The Fallacy of the 'Hijacked Brain'

Of all the philosophical discussions that surface in contemporary life, the question of free will — mainly, the debate over whether or not we have it — is certainly one of the most persistent.

A popular analogy clouds our understanding of addiction.

That might seem odd, as the average person rarely seems to pause to reflect on whether their choices on, say, where they live, whom they marry, or what they eat for dinner, are their own or the inevitable outcome of a deterministic universe. Still, as James Atlas pointed out last month, the spate of "can't help yourself" books would indicate that people are in fact deeply concerned with how much of their lives they can control. Perhaps that's because, upon further reflection, we find that our understanding of free will lurks beneath many essential aspects of our existence.

One particularly interesting variation on this question appears in scientific, academic and therapeutic discussions about addiction. Many times, the question is framed as follows: "Is addiction a disease or a choice?"

The argument runs along these lines: If addiction is a disease, then in some ways it is out of our control and forecloses choices. A disease is a medical condition that develops outside of our control; it is, then, not a matter of choice. In the absence of choice, the addicted person is essentially relieved of responsibility. The addict has been overpowered by her addiction.

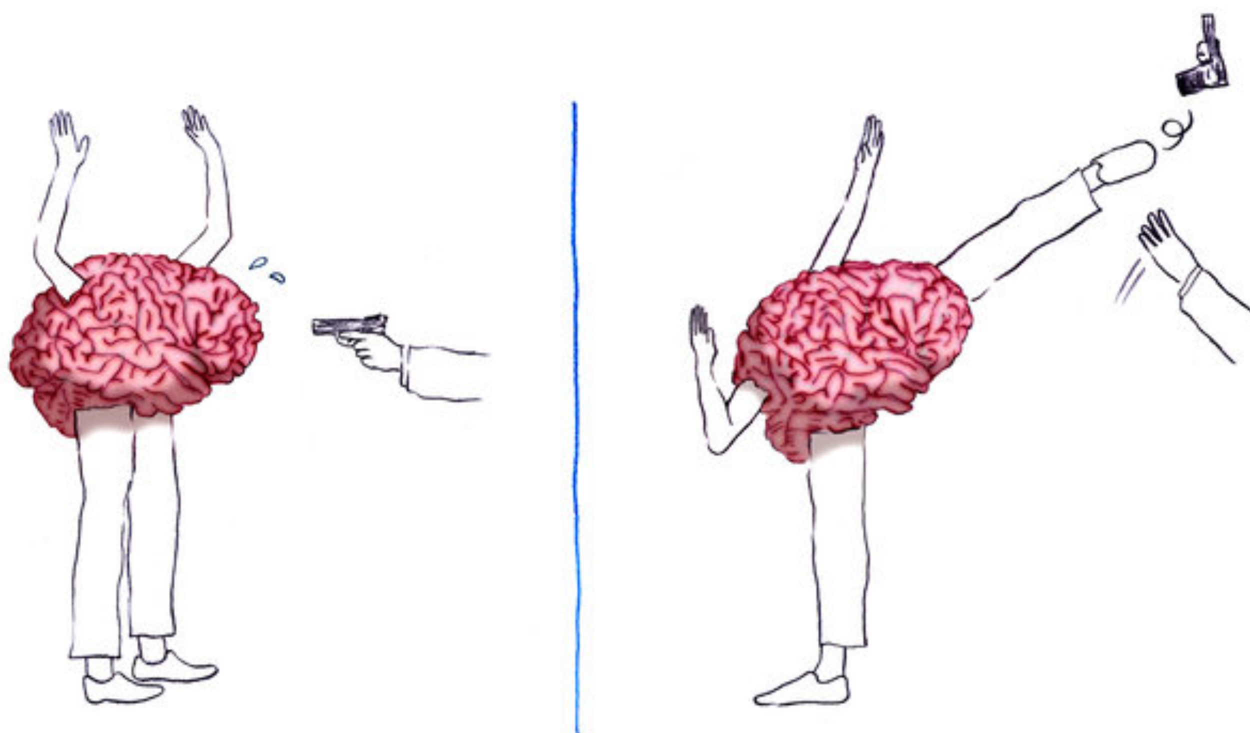
The counterargument describes addictive behavior as a choice. People whose use of drugs and alcohol leads to obvious problems but who continue to use them anyway are making choices to do so. Since those choices lead to addiction, blame and responsibility clearly rest on the addict's shoulders. It then becomes more a matter of free will.

Recent scientific studies on the biochemical responses of the brain are currently tipping the scales toward the more deterministic view — of addiction as a disease. The structure of the brain's reward system combined with certain biochemical responses and certain environments, they appear to show, cause people to become addicted.

In such studies, and in reports of them to news media, the term "the hijacked brain"

often appears, along with other language that emphasizes the addict's lack of choice in the matter. Sometimes the pleasure-reward system has been "commandeered." Other times it "goes rogue." These expressions are often accompanied by the conclusion that there are "addicted brains."

The word "hijacked" is especially evocative; people often have a visceral reaction to it. I imagine that this is precisely why this term is becoming more commonly used in connection with addiction. But it is important to be aware of the effects of such language on our understanding.



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When most people think of a hijacking, they picture a person, sometimes wearing a mask and always wielding some sort of weapon, who takes control of a car, plane or train. The hijacker may not himself drive or pilot the vehicle, but the violence involved leaves no doubt who is in charge. Someone can hijack a vehicle for a variety of reasons, but mostly it boils down to needing to escape or wanting to use the vehicle itself as a weapon in a greater plan. Hijacking is a means to an end; it is always and only oriented to the goals of the hijacker. Innocent victims are ripped from their normal lives by the violent intrusion of the hijacker.

In the "hijacked" view of addiction, the brain is the innocent victim of certain substances — alcohol, cocaine, nicotine or heroin, for example — as well as certain behaviors like eating, gambling or sexual activity. The drugs or the neurochemicals pro-

duced by the behaviors overpower and redirect the brain's normal responses, and thus take control of (hijack) it. For addicted people, that martini or cigarette is the weapon-wielding hijacker who is going to compel certain behaviors.

To do this, drugs like alcohol and cocaine and behaviors like gambling light up the brain's pleasure circuitry, often bringing a burst of euphoria. Other studies indicate that people who are addicted have lower dopamine and serotonin levels in their brains, which means that it takes more of a particular substance or behavior for them to experience pleasure or to reach a certain threshold of pleasure. People tend to want to maximize pleasure; we tend to do things that bring more of it. We also tend to chase it when it subsides, trying hard to recreate the same level of pleasure we have experienced in the past. It is not uncommon to hear addicts talking about wanting to experience the euphoria of a first high. Often they never reach it, but keep trying. All of this lends credence to the description of the brain as hijacked.

Analogies and comparisons can be very effective and powerful tools in explanation, especially when the objects compared are not overtly and obviously similar at first glance. A comparison can be especially compelling when one of the objects is familiar or common and is wrested from its usual context. Similarities shared between disparate cases can help to highlight features in each that might otherwise escape notice. But analogies and comparisons always start to break down at some point, often when the differences are seen to be greater than similarities. This, I submit, is the case with understanding addiction as hijacking.

A hijacker comes from outside and takes control by violent means. A hijacker takes a vehicle that is not his; hijacking is always a form of stealing and kidnapping. A hijacker always takes someone else's vehicle; you cannot hijack your own car. That is a type of nonsense or category mistake. Ludwig Wittgenstein offered that money passed from your left hand to your right is not a gift. The practical consequences of this action are not the same as those of a gift. Writing yourself a thank-you note would be absurd.

The analogy of addiction and hijacking involves the same category mistake as the money switched from hand to hand. You can treat yourself poorly, callously or violently. In such cases, we might say the person is engaging in acts of self-abuse and self-harm. Self-abuse can involve acting in ways that you know are not in your self-interest in some larger sense or that are contrary to your desires. This, however, is not hijacking; the practical consequences are quite different.

It might be tempting to claim that in an addiction scenario, the drugs or behaviors are the hijackers. However, those drugs and behaviors need to be done by the person herself (barring cases in which someone is given drugs and may be made chemically dependent). In the usual cases, an individual is the one putting chemicals into her body or engaging in certain behaviors in the hopes of getting high. This simply pushes the question back to whether a person can hijack herself.

There is a kind of intentionality to hijacking that clearly is absent in addiction. No one plans to become an addict. One certainly may plan to drink in reckless or dangerous ways, not with the intention of becoming an addict somewhere down the road. Addiction develops over time and requires repeated and worsening use.

In a hijacking situation, it is very easy to assign blame and responsibility. The villain is easy to identify. So are the victims, people who have had the bad luck to be in the wrong place at the wrong time. Hijacked people are given no choice in the matter.

A little logic is helpful here, since the "choice or disease" question rests on a false dilemma. This fallacy posits that only two options exist. Since there are only two options, they must be mutually exclusive. If we think, however, of addiction as involving both choice *and* disease, our outlook is likely to become more nuanced. For instance, the progression of many medical diseases is affected by the choices that individuals make. A patient who knows he has chronic obstructive pulmonary disease and refuses to wear a respirator or at least a mask while using noxious chemicals is making a choice that exacerbates his condition. A person who knows he meets the D.S.M.-IV criteria for chemical abuse, and that abuse is often the precursor to dependency, and still continues to use drugs, is making a choice, and thus bears responsibility for it.

Linking choice and responsibility is right in many ways, so long as we acknowledge that choice can be constrained in ways other than by force or overt coercion. There is no doubt that the choices of people progressing to addiction are constrained; compulsion and impulsiveness constrain choices. Many addicts will say that they choose to take that first drink or drug and that once they start they cannot stop. A classic binge drinker is a prime example; his choices are constrained with the first drink. He both has and does not have a choice. (That moment before the first drink or drug is what the philosopher Owen Flanagan describes as a "zone of control.") But he still bears some degree of responsibility to others and to himself.

The complexity of each person's experience with addiction should caution us to avoid false quandaries, like the one that requires us to define addiction as either disease or choice, and to adopt more nuanced conceptions. Addicts are neither hijackers nor victims. It is time to retire this analogy.

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