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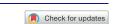
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COMMENT



Failure of guilt, misguided free will, and the potential benefits of legitimate disapproval: the case for stigmatizing addiction

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Calls to destignatize addiction have been widely circulated. Removing or reducing society's disapproval appeals to addicted people for obvious reasons: It removes one of the penalties for their destructive behavior. Many addicted people would prefer to continue indulging in their illicit pleasures while enjoying the respect and sympathy of society, rather than being condemned as selfish, weak-willed individuals who put their own short-term pleasures ahead of the well-being of family, self, and society (Davies, 1997; Peele, 1998). Regarding addicted people as unfortunate victims of disease is a much more sympathetic perspective, not least because it absolves them of responsibility.

The case for destignatization has been bolstered by arguments that addicted people have no control over their actions, that the addictive indulgences just happen to them without their consent and indeed possibly against their will. This view is popular among not only among addicted people, but also among paid treatment providers (Russell et al. 2011), but it is highly debatable at best (see below).

In contrast, Vanyukov (2023) makes a compelling case against destignatizing addictive behavior. He says that there is an important place for legitimate disapproval, that is, for society to express its negative value judgment about addiction. Indeed, such disapproval may help motivate addicted people to conquer their addictions.

Apart from some quibbles, we are sympathetic to Vanyukov's analysis. Both society and individual addicted people could potentially benefit from a reinstatement of society's overt disapproval of problematic substance use and addiction. We begin by summarizing Vanyukov's argument, then proceed to elucidate issues of free will and decision making among addicted people. Then we suggest ways that legitimate disapproval (Vanyukov's term) could be beneficial to society—including to the addicted people themselves.

Vanyukov seems to accept the broad view that any stigma is inherently bad, or at least that modern society views stigma as unfair and inappropriate. Vanyukov says that the very term 'stigma' implies that society is unjustified in condemning addiction. We think this is inaccurate. Who would advocate removing the stigma of racism, so that overt racists

would be tolerated sympathetically? The same goes for the stigmas associated with perpetrators of child abuse, sexual harassment, and rape. It is certainly true that societies vary as to which traits and actions they stigmatize. There is increasing sense that stigmas formerly associated with being born out of wedlock ('bastards') and homosexuality were unfair. The unfairness was precisely because the individuals were essentially not responsible for the conditions that brought the stigma. (After all, no child can prevent itself from being born out of wedlock!)

The presumptive legitimacy of stigmatizing racism underscores Vanyukov's point: Society's disapproval is a potent means for changing behavior toward the better (as society understands what is better). Therefore, it is at least worth considering whether that disapproval can profitably be employed to improve public health and safety by combating destructive patterns of drug use and, indeed, addiction.

The case for legitimate disapproval

The argument in favor of stigmatizing drug use and drug addiction, as put forward by Vanyukov, goes roughly like this. Society depends on having most people behave generally in ways consistent with society's values, such as being honest, nonviolent, and reliable. People who violate those expectations damage society and, if that happens often enough, society ceases to function effectively, thereby leaving its membership with lower quantity and quality of life. Punishing those violators, whether by imprisonment, ostracism, exile, or mere social stigma makes society better as a whole. Indulging in (some) addictive behaviors, such as chronic drug abuse, is one such harmful behavior pattern, especially when it leads to family neglect, financial ruin, secondary crime (e.g. stealing to get money to buy drugs), poor performance of role duties, and impaired health. Therefore, it is appropriate for society to be forthright in expressing its disapproval of drug abuse and drug addiction. (The difference between drug use and addiction is a further point to which we shall return.)

The argument gains considerable credibility insofar as drug use (or whatever is being stigmatized) is a result of personal acts by individuals, such that they could act otherwise. The argument resonates with Clark's (2022) blame efficiency hypothesis: It only helps society to punish wrongdoing insofar as individuals can abstain from wrongdoing, and there is little or no benefit to society from punishing people for things they cannot avoid doing or being.

A key question is therefore whether stigma or other forms of societal disapproval do in fact reduce drug abuse and addiction. Vanyukov provides multiple evidence-based arguments in favor of a positive answer. He contrasts addictions to legal vs. illegal activities and finds that the legal ones have higher addiction rates and require longer to quit. This fits the view that society's disapproval helps addicted people quit. Likewise, when society's values changed from full tolerance of cigarette smoking toward stigmatizing condemnation of it, the rate of smoking dropped substantially, and millions of people quit. In the process, millions of lives were extended and miserable afflictions prevented. Although multiple changes accompanied the change in cigarette smoking, it seems hard to dispute that escalating societal disapproval of smoking contributed to helping people recover from an unhealthy practice.

Further evidence comes from extending the example of prejudice. Changes in society toward intolerance of racial prejudice has led to a broad reduction in racial prejudice. A series of well-designed large-sample studies of implicit prejudice/bias along four dimensions in the United States found only one prejudice that remains widespread: anti-male, profemale sexism (Connor et al. 2023). Crucially, anti-male sexist bias is the one prejudice among those studied that has not been the target of stigmatizing campaigns, and if anything the media continue to promote that form of sexism. This pattern fits Vanyukov's argument that societal stigmatization is potentially a powerful force for promoting desirable outcomes.

Free will among addicted people

The question of how much control addicted people have over their actions has long been disputed. The notion that addiction removes or damages free will has been popular in some perspectives (e.g. Leshner, 1997; Volkow, 2015). An extensive literature review concluded, however, that addicted cigarette smokers largely retain free will (Baumeister, 2017). Multiple lines of evidence support that view, including the following. Addicted people seem able to refrain from using their substance when usage is prohibited (e.g. by 'No Smoking' signs, or as required by law or religion; see Dar et al. 2005, 2010). Most smokers quit successfully for periods of time and even permanently, so they are able to quit. Smoking and even heroin use change in response to price fluctuations. Smoking continues to show many signs of being voluntary behavior, including extensive use of the voluntary muscles, premeditation, resistance to external pressures (to abstain), and flexible execution. Smoking behavior is also responsive to the person's other values, such that the

more one endorses anti-smoking values, the more likely the person is to quit (Zhang, Cowling, & Tang, 2010). Addicted people (e.g. cigarette smokers) have often performed fine in leadership roles, including presidents and elected representatives, business executives, university professors, and medical practitioners. Such functioning would be impossible if their free will had been impaired.

The view that addicted people retain free will means that they should be able to respond to societal pressures to quit. If they lacked free will, then perhaps neither stigma nor laws (nor other forms of pressure) would make any difference. But free agents can presumably make choices to avoid doing things that society condemns. Vanyukov's case in favor of reviving the stigma of substance addiction is therefore credible in this respect.

Addiction as failure of guilt

Guilt is a good example for how emotion can control behavior and is often a useful component of human free will (Baumeister et al. 2007; Baumeister in press). In its optimal functioning, people anticipate that performing an action will cause them to feel guilty in the future—so they abstain from the action. This is particularly useful for actions that bring short-term benefits but long-term costs, such as problematic substance use and cigarette smoking.

In that connection, it is possible to regard addiction as a failure of guilt, at least in many cases. Addicted people do often report feeling terribly guilty over their past indulgences, especially when these have brought bad consequences to self and loved ones. Indeed, one of us had a nephew who killed himself after an alcohol relapse.

Why does anticipated guilt fail to motivate addicted people to quit? One reason may be that they avoid contemplating the future (where they will feel guilty). Smokers discount the future more than nonsmokers, as measured by behavioral economic methods of what cash value discount people will accept to get a reward now instead of later (Bickel, Odum, & Madden, 1999). People addicted to heroin exhibit an extremely short-term focus, as indicated by their openended thoughts when encouraged to think about the future (Petry, Bickel, & Arnett, 1998). Insofar as they think less about the future, they may be less deterred by the prospect of feeling guilty in the future.

Thus, one of the principal mechanisms for promoting prosocial behavior (i.e. anticipating future guilt for improper behavior) seems to be deficient among addicted people. It is quite possibly a defensive mental strategy, given that to the addict, the pleasure is in the present whereas the costs are in the future—so one can defend one's current indulgence best by not considering the future. As further evidence, Bickel et al. (1999) found that ex-smokers valued the future as much as people who had never smoked.

The broader point is that addicted people seeking to quit can benefit from external influences. The usefulness of extrinsic motivations in overcoming addiction has been debated, particularly in light of some studies that found minimal benefit from small incentives. But an ambitious study by Volpp et al. (2009) showed that larger incentives successfully motivated people to abstain from smoking. Indeed, a sizeable minority of participants in that study successfully abstained from (previously addicted) smoking for a year and a half, to qualify for the money—but then resumed smoking once the incentives ceased. Smokers need reasons to quit (Heim & Monk, 2022).

That brings us back to Vanyukov's point. Societal disapproval is a motivating reason. It deserves at least careful consideration as a possible factor to motivate people to quit addictions. In contrast, absolving addicted people of responsibility reduces their incentive to use their free will to battle their addiction.

Stigmatize the behavior—or the addiction itself?

There is also the question of whether stigma should attach to the problem behavior or to addiction itself. The answer could be either, both, or neither. Clearly the behavior is what society mainly wants to prevent. Stigmatizing substance use may be sufficiently motivating to help addicted people quit, without stigmatizing the condition of being addicted. (Society's disapproval may often take the most salient form of friends and family members expressing it.) Indeed, some people find it helpful to identify themselves as addicted people even after years of abstinence (as in Alcoholics Anonymous), and stigmatizing them seems especially unfair. If anything, they deserve admiration as role models for successful abstinence. This again suggests it is the behavior, not the condition of being addicted, that should be the focus of disapproval.

Another reason to focus disapproval on the indulgence rather than the condition of being addicted is that there are many socially unharmful addictions. Caffeine addiction is widespread and may benefit a population characterized by demands for cognitive work despite inadequate sleep. Vaping nicotine may yet prove to be a largely harmless addiction. Addiction per se is not a problem for society. Only certain addictions are.

To be sure, we cannot fully rule out the possibility that legitimate disapproval of the condition of being addicted has some value in certain cases or circumstances. Perhaps addicted people would be more motivated to quit if the condition of being addicted were itself aversive to them, because of society's disapproval. It is also possible that some people who dabble in addictive substances, such as the occasional cocaine or heroin user, are mindful of the danger of addiction and therefore are careful to limit their dabbling so as to minimize the risk of becoming addicted. Stigmatizing addiction may motivate them to be extra careful not to become addicted.

Conclusions and future directions

We are not saying that stigmatizing addiction is clearly the right thing to do. It may indeed reduce problematic substance use and other harmful behaviors, as Vanyukov suggests. Alternatively, it may make addiction worse, insofar as

addicted people are too ashamed to seek treatment. We consider this an empirical question. All we are saying is that attaching societal disapproval, including stigma, to addictive behaviors is worth exploring as something that could well have considerably more benefit than harm (both to the addicted people themselves and to society at large).

Free will, such as it is, presumably evolved to enable people to participate in society with advanced culture (Baumeister in press). They can do that most effectively insofar as society's values, expectations, and requirements are clear. Legitimate disapproval of misbehavior therefore seems wholly appropriate, especially if research shows that it helps people to quit.

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References

Baumeister RF. (in press). The science of free will. New York (NY): Oxford.

Baumeister RF. 2017. Addiction, cigarette smoking, and voluntary control of action: do cigarette smokers lose their free will? Addict Behav Rep. 5:67-84.

Baumeister RF, Vohs KD, DeWall CN, Zhang L. 2007. How emotion shapes behavior: feedback, anticipation, and reflection, rather than direct causation. Pers Soc Psychol Rev. 11(2):167-203. doi:10.1177/ 1088868307301033.

Bickel WK, Odum AL, Madden GJ. 1999. Impulsivity and cigarette smoking: delay discounting in current, never, and ex-smokers. Psychopharmacology (Berl). 146(4):447-454. doi:10.1007/pl00005490.

Clark CJ. 2022. The blame efficiency hypothesis: an evolutionary frameworkto resolve rationalist and intuitionist theories of moral condemnation. In: Nadelhoffer T, Monroe A, editors. Advances in experimental philosophy of free will and responsibility. London (UK): Bloomsbury Publishing; p. 27-44.

Connor P, Weeks M, Glaser J, Chen S, Keltner D. 2023. Intersectional implicit bias: evidence for asymmetrically compounding bias and the predominance of target gender. J Pers Soc Psychol. 124, 22-48. doi: 10.1037/pspa0000314.

Dar R, Rosen-Korakin N, Shapira O, Gottlieb Y, Frenk H. 2010. The craving to smoke in flight attendants: relations with smoking deprivation, anticipation of smoking, and actual smoking. J Abnorm Psychol. 119(1):248-253. doi:10.1037/a0017778.

Dar R, Stronguin F, Marouani R, Krupsky M, Frenk H. 2005. Craving to smoke in orthodox Jewish smokers who abstain on the Sabbath: a comparison to a baseline and a forced abstinence workday. Psychopharmacology (Berl). 183(3):294-299. doi:10.1007/s00213-005-0192-3.

Davies JB. 1997. The myth of addiction. London (UK): Routledge.

Heim D, Monk RL. 2022. Recovering is possible: overcoing 'addiction' and its rescue hypotheses. In Heather N, Field M, Moss A, Satel S, editors. Evaluating the brain disease model of addiction. London (UK): Routledge; p. 144–153.

Leshner AI. 1997. Addiction is a brain disease, and it matters. Science. 278(5335):45-47. doi:10.1126/science.278.5335.45.

Peele S. 1998. The meaning of addiction: an unconventional view. San Francico (CA): Jossey-Bass.

- Petry NM, Bickel WK, Arnett M. 1998. Shortened time horizons and insensitivity to future consequences in heroin addicted peo-Addiction. 93(5):729–738. doi:10.1046/j.1360-0443.1998. 9357298.x.
- Russell C, Davies JB, Hunter SC. 2011. Predictors of addiction treatment providers' beliefs in the disease and choice models of addiction. J Subst Abuse Treat. 40(2):150-164. doi:10.1016/j.jsat.2010.09.
- Vanyukov MM. 2023. Stigmata that are desired: contradictions in addiction. Addict Res Theory. :1-10. doi:10.1080/16066359.2023.2238603.
- Volkow N. 2015 Jun 12. Addiction is a disease of free will [Web blog https://www.drugabuse.gov/about-nida/noras-blog/2015/06/ addiction-disease-free-will.
- Volpp KG, Troxel AB, Pauly MV, Glick HA, Puig A, Asch DA, Galvin R, Zhu J, Wan F, DeGuzman J, et al. 2009. A randomized, controlled trial of financial incentives for smoking cessation. N Engl J Med. 360(7):699-709. doi:10.1056/NEJMsa0806819.
- Zhang X, Cowling DW, Tang H. 2010. The impact of social norm change stragegies on smokers' quitting behaviours. Tob Control. 19(Suppl_1):i51-i55. doi:10.1136/tc.2008.029447.