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#### Review

# Addiction, cigarette smoking, and voluntary control of action: Do cigarette smokers lose their free will?



### Roy F. Baumeister

University of Queensland, Australia The Florida State University, USA

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#### ABSTRACT

Opinions differ widely as to whether addicts lose the ability to control their behavior and employ free will. This article reviews empirical findings regarding multiple questions relevant to the issue of free will among addicted smokers: Is smoking voluntary behavior? Can people quit smoking? Why don't people quit smoking? Why do smokers relapse when they try to quit? Do addicted smokers suffer from irresistible cravings? Are there some people who cannot quit? Are there conditions that make resistance impossible? Why would they smoke knowing it can kill them? The evidence reviewed here seems most consistent with the view that smokers retain control over their actions but cannot easily stop having frequent desires to smoke.

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Views of addiction have continued to evolve and change, driven variously by societal trends, medical opinion, and research findings. This article examines the question of whether addiction impairs or even destroys free will, based on a review of the research literature on

E-mail address: baumeister@psy.fsu.edu.

smoking cigarettes. Tobacco addiction is probably the most common and problematic form of addiction worldwide, especially given its adverse health effects that include millions of premature deaths.

It is now generally accepted that cigarette smoking is addictive. A central dispute is whether regular smoking brings about a change in the person that impels him or her to continue smoking, in effect

depriving the person of voluntary control over his or her behavior (at least in connection with smoking). Volkow (2015) has even defined addiction as a disease of free will. The opposing position is that smoking remains voluntary behavior that the person chooses to continue or not (e.g., Lewis, 2016). The difference between these positions has extensive implications for psychological and philosophical theory, for motivation, for drug treatment and intervention policies, for legal assignment of responsibility, and for government policy.

#### 1. Definitions

Definitions of key terms in this matter can be contentious. The core issue here is voluntary control of behavior: Do cigarette smokers lose voluntary control of their smoking insofar as they become addicted? Or do they remain responsible and in control, simply choosing to pursue the pleasures and satisfactions associated with smoking?

**Agency** is the capacity to initiate and control action. It is related to the term *agent*, as in someone who acts. It encompasses choosing, initiating action on one's own, and accepting responsibility for one's chosen actions.

**Voluntary control** has multiple meanings. For present purposes, it can be understood as indicating that the person is capable of choosing between performing the action and not performing it. Voluntary control means that the power to decide resides within the individual: the person is capable of making a conscious decision and implementing it. Loss of voluntary control means that the person is incapable of acting differently, either because of external forces or unconscious causes. With regard to addictive smoking, loss of voluntary control means that smokers cannot stop themselves from smoking.

**Free will** is understood as the capability to act in different ways, subject to the person's own control and serving the person's reasons, goals, wishes, and choices. A recent and authoritative definition, based on an interdisciplinary committee working for a granting foundation, defined free will as the capability of performing free actions. Free actions, in turn, were defined in two ways. One was "any intentional action performed on the basis of informed, rational deliberation by a sane person in the absence of compulsion and coercion." The other invoked multiplicity of possible actions (i.e., the person could do two or more different things) in a given situation as constructed by all prior causes and events (Haggard, Mele, O'Connor, & Vohs, 2010). Thus, in simple terms, free will is the capacity to act in different ways in the same situation. It thus overlaps considerably with voluntariness. Shepherd (2012) showed that most people do not accept unconscious free will, so free will entails conscious control of action. The term "free will" is a traditional usage but modern theorists generally do not postulate "will" as a distinct psychological entity, so it would be more precise to speak of free action (e.g., Mele, 2006, p. 17).

The definition of **addiction** has continued to evolve over time. Initially it meant simply strong, usually passionate liking for something. More recently it has become understood as liking for something of which society disapproves, and possibly having strong, recurrent desires that the person might at times wish he or she did not have. Thus it has acquired a connotation of desiring something that is bad for the self, as well as being unable to stop or avoid those desires. Orford (2001) captured this aptly by saying that the prevailing usage of the term "addiction" has evolved from an initial concept as simply an attachment to something, becoming now conflict about attachment. In his understanding, addiction is an attachment so strong that the person experiences difficulty in avoiding the activity even when it causes harm. The Royal Society of Canada (1989) noted that in the research community, definitions of addiction had recently shifted away from earlier emphases on cravings and withdrawal (dependence) toward more behavioral definitions, including failure to stop using even when the user was strongly motivated to stop. The failure to stop despite wanting to stop suggests that the addict's free will is limited, insofar as the addict is unable to act as he or she wishes.

Rationality is understood as the calculation of enlightened self-interest, which means figuring out logically what is best for the self (including in a long-range perspective. Rational action means acting on the basis of rational calculation. Rational calculations about whether to smoke would include short-term pleasure, risk of becoming addicted, well-documented long-term health risks, financial cost, inconvenience, and possibly other factors such as social pressure. Rational calculations about whether to quit smoking would include possible improvements in health and reduction of further risks, fear of weight gain, the unpleasantness of withdrawal, and the potential futility of trying (i.e., eventual relapse). Ainslie (2001) has pointed out that it is almost always rational to have one more cigarette, because the cost and health risk associated with a single smoke are negligible whereas the pleasure is almost certain — but of course the cumulative effect of always having one more cigarette can add up to significant damage to health. Thus, one paradox of addiction is that the accumulation of rational decisions produces an irrational result.

**Withdrawal** refers to a set of feelings and symptoms that occur when an addict ceases using a substance. When people quit smoking, they often experience a mixture of the following reactions: feeling grumpy, impatient, and easily irritated; sleep disturbances such as waking up at night; anxiety; hunger and increased eating; gaining weight; depression; unpleasant and occasionally strong cravings for a cigarette; and general restlessness (Hughes, 1992). Withdrawal symptoms vary in different persons, but most symptoms are gone after about four weeks on average (Hughes, 1992).

#### 2. Theory: free will and addiction

Addiction, free will, and smoking are all contentious issues. My focus is on whether addiction to smoking cigarettes eliminates or reduces a person's free will, as opposed to leaving it intact.

Much of the ongoing dispute about free will stems from using different, incompatible definitions. Some theorists define it as causation of behavior by immaterial souls (Montague, 2008), or as exemption from causality (Bargh, 2008). My efforts to construct a scientific theory of free will must reject both those approaches (see Baumeister, 2008, 2014; Baumeister & Monroe, 2014). The notion of free will endorsed here is *responsible autonomy*: That is, free will consists of two main things. One is autonomy, in the sense that behavior is caused by factors inside the person, such that behavioral choices are ultimately made by the individual. To be sure, external factors will have influence, but free will means autonomy in the sense of self-government and thus ultimately being able to decide as unity, somewhat independent of the external environment. Responsibility means that the individual understands the implications and contingencies and makes the choice with an acceptance of the possible consequences.

Free will thus entails that the person recognizes multiple options and can choose consciously which one to realize. Loss of free will would mean that the person becomes unable to choose some options. In the absence of free will, the person has no choice and can only do one thing, regardless of the person's values, conscious wishes and preferences, and so forth.

The theoretical question is therefore whether addiction eliminates the person's capacity to choose. When an addict smokes or uses some other substance, is it a free choice in which the person could have done otherwise? Or has the person lost the capacity to choose and become helpless in the face of impulses and opportunities to smoke?

Policy issues ride on these. If addicts are consenting adults who freely choose to smoke, then a liberty-oriented government should presumably recognize their right to enjoy smoking as they please, as long as they do not harm others. In contrast, if addicts lose free will, they should be regarded as the equivalent of children or severely impaired individuals who cannot take care of themselves and cannot be trusted to make responsible choices — in which case it may be appropriate to

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