

Editorial

SOME PROBLEMS WITH TREATMENT FOR ADDICTION

In all the glib talk about “treatment” as the best way to tackle addiction and the “drug problem,” few people face up to the implications of the fact that “treatment” is nothing other than psychotherapy, and psychotherapy means talking to people in an attempt to change their values, goals, morality and behavior. In other words, “treatment” is not a medical question, but a question of ethics and religion.

While psychotherapy need not necessarily involve any discussion of gods, angels, or other supernatural beings, and may therefore not be labeled “religion” in the narrow sense, it remains “religion” in the broad and general sense: a system of values and beliefs individuals follow in their most intimate and fundamental life decisions. This is what Thomas Jefferson meant when he wrote about how the First Amendment to the United States Constitution protects against the imposition of belief. He equated beliefs and religious beliefs (Padover, 1970).

I have pointed out at length elsewhere (including my book *Addiction Is a Choice*) that, in practice, virtually all addiction treatment is psychotherapy, and there is no psychotherapy which is not primarily the use of rhetoric to persuade people to change their beliefs and values (Schaler, 2000).

I have also argued that government support for “addiction treatment” necessarily conflicts with the First Amendment, which prohibits the governmental establishment of religion. What this Amendment means, if it means anything at all, is that the government must not be permitted to take sides in advising people on how they should live their lives. For to do so would constitute state entanglement with fundamental beliefs and values—religion in the broad sense intended by the Founders. The state, then, has no business “inside a person’s head”. State involvement with treatment for addiction—regardless of whether treatment is voluntary or involuntary—can be seen as unconstitutional.

TREATMENT IS RELIGION

Although “treatment” for addiction does not always involve appeal to a deity—some sects of Buddhism, for example, do not encourage belief in any god—it is nonetheless worth noticing that the most popular form of “treatment” for addiction is Alcoholics Anonymous (AA) and its numerous “12 Steps” offshoots. This is openly a theistic or deistic religious doctrine which, as the first and most fundamental aim of its indoctrination, tries to convince the addict that he or she can do nothing by his or her own

efforts or will, but must rely entirely upon a nameless “higher power”, a supreme spiritual being. This “higher power” can be “anything”, however, it must not be the individual himself.

In recent years U.S. courts have begun to recognize that AA and other 12-Step programs are religious activities, and that therefore, if courts require people to go to AA, they are contravening the Constitutional separation of church and state. It is only a matter of time before the issue reaches the U.S. Supreme Court. It is entirely possible that the Court will find that there is no clear way to distinguish between “religion” and most forms of addiction treatment. The repercussions for social, legal, and clinical policy will be profound.

That addiction “treatment” is religious in nature follows immediately from certain basic facts. Addiction is a volitional matter, a matter of motivation, reflecting the influence of a person’s deepest values and fundamental beliefs. Countering addiction therefore necessarily involves changing those values and beliefs.

Some people concerned with addiction “treatment” appear to dispute these basic facts. They claim that addiction is involuntary. Yet these same people always admit the facts in practice, because they always make it a central objective of their “treatment” to change the addict’s motivation, to convince the addict of certain beliefs or tenets to guide his or her daily life (precisely what these beliefs are will vary with the particular type of “treatment”). If we look around at the various kinds of “treatment” actually being practiced today, we always find that the central core of each “treatment” is *talking* to the person labeled as addict, in order to *persuade* the addict, to adopt certain *views*—the views, naturally enough, of the treatment provider.

In saying that “addiction treatment”, like all psychotherapy, is religious in the broad sense, I do not mean either to condemn or to praise it. (As it happens, I am skeptical about many of the tenets of organized religions, but that is not the point here.) I certainly do not contend that “addiction treatment” is *necessarily* sinister or harmful. I fully accept that it is entirely possible that the new beliefs, attitudes, and values inculcated during treatment are better for the addict than his former beliefs, attitudes, and values.

PSYCHOTHERAPY IS CONVERSATION

However, I do want to insist that the behavior called addiction, where it is a problem, is a moral, ethical, and existential problem, not a biological, scientific, and medical problem. The goal of all psychotherapy is conversion by conversation: changing a person’s outlook and habits by talking to him.

What happens in addiction treatment is that one person, labeled a “therapist”, tries to influence another person, sometimes labeled a “patient”, into changing his or her attitudes and therefore his or her behavior. This activity consists of various rhetorical techniques or influential ways of speaking, familiar to priests, rabbis, prophets, ministers and pastors down the ages. The “patient” is encouraged to do or not do something in the future. People and activities are praised or censured. Past behaviors are criticized or defended (Szasz, 1988).

Sometimes this evaluation is implicit. In some cases the therapist may claim that he does not recommend any specific course of action, offers no advice, and merely helps the patient to attain insight. This is a venerable ploy of religious preaching and pastoral counseling. The

evaluation, though implicit, is always unmistakably there, as indicated by what the therapist regards as proof that insight has been gained.

The conversation called therapy can be a sincere or insincere one. It can be effective or ineffective in bringing about a conversion, and the conversion may or may not make life better for the client or “patient”. Sometimes the conversation called therapy is helpful, just as any good conversation can be helpful. Unfortunately, the conversation is frequently unhelpful, sometimes even harmful, because therapists persuade their patients to believe certain things about themselves and the world that are not accurate (for example, that addiction is a disease or that addiction treatment is essentially medical). In my view, the primary task of the conversation called “therapy” is to help the client separate fact from fiction.

One way of testing whether the treatment group is a cult is by exploring the extent to which members of the group tolerate disagreement, particularly philosophical disagreement, about the nature of addiction. Groups that push the idea that addictive behavior is a disease are more inclined to be cultish—intolerant of disagreement—utilizing coercive methods to batter down any “denial”. Denial, disagreeing with the treatment provider, is considered a “symptom” of the metaphorical disease of addiction.

Typically, cult members are loath to tolerate disagreement because they want to maintain a collective identity, that is, they are opposed to individuals thinking things out for themselves. In this sense, cults tend to create a unique and totalistic society, small-scale microcosms of such socialist states as the Soviet Union and the Third Reich. The rule among cults is this: “Thou shalt not disagree”. Break the rule and you break the spell.

THERE IS NOTHING TO TREAT

Why is it that “treatment” is so uniformly inefficacious? Apart from the general problem that many people engaged in addiction treatment are deluded into thinking that what they are doing is analogous to a medical treatment for literal illnesses, I suspect that treatment providers fall into the supposition that since the client has an addiction problem, any solution must lie in the client’s relation to the chemical substance, in isolation from other problems in the client’s life.

In my work with people who have come to talk to me about their “drug problems”, a small percentage of the total population of people who came to me for therapeutic conversation over the past 28 years, I concluded a long time ago that focusing on the drug use was doomed to failure, in so far as helping people change their addictive behaviors is concerned. People use drugs to “change the lens” of perception. They don’t like what they’re experiencing so they try to perceive themselves and the world differently via drugs. Most often, the drug addiction problem isn’t about drugs or addiction: It’s about that represented by the pronoun “I”.

SELF-RELIANCE VERSUS DEPENDENCY

I propose that one way to see both the attraction and the problem of addiction is that of *willful chronic dependency*. Some people become addicts because this enables them to reap the fruits of chronic economic dependency, and this is a problem for the rest of us, as well as for them, because not everyone can be chronically dependent. It takes producers to maintain and support dependents.

The helpless role may be adopted because of a person’s voluntary behavior. This may take the form of “mental illness” or “addiction”. As I see it, therefore, one important way in which a person may get on the wrong track is by assuming a helpless role for strategic reasons. Accordingly, I regard it as an aim of good upbringing and good therapy to encourage and develop

the arts of productiveness, to help children and clients become self-supporting and self-sustaining, and to discourage the arts of helpless dependency or mendicancy, becoming an unnecessary burden upon others, whether those others be family members, charitable donors, or taxpayers. It may indeed be more blessed to give than to receive, but it is more blessed still to pay your own way.

This is another reason why I argue that people seeking treatment for addiction should have to pay for it. They can obviously afford to pay for the drugs to which they are addicted, so why shouldn't they be expected to pay for the addiction treatment?

Most people want to be free, and many people need to learn that freedom and responsibility are two sides of the same coin. The more dependent people are, the less free they are. Individuals have to exercise responsibility in order to keep their freedom. This means economic responsibility, as well as psychological responsibility, which includes behavioral, moral, and ethical responsibility. Freedom is not being imposed upon by others. But if we ourselves impose upon others, say, for example, in the name of treatment for addiction, it is unlikely that we will not in turn be imposed upon.

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