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# Bioethics Outlook

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## Addiction as Habit

Steve Matthews

*"I just done it myself. I just keep busy ... cos I've found you got to replace it with something..."<sup>i</sup>*

Many recent definitions of addiction will say something like this: An addicted person is someone who engages in a set of (apparently) compelled behaviours despite negative consequences, driven by neuro-biological changes. This rather understates it, for those with a major addiction find that their habit has invaded their life in a total way, leaving little room for other valued activities. It is this idea – addiction as an all-consuming habit – that I want to explore in this short account. I will do so by linking a philosophical conception of habit with a modern neuro-biological conception of addiction in terms of learning and memory. The habit of addiction is something a person learns, usually in a context that encourages it, permits it, or imposes it. If so, addiction must be unlearned – usually (in addition to medical treatment) by radically changing that context of learning.

We begin by sketching two general views of addiction and addicts that divide on the question of responsibility. In fact there have been great strides in our scientific understanding of addiction in recent decades. Yet despite this there remains a deep tension between those who regard addicts as somehow to blame for what they do (as addicts) and those who see addicted persons as vulnerable individuals who are not responsible for their condition. According to the latter position, addicted individuals are patients with an illness, and so their behaviour is not blameworthy. It is their addiction that has brought them into a condition where they compulsively seek and consume drugs, or plan their lives around alcohol, or gamble away their life savings, and since compulsion and genuine choice-making are not compatible, the addicted patient should be regarded as largely blame free.

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### **In this issue:**

**Steve Matthews** explores two ways of thinking about addicts: as blameworthy or as vulnerable individuals not responsible for their addiction.

**Gerald Gleeson** reconsiders the meaning of 'Je suis Charlie'.

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There are those, however, who continue to hold addicts responsible. Bizarrely, some hold them responsible just for *being* addicted; others hold them responsible for actions they perform in the service of their addiction, such as lying and stealing. (I do not include “actions” performed while intoxicated; it is the state of addiction itself that is the target of our thoughts here.) Those who hold addicts responsible for being addicts think that a person with an addiction knew, or should have known, the risks from the start. Yet no one consumes with the intention of becoming addicted, and the narrative sequence leading to a full blown, or major, addiction is often long and complex. Indeed western democratic states recognise the absurdity of blaming people just for their addiction. Notably in 1962 the US Supreme Court is famous for having struck down a California statute that had criminalized addiction to narcotics; it was struck down on the basis of being cruel and unusual punishment. In the judgment, putting someone in jail merely for *being* an addict (suppose you had just crossed the border into California) was compared to putting someone in jail for having a cold.

Some theorists – libertarians of various stripes – are simply sceptical that addiction counts as an illness at all. Some people, they say, just really like the pleasures of mind-altering substances and so illegal acts committed by addicts should be viewed, they say, as punishable by law. Still, libertarians do not see drug-taking itself as a bad thing, for after all they say, what is wrong with a person seeking pleasure? On the other hand, another group who blame addicts includes those with a moralistic bent who view the taking of mind-altering substances as intrinsically bad. Certainly this moralistic position is expressed by some in the public arena, though much less so within the academy; its expression is often accompanied by claims, contrary to the libertarians, that

addicts are hedonistic pleasure-seekers. Like the libertarians the moralists hold addicts responsible for breaking the law, but they would go a step further and brand addicts as bad people – for hedonistic pleasure-seeking of this type is a bad thing in itself.

These positions – libertarianism and moralism – are at odds with the advances of medical science and the very important work done in the last decade by bioethicists. The key response to both positions is that, although some people choose drugs for the pleasure of it at the start, pleasure-seeking in addiction is utterly not to the point. The (science-based) dopamine account of addiction (that pertains to the reward circuitry of the brain) suggests that addicts at later stages of their addiction are not motivated by their liking of the drug. Rather, the motivation – the desire that drives action sequences to score and consume – gets a life of its own quite separate to any pleasure incentive. These sheer desires to consume are underpinned by a neuro-biological process in which dopamine signals an error in the prediction of what the human agent expects as good. Early experiences of alcohol or drug consumption in certain individuals involve a hit that is better than expected (often *much* better!); over time the motivational system becomes oriented in favor of the drug *even after the agent ceases to like and find pleasure in it*. Neuro-biologists observe neural adaptations in the reward circuitry of the brain during this period. After these changes have occurred the addict continues to want the drug, and this state of wanting swamps all other interests and motivations, so that important things in life such as family and career are excluded from the agent’s motivational horizon.

The dissociation between liking and wanting is well-confirmed by what addicted persons themselves say. From the

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beginning many say that the purpose of consumption was never about, or just about pleasure – but rather about escape, the need for social inclusion, to dull psychological pain and so on – and by the end of one’s addiction the addicts were utterly ambivalent in relation to pleasure. Here are some representative claims about pleasure and addiction taken from a recent study the author undertook:

*[A] lot of people talk about a honeymoon period on drugs. I can’t remember a time like that, I can remember starting drugs and pretty much straight away trying to stop all the time. Like I know people talk about that it was nice and exciting and it was a carnival at the beginning but I didn’t find it like that. (...) I hardly even remember starting drugs, I mostly remember trying to stop all the time.*

*[U]sing heroin made me feel normal, it took that away, so I didn’t feel bad about it at all, I thought I’ll do anything I can to get it, I don’t mind if I have to work [in prostitution] and I thought that it was the only thing that would help but of course it’s taken everything away from me now (...) Yeah I didn’t use it to have fun I used it to feel normal, then it turned into just an addiction.*

*That’s the love hate thing I have with ... when I first started, I liked the feeling but then once I got addicted I didn’t like it. And I always wanted to quit because of that.*

*Yeah but now it’s just...it’s not even fun anymore really, it just sort of becomes a...I don’t know, more or less like a chore I suppose but yeah I just...I want to get away from it.*

*It’s ... there was reason, early part, until I came to understand why I was behaving the way I was behaving. So in ... no, not now. No. There’s no reason.*

*[W]hen I was 20, 30, when I was 40 my drinking was good, I had good times on the drink, from when I was 50 to 60 just...I’m just drinking for nothing (...) I’m just drinking for drinking sake now.<sup>ii</sup>*

Accounts such as these, together with the addiction neuroscience claims above, are making it less and less likely that a clear conception of addiction can or should have to be made to fit with ideological assumptions that surround drug taking. This ideology makes a link between the addictive consumption of alcohol and drugs and pleasure-oriented selfish behaviour, behaviour that tends towards negligence with respect to fulfilling valuable social responsibilities and roles. In making this link the wrongness of addiction is supposed to follow from the fact that the negligence that addicts exhibit – which of course no one disputes – is the product of their self hedonism. The point is: it is just false that addicted persons in general are motivated by selfish pleasure-seeking.<sup>iii</sup> This mythology, I claim, has infiltrated clear thinking about what is at stake in the condition of addiction, and the result is enormous damage done to the way we understood addiction and this undermines the compassion that we might otherwise express that comes with this understanding.

We won’t further consider the positions of libertarianism or moralism. However, there are many adherents to versions of these relatively intolerant views – in the popular mind as well as in the academy and in the professions – and so it’s important to try to build a bridge between the various positions in order that we may reach some stability, particularly in the approaches to treatment.

These positions – involving choice versus disease – might presuppose no middle ground in thinking about the capacities of addicted persons to help themselves. They might suggest that these capacities are

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either fully present or completely absent, but this is not plausible. On the other hand there are those who think that addicted persons remain sufficiently competent throughout the course of their addictions to at least seek treatment. If they fail to seek treatment while remaining cognizant of the negative consequences of their condition they can be held responsible for that. However, even this position can seem harsh, and indeed it needs careful qualification to deal, for example, with those in social circumstances who are unable to source the help they need. Social and medical services must be available, be seen to be available, properly staffed and resourced, and professionally supported. An addicted person has to have the opportunity to seek the help they need in full knowledge of its possible benefits.

Before we address the idea of addiction as habit, it is worth mentioning some further factors that affect clarity on the issue. The first arises in connection with the type of person imagined as addict. The *stereotype* of the young dropout roaming the streets shooting up in alleyways is unrepresentative. The addiction population is of course most highly populated by those who consume tobacco and alcohol. In addition there are groups we do not typically put forward in these discussions including many professional people, including doctors, with ready access to a good supply of an addictive substance.

A second factor that hinders clarity goes to the *mythology* point raised earlier concerning the motivations of addicted persons. I was at pains to question the pleasure motivation, and indeed motivations vary greatly between people and between stages of the same person over the period within which their condition took hold. Certainly some groups of people begin to take substances simply to feel good, but this fades, and addiction takes hold. Other groups are motivated by the need for stimulation, or to cover up their own perceived

inadequacies, as an escape hatch to deal with unpleasant or dangerous circumstances, or in the context of artistic or intellectual inspiration. All of these different varieties can lead to addiction. It's important, then, to keep separate the different types of motivation that lead to addiction, from the condition of being addicted itself. The motivations are a heterogeneous set that distract from the pathological end result we are really concerned to understand.

A third (and related) factor arises from the *judgments* made about addiction and addicted people. These often seem affected by the variation in type of substance consumed, or activity undertaken, by the addicted person. Can you really be sure that you are not judging an addicted person on heroin more harshly than someone who is hopelessly addicted to tobacco? My bet is that almost everyone's view of addiction is contaminated by those legal and cultural norms which form the background of wrongness judgements in relation to addictive actions. That is, since the law proscribes heroin use, we like to think that those on heroin are somehow responsible for their situation. We like to think that we non-users are safe and superior so long as addicts are kept away. We imagine that it would be a bad thing for us or those we know to engage in bad behaviour of this type, and consequently we find ourselves showing very little sympathy for a person who does.

But I want to say that each of these three factors – which ground the stigma surrounding addiction – is simply irrelevant to the task of understanding the nature of this condition at its core, or even at its medical core if you like. This is because addiction is (by definition) the state of being hooked into a pattern of behaviour, and yet the supposed wrongness of consuming an illicit drug like heroin would obtain if a person took a substance just once. So thinking addiction is wrong for this reason – or partly for this

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reason – is an example of the fallacy of composition – wrongly attributing to the whole, a property that belongs only to one of its parts. For those who still have doubts, remember we are trying to discover what is wrong with addiction, in *all* its examples. Would an addiction to one's work be bad on account of some feature of the act of working? No, for we are interested in an explanation of the habitualised nature of behaviour, the repetition in action, the seeming compulsiveness. A reasonably good comparison group is the OCD patients who compulsively hand wash or hoard, even anorexic patients who starve, and it is clear in those cases that the behaviour involved is pathologically framed. What we have is a pattern of behaviour that has become pathologically habitualised. That too should be our starting point in addiction.

Habits, according to Aristotle, link to character, and character is the place where we may read off whether a person exhibits a virtue or a vice. For instance, the repetition of virtuous actions – say acting with prudence – over time will result in the agent becoming enlightened in the ways of living [well]. Our virtuous or vicious natures come about, not due to some natural feature of us, says Aristotle, but rather from the practices we engage in. Once we train ourselves through the repetition of actions, over time, we alter ourselves so as to develop the habit of such actions which then become a 'second nature'.

*As a result of building houses well, people will be good house builders; but as a result of doing so badly, they will be bad ones...so too in the case of virtues: by doing things in our interactions with human beings, some of us become just, others unjust...the case is similar as regards desires and bouts of anger. For some people become moderate and gentle, others licentious and irascible...Hence we must make our activities be of a certain*

*quality...It makes no small difference, then, whether one is habituated in this or that way from our youth; it makes a very great difference, or rather all the difference...(Nicomachean Ethics, 1103b)*

It is important in Aristotle's account that virtuous character emerges from *choices* about the actions we perform repeatedly. We cannot choose to digest food in a certain way, or (duck-rabbit examples notwithstanding) decide to see something as different from what we in fact see. Those things are not, therefore, part of character, whereas the constant choices we make in relation to the virtues such as justice and temperance are habituating, and so character-making. On this point Aristotle remarks that "we are adapted by nature to receive [virtues] and are made perfect by habit" (Nicomachean Ethics, 1003a).

The account of habits due to Thomas Aquinas builds on Aristotle's, and ultimately provides something more sophisticated. The treatment of the topic in the *Prima Secundae* of the *Summa Theologiae* is extensive and technical. For our purposes I will skip briefly through some foundational elements to then focus on those aspects bearing on addiction. Habits are 'intrinsic principles' of human acts (Question 49), they are something a human being has, but not in the way of a disposition, which is something easily lost.<sup>iv</sup> They are something internal to us that we cannot easily shake off. What this means is that we can be said to have developed a habit only when we have learnt to act in a way described by the habit's principle. In short, a habit in this sense must be learned, later "instructing" the agent to follow certain procedures.

Human agency is complex. We are reflective normative creatures who typically are able to act with consistency over long periods of time. However, willpower is an exhaustible resource and this is because the human body and brain

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have finite limits to what they can do. Aquinas recognises this when he notes that our willpower must operate “from the soul through the body” (Question 50). Since our desires and impulses are buffeted through our interaction with the natural world the intellect must oversee the deployment of an organizing set of principles that arrange the motivating desires to be placed appropriately. For instance a house builder must perform actions at the right time in the right way and not be distracted by impulses that would undermine building plans. The principles governing the arrangement of these desires are the intrinsic principles of human acts that Aquinas describes. Since, again, they have to be made operational by limited bodily willpower, the human organism incorporates the principles *as* habits.

Two important properties of habits in this Thomistic conception are worth comment. First, they operate on cue. Context and circumstance will trigger an action sequence, and this frees up the agent by not squandering cognitive resources for decision-making. Exposure to an external signal generates action unhindered by the need for deliberative attention. It is noteworthy that addictive actions particularly around relapse are typically said to be brought on by hypersensitivity to cues of ‘places, people and paraphernalia’. Some heroin addicts, for example, report that they experience mild withdrawal symptoms just by strolling through a neighbourhood in which they formerly regularly scored and consumed their drugs. A second noteworthy characteristic of habits is that they are responsive to reason. This is not to say that one’s rational nature is so strong as to overcome habit *in the moment*, but as Kent Dunnington (2011: 65) puts it ‘Aquinas is interested in the way in which reason can develop strategies, manipulate circumstances and inform alternative modes of character...reason can gradually

and indirectly transform habits and the corresponding actions that they elicit.’ The way I like to put this point is that, for autonomous beings, habits must answer to reason. The autonomous agent must recognise when a habit ceases to fulfil its rational purpose, and then to adjust either by tweaking the habit or removing it. So, to take a simple example: a person from a rural area might cycle to work every morning to help stay fit and healthy, but this habit would be ill-advised in a city choked with traffic fumes.

Habits, to sum up, are the result of repeatedly acting in ways that lead to deeply ingrained character traits, and these are traits that are very hard to shake off. This is not surprising since to talk of character in this deep sense means that we are talking about the formation of our moral identities, that is, who we are, and who we take ourselves to be, understood *normatively*. Once we view habit in this sense as mediating between action and moral identity, we see how important it is to pay attention to the actions we are vulnerable to repeating. For these repeated actions are a mirror for what we become and since they are actions, and so chosen, we are therefore in a sense choosing to become a certain kind of person. In Aristotle’s sense, the upshot to repeatedly performing an action badly, say batting badly in cricket, is that one becomes a bad batsman. By getting away with repeatedly lying one becomes a deceitful or untrustworthy person. On the other hand, by doing something well (such as say singing), one becomes a good singer. And so on.

With these examples in mind I want, shortly, to explain the connection between habit and addiction a little more explicitly. For although this connection can be made out, there are some differences to the simple cases, and understanding those differences will help to explain a difficulty the reader may have already noticed. Let me mention the difficulty first. I said at the

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start that no one chooses to become addicted, and yet I just said in the last paragraph that choosing certain actions leads to our becoming a certain kind of person. So, wouldn't choosing repeated drinking be like choosing to become an alcoholic? Have I contradicted myself after all?

The way out of the difficulty is to emphasize that most people who consume addictive substances do not become addicted. The key here is the notion of vulnerability. Those who become addicted are people who are vulnerable to begin with, and no one really knows – or almost no one – whether they are vulnerable to addiction until they are addicted. The vulnerability is that those who become addicted have a pre-existing deficit in self-control. Psychologists explain this deficit by talking about a failure of some people to resist the compulsive urges that take hold after exposure to their substance of choice. These include genetic and non-genetic factors. (Hyman, 1414). Psychologists sometimes divide the vulnerable into two groups – a negative affect group, and a positive affect group. An example of the former would be adolescents with anxiety or depression whose consumption tips over into addiction and for whom the withdrawal phase is exacerbated. Having a family history of addiction is a further exacerbation for this group. The positive affect types tend to be impulsive risk-takers initially motivated by the excitement of alcohol or drugs, and who lack the inhibition controls. A further biological vulnerability for them is that their systems over-respond to the hedonic effects of alcohol and drugs. So, whereas for a normal person, having a drink or two is mildly pleasurable, for a vulnerable person on this measure the pleasure is greatly heightened; as the dopaminergic account has it, their response to the reward is that it is better than expected...much

better, and much better than most other people would find it.

To go back to an earlier point, it is not plausible that someone on risk for addiction takes a substance *while thinking about addiction*. Think of it this way: we would not describe someone who consumes a cigarette, a drink, or some heroin, as 'addicting'. Rather, they are smoking, having a drink or shooting up, and that is how they themselves conceive of what they are doing. Whether repeated instances of these separate acts have the downstream addictive effect cannot be determined for sure. And indeed, if we take alcohol, we know from studies that only about one in fourteen individuals who drink will ever develop a problem in relation to alcohol. We have, then, an *epistemic* reason blocking the objection that since habits are character-forming and the products of choice, addicts can be blamed for choosing to drink. The counter to this is that the chances of becoming addicted from choosing to drink on certain occasions are quite low, and so, *ceteris paribus*, it is unreasonable to blame someone for becoming addicted.

So, let me now return to the question of why we might think of addiction in terms of this sophisticated account of habit. I want to do this by zeroing in on a theme that one finds common to the personal accounts quoted at the start. One person wanted to 'stop all the time', another said that taking heroin turned into 'just an addiction', one wanted to quit after 'I got addicted', another compared addiction to 'a chore', another said tellingly 'there's no reason' for his addictive behaviour, and in the last quote an alcoholic claims he was 'drinking for drinking sake'. What is common here, and in nearly all addiction stories, is the idea that the habit is something alien to the person, something the person sees as separate from them, imposing itself upon them. In reflective moments – and these quotes are from in-depth interviews seeking such inward

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reflection – addicted persons will distinguish between who they really are, or think they could be, and who they have become on account of this foreign invader. As a number of the stories also point out the addictive substance was initially welcomed, and in some cases highly valued. Ultimately, however, the addiction has the effect of taking over a person's life, constricting, and ultimately squeezing out, the value of that life.

By this last remark I mean quite literally that active addictions are habits that, like foreign colonizers, take over and disrupt the processes autonomous persons can expect to operate in such a way as to make them effective moral persons. Competent autonomous human persons are, in a sense, a construction out of their various habits. A well-functioning human agent is one who, with executive powers intact, properly monitors, evaluates and brings coherence to the various habits within her. Some habits are recognised as serving the agent well, some serve in a normatively neutral fashion, other habits form that are detrimental to performance, including moral performance. A reflective, morally autonomous agent must recognise and manage his habits in order to remain effective and properly in control both now and in the future. Philosophers call this last idea *diachronic self control*.

The addicted person has a habit that, like a cancerous invader, has radically undermined her capacity for diachronic self control. Think again about the claim that human beings are constructed out of the various habits that must be coordinated in order to be an effective agent. Major addiction is a habit that is extremely difficult to control. There are two effects of this on the autonomous system. The first is that addicts begin to lose sight of, neglect, even abandon, all those very good habits they once had. Their values, plans, hopes, desires and the like, the mental economy geared to performing regular good actions, withers away, and it is not

just because of lost time and money. It is also, and perhaps mainly, because the habit of addiction suffocates competing habits.

The second effect of addiction is that the regular consumption of large quantities of highly potent reward-inducing substances taken over a long period does damage to neural systems implicated in the capacity to control and regulate planning, decisions, and actions, that are normally needed to run one's life relatively unhindered. Normally when we decide now to act in the future, we can rely on our future selves then to remember and to carry out the action. I commit myself to getting fit and decide that tomorrow morning I will take a brisk stroll; when tomorrow comes I duly head out on my walk. In such everyday cases diachronic self-control functions properly, and our capacity for autonomy works effectively. But an addicted person, on account of the grip the addiction has on her, learns that she cannot rely on her future self to be effective, and one of the effects of this is a loss in self-trust. If, over weeks, months, or years, my plans and commitments almost never come to fruition because I'm too drunk, or too hungover, or I'm withdrawing, or I'm craving, or I just can't see any value in stuff besides alcohol or drugs, I will stop making plans and commitments. After all, what would be the point of pursuing those plans when I cannot rely on myself to be effective? And this is what addicts themselves report. Their problem is disunity of agency, and loss of effectiveness.

Peter Railton (2011: 324) has pointed out that the English word 'ability' shares the same root as the word 'habit'. This might seem to imply that all habits are good, if we think all abilities are good. However, the concept of ability or competence is normatively neutral. We lament the abilities of bad or weak people which are put into the service of mischief, or wantonness. Since the habit of addiction enables a person to as it were quite

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skillfully secure and consume substances, sometimes illicitly gained, then we see that addiction is an ability also put into negative service. Initially, in many cases, this is weakness, but I have been arguing that major addiction is a habit that has a *sui generis* feature: the tendency to damage the very capacity agents have to regulate their overall set of habits, good and bad. The point is that we may judge a *habit* as representing a kind of ability – think of the good habits needed in skilled action – and we may judge an *agent* as having certain competences *qua* agent. Like a successful parasite an addiction may be a habit that functions very well within an agent; but *qua* parasite it represents for the agent a *disability*.

If what has been said here is correct the very first steps of treatment must involve a strategy (suited to the agent's particular circumstances) that freezes out the rogue habit of addiction in order to make room for effective decision-making in which the right balance of habits returns. Merely intellectual recognition will not cut it, nor will grim and brute willpower. It is well known that what is needed (in addition to medical and social support) is a sustained strategy in which the contextual cues supporting the habit are removed long enough that new routines may replace bad old ones. If our various habits are like a garden, addiction is a garden completely overgrown with a single noxious weed. Fixing the problem will involve more than sending in one person with a spade. The problem may be so bad as to require re-planting of the whole garden. An instructive example in this connection comes from the case of heroin-addicted US military personnel returning from Vietnam. In this case, the change to civilian life also brought with it a set of new goals, and a re-acquaintance with friends and family; in other words, whereas before the trauma of war had biased their view of the world towards over-valuing heroin (a drug well known

for dulling psychological pain), their view of civilian life opened up possibilities in which heroin was no longer needed to play its role.

Unlike the Vietnam example in most cases a complete change of circumstances is not a realistic option. Cases of major addiction are usually treated by addressing medical, social, and psychological needs. But the important point here is that the rapid elimination of a habit so profound must not take place without thoughts for what is to replace it. It is not uncommon for recovering addicted persons to in fact *miss* what they had as addicts, and that is because at least as addicts they had social contacts and a substance such as alcohol or heroin to make their miserable lives at least bearable. Weinberg and Kogel (1995, p.216) point out that "...many [clients] eventually confronted the disappointing realisation that much of what they disliked about their lives would remain even if they won the struggle to remain sober." They point out in addition that "...sometimes sobriety and stability just made [their problems] more blatantly apparent and harder to face" (p.216). Thus clients recognising the problems of their "living situations, their families, friends, and acquaintances, the inability to sustain employment, their poverty, and their future prospects" (p.216), had the reasonable hope that treatment would include these issues within its purview.

Charlie says,

*...first and foremost is I'm extremely lonely...I'm totally unemployable. I'm over the hill, got no references, no appreciable skills, patchy work history at best, former alcoholic and addict, homeless...it's very depressing. I mean [participating in treatment] is not the answer to all my problems. Recovery is not going to make my problems go away (Weinberg and Kogel, 1995, p. 217).*

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Many recovering addicts view their substance misuse as escape from insurmountable difficulties or boredom. Giving up drugs was therefore, from their point of view, elimination of a *benefit* – the relief conferred by the drug – without any compensating improvement in long term welfare. As one client put it,

*...it's hard for me to stay clean, because my life when I'm clean is so horrible. They say it gets better, but for me it never got better. I knew when I relapsed that it wasn't the answer, that I was gonna be even worse off, but I didn't care. I just wanted relief from that misery, even if it was only going to be a temporary fix and was going to make things worse in the end (Weinberg and Kogel, 1995, p. 218).*

What these accounts put into sharp relief is that effective treatment programs must address in a practical way the need for community and meaningful activity in order to provide the right context for the development of good habits, those that can continue to serve the recovering addict now and into the future. These accounts also show that addiction as a habit cannot

be decoupled from the context of its passage, in line with the accounts of habit by Aristotle and Aquinas. Developing good habits to replace a pathological one like addiction in many cases has to be enabled by help from without.

## REFERENCES

Foddy, B., & Savulescu, J. (2010). 'A liberal account of addiction'. *Philosophy, Psychiatry, & Psychology*, 17(1), 1-22.

Railton, P. (2011). Two cheers for virtue: or might virtue be habit forming?. *Oxford Studies in Normative Ethics*, Vol 1. Oxford: Oxford University Press.

Weinberg, D., Kogel, P. (1995) 'Impediments to recovery in treatment programs for dually diagnosed homeless adults: an ethnographic analysis'. *Contemporary Drug Problems*, 22 (2): 193-236

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<sup>i</sup> Quote taken from an Australian Research Council study DP1094144: Addiction, Moral Identity and Moral Agency: integrating theoretical and empirical approaches.

<sup>ii</sup> Quotes taken from an Australian Research Council study DP1094144: Addiction, Moral Identity and Moral Agency: integrating theoretical and empirical approaches.

<sup>iii</sup> For a full defense of this see Jeanette Kennett, Steve Matthews, Anke Snoek. "Pleasure and addiction". *Frontiers in Psychiatry*, 2013. Doi: 10.3389/fpsy.2013.00117.

<sup>iv</sup> In this work I use the word 'habit', but the purpose of the work is to provide a specialised philosophical definition of that term. The meaning of Aquinas's 'habitus' is disputed. Some authors (Kenny, Breen) translate it as 'disposition', but I side with Miner and Dunnington in rejecting this interpretation. I come closer to interpreting habitus as habit, and many object to this interpretation as well. But since I am formulating my own conception of habit, and since I am extracting only those bits of the *Summa* on habitus compelling enough for my case (I am not engaging in scholarship), then I declare myself not to be in the firing line for this objection.

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# What does *Je suis Charlie* mean?

Gerald Gleeson

The near universal condemnation of the killing of journalists in Paris has been couched mostly in terms of freedom of speech. This is the freedom claimed by the satirical magazine, *Charlie Hebdo*, which has long specialised in crude and aggressive cartoons aimed at establishment figures, especially religious figures, including the Pope and the prophet Mahomed. Millions marched in Paris and elsewhere reasserting the value of freedom and refusing to be cowered by the terrorist attack.

However, I believe that this emphasis on freedom as the ultimate value threatened by terrorism is a mistake for two reasons. First, the kind of freedom claimed by the journalists at *Charlie Hebdo* is hardly inspiring – the freedom to attack what some hold sacred – e.g. in a cartoon portraying the prophet’s genitals. When people proclaim *Je suis Charlie*, do they mean, “*I am Charlie, I am free to mock and insult anything and everything, no matter how significant it may be to other people*”? Is such “freedom” really the most important value in life?

Secondly, the freedom to insult and to mock naturally (and often intentionally) leads others to be offended. And so we now have a debate about whether causing offence should be a crime, or whether feeling offended is just something people should learn to put up with.

Once the debate is framed in terms of freedom to insult, on the one side, and the right not be offended, on the other side, it has no resolution. It is certainly not obvious that the freedom to insult (or “to be a bigot”!) is superior to the value of reverence for what some people hold sacred. Further, when this is the shape of the debate the real evil of terrorism is overlooked, namely the killing of innocent human beings, be they journalists, hostages or policemen.

Respect for the life and inestimable value of each and every human being – that is the ultimate value that should underpin our ethics. Terrorism is evil not merely because it attacks freedom but primarily because it attacks the value of human life and the dignity of the person.

Of course, freedom is a key component in the dignity of human person, and freedom of belief and expression is a key to a just society. But in every instance of freedom, we must ask, freedom *for what* or freedom *to what end*? Freedom is not an isolated value in itself;

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freedom only makes sense in the service of what is true and good, and hence there are ethical and legal limits on the right exercise of freedom.

What those limits are and should be vary from society to society, from belief system to belief system.

The danger of course is that the limits on freedom will be set in paternalistic and authoritarian ways – at their worst, in totalitarian and/or theocratic societies (e.g. by Sharia law). Human nature being what it is, we have learnt in the West that the social order should be “secular”, should not impose any religious belief system, while nonetheless protecting the freedom for all people to practice their faith without interfering with or harming others. Indeed, we have found that it is better to allow *unlimited* freedom of speech – even the insulting cartoons of *Charlie Hebdo*, provided there is no incitement to violence – trusting that in the end good sense and common humanity will prevail.

Yet, we should realise that allowing – indeed championing – freedom of speech, even when it is stupid and offensive, is not an untarnished value, but rather – like democracy itself – merely, with all its flaws, better than the alternatives. Yes, we should all have to put up with being offended at times, not because free speech is the fundamental value, but because the authoritarian attempt to censor free speech usually does more harm than good. *I am not Charlie*, but I’m happy to live in a society which allows Charlie to exist, even as I continue to hope he will go out of business because few people will enjoy his humour.

***Bioethics Outlook***

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