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PHILOSOPHY OF
MENTAL HEALTH



Freedom and Addiction

1. Freedom:

The session began with a simple example: Joshua making a choice between tea and coffee and freely deciding to have tea. The participants debated whether Joshua's action was really free.

1.1 Factors affecting Freedom

Participants suggested that when our actions are driven by factors beyond our conscious choice, it appears that our freedom is compromised.

Some suggested that **lack of knowledge** can limit freedom, as individuals may unconsciously follow the majority or conform to societal norms.

The concept of informed choices versus **ingrained preferences** emerged, highlighting the influence of upbringing, family values, advertising, and even brain processes on one's freedom. ("I drink tea because this country has an obsession with tea"). The ability to go against one's preferences was recognised as a form of freedom, demonstrated by instances when individuals make choices against their innate inclinations (For instance, one participant noted that they like to drink tea with sugar, but since their doctor advises against it, they go against their preferences and exercise freedom from such preferences).

The notion of auto-pilot behaviour, driven by **biological needs**, was introduced as another level restricting freedom. After all, in the original example, Joshua is driven by a biological need (he's thirsty).

1.2 Prison and Control over Possibilities

The question of whether individuals in prison possess any form of freedom was raised, leading to the recognition of *limited freedom*. The discussion highlighted the connection between control over options and freedom of action. It was suggested that individuals with more control over options have greater freedom (e.g., "A rich person can create their options"), while those with limited choices experience constraints even if they still have some freedom of action (e.g., the prisoner). The session concluded with reflections on the potential dangers of excessive freedom and the need for a balance between restraint and nurture.

2. Addiction

The second part of the session delved into addictions. Participants explored the philosophical definition of addiction as a strong, habitual desire for something, involving a reduction of control and considerable harm.

2.1 Harm

Participants highlighted that it is important to understand how the concept of harm is used as harm can be understood in relation to health, well-being, and the impact on people around the addicted individual. Moreover, some participants wondered who is responsible for labelling something as harmful. After all, we wouldn't judge someone as an addict if they are isolating to write a book. The discussion highlighted the importance **of standards for harm**.

It was also noted that addictions might have positive aspects, using the example of overtraining in sports. After all, it was acknowledged that harmful activities can have positive aspects.

2.2. The Puzzle of Addiction

The topic of responsibility in addiction was discussed, particularly in relation to the brain disease model of addiction. According to this model, people with addiction engage in addictive behaviour, despite knowing the harms, because they have a brain disease or disorder which compels them to – their brains hijack their actions. Some participants raised some important points about responsibility and societal attitudes. Attendees critically discussed the implications of adopting the brain disease model of addiction, considering how it may shift responsibility away from individuals and onto their brain chemistry: “It’s just a brain disease.”. The importance of maintaining a balanced perspective that considers individual agency and societal influences in addressing addiction-related issues was emphasised.

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