

Visions of Addiction

Major Contemporary Perspectives
on Addiction and Alcoholism

Stanton Peele

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on Addiction and Alcoholism*

Edited by

Stanton Peele



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Visions of Addiction

*For Mary Arnold,
without whom this would not be possible;
Don't Forget to Dance*

Preface

The field of addiction has grown dramatically in the last decade. Professionals from a host of disciplines and backgrounds, interested in a variety of drugs and other behavioral problems and compulsions, have all joined ranks in the study of addiction. The question is: Have we progressed as a result of all this work? *Visions of Addiction* answers this question by showing how far we have come, how much of a shared vision of addiction has been created, and how much disagreement remains.

Important researchers, clinicians, and theorists from the major disciplines concerned with addiction research were asked to contribute chapters summarizing their areas of expertise. All were asked to describe how *they* see addiction. Addiction was not limited to alcohol or specific drugs; rather, all of addiction was to be included in the authors' answers. Authors were further instructed to explain why they think of addiction in this way. What is their evidence, their personal experience, their indications that their view will be helpful? In addition to presenting research and clinical data, the authors describe what their approaches offer in the way of solutions for addiction, both for individual addicts and for our society as a whole.

I can only offer thanks to my distinguished colleagues, first for joining me in this venture, and second for the excellent way in which they did their jobs. The contributors present the range of approaches to addictive problems: social learning, Freudian, genetic, neurobiological, sociological, medical, existential, moral, adaptive, and conditioning. All of these professionals and teams, moreover, have concrete recommendations that reflect their experience and research. The result is a volume that covers every aspect of addiction. Sometimes the similarities in the perspectives are striking—as in the large role all the contributors see social forces playing in addiction. In other areas, such as in views of the validity of a disease approach to addiction, the disagreement is just as striking.

The final product thus does justice to the range of knowledge and visions in this field, to the commonality in these visions, and to their differences. No reader, however, can fail to learn from any contributing author or

group. To explore the variety of these contributions is to gain an essential understanding of the addiction field today that could not have been provided by any individual author. I am indebted to all the contributors for this final product. In addition, I thank Richard Rachin for giving me the support and original mandate to create this volume as a special double issue of the *Journal of Drug Issues*. Finally, I thank my wife, Mary Arnold, for creating an environment in which I could do this work, and my friend and colleague Archie Brodsky for helping me to give this volume its final form.

Introduction: The Nature of the Beast

Stanton Peele

Joseph Frawley in this volume is not the first person to liken those searching for the shape of addiction to the blind men who, each feeling a disparate section of the elephant, develop wholly different visions of the nature of the beast. In the opening chapter, Alan Marlatt and Kim Fromme liken different views of addiction to metaphors. For these authors, metaphor describes the nature of the divergent views different specialists and practitioners take of addictive phenomena, while it also presents an important tool for addicts to use in eliminating their addictions. As a tool, it helps the addict to discover new ways of conceiving of the problem and the self that can aid the therapeutic process.

Marlatt and Fromme are at particular pains to point up the drawbacks of the medical or disease model of addiction. This model conceives of addicts as being incapable of self-control while at the same time it holds them morally responsible should they give into the temptation of a slip (e.g., having a drink). The disease model deprives addicts of the sense of self-efficacy necessary both to plan their lives in the face of their addictions and to overcome individual lapses in their overall journey to freedom from the enslavement of an addiction. Marlatt and Fromme instead describe addiction as a learning process and develop with addicts a set of personalized coping techniques for avoiding relapse and progressing further and further from addictiveness.

Frawley elucidates what he calls a neurobehavioral model, although the model is essentially the medical model of alcoholism (and addiction) as a primary disease that requires abstinence (supported by spiritual redemption) for recovery. I must at this point apologize because we were unable to publish the some 400 references covering over 30 pages that Dr. Frawley appended to his chapter. The book simply could not support this lengthy reference section (not to mention the listing of references in the text that sometimes included 25 citations in an individual set of parentheses). We also were able to include only 8 of the 26 figures (along with one table) he attached to his chapter, and those interested in his fascinating and inclusive set of citations along with his complete list of figures are asked to write directly to Dr. Frawley to obtain copies.

However, I don't think the strength of Frawley's argument was affected by these deletions. I say this because the article originally arrived without any references and did not rely in any place on a specific citation or research finding. Indeed, the absence of specific references emphasizes the schematic nature of Frawley's presentation, which finds its strength in the translation of medical and Alcoholics Anonymous precepts into neurological and behavioral terms. The figures included here indicate that this schema can be applied not only to biological feedback loops but also to learning about drug effects and even to family functioning. For example, the same model shows (in figures 2-7 and 2-8) how people respond both to experiential and metabolic stimuli.

Indeed, as a clinician, Frawley relies on exactly this schematic clarity to teach alcoholics how to cope with their feelings and situational stresses. It is this heuristic value that may recommend the model more than any detailed research findings that tend to prove or disprove its assumptions. These assumptions, however, are quite opposite from Marlatt and Fromme's. What, then, are we to make of results indicating that the Schick Shadel aversion model Frawley expounds and Marlatt's relapse prevention model have both demonstrated unusually good success in treating alcoholism (cf. Chaney et al., 1978; Wiens and Menustik, 1983)? The tempting conclusion is that more important for outcomes than the type of therapy or treatment philosophy are therapists' commitment to the philosophy and their skill in applying it, along with clients' acceptance of the model.

Bruce Alexander, in the third chapter in this volume, leaps into the debate over the disease model by comparing this framework with what Alexander terms the adaptive model. Alexander's concerns are broader than the individual clinical outcomes on which Frawley and Marlatt and Fromme base their arguments. In Alexander's view, the disease framework disregards the methods people have developed to deal with a lack of personal integration. To disavow the personal meaning of an addiction in this way leads to coercive forms of treatment, a militaristic social order, and a denial of a humane and communal basis for approaching individual and social problems. For Alexander, those who fail to achieve mature integration because of personal or environmental deficiencies seek a range of addictive adaptations, including drugs, alcohol, and other addictions (including addictive love relationships) in order to forestall further disintegration.

Each contributor to this volume presents an implicit or explicit model of the nature and sources of addiction, of which Alexander's adaptive model is one. Marlatt and Fromme see alcoholism as a socially learned, pharmacological means for addicts to transform themselves magically into more acceptable people, both in their own eyes and in the eyes of others. This view combines the adaptive notion with a view of addiction as self-destructive fantasy. Frawley's model (in line with Alexander's characterization of disease views) sees alcoholism and drug addiction as biological mechanisms that have

replaced personal methods for coping. Unlike the adaptive view, the disease view finds that these pharmacological mechanisms are imprinted due to inherited susceptibility to drug effects and a continued exposure to drugs that interferes with and replaces the individual's natural coping mechanisms.

As a part of his argument against the hegemony of disease views of addiction, Alexander takes on the seminal genetic research of Goodwin. He finds this work is less than it claims to be and, even put in the most favorable light, is far from the deterministic model of alcoholism often presented by popularizers such as Franks (1985). Ralph Tarter and Kathleen Edwards in this volume also recognize the difficulty in identifying a genetic source for alcoholism. These authors, however, express a faith that the topology of alcoholism must include a sizable genetic component. They trace alcoholism back to several potential inherited factors, among which their favored candidate is an inherited temperament marked by volatility and impulsiveness. Nonetheless, they believe the path to expression of this temperament in the form of alcoholism is a complex one. Environmental factors may play the largest role, including social stressors (as in the case of American Indians) and availability of a given drug.

Creating a deterministic model may be fundamentally limited by the possibility that the same temperament can lead to a wide variety of compulsive or antisocial behaviors. Tarter and Edwards believe that such diagnostic categories as the manias (among which could be included *dipsomania*, the term by which alcoholism was once designated as a psychiatric category) may all be different outcroppings of a similar dispositional disorder. Overall, these authors believe, the underlying disorder must be addressed directly to prevent addiction. Although availability of a substance will affect any individual addictive manifestation, to eliminate one addictive manifestation is mainly to enhance the possibility that addiction will surface in some other behavioral area. Although Tarter and Edwards, along with Alexander, express this viewpoint most directly, all the models presented up to this point view different addictions as alternate attempts at coping with environmental and internal pressures.

Shepard Siegel, Marvin Krank, and Riley Hinson present the most formal model of addiction effects in this collection in outlining the role of classical conditioning in tolerance and withdrawal. That is, the defining traits of addiction comprise learned, anticipatory reactions by the organism to drugs or to their withdrawal. To separate addictive phenomena in this way from actual administration of a substance suggests similar learned processes that operate in immunology, exercise, and stress reactions to augment, imitate, or counteract basic physiological processes. This entire fascinating area of experimental investigation opens up the concept of addiction to proprioceptive or endogenous contributions by the organism beyond any (or in the complete absence of) contributions from drugs themselves.

If tolerance and withdrawal occur without current or recent administra-

in eliminating addiction. In common with Marlatt and Fromme, they deal with the creation of alternate coping abilities in the addict. And, along with Frawley, they discuss finding pharmacological or neuroactivating substitutes for drug use. The Pomerleaus do not discuss sociocultural modifications or developments that could remove or prevent addictions, of the kind outlined by Alexander, even though they find influences at the cultural level (as do Tarter and Edwards) to be crucial for the expression of an addiction. Oetting and Beauvais, reviewing the range of models of substance abuse, find the social level to be the most important in determining drug use.

Oetting and Beauvais focus on the immediate peer group because of the strong consistencies in drug use within the peer group (compared with the minimal role played by the *type* of substance or by individual personality traits). Their own data examine gradations of involvements with drugs and alcohol among thousands of adolescents from a variety of social backgrounds. Along with their own data, Oetting and Beauvais refer to other important data bases and to clinical observations of the development of substance abuse that support their views. Individual exceptions to the peer-group model are almost nonexistent; at the same time (as these authors indicate) they “have only moved the problem one step back.” That is, how do some children become so heavily involved in unhealthy peer groups? For answers to this question they look to the family and to socioeconomic factors (particularly disadvantaged and minority status).

Social-level factors like these are normally given short shrift not only in disease, neurobehavioral, and genetic models, but in learning—even social learning—approaches. The specific recommendations Oetting and Beauvais make for combatting drug and alcohol abuse are to attack the predisposing social forces that lead the person toward addiction. Simply addressing drug use in therapy, or even removing a child to a non-drug-using therapeutic community, offer little chance for a permanent reorientation for the young person. This social analysis raises questions about whether we can combat addiction in the absence of attacking underlying social-environmental problems in our society. Again and again the importance of overriding social forces has been adumbrated by the authors in this collection, even those dealing with genetic and neurobehavioral explanations.

Craig MacAndrew analyzes our society's addiction-proneness at an entirely different level. MacAndrew, one of the few addictionologists to have done significant work both at a sociocultural (MacAndrew and Edgerton, 1969) and an individual-clinical (MacAndrew, 1981) level, here delves into our modern cultural ethos, finding it to be in some essential way addictive. Addiction, he argues, is not limited to simple objects such as alcohol or narcotics. Rather, it pervades every aspect of our object and personal relationships. Drawing on philosophy, psychoanalysis, abnormal psychology, Christianity, Eastern religion, and the writings of AA, MacAndrew under-

stands addiction as a byproduct of America's—and modern humans'—preoccupation with self. Oddly, in this madcap pursuit of self-gain, we have lost both the worldly benefits we seek and spiritual wholeness, while endangering our civilization.

MacAndrew avers both that our civilization inflicts undue guilt and that society members should be guilty because they are so extremely self-centered. John McFadden addresses the role of guilt in modern society, particularly its role in alcoholism, from the perspective of neo-Freudian ego analysis. For McFadden, guilt is at the root of nearly all emotional disturbance, and alcoholism represents a search for relief from guilt. Even social learning theorists recognize the intense aversiveness of self-contempt; it makes sense to McFadden that the individual seeks alcoholic unconsciousness rather than to confront guilt-inspiring thoughts and feelings. The primary step to curing addiction then becomes to alleviate clients' guilt, which McFadden accomplishes through empathy and acceptance.

McFadden does not find the disease approach helpful, despite its claims that it eliminates guilt and self-recrimination for the alcoholic. He notes that the disease model encourages guilt by accusing of denial those who are not comfortable at Alcoholics Anonymous meetings, who don't believe they are alcoholic, or who don't wish to abstain or follow other disease precepts—the large majority of those with alcohol problems. Peele objects to the disease model for reasons exactly the opposite of McFadden's. For Peele, the disease theory and other approaches to addiction claiming the mantle of scientific discovery actually represent the imposition of an ideology, one that replaces individual and social responsibility with mythical disease, biochemical, and clinical accounts of behavior.

Yet, Peele notes, individuals and groups that insist on personal accountability and do not accept intoxication as an excuse for misbehavior have the lowest rates of addiction and substance-related misconduct. Peele is not optimistic about the impact of modern approaches to addiction on society. He finds they justify and reinforce trends that attack the core of our social fiber and individual self-conceptions with results that will be quite the opposite of those the modern addiction movement claims it will achieve. The world as seen by the addiction specialist and increasingly conveyed to young people is not, in Peele's view, a world worth living in. In place of this world view, Peele recommends a value-oriented approach that emphasizes what is positive in the world and in the individual, whether addicted or a substance abuser or not.

I used the third person in summarizing my chapter because my job as an editor is to present in as evenhanded a way as I can the opposing points of view represented in this collection. In writing my chapter I had an entirely different goal—to present as persuasively as possible a point of view I feel needs urgently to be put forward. Each reader of this volume needs to con-

sider seriously all the points of view that appear, while at the same time developing a definite, workable model of addiction for himself or herself. Most people come to this task with strong prejudices in favor of one model—or type of model—or another. Nonetheless, I ask them to identify while reading each article with the perspective of its author(s). Why does the model each author (or set of authors) presents make sense to the authors in terms of their data, goals, and backgrounds?

In terms of evaluating all points of view from a larger framework (as Alexander attempts in his chapter), I respectfully suggest the following test questions: What function does the view expressed serve for the author(s); what does it do for addicted individuals; what impact does the view have on our society as a whole; how well does it make sense out of the research data; how well does it conform to the reader's personal observations and experiences; and, lastly, if everybody in the world held this view, what would our world be like? At the present time, as MacAndrew suggests, views of addiction in our advanced, medicotchnological society reduce addiction to an impersonal force viciously assailing us and the world we know. But the animal all of us are trying to get our hands around may be something far vaster and yet nonetheless incorporeal. It may be so hard to grasp because it is both a part of us and yet as large as our world.

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Contents

Preface ix

Introduction: The Nature of the Beast xi

Stanton Peele

1. **Metaphors for Addiction 1**
G. Alan Marlatt and Kim Fromme
2. **Neurobehavioral Model of Addiction: Addiction as a Primary Disease 25**
P. Joseph Frawley
3. **The Disease and Adaptive Models of Addiction: A Framework Evaluation 45**
Bruce K. Alexander
4. **Vulnerability to Alcohol and Drug Abuse: A Behavior-Genetic View 67**
Ralph E. Tarter and Kathleen L. Edwards
5. **Anticipation of Pharmacological and Nonpharmacological Events: Classical Conditioning and Addictive Behavior 85**
Shepard Siegel, Marvin D. Krank, and Riley E. Hinson
6. **A Biobehavioral View of Substance Abuse and Addiction 117**
Ovide F. Pomerleau and Cynthia S. Pomerleau
7. **Common Elements in Youth Drug Abuse: Peer Clusters and Other Psychosocial Factors 141**
E.R. Oetting and Fred Beauvais
8. **On the Possibility of an Addiction-Free Mode of Being 163**
Craig MacAndrew

9. Guilt is Soluble in Alcohol: An Ego Analytic View 183

John McFadden

**10. A Moral Vision of Addiction: How People's Values Determine
Whether They Become and Remain Addicts 201**

Stanton Peele

Index 235

About the Contributors 243

About the Editor 245

1

Metaphors for Addiction

G. Alan Marlatt

Kim Fromme

Introduction

Having been a poor young man, Midas, when he became king, desired great riches and power. To this end, he gathered enormous amounts of gold but was not satisfied.

One day Midas offered comfort to his venerable teacher, Bacchus, god of wine. For this kindness, Bacchus offered to grant one wish to Midas. Midas wished to have the magical power to turn everything he touched into gold. Bacchus, although warning Midas against this foolhardiness, cast a spell over Midas, granting his wish.

At first Midas was overjoyed with his magical power and ordered his servants to prepare a grand feast for him to celebrate his great happiness at being granted his desire: to be the richest king in all the world. Alas, as each piece of food and each glass of wine he touched turned to gold, his happiness soured. "How will I ever eat or drink again?" Midas wondered.

Deep in thought, he stepped wearily into his magnificent garden where his little daughter saw him. Upon seeing her running joyfully to kiss and hug him, Midas forgot his woe and eagerly outstretched his arms for her. At the moment he touched her, she instantly turned to gold. "How foolish am I!" Midas exclaimed. "How foolish to have desired so much power and to have wished for a golden touch!"

In great despair for his daughter's sake, Midas prayed to the god of wine to restore his child to him. "Please, Bacchus," he prayed, "bring back my child—and take this cursed magical power away from me!"

Bacchus, on hearing Midas's prayer, pitied him and instructed Midas to bathe in a special pool of water, whereupon his power to turn everything into gold would vanish. And if Midas brought some of this water back with him and poured it over the golden statue of his darling child, she would once again laugh and sing, Bacchus said.

Most happily, Midas did as he was told: He brought his daughter back to life and no longer had—or desired—the power to create gold with his very

touch. Never again did Midas think of power and gold as more valuable than all else or anyone.

Although usually interpreted as a story about greed, avarice, and the quest for gold, the Midas metaphor can also be applied to the basic attachment or “greed for pleasure” that characterizes the addictive experience. The attachment to gold in the Midas story is reminiscent of descriptions of alchemists who searched for the magic elixir that would transform lead into gold. Some drugs, particularly alcohol, have been similarly described as magic elixirs, capable of transforming the lead of negative emotions into a golden glow of intoxication (Marlatt, in press). Feeling himself deficient in several areas of life, Midas turned to Bacchus, god of wine, for power and wealth. This parallels research that has identified desires for enhanced personal power and feelings of self-worth as motivations for drinking alcohol (McClelland et al., 1972). Initial positive effects of Midas’s gold-making ability are similar to the positive experiences reported from the initial effects of drinking (Connors and Maisto, 1979; Connors and Sobell, 1986). However, like Midas—who began to discover significant problems related to his new powers—the magical qualities associated with moderate drinking or drug use can ultimately become problematic with increased use over time. A behavior over which Midas had once exercised control began to control him, as so often happens in the addictive cycle. Alienation of loved ones, illustrated by Midas’s loss of his daughter, leads some drug users to give up their “magical behaviors,” cleansing themselves in the waters of abstinence.

The theme of drugs and the transformation of emotional states is exemplified *par excellence* in the mythical stories of the Greek god, Dionysus (also known as Bacchus), the god of wine. Dionysus was a god with a dual nature, one who could both be kind and beneficent, on the one hand, or cruel and frightful on the other. Often he drove people mad (the Maenads, or Bacchantes, were women frenzied with wine). These opposing personality characteristics (the best modern example of which is exhibited by Robert Louis Stevenson’s characters, Dr. Jekyll and Mr. Hyde) metaphorically represent the dual qualities of wine, with its capacity to evoke both pleasure and pain. The positive qualities of Dionysus border on the ecstatic and divine. In a commentary on Dionysus, Edith Hamilton (1942:60) notes that

Under his influence courage was quickened and fear banished, at any rate for the moment. He uplifted his worshipers; he made them feel that they could do what they had thought they could not. All this happy freedom and confidence passed away, of course, as they either grew sober or got drunk, but while it lasted it was like being possessed by a power greater than themselves. So people felt about Dionysus as about no other god. He was not only outside of them, he was within them, too. They could be transformed by him into being like him. The momentary sense of exultant power wine-drinking can give was only a sign to show men that they had within them more than they knew; “then could themselves become divine.”