

Book Reviews

Visions of Addiction: Major Contemporary Perspectives on Addiction and Alcoholism

S. Peele (Ed.)

Lexington, MA: Lexington Books, 1988

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At the time of the book's publication, Stanton Peele was a visiting scientist at the Institute of Epidemiology and Behavioral Medicine, Medical Research Institute (San Francisco) and Alcohol Research Group (Berkeley). Rudy E. Vuchinich is with the Department of Psychology, Wayne State University, Detroit, MI.

Is alcoholism a disease? If not, what is it? What about drug abuse, smoking, or compulsive gambling? Are they diseases, too? They certainly are addictions. But, wait a minute, what is "addiction," anyway? Are addictions tangible entities in the world or are they linguistic conventions constructed within the limitations imposed by our cultural circumstances and mechanisms of verbal behavior? What causes such apparently self-destructive behavior? Is it the result of diseased bodies, bad genes, bad personalities, bad habits, bad friends, adaptiveness gone awry, besieged psyches, moral debauchery, perverted values, or spiritual vacuity? These are not just academic or rhetorical questions. The stakes are high. Most addicts suffer terribly and significantly drain society's resources with major relief not yet in sight. Something needs to be done. What can established institutions do about addiction? How about medicine, psychotherapy, psychology, lay mutual aid groups, science, government, law enforcement, religion, education? What should they do?

These are the types of questions raised in this book. Although not new, they remain challenging and controversial and will not yield to timid inquiries or muddled analyses. Expecting pat answers now would be overly optimistic; it is more realistic to ask for well articulated analytic frameworks that imply clear questions and outline methods likely to produce answers that point to reasonable courses of action. A collection of such useful frameworks seems to be what Stanton Peele had in mind for this book, and that is what he has produced.

Readers familiar with Peele's earlier work (e.g., 1985) will not be surprised that much of this book argues against the disease model of alcoholism and other addictions. The 10 chapters are written by highly respected scholars, scientists, and clinicians in the field of addictions. Contributions by authors with such varied backgrounds addressing the multifaceted theme of addiction will result in plenty of differences. The chapters, accordingly, are quite variable in content, scope, focus, and orientation, but all are clearly written and well organized. Although some issues of direct relevance to clinical services and empirical research are discussed, this is not a handbook of clinical techniques or a compendium of research findings. Instead, the authors develop quite general themes and from these generalities derive implications they feel are useful in approaching the problem of addictions.

In a lucid application of developments in the philosophy of science, Alexander's chapter draws the intellectual battle lines with concise descriptions of core features of the disease and "adaptive" models of addiction, which he characterizes as general frames of reference similar to Kuhn's (1970) paradigms. He then conducts a "framework analysis" of the two models by comparing their historical roots, supporting evidence, and practical implications. Alexander's final section contains interesting speculation regarding developments in scientific work and societal attitudes that are necessary in order to dislodge the disease model from its current position of influence in our society.

Two chapters represent the minority voice of disease-based views. Frawley bears the burden of the traditional disease model in a conceptually liberal chapter that flows from genetics to neurochemistry to behavior to learning to memory to imprinting to psychosocial development to the adaptation of families to treatment. Frawley's "model," however, is primarily a description of a few empirical facts and clinical phenomena glued together with theoretical terms that have been lifted expediently from the contexts in which they originated and are therefore stripped of their analytic power. The air of scientific respectability thus created may be useful for convincing patients to adopt an understanding of their problems in terms of a disease, but it is doubtful that Frawley's model will receive serious consideration by a scholarly audience.

A more contemporary and sophisticated disease model is presented by Tarter and Edwards, who argue that variable constellations of inherited or acquired temperaments predispose individuals to excessive behavior of various kinds under as yet undetermined environmental conditions. This "diathesis-stress," or "vulnerability," approach to disease has been useful in other areas of psychopathology, and Tarter and Edwards make an intellectually appealing argument with some empirical support for its potential utility as applied to addiction.

Three chapters are primarily scientific contributions. Although Alexander convincingly argued that the debate surrounding views of addiction will not be decided entirely on the basis of empirical evidence, these chapters make it equally clear that careful theory and research provide an indispensable means of moving forward our efforts to deal with addiction. Siegel, Krank, and Hinsen review research on the Pavlovian conditioning of drug tolerance and withdrawal symptoms and extend this analysis to organisms' adaptations to immune responses, physical exercise, and stress. Phenomena important in addiction (e.g., tolerance and withdrawal) apparently are special cases of more general biobehavioral reactions of organisms to regularities in the occurrence of events in the environment. However, because drug administration has been the independent rather than the dependent variable in virtually all of this research, the importance of these discoveries for understanding the determinants of excessive consumption remains ambiguous.

Pomerleau and Pomerleau present their "biobehavioral" model and focus on its application to cigarette smoking. This chapter is a carefully reasoned application of principles of behavioral pharmacology and behavioral analysis to addiction, and it could easily serve as a prototype for demonstrating the importance of clear scientific thinking when approaching any clinical prob-

lem. An example of such clarity is their discussion regarding problems that arise from the common distinction between psychological and pharmacological dependence, which they argue may be more apparent than real. Interestingly, although their theoretical perspective is primarily behavioral, a core feature of their definition of addiction involves a reduction to neurophysiological terms. Such reduction is, of course, a central conceptual feature of disease views of addiction, but Pomerleau and Pomerleau do not discuss possible implications of this connection.

Oetting and Beauvais's analysis of youth drug abuse is similar to other psychosocial approaches except that it elevates "peer clusters" to a predominant predictive and causal role. They recognize that their focus on peer clusters as determinants of drug abuse immediately raises the question of what variables influence peer group affiliation. Their discussion of evidence relevant to this issue indicates that these variables are basically the same as those emphasized by psychosocial approaches that do not focus on peer clusters.

In a clinically oriented chapter, McFadden considers alcoholism in the context of "ego analysis" and sharply criticizes the disease and cognitive-behavioral models of Vaillant (1983) and Marlatt (e.g., Marlatt & Gordon, 1985), respectively. This post-Freudian perspective maintains that excessive alcohol consumption occurs because it relieves excessive guilt, which is pervasive in modern life. McFadden's chapter represents psychoanalytic thinking at its best, or worst, depending on whether or not one is sympathetic to the logical structure of Freud's program. For example, the argument that guilt is the source of excessive drinking is maintained in the face of apparently guiltless addicts, such as sociopaths, by placing the guilt in the unconscious. Such maneuvers suggest why psychoanalysis has not proven empirically viable and why it no longer holds a position of prominence in academic psychology. Nevertheless, McFadden does provide astute advice regarding the tone of clinical interactions with alcoholics and discusses some general clinical techniques that should prove useful regardless of a clinician's theoretical orientation.

MacAndrew's chapter is the broadest in scope as he, in typical erudite fashion, shows how behavior patterns we label "addictions" are instances of a natural human tendency towards "self-absorption" that has persistently troubled our species. This tendency is currently aided and abetted, and addictions are therefore rife, by a cultural ethos devoid of a sense of life's spiritual dimension. Through the ages pragmatic means to develop and maintain this sense were taught by the world's great religious leaders (e.g., Guatama Buddha, Jesus Christ), but the contemporary decline of spiritual values has undercut this powerful form of social influence employed by earlier generations as potential insulation from addictive involvements. The religiosity of Alcoholics Anonymous is briefly mentioned in this context, but MacAndrew does not explore the connection between his thesis and the foundations, functions, or effectiveness of AA. MacAndrew's analysis is as pessimistic as it is edifying, since short of awaiting the arrival of a new, or the resurrection of an old, Saviour, it does not point to reasonable interventions by current agencies of social control.

Peele's conclusions are similar but more earthly, and he does suggest a

clear course of action. Armed with empirical facts and cogent arguments, Peele confronts both the disease model of addiction and efforts by social and behavioral scientists to "de-moralize" addiction. The facts include large cultural differences in rates of alcoholism, high rates of "natural remission" of addictions, and the social control of body weight. With such evidence in hand, Peele argues that disease-based or otherwise biologically oriented explanations of addiction are not only inadequate but also pernicious. Such views are pernicious because their continued dominance suppresses evidence for social causes of addiction, which apparently are the truly important variables, therefore preventing the pursuit of effective action based on that evidence. The mechanism of cultural variability in addictions is the inculcation of value systems: Those cultures that effectively inculcate prosocial values have fewer addiction problems than those that do not. Thus, addiction is a moral rather than a medical problem, and the immediate implication for action is to teach prosocial values.

Although this is unassailable advice, Peele does not explore the questions that arise regarding how it might be pursued pragmatically in a systematic fashion. Traditionally, organized religion presumably was the social agency primarily responsible for promoting such values. With the deterioration of religion's influence, however, no institution of social control (e.g., education) has risen to the task of performing this function. Disease theory in 19th century medicine provided a conceptual framework within which addiction (i.e., alcoholism) could be interpreted, but medical leaders in the addiction field merged with the Temperance movement and, in the early 20th century, the U.S. opted for a political rather than a medical solution (Levine, 1978). The failure of Prohibition left a large gap, but by then medicine was organized enough to take on the responsibility of exercising the policy implications of its disease model. That this too was a mistake is convincingly argued by Peele and others, in this volume and elsewhere, since addictions are not diseases and medicine's conceptual structure and technology delivery system are therefore ill equipped to deal with them. But, although a view of addictions based on morality or values may be a viable conceptual alternative to one based on disease, there needs to be a social agency that can pursue the policy implications of this alternative view like medicine is doing for the disease model. Thus, a relevant question becomes what contemporary social agency could generate the widespread support necessary to receive the assignment of inculcating prosocial values?

The prosocial values that presumably protect against addiction may be universally agreeable and therefore politically neutral, but the cultural groups in which those values are nested do not enjoy political neutrality or widespread appeal. For example, suppose culture *A* more successfully generates prosocial values than culture *B*, thus resulting in fewer culture *A* addicts. One extreme but logical implication of this fact for dealing with the addiction problem would be to raise future generations of both cultures with the values of culture *A*. These future generations may have fewer addicts, but those in culture *B* would have been denied their heritage, and this could be expected to produce a number of disturbing ramifications. Thus, a logical implication for intervention of cultural differences in addiction is also a political impossibility if not absurdity. In addition to the current dominance of the disease

model, this perhaps is another reason why data showing the importance of social forces in addiction are ignored if not suppressed: The evidence may be there, but there are inherent difficulties in using such data to design and implement interventions.

Unless and until prosocial cultural values are somehow divorced from their religious, ethnic, or national roots, and adopted by a sanctioned agency of social control, it is problematic how much we can do to take advantage of the important effects of culture and value systems on addiction for the benefit of society at large. This raises the question of whether we can have a viable secular value system, or a secular mechanism for inculcating prosocial values. That remains to be seen. Although there are individual efforts in that direction (e.g., Persig, 1974), they probably only reach a small proportion of the population and perhaps mainly those persons who need it the least.

Marlatt and Fromme address a pivotal but often ignored issue in their chapter entitled "Metaphors for Addiction." They show how certain traditional myths (e.g., Midas's golden touch, Pandora's box) capture central features of addiction and the effects of drugs, and then explore the very different implications of disease and "compensation" metaphors for conceptualizing addiction. In order to dispel any notion that this is "merely" a semantic issue, they emphasize that "Metaphors are more than stylistic figures of speech; they provide both an overarching model of causation and a blueprint for change" (p. 8). Their subsequent intellectually satisfying and clinically useful discussion centers on some of the metaphors they use in treatment to aid clients in developing a more effective understanding of their problem and the necessary steps for constructive change.

Marlatt and Fromme focused on metaphors for addiction in a clinical context, but it is possible to extend their theme a bit and argue that addiction is metaphor and that this has important implications in a scientific context as well. Our understanding of phenomena is constrained by the terms used to describe them (Sarbin, 1968). As an ubiquitous feature of language, metaphor is fundamental to the construction of these terms, but metaphorical extension has potential drawbacks for scientifically effective verbal behavior (e.g., Skinner, 1957). Sarbin used the term "anxiety" as an example of a troublesome metaphor and explored the general implications of these difficulties for psychological research. If "addiction" also is a metaphor, the problems Sarbin articulated regarding use of the term anxiety also may apply to the use of the term addiction.

MacAndrew's chapter briefly traces the development of the term addiction and shows how only very recently in its history has it come to denote a "bad thing" someone "had." Initially the term denoted an obligation, but later came to express the more conservative notion that a sizable portion of time and energy were devoted to engaging in a particular activity. Thus, an individual's strong preference for an activity could be described metaphorically by noting that he or she behaves "as if addicted" to the activity. This use of the term provides a respectable label for the behavior of excessive consumption, the *sine qua non* of present day "addictions," but in its metaphorical form the term addiction does not imply that the behavior pattern labeled is a discrete entity deserving ontological status, or that the conditions required for its manifestation have been identified. Metaphors have a way of acquiring

these latter two meanings, however, even though they are extensions beyond plain description that may not be justified. Sarbin showed that such problems of inference are less likely to arise as long as users of a metaphor realize that it is a metaphor. However, if the metaphor loses its "transparency"—that is, if the metaphorical character of the term is no longer widely acknowledged—then there is a tendency for the term to be reified, internalized, and attributed causal significance. This seems to have occurred with the term addiction, which has gone from being a metaphorical description of devotion to a particular activity, to being an internal entity whose existence is revealed by that devotion, and, finally, to being the cause of that devotion.

Thus, metaphors are double-edged swords in our scientific language. While enriching our descriptive vocabulary, their use has the potential for serious mischief if their metaphorical nature is forgotten and if what in fact is metaphorical description is regarded as reality. The addiction metaphor has long since lost its "transparency" in the disease model, and, consequently, the disease view has reified and internalized addiction as the cause of overt action in the most blatant fashion. It also appears, however, that the addiction metaphor has grown cloudy in alternative conceptual frameworks from the social and behavioral sciences that legitimately seek to replace disease-based views. "Excessive consumption" or "compelling involvement" now define and reveal the existence of an addiction, as opposed to the term addiction being one of numerous possible terms used to describe patterns of behavior. Unlike the disease model, psychological analyses typically stop short of explaining the behavior by the corporeal instantiation of addiction. There is, nevertheless, a similar trend towards internalization in psychological research in that considerable effort is currently aimed at identifying the internal characteristics of addiction, such as changes in the internal milieu, maladaptive outcome or efficacy expectations, hyperreinforced habits, conditioned responses, bad values, or low self-esteem.

Of course, the internalization of addiction is not necessarily a mistake. That is an issue with theoretical, empirical, and practical dimensions that cannot now be decided. If we pierce the opacity of the addiction metaphor, however, perhaps its internalization can be more clearly seen for what it is: namely, only one of several possible paths to follow in developing guiding conceptual structures for future analyses of the vexing human behavior patterns labeled addictions. The behavior of concern is devotion to particular activities at the expense of others. The internalization of addiction is one strategy for approaching this problem, but it also is legitimate to look in the opposite direction and pursue an external representation of variables that affect activity preferences (e.g., Falk, 1983; Griffiths, Bigelow, & Henningfield, 1980; Vuchnich & Tucker, 1988). Just as the internalization of addiction may not be mistaken, an external representation of relevant variables obviously does not guarantee success. But, however reasonable or viable an external view may be, it is unlikely to be taken seriously if the addiction metaphor remains opaque and if we believe addiction is an entity underlying and driving behavior rather than a reified and internalized metaphorical label for behavior. Our current understanding of addiction is small relative to the scope of the problem, and, given this state of affairs, it does not seem prudent to preclude unknowingly any possible frame of reference because of a quirk in

the way we develop and employ our language. Maintaining the "transparency" of the addiction metaphor may prevent this from happening and thus keep open all possible options for dealing with this most difficult problem.

In summary, this book is challenging, thought provoking, informative, and even contains some practical advice. Given its modest size, it is surprising how well it deals with many of the myriad historical, current, and future issues facing the study of addiction. Its impact on the field is an issue for the future, but in the present I believe it deserves the careful attention of serious students of addiction.

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Behavioral Analysis of Drug Dependence

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Orlando: Academic Press, 1986

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In the past twenty years, behavioral pharmacology has emerged as a distinct discipline with its own methodologies and a growing body of empirical findings. Because many of these findings involve drugs of abuse, they are of