Excessive Desires
Drug Addiction and Spinoza’s Theory of Emotions

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The non-medical use of psychoactive substances is, in many cases, a response to something external to the user. Drugs are particularly unique in their ability to make people feel something different; drugs can dissociate a person from her reality or afford her a temporary relief from life’s unavoidable suffering. While there are certainly many factors that influence the development of an addiction, once it has manifested itself in a person, addiction appears as a form of bondage. I have often heard people struggling with addiction express that they feel “trapped,” “imprisoned,” or “stuck” in their addictions. Being so bound, the person finds it difficult to stop using despite the various negative consequences which follow from recursive drug use.

Addiction, as a subjective experience, involves both body and mind and, in this respect, is also intimately related to human emotionality. Considering how addiction is simultaneously a bodily, mental, and an affective experience, especially germane to addressing and understanding this problem is Baruch Spinoza and his theory of emotions, which he outlines in his Ethics. In this paper, I argue that Spinoza’s philosophy can contribute meaningfully to the conversation of addiction. First, I use his theory of emotions as a conceptual framework to analyze and understand the phenomenon of addiction. Second, I show that his program for liberating oneself from the bondage of emotions can be particularly valuable for people struggling with addiction and for those who are on their road to recovery. Additionally, I use Judith Butler’s essay “The Desire to Live” to situate the self-destructive nature of addiction in relation to Spinoza’s conception of conatus and the possibility of suicide. I also utilize Genevieve Lloyd’s commentary on Parts III and IV of the Ethics to supplement my discussion of the Spinozist
movement toward freedom vis-à-vis addiction.¹

Many people today still have myopic attitudes with regard to addiction. People often attempt to reduce addiction to being a matter of choice, a product of a defective or weak will. They say, “If you don’t want to become addicted, just don’t use drugs.” Unfortunately, the issue cannot be so easily simplified. Addiction is not a matter of choosing whether to use drugs or not; the problem of drug addiction cannot be solved by a simple refusal on the part of the person addicted. There is an infinite number of variables that might influence a person’s desire to use drugs. Perhaps, initially, it is a choice driven by specific motivations. But such a choice is never made in a vacuum; people are pushed and pulled by powerful forces outside of themselves. There is an internalization of these external forces that ends up largely, though not entirely, removing any element of choice thereafter. Maybe a person’s significant other was unfaithful, perhaps the pressures of her job began to weigh too heavily on her, maybe she felt no purpose in life and just wanted to escape that meaningless suffering—there are a myriad of external causes that may precipitate one’s use of drugs, and it is typically a combination of multiple factors. Nobody chooses to become addicted, however. The initial motivations a person had to use drugs become peripheral after addiction manifests; addiction is self-perpetuating.

¹ Before proceeding, it should be noted that I have attempted to avoid making unsupported generalizations about addiction, as it is an extremely complicated and sensitive issue. Included throughout are my own experiences with addiction, which I use in support of my claims, with the intent of highlighting one person’s subjective experience of addiction. That being said, addiction is idiosyncratic, and this essay in no way paints the whole picture or is universally applicable. Nor do I maintain that Spinoza’s philosophy is the best or only way to look at the problem through the lens of philosophy. But, as a person in recovery myself, I do think that Spinoza’s theory offers a new perspective on the problem which can supplement the ways we approach and attempt to address it. To be sure, modern medicine, sociology, and psychology offer a wealth of invaluable resources for addressing the problem of addiction, but, as I suggest, philosophy can also provide useful insights into drug addiction. Effective ameliorative efforts must perforce be interdisciplinary.
Spinoza begins Part IV of the *Ethics* by stating, “I assign the term ‘bondage’ to man’s lack of power to control and check the emotions. For a man at the mercy of his emotions is not his own master but is subject to fortune, in whose power he so lies that he is often compelled, although he sees the better course, to pursue the worse” (Preface, IV). Simply knowing what is right and wrong is not enough to always guide us to the proper course of action. Because we are subject to the overpowering force of our emotions, we often pursue ends that are not conducive to our own wellbeing. This is the case for everyone, but those who struggle with addiction know this reality all too well. Hence, it seems that this statement from Spinoza is an accurate description of the experience of addiction. People in the throes of addiction are not unaware of what is right and wrong; a person struggling with addiction still has a functioning moral compass—it just becomes increasingly difficult to follow when she is actively using.

The power of the emotions often exceeds the power of reason, and Spinoza accounts for this, writing that “the force of any passive emotion can surpass the rest of man’s activities or power so that the emotion stays firmly fixed in him” (Pr.6, IV). This proposition alludes to something akin to habit formation, particularly a person’s habit of submitting to something external to her; in the case of people struggling with addiction, this externality is a drug, or, more specifically, the emotions that arise from the use of drugs. However, drugs ultimately diminish the body’s power; that is, drugs diminish what Spinoza calls the *conatus*. The *conatus* is our endeavoring to persist in our being, which, Spinoza asserts, is nothing more than our actual essence, that which defines our very being (Pr.6, III). *Conatus* underpins Spinoza’s theory of emotions—everything relates back to our striving to be. The *conatus* seeks self-preservation and to constantly increase its power of activity. Passivity and activity are integral parts of Spinoza’s conception of the emotions. Passive emotions are often detrimental because they can be
excessive, rendering us increasingly passive and diminishing our power of activity. Such emotions are not caused wholly by us, meaning we cannot understand them through our natures alone—they arise from a complex of external causes (Def.2, III). In contrast, active emotions arise from reason\textsuperscript{2} and greatly increase the power of our conatus, but they can never be excessive. The office of our conatus, then, is to furnish us with active emotions, so we can continually increase our power of activity, that is, our power of being.

Although Spinoza never directly addresses addiction as such, he does offer a definition of an emotion that he terms ‘Drunkenness,’ which could be seen as being similar to what we call alcoholism today. We can appropriate his definition and apply it to drug addiction: drug addiction is the immoderate desire and love for drugs (Defs. of Emotions 46, III). It should be noted that “love,” in Spinoza’s conception of it, is pleasure with an identifiable external cause (Pr.13, III). When a person takes a drug, they often feel pleasure attended by the idea of an external cause for that pleasure, i.e., the drug. This doesn’t necessarily run counter to the findings of the science of addiction. Consuming drugs actually changes the chemistry of the brain, and by operating on the brain’s reward center and affecting the areas of the brain involved in judgment and decision-making, it actually reinforces the desire to continue using. Similarly, “desire” in Spinoza’s theory is not simply a mental inclination for this or that object; it is our being conscious of our conatus when it is related to both mind and body (Sch.Pr.9, III). This also seems to fit well with the physiological and psychological responses to drugs, wherein the desire

\textsuperscript{2} “Reason,” here, should not be understood in the Kantian sense of the term. There is no “pure reason” in Spinoza. In the Ethics, Spinoza collapses the traditional mind-body dualism and instead posits that “the object of the idea constituting the human mind is the body—i.e., a definite mode of extension actually existing, and nothing else” (Pr.13, II). The mind \textit{is} the body; they are modally distinct but not numerically or essentially distinct. Rather than reason being a privileged faculty entirely separate from the body, reasoning is always mediated through the body, and is, therefore, necessarily related to human affectivity (Pr. 38, II and Sch.Pr.40, II).
to use drugs comes from both body and mind and the consciousness thereof. Pleasure and desire, when they do not come from reason, can be excessive, leading one into a state of passivity. Indeed, addiction is one of the many forms that excessive desires can take.

Spinoza claims that “the desire arising from pain or pleasure … is proportionately greater as the emotion is greater” (Pr.37, III). The desire that arises from pain is our *conatus* striving to remove or annul that pain. Insofar as we are assailed by passive emotions, when we feel pain, our *conatus* will strive to eliminate that pain by any means, which might involve, if we are not acting from reason, the use of drugs. Using drugs, then, can be understood as a form of self-medication, an attempt to annul pain. Drugs are unique in their capacity to alleviate pain—whether it is physical or emotional pain—but the resultant removal is only temporary, and typically, more pain follows when drug use becomes habitual and addiction ensues. Addiction often multiplies pain, both for the person addiction and her loved ones. Pain is undoubtedly contrary to our *conatus*, but so are drugs—save for proper medical uses. Drugs, in certain respects, are contrary to pain, but under these circumstances, attempting to combat one contrary with another is not conducive to the wellbeing of the person using drugs. Temporary relief from pain is not necessarily equivalent to temporary happiness, especially if the form of relief has its own adverse effects. One can only ride the wave of euphoria a substance affords for so long before becoming dependent.

Addiction is a kind of self-destruction, a slow atrophying of the self. But this is not a rational, willing destruction of oneself. It is the consequence of many factors—social, psychological, and physiological factors. As a form of self-destruction, addiction can also be seen as a form of slow suicide. An unchecked addiction can and many times does lead to a premature death, and the person struggling with addiction is not unaware of the inherent dangers
of drug use. To be sure, the person struggling with addiction does not share the intention present in suicide proper, but nonetheless her form of self-destruction can end with the same outcome. Spinoza addresses the possibility of suicide by placing it in opposition to a person’s true essence, asserting that “nobody, unless he is overcome by external causes contrary to his own nature, neglects … to preserve his own being. Nobody … kills himself from the necessity of his own nature, but from the constraint of external causes” (Sch.Pr.20, IV). Noting the language Spinoza uses here, it seems to align with addiction being a form of bondage. Habitual drug use, in many cases, is a person’s reaction to being overwhelmed and constrained by external causes. Being dependent on drugs is a form of debilitating constraint. Drug addiction preoccupies a person’s life, subsuming her being—everything revolves around satisfying the desire to use and to continue using. It consumes the person, and, in a way, turns her against herself.

In her essay *The Desire to Live*, Judith Butler addresses suicide in Spinoza’s *Ethics* with the hope to establish “an acknowledgment of the possibility for self-destruction” (Butler 63). In Butler’s reading, the possibility for self-destruction is present in Spinoza, but only under the condition that the self becomes opposed to itself by taking on a different and contrary nature. Addiction coincides with such a radically negative transformation of the self. Butler believes that there is a “possibility that living in the wrong way can induce the desire to not live, or, indeed, diminish the organism in Spinoza’s sense” (68). In my experience, it was extremely difficult to live well while I was actively using, and, in this respect, addiction continuously diminishes the power of a person’s *conatus*; that is, it becomes the catalyst for a deconstitution of the self. Butler believes that “Spinoza acknowledges that … the self can take its own life, but that the self has acquired an external form, or, indeed, an external cause has made its way into the structure of the self” (69). In a certain sense, Spinoza’s allowance for the self to take on another nature by
being overpowered by external causes fits well with the brain disease model of addiction. In this model, addiction is understood as the result of the combination of environmental, behavioral, and biological factors, which become highly determinant of a person’s actions. The convergence of these factors could be seen as external causes fixing themselves within the person struggling with addiction. Although physiological and psychological dependency exist within a person, they, too, are ultimately the indirect result of external causes.

I do not think people struggling with addiction are suicidal, at least not in the proper sense of the term. Most of the people struggling with addiction whom I’ve met, whether they are currently in recovery or still using, want to continue living. This is the essence of recovery, and paradoxically it is also the essence of the desire to continue using—as long as a person remains alive, she can continue to use drugs. But, if Butler is correct, Spinoza seems to allow for a type of slow suicide similar to addiction, wherein the conatus of a person is continuously debilitated by external forces to the point where that person appears and feels entirely other to who she once was. This is also evident in Spinoza’s discussion of the apparent death of the body, where he states, “For I do not venture to deny that the human body, while retaining blood circulation and whatever else is regarded as essential to life, can nevertheless assume another nature quite different from its own” (Sch.Pr.39, IV). This, to me, is similar to what happens to a person when she is addicted to drugs. I never felt like myself when I was using; there was, to an extent, a dissolution of myself in my drive to self-destruct—I felt contrary to my real self. The notion that

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3 It might be objected that a person’s biology is an internal cause rather than external. But, considering the Spinozist framework employed here, I see no reason to posit a necessary internality given Spinoza’s belief that human psychology is an external determiner. Furthermore, with recent developments in the science of epigenetics, it is clear that a person’s biology is affected in no small measure by external (i.e., environmental) factors. To be sure, this is not to say that all biological factors should be considered external, only those factors which make a person act contrary to their essence.
the self can become contrary to itself means that the invasive externality can, in fact, bring a person to end her own life through suicide proper or the slow suicide of addiction, but it is not, strictly speaking, the same self that it once was that negates itself.

At first glance, all of this appears to describe a dismal situation for human life. How can anyone, let alone a person struggling with addiction, prevent themselves from being overcome by external causes? In Genevieve Lloyd’s commentary on Parts III and IV of the Ethics, she discusses the process of freeing oneself from bondage by way of reason. Lloyd states that “the mind’s transition to reason is by no means a shedding of affectivity” (Lloyd 83). Spinoza’s work is not a denial of our affective subjectivity—on the contrary, it encourages us to recognize and accept our own humanity, which will always be intimately tied up with our emotions. As integral parts of nature, we will inevitably be subject to the flux and force of passive emotions—we cannot and should not be purely rational, unemotional automatons. But Spinoza’s philosophy also shows us that we can learn to not let our emotions completely determine our actions; we can turn our passive emotions into active emotions through the use of reason. Human freedom hinges on learning to understand the emotions that so often overwhelm us. Thus, once a person makes the decision to begin recovery, she can begin the process of conscious reflection on her emotions and their relation to her. Understanding is the first step in the process of transfiguring passive emotions.

Although Lloyd never explicitly mentions addiction, her reading of Spinoza allows for an addiction-centered interpretation. She writes, “Wherever we seem to act contrary to our natural conatus, it is due to some physical or psychological compulsion, both of which are to be considered external” (Lloyd 93). If both physical and psychological compulsions are considered as external determiners, then drug addiction can also be seen as an external force because it
causes a person to act contrary her essence. But reason is able to remedy this. The mind, as being embodied and, therefore, a part of nature, cannot escape being affected by things external to it, but it can “avoid being ‘determined to act’ by its passions” (83). Once we have developed a clear understanding of a passive emotion through reason, it ceases to be passive (Pr.3, V). In understanding the emotion, we transfer its determining power back into ourselves, engendering a degree of inner freedom and increasing our power of activity. In doing so, our emotions no longer have complete command over our behavior. In addiction therapy, particularly dialectical behavioral therapy, there is an emphasis placed on educating people who are in recovery to learn how to be at home with their emotions. Rather than attempting to dismiss or ignore the inevitable urges to use drugs, the person is instead habituated to recognize these urges for what they are and to not allow them to become completely overpowering. This seems to correspond with what Spinoza believes reason can accomplish. Through reason, the mind has the power to understand the “causal force” of the emotions and, in doing so, bring that causal force back into the agent, allowing her to take control of her life again (Lloyd 105).

Of particular use to people in recovery is reason’s facilitation of deferred gratification. When I was actively using, I would act impulsively, pursuing immediate satisfaction whenever I could. Acting on uninhibited impulse is characteristic of addiction. Understood through a Spinozist lens, impulsivity seems to relate to a person’s fixation on the externalities that come with being overwhelmed by passive emotions. Spinoza asserts that “under the guidance of reason we seek a future greater good in preference to a lesser present good, and a lesser present evil in preference to a greater future evil” (Pr.66, IV). This ability to delay gratification or to choose the lesser of two evils is the product of acting from reason, rather than acting compulsively from the push and pull of passive emotions. The process of recovery epitomizes this proposition. We can
see immediate gratification of the urge to use as the seeking of a lesser present good—for drugs do alleviate pain in certain respects—and the future greater good is the life of sobriety and all it entails. The lesser present evil can be understood as actually beginning and continuing in recovery, for recovery is undoubtedly challenging and at times even painful; the greater future evil is all that would follow from an unchecked lifelong addiction, be it imprisonment, institutionalization, or an untimely death.

Interestingly, Spinoza briefly describes self-control and sobriety, situating these two activities in relation to courage and reason. Self-control and sobriety “are not emotions or passive states, but indicate the power of the mind that controls these emotions” (Sch.Pr.56, III). Furthermore, he specifically defines courage as “‘the desire whereby every individual endeavors to preserve his own being according to the dictates of reason alone’” (Sch.Pr.59, III). For Spinoza, self-control and sobriety, in being activities directed by reason toward our own advantage, are exemplars of courage. Addiction perpetually undermines a person’s ability to persevere in her being. Spinoza writes, “…that which renders the body less capable [of being affected in more ways or affecting external bodies in more ways] is harmful” (Pr.38. IV). Drug misuse and addiction are extremely harmful not only because of the physical toll drugs take on a person’s body, but also because they reduce the body’s activity and receptivity to other bodies. It is important for the person struggling with addiction to realize that her conatus functions best when it is not debilitated by her body being under the influence of drugs. In controlling passive emotions, self-control and sobriety, especially for the person in recovery, seem to be significant means to revitalize and strengthen one’s conatus by increasing the body’s potential for activity. Beginning the difficult process of recovery is undoubtedly a courageous act. In a sense, the choice of recovery is the choice of life itself, an affirmation of one’s own life.
This freedom from our passive emotions is an ongoing project, one that will never be complete. We are always already situated in the nuanced nexus of nature, and because of this, we cannot escape being affected by things external to us. This should not be experienced negatively nor should the pursuit of freedom be viewed as a futile endeavor, however. We are not doomed to remain in the fetters of our passive emotions; we are not fated to a life of passivity. We do not need to acquiesce to a life determined solely by external causes. Spinoza believes that, through reason, we can shake off the yoke of the passive emotions that keep us in bondage and make ourselves free. Spinoza’s work shows us that there are ways for people struggling with addiction to reclaim their sense of self, to regain control of their agency.

In my concluding remarks, I would like to briefly explore the social nature of freedom and its relation to addiction. From my own experience, I know that there is a tendency to isolate oneself while actively using, and, even after getting sober, there is still the inclination to remain detached from others. But recovery is incredibly difficult, if not impossible, without the support of others. Fundamentally, addiction is a social issue and, as such, requires a response from the social whole. Both Lloyd and Butler recognize the importance of human sociality in Spinoza’s Ethics. Lloyd notes that “individual human powers are realised—and human identities are formed—under conditions of sociability” (Lloyd 89). Spinoza asserts that the greatest benefit to our individual self-preservation comes from our social bonds with each other (Sch.Pr.18, IV). He places a strong emphasis on the relationship between the individual and the social setting in which she is situated. In strengthening one’s individual conatus through acting from reason, the conatus of the social totality is simultaneously strengthened. Similarly, Butler views Spinoza’s ethic as one which requires the community, wherein humans actually “incite one another to live” by living well together (Butler 89). This means that there is immense curative power to be found
in the social totality for individuals struggling with drug addiction. Indeed, our freedom
“depends on social context” (Lloyd 100). We make ourselves free together. By humans acting
from reason and seeking their own advantage they concurrently seek the advantage of each other;
there is a collective tempering of the conatus—a collective human thriving. As long as we live in
this world, we will live with drugs and, consequently, addiction. Addiction is a problem that we
will never completely eradicate, but there are proactive steps that we, as individuals and a
society, can take to mitigate its detrimental effects. In being guided by reason and acting in
concert with others, recovery becomes a feasible reality for people struggling with addiction, and
they can change the trajectories of their lives for the better. Recovery is a lifelong journey, but
addiction need not be a death sentence.
Bibliography

