Addiction in South and East Africa

Interdisciplinary Approaches

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Smile

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CONTENTS

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CHAPTER 2

Addiction in the Light of African Values: Undermining Vitality and Community

Thaddeus Metz

2.1   INTRODUCTION

Virtually no one believes that addiction is a good thing, with nearly all finding it imprudent, and many deeming it also to be immoral. Where there is normative controversy, it is about why, if at all, one should think that addiction is unethical, and about whether agents such as the state ought to punish or otherwise blame addicts. In this chapter, I set aside the latter issues, which concern how to respond properly to those who are addicted,[1] and focus strictly on the former ones, about their potential

[1] For discussion of whether and, if so, how to treat addicts as responsible for their condition, or for the harmful effects that have come in the wake of it, see Morse (2000); Husak (2004); the papers in Poland and Graham (2011a); Frank and Nagel (2017); and Pickard (2017).

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immorality. Precisely why should one think that it is immoral to become an addict or to do what is likely to cause others to become addicted? Which sorts of addiction are particularly unethical, and by virtue of what?

I critically explore answers to these questions by appealing to values salient in the sub-Saharan African philosophical tradition. Specifically, I draw on two major ways that African philosophers (writing in English in the post-independence era) have understood foundational ethics, and show how they each account for the immorality of addiction. According to one characteristically African approach, a person's basic aim as a moral agent should be to promote life-force at least in herself and perhaps also in others, and, according to the other, at bottom one morally should prize communal (or harmonious) relationships with other people. I work to tease out from the values of vitality and community explanations of when, why, and to what extent various kinds of addiction are immoral.

I do not seek in this chapter to defend either vitality or community as the best explanation of the immorality of addiction, instead arguing that each of these characteristically African values[2] grounds an independent and plausible account of that. In addition, note that I am not really aiming to demonstrate that addiction is in fact immoral, something beyond a mere medical condition such as a broken leg. I am, in contrast, supposing for the sake of argument that there is something morally problematic about addiction and seeking attractive explanations of what that might be. I conclude that both vitalism and communalism merit consideration as rivals to explanations that Western ethicists would typically make, according to which addiction is immoral insofar as it degrades rationality or autonomy, as per Kantianism, or causes pain or dissatisfaction, à la utilitarianism.

In the following I begin by indicating what I mean by the word "addiction" and sketching the ways that dominant Western moral philosophies would construe it as unethical (Sect. 2.2). I also take care to distinguish my enquiry, into why one might sensibly think that at least salient instances of addiction are immoral, from what is sometimes called the "moral model" of addiction, which includes a "moralized" response to it. Next, I expound the concept of life-force as a basic value in the African tradition of philosophy,

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[2] By "African," "Western," and similar geographical labels, I mean features that have been salient over a large part of a territory and for a long time that differentiate it from many other territories (on which see Metz 2015a). Hence, there is no "essentialist" suggestion here that these features are exhaustive of, exclusive to, or invariably present in a given region.

and draw out its implications for the immorality of addiction (Sect. 2.3), after which I do the same for the concept of communal relationship (Sect. 2.4), in both cases contending that their accounts are revealing. I conclude by raising important questions about addiction that have not been addressed here, in particular those pertaining to the right ways to respond to those forms of addiction that are plausibly deemed immoral (Sect. 2.5). I suggest that the African values are also promising with respect to these issues, which deserve to be considered elsewhere in depth.

2.2   Addiction, Immorality, and Western Ethics

In this section I provide some background to the debate about the immorality of addiction. Key aims here are to: define what is characteristically involved in a state of addiction; make it clear that this chapter is about addiction's immorality, where that is distinct from other debates about addiction prominent in the literature; and articulate the standard views in Western philosophy and culture more generally about why addiction is morally objectionable. I address African alternatives only in the following sections.

As with many other psychological disorders, debates about whether there is an essence to addiction and what it might be continue in earnest. There is as yet no clear consensus about how to distinguish the causes of addiction, or even its effects, from what constitutes it (as has been pointed out by Morse 2000, pp. 11–12 and Poland and Graham 2011b, pp. 2–3; for some of these debates, see the papers by Levy 2013; Shelby 2016; and the papers by Pickard and Ahmed 2018). I therefore define what I mean by "addiction" by appealing to examples of it that nearly all those party to those debates would accept, and by making some plausible, even if not outright uncontentious, assumptions about it.

Paradigms of addiction on the part of human beings presumably include the following: smoking a pack or two of cigarettes a day despite the high risks of cancer, respiratory ailments, heart disease, and early death; having taken cocaine on a daily basis for an extended period and being willing to spend lots of money to continue the habit because of not wanting to suffer from withdrawal; consistently engaging in unprotected and promiscuous sexual behaviour to avoid painful feelings, despite knowing the chances of acquiring HIV and other sexually transmitted diseases; being unable to engage with others socially and to complete one's work because one has a powerful desire to play games on the internet; needing to place bets on horse races to the point of stealing from

one's employer and family members. I also suppose that those engaging in such behaviours would sincerely report that they "could not help themselves," "could not stop if they tried," and the like.

These are what Anglo-American metaphysicians would tend to call the "surface properties" (Putnam 1975) or "appearances" (Kripke 1980) of human addiction, that is, what just about everyone familiar with the property would ascribe to it, where philosophers, psychologists, and neurologists debate about what (if any) "deep structure" (Putnam 1975) or "essence" (Kripke 1980), perhaps a particular operation of the brain or of the will, might best account for all of them.

Rather than posit a specific, core mechanism with which one might identify human addiction, I note some characteristic features of it, ones that are commonly, even if not invariably, associated with the examples above. First, there is typically a craving, an overwhelming urge, for a substance such as a drug or a process such as gambling, where the craving is habitually satisfied. Second, there would often be psychological or physical pain upon not satisfying the craving and "kicking the habit," of which the person is fearful and more generally strongly averse. Third, the craving and the interest in avoiding pain have reduced a person's self-control, that is, her ability to recognize good judgement and to act in accordance with it.

These three are the most widely discussed contributory properties of addiction, with the following ones being more contested. Some would say that a fourth recurrent feature of addiction is denial, the failure to apprehend one's own motivations, to appreciate risks, or to recognize harm one is bringing on others (Ainslie 2013; Pickard 2016). Others would add a fifth, that often addiction is a way of coping with or "self-medicating" a psychological wound or stressor, such as self-hatred or abuse (Khantzian 1997; Pickard and Pearce 2013; Shelby 2016). Still others would suggest a sixth, that addiction, properly speaking, involves at least the risk of substantial harm to the addict or those close to her (see especially Pickard and Sinnott-Armstrong 2013).

My claim is not that any particular set of these properties is necessary and sufficient for something to count as "addiction," but rather that addicted people typically exemplify some cluster of them, and that such a construal of addiction is enough for us to make ethical headway, which is the aim of this chapter. This approach means that sometimes I will need to hedge my phrasing, for example, when it is unclear whether the moral problem is with addiction as such or with a particular form of it. However, such hedging will not interfere with the ability to point to specific ways of behaving that are ethically objectionable.

With much of the field now, I suppose in the rest of this chapter that human persons who are addicted are neither utterly compelled to satisfy their cravings nor utterly free to decide whether or not to do so. These days it is routinely pointed out (for just one example, see Uusitalo et al. 2017) that, on the one hand, addicted human persons characteristically have *some* control over their behaviour, for example, in being responsive to the price of the object sought out and often enough eventually being able to quit it, but that, on the other, knowledge of the reward systems of their brains indicates that their cognitive, motivational, and volitional responses differ from those of non-addicted persons (at least in respect of the object to which they are addicted). A common (even if not utterly uncontroversial) view is that addicts suffer from an *impaired*, but nonetheless existent, ability to recognize good reasons and to act in the light of them, which I accept below when morally evaluating addiction.

The project of appraising addiction from a moral perspective must be differentiated from ones with which it is likely to be conflated. First off, I have already implicitly rejected part of what is sometimes called the "moral model" of addiction (which is discussed in [but not accepted by] Levy 2011, p. 95; Morse 2011, p. 163; and Pickard 2017). One facet of this approach is the claim that decisions undertaken by an addicted person in respect of a craved object do not qualitatively differ from the everyday decisions made by a non-addict. Addicts are considered to have the substantially free choice to decide whether to take the drug or place the bet.

However, I suppose here that decisions made by addicts, at least in respect of a craved object, are less voluntary than, say, the decisions of non-addicts in respect of which tie to wear. Addicts characteristically have some self-control, but it is less than non-addicts when it comes to their addiction. Addiction is more than merely a habit, and is instead a habit that is to some degree out of control, unable to be easily regulated by good judgement.

There is a second aspect of the "moral model" of addiction that I also reject, or at least am not committed to simply by virtue of morally evaluating it. This is moralization, which involves blaming, stigmatizing, and perhaps even punishing addicts, as well as downplaying the biological, psychological, and social causes of addiction. Douglas Husak remarks that he suspects "that an inquiry into the moral dimension of addiction is unlikely to be undertaken solely for its intrinsic interest. The judgement that addiction is morally important will probably be used in attempts to defend given responses to addicts" (2004, p. 400), where he is especially concerned to refute the suggestion that addiction merits punishment.

However, in this chapter I am indeed focused squarely on the questions of when and why there is something immoral about addiction, and I set aside, apart from a few concluding remarks (in Sect. 2.5), the issue of whether, and, if so, which negative responses towards it are justified. There is no logical inconsistency in holding that, although some instances of addiction are immoral, they do not warrant blame or stigma, let alone punishment or something like a "war on drugs." If positive (rewarding) or neutral (changing the social context) responses were to reduce addiction much more than negative ones, it would be coherent to prescribe the former in lieu of the latter. Everything depends on having a further, distinct account of how to respond to wrongdoing, and retributivism, which would best justify the moral model, is far from the obviously correct one.

The reader might have noticed that, up to now, my talk of addiction being "immoral" or "unethical" has been vague. In particular, I have glossed over a normally important distinction between vice and wrongness. For many ethicists, a bad person can sometimes do the right thing, while a good person can sometimes do the wrong thing. Or, at the very least, there are plausibly two dimensions of moral appraisal, concerning a person's attitudes and his decisions (even if one believes that the wrongness of the latter is a function of the vice of the former, or vice versa). In this chapter I do not focus on only one of these dimensions of moral appraisal, and instead readily consider both. It is pertinent to ask questions about not only the sort of person who would let himself become addicted or has remained so, but also the way an addicted person is treating others or himself.

In the modern Western tradition of philosophy, rationality, autonomy, project-pursuit, and related properties are familiar ground for morally appraising addiction. By this sort of approach, addiction is bad or wrong largely because of the recurrent (if not inherent) feature of weakened self-control. Even Husak, who is at pains to protect addicts from moralized responses, believes:

> The value of freedom and the capacity for voluntary choice are beyond controversy…. Anything that undermines freedom and our capacity for voluntary choice is likely to be bad….Arguably, the truly excellent being has no addictions; his choices are never compulsive, but are always completely free and voluntary. The status or condition of being an addict is plausibly regarded as a vice (2004, pp. 414–415).

Husak appeals to virtue theory to appraise addiction, where one could readily hark back to the aretaic views of Plato's *Republic* and Aristotle's *Nicomachean Ethics*, according to which excellence, broadly speaking, consists of one's rational mind being in control of one's emotions and feelings.

However, one could also appeal to a Kantian, deontological account of moral action, according to which right acts essentially treat people's capacity for reason or autonomy with respect, and wrong ones fail to do so. Addiction is a direct assault on a person's ability to make decisions in the light of deliberation. This is arguably so not merely because the affective and conative sides of our nature come to dominate the intentional, motivational, and volitional sides, but also because of cognitive defects mentioned above, such as failing to appreciate evidence about oneself and about the effects of one's choices. Hence, becoming an addict and remaining one fail to uphold a duty to treat one's own rational nature with respect, that is, as the most important value in the world, while helping others to become addicts fails to respect theirs.

By this approach, addiction is morally worse, the more degrading of rationality it is. This is a reasonable explanation of the difference between being addicted to cocaine relative to caffeine. Cocaine lends itself more to compulsion than caffeine; there is much more aversion to stopping a cocaine habit than a caffeine one; the money and other resources spent on cocaine will undermine an agent's other ends much more than those spent on caffeine; and the pursuit of cocaine is more likely to foster unjustified beliefs than one for caffeine.

Modern Western philosophy offers an additional familiar ground by which to draw the conclusion that addiction is morally problematic, namely, subjective well-being. By the classical utilitarian approach to right action, one is obligated to produce pleasure and to reduce pain, and by many contemporary versions of the view, one is obligated to increase satisfaction, that is, the fulfilment of desires, and to decrease dissatisfaction. Regardless of how subjective well-being is construed, a utilitarian agent is to include her own, giving it equal weight to that of others.

Now, an addict in the short term avoids the intense pain of withdrawal and enjoys the pleasure of obtaining her craved object. However, usually addictions are not sustainable, and it would in most cases be better, in terms of overall expected amount of subjective well-being, to overcome an addiction sooner rather than later. That is particularly because there are ongoing losses during the course of addiction. Specifically, addicts usually

have to give up larger pleasures (or at least, in the terms of John Stuart Mill, "higher" ones) for the sake of their craved object, and they typically feel shameful, loathsome, and the like for being addicted. Furthermore, while they are addicted, people tend not to bring others as much pleasure as they could have, if anything tending to cause them pain, their interests being sacrificed on the altar of the dopamine rush from the drugs, the games, the bets.

Similar remarks apply to the preference-oriented version of utilitarianism. An addict with a supply of his craved object can satisfy his desire for that in the short term, where that desire is the strongest when construed in terms of sheer power to influence action. However, the costs of addiction in the long term are usually expected to be greater. Furthermore, relatively few addicts themselves have second-order desires to desire the craved object, or, alternatively, would rank a desire for the craved object highly relative to other desires, where these are intuitively more relevant to appraising the quality of an individual's life than whichever desire happens to carry the day in terms of a person's behaviour. And, again, typically those addicted give much less attention than they could to the satisfaction of other people's desires.

One could also invoke subjective well-being as part of a virtue theory to derive the conclusion that addiction is a vice. For example, consider Thomas Hurka's (2001) view that vice is largely a matter of, first, loving, that is, "desiring, pursuing, or taking pleasure in," the bad, where the bad includes pain and failure in the pursuit of an achievement, and, second, hating, or at least neglecting, the good, where the good includes pleasure and achievement. Being hooked on cocaine to the point of not caring about the pain it causes to oneself and others and being unable to satisfy other, higher-order desires plausibly count as vices, according to Hurka's theory.[3]

By this general approach, addiction is morally worse, the more harmful it is to the addict and those in contact with him. This is also a reasonable explanation of the difference between being addicted to cocaine relative to caffeine. Roughly, cocaine can be expected to reduce people's well-being, subjectively construed, more than caffeine.

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[3] One could also invoke Rosalind Hursthouse's (1999) theory of virtue, according to which the virtues are constituted by settled dispositions of human persons that advance, amongst other things, "characteristic enjoyment" (1999, pp. 197–216). Addictions to cigarettes, gambling, and pornography do not reliably foster characteristic enjoyments of the species, and instead tend to undermine them.

These are plausible explanations from the West of what is morally bad and wrong with being addicted and fostering addiction. There are of course objections one could raise, one being the hypothetical case of a person with an inexhaustible supply of his craved object, perhaps heroin, where the addict would be useless at doing much for others were he to get clean; in that case, can utilitarianism explain what is wrong with addiction? Probably not well. However, my aim in this chapter is not really to indicate, negatively, that the Western approaches are limited. It is mainly to appeal to some under-considered, African moral perspectives in order to ground, constructively, some additional appraisals of addiction that merit consideration. While a lack of rationality and felicity might be part of the story about why addiction is immoral, the African tradition of philosophy suggests that there is more to it, if not something else entirely: there is a lack of vitality and community. As I spell out in the next two sections, by characteristically African values addicts are immoral, roughly, for being debilitated and isolated.

2.3   Addiction as Incompatible with Vitality[4]

Much of the literate work by African moral philosophers in the post-independence era implicitly advances one of three values as fundamental (on which see Metz 2015b). One of these is the common good, with the idea being that in all one's actions one should do whatever one can to meet the needs of everyone (e.g., Gyekye 1997, pp. 35–76). This is not Western utilitarianism, because of its focus on objective well-being and especially because it does not normally permit harming some for a greater good to others. Even so, applying the common good to addiction is unlikely to reveal considerations particularly different from the utilitarian explanations of its wrongness addressed in the previous section. The other two salient African values, vitality and community, are less familiar to a global audience, have not yet been systematically applied to addiction, and highlight moral concerns about it that are distinct and merit serious consideration. Hence, I focus exclusively on them in the rest of this chapter.

Placide Tempels (1959) is well known for having written the first "ethno-philosophical" attempt to understand and relate African worldviews to a Western audience, and for having deemed the concept of life-force to be at

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[4] Some of the phrasing when expounding the vitalist and communal ethics has come from Metz (2012, 2013a).

their heart. Although his work has been vigorously criticized for over-generalizing, one still finds contemporary philosophers from a variety of sub-Saharan regions placing the notion of life-force, or something close to it, at the heart of their ethics (e.g., Dzobo 1992; Kasenene 1994; Magesa 1997; Iroegbu 2005; Onah 2012) and sometimes specifically their bioethics (Kasenene 2000; Bujo 2005; Bikopo and van Bogaert 2010; Tangwa 2010, esp. pp. 186–188; Rakotswoane and van Niekerk 2017).

Life-force has been traditionally interpreted as an intrinsically valuable energy that is imperceptible and constitutes everything that exists. All things in the universe, even apparently inanimate objects such as a grain of sand or drop of oil, are thought to be both good and real by virtue of having some degree of life-force, with plants having a greater share of it than rocks, animals having more than plants, human beings having more than animals, ancestors (whose bodies have died but who live on in an imperceptible realm on earth) having more than humans, and God, the source of all life-force, having the most. All beings in the world are thought to participate in the divine energy.

Although this conception of value sprang from a certain religious metaphysics, it need not be tied to one in order to offer a morality that is attractive to a global or otherwise multicultural audience. In fact, often enough life-oriented African philosophers and theologians make value judgements without appeal to highly controversial ideas about the fundamental nature of reality, or at least not explicitly. For example, they say that a human being has a dignity, or otherwise merits moral consideration, in virtue of being able to exhibit a superlative degree of these properties: health, strength, growth, reproduction, creativity, vibrancy, activity, self-motion, courage, and confidence. Similarly, to be avoided are things such as disease, weakness, decay, barrenness, destruction, lethargy, passivity, submission, fearfulness, and low self-esteem.[5] Here is a representative statement from Noah Dzobo, a Ghanaian philosopher:

> (T)here is an urge or dynamic creative energy in life....which works towards wholeness and healing, towards building up and not pulling down....Our people therefore conceive human life as a force or power that continuously recreates itself and so is characterized by continuous change and growth which depends upon its own inner source of power....Since the essence of

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[5] Interestingly, the Western philosopher whose views most approximate African vitalism is probably Friedrich Nietzsche.

the ideal life is regarded as power and creativity, growth, creative work and increase have become essential values. Powerlessness or loss of vitality, unproductive living, and growthlessness become ultimate evils in our indigenous culture. For many Africans one of man's chief ends ….is to multiply and increase, because he is the repository of the life force…. The second greatest end of man is to live productively, i.e., to work, because work is considered as the only way of realizing one's creative potential (1992, p. 227).

I presume the reader can see the prima facie attractiveness of this orientation towards value without an essential reference to the existence of God. From here on I will drop talk of "life-force" in favour of "vitality" or sometimes "liveliness," to signal a value that is consistent with a perceptible or physicalist interpretation.

Sometimes when vitality is taken to be foundational, well-being is understood in terms of it, so that the more vitality one exhibits, the better off one is (e.g., Tempels 1959, pp. 30, 32; Kasenene 1994, p. 140). That is not implausible, but I instead highlight another feature of a vitalist ethic, namely, its ability to account for virtue (excellence, perfection) as a final good distinct from welfare. It is natural to construe someone who is creating a family, or realizing his powers on the job, or acting consequent to trust in his judgement and ability as not merely a person who is well off, but also a good person. Such a person is not so much satisfying his self-interest, but more fostering his self-realization. Conversely, procrastination, laziness, and depression are to be overcome in that they mean an absence of "dynamic creative energy" and hence a lack of human excellence.

Whose vitality should one promote, morally speaking? Some would say that one should aim to advance one's own vitality as much as possible (and, so, traditionally speaking, strive to become an ancestor), where intuitively moral actions such as helping others reliably cause that. Others would contend that one should promote liveliness wherever one can, which in principle entails that it could be right in some situations to sacrifice one's own liveliness for the sake of others'.

Either approach provides an illuminating understanding of why addiction is morally problematic: it is so when, and to the extent that, it inhibits vitality in oneself or others. Here, the long-term effects closely associated with certain kinds of addiction are salient. For example, smoking cigarettes causes an early death, the cessation of all vitality. Cigarettes and related substances, such as meth or alcohol, tend to harm the body in serious ways, making one less able to use one's powers effectively. And where

addiction is serving as a coping mechanism for a psychological wound, one is not dealing with the latter to become healthy, say, by developing a more robust and resilient self.

Apart from these common effects, the more intuitively "inherent" features of addictive behaviour also tend to inhibit vitality. Instead of being strong, an addict is submissive in respect of the craved object. The time, money, and other resources that could have gone into creative projects instead feed what is usually a passive, repetitive stimulus such as absorbing nicotine or watching a horse race. And then an addict, at least in respect of drugs, is patently one who loses his capacity for self-motion, instead becoming dependent on the craved object to function.

I submit that these are powerful accounts of why addiction would be a vice to exhibit in oneself and would be wrong to foster amongst others. One might object that smoking cigarettes and drinking alcohol can enhance vitality, say, by enabling people to cope with stressful jobs or difficult family members. Even where there is not a challenging social environment to deal with, one could think that smoking makes some people more productive than they would be without it; nicotine is (in part) a stimulant, after all.

However, in most cases, the enhancement of vitality is merely in the short term, with death and disease being ultimate vitality reducers in the long run. In addition, it is rarely the case that the only way to cope with stressors or to be particularly productive is by ingesting an addictive substance.

In those cases where an addiction would be unlikely to have bad long-term consequences and would be the only way to actualize one's capacities on the job to a particularly full extent, the vitality account entails the plausible view that addiction would not be so wrong, and perhaps not wrong at all. Returning to the caffeine versus cocaine example, the former inhibits vitality to only a small degree, one that is by and large compensated for with greater productivity. To be sure, one can become dependent on caffeine and at a certain point be unable to feel awake and do one's work without it. However, it would not be difficult to sever the tie upon reaching that point, and the dependence neither risks ill-health, nor siphons resources away from other creative projects, nor prevents one from going out of one's way for others, while for many caffeine improves their abilities to concentrate and to make an effort. If there is such a thing as caffeine addiction—and some (notably Pickard and Sinnott-Armstrong 2013) would suggest that there is not, precisely because of the absence of serious harm—then it is not much of a vice or wrong, and might even be prescribed by considerations of vitality.

In contrast, while cocaine might temporarily make a user more productive, it does not take long before the following happens: she thinks about it more than the work that needs to be done; it risks her health; and the "comedown" or "crash" she experiences is so deadening as to render her unable to do much of anything—without more of the drug. Here, one can hardly speak of "growth which depends upon its own inner source of power," as per Dzobo above.

An appeal to liveliness, I submit, does a reasonable job of explaining why some forms of addiction are worse than others. There are also respects in which cocaine and similar addictions often impair other-regard, that is, the awareness of other people's contexts and interests as they pertain to their vitality. However, I have not emphasized those here, since the considerations are not much different from those in the next section, on the African conception of community.

2.4   Addiction as Incompatible with Community

Vitality, as expounded in the previous section, is not an essentially relational property, at least in its secular interpretation. To exhibit features such as strength, growth, self-motion, or creativity is not necessarily to interact positively with other people. Crudely stated, a hypothetical Robinson Crusoe, alone on a deserted island, could in principle display liveliness (even if he would display much more in a society). In contrast, the value of community, or harmony, is relational at the core and unavailable to Crusoe, with basic moral value being constituted by certain ways that people interact or could.

Such a relational approach to value is particularly common in the southern African ethical thought associated with *ubuntu* and *botho*, which mean humanness in prominent indigenous languages there (Khoza 1994, p. 2; Gaie 2007, pp. 29–30, 36). A maxim widely used to capture moral thought in South Africa and neighbouring countries is "A person is a person through other persons," which (in part) means that one should strive to become a real person or a genuine human being and do so by relating to other people in certain, positive ways (e.g., Khoza 1994, p. 3; Mokgoro 1998, pp. 16–17; Letseka 2000, pp. 182–183, 185–186).[6]

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[6] For a survey of this ethic in the contexts of several sub-Saharan peoples, see Nkulu-N'Sengha (2009).

Becoming a real person in this context is far from Hobbesian egoism, since one's personhood is deemed to be constituted (roughly) by communal or harmonious engagement with others. As one scholar has explained, "Our deepest moral obligation is to become more fully human. And this means entering more and more deeply into community with others. So although the goal is personal fulfilment, selfishness is excluded" (Shutte 2001, p. 30).

What is involved in communal or harmonious interaction? Consider some representative remarks from philosophers, jurists, theologians, and related thinkers, particularly, but not solely, from southern Africa:

> Every member is expected to consider him/herself an integral part of the whole and to play an appropriate role towards achieving the good of all (Gbadegesin 1991, p. 65).

> (H)armony is achieved through close and sympathetic social relations within the group – thus the notion *umuntu ngumuntu ngabantu/motho ke motho ka batho ba bangwe* (a person is a person through other persons—ed.) (Mokgoro 1998, p. 17).

> We (Africans—ed.) say, "a person is a person through other people". It is not "I think therefore I am". It says rather: "I am human because I belong." I participate, I share (Tutu 1999, p. 35).

> The fundamental meaning of community is the sharing of an overall way of life, inspired by the notion of the common good (Gyekye 2004, p. 16).

> If you asked *ubuntu* advocates and philosophers: What principles inform and organise your life?....the answers would express commitment to the good of the community in which their identities were formed, and a need to experience their lives as bound up in that of their community (Nkondo 2007, p. 91).

As I have worked to demonstrate elsewhere (e.g., Metz 2013b, 2018), implicit in these and other characterizations of the virtuous or right way to relate are two distinct properties. Although they have their own logic and value, much of the African tradition considers them to be particularly important (either for their own sake or as a reliable means to something else) when they are found together, as they characteristically are in a family. Specifically, on the one hand, there is considering oneself part of

the whole, being close, participating, sharing a way of life, and experiencing oneself as bound up with others, which I sometimes express with "identity," short for identifying with others. On the other hand, there is achieving the good of all, being sympathetic, sharing, advancing the common good, and being committed to others, which I capture with "solidarity."[7]

To identify with others is largely for one to think of oneself as a member of the same group or of a common relationship—that is, to conceive of oneself as a "we," as well as for one to engage in joint projects, coordinating one's behaviour even-handedly with others to achieve goals. The opposite of identity would be instantiated by a person being divisive by defining himself in opposition to others or seeking to undermine their ends, say, with coercion or deception. To exhibit solidarity with others is for one to care, ideally both emotionally and practically, about others' flourishing. One sympathizes with others and acts in ways likely to promote their good, which might be a matter of meeting their needs (welfare) or fostering their personhood (virtue). For a person to fail to exhibit solidarity could be for him to be indifferent to others' interests or to exhibit ill-will in the form of cruelty. The more identity and solidarity, the more communion (or harmony) there is.

As with the value of vitality, traditionally speaking the relevant members with whom to commune have included those in an imperceptible realm, namely, ancestors and the "living-dead," those who have recently shed their bodies but continue to reside nearby on earth. However, the ethic's attractiveness, at least to a multicultural readership, does not depend on that metaphysically contested perspective, and so I abstract from it in what follows.

There are various combinatorial functions that philosophers have ascribed to communion. For example, some contend, in consequentialist fashion, that one should maximize communal relationships as much as possible wherever one can, while others maintain, deontologically, that one should treat people as having a dignity in virtue of their capacity to relate communally. Common ground between both positions is the mid-level principle that one often has moral reason to establish, maintain, and enrich communal relationships as an end, not merely as a means. Conversely, wrongful acts or bad attitudes are roughly those preventing communion,

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[7] In the Western tradition, the young Karl Marx's philosophical views most approximate this ethic, more so than the ethic of care (on which see Metz 2013b).

or even exhibiting opposite features such as divisiveness and ill-will, a prima facie plausible account of the immorality of actions such as lying, stealing, abusing, kidnapping, and promise breaking. Such principles, which have been applied to other bioethical topics (e.g., Kasenene 2000; Gaie and Mmolai 2007; Murove 2009; Metz 2010, 2017, 2018; Behrens 2018; Ewuoso 2019), are enough to draw out some implications for the immorality of addiction, which, I now point out, often undermines communal relationship.

Here are two major respects in which addiction is plausibly immoral for inhibiting an agent's ability to identify with others and exhibit solidarity with them.[8] First, consider the typical mental states of a person addicted to taking drugs or gambling. While it might be true that people who are self-absorbed are the ones particularly inclined towards addiction, it is also the case that addiction fosters a focus on the self. When in the midst of craving something, or being averse to withdrawing from it, an addict is unlikely to exhibit much of an other-regarding psychology. Concretely, he is unlikely to be thinking of himself as a "we," and instead going to be referring to himself as an "I," one in desperation. Furthermore, he is going to have difficulty empathizing and sympathizing with others, being focused on satisfying his own, powerful desires.

Second, the behaviour of a characteristic addict can be expected not to be communal, and, if anything, instead to exhibit the opposite, discordant traits. Addiction routinely involves a reduced ability to govern oneself, that is, to regulate one's choices according to good reasons, including reasons to cooperate with others. Joint projects become difficult to undertake when there is an intense inclination to get a fix, and addicts are well known for being willing to lie, steal, and break promises in order to get it. Furthermore, addiction can make it harder to do what is likely to advance other people's good, whether their welfare or virtue. Neglect of the needs, whether psycho-physical or socio-moral, of children on the part of parental addicts is a clear instance, with the communal ethic able to explain why this is particularly wrong: actual communal ties have a greater weight than merely possible ones, a partial dimension to ethics (that, traditionally speaking in Africa, has been largely a function of blood ties, on which see Appiah 1998).

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[8] Addiction's damage to personal relationships is familiar (for a popular piece, see Marie M 2017), but the point is that it is not easily grounded on an individualist moral philosophy ascribing basic value to rationality or pleasure. The communal-relational values salient in the African tradition, in contrast, provide a plausible anchor.

Finally, consider the respect in which the communal ethic can account for judgements about some addictions being worse than others. A cocaine addict, unlike a caffeine addict, tends to prioritize obtaining the craved object at the expense of the good of his family, friends, and co-workers. Caffeine does not prompt obsession, barely affecting one's disposition to enjoy a sense of togetherness with others, participate with them on a cooperative basis, go out of one's way to help them, and do so consequent to sympathy and for their sake. In contrast, cocaine risks undermining each of these facets, and indeed prompting their anti-social opposites. Returning to the maxim that a person is a person through other persons, many indigenous Africans would say of a cocaine addict that he is "not a (real) person" or is even (like) an "animal" (Bhengu 1996, p. 27; Gyekye 1997, pp. 49–51; Letseka 2000, p. 186; Nkulu-N'Sengha 2009, p. 144), metaphorical ways of saying that, because of the extent to which he directs his attention towards himself, he lacks human excellence to a serious degree.

One might object that sometimes addiction can in fact foster communal relationships. One could in particular speak of "joint-addiction,"[9] by which I mean a shared addiction to marijuana spliffs. Suppose there were a group of people who identified themselves as those who smoke pot, cooperated with one another to source, prepare, and inhale the drug in a special location with some degree of ritual, and went out of their way to care for each other when together. Then, there would appear to be not just communion in spite of addiction, but rather, more strongly, communion because of it. More familiar are those who congregate outside buildings to smoke cigarettes; they think of themselves as a "we," bum smokes from one another, listen attentively and sympathetically to each other's stories, and so on. It appears, therefore, that communion sometimes prescribes addiction, failing to capture its vice or wrongness adequately.

However, there are three respects in which joint-addiction and hanging out at the smoker's door are probably not as respectful or promoting of communion as non-addictive alternatives. In regard to smoking (particularly cigarettes, but also marijuana), the obvious reply is that while there is some communal relationship in the short term, in the long term there is a good risk of cancer, heart attack, and emphysema, which would gravely inhibit one's ability to relate.

[9] I must credit Ben Smart with the term.

A second reply, focused more on joint-addiction, is that although there is some communion, it would normally come at the cost of other communal relationships in the present, not merely the long run. Joint-addicts are likely to devote time and attention to other joint-addicts at the expense of intimates such as friends, family, co-workers, and neighbours. Where there have been strong bonds prior to the joint-addicts association, an Afro-communal ethic entails they have moral priority, such that it would be wrong to some real extent to impair them to make new, stoner friends. In addition, the substantial funds being spent on purchasing marijuana (or tobacco) could be better spent on, say, one's children.

The third reply to make to the cases of joint-addicts and smoker's door attendees is that the communion amongst them is in fact not as rich as one might have initially thought. Granted, there could be real identification amongst them, that is, a sense of togetherness and cooperative participation. However, there could not be substantial solidarity, since that is a function of what is in fact likely to make people's lives go objectively better, where addiction to inhaling marijuana or tobacco poses a serious health risk. "Helping" someone acquire these plants to smoke is not the sort that morally counts, by the Afro-communal ethic.

2.5   Concluding Remarks on Responding to Addiction

My principal aim in this chapter has been to draw on resources in the African philosophical tradition by which to make good sense of why addiction is morally undesirable. Specifically, I have appealed to the under-discussed values of vitality and community, which ground prima facie plausible accounts of the immorality of salient kinds of addiction: addicts exhibit vice or act wrongly insofar as their habit either undermines liveliness, particularly in themselves, or inhibits communal relationships with others. Addiction can be an enervating and isolating condition, one that is at least bad to bring on oneself and wrong to encourage in others. These accounts of addiction's immorality merit consideration as views to supplement, if not supplant, those that Western ethicists would typically hold, according to which addiction is degrading of rationality or causes pain.

As noted at the start, I have in this chapter sought to avoid issues of how to respond to those who are addicted. Although it might be true that, by definition, for something to count as "immoral" means there is *pro tanto* reason to censure it, it does not follow that the censure should be punitive or stigmatizing—it might instead take the form of guilt. It also does not

follow that there is, all things considered, reason to censure an addict; if, for instance, censure would foster more of the same behaviour, that is some, perhaps weightier, reason not to do it.

I close by suggesting that at least one of the African values appealed to in this chapter to appraise addiction also promises to ground a different, and on the face of it sensible, account of how to respond to it. Here, too, sub-Saharan thought offers an approach that differs from familiar Western ones.

It is natural for a Kantian to favour a retributive response to vice and wrongdoing. If what is special about us is our capacity for rational decision-making, it appears that respect for that capacity means imposing a negative reaction that is proportionate to the degree to which it was misused. Sometimes the idea is that a person deserves a restriction on her liberty comparable to the sort that she unreasonably imposed on others or even herself. Other times it is that the political community ought to express disapproval of those who have acted wrongly, where the greater the wrongdoing, the stronger the disapproval must be, often justifying a punitive response. And then it is common for utilitarians to prescribe using punishment and related forms of hard treatment as a deterrent. If the aim is to maximize pleasure and minimize pain, sometimes imposing pain on some would serve the function of making them and others fearful of doing wrong in the future.

Neither retribution nor deterrence is prominent in sub-Saharan philosophical thought about how to respond to immorality. It would be uncharacteristic of African philosophers to think that an addict needs to be made to suffer in the manner of an eye for an eye or to instil fear in others so that they avoid becoming addicts. Instead, the dominant theme in the African tradition when it comes to responding to vice or wrongness is reconciliation (e.g., Magesa 1997, pp. 272–276; Tutu 1999; Huyse and Salter 2008), roughly understood as the restoration of communal relationship along with the disavowal of how it has been flouted. Normally, reconciliation centrally involves an offender listening to how he has harmed others and then taking responsibility for what he has done, including by undergoing a burden such as labour that would serve to compensate his victims and express remorse for having treated them poorly. This idea, which suggests that addicts should undertake work that would make up for harm done to their victims or would help others overcome their addiction, warrants a full treatment in future research.[10]

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