

THESIS

BEAUTY AND THE TREATMENT OF ADDICTION

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ABSTRACT

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Drug and alcohol addiction are highly destructive, reaping significant damage on society, on addicts, and on their families and friends. The past century has seen a vast increase in the treatment of addiction, but these methods have failure rates of 50% or greater. This work seeks an alternative approach to addiction treatment, using the concept of reflective aesthetic judgment presented by Immanuel Kant in the *Critique of Judgment*. This approach is justified by an examination of the experiences of addicts, working from the problem as it is understood to a possible solution. Because the problem is an inadequacy of willpower, cognitive treatment methods are unlikely to be successful. An aesthetic conception of treatment, which appeals to a common human aesthetic sense for the beautiful, offers a non-cognitive method that is universally communicable. This would appeal to people trapped in the isolated and alienated experience of addiction. The focus is a philosophical understanding of the mechanism of addiction, and identifying some of the necessary conditions for treatment of it. In light of this, suggestions are given for possible components of such treatment, such as art therapy, spiritual practices, and appreciation of nature.

DEDICATION

Adam Michael Czyszczewski, In Memoriam



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Chapter 1: A Conception of Addiction and Addiction Treatment

Addiction has been a destructive force throughout history. Conceptions of addiction have, however, varied greatly. Contemporary theories arose within the past century. The main question of this work will not be “What is addiction?” but rather “What is to be done about addiction?” Answering the latter question requires some consideration of, and convictions about, the former. The review of dominant theories of addiction will, however, be brief. Following these reflections, two short case studies of addicts are presented. It is through their experiences that two essential features of addiction are highlighted. Identifying the chief characteristics of addiction will clarify the most efficacious means for its amelioration. This is the goal of the bulk of the work: the search for a treatment methodology to reduce the suffering caused by addiction drives the theoretical questions about the nature of addiction. First, a brief history of conceptions of addiction is given.

1.1 Historical Conceptions of Addiction and Addiction Treatment

Addiction has gone under many names. Aristotle held that the vice of intemperance results from a practice of overindulgence. By cultivating a moderate use of food and drink, one will avoid excess (Aristotle, trans. W.D. Ross, 1908/1999, 22). This captures what is perhaps the most common colloquial understanding of addiction: too much of a good thing. It is assumed that anything can be good in moderation, but everything is bad when taken in excess. Thus, Socrates is described in the *Symposium* as engaging in the indulgences of a dinner party, but never out of control or drunken (Plato, trans. B. Jowett, 1956/2013). In contrast, within the Christian tradition instances of excess were interpreted as sin. Behaviors such as eating and drinking to excess were considered unnatural; as contrary to the law of nature. The presumed cause was therefore seated in the supernatural: demonic forces were thought to compel humans to do these acts. This helps to explain a deeply puzzling

tendency of addicts: a seemingly suicidal drive. Addicts are notorious for consuming quantities of drugs which would be fatal to anyone who had not developed such high tolerances. Because of this tolerance, addicts experience clearly diminished benefit from their use. It is obvious to everyone around them, and often to the addict, that this spiral cannot continue forever—that it necessarily terminate in abstinence or death. Yet the addict continues on. The apostle Paul captured this paradox in Romans 8:14-17. Paul expresses a desire to be moral, but because he is bound by sin, “I do not understand [what I am doing]. For what I will to do, that I do not practice; but what I hate, that I do... It is no longer I who do it, but sin that dwells in me” (NKJV Bible, 1975). Paul implies a broken will: the human faculty for action has been damaged, and cannot operate as intended.¹ This second insight, that addiction involves not just excessive use (a behavioral problem) but also a damaged will (a mental problem), is often overlooked, but will be crucial.

Benjamin Rush was an early proponent of a medical conception of addiction.² Whereas common practice in his time was punishment of the crimes caused by addicts, Rush saw these crimes as a symptom of an underlying illness. After noting the observable (bodily) illnesses caused by excessive drinking (such as jaundice, epilepsy, and gout), Rush discusses in the same manner the mental and social problems caused by it. He was an early advocate of prohibition of liquor, comparing it to epidemic diseases and war (Rush, 1816, 3-5, 18).



Figure 1: Lavater, *Essays on Physiognomy*

¹ Paul asserts this compulsivity as a general feature of humanity, and later theologians linked it to the Fall from Paradise. In contrast, the present work assumes that most people are not addicts, that addiction afflicts some small percentage of the population (the prevalence of addiction is assumed to be around 10%). It is also assumed that addictions are domain-dependent (e.g. an alcohol addict is not necessarily a nicotine addict, and someone addicted to sexual activity may be perfectly moderate in all other areas of life).

² This history is restricted to the study of addiction in the US. There are parallel thinkers in European history, but relevant differences mean that covering the history of addictionology on both continents (let alone globally) would be excessively time-consuming.

Despite Rush's efforts, there was very little treatment of addiction until the 20th century. Addicts were incarcerated and released for crimes, progressively deteriorating. In the 19th century, the Temperance movement persuaded millions to abstain from alcohol. It is unclear, however, how many teetotalers were in fact addicted to alcohol. What is clear is that alcoholics continued to cause problems.³ In the early 20th century, Alcoholics Anonymous (AA) formed as an organization specifically aimed at helping alcoholics achieve permanent abstinence from alcohol. This movement came to define much later thinking on the cause and treatment of alcoholism, and this understanding spread to other addictions through offshoot organizations such as Narcotics Anonymous (for addicts of narcotics and other drugs) and Al-Anon (for family members of alcoholics).⁴ Because AA was founded by, and is directed by, alcoholics rather than professionals, it is ostensibly only a treatment method, making no claims about the cause or causes of alcoholism. However, the principal text (also titled *Alcoholics Anonymous*) contains a foreword by a medical doctor, who presents a disease conception of alcoholism. This conception consists of two necessary conditions for alcoholism: an alcoholic is supposed to have an allergy to alcohol and to have a mental obsession about drinking (*Alcoholics Anonymous*, 2001, xxviii-xxix). In this disease conception of alcoholism, the allergy is held to be biological, and perhaps genetic (given the higher observed frequency of alcoholism among children of alcoholics). Alcohol has a unique effect on those with this allergy: the consumption of alcohol induces a craving which drives the alcoholic to excessive use (*ibid*, xxix). This craving apparently never occurs in normal drinkers but always in alcoholics (*ibid*, xxviii). The solution, thus, is permanent abstinence from alcohol. However, alcoholics also obsess about drinking. The cause of this obsession is not explored, but is asserted based on experience with alcoholics (*ibid*, 22-3). Even after long periods of abstinence, they may experience such strong thoughts about drinking that they are incapable of rational decision, and so make the irrational

³ The terms "alcoholism" and "alcoholic" are hereafter used for addiction to alcohol, in keeping with common usage.

⁴ There are now at least 54 organizations ("12 Step Program Proliferation"). Examples include Marijuana Anonymous, Overeaters Anonymous, Sex and Love Anonymous, and Gamblers Anonymous.

decision to drink, even when fully cognizant of the destructive consequences (*ibid.*, xxix). This disease conception of alcoholism strongly shifted both causal and moral responsibility away from the alcoholic, with the cause moving to impersonal biological forces, and moral blame going to the society that fails to properly treat this illness.

Although the disease conception of alcoholism remains popular among clinicians, subsequent research has cast doubt on both tenets.⁵ The notion that addicts are not blamable for their problem is highly appealing to addicts and many of those around them, and the need for lifelong treatment to assure abstinence may be fiducially motivational to clinicians. Although researchers have strongly criticized the disease conception, many of the theories and practices introduced by AA remain dominant.

The fields of psychology, psychiatry, and psychotherapy are older than studies of addiction, but also chiefly developed within the past century. As these fields have expanded their scope of diagnoses, addiction has been increasingly considered a mental illness, rather than a moral, medical, or spiritual problem. This is particularly plausible given the high co-occurrence of addictions and mental disorders. This psychologizing of addiction created conflict about the appropriate treatment approach. If addiction is basically similar to other mental illnesses, then it should be treated in the same way: i.e. by mental health professionals. But it has long been common for addiction counselors to be recovering addicts, who often received little formal training, instead relying on their personal experiences and anecdotal observation. The psychological approach has had problems with adequately specifying and distinguishing addiction, which has been supplanted by the diagnoses of “substance abuse”, “substance dependence”, or more recently “substance use disorder” (these will be explained further in chapter 3). Despite these challenges, psychotherapy is widely used to treat addictions, and some common methods will provide the starting point of the discussion of treatment (chapter 3).

⁵ A review of arguments against the disease conception of addiction can be found in “Natural Recovery from Alcohol Problems” (Klingemann, 2001).

As physiological research identifies underlying causes of mental disorders, the value of psychological treatment has increasingly been called into question. This, too, has affected the understanding of addiction. If there were a pill that eliminated the excessive use of addicts, or their obsessions about using, other treatments would be unnecessary. Alcoholics would either be able to drink like normal people, or would find it relatively easy to permanently abstain from drinking. Drugs such as naltrexone appear to have this effect for some problem drinkers (“Naltrexone”), and buprenorphine to reduce cravings for narcotics (“Buprenorphine”). Chemical therapies for addiction have potential to benefit clients,⁶ but are relatively new and controversial. Because of this, they are unlikely to replace existing treatment in the foreseeable future, and remain adjuncts to treatment. To transition from this history, it is noted that these various conceptions typically include two components: an external (visible) problem and an internal (invisible) problem. Externally, the addict causes problems from his excessive use and destructive behavior. However, getting him to stop these behaviors is difficult because of an internal inability to cease or control his excessive use. In order to achieve this change, underlying causes have been sought, such as a chemical or psychological imbalance. To get a fuller understanding of how addiction is viewed, some popular conceptions will be explored.

1.2 Popular Conceptions of Addiction

In common usage, there are two distinct conceptions of “addiction”. When someone is described as an “addict”, thoughts turn to excessive use of illegal drugs, and perhaps an accompanying compulsion. This association of the word is so strong that many avoid using it, as it stigmatizes people. This conception of compulsion parallels Paul’s notion of sin: a breakdown of the will which leads to compulsive use. On the other hand, more everyday excesses are often described with this language, as

⁶ Within the field of addiction treatment, there is no common terminology to refer to the provider or recipient of treatment. Treatment providers will be interchangeably referred to as clinicians, therapists, or counselors. The recipient of treatment will be called the “client”, although some prefer terms such as “patient”.

in the expression “I’m addicted to chocolate”. This convention calls to mind Aristotle’s idea of moderation: an addict is simply someone who goes too far, perhaps from a weakness of will in that domain, or else from misaligned motivations (e.g. valuing another bite of chocolate over the detriment to health from excess).

These two conceptions, although equally descriptive of the observed behavior of excess, have radically different implications for the cause and treatment of addiction. In the Aristotelian view, an addict is the same as other people, except for some failure in either his power to change his behaviors, or his desire to change them. Thus, he must be persuaded or enabled to strengthen those desires to do what is right. The addiction will then cease, as the addict’s motivation and abilities will be the same as non-addicts. From the Pauline perspective, though, any such attempt is madness, like trying to dig oneself out of a hole. Because the addict’s capacity for willing is different from non-addicts in his relationship to his drug, no amount of willpower could prevent his using. Telling addicts to try harder to abstain is like torture: pushing them to try something they are bound to fail at. The solution, on this view, is to find a different source of power to abstain. Because an addict is incapable of relying on his own will in regard to his drug use, he must surrender his will to something more powerful. For Paul, this power was the Christian God. Alcoholics Anonymous appeals to a similar conception of a “Higher Power” as the source of strength to maintain abstinence. Rather than such spiritual sources, one can instead look for a chemical (e.g. naltrexone) which can supercede the addict’s desire to use. Alternately, the solution may be social: by



Figure 2: Roman bronze balance



Figure 3: Stuck, *Die Sünde*

placing his decisions about drug use in the hands of a community of caring friends, an addict will no longer need to rely on his own faulty will.⁷

Given these very different conceptions of what an addiction is, in many arguments about addiction the participants talk past each other, as they hold different underlying assumptions. A search for God is totally irrelevant if one believes the addict's problem is his own motivations. Conversely, all the motivation in the world would not help an addict if his drive to addictive use is beyond his conscious control. The present work assumes that there are addictions that are different from the everyday excesses which periodically arise in anyone (i.e. the Pauline perspective is affirmed). If this assumption is rejected, and all addictions are held to be the same, with differences only in consequences (e.g. an alcoholic causes a lot more destruction than a "chocoholic"), then it is unclear why there would be any study of addiction. In other words, the notion of addiction as simple excess is effectively a denial of the existence of addiction, and negates the rationale for a distinct treatment of it (cf. Washton, 1989, 1-4).

Having established the contemporary context of discussions of addiction, the focus now shifts to the actual experiences of addicts themselves. This will provide an outline of addiction, and suggest the optimal means of treatment. Because this work focuses on the treatment of addiction, questions about the cause of addiction have limited relevance. Treatment should address the problems which arise in the experience of people who are addicted in order to be effective (DiClemente, 2003, 115). This treatment-centered approach has the benefit of consistency with a wide range of causal explanations, which is valuable given the wide disagreement in the causes of addiction. It will also accommodate any new causal explanations, which are likely to proliferate, given past history. To discuss the experiences of addicts in general, two fictional characters, John and Martha, are used as case studies (roughly

⁷ Secular clinicians may recommend programs such as AA for this reason. Even if there are no spiritual forces at work, nominally spiritual self-help programs (or church groups) often have the practical outcome of offering welcoming communities of like-minded sober people (Herzaneck, 2007, 99-102). The present work makes no assumptions about the existence, or attributes, of supernatural beings, as such claims are both controversial and unverifiable. Spiritual practices may, however, be analyzed by their observable outcomes.

structured as clinical evaluations). Although not real, John and Martha's experiences are derived from actual cases, including the author's work with addicts and the observations of peers in the field of addiction treatment. The thoughts and behaviors described are widely applicable among addicts.

1.3 John

John is a 24-year-old male who was born and raised in Chicago, Illinois. His father was an alcoholic, and John suffered physical and emotional abuse starting at a young age. His parents divorced when he was 10-years-old, and he passed back-and-forth between two households, which he reports led to feelings of rejection and abandonment. He has a sister, four years older, who moved between the two households with John until she turned 17, at which time she moved out. John dropped out of high school at age 17, and has worked as a cook in various restaurants since age 16.

John reported that he had hated the thought of drinking from an early age because of his father's actions while drunk. At age 12, after seeing his father arrested in the home, following a fight with John's sister, John swore to himself that he would never drink alcohol. At age 15, however, his friends were drinking from a stolen bottle of vodka and John asked for a taste. He said first that he thought it would be okay to drink in this context since he was with friends, rather than alone (which is how he saw his father drinking). He then noted that he had had an argument with his girlfriend earlier that day, so had probably drunk to get back at her. Although he did not like the taste of the vodka (saying he nearly vomited), he continued drinking from the bottle throughout the afternoon. He consumed at least 10 shots (about 300 mL). He felt a strong sense of belonging among his friends, feeling more comfortable in disclosing secrets and acting spontaneously. Later, however, he became sick, and his friends dropped him off at his house. He vaguely recalls arguing with his father, and awoke the following day feeling extremely sick and in physical pain. He told himself he would never drink

again. Several months later, he was with a different group of people who were drinking, and he again asked to join. He consumed a similar amount of liquor, and again became physically sick.

After these initial experiences, John began actively seeking alcohol. He stated that he greatly enjoyed the initial euphoria, which seemed to justify the misery of inevitably drinking to excess and becoming ill. He would generally drink on weekends, once or twice a week, but more frequently if he could. Many particularly bad nights were followed by a firm resolve the following day to never drink so heavily in the future. However, he found himself incapable of stopping after the initial buzz, which he reported as being after 4-8 drinks. He stated that he had started many nights with this goal, but then changed his mind and continued on, typically having 16-25 standard drinks (500-750 mL of 40% liquor). After starting work as a cook, he found an older coworker to buy him alcohol, and he started skipping school due to his more frequent hangovers. He dropped out of school at age 17 and, working full time, moved out of his father's house.

Living with two friends with similar drinking behaviors, John began getting drunk every night. He also began smoking marijuana at this time, although stated that he quit after six months because he did not like the effect when mixed with alcohol. He said that, while drunk, he felt in control, whereas marijuana gave him an unpleasant out-of-control sense. He also experimented with LSD and cocaine, but did not like these for the same reason. When



Figure 4: Array of Liquor Bottles

asked how drinking makes him feel in control, John reports: "I feel uncomfortable a lot. It feels like I don't belong—like I'm an alien... When I drink, I don't feel that way anymore. That's what I like about drinking. It puts me in control." Although puzzling to outside observers, given his propensity for irrational and destructive behavior while under the influence, John's experience of drinking is that he

goes from out-of-control while sober to in-control while drunk (*viz.* in control of his *feelings*). This effect appears to be a highly valued by John.

As John's use of alcohol escalated, so too did negative consequences. He stated that he became more socially isolated because he would get into fights if he drank at bars. His roommates also kicked him out after a fight, and he rented a studio apartment, and typically drank alone. John dated several women during this time. He noted that, in each case, they met at a bar and broke up at a bar. John also worked in six different kitchens as a cook at this time. He initially stated, with apparent pride, that he had never lost a job due to his drinking, but when asked for details of each separation, admitted that in two cases he was fired for missing work as a consequence of drinking. The other separations, although voluntary, also appeared related to alcohol use. At age 22, John was arrested for Driving While Intoxicated (DWI). He stated that he wasn't really drunk that night, and only drove home from the bar that night because a friend had not shown up, as previously planned. Contrariwise, it should be noted that his arrest report lists his Blood Alcohol Concentration (BAC) as .242, which is more than three times the legal limit for a DWI arrest. The report also describes him as belligerent and evasive. John pled guilty to this charge, and completed all court-mandated conditions, including probation, community service, fines, and 24 hours of substance abuse treatment. John stated that he continued drinking during this time (a violation of his probation), but reduced the amount he consumed. Given other information provided, this claimed reduction is improbable.

At age 24, John was again arrested for DWI. He stated that this offense too was due to bad luck, although there is reason to suspect he had driven intoxicated on numerous occasions between the two arrests. He was arrested within half of mile of the prior arrest, and his BAC was similarly extreme (.268). John stated that he lost his job as a consequence of incarceration related to this arrest.

Although he claimed he had not consumed alcohol since his arrest (two months earlier), John exhibited symptoms of alcohol withdrawal, including physical shaking and mental disorientation. John

stated his goal for further treatment as “to get to the point where I can have a couple drinks and stop”. Given his past relationship with alcohol, this is considered improbable. John, though thoughtful and reasonable about other matters, appears deeply delusional about his past and present relation to alcohol. He repeatedly expressed the wish to drink normally, but does not appear to have ever done so in the past. There is no reason to think he ever can or will. John’s use of alcohol is apparently irrational: he cannot achieve his intended outcome of 4-8 drinks. Instead, he regularly drinks far to excess. He acts as if unaware of this problem. When asked, he admits to having a problem, but claims to be getting better. When asked for evidence of this perceived improvement, John frowned and remained silent.

1.4 Analysis

Alcoholism has been described as “cunning, baffling, powerful” (*Alcoholics Anonymous*, 2001, 58-9). John’s experience highlights this bewilderment: addictions rarely, if ever, begin with a conscious decision to become addicted, and addicts often experience intense distaste toward their behaviors. These observations challenge the notion that addiction is due to misplaced motivations: addicts often express strong disapproval of their actions, and firm resolve to change. Perhaps they are lying, to others or to themselves, but a simpler explanation is that they are acting contrary to their desires. Such an explanation, though, evokes the question of how the chemical alcohol could *control* John’s actions, even when he has not been drinking. The notion of an allergy to alcohol, popular in the disease conception of alcoholism, is initially plausible: alcoholics are chemically constituted so that alcohol induces a compulsion to continue drinking. But this fails to explain why a sober alcoholic would take the first drink. If the first drink can only be explained by a lack of willpower, or by antisocial attitudes, then the same could be used to explain all subsequent drinks. Researchers have also failed to find evidence for an allergy to alcohol.

The assumption in this work, that addiction constitutes a unique relationship to a drug, one essentially incomparable to the excesses found in other people, is based on the experiences of such persons as John. The concept of an allergy is not satisfactory, but the observed behavior suggests that John's problem is not simply excess. He seems to be driven by something outside of his control.

1.5 Martha

Whereas John's relationship to alcohol began at a young age, and followed a pattern established by his father, Martha was raised in an intact family and saw no examples of addiction in her youth. She was born and raised in Poughkeepsie, New York. Her father was an engineer, and her mother stayed at home to raise the four children. Martha was the oldest, and felt a strong desire to be a role model to her younger siblings. She reported drinking only one or two beers on three occasions while in college, but otherwise avoided mind-altering substances. She studied economics at New York University, and has worked as a financial analyst since graduation. She is 44 years old. She reported drinking socially with friends about three times a year, but stated that she had never been drunk. She said she had never used any illegal drugs prior to the age of 38.

During a ski trip in Colorado on her 38th birthday, Martha suffered a back injury, and was prescribed the narcotic oxycodone for pain. She said she used the drug as prescribed for the first few months, but then found she was taking extra pills on the weekend to relax. She did not remember why she had started doing this, but said that it was a great way to unwind after a stressful week of work. She stated that the pain was much less severe after about six months, but that she started lying to her physician in order to continue getting the drug. She began pretending to be in



Figure 5: Oxycodone tablets crushed into powder

extreme pain during her appointments, even collapsing on the ground and at times shrieking in pain. She expressed deep shame over this deception, and stated that it “wasn’t really me doing it”. Her physician recognized her increasingly erratic behavior as deception, and refused to prescribe any further narcotics. Martha reported that she was initially grateful, knowing that she had a problem with the drug. However, after about two weeks, she found herself thinking about the yellow pills throughout the day. These thoughts crowded her mind while at work, and her performance deteriorated to the point of being reprimanded, something which she reported had never happened before. Some nights she felt so exhausted that she fell asleep immediately, but other nights she did not sleep at all due to persistent thoughts about taking pills. One sleepless night, she looked online for her symptoms and read dozens of articles about oxycodone and opiates. She concluded that she was suffering from withdrawal, which provided some comfort, although she still felt miserable for long periods of the day.⁸

Martha stated that her restlessness decreased after about four weeks, but other symptoms progressed. She still experienced intrusive thoughts about using oxycodone, particularly when she felt stressed or bored. Employment problems accelerated, and she feared impending termination. She stated that she contacted three psychotherapists during this time, but did not follow through on any appointments. Then, one day while at work she felt overcome by her thoughts about using. She said that she could not think of anything else, and had to leave work shortly before lunchtime, claiming to be sick. Martha stated that she did not want to return home, so drove aimlessly for several hours. She then found herself in a bad part of town. She claimed to have “memory loss” about the exact details, but apparently asked someone on a street corner about obtaining drugs, and several contacts later

⁸ It should be noted that patients who take narcotics for pain can be categorized on three distinct axes: those who take the medication temporarily vs. those who take it for chronic pain, those who become physically dependent on the medication vs. those who do not, and those who become addicted to the medication and those who do not. Any combination of these is possible. A large majority of patients do not become addicted or dependent. Although the causes of addiction and dependence are not clear (i.e. why only a minority become addicted or dependent), it is widely believed that few who become dependent are also addicted (Jay and Boriskin, 2007, 205). This distinction is crucial in the following definition of addiction.

procured a small amount of heroin. She then drove home and snorted the drug. When asked why she chose this method of delivery, she said she saw it in a movie, but seemed uncertain about this explanation. She reported having felt deep shame about her actions as she lay on her couch watching television, but also a peace of mind she had not felt in months. Martha could not recall when she next obtained heroin, but thought it was about two weeks later.

Following this initial experimentation, Martha searched online for safer sources of narcotics. She found a contact that she could email, and then meet on a street corner. At first she did so once a week, finding the drug helped her relax over the weekend, which made the workweek easier to handle. However, after about one year she had developed three separate contacts, and was snorting heroin daily. Martha repeatedly stated her disapproval of drug use, both in general and in her particular case. She seemed disconnected from her own behaviors, minimizing and rationalizing them when needed, but generally ignoring what she had been doing. When directly confronted, she was clearly ashamed of her actions. This shame likely explains such extreme disconnection between her beliefs and her behaviors.

With the increased quantity and frequency of her drug use, Martha began to suffer consequences from it. She was initially drawn to heroin to regain the relaxation and focus that she had had when using oxycodone. This was true in the early months. However, it began to interfere with her job and with her personal relationships. Even when she was not high, she was thinking about getting high. As a result, she cut off all parts of her life outside of drug use, work, and basic needs such as food and sleep. When her drug use further expanded, she began to neglect work, food, and sleep. Within three years, she lost her job, and began using throughout the day. Whereas she justified her early use as a means to improve other areas of life, she no longer had anything else to live for. After an intervention by family members, Martha entered a detoxification center. Following this, she began treatment for her addiction to narcotics.

1.6 Analysis II

Having elaborated the experiences of two addicts, some common aspects will be considered. Some may think the elaboration of these experiences tangential. Addicts and alcoholics are described as “the world’s greatest liars” (Thorburn, 2005, 78); it may therefore be thought that their accounts have little or no value. Addicts routinely concoct extensive alternate realities in their minds, worlds in which their drug use is rational and justified. Exploring such worlds may be detrimental, as it legitimates a destructive delusion. John gave many explanations of his actions that were implausible. Martha was mentally disconnected from the reality of what she was doing. But the treatment of addiction has to deal with the mindset of the people being treated, however delusional it may be. It is only from the experiences of such people that a way out may be discovered.

Martha’s claim that, while deceiving her physician to obtain more drugs, she felt like she was a different person (an experience which addicts may describe as being “like a puppet” or “on autopilot”) highlights the dissembled existence of addiction. Addicts may feel two separate selves, an identity they have developed from childhood and recognize as their own, and a separate and seemingly foreign identity that dominates through the addiction. But this does not make their experiences irrelevant. The overriding end sought in this work is the contour of an effective treatment of addiction. The fact of the matter—the underlying cause of an addiction—is not known. Researchers have identified many possible causes, but none is universally accepted. The clinician, however, need not know what caused an addiction, if there are treatment methods that are effective independently of such questions. Such a method will be drawn from the following definition of addiction, which is neutral as to causation, instead building from the experiences of John and Martha.

Two conditions are presented as necessary and sufficient to any addiction. The first is compulsive use, defined as use that is contrary to the person’s will. The second is obsessive thoughts about using, i.e. placing an excessive importance in the substance. Both of these conditions are internal,

so not observable by others. It is therefore impossible for a clinician to diagnose an addiction by them. External manifestations of these two conditions are therefore given to assist in diagnosis.⁹ However, addiction itself is defined by these internal states, understanding the limitations in identifying and treating them.¹⁰

1.7 Compulsive Use

The behavior of addicts, being so counterintuitive, gives rise to roundabout explanations. For example, John believed that he held a deep fear of success. He seized on this theory in order to explain occasions when he drank to excess the night preceding an important event, such as a workplace evaluation or a first date. He once spent six months building contacts at a well-regarded restaurant, and secured a job interview for the position of head chef, a greatly desired career advance. The night before the interview, he drank far more than planned, and ended up sleeping through the interview. Ashamed, he never contacted that restaurant again. He reasoned that this was a case of self-sabotage: he must have internalized his father's harsh criticism, and sabotaged himself because he thought he did not deserve such a good job. Although intuitively plausible, John readily admits numerous occasions when he drank to excess simply because it was his day off of work. He explains these as due to boredom: he drank heavily on his days off because he did not like being alone with his thoughts. This explanation is equally plausible, but the co-occurrence of these various explanations, which together explain every possible situation, renders the totality of explanations vacuous.¹¹ There is likely some larger cause that John is unaware of.

⁹This resembles general diagnostic practice in psychotherapy, where lists of possible outcomes of a mental illness are used to discern the existence of a mental illness, since there is no physical test, i.e. no way to see them.

¹⁰ The definition of addiction in terms of obsessions and compulsions fits within the class of "Compulsive/Excessive Behavioral Models" described in DiClemente (2003, 16ff).

¹¹ *Viz.* "That which *denotes* everything, *connotes* nothing." If an addict's theories for why he uses explain all possible scenarios, then they fail to explain any particular scenario whatsoever.

“Compulsive” means acting beyond one’s own control. As stated above, a deeper explanation (*why* he drinks compulsively) is considered unnecessary, and unlikely to be settled. Compulsivity is a phenomenon observed in the behavior of some humans. Because John drinks compulsively, he cannot rely on his willpower to become and remain sober. He recalled instances when he had a good reason to drink less, or to not drink at all, and succeeded in controlling his drinking. But there were far more occasions when he tried to control his drinking but failed.



Figure 6: Goya, Chained Prisoner'

John developed various explanations for these inconsistencies in his behavior, but there were numerous cases in which he had the same reason not to drink, yet had opposite outcomes in whether he drank. This makes his explanations highly suspect. John showed a clear awareness of his thoughts, feelings, and behaviors going into each case, but his beliefs about these occasions (his *ex post* rationalizations) were incoherent. When challenged, he quickly changed his explanations. For example, when faced with a clear discrepancy: that he claimed to drink because he was depressed, but then stated that drinking makes him depressed, he immediately stated that he really drinks because of boredom. These causal explanations are generally ephemeral: addicts, and the people around them, regularly devise them, but they do not appear to be strongly held or causally efficacious. With a conception of compulsivity as an irreducible phenomenon, such *ex post* rationalizations can be avoided.

The internal phenomenon of compulsivity may manifest in various forms. Some common observations will be described. The most obvious is excessive use, “excessive” simply defined as more than intended. If addicts acted rationally, then they would use until they attained the desired effect, then stop. This is probably the relationship of most people to alcohol, which has been described as a “social lubricant” and a way to “unwind”. People probably experience some positive effect from alcohol, or else they would not bother with the calories. Such use is non-problematic. There are others

who abuse the effect of alcohol or other drugs as a considered means to reduce awareness of undesirable feelings. But these cases do not describe the experiences of addicts. John could give reasons for drinking in the first place, but was baffled by the quantities. His goal was to stop after 4-8 drinks, when he felt the positive effects without any loss of control, but consistently failed to adhere to this. He more often drank until losing consciousness, often more than 20 drinks. There may be cases where people choose such excess, but a persistent pattern of failing to meet one's own goals, where a person uses beyond what is planned, is a strong indication of compulsive use. Conversely, those who use drugs or alcohol excessively (according to third-party evaluation), but who repeatedly display rational understanding of their actions (i.e. using in a premeditated manner) cannot be meaningfully described as "addicts". They may be mentally ill or socially maladjusted (perhaps sociopathic), but these are problems distinct from addiction, and need distinct treatment.

A second sign of compulsivity is continued use despite negative consequences. Rationalizations may obscure consequences: for example, Martha initially stated that her drug use did not cause any problems. It was only through repeated enumeration of her experiences with drugs that she recognized the causal role of her drug use in losing her job. Early on, many addicts do not see any negative consequences. Martha became much less productive during her first period of withdrawal, leading to tensions with her boss. A resumption of drug use seemed to solve her employment problems. John dropped out of school as a result of his drinking, but believed that drinking was highly beneficial as a coping mechanism for working in a stressful environment. As an addiction progresses, a person's tolerance increases, requiring larger doses to achieve the same effect. This accelerates financial or bodily detriment, and introduces new problems. John once lost a job because his manager detected a strong scent of alcohol on him. John said he had not been drinking before work, but admitted he drank so much the night before that he was probably still drunk.

Problems arise when drug use conflicts with the demands of everyday life. Someone who is not addicted—who lacks a compulsion to continue using—will respond in a rational manner: by reducing or ceasing her use. An addict, on the other hand, is the person who can see these problems, who has at least some awareness of a correlation between the problems and her drug or alcohol use, yet continues using. This is not a rational choice. There are cases in which a person can rationally prefer the effects of alcohol or other drugs to some minor consequences. An office worker may reasonably prioritize fraternizing with colleagues in a bar over the tiredness from missing a full night of sleep. Someone may calculate that the small risk of driving after one drink with dinner is justified by the enjoyment of the meal. People who periodically smoke cigars probably consider the distant and minimal risks to health to be warranted by living a richer life. But these cases are not commensurate with the behavior of addicts, who engage in regular use despite severe and obvious harm to themselves and others. When evaluating decisions, an agent should weigh risks by their perceived severity, probability, or proximity. Thus, the very real harm caused by unhealthy food is accepted since it is so minor. A skydiver is willing to take an immediate and extreme risk of dying because she rates it a very low probability. Youths may take up smoking because, although the risks are high and widely known, they are very remote in time. John, however, repeatedly suffered consequences that were intense, immediate, and known in advance. This work identifies addiction by irrational use: using at times when a rational agent would not use. Therefore, any reduction of the behavior of addicts to a rational weighting of perceived harms and benefits is considered a *de facto* denial of the possibility of addiction.

Among the more scientifically inclined, addiction is often defined by the two phenomena of withdrawal and tolerance. Withdrawal is a negative response to the absence of a substance, and tolerance is the need for larger quantities of the substance to produce the same effect. These seem more objective than concepts such as “compulsivity”. However, they are neither necessary nor sufficient for an addiction. The character and severity of tolerance and withdrawal symptoms varies

vastly between substances, yet the consequences of persistent use of marijuana may be as severe as those from heroin. The relevant question is not the severity of physiological symptoms; it is rather the severity of personal and social problems. This misguided attempt to reduce addiction to chemical factors leads to curious claims, such as the assertion that nicotine, caffeine, or sugar is “more addictive than heroin”. There may be biological criteria in which the drug nicotine has a “stronger” effect than heroin, but it is exceedingly rare for nicotine use to lead to job loss, neglect of family and friends, or armed robbery. Sugar addicts may feel a strong compulsion to get a “fix”, but not so strong that they are willing to kill someone to get it. Historically, overreliance on tolerance and withdrawal as constitutive of addiction may have led to an underestimation of the risks of drugs such as marijuana and cocaine, and much counterproductive discussion about whether process addictions (e.g. gambling or sex) are *really* addictions. Conversely, much worry has been made over substances such as coffee and refined sugar, when the question whether these are addictive should be answered with reference to the problems they cause, not what chemical responses they produce.

Withdrawal and tolerance thus have little explanatory efficacy. Even the substance *food* causes tolerance (the body adapts to eating so that more is required to achieve the same effect) and withdrawal (the body responds negatively to hunger).¹² But if there is such a thing as food *addiction*, it is not these universal responses that our bodies make to eating. It refers exclusively to people who *misuse* food: whose relationship with food is characterized by obsessive thoughts and compulsive use. Thus, tolerance and withdrawal are seen here as potential, but unnecessary, *consequences* of addictive use. Continued use despite negative consequences from tolerance and withdrawal is indicative of addiction (as a sign of compulsivity), as when Martha violated her doctor’s orders and took more oxycodone than prescribed. Because non-addictive use of alcohol is unlikely to lead to the tolerance

¹² E.g. Gant and Lewis make the peculiar claim that “carbohydrates are one of the most abused substances in America today” (2010, 26).

and withdrawal symptoms exhibited by John, their presence can be a useful signal. So, these biological phenomena may be useful to a clinician, but they are not independently significant.

These two behaviors of excessive use and continued use despite negative consequences are helpful in identifying compulsivity. Because there is no test for compulsivity, its presence must be inferred from outcomes such as these.¹³ This is similarly true of obsessive thoughts, the second condition to identify an addiction.

1.8 Obsessive thoughts

After Martha's physician stopped prescribing her oxycodone, she experienced withdrawal symptoms of sleeplessness and irritation. After recognizing this physical dependence, Martha firmly resolved to never again use narcotic drugs. However, this commitment did not stop intrusive thoughts of using from coming into her mind. She developed various tricks for handling such thoughts, such as listening to music, calling a friend, or eating a snack. She also found that, when the desire to use came to her at work, the desire might be overcome by closing her eyes, clenching her fists, and counting to 60. But none of these methods worked every time, and there were some times when thoughts of using overcame her, crowding out everything else she wanted or needed to have in mind. Such experiences terrified her: she thought she was losing her mind. It was during one of these episodes that she first sought out and used heroin; throughout the process, which deeply disturbed her, she felt as if she had been "on autopilot".

In this experience, the compulsive activity of buying and using street drugs was preceded by intense, intrusive thoughts. Such thoughts may be described as "obsessive", meaning they are excessive or not normal. Obsessive thoughts cannot be explained by a person's conscious desires: when Martha

¹³ Although these criteria were derived from clinical sources, they parallel DiClemente's concept of "dependence", which is a "marker of addiction". Dependence is indicated by behavior that "(1) is under poor self-regulatory control..., (2) continues despite negative feedback, and (3) has become an integral part of the individual's life and coping." (DiClemente, 2003, 46)

needed to focus on a particular project, she focused on it. This is not obsessive but attentive.

Obsessions are thoughts that are not desired, that supplant other thoughts. They take attention away from what is consciously desired. Obsessions, like compulsivity, are treated as phenomena, irreducible components of the experience of some people. This irreducibility will dissatisfy those who wish to understand them in terms of underlying causes. Because such a reduction is considered impossible (or not presently possible, given the current lack of consensus in scientific research), the aim is instead to describe their external manifestations. This allows clinical diagnosis, and will help the lay reader better grasp the observed behavior.

Identifying whether someone's thoughts about alcohol or other drugs are obsessive is relatively easy. Normal people may think about alcohol a lot, but never to the degree of an alcoholic.¹⁴ Many social rituals are interspersed with alcohol: people go out for a drink; alcohol is typically served at meals, and present at ceremonies such as weddings and funerals. So, non-problematic drinkers likely have many thoughts which include ideas about alcohol. However, it is not the "main event", either at the occasion or in the thought. Obsessive

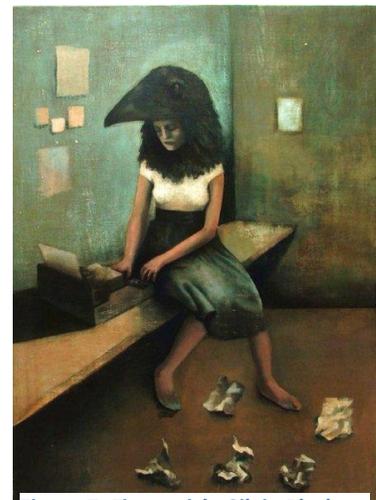


Figure 7: Fitzpatrick, *Silvia Plath and the Worry Bird*

thoughts about drinking are those in which alcohol is conceived separately from any social function, when it is seen as an end to pursue rather than an accompaniment. So, one indication that a person is thinking obsessively about drinking (or about any other addictive substance) is when it predominates. Clinicians may ask for descriptions of thoughts, probing for such indications. This predominance may also be inferred from casual vocalizations. For example, if an alcoholic is at a social event where there is no alcohol available, he is more likely than others to remark on this fact, typically with a nervous laugh.

¹⁴ This work does not address the question whether it is possible to use drugs other than alcohol in a non-addictive manner. Such use (e.g. social use of marijuana or opium) is implicitly possible, given that addiction is primarily a mental disposition. However, because such a position is controversial, all examples of social use will refer to the drug alcohol.

At lunch with work colleagues, he may nervously joke about ordering a beer, testing the waters to see if this behavior would be accepted by his peers. In planning for an event (such as a night out or a camping trip) he is likely to inquire *if* there will be alcohol present. A social drinker may be curious what type of alcohol will be served, but for an alcoholic the overriding concern is to ensure the availability of alcohol. None of these indications are precise, since non-alcoholics may have good reasons to ask about alcohol, and alcoholics may consciously avoid such questions for fear of being found out, but they are useful guides. When combined with indications of compulsive use, a strong inferential case is made for addiction.

1.9 Conclusion

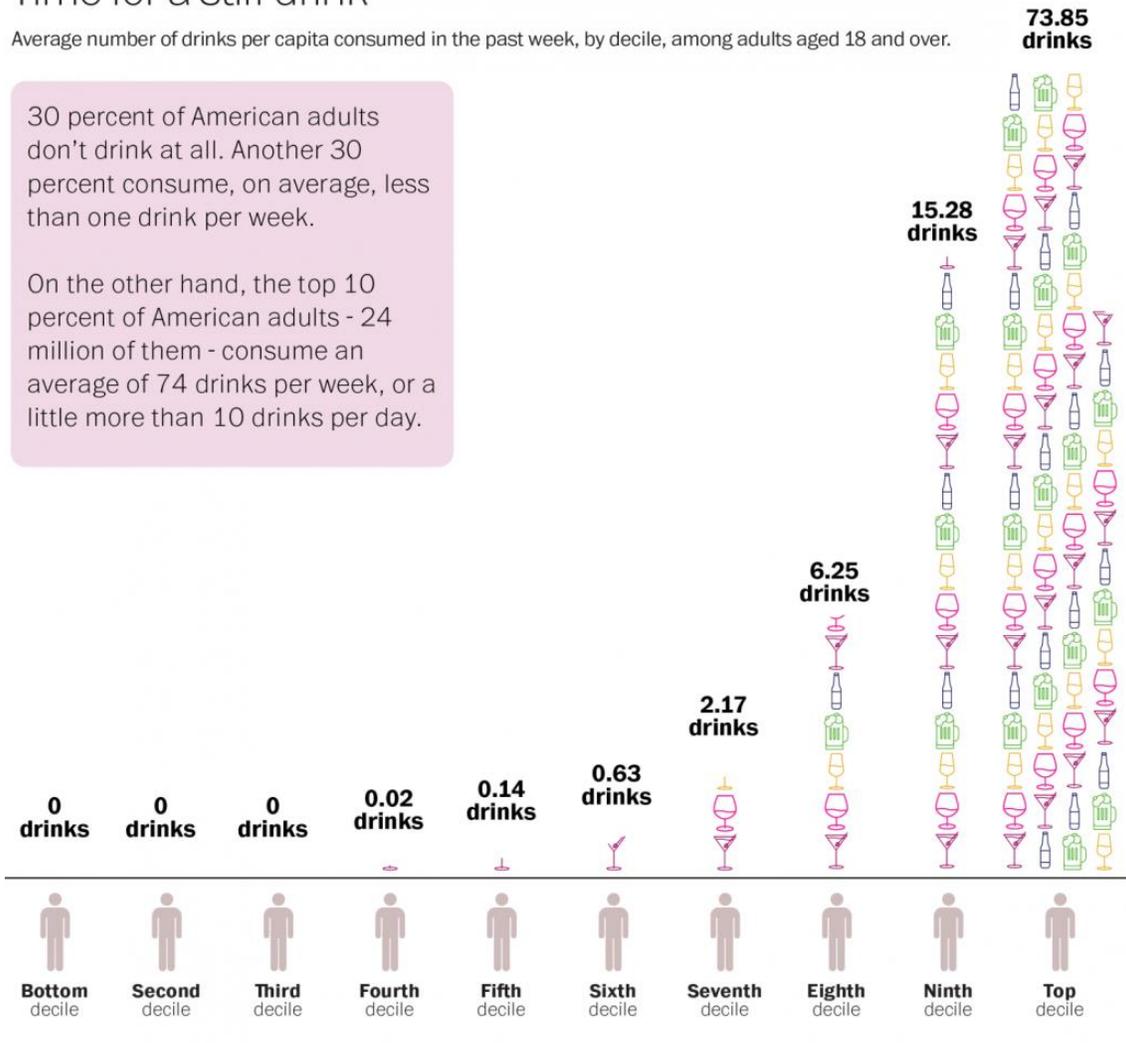
Having elaborated the obsessive thinking and compulsive behaviors characteristic of addictions, some concluding thoughts are in order. Although addictions are rare, they are highly destructive to the individual, his friends and family, and society as a whole. Alcohol consumption across a population appears to follow a Pareto Law distribution, with the 10% of heaviest drinkers accounting for more than 50% of consumption (this extreme disproportion was recently reported with the useful chart shown in figure 8, ["Think you drink a lot? This chart will tell you"]). Something similar is likely true of illegal drug use; except that, due to the higher cost of recreational use (i.e. risk of social stigmatization and legal punishment), consumption of illegal drugs is probably more heavily concentrated among the most problematic users.¹⁵ The present work holds minimal commitment as to the underlying cause of addiction. Discovery of the cause (or causes) would likely assist efforts at treatment, but is unnecessary. Being solution-oriented, the goal is to work from the actual experiences of addicts to a possible therapy that will be relevant to their problems and draw them to a solution. Although existing methods are

¹⁵ Cf. Thorburn notes that 90% of hospitalized patients who are given the narcotic morphine during treatment have no cravings afterwards. Similarly, among veterans of the Vietnam War who used heroin while overseas, 95% stopped using upon return to the US (Thorburn, 2005, 19).

considered insufficient, the suggestions in this work are generally consistent with other theories and practices in addiction treatment.

Time for a stiff drink

Average number of drinks per capita consumed in the past week, by decile, among adults aged 18 and over.



WASHINGTONPOST.COM/WONKBLOG

Source: "Paying the Tab," by Philip J. Cook

Figure 8: Think you drink a lot? This chart will tell you

What should an effective treatment of addiction do? The problem of addiction is not primarily in the substances themselves, since addictive use concentrates in a small proportion of the population. The question is how this portion differs from others in their response to such substances. The differences identified are obsessive thoughts about using, and compulsive use. If only one of these were

present, then the person would not be an addict. Where both are present, a problem exists that the person is unlikely to be able to solve. Using John and Martha as examples, it has been emphasized that addicts generally do not lack the incentives or motivational power to change. Rather, these powers are not sufficient to change regarding their addiction, an insufficiency that has been presented as axiomatic to addiction. Treatment, therefore, must find power outside of the cognitive ability to will a change. Fortunately, humans are more than just thinking and willing beings. Humans also possess feelings and judgment. Judging may be determined by cognitive thought, but may also be driven by an intuitive sense. It is this ability that is examined in the next chapter. The goal is to suggest ways in which this capacity for reflective judgment can empower an addict to move out of the destructive cycle of addiction.

Chapter 2: A Conception of Beauty

The previous chapter looked at addiction, focusing on the mental obsession common among addicts. There are likely specific chemical and genetic causes of addiction, and studying these may be interesting and valuable, but the understanding and treatment of addiction cannot be reduced to such study. Likewise, efforts to prevent and reduce the external problems created by addicts are useful, but on their own incomplete. The experience of addiction must be examined.

The present chapter will compare addiction to aesthetic experience. This comparison is intuitively implausible, given the stark contrast between an aesthete silently contemplating the reflections in Monet's *Water Lilies* and an addict writhing in a stinking alleyway. But these are external manifestations of internal processes. The present work seeks similarities between the internal mindsets of aesthetes and addicts. Crucial to the prospect of recovery from addiction (the focus of the third chapter), the reflective experience in aesthetics may replace the obsessive experience in addiction. Learning aesthetics, or more generally reflection, would then help addicts avoid a return to the destructive cycle of addiction. Put differently, an internal similarity would provide a means to an external transformation, allowing a shift from a life of obsession and destruction to a life of reflection and appreciation.

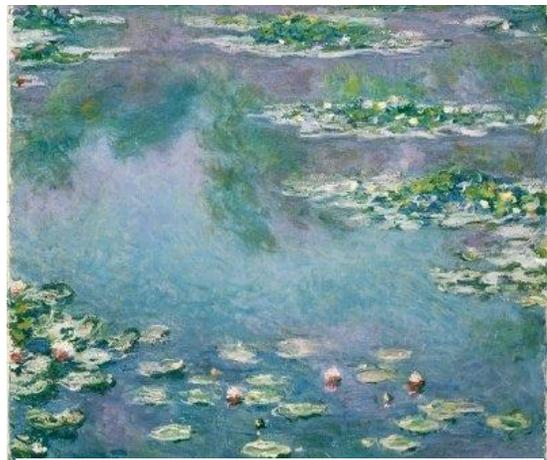


Figure 9: Monet, *Water Lilies*



Figure 10: Heroin addicts

2.1 Theoretical Considerations

Theories of aesthetics have proliferated over the centuries, expanding what can be considered “art” (making room for artists such as Duchamp, Warhol, Christo, and non-Westerners). The present work is agnostic as to the content of art, focusing instead on the process of judging it. To avoid questions about *what* art is, examples are drawn mainly from the conventional Western opus. This is done for practical purposes, in the hope of including only works commonly accepted as appropriate to aesthetics. There are controversies, too, about the process of aesthetic experience, but these will have to be addressed.

Aesthetics here is chiefly confined to the experience of the beautiful. This may leave out some experiences that hold a claim to the aesthetic world, but conforms to common usage (e.g. dictionary definitions). When discussing the aesthetic value of an object, such as a pair of shoes, one appeals to the pleasure of looking at them. The basic idea is: although other shoes may have the same material and construction for a lower price (i.e. they have greater economic value), this particular pair is more appealing, more pleasant, looks better. A similar, though perhaps more refined, consideration occurs in a museum. In order to judge which of two paintings had greater aesthetic value, the viewer would determine which were more pleasing. The relevant sense of “pleasing” may of course be debated, and will be throughout this chapter, but it may be minimally stated that common sense excludes anything with an aesthetic value that is negative or neutral. So, the understanding of aesthetics in this work focuses on the pleasure that beautiful objects produce. Because the larger goal is to find symmetry between addiction and aesthetics, this focus on pleasure is especially cogent. Although the cycle of addiction is independent of individual pleasurable experiences, this pleasure is a major etiological factor.

Along with focusing on experiences rather than the content of art, and on beauty rather than other potential values, aesthetics here is only seen from the art consumer’s perspective, not the producer’s (i.e. the artist). Of course, quiet reflection in a museum seems incongruous with the life of

addicts. The manic, self-indulgent creativity of a prototypical artist seems much closer to the behavior of addicts. Indeed, many famous artists have been addicted to any number of substances, and every few years another dies of an overdose or suicide.¹⁶ However, the creative process of artists is complex, spanning extremes of feeling from depression to euphoria. While this is similar to the lifestyle of some addicts, the relevant value here is the pleasure of addictive use. This pleasure associated with addictive use is a necessary component of any addiction, and replacing it is considered here necessary for lasting recovery from addiction. So, the life of the artist, and the creativity associated with artistic production, will be ignored. The consumption of art (appreciating beautiful objects) is a more useful analogue to addictive use.¹⁷

2.2 *The Experience of Beauty*

Having restricted the discussion of aesthetics to the appreciation of beautiful objects, we may now ask what constitutes this appreciation. Suppose Martha visits the Metropolitan museum and sees Van Gogh's *Self Portrait*. There, her eyes follow the brushstrokes, taking in the colors, and conceiving a portrait. In this process, she begins with sensations—shapes and colors—but does not end here. The mind actively constructs these impressions into a concept. The concept will be related to prior experiences (e.g., she would not recognize a face if she had never seen one before). This process of taking in sensations and

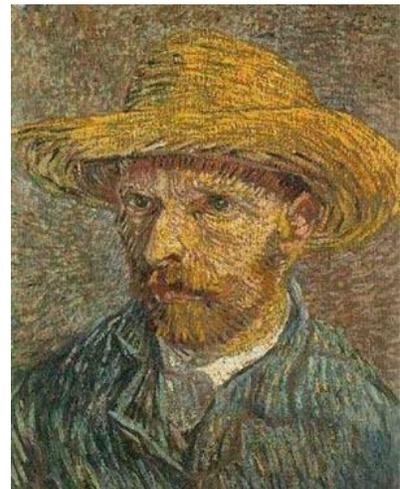


Figure 11: Van Gogh, *Self Portrait*

¹⁶ It must be noted, however, that this connection may be spurious, driven by preconception rather than correlation. Because there are thousands of popular artists, it is no surprise that some of them are addicts, and will suffer the associated problems. The implicit link between creativity and substance abuse may be an artifact of attention bias, a prejudice that drives more reporting of the class of addicted artists than the classes of non-addicted artists and addicted non-artists.

¹⁷ Chapter 3 will suggest art therapy, in which simple artistic production is taught to clients, as a possible approach. But this sort of production (i.e. aesthetic hobbies) is closer to appreciation of beauty than the procedures of professional artists.

then forming a concept will then be accompanied with a feeling. Because she is in a museum, Martha expects to see paintings that will give rise to pleasant feelings. This may not happen: perhaps she finds it blotchy and indeterminate, and feels discomfort or repulsion. But if she views the painting as an aesthetic object, there will be some feeling. Although the experience in a museum is a simple example, this process can occur anywhere and, perhaps, with any object. Beauty is found in everyday life, such as clothing, and in nature, such as roses or sunsets. The sensations need not be visual, since music may be beautiful. What, then, is the common element which justifies this classification of beauty? It cannot be simple good feeling, since it is not the same as the liking for pleasing food or smells. Beauty must derive from something else.

As mentioned, contemporary theories of art expand the definition to include styles such as Dada, Pop Art, and Land Art. Such theories gain breadth, but this typically comes at a price in precision. For example, in order to accommodate works such as Duchamp's *Fountain* and Warhol's *Brillo Box*, Arthur Danto considers anti-aesthetic conceptions of art (Danto, 2009, 51-2). But this requires higher-order authorities to determine what non-aesthetic values will be accepted, in order to prevent *everything* from becoming art. The narrower theory of art as beautiful objects may not include some of what is found in art museums, and may leave some critics dissatisfied, but it is a theory that can be widely accepted and simply applied. This tradeoff between the extension and the precision of a theory is generic, and it is no surprise that counterexamples multiply as constraints loosen, or that tightening constraints inevitably leaves out something. For present purposes, a beauty-centered approach suffices, since aesthetics is here used primarily in analogy to addictive experience, and the crucial aspect of addiction under investigation is the pleasure found in using the substance. This theory of aesthetics may seem outdated, but it will have wider acceptance for the purpose of discussing addiction and addiction treatment.

Having established a focus on beauty, it is still not clear just what beauty is. Is it a property of things, merely a feeling inside the observer, a convention or a social construct? An answer is given in Immanuel Kant's *Critique of Judgment* (which will be referred to as "CJ"). Kant's analysis of beauty begins with four moments, each an aspect in forming a judgment about whether something is beautiful. The first moment is the *quality* of what is perceived; how it is felt. He begins with the quality of an aesthetic judgment because this is the first moment that strikes the observer (CJ, 203).

An aesthetic judgment is distinct from a cognitive judgment (CJ, 204). If John is walking through the countryside and sees a telephone pole, he will take various sense impressions—of a cylindrical shape, of tallness, of a brown color—and his mind will construct this into a concept of a thing. This is a purely cognitive process, and he is not likely to go beyond it. If, walking further, he notices a sunflower in a field, his mind may well do the same thing.



Figure 12: Feld mit Sonnenblumen

The shapes, colors, location may give rise to a concept of a particular object. But separate from this cognition, he may find that he likes it. This liking is not objective, since an objective judgment could not be determined by feelings. Liking occurs within the subject, and in this sense aesthetic judgments, unlike cognitive judgments, are subjective (CJ, 204).

Kant's use of the term "subjective" is unique, so further clarification is in order. Judgments about what is beautiful must be subjective, since they are determined by feelings rather than facts. But they are not *merely* subjective, in the senses of a weak conviction or mere personal choice. To show this contrast, consider the difference between John's liking for doughnuts and his liking for the sunflower in the field. His feelings about a doughnut are not just subjective (since determined by a feeling of pleasure), they are also only a personal opinion. They depend on his own taste, so his judgment is about

the agreeable. But when he judges a sunflower to be beautiful, his judgment does not depend on his own taste (*CJ*, 206). It is not a personal opinion, since his interests in the sunflower are not involved (this disinterestedness is described further in section 2.3). Following Kant, the use of “subjective” implies something determined by feeling. “Objective”, then, means not determined by feeling. The other senses of “subjective” (e.g. whether something is unique to the individual) will be described as “private” or “individual”, contrasted with “universal”.

Aesthetic judgments cannot be reduced to mere liking. An argument about the preference of chocolate over strawberry ice cream is likely to resolve in the comment “Everyone has his own taste” (cf. *CJ*, 212). A person who refused to moderate his stance on ice cream seems extreme, or maybe disturbed. Kant classifies all things that are merely *liked* as the agreeable (*CJ*, 205). The most obvious examples are gustatory, and this is probably why the term “taste” is used generally to refer to non-cognitive discernment. But these private subjective tastes are also found in preferences for consumer goods or colleagues. This does not, however, seem to apply to works of art. If Martha described Van Gogh’s painting to a colleague, saying it is a beautiful work of art, she would not accept the rejoinder that hers is just one possible opinion, that the painting’s beauty is *just* a matter of taste (*CJ*, 212). The pleasure Martha feels while looking at the painting may be the same as the pleasure felt while drinking a mocha cappuccino. But when she calls it beautiful, she is not saying it is pleasurable. The feeling of pleasure is necessary, but not sufficient for a judgment of beauty. To say that the mocha is good, by contrast, the feeling of pleasure is sufficient. This distinguishes what is beautiful from what is agreeable.

2.3 The Subjectivity of Aesthetic Judgments

This distinction between things that are beautiful and those that are agreeable is significant, since it points to a class of liking that is subjective, but universal (*CJ*, 213). The class of the agreeable is not universal, so agreement is not expected. Even though there is often widespread agreement in liking

certain foods or other agreeable things (*CJ*, 213), no one is scandalized by the exceptions. If someone disagrees with Martha that mocha cappuccinos are good, she is unlikely even to bat an eye. It is understood that the speaker expresses her own feelings, not objective features of the beverage. Judgments about beauty, however, are expressed with a demand for agreement (*CJ*, 213). If Martha's coworker told her that he didn't like Van Gogh's work, Martha would conclude that *he* is mistaken. Judgments of beauty place the burden of proof on the judge, whereas the burden of agreeability is on the object: her coworker must justify his position on the painting, rather than the painting needing to prove itself to him. Put differently: judgments of beauty are determined by something outside the judge's feelings, whereas judgments of agreeability are determined by the judge's feelings themselves. It would be a mistake to think that, because beauty is universal, it is objective. Judgments of beauty refer to the subject's feelings, so are subjective (*CJ*, 214). But they are not determined by the subject's feelings.

What, then, determines judgments of beauty? It is not any concept Martha has about the work of art. She may see the artist's name and, remembering a lesson in a college course on art appreciation, apply concepts related to "impressionism". So, she may think that this is an example of the art style, that such a style is widely considered to be beautiful, and that therefore it is a beautiful work of art. But this is not an aesthetic judgment; it is a logical deduction from premises learned years earlier. Such deductive judgment impedes aesthetic experience because it

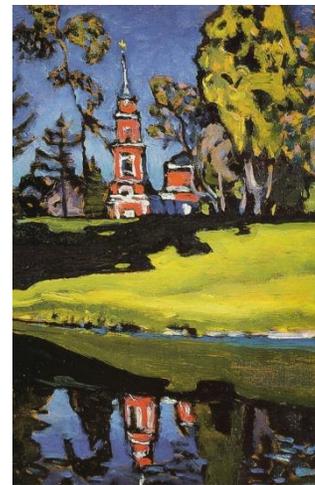


Figure 13: Kandinsky, *Akhtyrka*

focuses on concepts rather than feelings. Aesthetics relates to feelings, not to facts. It may turn out that many patrons are doing nothing more in art museums than applying rules taught by others; in other words, they are not using the art for aesthetic purposes. Perhaps their time spent is rewarded with ego gratification or social acceptance, but it is otherwise wasted, and hopefully they will not repeat the

mistake of going to the museum under false pretenses. If a claim about beauty is based on concepts, it is not aesthetic. It must be singular: the object itself held up to the feelings, to make this judgment (*CJ*, 215).

Although the word “aesthetics” often brings to mind artwork in museums, these associated concepts (the collected wisdom about what is supposed to be considered beautiful) can impede understanding. Returning, then, to the case of John and the sunflower, what determines his judgment that it is beautiful? When John looks at the sunflower, he feels pleasure. This pleasure is similar to what he felt when drinking alcohol, but with some critical differences. Experiences of nature may simply be agreeable, meaning the sensations produce pleasure, and he therefore likes what is before him. If the sight of a sunflower, sunrise, or star simply felt good, then it would be agreeable. John would not insist that others like it in the same way since the experience would be not only subjective, but individual and transitory (*CJ*, 217). However, if John dwells longer on the experience, reflecting on what is before him, he may find beauty.

The judgment that the sunflower is beautiful is subjective. John does not apply any concepts to the sunflower in order to determine whether it is beautiful. His judgment is rather determined by a pleasant feeling. But this subjectivity does not imply it is private. In this case, John reflects on the observation. He sees the yellow petals surround the black bulb, the green stem, all intertwined with alternating colors. These sensations—colors and shapes—normally move to specific concepts (“petal”, “bulb”, “flower”), but here John does not apply any particular idea. The sensations remind him of various things, but he does not commit to anything (*CJ*, 217). This is a playful experience: John’s mind is free to go anywhere (*CJ*, 218). He does not consciously choose how to interpret his sensations, but he is also not forced in any direction by the object. This free play is the source of the pleasure which John feels, which makes it an aesthetic judgment (*CJ*, 218). When the pleasure comes from sensations of the object, it is private, since the causes of sensations are complex and unique to each person at any

particular moment. Judgments about such a pleasure could not be adequately communicated to other people, since everyone has a different perspective and so will feel differently. People may agree with John that doughnuts taste good, but may have a very different feeling in mind. There would be no way of comparing these different feelings. But if the pleasure does not come from the sensations, but from this free play of the imagination, then judgments can be communicated (*CJ*, 218). The judgment is about a process that is universal to all human beings.

2.4 The Universality of Judgments of Beauty

Judgments about beauty, then, are universal (in Kant's terminology, they are *subjectively universal*, [*CJ*, 212]). We judge whether something is beautiful by whether or not it produces a feeling of pleasure, although the source matters. This cannot be known ahead of time, because the object must be "submit[ted] to our own eyes" (*CJ*, 215). It is only through this subjective evaluation that an object may be determined beautiful. But beauty is not determined by pleasure in the sensations themselves. The pleasure comes from the free play of the imagination. This free play is distinct from ordinary cognition, where a specific concept is applied to an object. Instead, the imagination brings forth any number of concepts. This process itself is the source of the pleasure that determines an aesthetic judgment (*CJ*, 217). This ability to indeterminately compare an object to concepts is universal for human beings. This universality of the process which produces a judgment of beauty is the basis for what was already noted as intuitive about beauty: that to say something is beautiful is to claim something that is true independently of the judge's particular sense of taste. When John says that the sunflower is beautiful, he does not mean that he likes it. He means that, having set aside his own particular likes and dislikes, he has found that the process of comparing the sunflower before him to various concepts in his mind is pleasurable. This process is available to anyone else; even if the free play of the imagination reaches different concepts, the movement itself is the same. Thus, John can expect anyone else who

engages in the same process will reach the same conclusion. Indeed, he *demand*s this agreement from others, since it is not his private sensations but rather the universal process of judging that produces the pleasure (*CJ*, 216).

The critical difference between private judgments about what is good (agreeable) and universal judgments about what is aesthetically good (beautiful) is the act of setting aside particular likes and dislikes. John cannot tell whether the sunflower is beautiful if he is caught up in his own ideas about it, such as a desire to pick it and give it to someone. Judgments about beauty must be impartial in order to be universal (*CJ*, 211). If private opinions enter into the judgment, it becomes a private judgment, and so could not apply to other people. This is why art critics should not be paid by the artists whose work they judge: the slightest hint of a financial (or reputational, personal, etc.) interest casts doubt on their ability to judge about beauty.¹⁸ When a judgment is disinterested, meaning an individual's desires and expectations do not influence it, it must be a different sort of judgment from mere agreeability, since people are necessarily interested in what is agreeable to them (i.e. something that directly feels good "produces an inclination" for it) (*CJ*, 207). This common notion that an interest in something hinders the ability to decide whether it is beautiful is thus a valuable method of distinguishing between judgments of beauty and those of agreeability. A liking that is "*devoid of all interest*" sets judgments about beauty apart from other types of subjective judgments (*CJ*, 211). This state of disinterestedness will also be a crucial difference from an addiction, where the individual is captured by a private pleasure. Because disinterested judgments are universal for all humans, they may help to reconnect addicts to other people.

¹⁸ A similar standard is applied to political judgments (i.e. lawmakers should not have a conflicting interest in those affected by their laws). It may be argued that all judgments about art (and politics) involve some sort of interest, so that complete disinterestedness is not humanly possible. Kant elsewhere remarks that "if a judgment about beauty is mingled with the least interest then it is very partial and not a *pure* judgment of taste" (*CJ* 205, emphasis added). It may be that *pure* judgments are in fact rare, with most actual judgments being more or less disinterested.

Regarding pleasure itself, it is simply a positive affect. Pleasure is good because it feels good. But the source of pleasure matters. It may be produced by sensations, in which case the source is simply agreeable (*CJ*, 205). John likes the taste of doughnuts, but others may find them disagreeable. But if the source of pleasure is a universal ability to reflect, then it is not just agreeable. This pleasure should be felt by anyone with the same ability. There are, no doubt, many cases where someone mistakenly thinks something beautiful when it is in fact his own interests being gratified. But there is at least the possibility of beauty as a judgment that, although determined by a subjective feeling of pleasure, is based on a process shared by all.

This conception of beauty is controversial, since such judgments are both subjective and universal. Judgments are commonly divided between those that are factual and those that express preferences. Factual claims are objective since they are determined by the physical world, and so are universally true. Physical limitations, such as human mortality, may be disliked—even despised—but such attitudes make no difference upon the reality of death. In contrast, preferences are subjective since they are determined by the subject’s feelings. It is not just that Martha’s preferences are influenced by her feelings, her subjective judgments just are how she feels about things (i.e. whether she likes them or not). People often make second-order judgments about their feelings: for example, Martha may have a strong attitude about her liking for mocha cappuccinos. This attitude may include factual judgments (such as that the beverage is unhealthy) and subjective judgments (such as shame about continued indulgence). But these second-order thoughts and feelings are distinct from her judgment about the beverage itself, *viz.* that it produces pleasure and is therefore good (agreeable). This liking for the drink is prototypical of subjective judgments, since it is obviously applicable only to her. The claim made by Kant is that judgments about beauty, although subjective, are universally applicable. This universality is possible because the pleasure does not come from the sensation (this

would be a judgment that something is agreeable to the subject). The pleasure arises from the act of judging, the process of reflecting on the sensations (*CJ*, 216-17).

This ability to judge beauty is described by Kant as a “universal voice” (*CJ*, 216). What a person likes and dislikes is only applicable to her, since these preferences come from her own sensibility, experiences, expectations, etc. Beauty does not come from any particulars of the individual, but from the universal process of reflection. If this ability is admitted, then the possibility of beauty must also be admitted, even if many mistakes are made. If John called the sunflower beautiful, but on further thought realized that his liking for it was determined by his desire to pick the flower and give it to someone, then he would not have made a judgment of beauty. It is difficult to set aside these private interests and preferences in order to allow the imagination freedom to explore, but it remains a possibility. Where it occurs, beauty can be found. Because such judgments are not determined by the subject’s preferences, they are free. This freedom, crucial for the later discussion of addiction treatment, will be further considered.

2.5 Freedom in Judgments of Beauty

Judgments about what is agreeable are not free. John likes pizza: when he takes a bite, it produces a pleasant feeling. This is caused by a conjunction of the physical qualities of the food with John’s private sense of taste. He cannot help but feel this pleasure—assuming the joint conditions of the physical properties of pizza (particular flavors, texture, temperature) and John’s sensory disposition toward them are present. When it comes to what is intrinsically good, such as the moral principle of truth-telling, John is also not free. His judgment is determined by the objective inconsistency of lying: John cannot rationally convince himself that lying is permissible. Kant names judgments about what is agreeable heteronomous: they are determined by the countless causes and conditions in the physical world (*CJ*, 282). When John judges that the flower in front of him is beautiful, this is not determined by

his sensations (if it were, it would simply be a judgment of agreeability). But there can be no concept that tells him whether it is beautiful (it is conceptually indeterminate). Whether it is beautiful depends on whether he feels (disinterested) pleasure. This is why he must see it with his own eyes to decide; someone else's testimony is not sufficient because feelings are not adequately communicable in language. Kant describes this subjective freedom in judging beauty as heautonomous (*CJ*, 225'). A heautonomous judgment is reflexive, since "judgment prescribes... a law for its reflection on nature" (*CJ*, 185). Because the faculty of judgment creates its own rule for beauty, such judgments are separate from the heteronomous conditions of the world. Physical sensations are needed, since they give rise to this reflection. But the law which determines beauty (i.e. whether the process of reflection on these sensations produces a feeling of pleasure) is produced by judgment itself. Because it is the mindset of the judge (and not any properties of the objects) that creates the rule for judging beauty, there will be useful comparisons (in chapter 3) to the above conception of addiction.

This heautonomy is only possible where neither reason nor feelings dominate, but judgment is acting for its own sake. The mind is free to wander between different concepts, and this process may produce pleasure. This pleasure, which does not originate in the sensations of objects but rather in the process of reflection, determines beauty. The rule for deciding



Figure 14: Clark, Cappuccino Italiano IV

beauty is knowable for any human being since it comes from reflection, not the senses. To dwell in this (mental) space, in which an individual is not compelled by her feelings and not bound by the dictates of reason, can be pleasant. The pleasure derives from this freedom, the absence of external or internal compulsion.

As noted above, the freedom of an aesthetic judgment comes from its universality. The pleasure Martha feels while drinking her mocha cappuccino is determined by her particular sense of taste and smell, and by environmental factors such as where she is and who is around. Such pleasures are in thrall to the physical world; they are good as far as they go, but have limited value to a person, a thinking being.¹⁹ The pleasure taken in aesthetic judgments is not conditioned by phenomena. It comes from the very act of judging, which is a mental process. This reflective act, in which phenomena are recalled in an indeterminate manner, is universal. This unique character, being both subjective and universal, makes aesthetic judgments a meaningful contrast to addiction.²⁰

Martha, like many addicts, felt shame over her behavior. Her drug use violated both her own values and what she saw as society's expectations of her. Before researching her symptoms online, she had vaguely thought that no one could possibly relate to her; afterwards she felt stigmatized by the label of "addict". The pleasure felt by an addict is intensely private: a strong and incommunicable affect that induces the obsessive thoughts and compulsive behaviors directed toward it.²¹ The life of an addict also shrinks, since using and obtaining drugs consumes increasing amounts of time, money, and energy, and since internal and external disapproval dissociate the addict from other sources of meaning and pleasure. The term "addict" meant in Roman law to place a free person into bondage (Seeburger, 1993, 34). The cycle of addiction does indeed lead to a servile condition, the odd circumstance in which a human being degrades herself to subjection to a substance. Intuitively, the solution to this cycle is to restore the addict to freedom, to proper personhood.

¹⁹ In moral judgments, rationality is involved, and the person derives a pleasure autonomous from the physical world. However, these judgments are not free, since they are constrained by rationality (*CJ*, 210).

²⁰ The word "judgment" is used throughout this work to refer to this reflective process. This is distinct from determinative judgment, in which universals are applied to particular instances. In reflective judgment, one begins with a particular and seeks discover a general rule for it.

²¹ This incommunicability may explain the fact that throughout history, intoxicating substances have been linked to spiritual and religious practices, and addicts have described their early experiences with drugs in religious terms.

Common sense often transposes pain or pleasure on an isomorphic axis with degree of compulsion: the more pleasurable or painful something is, the more it compels one to act. On this thinking, mild and moderate pleasures such as an upbeat song or apple strudel are largely free to choose or refuse, but stronger pleasures such as sex or drugs are compulsive. This simple view, however, leaves out too many variables. There is not only wide variation between people, and for the same person in different circumstances. Each source of pleasure itself may offer a free or an unfree feeling. It is said that “hunger is the best sauce” (*CJ*, 210), so a starving man could not judge the quality of a strudel in the way an epicurean would. The quality of sex, too, is said to depend more on mindsets of the actors than any acrobatics attempted. Regarding drugs, Steve Jobs reported taking the drug LSD was “one of the two or three most important things he had done in his life” (Markoff, 2005, xix). In spite of this profound importance, he subsequently quit the drug in order to pursue more important interests (Isaacson, 2011, 38). It is fallacious to suppose that people are compelled by substances; this leaves out the crucial component of the person’s mind. Because mental states vary between people, and possibly can be changed in cases of addiction, the mental states which lead to free or compelled pleasure will be of primary interest. Although some substances and activities seem to possess more of the “stuff” that constitutes an addiction, they do not contain a sufficient mechanism to “addict” any person who comes across them. As noted in the previous chapter, the present work does not address chemical, biological, and sociological causes of addictions. The relevant criteria are the mental state of obsessive thoughts and the behavior of compulsive use, which define a philosophical understanding of addiction.

The freedom in aesthetic judgments, as noted above, derives from their independence of the particular interests of the judging subject: beauty is what is left over when his own subjective wants and needs have been set aside. Such judgments are not only free, they are also universal. The pleasure John feels when he reflects on the shape of the sunflower in the meadow does not come from his own past or current needs. He is thus justified in expecting that anyone who viewed it in the same light would

feel the same pleasure. Its beauty arises neither from the eye of the beholder nor from any intrinsic qualities, but rather from a reflective process that is possible for any human, as a thinking and feeling being. It must be emphasized that this peculiar status of subjective universality is distinct from concepts such as intersubjectivity. Many subjective values are widely held, and second-order valuations rank some values as superior to others. For example, if most cultures throughout time have engaged in aesthetic production, creating works that appeal to the senses, then beauty could be described as intersubjectively valuable. Such conceptions gain much in the way of extension, allowing advocates to demand adherence to favored values, with minimal metaphysical commitment. But this applicability across people depends, at least in principle, on an empirical discovery of widespread agreement. It raises the disturbing prospect of abandoning values the moment the votes tally in the other direction. It is also highly questionable whether this is in fact what thinkers are doing, or intending to do, when contemplating what is valuable. When political elections go against one's conscience, it would be unethical to respond by changing one's conscience. The natural conclusion is that the voters got it wrong, and something similar holds for aesthetic judgment. Beauty is not determined by what people actually end up deciding. It is determined by the judging process itself.

2.6 A Common Sense for Judging Beauty

Universality, then, is not popularity—a vote-counting process. Popularity may determine which restaurant or popular singer is the best. This means that the restaurant or singer happens to produce pleasure for a large number of people. True works of art, by contrast, are often unpopular or at least underappreciated in their time. Indeed, past obscurity confers authority on judgments of beauty, since it helps to dispel the nascent suspicion that a work of art is *merely* popular, merely subjectively valued to particular people for a particular period of time, instead of possessing true beauty. Nothing so excites the aesthete as the prospect of unearthing an undiscovered beauty. The universality of beauty comes

from the universal ability for reflection. The pleasure that determines a judgment of beauty comes from this process, which all humans hold in common. So, any human in the same position would make the same judgment. This makes the judgment universal.

Kant describes the sense of taste relevant to judging beauty as a *sensus communis* (CJ, 293). It is distinct from the ability to reason because it employs subjective feelings of pleasure and displeasure, rather than logical relations.²²



Figure 15: Monument Valley

But all human beings share in common the ability to reflect, independently of their particular interests. Martha cannot convince her coworker to like mocha cappuccinos since there is no common experience she could appeal to—her own sense of taste is tied to physical and social conditions which could not be the same for any two people (however similar they may be). Cases of disagreement over such matters are typically resolved in sayings such as “it’s just a matter of taste” or “everyone has his own taste” (CJ, 212). In the extreme, assent may be coerced, but this would be an outward assent with no common experience. For example, John routinely submitted to going to movies with friends, despite dislike for the experience. Although he outwardly claimed to like the movie, and tried to smile throughout, inwardly he could not force himself to like it. A person’s senses are his own, determined by genes and upbringing and numerous other conditions (including ephemera such as time of day, the weather, or hunger). But when Martha’s coworker disagreed that Van Gogh’s work was beautiful, she was not content to either let it go or to force an outward platitude of assent. She intuitively felt that anyone who truly examined the work *should* find it beautiful, not because she happened to think so but because

²² Kant distinguishes this *sensus communis aestheticus* from a *sensus communis logicus* (CJ, 318). The second, logical sense is what is normally meant by the phrase “common sense”. This rational sense is not intended in the following discussion, so reference to a humanly universal sense of *feeling*, not of *reasoning*, will use the Latin phrase (*sensus communis*).

it is beautiful. This demand for common experience sets judgments about beauty apart from both sensory and rational judgment. This public (in the sense of common property) nature of beauty will be crucial in suggesting a method of recovery from addiction.

This ability to discern aesthetic values is described as a “sense” because it takes its content from the physical world (CJ, 239). Rational judgments could be made by spiritual beings, since they are determined by logic. Logic is not derived from experience; its principles are structurally self-determinative. Aesthetic judgments, on the other hand, need a physical world to provide their content. They can therefore only be made by beings who are both rational (i.e. possess the capacity for cognition) and physical (i.e. embodied beings with sensations and feelings) (CJ, 210). The aesthete does not simply indulge in the pleasures of the world. But it is the world that provides her imagination with the shapes, colors, and other qualities needed for reflection. So, this experience of the world as aesthetic is not just common to all human beings, it is also unique to human beings. Animals, lacking imagination, are incapable of disinterested reflection. Pure spirits, if they existed, would lack the feeling of the world needed to (aesthetically) judge it. This gives aesthetic judgment a profound potential for human solidarity, being a faculty which sets humans apart from all others. Hannah Arendt, considering the challenges of moral and political action in societies that have lost a common ethical and metaphysical framework, turned to Kant’s conception of aesthetic judgment as a foundation for political judgment (Arendt, 1992, 70). This *sensus communis* allows humans to judge what to do with appeal to experience rather than logic or religion. Similarly, this common feeling for an aesthetic world may be an effective ground for bringing people like John and Martha out of the quicksand existence of the addict. This will be examined further in the third chapter.

2.7 Conclusion

The definition of aesthetics in this chapter is the appreciation of beauty. This focus is justified by its common acceptance (in the general population, if not among professionals in the art-world), and by the similarity between the pleasure that determines a judgment of beauty and the pleasure that drives the cycle of addiction. Because judgments about beauty are decided by a feeling, they are bound to be controversial. There is no common concept to prove whether something is beautiful; each person must evaluate it for herself. To do so, she cannot be influenced by her own interests or attitudes; the judgment should be based on a process of indeterminate reflection. Given these constraints, there are likely to be many mistakes, and skeptical claims that beauty does not really exist (i.e. that everything is simply agreeable or disagreeable). Despite any such controversy, there remains the possibility of making judgments about beauty, since humans have the ability to reflect, and this reflection can produce a feeling of pleasure. These subjectively universal judgments are a common ground for human interaction. It can thus guide judgment in the field of political action, as suggested by Hannah Arendt. It may also guide the thinking and acting of people recovering from addictions, since it pulls them out of the narrow world of addiction, into an experience of common humanity. The rationale and specifications of such a treatment approach are explored in the next chapter.

Chapter 3: Aesthetic Judgment in the Treatment of Addiction

Successful treatment of an addiction is defined by no relapse to use (or no relapse to problematic use) following treatment. It has long been the case that rates of success are very low. In a 1971 study, Hunt, et al found a rate of relapse of 70% within 90 days following treatment (this was true for alcohol, heroin, and nicotine treatment) (Maistro, et al, 2014, 799). More recent research found that relapse rates following drug abuse treatment are between 40-60% (“Relapse Rates for Drug Addiction...”). Even if current treatments are greatly benefitting large numbers of people, it appears that at least half of clients continue their destructive use. The goal is to find additional methods that may help in the treatment of addiction. First, some current methods are described.

3.1 Contemporary Methods in Addiction Treatment

When John was treated for substance abuse, his counselor investigated his past, noting childhood abuse and a family history of alcoholism. Both of these are plausible causes of John’s alcoholism, but such factors in themselves offer no solution. To help John, methods such as cognitive-behavioral therapy and motivational interviewing are commonly used. In cognitive-behavioral therapy (CBT), the client is encouraged to explore the thoughts, attitudes, and beliefs that precede addictive use. Thoughts, attitudes, and beliefs are conceptual, and so can be articulated, discussed, and challenged. This process may modify them, which in turn may reduce or eliminate their role in causing addictive behaviors (Miller, Lynn D., et al, 2012, 6). For example, John realized that he often thought “I deserve a drink” after finishing work. By questioning whether drinking alcohol is an appropriate reward, given the abundant list of negative consequences over the years, this thought may lose its appeal to John. John also believed that alcohol made him feel happier. By looking at the many instances in which drinking led

instead to a depressed affect, John could see that this belief is not correct. In the future, whenever thoughts based on this belief came into mind, he could then challenge them.

In Motivational Interviewing (MI) a counselor seeks to uncover and reinforce the client's preexisting motivation and capability to make positive changes (Sobell, 2012, 26). As noted above, Martha felt deep shame over her drug use, and the associated behaviors of lying to obtain more and isolating from friends and family in order to use. This shame seemed to reinforce her desire to use, since narcotics dulled the feeling. But aside from this shame was a positive belief that she had a purpose in life. Examining this desire for meaning could produce a positive affect, and with it an intuition that she can live a better life (cf. *ibid*, 31). Considering past examples of overcoming challenges could also reinforce her conception of self-efficacy, thereby reducing the sense of being overwhelmed by her addiction (cf. *ibid*, 34).

These psychotherapeutic methods have rapidly spread because empirical studies generally support their effectiveness (e.g. Miller, Lynn D., et al, 2012, 7; Dobson, Deborah and Keith Dobson, 2009, 5-7). The innovation of these approaches has been a self-conscious delimitation. CBT looks at a client's thoughts, attitudes, and beliefs because only these can be rationally articulated and therefore challenged. Although a client's feelings are undoubtedly consequential to her condition, they cannot be subjected to such analysis. MI similarly limits itself to whatever motivation to change already exists within the client. There may be much better (e.g. more logically coherent or more morally salient) reasons to change, but it is unknown how to implant such reasons in a person, so the method limits itself to whatever happens to be found. Early theories of psychoanalysis, by contrast, sought purported unconscious determinative motivations, which are by definition inaccessible and unchanging. Such a theory could be metaphysically accurate, but it is practically useless.²³ The demand that psychotherapy be evidence-based has improved the field. Subjective reports of improved feeling cannot justify

²³ A modern descendent of classical psychoanalysis, psychodynamic therapy, seeks a more limited application (Bienenfeld, 2005).

treatment in a world of rising health care costs. There must be some means of demonstrating value. The methods that are most capable of doing so are those which identify specific and measurable aims. This may leave out some value, but it probably also keeps out much unproductive practice.

3.2 Conditions for Effective Treatment

Is treatment based on Kantian aesthetic judgment feasible, and can its efficacy be demonstrated? The following will outline some prospects for such an approach. Like CBT and MI, it is not intended to be holistic. It seeks, rather, to appeal to a single human sense, the *sensus communis (aestheticus)* described in the prior chapter, as a replacement and corrective to the subjugation of addiction. As a philosophical consideration of treatment, empirical research is mentioned but not the determining factor.

Successful psychotherapy enables a client to cease an undesired pattern of thinking, feeling, or acting (cf. Webb, et al, 2003, 10). Its efforts are directed internally, to the mind, though the interrelations of body and mind mean that physical practices (e.g. diet and sleep) may also be considered. The inaccessibility of the human mind raises severe challenges to treatment. The existence of physical ailments such bone fractures or infections can be



Figure 16: Distant tragedies

empirically verified, as can their cessation (i.e. recovery to good health). Mental illnesses cannot be directly confirmed, and are instead diagnosed through a clinician's private judgment, typically using a checklist format to see if a client meets enough criteria for diagnosis.

Regarding alcohol and other drugs, the standard diagnostic text (the *Diagnostic and Statistical Manual of Mental Disorders, DSM*) previously distinguished the two conditions of substance abuse and

substance dependence. Substance abuse described people whose excessive or inappropriate use led to problems, but who did not meet conditions associated with addiction. Substance dependence is similar to the above description of addiction, except that tolerance and withdrawal can highly influence diagnosis (*DSM-IV-TR*, 2000). The fifth edition (*DSM-5*, 2013) has replaced these diagnoses with the single title of “substance use disorders”. A substance use disorder may be more or less severe, depending on how many criteria are met. The 11 criteria cited include tolerance and withdrawal, as well as many of the signs of an addiction discussed earlier (such as excessive use and continued use despite negative consequences) (*ibid.*). This new spectral classification captures many of the problems found in an addiction, but blurs the distinction between problematic and non-problematic users. If, as has been argued, addicts have a different relationship to a substance than non-addicts, then a deeper description is needed.

The first chapter identified as the two necessary conditions of any addiction (1) compulsive use of a drug and (2) obsessive thoughts about it. The cases of John and Martha show characteristics that invalidate the common presumption that addictions are caused by a weak or misdirected will. First, they did not deliberately enter into their addictions; addicts often conceive their problem as just happening to them.²⁴ Second, John and Martha had strong incentives and desires to quit, but continued to use contrary to their desires. So, rational approaches to treatment (e.g. cost-benefit analysis) are unlikely to be effective on addicts.²⁵ Likewise, approaches to treatment that only look at biological (e.g. neurological or chemical) states is also unlikely to be effective. As noted in the first chapter, the biological phenomena of tolerance and withdrawal are neither necessary nor sufficient for an addiction.

²⁴ These perceptions may of course arise, at least in part, from *ex post* rationalizations aimed at mitigating personal responsibility. Although some such distortion likely occurs, it is assumed here that the addict’s understanding is significant. Following the principle of MI, successful treatment should begin with whatever understanding already exists, regardless of distortion.

²⁵ Such methods may be useful for people who are abusing drugs or alcohol, e.g. those who use excessive amounts due to immaturity or antisocial attitudes. Put differently, rational models of addiction treatment (e.g. CBT) are likely most effective for those whose reason and willpower are, regarding alcohol or other drugs, intact. But such people are, in the terminology of the present discussion, *not addicted*.

They may be useful in diagnosis, since they suggest someone is continuing to use despite negative consequences. For example, John's high BAC when arrested indicated high levels of tolerance, yet he continued using such dangerous quantities. But an addiction cannot be reduced to these physical conditions. Second, intrusive thoughts occurred in the absence of the drug, so that it was a mental disposition, rather than a physical craving, which drove them. Chemical interactions are relevant, and studying the chemical causes of the mental states associated with addiction may be useful. For example, if deficits of the chemical dopamine are associated with obsessive thoughts, then drugs that stimulate dopamine production may be useful in treating addiction. The present work is neutral toward such research and treatment, so long as it does not replace other approaches.

The assumption, then, is that the faculty of the will, guided by reason, is insufficient to the treatment of an addiction. So, too, is treatment of the physical states associated with addiction, although this may have a beneficial impact on pathological mental states. Because of these limitations in treating addicts as *willing* animals or treating them as *physical* creatures, there is room for treatment grounded in aesthetic judgment. Such treatment would address issues of the will and the body, but its basis would be independent of them (i.e. heteronomous). Philosophically, the problem of the addict is not a paucity of willpower, but rather the impotence of willpower over a certain mental disposition.²⁶

In most cases humans are capable of choice: determining one course of action rather than other possibilities. Of course, in all choices the will is more or less bombarded with conflicting desires, since we are embodied creatures. These desires range in severity, immediacy, and relevance. Some desires (particularly biological urges such as food and sex) are so powerful as to cloud the decision-making process, and a person may feel overwhelmed. But, metaphysically, a choice exists, however obscured it may be. Regarding addiction, it is claimed that such a choice does not exist. It is not known why this is the case; the argument has instead been based on the experiences of addicts. This is a strong

²⁶ Although addiction is the sole focus, a similar failure of the will may be present in other mental illnesses.

claim, and based on subjective experiences rather than proven by facts. An alternative, weaker claim is that people with addictions conceive no choice regarding their thoughts and actions around a substance. Both versions explain the experience of many addicts who, like John and Martha, were sometimes unable to avoid using despite intense aversion to the behavior. In these cases, the will appears to fail, and such failures are common for some addicts. To explain these cases, a strong and weak conception of addiction will be presented, followed by respective conceptions of addiction treatment.

3.3 Philosophical Theory of Effective Treatment

The strong version of the conception of addiction, then, is that addiction is a mental disposition toward thoughts about, and use of, a substance that is irresponsive to the person's will. The weak version is that thoughts and behaviors regarding the substance are experienced as overwhelming, with no conviction about whether this is actually true (i.e. whether the will is impotent).²⁷ The phrases “obsessive thoughts” and “compulsive use”, as defined in the first chapter and as used in everyday language, are consistent with either version. The difference lies in convictions about the underlying reality, with both versions explaining the observed behavior of addicts. Likewise, suggestions for addiction treatment will be largely the same whether the will is, or is held to be, incapable of producing the needed change. There will, however, be divergences in treatment suggestions in later stages.

Using these two conceptions, the purpose of addiction treatment may now be stated. The treatment of addiction, if addiction is a pathological disposition that is unresponsive to willpower, should aim at altering the disposition itself. The problem cannot be addressed at the point of the person's response to the disposition, since she will be unable to consistently control her response. If the weaker conception of addiction is held, treatment may aim at increasing a person's control over her

²⁷ The weak version is also consistent with the claim that the human will is an illusion: that all human action is metaphysically determined by mechanical (i.e. non-intentional) causes.

actions. However, this should not be the initial approach, since the client does not perceive the necessary internal power. Early stages of treatment should therefore focus on changing the person's disposition toward using, without reliance on conscious action. Following the insight of MI that a therapist should begin with whatever motivations already exist within the client, early stages of treatment should focus on the person's disposition to using, not her ability (or rather perceived inability) to respond to it. In later stages of treatment, strengthening the will's providence may become relevant.²⁸ The goal of the present work is not to invalidate or disparage cognitive treatment approaches, but rather to offer an approach that addresses the non-cognitive pull of addiction, a drive that does not, or appears not to, respond to willpower. Such an approach cannot use logic or morality, since their dictates must be willed. It also should not use feelings, which are spontaneous and uncontrollable. Because judgments about beauty are positioned between reason and feelings, in reflective judgments determined by feelings of pleasure or displeasure, they may point to a solution. Before further exploring the outlines of such treatment, this conception of the purpose of addiction treatment will be applied to some current and historical methods.

Given this conception of addiction, the high failure rate of treatments which assume (implicitly or explicitly) that clients possess sufficient willpower to cease their addictive use is unsurprising, since clients lack (or believe that they lack) such capacity. To claim that they do have this capacity is, in the terminology used here, to tell them they are not addicted. As already noted, treatments that appeal to willpower may be effective with non-addicted persons who have problems from alcohol or other drugs. For example, given a client who was arrested for driving while intoxicated, but who expresses an interest in the welfare of himself and other people on the road, a therapist may educate him about the dangers that his behavior poses to himself and others (risks about which he may be uninformed or

²⁸ The author's conviction that, in cases of addiction, willpower is metaphysically inadequate to prevent drug or alcohol use is based on clinical experience. This conviction is empirically unverifiable, and highly controversial. The weaker claim that addicts experience their willpower as inadequate regarding their drug or alcohol use (but may be mistaken about this perception) is therefore seen as a reasonable compromise.

misinformed). This should produce moral disapproval of the behavior, leading to its cessation (cf. “Principles of Drug Abuse Treatment...”, 2014, 7-10). Such treatment may have high success rates across all clients, since most people who drive intoxicated are not alcoholics. But it leaves untouched the problem of addiction, instead treating a separate issue of otherwise healthy people who engage in an antisocial behavior. This treatment likely does much good for society, but should not be confused for addiction treatment.²⁹ Empirical research may inform and reform clinical practice, but it is not a sufficient guide. Judgment must be used to discern the goals of treatment—questions of who, what, and why—to avoid a situation where addicts, the population for whom the field was initiated, are no longer being served.

This points to two problematic tendencies in contemporary treatment: the reliance on willpower to produce change, caused by a faulty analogy from the experience of non-addicts to that of addicts; and a correspondent “mission creep” in treatment, whereby empirical research recommends approaches that are highly effective on non-addicts, but ineffective for those who lack the needed internal resources, with the result that addiction treatment increasingly focuses efforts on the non-addict population. These tendencies originated in reaction to earlier psychoanalytic approaches, which by positing as their subject-matter unconscious motivations, forsook any ability to verify the existence, or successful treatment, of mental illness. It would be a mistake to respond to the shortcomings of contemporary approaches by returning to this mysterious realm. A non-cognitive treatment approach should avoid speculation about the nature of the disposition toward addiction, since claims cannot be tested. This disposition is asserted to be real, but focus is instead on thoughts and behaviors associated with it.

Where has the treatment of addiction been successful? One factor identified with positive outcomes is the personal style of the therapist, which has been described as a “magical quality” because

²⁹ This tendency of evidence-based treatment to chase low-hanging fruit, thereby losing sight of its original purpose, is not unique, but rather a general risk of overreliance on objective quantification of outcomes.

of difficulties in specifying it (Bandler, R. and Grinder, 1975, 6). Highly effective therapists have been found within various treatment methodologies (*ibid*, 10). The individual therapist may even be a stronger factor than the therapy used. Bandler and Grinder respond by focusing on objective methodologies to improve the personal style of therapists, (e.g. neuro-linguistic programming, NLP). Although this may incrementally assist therapeutic practice, it is dubious to think that a therapist's style is reducible to a method. This research instead points to a limitation of methodology: clients appear to respond more to the therapist as a relatable human being than as a fount of relevant knowledge. Successful therapy, then, requires a personal connection. The development of this connection is not a cognitive process. To further explore the sorts of non-cognitive processes that have historically succeeded in getting addicts sober, spiritual approaches are briefly considered.

In the 19th century a movement known as the Washingtonians was effective in getting seemingly hopeless alcoholics sober through a set of spiritual principles (Maxwell, 1950, 4). In the early 20th century, a similar program known as the Oxford Group had similar successes. The Oxford Group in turn spawned the organization Alcoholics Anonymous, which relies on a spiritual experience to change the alcoholic's disposition to one that no longer drinks.³⁰ Reliance on a spiritual power to effect the needed change was grounded in the Pauline conception of sin: the notion that the human will is somehow damaged, so that the alcoholic is incapable of changing himself. This idea is similar to medical conceptions of addiction, with the damage to the human will being caused by chemical changes rather than demonic forces. It remains powerful because it explains the lived experiences of addicts, and because spiritual programs such as the Washingtonians, the Oxford Group, and AA had impressive outcomes, *viz.* the observed reform of hardcore alcoholics. The Temperance movement (and in modern times therapies such as CBT and MI) offered incremental improvement of all participants, so that people

³⁰ The text credits its conception of spiritual experiences to Carl Jung, describing them as "huge emotional displacements and rearrangements. Ideas, emotions, and attitudes which were once the guiding forces of the lives of these men are suddenly cast to one side, and a completely new set of conceptions and motives begin to dominate them" (*Alcoholics Anonymous*, 2001, 27).

with minor problems from alcohol or other drugs could fully reform, and people with greater problems may show some improvement. The radical approaches of the Washingtonians, the Oxford Group, and AA, on the other hand, had their greatest success with the most hopeless cases, those who had nothing left to lose. This process of drastic change cannot be explained by a change in willpower, since willpower is incrementally strengthened or weakened by the influence of feelings. Since the change occurs outside of the individual's ability for conscious choice, it has been credited to a spiritual force. But this change may be explained, at least in part, in terms of aesthetic judgment. Following the successes of spiritual programs to change the seemingly hopeless, the relevance of aesthetic judgment is considered.

3.4 Aesthetic Judgment and Addiction

Kant's conception of aesthetic judgment, as described in the prior chapter, is not cognitive. The value of things like cookies or movies is that they are pleasant—their presence feels good. The liking for such things is subjective, since it depends on this feeling of pleasure, and private, since it depends on the individual's feelings and cannot be coerced or expected of others. Other things have instrumental value (e.g. bran muffins or exercise); they are not themselves pleasant but are valued because they promote something that is liked (health). Moral values such as honesty or charity, on the other hand, are intrinsically and objectively good, since their value derives from logical consistency rather than subjective feelings (e.g. telling the truth is valuable because it would be incoherent for people to consistently lie). Deciding whether something is beautiful cannot be done by the same thought-process. Because beauty cannot be judged without a feeling of pleasure, judgments about beauty are subjective. But they are distinct from simple pleasures. Their pleasure derives from the process of reflective judgment. Similarly, the addict's disposition to use cannot be reduced to a choice of immediate pleasure over the actual and potential consequences of using. Such wanton choices are made by all

people every now and then, but the case of the addict is very different in the pervasiveness of his addictive thoughts and behaviors, and the irresponsiveness of his actions to even extreme consequences. The addict's disposition is a self-reinforcing cycle outside of his conscious decision-making, one that takes in the pleasure of using but perpetuates itself independently of immediate feelings of pleasure or pain. This remove from immediate feelings is similar to judgments about beauty, but with the critical differences that the addict's disposition is private and compulsory, while reflective judgment is universal and free. An effective method of addiction treatment, then, should seek to move addicts away from activities that stimulate the addictive drive and toward activities that stimulate reflective judgment. Both offer pleasure, but the experience of beauty has positive outcomes while addiction is highly destructive. Before giving specific suggestions for treatment grounded in reflective judgment, the pleasure found in alcohol and other drugs will be briefly examined.

There is presumably some physiological mechanism which addictive substances activate. For example, alcohol appears to increase the release of the neurotransmitter serotonin, which is associated with positive feelings (Lovinger, 1997, 116). There are alternative neurological explanations for the mechanism of alcohol, and for other drugs, and each explanation probably contains at least part of the truth (e.g. other neurotransmitters such as dopamine and GABA have been implicated [*ibid*, 118]). But for a philosophical discussion, the relevant factor is the feeling of pleasure. Pleasure is desirable, and alcohol and other drugs produce feelings of pleasure. It might therefore be expected that all people who felt any pleasure from them would use them excessively, even continuously. However, different pleasures are gradated, and the pleasure produced by alcohol and other drugs generally rates very low. At a cocktail party, the drinks are seen as a necessary but purely instrumental component: a party with no drinks may be boring (but may not, depending on the company). However, drinks with no party would be unbearable. Drinking alone is widely regarded as indicative of alcoholism, and although this generalization is highly imperfect (since there are non-alcoholics who drink alone and alcoholics who

never drink alone), it is diagnostically useful. This stigma probably arose from the fact that most people, most of the time, only enjoy the pleasurable effect of alcohol when felt with others. The pleasure associated with alcohol, then, is mainly indirect, produced by other conditions surrounding its use. This pleasure may be very strong, but it is temporary and not meaningful. Social drinking is effective at increasing the volume of conversation (both quantitative and auditory), but not its quality.

This description of the pleasure produced by alcohol cannot make sense of alcoholism. The fact that many alcoholics drink alone suggests that the pleasure they derive does not come from social interaction. It appears to come directly from the substance. Indeed, the description of compulsivity in the first chapter points to this distinction between addictive and non-addictive use. Breathing air is necessary for all people, and done for its own sake. Therefore, regular breathing could not be thought of as compulsive. Drinking alcohol, however, is considered to be primarily an instrumental good, since it adds to the pleasure of other activities. To enjoy the feeling of intoxication in itself is abnormal. It is therefore seen as compulsive for someone to drink for the sake of drinking: to treat intoxication as an end rather than a means. There must be a difference between the experiences of alcoholics and non-alcoholics, since the alcoholic's preference, revealed by his repeated behaviors, is nonsensical to non-alcoholics. This puzzlement is oft expressed, particularly by family and friends, but generally unexamined. The alcoholic feels a different sort of pleasure. This different feeling occurs only in some people, for some reason.

It was noted in chapter 1 that addicts regularly invent and invoke rationalizations for their use. Each is plausible on its own, and any combination is highly plausible. But these explanations are insufficient to justify the known consequences of addictive use (both present and future). They appear to be *ex post* rationalizations, given their superficial and transient acceptance. This chain of rationalization was classically presented in the book *Alcoholics Anonymous*:

If you ask [the alcoholic] why he started on that last bender, the chances are he will offer you any one of a hundred alibis. Sometimes these excuses have a certain plausibility, but none of them really

makes sense in the light of the havoc an alcoholic's drinking bout creates... Some drinkers have excuses with which they are satisfied part of the time. But in their hearts they really do not know why they do it. Once this malady has a real hold, they are a baffled lot. (23)

The baffled state of an addict is best explained by the conception of addiction as a disposition that is irresponsible to the will. Explanations, intentions, and plans have no behavioral output since the behavior is directed by an impulse outside of conscious awareness. Although the use of alcohol and other drugs produces pleasure in most people, this response is not the mechanism of an addiction. In an addiction, pleasure is a by-product of a cycle of behaviors that the addict can no longer direct.

The subjection of an addict contrasts sharply with the freedom of aesthetic judgment. The process of reflection occurs within mental awareness; with various concepts compared to what is presented by the senses. Such judging is not logical, since the fitness of any concept to the presentation depends on the individual. If this judging leads to a pleasant feeling, then the presentation is said to be beautiful (*CJ*, 217). The judge is free to enter and exit such reflection (*CJ*, 211). The pleasure that is felt is disinterested: the judge has no desire to possess the object (*CJ*, 205). In an addiction, the individual's capacity for conscious pleasure-seeking is hijacked by a pathological habit; the use of alcohol or other drugs may have begun as a means to a desired end, but it has become a reflexive pattern of obsessive thoughts and compulsive behaviors that the individual cannot control. In judgments about beauty the mechanism is nearly the opposite: an individual normally bounces around life from one pleasure to the next without much thought, and no autonomy, but if she withdraws from this cycle, and looks at the world without any interest in it, she may experience the world from a universal standpoint, appreciating objects as they truly are instead of what they can do for her.

3.5 Outline of an Aesthetic Treatment of Addiction

Although the enthralled disposition of addiction differs from free participation in aesthetic beauty, both are removed from the subject. The decisions of both addicts and aesthetes are made by a

process outside of cognition (addiction by a disposition, judgments about beauty by reflective judgment). They therefore share a common irresponsiveness to the dictates of reason (conscious mental activity). But while an addiction debases a person into subjection to a cycle of isolation, aesthetics offers the possibility of ascension to a universal appreciation of beauty. The feelings of an addict are intensely private, cutting him off from the rest of humanity. They are also deeply dissembling, since they originate in an unconscious disposition and often contravene his attitudes and beliefs. Aesthetic pleasure, being universal, reminds a person of her common humanity, providing solidarity with others and a sense of being alive. Because of these similarities, and critical differences, aesthetics may be a valuable tool for recovery from addiction. To describe why it will appeal to addicts, the experiences of John and Martha are again used.

Both John and Martha found living without their drug to be pervasively unpleasant. Martha was unable to concentrate during the day, regularly imagining the boredom and discomfort she expected at night, and fearful of being

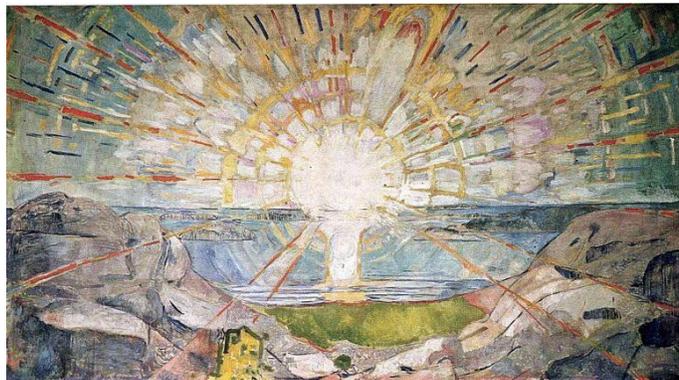


Figure 18: Munch, *The Sun*

unable to sleep. These fears of boredom, discomfort, and insomnia plagued John as well; even at social gatherings he was frequently distracted by such feelings. The result was a cycle of unpleasant feelings while at home (where both had primarily used their drug), leading to unpleasant expectations while not at home. This cycle is similar to the pattern of obsession and compulsion that characterizes addiction, though compulsive use is replaced with feelings of displeasure (boredom, discomfort, etc.). Because these feelings are related to an addiction, a non-using addict typically feels the same isolation from others and alienation from his feelings as during active addiction, but without relief of intoxication. The result is often a perception that living without alcohol or other drugs is worse than the consequences of

using them. Although addicts are here defined as people who do not have a free choice about whether to use, they can make choices that increase or decrease the probability of using (e.g. going to places where their preferred drug may be obtained). An isolated and bored life puts them at much higher risk of relapse. In addition to this risk, a pattern of isolation and alienation increases the risk of harm to self or others. Lasting recovery from addiction requires more than simple cessation; the mental state of the addict must shift.

Aside from the practical dangers of relapse and harm to self and others, a philosophical investigation of the cause and treatment of addiction must consider positive human fulfillment. Psychological approaches may limit themselves to negative goals of preventing harm (although many also seek to promote good, seeing the two as integrated), but a complete philosophical theory must address both what is bad and what is good, providing an alternative to any behavior that should be abandoned. The precise purpose of human life is debatable, but as a general premise human life should aim at happiness. As a second premise, it is asserted that happiness results from a vast range of causes, but that there are higher and lower degrees of happiness. Without this presumption, ephemeral pleasures such as watching television or quaffing sugary drinks could not be demoted below more meaningful pleasures such as friendship or beauty. At its root, all pleasure is pleasure—i.e. feeling good, but there are secondary distinctions about its source, and a person's engagement, that matter in evaluating it. From this (admittedly rudimentary) framework for understanding what a human life should pursue, the life of an addict is highly undesirable. Regardless of the particular virtues aimed at, the cycle of addiction does not promote them. It is a narrowly focused and selfish lifestyle, one that is more or less devoid of meaningful pleasures. If the experience of freedom is desirable, this too is lacking. One possible benefit for an addict is simplicity and consistency in living, but even here the antisocial and alienating nature of addiction often entails confused, volatile, and bizarre thoughts and behavior. The harm caused by addiction, in short, is not only to society but to the self. It is thus vital, in

addressing it, to offer the self a different way of living, a new structure for engaging in thoughts and actions.

The phenomena of obsessive thoughts and compulsive use have been used as the basic diagnostic conditions for an addiction. It follows that treatment should be relevant to these. Because the underlying cause is not considered, treatments for underlying causes (e.g. pharmacological or nutritional interventions) are not considered (though they may, of course, be used in conjunction). The solution to obsessive thoughts about drinking could not be to think of something else. John may find this to be sometimes useful, but it will not work when his thoughts about drinking are *obsessive* (i.e. abnormal and intrusive). John needs a method either to prevent the appearance of such thoughts, or a reliable means of distracting his attention away from such thoughts. Likewise, compulsive behaviors cannot be treated by increased willpower. To claim that Martha's problem is a lack of willpower is to claim that her behaviors are *not* compulsive (i.e. not compelled). Treatment of compulsivity must either interfere at an earlier point in the causal chain, or alter the content of the compelled behavior (e.g. taking some other action—such as eating sweets—in place of drug use). Given this challenge, it is not surprising that addiction treatment has a high rate of failure, and is consequently lowly regarded. Treatments that focus on the addict's psyche are looking in the wrong place: if Martha had the mental capacity to change, she would not be an addict. This explains the appeal of treatments that bypass the self: both pharmacological approaches that alter the chemistry of the body with the hope of altering the mind, and spiritual approaches that appeal to an external source to enforce changed thoughts and behaviors. This work looks to the sense of beauty to draw addicts away from using. As a philosophical work, the goal is not to provide a methodology. It is instead to provide a philosophical framework for aesthetic approaches to the treatment of addiction. Five examples are used to show how reflective judgment may replace the cycle of addictive use. These examples are meant to illustrate the general outline of such treatment. The examples follow the ongoing narrative of John and Martha, but are

intended to apply generally. No one method to stimulate aesthetic reflection is likely to be effective for everyone, since each person's particular past experiences and present desires will interfere with the universal ability to reflect. But treatment which employs many types of reflection may appeal to addicts in a way that other approaches do not.

Before describing these practices, a general objection to such an approach should be addressed. The critique of cognitive-based therapy has been that, because the willpower of addicts is incapable of effecting the needed change, rationality will be ineffective. Addicts can still reason, and often show a clear understanding of their illness and a strong desire to change, but fail to recover. Thus, cognitive treatment of addiction builds on a faulty analogy between addicts and non-addicts. A similar critique may be raised of an approach which appeals to the pleasure-seeking of addicts: if addicts have different feelings of pleasure from other people, then they may not respond appropriately to the pleasure of aesthetic reflection. Addictions are not induced by substances but by a disposition in the addict (otherwise all people would be equally susceptible, which as noted in chapter 1 is not the case). This disposition toward addictive use may include a different experience of pleasure. This difference could be in quality of the feeling itself, or in responsiveness to particular stimuli. If the feeling an alcoholic gets from drinking is radically different from what most people get, then he may also get something different from beautiful objects. This is not just a speculative point: the observed isolation of addicts may be due to lower than normal feelings of pleasure from things that give other people meaning, as well as greater than normal feelings of pleasure from a substance. If so, then addicts cannot be expected to feel the same pleasure, and so the experience of beauty will fail to provide the needed pull out of addictive use. This raises the risk that treatment based on aesthetics would, like those which appeal to cognition, mainly succeed among non-addicts, leaving the central problem of addiction untreated.

It is claimed in response that the experience of beauty must be universal. This pleasure does not derive from any particular sensation, and so not from any particular sensibility (which may be lacking or differently constituted in some people). All people who are capable of disinterested reflection are capable of experiencing a pleasure which solely arises from this process. Empirical investigation may reveal that some people do not respond to this pleasure (perhaps because they do not feel it or only feel it faintly). It may also be investigated whether responsiveness to the pleasure of aesthetic reflection can be cultivated, so that people who do not feel this pleasure could develop it through practice. These are empirical questions outside the current considerations. The assumption is that pleasure is an irreducible feeling that is universal to humans, so that differences in its quality are wholly attributable to private conditions of the subject (e.g. his own beliefs, preferences, past experiences). Since aesthetic reflective judgment is universal, the pleasure which may result from it should also be universal to all humans. Although popular concepts have been used in support of this model of beauty, the view that some pleasures are universally available is held *a priori*. Further, if research showed that pleasure is more complex and variant than is here assumed, the delight in beautiful objects may still be accessible to many people who are addicts.³¹

3.6 Methods of an Aesthetic Treatment of Addiction

Art therapy has helped in the treatment of some addicts. A plausible mechanism to explain such therapy is that it affords the client greater conscious awareness of his feelings (Mahoney, 1999, 118-119). This could help to recognize and resist any emergent impulses toward using. But this explanation would not work for John, since there are times when he possesses recognition of his desire

³¹ Though an addict isolates himself from other pleasures in life, he likely experiences this isolation as a loss of something desirable (*viz.* engagement with other people and with other sources of value and meaning). A person who *chose* to use alcohol and other drugs because he found them more desirable than normal pleasures would not be an addict (he may be antisocial or sociopathic). The treatment suggestions that follow are only intended for people who experience a failure of their will to stop using, which implies they have a desire to do something else.

to drink, and holds a strong resistance to doing so, yet he still does drink and get drunk. Art therapy as a promoter of self-awareness may help others, but it cannot solve the fundamental paradox of addictive use. For this therapy to benefit addicts, it must work outside of cognition. This may in fact occur. John was no artist: although he met people in bars who talked like writers or painters, he preferred the droll tune of a television during his drinking sessions. But during his treatment, creative endeavors appealed to him as a distraction from thoughts of drinking. Beyond this simple distraction, John felt pleasure while engaged in painting or sculpting. At the start of a project, he imagined what final result he intended to create: e.g. a coffee mug. He then shaped the clay into remembered forms of this object. Often, the resultant figure did not resemble what was in his mind's eye, so he reflectively engaged in reshaping the object and rethinking his image until the thing and the thought matched. The pleasure did not come from the physical actions of handling clay, but from the process of imagination meeting creation. This sort of creative judgment is distinct from aesthetic judgment, since it involves a desire to create a particular end, but has some useful parallels.

Although humanly created works of art have wide appeal, many prefer the handiwork of nature. Any glimpse of the wild may be subjected to judgment, looking for an experience of beauty. Especially strong feelings may come from immersion in nature, such as during hiking trips. While wandering through a forest, John had no thoughts of drinking. His mind was caught up in the sensations around him. But it was not just the direct sensations; much of the appeal came from the imagination. The draw of wilderness has much to do with what is unseen, the thoughts of an immense complexity underlying what is present to the senses.³² Of course, there are many other avenues for pleasing reflection on sensations of the natural world. Simply taking some time to look up at the sky may provide relief from a

³² For Kant, experiences of something as overwhelmingly large are sublime, not beautiful (*CJ*, 244). Judgments of the sublime must also be disinterested, but the pleasure comes from a feeling of being overwhelmed, of breathlessness ("a momentary inhibition of the vital forces" [*CJ*, 245]). This feeling is pleasurable because the individual is disinterested: it is a sense that something is fearful without being directly afraid of it (*CJ*, 260). This experience of the sublime has many interesting parallels to addictive use (e.g. a "rush" from intoxication), and although not considered here, may contribute to the full development of a treatment methodology.

hectic day, activities such as bird-watching and camping appeal to many people, and some prefer interactive practices such as gardening. Nature is an abundant source of experiences of beauty, all too often forgotten in everyday life. By cultivating appreciation for its beauty, addicts gain a non-destructive path to pleasant feelings.

Because the value of aesthetic judgment in supplanting addictive thinking comes not from the content of aesthetics but the reflective process, treatment which uses Kantian principles need not employ art appreciation or production. To contrast the artistic and non-artistic approaches, suppose that Martha found her local art museum to be a pleasant distraction. While standing in front of a beloved work, she could lose herself, pulling her mind from the fears, demands, impulses, expectations, and apprehensions of daily life. Her deepest fear, of insomnia, could only become distant when she could engross herself in some activity, and she found this involvement in a handful of beautiful paintings. However, staring at paintings worked only for short periods of time, and the effect diminished over time. Put simply, she quickly developed a sort of tolerance for art, so that the same amount of beauty produced lower effects. Recognizing this degenerative pattern, she sought new activities to engage. Three that appealed to her were dinners with friends, exercise, and spirituality. Each contains elements of aesthetic judgment, which will be considered in turn.

The pleasure associated with eating comes directly from the sensations of food. It is therefore both subjective and private, and not at all aesthetic. There may be degrees of sophistication and discernment, but the pleasure itself comes from the sensations, not reflection. However, the pleasurable of a meal with friends transcends the gustatory. Martha could lose herself in the experience, so that hours passed by in seeming minutes. Unlike looking at a painting, these evenings enveloped every sense: food and drinks (non-

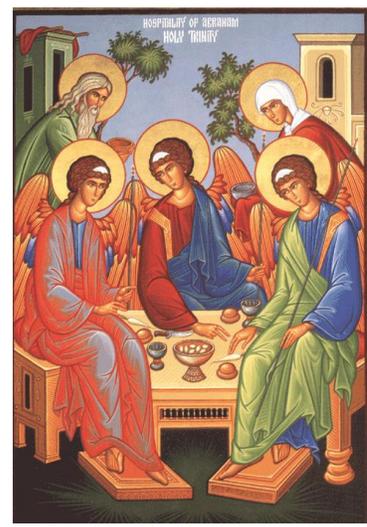


Figure 2, Hospitality of Abraham

alcoholic, in her case); speaking and listening; the sights, sounds, and smells of the atmosphere. The pleasure came not from any particular element—if any one factor were isolated, it would feel awkward and dull. It came rather from the interaction. Just as no particular sound, food, or person was sufficient for a pleasant experience, none was necessary. The particulars changed every time (who was there, where they met, what was eaten, what was discussed), but the same feeling of pleasure resulted. The pleasure of a night out, then, arises from reflection on all of the sensorial inputs. One may be tempted to reduce his experience to first-order enjoyment of the food or talking to some person or some other stimulus; his feeling will then resemble the obsessive mindset of an addict. His pleasure will then depend on external satisfaction, and not be free. It may also lead to exclusion of other inputs, which occurs in such phenomena as binge eating or obsessive love. But the pleasure Martha found was free, in the sense of not dependent on any particular external force. Unlike an aesthetic judgment, she felt desires for the food, the people, and so forth. Her experience was thus not free in the sense of autonomous, since her will was caught up in desires for the things around her and so not self-determining. Although this is not the same as an aesthetic judgment, it is a similar feeling of pleasure, and a feeling of free participation that contrasts with addictive use.

Although Martha had little interest in producing art, she sought some activity to expend the feelings of restlessness common for recovering addicts. She took up running, and found this helpful. The activity of physical exercise contrasts in many ways with both aesthetic and addictive pleasure. It often involves displeasure: feelings of pain, tedium, and strain. The thought of running is generally dreaded rather than fantasized. But the process itself can lead to pleasure, both from a chemical process of the body, and from second-order feelings regarding accomplishment and better health. These pleasures are not free: they depend on the action of running and not any reflection. Indeed, some people become addicted to exercise: with obsessive thoughts and compulsive behaviors around the activity, and a risk of destructive consequences to themselves and others. The efficacy of exercise in

mitigating impulses to addictive thoughts and actions is thus limited by its own potential for obsession and compulsion. It offers strong engagement and can contribute to a longer term positive affect, and so may be useful in treatment. It also provides a connection with feelings: responding to felt pleasures and displeasures is necessary to avoid injury. Thus, although an exercise program depends on the faculty of willing, and so does not cultivate an aesthetic sense, there are opportunities to develop a connection with one's feelings. This is immensely valuable for addicts, who have become alienated from the sense of their own bodies. Practices such as yoga or meditation are particularly helpful at integrating awareness of the body and the mind, and so may be especially helpful for addicts.

Following a discussion of Martha's childhood exposure to religious practices, which she identified as a positive contributor to her thoughts and feelings, her therapist suggested experimentation with any appealing spiritual program. Martha rejoined her childhood congregation, and found it to be a strong source of meaning in her life. She primarily enjoyed the ceremonies, in which she experienced herself as one part of a greater whole. These practices included singing, movements, smells, and tastes which together created a feeling of pleasure. The pleasure did not come from the singing itself, which was not very talented; nor from the food offered, which was quite plain. But in the context of the ceremony, Martha's mind took these sensations and compared them to various concepts in her mind. With her imagination moving freely around these concepts, she experienced pleasure. It is thus a reflective process. The pleasure did not depend on any particular sensation; it was the way they intertwined that gave rise to it. Conversely, one night she felt a strong distaste for the proceedings. This was due to a participant in front of her, who seemed disingenuous and self-aggrandizing in his behaviors. Thus, a single discordant factor can discolor and even devastate the experience of pleasure, just as a gaudy frame can ruin a beautiful painting, or a sour note can degrade an entire score. Religious practices may offer other pleasures, and different values (e.g. moral ones), but Martha's experience was similar to that which comes from the beautiful. She was not compelled to

feel pleasure in it, her mind could freely enter and exit the proceedings and judge its form. Although she held an interest in the substantive content of the religion, she could be a disinterested participant of the ritual. This is thus a valuable remedy to addictive impulses: during the week she could recall the ceremonies and feel residual pleasure, absent any obsession. During the ceremonies, her involvement was free of compulsion, yet engaging and highly pleasant.

Comparing the practices which appealed to John's and Martha's senses for the aesthetic, a common factor is their publicity. John found artistic creation to be enjoyable mainly when done in a group of peers, sharing insights. Even when alone, he imagined showing the results to other people. The pleasure had less to do with creating than with judging his work, and that of others, as beautiful. So too did Martha's enjoyment of a night out or a spiritual ceremony come from the commonality of the feeling. A dish was only gratifying if others assented in that judgment. Conversation is only as enjoyable as the participants make it. Religious rituals, too, need a buy-in from the members in order to feel authentically good. It is not the ability of any particular sensation to gratify; it is the *sensus communis* of the group that makes the experiences pleasurable. This sense was described in the prior chapter as a basic human feeling; it is not a skill or a science, but an intuition common to all humans. It is thus not learned or developed, but discovered by putting aside the private interests of the individual. This *sensus communis*, then, is a powerful corrective to the isolated and obsessive mindset of an addict.

3.7 Conclusion

As discussed in the first chapter, addiction is a sort of thralldom. The addict loses his ability to determine what he will do; being instead subject to a disposition toward addictive thoughts and behaviors. It is also a loss of humanity: the addict is alienated from his feelings. Natural feedback processes of pleasure and displeasure have been hijacked by addiction. John and Martha both hated the thing that gave them the most pleasure, orienting their lives around continuing to do that which

they did not wish to do. A solution to this alienation would offer a route back to being a human being. Such a path should give proper use to human willing, thinking, and feeling. The addict is not a person with bad intentions, beliefs, or responses. She is a person who has lost control of her will and thoughts, and is out of touch with her feelings. She must find a way to reestablish her own identity in order to overcome the downward spiral of addiction.

This work has not provided a methodology for treatment based on Kant's conception of reflective judgment, but has argued for its value and suggested some of its components. Addiction is a deeply burrowed disorder, one which may go into remission but seems never to disappear. Treatments are therefore likely to suffer high failure rates and struggle to meet demands for evidentiary efficacy. But the problem cannot be ignored. Addiction dehumanizes people, alienating them from their self and others, making possible horrific crimes and destruction. An effective treatment should include the goal of rehumanizing the client;³³ bringing her back to the world of normal human feeling and acting.

The concept of addiction is complex and controversial. Explanations of addiction have often sought out some underlying driving force which is outside of the affected person's control. In contemporary discussion this is expressed in the claim that addiction is a *disease*. Such explanations claim that the same behavior of drinking or using drugs may be within a person's control, or separately be caused by some external force, but do not provide empirical means to verify which mechanism is at work in any given case. A compelling reason is needed to justify this addition of an addictive drive separate from normal human thinking and acting. The reason given here has been the observed behavior and expressed thoughts and attitudes of people who experience chronic problems from alcohol or other drug use. The claim that humans basically engage in means-end rationality is imperfect, but descriptively plausible, for most observed behavior. But there is a radical disconnect in the case of addiction, so that addiction must be a disposition different from normal human behavior. Although

³³ This goal should be implicit but not explicated (e.g. in treatment planning), lest it reinforce feelings of alienation.

addictive thinking and normal thinking may be reducible to a single theory, the appropriate practical response to this disconnect is to treat addiction differently.

The critical difference between a normal and an addictive relationship to a substance lies in excess. It is not simply excessive use (though this is one component), but an excessive importance placed in the substance, an excessive amount of time and money spent on the substance, an excessive prioritization of the substance. Addictions have been likened to dysfunctional relationships, where the substance becomes the focus of an addict's life and her reason to live (e.g. Caroline Knapp's memoir *Drinking: A Love Story*, 1997). This condition of servitude is the fundamental problem to address in treatment. Addicts must return to a state of normal relations to the world around them. Because in a state of servitude the individual's will is irrelevant (i.e. cannot determine what actions he performs), such a return should begin with a different faculty. The non-cognitive process of aesthetic judgment offers a starting point. Addicts have lost connection with their feelings. With the guidance of a therapist, they may find activities that reestablish this connection. Practice will renew their sense of their own bodies, of connection to other human beings, and of living in a beautiful world. Treatment methods that appeal to cognition may also help, particularly where a person's willpower is capable of producing changes. But the ability to change, for a person who cannot will to change, is nothing more than a return to the feeling of being alive, a common spirit which unites all human beings. This *sensus communis* is reached in the experience of the beautiful. In order to reach the most severe cases, addiction treatment should use methods that appeal to this spirit.

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