



Ordinary people associate addiction with loss of free will



Andrew J. Vonasch^{a,*}, Cory J. Clark^{b,1}, Stephan Lau^{b,2}, Kathleen D. Vohs^c, Roy F. Baumeister^{b,d,3}

^a The University of North Carolina at Chapel Hill, United States

^b Florida State University, United States

^c The University of Minnesota, United States

^d University of Queensland, Australia

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ABSTRACT

Introduction: It is widely believed that addiction entails a loss of free will, even though this point is controversial among scholars. There is arguably a downside to this belief, in that addicts who believe they lack the free will to quit an addiction might therefore fail to quit an addiction.

Methods: A correlational study tested the relationship between belief in free will and addiction. Follow-up studies tested steps of a potential mechanism: 1) people think drugs undermine free will 2) people believe addiction undermines free will more when doing so serves the self 3) disbelief in free will leads people to perceive various temptations as more addictive.

Results: People with lower belief in free will were more likely to have a history of addiction to alcohol and other drugs, and also less likely to have successfully quit alcohol. People believe that drugs undermine free will, and they use this belief to self-servingly attribute less free will to their bad actions than to good ones. Low belief in free will also increases perceptions that things are addictive.

Conclusions: Addiction is widely seen as loss of free will. The belief can be used in self-serving ways that may undermine people's efforts to quit.

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1. Lay people associate addiction with loss of free will

A widespread view among health professionals is the idea that addiction is a disease caused by problems when the brain encounters certain foreign substances commonly known as addictive drugs (e.g. Jellinek, 1960; Leshner, 1997; Volkow & Fowler, 2000). Although this message has been widespread to the public, among scholars this view is hardly uniformly accepted. A large and growing literature supports an alternative view in which addiction is primarily a disorder of choice (e.g., Baumeister & Vonasch, 2015; Heyman, 2009; Schaler, 2000). Given the apparent conflict between these scientific perspectives, scholars should perhaps exercise restraint in promoting one view over the other to the general public. The widespread notion that addiction is a disorder of the brain may lead addicts to harbor destructive beliefs that they cannot control themselves, and that they do not possess the free will needed to override their addictive behaviors. Hence, the resulting disbelief may then thwart the very capacities that are needed

to cure or overcome addictions. In this article, we present evidence that addicts and the general public believe that addiction entails a loss of self-control and free will, and that disbelief in free will is associated with higher drug use, fewer successful attempts to quit, and more unsuccessful attempts to quit alcohol and drugs. We also show that addicts use this belief self-servingly to justify and excuse their own problematic addictive behaviors. Finally, we show that this tendency to downplay one's own free will in response to addiction may be a self-fulfilling prophecy whereby believing less in free will increases the perceived power of addictive substances and decreases perceptions of one's own self-control.

1.1. Free will

Most people believe in free will, by which they typically mean the ability to make free choices and to choose one's own actions, without unusual constraint (Feldman, Baumeister, & Wong, 2014; Monroe & Malle, 2010). Free will is central to ideas of justice and responsibility: a person cannot be found guilty of a crime if the person lacked the ability to control his or her actions, which is the basis of the insanity defense (Roberts, Golding, & Fincham, 1987). People need free will in order to be held responsible for good behaviors, too. As one sign, people who disbelieve in free will are less grateful to others who help them because they think those others did not freely choose to help (Mackenzie,

* Corresponding author.

E-mail address: andy.vonasch@gmail.com (A.J. Vonasch).

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Vohs, & Baumeister, 2014). People are responsible for their actions if they can control them—if they could not do otherwise, there is little reason for them to try, and little reason for others to applaud or condemn their efforts (Greene & Cohen, 2004; Shariff et al., 2014).

The common notion of free will may differ from the idea that many scientists and philosophers dispute (e.g., Crick, 1994; Wegner, 2002). The scholarly debate about free will primarily revolves around the question of whether free choice is possible within a deterministic universe (e.g., Nichols & Knobe, 2007). However, to the layperson, free will is seemingly about freedom of choice (Feldman et al., 2014; Monroe & Malle, 2010). Here, we are not taking a position in the debate of whether free will exists. Regardless of whether free will actually exists, most people believe it does, and this belief affects their behavior, generally by giving them a greater sense of agency and responsibility for their actions (Baumeister & Brewer, 2012).

1.1.1. Free will and self-control

Belief in free will may be especially important for overriding, controlling, and stopping addictive behaviors. A core aspect of belief in free will is the idea that one is capable of controlling one's own actions (Feldman et al., 2014; Monroe & Malle, 2010). People use self-control to direct their own lives toward optimal outcomes, and people who fail to use self-control suffer from myriad bad outcomes, including worse school and job performance, lower incomes, more likelihood of criminality, and higher rates of substance abuse and addiction (Tangney, Baumeister, & Boone, 2004). Good self-control aids with quitting an addiction (Brandon et al., 2003; Muraven, 2010), presumably because an addiction is characterized by strong desires (Robinson & Berridge, 2000) that must be overridden by self-control.

Because successful self-control depends in part on believing that one is capable of self-control, discouraging the idea that people have this capacity could undermine self-control. Indeed, undermining people's belief in free will decreases their self-control (Rigoni, Kühn, Gaudino, Sartori, & Brass, 2012). This, in turn, may explain why disbelief in free will increases cheating behavior (Vohs & Schooler, 2008) and prejudice (Zhao, Liu, Zhang, Shi, & Huang, 2014), behaviors that a person with a strong belief in free will would be more likely to resist.

Because disbelief in free will impairs self-control, and self-control helps resist addictive behaviors, encouraging disbelief in free will might undermine addicts' efforts to reduce substance use or to quit altogether. In contrast, people who strongly believe in free will might be less likely to become addicted, and more likely to successfully quit if they do become addicted. Consistent with this idea, self-efficacy toward quitting, or the specific belief that one is capable of quitting, increases the rate at which people quit tobacco (e.g. DiClemente, 1981; Garvey, Bliss, Hitchcock, Heinold, & Rosner, 1992) and alcohol (e.g. Solomon & Annis, 1990). Therefore, one of our hypotheses was that believing in one's capacity for free will would increase quitting success.

1.1.2. Free will and decision-making

The ability to make one's own decisions is also central to most people's belief in free will (Feldman et al., 2014; Monroe & Malle, 2010), and likely plays an important role in aiding quitting. Most addicts quit drugs (even hard drugs like heroin) without therapy or formal treatment (Heather & Robertson, 1981; Zinberg, 1984). For example, after the Vietnam War, 20% of US army veterans were addicted to heroin. The army prepared for an epidemic of drug use, but upon returning home, the vast majority managed to quit on their own, leaving a mere 1% who remained heroin addicts (Robins, Helzer, & Davis, 1975).

For people who use therapy to help themselves quit, there are many kinds of addiction therapies. One key aspect of all of the successful treatments is that the addict must decide to quit (Heather, Rollnick, & Winton, 1982, 1983; Miller & Rollnick, 2012). If the addict does not decide to quit, he or she will generally relapse soon after treatment, even if the drug is completely removed from his or her body. In order for people to choose to quit, they must believe that it is possible to 1) make such a

choice and 2) follow through with it (i.e., they must believe in free will and self-control).

1.2. Public messages about free will and addiction

Even though belief in free will in general is widespread, there is reason to believe this belief may be circumscribed for addiction. In media, anti-drug campaigns, and even in scholarly works, the notion that addiction involves a loss of free will is widespread. The very first of the 12 steps of Alcoholics Anonymous is "We admitted we were powerless over our addiction - that our lives had become unmanageable." This very popular program has disseminated this message for years. The message strongly suggests: Addicts have no free will. A later step involves transferring control to a higher power, such as a religious entity. However, intervention by higher powers is not an accepted scientific theory, and so any success has in facilitating recovery from alcohol addiction is presumably due to inspiring members to use their own agency (a.k.a. free will) to resist drinking—despite the anti-free-will rhetoric.

Scholars, too, frequently advocate the idea that addiction undermines free will. For one example, a scientist and the head of the National Institute of Drug Abuse, publically blogged "that because of drug use, a person's brain is no longer able to produce something needed for our functioning and that healthy people take for granted, *free will*" (Volkow, 2015). For another example, a review of addiction argued that addiction causes diminished choice (Kalivas & Volkow, 2005). The scientific reasoning behind the popularly disseminated message that addiction undercuts free will comes from the disease model of addiction (Jellinek, 1960; Leshner, 1997; Volkow & Fowler, 2000).

The disease model treats addiction like any other disease—it is caused by physical ailments in the brain, which, if healed, should cure the disease. Thinking of addiction as a disease of the brain implies that addicts lack free will. After all, one characteristic of most diseases is that the main symptoms are involuntary—one cannot will away a sore throat or heart attack. If addiction is a disease, this implies that addicts cannot will away their addictive behaviors. Moreover, brain disorders are commonly viewed as undermining free will (Shariff et al., 2014).

The disease model assumes that people lack free will because the drugs change their brain, causing addiction (Leshner, 1997, 1999; Robinson & Berridge, 2000). It is clear that changes in brain functioning are associated with addictive behaviors. However, addiction primarily changes the brain in areas responsible for processing information about reward and desire, not motor areas that are directly related to behavior (Koob & Le Moal, 2001; Wise, 2002). Thus, it is inaccurate to say that addiction controls a person's behavior, though addiction affects what people desire and therefore what they tend to choose. If addiction is a disease, its main symptom is disordered choice—not lack of choice.

A new model of addiction, usually thought to conflict with the disease model (but see Kennett, 2013), holds that addictive behaviors primarily stem from free choices to use drugs (Heyman, 2009; Lewis, 2011; Schaler, 2000). According to the choice model, addiction involves loss of control over wanting drugs, but the person remains in control of behavior and maintains free will. Having desires to use drugs surely makes the choice to abstain more difficult for addicts, and disordered choice more common, but people retain the ability to control their actions and abstain (for a review of controlled processes in addiction, see Baumeister & Vonasch, 2015). This view of addiction as being consistent with free will is supported by the effectiveness of drug treatment programs, many of which target changing the person's mind about taking the drugs, which only indirectly changes the person's brain (Miller & Rollnick, 2012). It is also consistent with the data showing that most addicts successfully quit without any formal treatment of their physical symptoms or of their brain (Heather & Robertson, 1981; Zinberg, 1984). Moreover, it is consistent with most former addicts' experiences—addicts are able to abstain for years, even though the cravings may abate but never completely cease (Cutler, 2005).

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