nothing unusual about withdrawal symptoms or cravings. They are normal responses that people are likely to experience following the long-term use of a psychoactive substance. The terms, withdrawal

and cravings, have simply been appropriated into the language of addiction despite their being no good reason for doing so.

When the issues that have been discussed in this chapter are removed from the context of addiction, they prove to be ordinary aspects of human behaviour. In this sense, the behaviour of the addicted person is no different than that of others who do not have an addiction. This once again leads me to the conclusion that there is nothing unintelligible or mystifying about addictive behaviour.

I have carried forward a number of issues from the above that contribute to building my new theory of addiction. They are: having a better understanding of notions of relapse, self-deception, denial, withdrawal, and cravings, within the context of addiction. Each one of these is included in the next chapter which gathers together all the previous component parts of the theory that I have so far mentioned.

8

THE PROPOSED NEW THEORY OF ADDICTION:

ADDICTION AS A DISORDER OF THE SOUL

8.1 Introduction

This thesis has considered two disparate areas of study; Classical Greek philosophy and the Psychology of addiction. I have taken theories of human behaviour that were constructed by Classical Greek philosophers who lived two and a half thousand years ago, and considered them within a contemporary context of addictive behaviour. The outcome has led me to propose that addiction is a disorder of the soul. I have I presented a wide body of research in support of this belief.

In this chapter, I bring the research together and present a composite of the new theory of addiction. Below, I have gathered the component parts of the theory, from preceding chapters, and set them in a list; a quick reference point. This shows at a glance what separates my proposed theory of addiction from others. It also shows the advantages the new theory has over other contemporary theories of addiction. Having presented the component parts of the theory, I will explain what is new, what differentiates the new theory of addiction from current theories.

Later in the chapter, I consider the implications the new theory is likely to have on practice, and public policy. A summary and comment brings the chapter to an end.

8.2 The component parts of the proposed theory of addiction

The theory of addiction I propose defines addiction in the following way:

> *Addiction is a disorder of the soul characterised by the excessive use of psychoactive substances, or the excessive involvement in certain non-substance related activities.*

The following is a *précis*, a list of the component parts that make up the above theory. It shows the positive characteristics that I believe distinguishes this theory of addiction from contemporary theories. I acknowledge that there are existing theories that account for some of the points mentioned, but I suggest they are not as inclusive as the theory I present. My theory of addiction:

(i) places the source of addiction within the soul,

(ii) sites the inner conflict, the puzzlement, exasperation, frustration, sadness, anger, and many more emotions experienced by people who have developed an addiction in one place; the soul,

(iii) accounts for all manner of addictions, including behavioural addictions,

(iv) explains how a desire for psychoactive substances, and certain other non-substance related activities, can overcome reason and logic and set the person concerned in a direction they would not otherwise consider taking,

(v) attempts to remove stigma/shame by emphasising the point that no one is immune from developing an addiction,

(vi) explains, through the power of appearance, how an excessive appetite is initiated, how it is maintained, and how relapse following recovery occurs,

(vii) explains how people can be aware that they have an addiction yet continue to feed it, despite wishing to do otherwise,

(viii) illustrates how all people, regardless of addiction, can be fooled by things that appear good to us but are nothing of the kind,

(ix) explains how most people have experienced the notion of desire overcoming reason,

(x) explains why some people, and not others, develop an addiction,

(xi) explains why some people prefer some psychoactive substances over others,

(xii) accommodates existing contemporary theories of addiction by acknowledging the factors they raise can have a negative influence on the behaviour of people,

(xiii) explains how an addiction may be addressed and overcome,

(xiv) illustrates that humans are unique (unlike non-human species) in their capacity for developing an addiction,

(xv) shows clearly that addicted people are not a sub-set of humans,

(xvi) explains how people may be mistaken in their beliefs about psychoactive substances,

(xvii) clarifies some questionable assumptions viz. withdrawal symptoms and cravings,

(xviii) explains how an addiction may be avoided,

(xix) chimes with lived experiences,

(xx) does not blame others or external circumstances as a cause of addiction,

(xxi) has empathy and understanding embedded within it, and acknowledges the frailty of human life,

(xxii) explains some of the puzzling aspects of addiction,

(xxiii) shows there is nothing unintelligible about addictive behaviour; it is perfectly understandable human behaviour,

(xxiv) while acknowledging certain exceptions, accounts for an individual's responsibility for developing an excessive appetite,

(xxv) explains that no-one does bad things wittingly,

(xxvi) explains the notions of choice and voluntariness within the context of addiction,

(xxvii) empowers an addicted person to reclaim their life from addiction, if they so choose,

(xxviii) suggests that a modern-day notions of happiness is the motivating factor in addictive behaviour,

(xxix) acknowledges the frailty of human life,

(xxx) considers the part imagination plays in addictive behaviour,

(xxxi) explains the role self-deception and denial play in addictive behaviour,

(xxxii) synthesises with the 'lived experience' of recovery

(xxxiii) may be considered in a secular or non-secular context.

Throughout the thesis I have stressed the significance of Plato's doctrine of the tripartite soul to addictive behaviour, and its place in the theory of addiction that I propose. It is a conception of the soul that is not embedded in any religious

or spiritual belief. Hence the reason why I have avoided portraying the soul, and the proposed theory of addiction, in a non-secular context. However, I see no reason why the theory I am proposing, should not hold good for people who view the soul within a theological framework. What is important, especially for people who have developed an excessive appetite and wish to understand what is happening within them, is to gain an appreciation of the elements that are at work within their soul. In my opinion, such an understanding does not conflict with any religious beliefs that the addicted person may hold. This is why I suggest that the theory of addiction I propose holds good within either a secular, or non-secular context.

8.3 What is new about the proposed theory of addiction?

This is a new theory of addiction, albeit it is based on philosophy that was developed over two and half thousand years ago. I explained in Chapter One (s.1.6), the relevance of this philosophy to the twenty-first century. Not only does Classical Greek philosophy meet the challenges that are presented by an addiction, it also chimes with programmes of recovery that are currently employed by service providers. I am thinking particularly of the 'lived experience' of recovery (s.1.10).

There are a number of positive ways in which the new theory of addiction differs from other contemporary theories. The first is that it includes a reference to addiction to psychoactive substances, and addiction to non-substance related activities. On this account, arguments over whether an addiction has its origins in biological or non-biological causes, are irrelevant. It is indulging the appetite to excess that is the significant issue, and not the object of that excess. Defining addiction in this way does not permit for a distinction to be drawn between

pharmacologically induced addictions, and behavioural addictions, such as excessive gambling. This is an uncomplicated but important point to account for when defining addiction. It is one that is absent from all current theories of addiction. It is important because it reflects the modern-day notion that addiction should not be restricted to the excessive use of psychoactive substances. Orford's (2005) Excessive Appetite Theory of Addiction, which was discussed in Chapter Two, explains why the field of study should include non-substance related addictions. However, there is currently no precise definition of addiction that accounts for both pharmacologically induced and behavioural addictions.

The theory I propose offers a more nuanced approach to understanding addiction, allowing for debate around concepts of knowledge, reason, appetite, excess, and desire. These are fundamental aspects of human conduct that should be accounted for when constructing a theory of addiction. They should be accounted for because they impact directly on the choices a person makes within the context of addictive behaviour. The interplay between these human characteristics takes place within the soul.

There is currently no theory of addiction that perceives the soul as having a part to play in the development of an excessive appetite. No theory of addiction exists that accounts for the inner conflict an addicted person experiences, when reason and appetite within the soul struggle for primacy. How this conflict is initiated, and how it is resolved, is key to understanding addictive behaviour. It is graphically portrayed by Plato's conception of the tripartite soul. Yet the study of addictive behaviour, with the tripartite at its centre, has not previously been considered.

The theory of addiction I propose, unlike any other, provides a precise and plausible account of how an excessive appetite develops and is maintained. It also accounts for how relapse and recovery occurs. To remind the reader, an excessive appetite develops when the rational part of the soul is overpowered by the appetitive non-rational part. The power of appearance plays a pivotal role in this, and yet its presence within the context of addiction has never been recognised.

As noted, something possesses the power of appearance when it is thought that it will satisfy a non-rational desire, a desire not motivated by reason. The power of appearance may reveal itself via the senses, or through imagination (*phantasia*). In the examples I gave earlier in Chapter Three, the initial desire was to eat a cream cake, or to inhale cocaine. It is desire that first draws the individual's attention, via the power of appearance, a desire that as I have suggested is motivated by an individual's pursuit of happiness.

As I have explained, the power of appearance causes people to behave in a way they would not ordinarily behave. The consequence is that they freely choose bad things over good. This process explains how an individual becomes initiated into addictive behaviour. The addiction is maintained by the addicted person seeking the happiness they sought in the first place. It is only when the soul is cared for, and given the attention it deserves above all else, that recovery is achieved. Current theories of addiction do not explain, as my proposed theory does, the precise mechanisms that are at work within an individual when they begin their journey into addiction. Neither do existing theories of addiction account for relapse and recovery in the detail that I have provided. This is because

the power of appearance, and the part it plays in addiction, has not been previously recognised.

The new theory explicitly acknowledges that there is no sub-species of human beings that are more susceptible to the development of an excessive appetite than others. Understanding this has two advantages. The first, is the potential to reduce the stigma that surrounds addiction. If it was generally understood, as the new theory of addiction makes clear, that no one is immune from developing an excessive appetite, and that each of us face the same challenges in avoiding one, this awareness in itself may help debunk ideas of disgrace and shame that are often attached to the addictive behaviour.

The second advantage, in the realisation that all people are susceptible to developing an addiction, aligns itself closely to notions of education and prevention. Audiences may be more receptive if they were aware that there is no immunity from addiction, just as there is no immunity from the common cold. What this means is that there is no room for complacency. Regardless of social or professional standing, insofar as developing an addiction is concerned, it could happen to each one of us.

For a theory of addiction to be successful it must chime with common experience. In other words, people should feel that they can connect with it and understand it. I believe my theory of addiction does this. It reveals that people with an addiction are not necessarily homeless, of a criminal bent, living in poverty, or experiencing difficult personal circumstances. Of course, in certain cases these factors may apply, but they cannot be said to be typical of an addicted person's lifestyle. It would be naive to think that people with all the advantages

life has to offer are immune from experiencing an addiction. The theory of addiction I present is universal in its application. It accounts for all people, regardless of their personal circumstances, social position, moral values. gender, age, culture or ethnic background. The existence of the soul is common to all. Each one of us has the capacity to bring the soul to a state of disorder, regardless of the factors just mentioned. The potential for developing an addiction is present when disregard is shown for the care of the soul. This is regardless of the external factors that may impact on the individual concerned.

I believe the way in which I have interpreted the work of the Classical Greek philosophers has revealed an understanding of the frailty of human life. It attaches no blame or stigma to the addicted person, but neither does it place responsibility for such a situation with others. I think this is particularly important for those close to the addicted person to understand. This is so because in some cases they may feel a sense of responsibility for the development of the addiction, or the feelings the addicted person is experiencing (Beattie, 1992).

My theory of addiction recognises the difficulties, problems, and trauma that people experience in their lives. Such experiences may contribute to the development of an addiction. As noted, Socrates says even the strongest of people can be taken to places they would otherwise wish to avoid when disaster befalls them. Unlike contemporary theories of addiction, my theory of addiction recognises the frailty of human life.

Interpreting the philosophy of Aristotle, has revealed new ways in which some puzzling aspects of addiction may be understood. These are reflected in my theory of addiction. For example, his account of *akrasia* describes in some detail

what causes the addicted person to act against their better judgement. It was noted that his first account 'knowing in two ways', is thought to contain everything that is necessary to explain the inexplicable reason why, when knowing that the addiction is bad, the addicted person continues to feed it (Chapter Five). They take no account of the knowledge they have of this at the time they behave akratically. The other three accounts that Aristotle gives of *akrasia,* are equally plausible in explaining why people who have developed an excessive appetite, continue to encourage it in the knowledge that it is bad for them. The theory of addiction I propose, unlike other contemporary theories, explains these puzzling aspects of addictive behaviour.

Aristotle's concept of *phantasia* (imagination) explains, for the first time, how an addicted person can be moved into action for reasons that would not be apparent to anyone else. It is the soul that moves a person into action, and as Aristotle has suggested, the soul never thinks without an image. The individual concerned visualises the image they choose, and then they act upon it. In the case of the addicted person, and unseen to anyone other than themselves, is creates a negative image of the drug or activity of choice. This apparently mystifying behaviour, which is accounted for in the proposed theory of addiction, encourages the addiction to continue.

Based on Aristotle's conception of happiness, I have constructed my theory of addiction on the understanding that the pursuit of happiness is the motivating factor in the development of an addiction. Recall, Aristotle saying that "happiness is the ultimate good", the aim of life, and it is what we all seek to achieve. Whatever we do, Aristotle claims, is done with the intention of achieving this aim.

The theory of addiction I propose suggests that people who encourage an excessive appetite, are doing so in the mistaken belief that they will find the happiness they seek. Mistaken belief is not accounted for in current theories of addiction. I believe this is an error for as I have explained, it is not unreasonable to think of it as being a contributory factor in a person's initiation into addiction.

The most significant issue that my theory of addiction addresses, to better understand addictive behaviour, is Plato's doctrine of the tripartite soul. Interpreting the tripartite soul in a way that I have in this thesis, brings an understanding to addiction, and addictive behaviour that is unique. It is unique in that it allows for the placing of the inner conflict, the puzzlement, exasperation, sadness, and the anger experienced by people who have developed an addiction in one place; the soul. It also explains how a desire for psychoactive substances, and engagement in certain other activities, has the potential to lead to a life of excess and misery. Plato's doctrine of the tripartite soul accounts for the inception, maintenance, relapse and recovery of an addiction. In my opinion, this provides for a comprehensive explanation of addiction like no other contemporary theory of addiction does.

Having considered the distinguishing features that separate the theory of addiction I propose from contemporary theories of addiction, I will now consider the implications the new theory could have for practice, and the implementation of public policy.

8.4 Conceptualising addiction as a disorder of the soul: implications for practice and policy

This thesis offers a new idea. For any new idea to be embraced and admitted as practice, requires an acceptance by its target audience. The target audience must understand precisely what is being proposed. This brings with it implications for practice and policy. Understanding addiction as a disorder of the soul is no exception to this. The new concept has implications that will impact on a wide range of people and organisations. In this section I will consider the nature of these implications, and the bearing they are likely to have on practice and policy.

There are two fundamental issues that must be initially considered if any new innovation is to succeed. The first is to determine if the idea is new. In other words, to question if the idea is truly innovative or is it simply enhancing an existing idea. Secondly, is to establish if the innovation incorporates certain attributes that will make it attractive to mainstream practice and policy. To address the first issue, I turn to Greenhalgh (2018):

> An innovation in health service delivery and organisation is a set of behaviours, routines and ways of working, along with any associated administrative technologies and systems, which are:
>
> a. perceived as new by a proportion of stake holders
>
> b. linked to the provision or support of health care
>
> c. discontinuous with previous practice
>
> d. directed at improving health outcomes, administrative efficiency, cost effectiveness, or the user experience

> e. implemented by means of planned and co-ordinated action by individuals teams or organisations.
>
> Such innovations may or may not be associated with a new health technology (Greenhalgh, 2018: 76).

Applying the above template, I think it is fair to say that conceptualising addiction as a disorder of the soul is innovative. The challenge is to convince the target audience that it is an innovation worth investing time and effort in. As noted, the target audience for understanding the new concept and putting it into practice is extensive. It includes service users, carers, and family and friends of the service user. Service providers and a host of healthcare professionals are also involved in the process of care and recovery from an addiction. The National Institute for Health and Clinical Excellence recognises the challenge that is faced when changes in the health sector are made:

> Changing established behaviour of any kind is difficult. It is particularly challenging in healthcare because of the complex relationships between a wide range of organisations, professionals, patients and carers (National Institute for Health and Clinical Excellence, 2007: 4)

Changing the way in which some practitioners currently think about addiction, and moving them toward understanding it as a disorder of the soul, is likely to prove challenging. Classical Greek philosophy and modern-day healthcare systems are not natural bedfellows. For some practitioners, perceiving the soul as the potential seat of addiction will seem extraordinary, if not bizarre. As I have

explained in previous chapters, the soul is not considered in the same way today as it was two and a half thousand years ago. Practitioners will therefore have to be convinced that how the soul was understood in an ancient time, has relevance to their work today. The irony of this is as noted in Chapter Six, Entralgo (1970: 126), claims that "beyond a shadow of a doubt Plato [was] the inventor of a rigorously technical verbal psychotherapy". The framework within the healthcare system, and the talking therapies that are employed today for supporting recovery from addiction, unwittingly reflect Socrates' 'verbal psychotherapy'. However, what is not recognised today, unwittingly or otherwise, is the strong theoretical base on which Socrates' verbal psychotherapy, and its connection to the development of an excessive appetite, is founded.

8.4 (i) Training implications for practitioners and the new concept

Modern therapeutic responses for addressing an addiction centre around the use of talking therapies, which are aimed at dealing with a person's negative thoughts and feelings (see Chapter Six). These therapies allow for people to reflect on the way they think and behave. They go some way to shifting the focus from the mantra of abstinence, and reduction in consumption, toward acknowledging the need for compassionate, emotional, and practical support. Conceptualising addiction as a disorder of the soul fits within this framework. It is founded on a strong theoretical theory that does not simply 'describe what' is happening to the individual concerned, it also 'explains why' it is happening. For example it explains how the addiction has developed in the first instance, why inner conflict is experienced when efforts are made to end the addiction, why a variety of emotions come into play that move the person to act in one way and then another,

and why imagination plays a part in developing their excessive appetite. No current theories of addiction account for human behaviour in this way. It is therefore important that practitioners understand and are suitably trained to put this knowledge into practice.

If an innovation is to succeed it should be easy to understand and any training should reflect that. It is more likely to be adopted if potential adopters consider it to be of low complexity "or if it is complex it can be broken down into simpler components" (Greenhalgh, 2018: 17). Understanding addiction founded on Classical Greek philosophy may on the face of it, seem a difficult concept to grasp. Classical Greek philosophy can be broken down into simple component parts, and understanding Plato's doctrine of the tripartite soul, and its bearing on addiction, is no exception to this. For example, it should not be too difficult for a competent trainer to explain, and for a practitioner to understand, that when the three parts of the tripartite soul are in harmony, a good and flourishing life can be expected. On the other hand, should the appetitive part of the soul rule and take control, then addiction is a likely outcome.

The aim of the training would be to help the service user understand that caring for their soul can aid their recovery and provide a life free from addiction. It is essential for the person's recovery that they clearly understand what the addiction is doing to their soul and how, with the support of others, the situation can be remedied. In brief, the aim of training would be to help the practitioner understand that the soul can either be the seat of contentment, or if it is not cared for and appetite takes control, it can also become the seat of addiction. Training will be aimed at allowing practitioners to feel confident in conveying this message.

Above, I have presented the new concept in its most basic form. I have done so to illustrate that to understand the new concept practitioners would not be expected to immerse themselves deeply into the texts of the Classical Greek philosophers. However, understanding addiction as a disorder of the soul, within the context of Classical Greek philosophy, may initially prove challenging. At a fundamental level the greatest challenge within training may be in convincing some healthcare professionals of the very existence of the soul. Addressing this point would rely heavily on an explanation of the soul as it is portrayed by Socrates, and as I have explained it in Chapter One. On this account the soul is not a wraith like, supernatural entity, it is something that keeps bodily desires and affections in check. The essential point is that service providers understand the new concept, and the theory that underpins it.

Ultimately it is the belief held by the service user about the cause of their addiction that is most important. If the service user holds the belief (either in a secular or non-secular way) that they possess a soul, and that the excess they have indulged in has damaged their soul, then this provides a starting point for intervention. If the person believes that the therapeutic response that is being offered will help restore their soul back to order, and help them achieve recovery, that is what matters. Conversely, the service user may firmly believe that their addiction has been caused by a biological or neurological disease, or bad upbringing, or peer pressure, or one of the many other theories that are said to underpin addictive behaviour. What is important to understand is that the belief that the service user holds about the cause of their addiction, is key to

understanding their behaviour and offering a supportive response. This must be respected whether or not the practitioner holds the same view.

8.4 (ii) Informing a wider audience of the new concept

For people who do not have access to institutionalised training programmes, another way of informing them about the new concept has to be sought. Raising awareness, and gaining approval amongst this group is essential if the concept is to become practice. Family members, carers, friends, work colleagues, and potential service users, are not likely to have the new concept drawn to their attention via recognised training programmes. Inter-personal channels (word of mouth), and the influence of mass media, have proved to be the most effective way of communicating new ideas to a wide audience of people (Bass, 2004). National and local newspapers, popular magazines, television, radio, social media, and vlogging (a form of web television), are dissemination tools that can help get the message across. Self-help groups such as, Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous and members the Self-Management and Recovery Training Programme (SMART), are all potential targets for raising awareness of the new concept. Having an informed public can encourage healthcare professionals to consider and employ innovative ideas (National Institute for Health and Clinical Excellence, 2007). “Patient-mediated strategies”, which focus on giving information to patients and the wider public, have been found to be a worthwhile method of reaching the wider public (National Institute for Health and Clinical Excellence, 2007: 25). These strategies also have the advantage of helping to change the behaviour of healthcare professionals. For example, if potential service users are informed about new innovations, they are

more able to influence decisions made about their care at the time of consultation (National Institute for Health and Clinical Excellence, 2007). Furthermore, service users are "also more likely to adhere to the treatment offered if they are well informed, which in turn helps keep professionals motivated" (National Institute for Health and Clinical Excellence, 2007: 25). The bottom line is, is that there is evidence to show that mass media campaigns work by educating both professionals and patients, about new innovations and changes taking place in practice (National Institute for Health and Clinical Excellence, 2007).

Members of the academic community can play a part in disseminating the research that underpins the new concept, thus helping to introduce it into practice. Academic papers, articles in specialist academic magazines, conferences, lectures, workshops, symposium, and input into higher education, can all be useful in raising awareness of a new research projects. All these avenues of communication help spread the word amongst academic peer groups.

Research undertaken in the USA suggests that "[T]he opportunities for researchers to improve health and health care by contributing to the formulation and implementation of policy are almost unlimited" (Clancy *et al.* 2012: 337). The strength of the research lies in the logic that underpins it. Providing this can be explained easily (I have discussed the importance of this above), the researchers findings are more likely to be integrated into the policy making process. Researchers who are invited to participate in the policy making process can bring their research to bear in "real-time decision making" (Clancy *et al.* 2012: 340). In the USA, what are known as "change agents" have been introduced. These are physicians who work within the healthcare sector. They are particularly interested

in introducing innovative research that addresses important societal health challenges. Since the concept was introduced in 2012, it is claimed that "change agents" have:

> Forged new paths that blend clinical training and expertise with science-informed policy development and implementation, whether in academia, government, or the private non- profit sectors (Clancy *et al.* 2012: 2)

I mention the issue of "change agents" to give an example of how research, if it is embraced by policy makers, can positively influence the policy decisions they make. In the UK, the system of influencing policymakers is not so structured. Having research funded and subsequently accepted as policy, can often depend on the professional relationship between researcher and policy maker (Greenhalgh, 2018). Greenhalgh goes so far as to say "[D]o not wait until you have research data to show a policymaker – make friends with him or her before you even apply for your grant!" (Greenhalgh, 2018: 177).

In the next section, I discuss two areas concerning policy that are likely to impact on the acceptance of the new concept. The first is to consider the particular difficulties I anticipate will be faced in translating this research into practice. The second is to consider the potential impact that conceptualising addiction as a disorder of the soul will have on existing policy.

8.4 (iii) The impact of the new concept on policy: introducing it into practice

The concept of addiction that is proposed and the theory it is founded upon, is very different from existing notions of addiction. Conceptualising addiction as a

disorder of the soul requires a complete rethink of the way in which addiction is currently understood. It is a concept that recognises that all people, regardless of their position in society or their personal circumstances, are vulnerable to developing an addiction. While it acknowledges that personal circumstances can impact on a person's behaviour, and cause them to act in a way they would not ordinarily think of doing, it does not recognise external influences as being the cause of an addiction. Nor does it accept that addiction is a biological or neurological disease. It does not naturally associate addiction with criminality, and it does not view some people within society as being more vulnerable than others to developing an addiction.

Significantly, while the individual concerned must ultimately take responsibility for their recovery, this must be done within a holistic context.[62] This means that recovery is seen in its widest sense. It is not simply recovery from the addiction that is important, but a form of recovery that considers all manner of issues that allows a person to live a worthwhile, flourishing life. Put simply, conceptualising addiction as a disorder of the soul puts the focus on 'human behaviour', and not on 'addictive behaviour'. What I mean by this is that the theory supporting the concept is person centred. Its focus is not on searching for external influences that may or may not have a bearing on addiction, but on trying to understand the process of human thought that leads to addiction in the first instance.

[62] See Chapter One, regarding the holistic approach taken by the 'lived experience' of recovery and its connection to addiction as a disorder of the soul. See Chapter Six, for a discussion on Socrates' approach to the holistic care of body and soul.

A reading of Chapter Two, where I have outlined some current theories of addiction, shows quite clearly how these theories differ from what I have described above. Some of them, for example, the brain disease theory of addiction, have become accepted as the likely cause of an addiction by some influential organisations.[63] It is common for these organisations to speak of 'different' addictions, for example, alcohol, drug, and smoking addictions. As I have explained,[64] behavioural addictions are relegated to a less prominent position in the hierarchy of addictions. Another feature of some recognised theories is the notion of the 'loss of control' over the addiction (World Health Organisation, 2018). Notwithstanding the many distinguishing features of the new concept that conflict with existing concepts of addiction, the differences I have mentioned above, present substantial barriers to overcome if the new concept is to be accepted as policy. They mark a complete change from current theories that are embedded in public thinking, and public policy.

To bring about policy change will take time. A review of the literature describing and quantifying time lags in the health research translation process, estimates "a time lag of anything up to 17 years for research evidence to reach clinical practice" (Morris *et al.* 2011: 2). It is rare that even for a "moderately complex policy problem" that all the evidence needed to make a policy decision will come from a single discipline or study (Whitty, 2015: 2.) To steer it through to fruition, the new concept will undoubtably benefit from the input of a number of disciplines. For example, research in the study of public health, community

[63] See Chapter Two, (s.2.1) for this discussion.
[64] See Chapter Two, (s.2.4) for this discussion.

psychology, sociology, anthropology, and economics, would be among the most obvious contributors.

Regardless of how persuasive the research may be, it will also benefit from the endorsement of 'Opinion Leaders' or 'Social Influencers' if it is to gain acceptance. These are people identified as being in a position to advocate and champion any proposed change in policy (Greenhalgh *et al.* 2005: 100-114). Opinion leaders can "act as gatekeepers for interventions, help change social norms, and accelerate behaviour change". Opinion leaders have also been used in the public health sector to "gain support for and implement community health programmes" (Valente and Pumpuang, 2007: 801). The role of the opinion leader can best be seen as: providing entry and legitimation to external change agents (such as researchers) into their communities and organisations; provide a channel of communication from their communities back to agencies and policymakers that implement new programmes of change; they can act as role models for behaviour change within the community; and they can be the conveyors of health care messages; finally, they act as the "capital left after the agency has withdrawn from the community, thus institutionalising programme goals" (Valente and Pumpuang, 2007: 881).

In brief, the characteristics of an opinion leader are: "they have greater exposure to mass media than their followers; they are more cosmopolite than their followers; opinion leaders have greater contact with change agents than their followers; opinion leaders have greater social participation than their followers; opinion leaders are generally of a higher status than their followers; opinion leaders are more innovative than their followers" (Rogers, 2003: 316-318).

It is apparent that opinion leaders are at the centre of their community or organisation, and have significant influence on the adoption of new policy. Convincing opinion leaders of the value of reconceptualising addiction as a disorder of the soul, would be a step in having the concept translated into policy.

What I have set out above is some idea of the process, and some of the barriers that are likely to be faced when trying to convert theory into practice. In the following section I consider the impact of the new concept on areas of existing policy.

8.4 (iv) The impact of the new concept on policy: impact on existing practice

This section identifies a number of policy areas which could be impacted upon if the concept of addiction as a disorder of the soul was to be accepted. To begin, I look at existing policy within the National Health Service (NHS). There are significant differences between how I have conceptualised addiction as a disorder of the soul, and how NHS policymakers understand it. Unlike my concept of addiction, the NHS categorises addiction in accordance with the nature of that addiction, viz. drug addiction, alcohol addiction, smoking addiction, and gambling addiction (NHS Choices, 2015). Each one is recognised as requiring a separate response insofar as treatment is concerned. While behavioural addictions are acknowledged, it is claimed by the National Health Service that addiction is most commonly associated with gambling, alcohol, drugs, and nicotine (NHS Choices, 2015). It defines the behaviour of people with an addiction as not in control of their actions, to the extent where it could prove harmful (NHS Choices, 2015).

The NHS further claims that the consumption of drugs, alcohol and nicotine, affect the way a person feels, both physically and mentally; “these feelings can be

enjoyable and create a powerful urge to use the substance again" (NHS Choices, undated: 1). Insofar as gambling addiction is concerned, it is said that a similar "high" may result after a win, followed by a strong urge to try again to win to recreate that feeling; "this can develop into a habit that is very hard to stop (NHS Choices, undated: 2). It further states that there are "lots of reasons why addiction begins" (NHS Choices, 2015: 1).

I have argued that addiction is about developing an excessive appetite for a psychoactive substance, or a particular kind of behaviour. I have argued that addiction does not involve a loss of control over behaviour, and that the person concerned must take responsibility for developing the excessive appetite in the first instance. If policy reflected this way of understanding, it would firstly simplify how addiction is currently understood. In doing so it would make it clear that developing an excessive appetite, for example for cream cakes, is no different than smoking tobacco to excess, inhaling cocaine to excess, or gambling to excess. Viewing addiction in this light, shifts the focus on to the development of the excess, which is the central issue, and away from what the excess consists of. This has implications for the way addiction is interpreted, and how policy is developed and acted upon.

As I have noted, addiction as a disorder of the soul considers the problem and recovery in a holistic way. Considering addiction in this way will demand that NHS policymakers take this into account, and see recovery as being multi-faceted, which requires more than addressing the addictive substance or addictive behaviour. This shift in focus is best represented by the 'lived experience' of recovery that was discussed in Chapter One. Here I argue that caring for the soul

not only requires individual care, but also the support of people within their community, peer groups, and a whole range of healthcare professionals and service providers. It will require all service providers in the NHS, who work in the area of addiction services, to be fully informed of what a holistic response to recovery actually means. This can only be achieved if the service provider fully understands the complexities of addiction and addictive behaviour.

The next area of policy to be explored is within the Home Office. The way in which Home Office policy characterises people who have developed an addiction, and the way their situation is depicted as having associations with criminality, is at odds with the concept that addiction is a disorder of the soul. Recall Chapter Two, where I introduced the notion of Attribution Theory. This is a theory concerned with the psychology of inter-personal relations. I explained how Davies (1997) used Attribution Theory to argue that the picture that most people have of an addicted person, is of someone battling with something that is beyond their control. Davies suggested that "this is the picture that most people want to have of an addict" for it suits their purpose (Davies, 1997: 10). He says it is one that is held by most people employed in the media, and in government. As an arm of the government, the Home Office issues policy statements on how addiction and addictive behaviour should be tackled. It also issues policy statements on criminality connected with the 'drug trade'; unfortunately it confuses addiction with criminality. For example the following is a statement of intent offered by the Home Office:

> Drug misuse harms the health and wellbeing of too many people.
>
> We want to reduce the number misusing illegal and other harmful drugs and increase the number who successfully recover

> from drug dependence. We want to restrict the supply of drugs by identifying and prosecuting those involved in the drug trade, and confiscating the proceeds of crime (Home Office, undated).

Note how the Home Office includes in the same narrative, the treatment of those experiencing an addiction, with the identification and prosecution of criminals involved in the 'drug trade'. Recall in Chapter One, where I considered the notion of 'labelling'. I pointed out how pejorative terms linked to the behaviour of an addicted person whether intentional or not, can lead to stigmatization. I think the Home Office policy falls into this trap. While the wording in the policy may not be overtly pejorative, in my opinion it conflates two completely different issues that should be kept separate. Addiction, and the illegal supplying of psychoactive substances, are completely separate issues. Treatment for addiction should not, for the reasons I have given, be presented in a public policy document that also addresses criminal behaviour. Home Office policy would have to be revised to reflect the distinction between associations with criminality and the 'drug trade' and addiction if addiction was to be reconceptualised as a disorder of the soul.

The final example, of where current policy would require reviewing if addiction as a disorder of the soul were to be accepted, is within the judicial system. It is estimated that around three-quarters of people who come into contact with the criminal justice system "have a problem with alcohol, and over a third are dependent on alcohol" (Institute of Alcohol Studies, 2017: 1). "Drug use is a major problem in the prison system" (Home Affairs Committee, 2012: 1). A sentence for a criminal offence where the offender "has a propensity to misuse drugs" may include what is known as a 'Drug Rehabilitation Order' (Sentencing

Council, 2017; 1). This order forms part of a 'Community Order' which, if broken, puts the offender in jeopardy of having their sentenced increased, or being re-sentenced for the initial offence (Sentencing Council, 2017). What this means in practice is that the Community Order will last for up to 12 months. During that time the offender will have to return to court on a monthly basis to show that they have been tested, and their body is shown to be free of psychoactive substances (Sentencing Council 2017). For offenders who have an addiction to alcohol, an 'Alcohol Treatment Programme' is available. This means that for a period of at least six months, the offender has to attend a residential or non-residential treatment course with a view to reducing or eliminating dependency on alcohol (Sentencing Council, 2017). This policy makes no reference to a holistic programme of recovery, or indeed any reference to recovery. The only interest in the current policy of the judicial system is to reduce or stop re-offending. This is a missed opportunity for employing a holistic approach to recovery for some of the more vulnerable members of society. By simply focussing on preventing or reducing re-offending, the judicial system is failing to address the wider issues that may influence the defendants addiction, and their return to court. Putting this situation right can only be achieved through a change of current policy within the judicial system.

8.5 Summary and comment

This chapter has drawn together the core concepts that suggest that the theory of addiction, as a disorder of the soul, is unique. I have included a 'check list' of the components of the overall theory to show what distinguishes the new theory from contemporary theories, and the advantages it has over them.

I have acknowledged that several existing theories also cover the points raised, but as I have said they do no cover them as comprehensively as the proposed new theory. Addiction as a disorder of the soul, is a theory that addresses every aspect of addictive behaviour from initiation to recovery. Other factors associated with addiction, for example, self-denial, withdrawal symptoms, motivation, and relapse, are also addressed. Furthermore, many aspects of human behaviour that contribute to the development of an excessive appetite, is recognised by the new theory. I suggest that no other theory of addiction addresses the issue in such a comprehensive way.

The new theory explains the puzzling way in which an addicted person may view their situation. It is a situation that a person who does not have an excessive appetite often fails to understand. Intuitively, it seems inconceivable that someone who has the knowledge the what they are doing to themselves is causing them harm, and may even bring about their premature death, yet continue to do it. Aristotle's account of *akrasia* allows us to make some sense of this behaviour, in a way that it has never been understood previously.

As noted, some people consume psychoactive substances for recreational purposes, or engage in non-substance related activities to excess because it makes them feel happy. What my research has shown is the mechanism by which people are motivated to do this. Through the philosophy of Plato and Aristotle, I have explained that according to them, happiness is the chief good, or the main good in life. They claim that happiness is what we aim for in life, and everything we do is set to achieving that goal. If this is so, then it provides a plausible explanation to understanding how some people develop an excessive appetite in the first

instance; they are pursuing a notion of happiness they believe in. The theory that addiction is a disorder of the soul explains, for the first time in some detail, why the pursuit of happiness may be thought of as the motivating factor in addictive behaviour.

I do not think it is unreasonable to suggest that the many contemporary theories of addiction on offer today, present a bewildering array of possibilities as to the causes of addiction. Almost every aspect of human behaviour is addressed when these theories are brought together. The new theory of addiction that I am proposing accounts for the issues these other theories raise, but it does not see any of them as the root cause of addiction. For the first time there is one single theory of addiction, addiction as a disorder of the soul, that offers answers to the multitude of questions that are posed when a person develops an excessive appetite. The strength of the new theory lies in its simplicity, and the clarity it brings to an otherwise perplexing problem.

Insofar as there being any weakness that may be associated with the new theory, I suggest there may be two. Firstly, it will be difficult to convince someone of the worth of this new theory if they hold no belief in the existence of the human soul. The second weakness may be that the idea of reaching so far into the past to address a modern-day issue, such as addiction, may seem anachronistic. In response to this I follow Roochnick (2004), cited in Chapter One, who expressed the worth of retrieving and revitalising the views of the Classical Greek philosophers. This has been my aim throughout this thesis. The result being a theory of addiction that addresses all the issues surrounding the many contemporary problems associated with addiction and addictive behaviour.

In this chapter, I have also considered the practical and policy implications of the proposed theory. Professional training is key if the new concept is to gain acceptance. Raising awareness of the wider population through the media, and the influence of opinion leaders, will help inform this group. If the new concept were to be accepted, it would mean a significant change in the way policy is currently developed and practiced.

To bring this chapter to a close, I would like to briefly give examples of what I believe are significant opportunities to further study human behaviour 'generally' within the context of Classical Greek philosophy. Aristotle's theory of *phantasia* or imagination, is worthy of such research. The way in which the mind visualises and then responds to that vision is certainly a concept worth exploring in further detail. His theory of the function of a person also has the potential for further research. To understand the function of a person goes some way to understanding the way humans behave generally, and not just within the context of addiction. I believe that Socrates' notion of the power of appearance and its influence on human behaviour, alongside the art of measurement, has much potential for further study in many areas of human action.

Classical Greek philosophy is largely an untapped area of research when solutions to contemporary problems are being sought. Yet it presents opportunities, as I have shown in this thesis, to address what appear to be some of the most intractable problems presented by human nature today. Classical Greek philosophy can be used not only for the purposes of intellectual advancement, but as I have suggested, it may also be applied practically to gain a better understanding of many present-day personal and public difficulties.

9

CONCLUSION

9.1 The thesis in summary

This thesis has set out a new way of considering addiction. It has done so through the perspective of Classical Greek philosophy. An exegetical study of the ancient texts, and an understanding of contemporary theories of addiction, has allowed me to propose that addiction is a disorder of the soul.

Following an introductory chapter, the thesis began with an overview of current theories of addiction. This gave some context to the way an excessive appetite, an addiction, is commonly understood today. Following analysis of these theories, the thesis moved to enquire into the concept of *akrasia*. It is in Plato's dialogue, *Protagoras* where two conflicting views on the subject were found. The first, according to Socrates', is the view held by most people. They say that they are often ruled not by knowledge, but by other things such as, passion, pleasure, pain, and lust. These factors, they believe, can cause them to do things that ordinarily they would not do. They have behaved in this way, they claim, because they have been overcome by the things just mentioned. In short, desire has overcome reason.

Socrates takes issue with this. His position represents the second view. He says that if a person has knowledge of what is good and bad (and people do claim they have this knowledge at the time they act) then they would never knowingly

go for the bad, when an alternative and better choice is freely available. According to Socrates, it is not in human nature to knowingly choose bad things over good. Knowledge, he says will always safeguard a person against acting against their better judgement. It will inevitably lead them to act in their best interest; knowledge can never be overcome by desire, passion, lust, or pain. An anonymous interlocutor asks of Socrates; what is it then that people experience under the circumstances given, if it is not being overcome by their desires? In answer, Socrates replies that they have made a cognitive error. They have mistaken the bad for the good because of the influence of what he calls the power of appearance.

As Socrates' explains, the power of appearance makes bad things look good. It can also cause people to vacillate, to be indecisive in their behaviour. He gives some examples of how the power of appearance can fool the senses. People are deceived by the power of appearance and do bad things because of a lack of knowledge, and not merely of knowledge, but of the art of measurement. He states that wrong action done without knowledge is done in error.

If a person possesses the art of measurement they will never be fooled by the power of appearance, says Socrates. Despite promising the reader that he will explain the characteristic features of the art of measurement he fails to do so, either in *Protagoras* or in any other of Plato's dialogues. What he does say is that the art of measurement has knowledge embedded within it; it is a *techné*, or as it would be interpreted today, a technique. Later in the thesis, the idea of *techné* led to consider the concept within the context of present-day talking therapies.

Socrates' denial of *akrasia* in *Protagoras*, is not Plato's final word on the subject. In a subsequent dialogue, *The Republic*, Plato revises his conception of

akrasia. In *The Republic*, Socrates changes his view and now says that *akrasia* is possible; he believes that desires can overcome knowledge and reason.

The change of direction from Socrates initially denying *akrasia*, to now embracing it, permits Plato to introduce his doctrine of the tripartite soul. The three parts of the soul consist of appetite, spirit, and reason. When reason is in control the soul is in a harmonious state. In the just soul, spirit aligns with reason and resists appetite, but in the unjust soul spirit ignores reason, and sides with appetite.

When an appetite is irrational, meaning an appetite that is not controlled by reason, the soul becomes disordered. It is at this point that an excessive appetite develops. The irrational appetite may desire a whole range of things. It may be a desire to consume psychoactive substances to excess, or to engage to excess in what may be innocuous everyday activities, such as shopping or watching television. The object of desire is irrelevant. What is important to understand, is that the soul must be cared for at all times to ensure that it never becomes disordered in the first instance.

The human soul is unique in its capacity to develop an excessive appetite. Aristotle provides an explanation of the various elements of the human soul that explains this. Among the elements that human beings possess, are included the attributes of judgement, and self-reflection. These are what separates human beings from other animal species; they are what makes a person. Judgement and self-reflection allows humans to choose, and to reason the best way forward, and to make decisions accordingly.

While the capacity for developing an excessive appetite may be unique to humans, there is no sub-set of human beings that can lay claim to being more susceptible to developing an excessive appetite.[65] In other words, people that are labelled 'addicts' are no different than the rest of the population. Unfortunately, the vocabulary of addiction does little to expose the falseness of this commonplace idea. Words such as withdrawal, cravings, denial, and relapse, have become synonymous with addiction. Together with the characteristic behaviour that it is commonly attributed to people who have developed an excessive appetite, such vocabulary only serves as a reinforcement. It is a reinforcement of the unwarranted belief that there is a distinction between those who have an excessive appetite, and those who do not.

Addiction is a disorder of the soul. At various points in the thesis I stated that there is nothing unintelligible or complex about understanding addiction and addictive behaviour in this way. If a person fails to take care of their soul, meaning that they allow appetite to rule reason, they risk developing an excessive appetite. I have explained what makes the proposed new theory of addiction unique, and what advantages it has over other contemporary theories. I have presented a reference list of components of the theory that show at a glance the advantages of the new theory of addiction.

9.2 Some final remarks

[65] It has been acknowledged that there is comorbidity between certain mental health conditions and addictive behaviour. This situation might be considered to set some people apart from others, but this does not detract from the general point I am making here. People who suffer in this way cannot be considered a sub-set of human beings.

In this thesis I have brought together various concepts of Classical Greek philosophy to create a new theory of addiction. In doing so, I have accounted for contemporary theories on the subject, and recognised the contribution they make in understanding the phenomenon. As I said at the outset of the thesis, I believe this is the first time that Classical Greek philosophy has been employed in a way that allows for a comprehensive understanding of addiction, and addictive behaviour. I think that both disciplines, Classical Greek philosophy and the Psychology of Addiction, have benefited from this. It has allowed for a fresh approach to consider addiction, and it has shown the value of applying Classical Greek philosophy to a contemporary social problem.

What I have shown in this thesis, is a plausible and convincing definition of addiction that explains why:

> *Addiction is a disorder of the soul characterised by the excessive use of psychoactive substances, or the excessive involvement in certain non-substance related activities.*

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