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Attachment, Addiction, and Vices of Valuing

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Addiction and certain varieties of interpersonal attachment share strikingly similar psycho-behavioral structures. For example, both the addicted and the (interpersonally) attached often report a common pattern of cognition, affect, and motivation directed toward the relevant object. This pattern includes, *inter alia*, recurring and persistent thoughts about the object that captivate one's attention, intense longing for the object, feelings of bliss upon obtaining the object and feelings of dejection when one is deprived of it for too long. These thoughts, feelings, and desires tend to motivate the agent to seek out the object for various kinds of interaction.

Neuroscientists, psychologists, and philosophers have adduced the above (and other) similarities between addiction and attachment to argue that many typical cases of romantic love represent *addictions* to one's partner and thus might be appropriate candidates for medical treatment. In this paper, I argue for the far more neglected thesis that some paradigmatic cases of addiction are aptly characterized as emotional attachments to their objects. This has implications for how we should understand the nature of addiction and the ethics of attachment more broadly.

The paper will proceed as follows. In section 1, I review three overlapping conceptions of the relationship between addiction and attachment that find support in the literature. I will defend (a version of) the third conception: namely, that some substance addictions represent attachments. In section 2, I lay out the theory of attachment that I will use to argue for this view. In sections 3 and 4, I construct a defense of the claim that some paradigmatic cases of addiction contain the key marks of the relevant brand of attachment. Finally, in section 5, I suggest that exploring the ethics of addiction can illuminate the potential for (what I will call) certain "vices of valuing" in attachments more broadly.¹

¹ I use the term "vice" somewhat reluctantly and merely to capture a tendency toward a problematic orientation rather than immoral character or conduct.

1. Attachment and Addiction: Three Links from the Literature

Addiction is notoriously difficult to define, and defining attachment too may not be without its difficulties, notwithstanding the extensive literature (including some contributions to this volume). The same goes for specifying the relationship between these two phenomena.² We can, however, glean at least three overlapping conceptions of the relationship between addiction and attachment from the philosophical and social science literatures. These include: (1) that many typical cases of interpersonal love represent addictions, (2) that addiction is an attachment disorder, and (3) that paradigmatic cases of addiction sometimes represent attachment orientations.

The idea that romantic love is, or can be, an addiction is a familiar one. References to love's "addictive nature" abound in popular music and classical poetry.³ Perhaps more surprisingly, this trend has recently found a foothold in scholarly research. For example, Helen Fisher et al. explain that some psychologists regard romantic love as an addiction owing to love's "addiction characteristics," which include (among other things) intensely focused attention on the love object, mood swings, cravings, obsessive thoughts, emotional dependence, and loss of self-control (2010: 51-2). James Burkett and Larry Young associate the following pattern with both substance addiction and (what they refer to as) "partner addiction:" euphoria in early encounters, eventually replaced by "a subdued sense of contentment" in later encounters, recalcitrant desires for further contact, compulsive seeking behavior, separation anxiety, and depressive symptoms arising from permanent (or prolonged) cessation of contact (2012: 16).⁴

Recent advances in neuroscience suggest that there is also significant overlap in the neural processes underlying both romantic love and substance addiction, and some theorists have adduced these findings in support of the view that love is (or can be) an addiction. The relevant studies indicate that substance addictions and romantic attachments implicate similar neural reward pathways in the brain, including activation of the ventral tegmental area and nucleus accumbens (among other neural structures) and the release of specific neurochemicals such as dopamine (Insel 2003; Frascella et al 2010; Burkett and Young 2012). Philosopher

² As psychologist Jean Mercer recalled, one "highly skilled and educated clinical psychologist" who was asked to define attachment responded, "I don't know but I know it when I see it" (2006: 2). The term *addiction* has been "omitted from the DSM-5 substance use disorder diagnostic terminology" in part "because of its uncertain definition" (APA 2013: 485).

³ *Rolling Stone Magazine* recently featured an article entitled "Your Love is a Drug: 20 Great Narcotic Love Songs" containing a list of songs with this theme (Epstein 2015). For a classic poetry reference, see Ovid (1977: Bk II, IXb).

⁴ See also Peele and Brodsky (1975: esp. ch. 4).

Brian Earp and his co-authors have drawn on this research in order to support the view that “to be in love is in some sense to be addicted...to another person” and that “in some instances, [medical] ‘treatment’ of love, could be justified or even desirable” (Earp et al 2017: 78-9).⁵

Another view that we find in the literature is that addiction is, or at least can be, an attachment disorder. Psychologist Philip Flores, for example, takes this view, explaining, “...individuals who have difficulty establishing emotionally regulating attachments are more inclined to substitute drugs and alcohol for their deficiency in intimacy” (2004: 6-7).⁶ On his account, the addiction “serves as both an obstacle [to] and as a substitute for interpersonal relationships” (ibid: 4). At least two observations from the psychopathology literature lend support to this picture. First, many addictions represent attempts to alleviate emotional distress via self-medication – distress that often arises from psychological disorders and/or relationship troubles (Khantzian 1985; Pickard 2012; 2019). Second, one important function of interpersonal attachment is to aid in emotion regulation (Bowlby 1969/1982; Mikulincer and Shaver 2016; Schore 1994/2016). Thus, those who have attachment difficulties would seem especially vulnerable to addiction. Their relationship problems can both cause emotional pain and hinder their abilities to cope with it, thereby making frequent substance use an attractive (and in some cases, the only obviously available) option for pain management.⁷

This leads us to a third, overlapping conception of the relationship between attachment and addiction. If, as Flores contends, addiction often serves as a substitute for interpersonal attachment, then it would make sense for (some cases of) addictions not only to function as sources of pain management – or again, hindrances to healthy attachment relationships – but also as *forms of attachment* themselves. Flores sometimes uses language suggestive of this view, describing addicted individuals as “attached to chemicals” or “attached to alcohol” (2004: 4, 34-36).⁸ In a similar vein, philosopher Gary Watson insightfully remarks that at a

⁵ Burkett and Young (2012) also explicitly make this suggestion.

⁶ See also Cihan et al (2014) and Unterrainer et al (2017). The term, “attachment disorder,” can refer either to mental disorders for which attachment difficulties are presumed to play a significant causal role and/or psychologically disordered forms of attachment formation or maintenance. Note that the *Diagnostic and Statistical Manual of Mental Disorders* does not list attachment disorders as its own category. There are, however, several disorders that explicitly include attachment difficulties, including (but not limited to): Reactive Attachment Disorder, Separation Anxiety Disorder, Disinhibited Social Engagement Disorder, and Autism Spectrum Disorder (APA 2013).

⁷ Research suggests that early attachment difficulties and occurrent insecure attachment styles correlate positively with chemical and behavioral addictions (Mikulincer and Shaver 2016: 433-435).

⁸ See also Jim Orford’s work on addiction as “excessive appetite” (1985/2001; 2001). On Orford’s view, addiction is helpfully construed as “an attachment to an appetitive activity so strong that a person finds it hard to moderate the activity despite the fact that it is causing harm” (2001: 18). On his account, the relevant attachment is multidimensional, containing affective, behavioral, and cognitive components, including “an affective attachment to the object of the appetite” (1985: 207). While Orford suggests that emotion regulation and operant reward in

certain stage of dependence, one can develop an “attachment to one’s addiction” that “in extreme cases... might amount to an attachment disorder” (1999: 17).⁹ Watson has in mind cases in which the agent sees life without her addiction as a “grave loss,” potentially inducing terror and panic at the thought of having to get by without it (ibid). Neither Flores nor Watson, however, go into much detail about what it means to be *attached* to an addiction (or to an addiction object, such as alcohol). And to my knowledge, little has been written about “attachments” of this sort and how they compare to – and might inform our understanding of – attachments more broadly, especially among philosophers. In what follows, I address this lacuna. But first, we need a working view of attachment.

2. To Be Attached

In an earlier work, I put forth a philosophical view of what I refer to as “security-based attachment” – a view that draws heavily on research from developmental and clinical psychology (Wonderly 2016).¹⁰ I will briefly recount some of the details of that account here, as it will be helpful for establishing the case that some addictions represent attachments to their objects.

To begin, let’s consider how psychologists have traditionally conceived of attachment. According to attachment theory, human infants typically develop a special bond with their primary caregivers. This bond is characterized by a set of evolutionarily adaptive behaviors that provide the infant with a sense of security. The attached infant attempts to remain in close proximity to her primary caregiver, treats her as a “secure base” from which to safely explore unfamiliar surroundings, seeks her out for protection as a “safe haven” when threatened, and protests separation from her (by clinging, crying, etc.) (Bowlby 1969/1982). Psychologists have also recognized that adult long-term romantic partnerships are usually marked by similar behaviors. We seek proximity to our romantic partners and protest prolonged separation from them. Our romantic partners also serve as secure bases and safe havens for us. When they are

the form of “powerful emotional change” play important roles in addiction, he says fairly little about what constitutes the relevant affective attachment (2001: 22).

⁹ Watson, following Seeburger (1993), calls the relevant stage, *existential dependence*, defined as “the development of an identity to which the addictive practices are crucial” (1999: 16). By “attachment to one’s addiction,” Watson appears to refer to an attachment to a practice (as opposed to an attachment to an addiction object). Watson also does not appear to be referring to the kind of security-based attachment at issue in this paper (as will become plain in section 2), but he connects attachment to a “volitional necessity” to continue to use the drug (Watson 1999: 17).

¹⁰ There has been fairly little in the way of sustained analyses of attachment, at least insofar as it is distinct from caring or love. Harcourt (2017) offers one of the most thorough and enlightening treatments of attachment in his recent work on attachment and love. See also Wonderly (2016; 2017).

nearby, we feel more competent to explore unfamiliar environments and to take on new challenges. Also, when distressed, we tend to turn specifically to our romantic partners for support and relief (Mikulincer and Shaver 2016; Collins et al 2006).¹¹

In my own work, I develop and employ an expanded conception of (this type of) attachment – one that includes attachments to objects, activities, and ideas, an emphasis on *engagement with* (rather than mere proximity to) the relevant object, and an expanded notion of security (Wonderly 2016). On this view, attached agents experience recurrent, persistent desires to engage with some person or object. Different attachment relationships admit of different kinds of engagement. For example, in addition to wanting to be near her primary caregiver, the infant might desire to *play with* her, whereas the romantic partner might seek conversation or sexual contact from her beloved. Likewise, an individual who is attached to her car can engage with her attachment object by driving it, whereas an individual who is attached to a particular idea (e.g., the concept of infinity) or activity (e.g., running) can engage with the relevant objects by contemplating it or “doing it,” respectively (ibid: 229).¹²

The relevant desire for engagement has two further important features. First, the object of engagement – i.e., the attachment object – is non-substitutable. This is a familiar point in psychological theories of attachment. As attachment theorist, Mary Ainsworth, explains, “...an attachment figure is never wholly interchangeable with or replaceable by another...” (1991, p. 38). To be attached is to feel as though one needs *this* person or object and going without her or it would come at a significant cost. An individual who could easily substitute biking for running is not attached to running. Similarly, an individual who could simply “trade out” her spouse for a newer, more attractive partner, is not attached to her spouse. Merely finding pleasure in one’s engagement with the relevant object does not suffice for attachment.

¹¹ Attachment theorists also suggest that our attachments to our primary caregivers in infancy shape how we relate to one another in later attachment relationships, including romantic pair bonds. As infants, we develop “attachment styles” that tend to follow us through adulthood. The system by which attachment styles are classified grew largely out of Mary Ainsworth et al.’s empirical study of infant–primary caregiver interaction (1978). Ainsworth et al. identified two patterns of insecure infant attachment: avoidant and anxious. In infants, these patterns track certain atypical infant responses to separation and reunion with their primary caregivers. Securely attached infants tend to show some distress upon separation from their primary caregivers, but recover quickly upon reunion, exhibiting joy and a desire to return to exploration and play. Avoidant infants tend to show little distress upon separation from their primary caregivers and to avoid them when they return. Anxious infants are highly distressed during separation from their primary givers and display conflicting behaviors upon the caregiver’s return. In adulthood, an avoidant attachment style indicates “discomfort with closeness and dependence” and a strong “preference for emotional distance and self-reliance”. An anxious attachment style indicates a strong desire for closeness and intense worries about being abandoned or under-valued by one’s partner (Mikulincer and Shaver 2016: 23-25; see also Wonderly 2019: 31, n19).

¹² The notion that ideas and activities can play regulative functional roles similar to that of relationship partners also appears in the psychological literature on object relations theory. Morris Eagle, for example, suggested that interests and values can serve some of the psychological functions typically served by other persons (1981). Many thanks to Edward Harcourt for introducing me to this work and prompting me to reference it here.

And even while one might be attached to multiple objects, each presents itself as indispensable and uniquely important for oneself in its own way.¹³

A second feature of attachment's desire for engagement is that the attached party's sense of security, in some sense, depends on whether or not that desire is satisfied. Engaging with an attachment object tends to increase one's sense of security, while being deprived of it typically results in a decreased sense of security. As I have argued, the relevant sense of security is not merely a feeling of safety or comfort, but is better understood as a kind of confidence in one's well-being and agential competence.¹⁴ In colloquial terms, without our attachment objects, we often feel "out of sorts," off-kilter, "no longer all of a piece," etc. Engagement with our attachment objects helps us feel "on solid ground," more stable, and more competent (Wonderly 2016: 231). As these descriptions make plain, a reduced sense of security has an affective, or *emotional*, element that is intimately connected to one's agency. Individuals whose felt security is compromised often feel emotionally fractured and as though they are unable to get along in the world as well – in short, like less competent agents.

Summing up, we can think of one form of attachment as a particular type of security-based felt need for its object. Roughly, to be attached in this sense is (1) to have a relatively enduring desire for engagement with a non-substitutable object, where (2) such engagement typically increases one's felt security and prolonged separation from the object typically reduces one's felt security.

3. The Affective Divergence Worry

On the view I argue for here, many paradigmatic cases of addiction represent attachments to their objects. In other words, just as an individual might be attached to a particular person, so too might an addicted person be attached to a particular drug.¹⁵ In the latter case, the individual experiences the substance as a felt need, such that engagement with it (or deprivation thereof) affects her sense of security – that is, her sense of confidence in her well-being and agential competence. But before defending this view, it will be useful to lay out a set of interrelated concerns that suggests against it.

¹³ For more on the non-substitutability of attachment objects, see Bowlby (1969/1982, pp. 308–309); Bretherton (1991: 19); Weiss (1991: 66); Cassidy (2008: 12–15), and Wonderly (2017: 244).

¹⁴ See Wonderly (2016: esp. 230-232) for a more detailed discussion and defense of this claim. See also Maslow (1942); Blatz (1966); and Ainsworth (1988).

¹⁵ For simplicity's sake, I will restrict discussion to substance or alcohol addictions, but I suspect that much of what I will say here also applies to behavioral addictions.

To start, consider that one might explain (much of) the core phenomenology and motivational architecture of addiction exclusively in terms of somatic cravings and bodily feelings. Here is one way the story might go. After repeatedly ingesting a substance that produces highly pleasurable bodily sensations, an agent develops an increasingly strong – and difficult to satiate – recurrent craving for the substance. Failure to obtain the desired substance causes frustration, and in some cases, physical pain. The relevant pleasures and pains motivate the agent to seek out the substance compulsively.

I take it that this picture will strike many readers as a familiar, if somewhat crude, model of addiction. While the philosophical literature on addiction tends to favor more nuanced accounts, here, too, theorists often analogize addiction to “appetites” and other phenomena typically associated with meeting bodily needs. These accounts often accommodate roles for emotions.¹⁶ Yet, unsurprisingly, most do not immediately lend themselves to construing addiction in terms of the rich affective ties that we typically associate with attachment.¹⁷ These considerations, though not necessarily incompatible with construing some substance addictions as attachments, encourage a particular worry that suggest against such a construal. According to the relevant worry, to construe addictions as attachments is to obfuscate a crucial difference between these two phenomena: namely, their differing affective qualities.

We tend to think of an attachment as a form of *emotional connectedness* (typically) toward another person with whom the attached party wants to engage. Addictions, on the other hand, are generally viewed as *bodily appetites* for substances that the addicted party wants to consume. This makes sense of why the locutions, “being attached to a drug” and “engaging with a substance,” tend to strike the ear as rather odd. We have appetites for food and drugs and emotional attachments to other persons.

What’s more, the “specialness” and non-substitutability of an individual’s attachment object is typically tied to her emotional bond with that particular person. And this might explain why addiction objects seem to lack similar qualities of particularity and irreplaceability. It is not as though the heroin addict craves *that* particular heroin, as opposed to any other bit (ounce, vial, batch, etc.) of the substance, and she might be more than willing to give up heroin altogether should a more pleasing drug come along.

¹⁶ Importantly, on many accounts, the objects of “appetites” can include non-ingestible objects (and activities) that confer emotional pleasure.

¹⁷ As noted section 1, the accounts offered by Watson and Orford are notable exceptions. For other views that characterize addiction in terms of appetites or other visceral phenomena, see Lowenstein (1999); Dill & Holton (2014); Earp et al (2017); and Foddy & Savulescu (2007; 2010). There are more and less capacious views of appetite represented here. Importantly, advocates of appetitive models needn’t that this is *all* there is to addiction, or again, sharply dichotomize appetites and emotions.

Finally, and for similar reasons, one might balk at the idea that a drug can affect one's felt security in a sense that even roughly parallels the impact that an attachment figure typically has. A drug, for example, might help one to feel well and empowered because it temporarily induces pleasure – or again, removes pain – and we naturally feel better and more competent when in these states. Attachment figures would seem to impact one's security in a deeper and more direct sense, as engagement with them seems to *shape* our senses of who we are and how we are able to get along in the world in a more lasting and meaningful way. And here again, this feature seems integrally connected to the emotional bond between two persons.

The worrier, then, might conclude that owing to their divergent affective qualities, addictions and attachments are essentially and ineluctably dissimilar. The animating desires for their respective objects, the substitutability of those objects, and their relationships to the agent's felt security differ enough to render addictions unsuitable candidates for attachments.

I take it that any plausible conception of addiction as attachment must deal with these concerns, which I will refer to jointly as the Affective Divergence Worry, and I will proceed with this desideratum in mind. As I will show in the following section, while addiction attachments and interpersonal attachments are typically not affectively on a par, many paradigmatic cases of addiction nevertheless meet the requisite criteria (affective and otherwise) for attachments.

4. Addiction as Attachment: A Defense

Contra the Affective Divergence Worry discussed above, many paradigmatic addictions share central affective characteristics with typical interpersonal attachments. To be sure, not all addictions do, but I hope to show that an attachment theoretical framework is remarkably apt for many addictions. To see, let's consider how the attachment criteria discussed in section 2 might feature in paradigmatic cases of substance addiction.

Recall that on my view, attachment involves, *inter alia*, a relatively enduring desire for engagement with a non-substitutable object. In a fairly straightforward sense, addicted persons do often experience persistent desires to “engage with” – to smoke, to swallow, to snort, to inject, etc. – a specific drug that does not easily admit of a substitute substance. A heroin addict, for example, might use a plethora of drugs while experiencing a special felt need for heroin in particular.¹⁸

¹⁸ One might also imagine an attachment to the activity of “drug use,” where using a variety of different substances can still be explained by a single attachment. Thanks to Hanna Pickard for raising this possibility.

To say this, though, is not yet to say enough. One might attempt to capture the relevant “need” exclusively in terms of a chemically induced, pleasure-oriented desire for a preferred substance, thus giving traction to the Affective Divergence Worry. On this approach, the need aims at the attainment of physical pleasure (or again, the avoidance of physical pain), and talk of “emotional attachment” seems more than a little out of place. Notably, though, evidence suggests that this approach (on its own) is ill-equipped to capture many cases of addiction. Sometimes, for example, the object of one’s addiction isn’t experienced as pleasurable, and withdrawals aren’t always significantly physically painful.¹⁹ And even where these factors are present, addictions are also often constituted, in part, by complex emotional attitudes.

Addiction is associated with a number of powerful emotions that come in both negative and positive varieties.²⁰ In addition to physical pleasure-terms like “euphoria” and “ecstasy,” addicted persons also often describe their addictions in terms of richer affects, such as “joy” and even, “love.” According to psychologist, Gabor Maté, “Since their addictions offer biochemical substitutes for love, connection, vitality and joy, to ask [substance addicts] to desist from their habits is to demand that they give up on the emotional experiences that make life worth living for them” (2008: 363).

Of course, to say that one’s addiction is a source of joy, love, or connectedness is not yet to say that one feels emotionally connected *to* the object of her addiction. But here again, numerous examples from addiction studies and first-person reports support such a view. While the locution, “attached to a drug,” is rare in everyday discourse, it is far less so among self-described addicted persons and the theorists and practitioners who engage with them. In section 1, I indicated that Flores variously described addicted individuals as “attached to chemicals” or “attached to alcohol.” To this, we can add descriptions of addicted persons “bonding with” methamphetamines or heroin (Lewis 2015: 74; Hari 2015: 176), being “in love” with alcohol (Knapp 1997: 5), and entering “into a relationship with [one’s addiction object]” (Seeburger 1996: 55). And this is just a small sample.

Neuroscientist and self-described former addict, Marc Lewis, provides one poignant example of the relationship-oriented phenomenology that is internal to some addictions in his discussion of a methamphetamine addict named Brian. Brian confided to Lewis, “As my relationship with [his wife] was collapsing, my relationship with the substance increased, to fill the gap” (Lewis 2015: 74). As Lewis characterizes him, Brian developed a “bond with

¹⁹ See for example, Kennett & McConnell (2013); Pickard & Pearce (2013); and Pickard (2015).

²⁰ The idea that shame plays a central role in (in many cases of) addiction is a recurring theme in the addiction literature (Maté 2008: 225; Flanagan 2013; Hari 2015: 103-115; Reid 2016: 259).

meth” and lamented that “quitting meth was like turning his back on a friend or lover,” where his resultant “heartbreak” was akin to that which he experienced upon losing his wife (2015: 74, 167-8). While Brian’s choice of words might strike one as confused or dishonest, first-person reports of addiction often echo similar sentiments.

Many describe their addictions in terms of their “relationships” with the substance. In the *Big Book of Alcoholics Anonymous*, for example, there are numerous entries in which addicted persons refer to alcohol as a friend, lover, or companion (AA 2001: 310, 289, 447). Smokers often “report feeling a sense of bereavement during the early stages of stopping smoking: as if they have lost a cherished friend or family member” (West and Ubhi 2019: 47). Consider also that on a National Public Radio program, health department outreach worker and former heroin user, Nathan Fields, explained, “Heroin has always been a great companion for people that are dependent...Best friend. It can talk to you. It can reason with you” (Cornish 2016).

I suspect that addicted persons rarely regard substances as literal love or friendship objects. But once we take seriously the ideas that addictions are frequently (partly) constituted by rich emotional material and that individuals often represent their addiction objects as *something like* friends or companions, it becomes more palatable to think of some substance addictions as attachments. Even while substances and persons admit of different varieties of engagement and different levels of particularity (particular drugs versus discrete individuals), one might nevertheless be emotionally connected to a substance that she regards as non-substitutable.

More, however, needs to be said. The above has not yet shown how addictions might constitute *security-based* attachments proper. Recall that to be attached (in the relevant sense) is, among other things, to experience a security-based felt need of the attachment object. Engagement with the object tends to increase one’s sense of security, while prolonged separation from the object typically results in a decreased sense of security. This brand of security represents a kind of confidence in one’s well-being and agential competence – roughly captured by colloquialisms, such as feeling “more together” or “empowered,” as opposed to felt *insecurity* which often manifests in feeling “off-kilter,” “out of sorts,” etc. An adequate defense of my view must show how an addiction might meet this criterion as well.

First, we should note that theorists and practitioners have long suspected that the need for felt security often both motivates and sustains addictive behaviors. In their discussion of addiction recovery narratives, for example, Vilma Hanninen and Anja Koski-Jannes explain that the “love story” narrative depicts the agent’s addiction as “a justified way of striving for

the feeling of security of which she has been deprived” (1999: 1845). It is also instructive to consider how self-described addicts frequently employ security-laden language to explain their addictions. According to Maté, one addicted person reported that using heroin “felt like a warm, soft hug,” while one morphine-addicted person described his first experience as feeling “like a warm, wet blanket” and a “place of safety” (2008: 236). Flanagan imparted that his drugs of choice afforded him “a safe-haven feeling” (2011: 275). Addicted individuals also frequently emphasize how using makes them feel more confident and capable, identifying the objects of their addiction with “power,” “self-confidence” or a “rush of contentment and well-being.”²¹

In addition, going without one’s addiction object also tends to significantly diminish one’s sense of security. As philosopher Frances Seeburger, helpfully puts the point, “Whenever addicts are practicing their addictions, then by definition, they feel ‘all right.’ In contrast, whenever addicts are *not* practicing their addictions, it feels to them as if something is wrong. They feel ‘restless, irritable, and discontented,’ without ever being able to put a name on just what it is that is making them feel that way. In some way that they cannot further specify, things just feel out of joint to them” (1996: 55). At first glance, this language suggests a strong connection between the addiction object and the addicted agent’s sense of security.²²

Of course, if these “security-related” feelings are reducible to the drug’s direct impact on the agent’s neurophysiology, then the Affective Divergence Worry discussed in section 3 still looms large. Many types of addictive drugs are known to reduce physical pain. Similarly, particular families of drugs tend to chemically induce feelings of warmth; others, feelings of empowerment. Agitation and confusion are common drug withdrawal effects. These experiences are not attachment-related, but predictable effects of substance use (regardless of whether or not the user is emotionally connected to the substance). In other words, even if the addicted person’s engagement with her drug impacts her sense of security, it may not do so in the requisite sense for an emotional attachment orientation.

An example should clarify this point. Suppose that I have a pounding headache. The pain might leave me feeling unwell and unable to function as well as I otherwise could do. And

²¹ See Knapp (1996: 5); Seeburger (1996: 10); Lewis (2015: 144, 176, 178); AA (2001: 502).

²² One potential objection to this claim is that I will not explore in detail here is that more often than not, substance use tends actually to *diminish* (rather than enhance) one’s security. This strikes me as a true statement insofar as it goes, but it poses no threat to the view on offer here. Once we acknowledge that the same interactions can impact a person’s sense of security in complex ways, it is not hard to see how substance use might increase one’s felt security in some sense, while diminishing it in another. This is a familiar phenomenon in many interpersonal attachments as well: think here of the abused partner who acknowledges the harm and fear her partner causes her but confesses that she nevertheless just doesn’t feel “all right” without him.

I might reasonably report that in my current state, I feel quite “off-kilter” as a result of the pain. Pain, after all, often makes one feel less secure. Suppose, further, that a standard over-the-counter analgesic, such as ibuprofen, would do the trick, empowering me to better to take on my day. While the analgesic impacts my felt security in some sense, I am no more *attached* to it than I am to the water that I might seek to quell my uncomfortable (and potentially debilitating) thirst. The ibuprofen operates as a mere tool for pain relief, one toward which I feel no affective connection and that I would readily trade out for a comparable medication such as acetaminophen. If an individual’s drug use affects her security in this way alone then it would not warrant the attachment label.

To be sure, many drug addictions seem to operate in this very way. Recall that addicted persons often use a specific drug in order to self-medicate. Using drugs often relieves pain, and since pain is a barrier to felt security, pain removal indirectly affects the user’s sense of security. Similarly, as noted above, some substances directly induce positive security-related affects. Use that is sustained by these effects alone is not attachment. Importantly, though, even if most (or all) addictions begin this way, many eventually come to take on an additional character. Oftentimes, the addicted individual’s sense of security becomes wedded to one’s use in an affectively richer sense. Her substance use does not merely impact her sense of security by removing pain – or again, by inducing an intense, but fleeting sense of empowerment – but that particular substance comes to represent the (sadly, often false) promise of a more global confidence in her well-being and agential competence. To see this more clearly, consider how Lewis characterizes his own addiction in his *Memoirs*: “The drug (or other substance) *stands for* a cluster of needs: in my case, needs for warmth, safety, freedom, and self-sufficiency” (2013: 256). These sentiments suggest a connection between the addiction object and the addicted person’s felt security that transcends the boundaries of the “highs” associated with intoxication and the “lows” associated with withdrawal.

This should come as no surprise, as addicted individuals often continue to seek out their preferred substance even when that substance is no longer capable of producing its associated physiological effects in the user – and even when more potent substitutes are available.²³ In addition, addicted persons often associate their substance use, not merely with relief, but with “meaning” and one’s sense of “identity,” while they associate being unable to use with “grief” and “grave loss” (Seeburger 1996; Watson 1999: 17; Maté 2008: 363; Hari 2015: 175; Lewis 2015: 168; Pickard 2019: 18-19). These terms call to mind the intimacy of close interpersonal

²³ Thanks to Hanna Pickard and David Beglin for helpful discussion on this point.

relationships, even if only in a penumbral sense. Thus, it seems reasonable to think that in at least some cases, the addicted agent's orientation toward her addiction object reflects a security-based felt need of it, in a sense similar to that of more paradigmatic attachments.²⁴

An attachment framework nicely captures central aspects of addiction on which many models of addiction are largely silent.²⁵ For example, many have noted that contemporary views of addiction often not only fail to adequately capture addiction's phenomenology, but also its motivational structure, and emotional and social significance, more broadly – particularly with regard to identifying causal factors and appropriate treatment options.²⁶ An attachment-theoretical conception of addiction captures the security-based emotional underpinnings of many addictions, favoring treatment options that attend to this feature – e.g., attachment therapies, communal support structures, and neuropharmaceuticals aimed specifically at addressing diminished felt security. In addition, this conception offers a more nuanced alternative to accounts that depict addictive motivation as merely a matter of pleasure-oriented desires. Often, the need for felt security is a crucial aspect of addiction's motivational architecture, and importantly, security is neither reducible to physical pleasure nor the absence of physical pain but has its own special conative force.²⁷ Thus, if the view I have presented here is correct, it can potentially aid our understanding of the nature of addiction, how best to treat addicted persons, and how addicted desires impact human agency.

What's more, not only can the nature of attachment inform our understanding of addiction, but as I will suggest in the final section, the ethics of addiction can inform our understanding of the ethics of attachment more broadly.

5. Addiction and the Ethics of Attachment

²⁴ One might worry that first-personal accounts of addiction are unreliable, as a person might offer a romanticized description of her addiction merely to produce attractive prose – or perhaps for more practical reasons, such as mitigating personal responsibility or securing more sympathetic social support. While we should take such factors into account when evaluating the evidential force of addiction testimony, the sheer pervasiveness of stories like those presented above suggests against unreflective dismissal. Since addiction is not simply a mechanistic process, but a lived experience, first-personal accounts are bound to be uniquely informative routes to understanding it. For an insightful and balanced treatment of the role of testimony in addiction, see Pickard (2012: 44).

²⁵ Importantly, I do not take myself to have shown that the Common View is incorrect, but merely incomplete. I take it that many, if not most, attachment-addictions also have features associated with the Common View.

²⁶ See, for example, Pickard (2012; 2015); Kennett (2013); Kennett and McConnell (2013).

²⁷ Psychologists have long suspected that the need to restore and maintain a sense of security typically enjoys a kind of primacy over other human needs; consequently, agents are prone to experience the need for their attachment objects as especially compelling. Bowlby 1969; Collins et al (2006); and Mikulincer and Shaver (2016).

If, as I have argued, persons sometimes become attached to their addiction objects, one might think that such attachments are especially and necessarily pernicious. After all, addiction is often associated with vice.²⁸ For my part, I doubt that matters are so simple. First, it is unclear whether and to what extent all addictions have the (purportedly) bad-making features often attributed to them. Second, it is far from obvious that those features suffice to make addictions that do have them pernicious. Nevertheless, by considering what makes addictions objectionable *when they are*, we can glean insights into a particular set of vices to which we are susceptible in virtue of being attached – whether to persons or non-persons.

To see, let's start by considering what makes addictions ethically objectionable. Addictions are often thought problematic because (1) they render one vulnerable to suffering and diminished self-control, and (2) they involve improper valuing orientations toward their objects.²⁹ With regards to (1), we can be somewhat brief.

Doubtless, addictions often cause suffering and undermine self-control. Many addicted persons suffer physical pain due to withdrawal syndromes and other addiction-related health problems, as well as mental anguish owing to societal rejection and frustrated attempts to quit. Addictions also typically bear the marks of excess and agential constraint. Addicted persons tend to consume “too much” of their preferred substance. And while theorists differ about whether and in what sense addictions are “compulsive,” few would deny that minimally, they are usually very difficult to quit.³⁰

Does susceptibility to suffering and diminished self-control suffice to make practicing an addiction objectionable? This seems unlikely. Consider that interpersonal romantic love, one of the most revered forms of attachment, typically has these features as well. To love is to be susceptible to pain. Love is, after all, an especially powerful species of caring – a defining feature of which is vulnerability to emotions such as fear and sadness when the object is

²⁸ The point here is not that addiction itself constitutes a vice, but that at least some addictions have features internal to them that may render an agent susceptible to certain dispositions associated with vice. There are different views about the relevant association. Immanuel Kant, for example, deemed “drunkenness” and (certain forms of) “intemperance in social drinking” moral vices (Kant 1997 [1784-5]: 152-3; 2006 [1798]: 63). But we needn't subscribe to such a view here. As I indicated in note 2, I use the term “vice” here rather loosely and to capture a kind of problematic orientation, in character or conduct, that is inimical to certain (not necessarily moral) values.

²⁹ Interestingly, theorists working in the Ancient Stoic, Buddhist, and Daoist traditions raised similar concerns against attachments more broadly. For further discussion on this point, see Wonderly (2016).

³⁰ Some philosophers, for example, have theorized that addiction undermines autonomy and self-control in virtue of subjecting the addict to impulses that are wholly (or almost wholly) irresistible. For examples, see Charland 2002 and Elliott 2002. Others have rejected irresistible impulse models of addiction in favor of other approaches, such as the disordered appetite account and the ego-depletion model (Watson 1999 and Levy 2006). For a detailed, informative critique of the view that addictions are compulsive, see Pickard 2015.

threatened or otherwise doing poorly (Jaworska 2007; Helm 2009). In varying degrees, painful longings, worry, and heartbreak occur in many overall worthwhile romantic attachments.

To love is also to be susceptible to diminished self-control. Watson is clear on this point, explaining, “like addictions,” certain loving relationships that we “encourage and honor” also render one “vulnerable to diminished control of certain kinds” (1999: 18). Just as we have reason to doubt that the smoker who can simply drop his habit without a second thought is an addict, so, too, do we have reason to doubt that the partner who could abandon his “love” at will ever *really* loved at all. Interestingly, Harry Frankfurt suggests that the absence of volitional control over one’s love is both a constitutive and desirable feature of it (Frankfurt 2004: 44-47). Engagement with our attachment figures often feels non-optional, and this sense of necessity may contribute to love’s value. Thus, if suffering and diminished self-control are the measures, then not only addiction, but loving attachments too, would be problematic.

Perhaps then addictions are ultimately objectionable, when they are, because they involve improper valuing orientations toward their objects. Jesse Summers argues that “what is wrong with addiction” is that it involves a misvalue of the importance of its object (2015: 33). Summers advocates making this a defining feature of addiction. On his preferred view, to say that one is addicted is to say that based on a pattern of behaviors, she values the object of her addiction “more than she should” (*ibid*). I don’t know that all addictions have this feature, but it seems reasonable to think that some do and are problematic on that account. There may be, for example, some addiction objects that merit little or no value, in which case it seems that one ought not to value them. Think here of substances that are actively harmful and provide only fleeting, superficial benefits to their users.

Notice, too, that (arguably) unlike vulnerability to suffering and diminished self-control, we have little reason to think that an improper valuing orientation is a constitutive feature of healthy, loving interpersonal attachments. It seems reasonable to think that any attachments – including interpersonal ones – that involve placing high value on an object of little worth are problematic.³¹

³¹ Of course, one might doubt that interpersonal attachments admit of the vice, “valuing that which is not *worthy* of value.” On such a view, even the most troublesome of people are valuable *qua* persons and might be fitting objects of attachments on that account.

A related point is that it isn’t clear that attachments respond to the value of their objects. Theorists have argued that love, for example, typically bestows rather than responds to value (see Singer 1991: 273 and Frankfurt 2004: 39). There is, however, room for debate here. Even if one grants that attachments typically confer, rather than track (inherent) value, one might think that attachments to “unsuitable” objects are valueless and thus problematic (see, for example, Raz 2001: 16-18). Thanks to Edward Harcourt for raising this issue.

There is another vice of valuing, however, that might occur in both substance addiction-attachments and interpersonal attachments. To see this, it will be helpful to consider an addiction that seems, on the surface, very positive. Watson's remarks on "Substance *S*" will be instructive here. Watson describes (the hypothetical) *S* as a severely addictive substance to which one can become dependent while still leading a healthy and productive life (1999: 18-19). He asks readers to suppose that, "...in a certain culture, otherwise similar to ours, the use of *S* is not only tolerated, but respected as highly spiritually beneficial. This culture regards the dependency on this substance, which is to say, the vulnerability to various kinds of diminished self-control, as a small price to pay for the enrichment of human life provided by *S*. Fortunately, *S* is easily obtainable, perhaps even subsidized by the society for religious reasons" (ibid). On Watson's view, it is not immediately clear why such an addiction would be objectionable.

If one's addiction to *S* is objectionable, it is not because the substance lacks value. One might think that drug addictions – even to beneficial substances such as *S* – might be problematic not because of the (low) value of their objects, but because of the way in which addicted persons value them. Since *S* is easy to access and *S* use is legal and socially accepted, the *S* addict does not need to dedicate inordinate amounts of time, energy, and other resources to practicing her addiction, but she *would* do so readily under slightly different conditions. It's tempting, then, to say that despite its high value, the addicted agent still values her addiction object "too much."

Sometimes, when we accuse an individual of valuing something too much, what we mean to say is that she values it in such a way that prevents her from engaging with other things worth valuing, or more precisely, other things that she should and does value. The idea that addictions often "crowd out," or preclude our abilities to properly engage with, other values is a common one in the addiction literature (Elster 1999; Watson 1999). When an attachment object garners too much of one's attention, it can leave other aspects of one's evaluative life impoverished by comparison. Perhaps *S* is troubling for this reason.

But more needs to be said. Merely valuing the object in such a way that crowds out engagement with other values would not suffice to render an attachment problematic. Consider, for example, that a father may value his child to such a degree, or in such a way, that he is able to spend little time on his manuscript, his garden, or his volunteer work – even while he values those things as well. Because typically many things matter to a single agent, she will have to compromise her engagement with some. Quite often, she will give priority to her strongest attachments, and this is not obviously wrong. Thus, if the *S* user prioritizes *S* over most other valued objects in her life, it is not yet clear that she does something objectionable.

But this doesn't settle the issue. When one makes the clear-eyed choice to give or (to assent to giving) priority to an attachment object, this seems like a fine thing to do. Yet, in the case of addiction, the agent's focused attention on the object sometimes not only causes her to compromise other values, but in a sense, it *blinds* her to them. Her mode of engagement is bleary-eyed and narrow, and she is no position to recognize properly what she forgoes on account of her addiction. I doubt that all addictions function this way, but there is reason to think that some common (and relatively benign) addictions negatively impact our *capacity* to value.

Evidence suggests that (some) addictions not only impact reasons responsiveness mid-craving, but that it can impair one's general capacity to be moved by certain kinds of reasons associated with valuing. As Gideon Yaffe explains in his "Lowering the Bar for Addicts," one thing that addicts may not be able to do is to sufficiently "update their algorithms for determining what reasons they have to pursue various acts in light of the factual information they have about those acts and outcomes" (2011: 128). This capacity is linked to our capacity for learning what value to attach to particular acts and outcomes in light of experience (2011: 134).

One hypothesis is that repeated, over-activation of the dopamine system causes structural changes in areas of the brain associated with assigning values to predicted and actual outcomes. This may explain why, even when sated, addicts often have trouble recognizing the salience and force of certain kinds of reasons. Recent research on addicts' responses to fictive errors supports this point. Decreased reason/value responsiveness is evident even in relatively controlled addictions like smoking (See for example Chiu et al 2008). Just as this feature may not be readily apparent – but nonetheless active – in smoking addictions, it might also be active in addictions to beneficial substances, like Watson's Substance *S*.

If Substance *S* addictions have this feature, then I think we would have reason to count them as objectionable. Insofar as we value ourselves as valuers, engagement with an object in such a way that impairs our abilities to recognize values – or again, to form new values – would seem to constitute a significant harm. Since some addictive substances directly and artificially stimulate the dopamine system, we may be more susceptible to this kind of problematic valuing orientation in the case of chemical addictions than in interpersonal attachments. However, recall that interpersonal attachments involve dopamine system activation as well, and add to

this that the phenomenology of attachment often has a “crowding out” component.³² It seems at least possible that interpersonal attachments, as well as substance addictions, can render us vulnerable to orientations of this kind. This, then, could be a “vice of valuing” to which we are susceptible in attachments more broadly, including interpersonal attachments – though probably not to the same degree.

One crucial difference between an attachment to a drug and an attachment to a person is that in the latter case, one’s attachment object can actively respond to one’s need. For example, if an individual is attached to someone who cares about her, then the attachment figure will actively mitigate some of the risks associated with attachment. For example, by regularly attending to one’s attachment needs, an attachment figure can prevent the suffering that would result from rejection and separation and reduce the negative impact of diminished self-control by increasing one’s self-confidence and self-reliance.³³ Finally, a caring attachment figure might redirect the attached party’s inclination to focus on her to other things, as this would better conduce to the attached agent’s own flourishing. In this way, an interpersonal attachment figure, unlike a drug, can mitigate the likelihood of one succumbing to the problematic valuing orientations described above.

While I take it that neither addictions, nor attachments more broadly, are bad as such, I have argued that both might render us vulnerable to certain vices of valuing. If an agent values her attachment object in such a way that she cannot properly recognize values, or form new ones, then her orientation seems problematic on that account. Of course, healthy, interpersonal attachments, unlike attachments to substances, often have internal safeguards against it. Though this would not preclude the need to be vigilant in attachments of all kinds, it does suggest an important respect in which attachments to non-persons might be inferior to interpersonal attachments.

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<sup>32</sup> While some might be tempted to think the relevant neurobiological effects are limited to chemical addictions, it is worth noting that recent neuroscience research suggests that gambling addiction is associated with some of the same structural and functional brain abnormalities observed in stimulant addictions. Some of these abnormalities include, for example, elevated dopamine levels, abnormal activity in the ventral striatum, reduced subcortical volume, and diminished neural responsiveness to cues relevant to evaluative decision-making (Whiting et al. 2019: 176-177).

<sup>33</sup> Supportive interactions with attachment figures imbue us with a sense of security that enables us to persevere through difficult circumstances even without the physical presence of our attachment figures. Mikulincer and Shaver explain, “In adulthood, an attachment strategy... can also include activation of mental representations of relationship partners who regularly provide care and protection. These representations can create a sense of safety and security, which helps a person deal successfully with threats...” (2016, p. 12).

Though in terms of human flourishing, interpersonal attachments and addictions seem to reside at opposite ends of the pole, theorists have identified a number of commonalities that unite them. While there are many ways of conceptualizing the relationship between addiction and attachment, I have argued for the relatively neglected view that some addictions represent attachments to their objects. In the final section, I suggested that exploring the ethics of addiction could potentially illuminate a particular set of problematic valuing orientations to which we are vulnerable in attachments of all kinds, including ordinary interpersonal relationships.<sup>34</sup>

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