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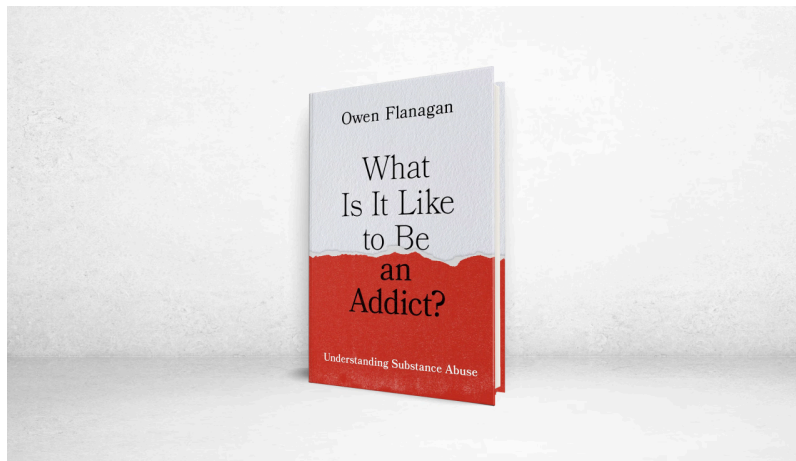
'What Is It Like to Be an Addict?'

Review: The Danger of a Safe Feeling

The author overcame his dependence on pills and alcohol. Now he wants to beat back misconceptions about the science of addiction.

By Sally Satel

April 29, 2025 4:55 pm ET



“How should we think about addicts’ aims and agency?” This is the animating question behind Owen Flanagan’s “What Is It Like to Be an Addict?” An emeritus professor of philosophy and neurobiology at Duke University and, crucially, a man once in thrall to vodka and Klonopin (a Valium-type drug), Mr. Flanagan, now 76, is supremely well-equipped to answer.

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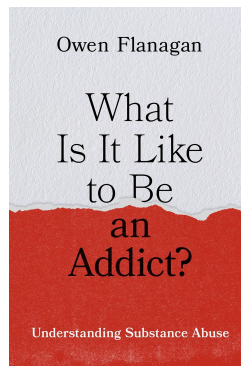
**What Is It Like to Be an Addict?:
Understanding Substance Abuse**

The book’s title is an homage to Thomas Nagel’s 1974 paper, “What Is It Like to Be a Bat?,” an exploration of consciousness that Mr. Flanagan esteems as “a rich meditation on the

By Owen Flanagan

Oxford University Press

320 pages



difficulty of integrating subjective and objective perspectives.”

Mr. Flanagan undertakes such a synthesis in the service of imparting a “humane understanding of the varieties of addiction.” While his hell-and-back trajectory does not overtake the book, his personal drama is

essential to that task.

So are the stories of the “alcoholics, junkies, crack and powder cocaine users, and potheads” he has met over the years. “The testimony of addicts is underestimated and underrepresented in addiction theorizing,” Mr. Flanagan writes, arguing that sometimes experts “generalize about us in ways we know to be inaccurate.”

Mr. Flanagan was raised in a loving household in New York’s Westchester County—thereby dashing the common assumption that addiction inevitably stems from childhood trauma. At age 12, he consumed his first drink, hard cider, and, to his surprise, “felt un-scared, non-scared, not anxious, de-anxious.” He considers the possibility that “perhaps I didn’t know until that medicinal moment what it was like not to be scared and anxious.”

Years passed before he tried another intoxicant—a benzodiazepine (like Valium, Xanax, Klonopin). A “safe feeling” washed over him, akin to the peace he had felt upon drinking the cider. (A history of alcoholism in the Flanagan family suggests that genes likely played a role in the author’s inclination, if not to drinking per se, then to the anxiety he was medicating with substances.)

From the late 1970s to the early 2000s, the author was deep in addiction. “If I was awake,” he writes, “I was drinking and taking my pills.” When his first child was born —“the most amazing day in my life”—the blessed event was nonetheless “interfering with my drinking.”

Despite his compulsion to drink, Mr. Flanagan still wonders: “Is addiction a disease or not? . . . Is the addict responsible or not?” No and yes, respectively, he answers—though the issue is complex. The problem is that the prevailing model of addiction—that it is a “brain disease”—confounds our ability to engage that complexity.

Introduced in 1997 by the National Institute on Drug Abuse, the notion that addicts’ brains are “hijacked” by drugs implies that they are condemned to uncontrolled and

chronic use. Mr. Flanagan makes clear that brain changes are very real, but he also makes clear that they do not render addicts unresponsive to reasons why they should stop. So the aim, he suggests, should be to create conditions that increase the odds that addicts will decide to stop.

The author goes on to challenge a host of additional dogmas, including the monolithic and hugely popular theory that dopamine overwhelmingly determines addictive behavior—from heroin addiction to video gaming to gambling. Citing ample research, Mr. Flanagan shows that “addictions are implemented in many brain regions and involve multiple neurotransmitter systems depending on what substance one is addicted to.”

So subtle is this phenomenon that Klonopin could rid Mr. Flanagan of claustrophobia and acrophobia, yet the closely related drugs Xanax or Valium could not. Unlike its chemical cousins, too, Klonopin did not cause amnesia, thereby sparing the professor the need to write notes to himself about where he had left off in his last lecture.

How we understand addiction matters because questions of responsibility are inescapably tied to explanations of behavior. This brings us to another provocation: Can addicts be held responsible “if they lie, cheat, and steal because of their disease or disorder? Yes. Are they responsible for lapses and relapses? Yes.”

Mr. Flanagan is the author of 13 academic books (how his addiction permitted such productivity is a mystery) that grapple in various ways with consciousness and morality. “What Is It Like to Be an Addict?” devotes considerable space to “the shame of addiction,” wherein the author corrects those who contend that shame is always a harmful emotion. Not so. Shame can be a motivating force, he writes, and “addicts and clinicians can work profitably with this shame.” The trick, he explains, is to hold addicts accountable in ways that don’t undermine their recovery.

Mr. Flanagan ponders whether there are ethical trade-offs in “stigmatizing addiction more than it deserves in order to protect the well-being of future generations.” The “ethics of addiction,” he concludes, should favor the “well-being and standing of us all.” Had officials in places such as San Francisco and Seattle taken this understanding into account, both their cities and the homeless addicts who claimed the streets might have suffered a lot less.

In his 50s, Mr. Flanagan extricated himself from alcohol and pills. He credits the “compassionate souls,” among them a longtime psychiatrist, who reminded him that

he was “a bona fide person before I was an addicted person, and that person was most likely still there.”

“What Is It Like to Be an Addict?” the product of personal experience and sober analysis, is a unique and essential hybrid. While Mr. Flanagan does not believe in “a unified theory of addiction”—after all, addiction is a phenomenon that lives in the neurobiological, the psychological and the social—he offers “a method for understanding and explaining addiction,” with granular descriptions of the addictive process that only a philosopher of mind can bring.

—Dr. Satel is a psychiatrist, a senior fellow at the American Enterprise Institute and a lecturer at Yale University School of Medicine.

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