

ADDICTION, SELF-SIGNALLING, AND THE DEEP SELF

RICHARD HOLTON, CAMBRIDGE

THE AA VIEW AND A NOT UNCOMMON VIEW ON SMOKING

Alcoholics Anonymous tries to convince its members that they are, and always will be, alcoholics.

A standard technique in helping people give up smoking is to convince them that they are not smokers.

How can both of these be effective?

Background: addiction affects wanting (craving) rather than liking or even anticipated liking. But this doesn't lead directly to behaviour. Subjects can, with effort, exercise self-control.

WHEN WILL SUBJECTS EXERCISE SELF-CONTROL?

Subjects will be more likely to exercise their self-control at some particular time if they believe that this is both (i) necessary (necessary *at that time*) and (ii) effective.

A tension between these two. The stronger the addiction, the more necessary, but the less likely the chance of success. Perhaps the beliefs about the deep self help with this.

SELF-SIGNALLING

Behaviour can provide evidence of the nature of the deep self. As a result subjects can provide themselves with evidence by how they behave. But since they can manipulate their behaviour they can manipulate their evidence. So is this evidence bound to be misleading? Two cases: (i) the behaviour constitutes the feature that the agent is trying to get evidence about. Then the evidence may be good: people behave generously in order to convince themselves that they are generous, and thus plausibly are; people behave morally in order to convince themselves that they are moral, and then perhaps are.

(ii) the behaviour doesn't constitute the feature. So the subject will think that there is a deep self to find out about. Here very often the evidence will be misleading.

CAUSALLY INEFFECTIVE CASES: NEWCOMB, CALVINISM, ETC

Newcomb case: one-boxing and two-boxing.

Calvinism: whether one is elect is predetermined. Behaviour can provide evidence for this. But if it is motivated by a desire to get evidence of election it looks to give bad evidence.

Something similar is possible in addiction.

In these cases the action is causally isolated from the outcome.

CAUSALLY EFFECTIVE CASES

The psychopath button. Similarly with alcohol: the desire to drink provides evidence that one is an alcoholic; drinking would trigger a bad sequence and so would be disastrous; so one is motivated to resist. But then a curious instability: as one becomes convinced that one can resist, so resistance becomes less necessary; so one thinks one won't resist, which in turn leads one to think that resistance is more necessary. Perhaps an antecedent belief that one is an alcoholic enables one to resolve this instability.

But is there something similar for smoking? Could it be that the disgust for the cigarette provides evidence that one is not a smoker, leading one to reject the cigarette? But how plausible is it that that would then make one think one was a smoker after all?

ANOTHER APPROACH: RESOLVE AS NON-RECONSIDERATION

Perhaps the right response to this is not to go in for any reasoning along these lines. Non-reconsideration elsewhere can help prevent judgment shift. The beliefs about the deep self don't provide considerations to use in deliberation. Rather they help prevent deliberation.

On this approach: *either* view will do the job. What is really needed is something that removes the motive for reconsideration, and provides a motive for non-reconsideration:

I am and will always be an alcoholic, so I shouldn't think about drinking, since that will be disastrous.

I am not and never will be a smoker, so I shouldn't think about smoking since that is just not for me.