

## Realpolitik in the Addictions Field: Treatment-professional, Popular-culture Ideology, and Scientific Research

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The article examines recurrent instances of personal and professional negative sanctions resulting from individual researchers publishing findings considered contrary to the historical and prevailing alcoholism and drug-addiction treatment Zeitgeist. Instances from the published literature along with personal accounts from professionals in the field are presented. It is suggested that these instances indicate a pattern of political and ideological conflicts generated from a treatment-professional and a popular-culture, nonscientifically based belief system on the one hand, versus a research-based system on the other. Implications are discussed in terms of open scientific discourse, and the consequences on addiction research, treatment, policy, funding, and ethics.

Since the field of alcoholism and drug-addiction treatment came of age in the early 1930's, it has been replete with controversy, political ideology, and polarization of beliefs. In spite of this, there have been few published accounts concerning the Realpolitik of alcoholism agencies and organizations (Cahalan, 1979, p. 236; see Miller, 1983; Peele, 1992; Wiener, 1981). Further, there have been virtually no published accounts of Realpolitik as it applies to individual researchers who publish findings not congruent with the alcoholism and drug-addiction treatment Zeitgeist.

While it is widely but informally recognized that negative sanctions are often brought to bear on dissenting individuals, such reprisals have not been subjected to systematic inquiry. Though this paper begins to address this

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overlooked issue,<sup>1</sup> it will not address the validity of the scientific base underlying the controversies in the field such as the applicability of a disease model to alcoholism, the genetic inheritability of the condition, and the controlled-drinking issue; others have reviewed and assessed the literature on these issues (e.g., Fingarette, 1988; Heather and Robertson, 1981; Marlatt, 1983; Miller and Hester, 1986; Peele, 1989; Searles, 1988; Sobell and Sobell, 1984; Szasz, 1974). To understand the current Realpolitik, it is first necessary to briefly review the development of the field and its relationship to the popular culture in which it is embedded.

The term "Realpolitik" as used here refers to authoritarian group dynamics that create intense contexts of compliance with a set of beliefs, causes, and treatment modalities for alcoholism and drug addiction. When these beliefs are threatened, internecine forces are set in motion to prevent noncompliance to group norms. In social psychological terms, Realpolitik is similar to Janis' (1983) concept of groupthink, where certain groups engage in both formal and informal censorship in the stifling of opposing views. Researchers who present findings or otherwise voice opinions contrary to the prevailing belief system in the addictions field are often subject to personal, social, and professional harassment by derisive and slanted popular-culture publicity, by formal and informal censorship and other negative sanctions by agencies, peers, and the lay public.

However, neither internecine politics nor groupthink dynamics qualitatively set this field apart from most other domains of scientific inquiry. Reprisals brought to bear on individuals who do not comply with group norms and beliefs and who publish findings not congruent with prevailing modes of thought are not rare in the history of science. A classic example from physics is Galileo's condemnation by the Roman Catholic Church for his interpretation of findings that conflicted with the catholic doctrine of his day. More recently in physics was the Velikofsky affair during the 1960's. In biology, the classic controversy of Darwinian evolutionary theory still exists in the popular culture, though not in any serious measure within the scientific community. In both the Velikofsky and the Darwin instances, textbook publishers were threatened with boycott by both scientific and lay groups. Similar Realpolitik continues in the mental health field (see Cohen, 1990) though not to the same extent (see footnote 5). Currently, influences from popular-culture and professional ideology exist in gender research, as well as in the current postmodern conflict in epistemology and the philosophy of science (Harris, 1992; Rorty, 1979).

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<sup>1</sup>Due to the subject matter of this paper, it is nearly impossible to establish firm parameters concerning the magnitude of this problem, short of an extensive survey. Moreover, it appears that most instances of Realpolitik may not find their way into print. Accordingly, this paper is not intended as a methodologically controlled study into the sociology or history of science, but rather as suggestive for conducting future research.

What sets Realpolitik in the field of alcoholism and drug-addiction treatment apart from that in most other areas of scientific inquiry, then, is the degree of ideology, the emotional intensity, the duration and the widespread nature of controversies regarding the causes and treatment of alcohol addiction, along with the strength of forces exerted to maintain ideological compliance. Scholars familiar with alcoholism and drug-addiction treatment research literature cannot help but note the degree of controversy and polarization generated by findings from controlled research on the one hand, and observations from clinical practice on the other.

In addition, what sets this field apart from other professional domains is a continuing close alliance with the popular culture in which it is embedded. Historically, most scientific fields disengage from their popular origins (e.g., chemistry from alchemy, astronomy from astrology). Finally, the politic discussed in this paper is far more complex than, but does not exclude, the traditional American political division of liberal vs. conservative.

#### *Popular Culture and the Alcoholism Treatment Profession*

One of the primary characteristics that distinguishes the field of alcoholism and drug-addiction treatment from most other domains of scientific inquiry is the degree to which the usual distinction between a research-based scientific belief system and a popular-culture belief system has yet to firmly develop in the treatment field. This lack of a professional, scientific belief system distinct from a popular-culture belief system is largely responsible for the intense climate of controversy in the field (Haskell, 1993). The field is currently constituted by three groups: (1) alcoholism and drug-addiction treatment researchers, (2) treatment professionals who are clinically trained (e.g., psychologists, psychiatrists, clinical social workers—some of whom are also researchers), and (3) treatment paraprofessionals (e.g., “ex” addicts, clergy, and other lay persons—some of whom have acquired certification by on-the-job training experience).

Based on a review of the professional and popular literatures, the current treatment-professional and popular-culture belief systems generally maintain the following presumptions: (1) alcohol addiction progresses in regular, definable stages; (2) it is an irreversible disease that without treatment is terminal, ending in severe physical, emotional, and mental deterioration and death; (3) the alcoholic must “hit bottom” before treatment can be effective; (4) there is no cure, only remission; (5) alcoholics are a special class of drinkers in that they have a genetic (or allergic) propensity to become alcoholic and are thus especially vulnerable to the disease; (6) the primary sign of the disease is the loss of control over the drinking of alcohol; (7) “blackouts,” or amnesia of events while under the influence of alcohol are early signs of

the disease; (8) the disease causes increased physiological tolerance for alcohol; (9) alcoholics experience physiological craving for the substance; (10) if unable to obtain alcohol, the alcoholic experiences withdrawal symptoms; (11) controlled drinking is impossible for the alcoholic; and finally (12) total abstinence from alcohol is the only effective treatment goal. Taken together, these beliefs constitute the prevailing alcoholism ideology.

Most treatment professionals and the popular culture tend to hold the above beliefs with a near religious fervor, a condition that creates an intense political and ideological context often antithetical to a research-based approach to the above twelve issues and to the development of effective treatment methods. According to a 1988 Gallup Poll (Gallup and Gallup, 1988), 88% of the American public subscribe to the disease model; in 1982 that figure was 79%. Although the majority of the public accepts the disease model, few accept the complete model of alcohol addiction as it is currently understood by most treatment professionals. The popular-culture belief system is often inconsistent and contradictory. According to Rodin (1981) this inconsistency is characteristic of a "folk disease" conception of illness. Indeed for many these beliefs are attached to a religious belief system.

Marlatt (1983) has noted, "It does not take long for a psychologist or other social scientist working in the alcoholism field to discover that he or she is treading on religious ground and that science and salvation like oil and water do not mix" (p. 1107). Other researchers, too, have observed that anyone who has worked in the field of alcoholism is confronted very early with the difficulty of separating out logical, objective and rational debate from the pervading moral and religious tone (Heather and Robertson, 1981).

In research-based courses on alcoholism, contrary to those relying largely on clinical observations, the primary difficulty occurs in overcoming the popular belief system about alcohol addiction that students have already acquired. Gusfield (1984) says of a course he teaches with his colleague, Jacqueline Wiseman, that "Much of our energy has gone in the effort, *often fruitless*, of dispelling what we see as the fallacies about alcohol which the students bring with them" (p. 35).<sup>2</sup> A primary reason for this quasi-religious and nonscientific atmosphere is that the alcoholism and drug-addiction treatment programs have been and continue to be staffed largely by paraprofessionals, i.e., lay workers with a limited range of training and who are typically recovering addicts. As Cahalan (1988) has observed, "treatment after

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<sup>2</sup>My own experience of Realpolitik has been similar. I, too, have consistently experienced difficulty beyond the popular misconceptions that exist in other areas of psychology. So emotional is the issue of alcoholism that in presenting research suggesting that alcoholism is not a disease, occasionally I have had students (usually adult learners) become extremely angry, scream at me and walk out of class. I suspect that many other researchers have also experienced similar reactions. Because of his research into controlled drinking, Miller indicated that he has once been called a murderer (W. R. Miller, personal communication, July 27, 1992).

preliminary detoxification is still primarily in the hands of nonmedical personnel, including AA volunteers" (p. 54), who, themselves, are in recovery. One study suggests that 60% of the professionals treating alcohol addiction are AA members (Bradley, 1988). A professional magazine reported that 72% of alcohol and drug-abuse counselors were recovering alcoholics or drug addicts (Counselor of the year, 1986).

Many researchers in the field report that these paraprofessionals are often anti-scientific in attitude and approach. Bean-Bayog (1987), for example, observed that "Much drug and alcohol treatment is carried out by paraprofessionals, often recovering, counselors or nonprofessionals (AA or NA members) who do not believe in the scientific method and whose style may be authoritarian, dogmatic, rigid, inspirational, and antagonistic to self examination" (p. 204). This anti-scientific attitude, however, is not restricted to paraprofessionals. In response to research suggesting that many alcoholics can engage in controlled drinking, a treatment professional (Lovern, 1982) replies, "the kind of science and technology that tries to teach alcoholics to drink is in my mind a warped Frankensteinian thing" (p. 39). Such attitudes are not rare within the treatment field where treatment professionals are typically AA members (Bradley, 1988),<sup>3</sup> most of whom require their clients to attend AA 12-step meetings.

It is largely historical accident that the field of alcoholism treatment developed with paraprofessionals as the predominant treatment personnel. With the early recognition that the various modes of psychotherapy—as then constituted—were not effective with alcoholics, there developed lay support groups such as Alcoholics Anonymous (AA) which grew out of religious rehabilitation movements (Levine, 1978). As a consequence, the field has continued to be heavily influenced by nonprofessionals, although Miller (1992) suggests this may be changing.

Paraprofessionals are not unique to the addictions field; they exist in the legal and mental health fields as well. In the addictions field, however, paraprofessionals function quite differently from their counterparts in other fields and this difference is significant for Realpolitik. Kalb and Propper (1990) point out that "while the paraprofessional in the mental health field has functioned as an adjunct to, and under the supervision of, the professional, the paraprofessional in the alcoholism field has been considered a teacher and colleague rather than a student" to the professional (p. 323). This has occurred largely through the historical influence of the Alcoholics Anonymous peer support group approach to alcoholism "treatment."

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<sup>3</sup>During a regional conference I organized on "Alcoholism and the Disease Model of Addictions," many treatment-professional attendees and some conference presenters became quite angry when Tom Szasz, George Albee, and myself presented various forms of evidence contraindicating many of the tenets of the alcoholism belief system.

Since most treatment programs use paraprofessionals who, more often than not, are associated in some way with AA, it is not surprising that a spiritual (read: religious) orientation pervades the field. Most AA 12-step programs are based on a "religious faith." While this is often denied, God, spirituality, or prayer are mentioned eight times in the 12-steps (Alcoholics Anonymous, 1953). Though AA as an organization has not formally adopted the disease concept, and does not formally see itself as a religious organization, professional experience and research along with widespread popular accounts of meetings indicate that the majority of its membership does appear to see itself as religiously/spiritually based. Thus, paraprofessionals tend to function as conduits, transmitting religious and anti-scientific values and beliefs from the popular culture to the treatment-professional field, providing the conditions for what is referred to here as the Realpolitik surrounding addiction research.

So effective and intensely political has been the common moral fervor among these paraprofessionals and in the popular culture in viewing alcohol addiction as a distinctive disease and singular social problem deserving of special consideration, that the normal development of a distinction between a popular-culture and a scientifically based treatment field has been virtually eliminated. More significantly, as evidence for the political and public relations effectiveness of this popular-culture belief system to influence scientific investigation, at one point the distinction between the popular belief system and the halls of science was eliminated: for a brief time, the esteemed National Academy of Sciences succumbed to popular ideology and made alcohol studies one of its major scientific divisions, equal to astronomy, chemistry, and physics. This political venture was widely ridiculed on scientific grounds and was short-lived (Bacon, 1984).

In summary, a lack of boundaries between the alcoholism treatment field and the popular-culture belief system results in a religious and nonscientific undertone. It is this undertone that provides the context for Realpolitik and personal "assaults" on the integrity of researchers whose findings are not in agreement with the theoretical and treatment Zeitgeist.

### *Professional Apologia*

So pervasive is the popular-culture and treatment-professional belief system depicting alcoholism as disease, that its power to rhetorically invalidate opposing views as well as empirical data has been, until recently, nearly absolute. As an index of this pervasive political pressure on individual researchers, investigators have felt obliged to apologize in their reports for publishing results that appear contradictory to the prevailing popular-culture and treatment-professional Zeitgeist in anticipation of negative responses. A review of the published literature reveals many such apologies, several of which this paper will cite.

In a book examining the organizational politics of alcoholism (Wiener, 1981), the author apparently considered it necessary to immediately state, "I *must emphasize* . . . I am not denying the existence of people who are suffering because of their experience with alcohol, nor questioning the need to provide services for them" (p. 8, italics added). More recently, in an excellent article critiquing the diagnostic criterion of loss of control over drinking, Vatz and Weinberg (1990) considered it necessary to state, "We do not intend by our efforts to minimize the human suffering experienced by heavy drinkers and their families, nor do we intend to denigrate the efforts made by medical and other professionals to alleviate that suffering" (p. 543).<sup>4</sup>

Shedler and Block (1990) considered it prudent to close their recent research report on adolescent drug use and psychological health by expressing concern that the popular media and treatment professionals might interpret their findings as "being soft on drugs." They go to great lengths in their conclusion to "categorically state that our findings do not support such a view [i.e., being soft on drugs], nor should anything we have said remotely encourage such an interpretation" (p. 628).

More recently, in a more oblique apologia, an article by Walsh, Hingson, Merrigan, Levenson et al. (1991) concludes: "It should be *underscored* that our findings that AA alone was less effective than hospitalization followed by AA, is specific to an employment setting where compulsory referral to AA, or even its selection from a menu of alternatives, occurred against a backdrop of threatened job loss if drinking continued" (p. 781, italics added). This apologia suggests that the authors try to "save the phenomena" by framing the discordant findings in a way that disavows them. Under any circumstances, to suggest that AA is ineffective is not congruent with the treatment Zeitgeist. The implication is that the relative ineffectiveness of AA was due to AA attendance being mandatory. In fact, emphasizing that the treatment was mandatory was not relevant to the Walsh et al. findings. Increasingly, patients in alcoholism treatment programs are attending because they have been "coerced" in one way or another by employers, the courts, family members, or human service agencies (Fillmore and Kelso, 1987; Jindra and

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<sup>4</sup>I am indebted to an editorial reviewer for suggesting that what I am interpreting as apologia "could well be intended to correct the common tendency to misconstrue the assertion that there is no such disease as 'alcoholism.' Often that claim is incorrectly understood as suggesting that the behaviors to which 'alcoholism' refer or the suffering of 'alcoholics' do not exist." While the reviewer further points out that it is "impossible" to assess a writer's motives, there are methods to reasonably "infer" motives, e.g., hermeneutical, contextual, rhetorical, and/or content analyses are textual methods used for assessing motive. In any event, semantically emotive statements made by authors to guard against readers misconstruing what an author says, are themselves responses on some level to the pressures of the Realpolitik of alcoholism and drug-addiction ideology, and are therefore apologies. I suggest that in virtually no other field are such semantically emotional apologies so frequently offered (e.g., repeated references of not denigrating or of not denying the suffering of alcoholics).

Forslund, 1978), with each having their own method of "threat" for noncompliance. Moreover, studies comparing voluntarily versus nonvoluntarily treated subjects suggest "coercion" can facilitate improvement (Mark, 1988; Watson, Brown, Tilleskjoer, Jacobs, and Pucel, 1988). Given that mandatory treatment can positively effect treatment outcome, it follows that the above caveat by Walsh et al. should have been equally applied to the other treatment groups, not just to AA subjects.

So pervasive is the general pressure to remain within the Zeitgeist, the authors of an early and well-known Rand Report on controlled drinking, in their preface to a subsequent edition (Armor, Polich, and Stambul, 1978), are careful to distance themselves from previous controversy and possible sanctions by both the popular culture and governmental funding agencies. The authors state, "We wish to emphasize one principal point at the outset of this book. The outcomes presented here as research findings should *not* be viewed as recommendations for what individuals should do about their drinking behavior" (p. vii). The authors continue to say, emphasizing by way of italics, "In particular, *this study does not show that alcoholics may safely resume drinking*, nor does it suggest that any alcoholic should do so" (p. vii).

Editors of edited books, too, apparently feel obliged to offer an apologia when the authors they select deviate sufficiently from prevailing views. The editors of a handbook on drug abuse (Dupont, Goldstein, and O'Donnell, 1979) apparently felt it necessary to selectively comment on a chapter by Zimberg (1979) reviewing past research on the nonaddictive use of opiates by regular users. Zimberg suggested reconsidering the policy of abstinence as the treatment goal. In response to that suggestion, the editors stated: "in our opinion his data do not yet justify the policy changes he suggests" (p. 302). The editors went on to specifically critique the chapter. It is pertinent to note that the Department of Health, Education, and Welfare, and the National Institute on Drug Abuse, both of which maintain an abstinence policy, supported and published the volume.

While apologies are found largely with respect to findings not congruent with the disease model, they can occasionally be found in response to findings apparently confirming the disease model. Recently, in reaction to an article reportedly finding the receptor gene for alcoholism (Blum et al., 1990), the journal editors (Gordis, Tabakoff, Goldman, and Berg, 1990) considered it necessary to state that though the finding was promising, it was provocative "and must be regarded with caution" (p. 2094). The editors then critiqued and interpreted the report.

It appears that many authors in the field of alcoholism research recognize that the very act of analyzing organizational structure, therapeutic effectiveness, or theoretical position is often interpreted as a morally conservative and reactionary attack on the integrity of those labeled alcoholic.



Professional magazines whose audience is primarily treatment personnel often generate defensive responses to such analyses. Much of the Realpolitik seems to center on vested interest in private for-profit organizations.<sup>5</sup> One author and director of a for-profit treatment center (Wallace, 1987c) closes his critique of treatment effectiveness research with the following: "We must recognize and resist the various tactics and strategies of the Anti-traditionalist lobby to divide us. We must stand shoulder to shoulder in solidarity. Otherwise, alone and divided we will be weak and easy targets for those who do not want to pay for alcoholism services" (p. 27). Given such rhetoric, the question is: Are apologies by researchers necessary, or are they only perceived to be necessary?

### *Personal and Professional Reprisals*

For several years now, critiques of the disease model of alcohol addiction and controlled drinking have been escalating within the field along with attendant Realpolitik. As Miller (1983) notes, these critiques as well as "treatment outcome research on controlled drinking have consistently been subjected to personal and emotional attack" (p. 16). Such critiques have extended well beyond specialized research reports.

When Fingarette (1988) published his book meticulously reviewing the research on alcoholism and raising doubts about the disease model of addiction, it reached not only into the treatment field but into the popular culture. Almost immediately upon its publication, he was subjected to considerable harassment. For example, the author of a letter to the editor in the *Los Angeles Times* (Letter to the Editor, 1988) suggested, that "Herbert Fingarette is a disgrace to his profession and should be run out of town on a rail" (p. 8). A personal letter to Fingarette called him "a malignantly ignorant man" (H. Fingarette, personal communication, March 30, 1992). In both professional and mass media publications not only has his moral integrity been impugned but so has the moral integrity of the publisher of his book, along with the integrity of the U.S. Supreme Court who made use of his previous research. An anthropologist and colleague (Madsen, 1988) of Fingarette wrote, "I worry about the responsibility of a reputable academic press publishing Fingarette's book . . . I, in particular, worry about how the Supreme Court could soberly consider Fingarette's research as possibly valid" (p. 33). The writer goes on to say, "I deeply resent Fingarette's massive insult to the legion of fine people who have given their skills, compassion and their love . . . Fingarette has administered a totally undeserved and very vicious slap

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<sup>5</sup>See Hansen and Emrick (1983) for a study of the diagnostic and economic differences between nonprofit and for-profit organizations in diagnosing alcoholism.

in the face to these sacrificing people as well as to every sufferer of the disease of alcoholism" (p. 33). Fingarette's book was a fairly objective literature review and analysis, not a moral condemnation of alcoholics.

When Stanton Peele (1989) began publishing review articles and subsequently a research-based, mass-market book critiquing the disease model of addiction, maintaining that addicts must take a measure of responsibility for their addiction and their treatment, he was accused in a letter to the editor (Wallace, 1990) of a professional journal as a "Law and order Zealot who wants to punish addicts" (p. 11). Other critics tend to attribute any disagreement with the prevailing addiction ideology as "pro drugs." One director of a treatment program (Wallace, 1989) says of Peele's work, "there is in my opinion, a 'just say yes' quality to much of what he says." The same critic then goes on to say, "Is it possible that Dr. Peele would not mind a moderately 'stoned' American population? Furthermore, is it possible that Dr. Peele finds something inherently wrong and unappealing about sober consciousness?" (p. 267). Peele continually has been subjected to both personal and professional disparagement in a series of articles by the same treatment professional (Wallace, 1987a, 1987b, 1987c, 1989, 1990).

Another researcher (Shaw, 1985) who published critiques of the disease model also received derisive letters. Such harassment and derision of researchers who take issue with the medical-disease model of alcoholism not only come from popular-culture sources but from governmental sources as well—and they are not new. Cahalan (1979) recounts an early incident involving Ernest P. Noble, past Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and an internationally recognized research scientist. Against the prevailing view and vested interest of the alcohol industry, Noble circulated a draft of a national plan to combat alcohol use suggesting as top priority that the per capita consumption of alcohol be reduced. He was fired a few months later.<sup>6</sup>

A recent article by Leifer (1990), a leading researcher on the politics of psychiatric diagnoses, recounts an early incident of Realpolitik involving some well-known and award-winning scholars. Though the incident primarily involved views about mental illness, it also included views on alcohol and drug addiction. In the early 1960's, Dr. Paul Hoch, the Director of the New York State Department of Mental Hygiene, who represented the state's psychiatrists, ordered that Thomas Szasz, a psychiatrist and author of many now classic books (1961, 1974), be forbidden to teach or lecture at the State hospi-

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<sup>6</sup>It is often difficult to directly verify that certain actions, like the firing of Dr. Noble, are in fact reprisals issuing from political considerations. Such evaluations are made based on informal, non-public, "insider" knowledge. More formal historiographic methods could provide a more valid basis on which to establish such claims. Firings and reprisals are neither new nor unique to the addictions field.

tal because of his published views on mental illness and addictions. Szasz had academic tenure and was therefore successful in fighting the suppression attempt. As part of the same incident, Ernest Becker, who supported Szasz, and who later received the Pulitzer Prize for his book, *The Denial of Death* (1973), was fired. Also as a part of the Szasz incident, Leifer's contract was not renewed because he challenged the medical model in his now classic book, *In the Name of Mental Health* (1969). The university administration evidently feared that the National Institute of Mental Health would refuse to grant funding for research and training if a nonmedical model of mental illness—including alcoholism—was advocated by faculty.<sup>7</sup>

It is not only the disease concept which maintains that alcohol addiction is largely genetic, and which is so politically sensitive, but also its corollary of abstinence, which maintains that alcoholics are unable to drink in a controlled manner. Some researchers have been directed to discontinue their research on controlled drinking or have their government funding curtailed (Room, 1983). When the now well-known, and well-executed Rand Corporation study (Armor, Polich and Stambul, 1976) found that some alcoholics could engage in controlled drinking, the researchers were castigated in the press by treatment professionals. In a wave of public and treatment-professional hysteria, the researchers were accused of being responsible for the brain damage and the subsequent death of alcoholics who would read their material on controlled drinking and then attempt to drink in a controlled manner. Currently, most researchers agree that many alcoholics can learn to control their drinking (see Miller, 1992; Heather and Robertson, 1981; Marlatt, 1983; Peele, 1987).

In what now may be considered a representative event in the field, an early study conducted by Sobell and Sobell (1978, see also 1984, 1987), after a decade of controversy, came to a head in 1982 when it was implied by an article published in *Science* (Pendery, Maltzman, and West, 1982) that the Sobells had falsified data. As a result of accusations regarding the Sobells' findings that some alcoholics could drink moderately, the Sobells were represented as frauds and as killers of alcoholics in the popular media. After years of inquiry, the Sobells were subsequently cleared of any wrong doing by three special investigative panels, but not before a considerable amount of adverse public condemnation, including a segment on the CBS show, *60 Minutes*.

Marlatt (1983) recounts the *60 Minutes* segment, aired March 6, 1983, reporting on the Sobells' controlled-drinking study. In keeping with the pop-professional ideology that controlled drinking is a non sequitur for alcoholics

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<sup>7</sup>While Szasz has been subjected to continuing personal criticisms through the years for his scholarly conclusions on mental disorder, his non-mainstream views on alcoholism and drug addiction until recently have been less well-known (see Haskell, in press; also Szasz, 1967, 1972, 1978, 1981).

and would lead to their death, *60 Minutes* reported from the grave site of one of the Sobells' controlled-drinking subjects that *four* of the twenty subjects died. Though this was correct, what was *not* reported was that *six* of the twenty subjects in the comparison group who received standard treatment also died. The Sobells were the victims of Realpolitik in the field of alcoholism. The price they paid for presenting evidence contrary to the general treatment and popular ideology was personally and professionally high.<sup>8</sup>

Controlled drinking is one of the more controversial subjects in the field, often eliciting strong emotional responses from treatment professionals. As an example of one such response, Lovern (1982) goes as far as to suggest that those who believe that alcoholics can engage in controlled drinking "may be alcoholics themselves" (p. 39) who need treatment. The implication of such ad hominem attacks is that those who believe alcoholics can engage in controlled drinking are in *denial* (there is, of course, no possible defense against such a clinical attribution).

Most personal and professional assaults, however, apparently do not make their way into print where they can be examined; rather, they are expressed via a widespread informal treatment-professional and popular-culture grapevine within the alcoholism field. Fingarette's experience suggests that this informal network is much larger than what appears in print. He says, "very *few* personal attacks have been made on me in print, and *very few* letters that are abusive have been sent to me." But he goes on to say,

What makes this remarkable and puzzling is that I *know* that when my name comes up in alcoholism circles committed to the prevailing Zeitgeist, my name is not "mud" but "criminal." Whenever I hear from someone in the course of conversation about what someone said to *them* about me, it's chilling. I'm dangerous, I'm criminal, the book should be banned, it would be well if I were run over by a truck, etc., but not in print (with a few exceptions), not to me personally in correspondence (with a rare exception) and never to me face to face. (H. Fingarette, personal communication, March 30, 1992).

Researchers, (e.g., Room, 1983; Stimmel 1986) note the clear ideological bias in funding research on alcoholism. Room (1983) writes that he "knows of two cases where public funding was cut off over the issue of 'controlled drinking'" (p. 63). He quotes the California State Alcoholism Advisory Board's 1976 resolution stating "we stand firmly behind the state office of alcoholism in its policy not to expend state funds to support research or treatment programs

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<sup>8</sup>Two points deserve elaboration. First, it could be argued that, in 1976, despite the available studies showing the viability of controlled drinking, it was conservatively reasonable to exercise caution in allocating public funds for any *treatment program* utilizing controlled drinking. It is another matter, however, to censor *scientific research*, especially when studies had been demonstrating success. A second and minor point is that funding was not being requested by renegade researchers; on the contrary, most of those conducting controlled-drinking research were well respected treatment and research professionals.

that advocate so-called controlled drinking" (p. 63). The opposition to controlled drinking is still widely extant, despite the hundreds of studies supporting it as an alternative "treatment" modality for large numbers of those labeled alcoholic.

Other careers, too, have been negatively impacted by Realpolitik. Alan Marlatt's early career was negatively affected by his non-disease model research and his controlled-drinking approach to alcohol treatment. As a response to his approach to treatment, the State of Washington instituted legislation that any treatment involving controlled drinking would not be state reimbursable. He has also been the subject of verbal assaults (G.A. Marlatt, personal communication, May 20, 1992).<sup>9</sup>

### *Censorship*

The Realpolitik of alcoholism and addiction research extends to publication censorship in various forms. Popular-culture beliefs, coupled with vested economic interests of treatment programs, along with medical and clinical ideology have historically generated a relatively effective informal censorship of those whose ideas do not fit the prevailing disease model. So generally effective is the censorship curtain that well-known authors whose views are considered "radical" have experienced difficulty in finding publishers for their work. Trade book publishers—those who produce books for the mass market—seem especially reluctant to publish divergent views on alcohol and drug addiction.

Szasz, who has published more than twenty books, including the classic *The Myth of Mental Illness* (1961), recently experienced difficulty in finding a publisher for his latest book on addiction (T. Szasz, personal communication, July 29, 1991). Internationally known, Szasz frequently is cited in psychology texts. Most of his books have sold very well over the years; some have been reissued. For his latest manuscript on the drug issue, Szasz approached several of his previous publishers, but his manuscript was rejected, ostensibly because it was too radical a view of addiction. One publisher initially accepted his book for publication—and then reneged. His book has since been published (1992).

Peele (1986) recounts his experiences after critiquing published reports suggesting that controlled drinking by alcoholics is not possible. Peele wrote a regular column in the *U.S. Journal of Drug and Alcohol Dependence* until he suggested that studies found controlled drinking was possible for many alcoholics. Shortly thereafter, says Peele, "my editor concluded we should end my

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<sup>9</sup>It should be noted that professional reprisals and personal denigrations do not appear to have long-lasting effects, at least for some researchers. Both Mark Sobell and Alan Marlatt indicated that in the long run their careers have not been damaged.

monthly contribution to that publication" (p. 153). When Peele (cited in Peele, 1992) published an article in *Psychology Today* critiquing the attacks on controlled-drinking research, he was "immediately threatened with a cancellation of a major speaking engagement." In fact, he reports that he lost most of his public speaking opportunities for "several years thereafter" (p. 88). The editor informed Peele that he would not accept further articles by him. According to Peele (1986) his name has not subsequently appeared in *Psychology Today*, except in one article criticizing his previous critiques of controlled-drinking research.<sup>10</sup>

A more folksy form of censorship is recounted by Fingarette concerning his book, *Heavy Drinking*. He says that on "At least 3 occasions after the book came out, the copies on display in our major local bookstore were removed without knowledge of the staff and were hidden under a shelf somewhere in the store, on the floor. Replaced each time, they were again removed and hidden" (H. Fingarette, personal communication, March 30, 1992).

Such informal censorship often comes dangerously close to being formal and organized. In his edited book, Stimmel (1986) recounts an encounter with political intimidation and censorship. In 1985, the National Association on Drug Abuse Problems (NADAP) sponsored a conference entitled "Controversies in Alcoholism and Substance Abuse: The Scientific Approach." Co-sponsorship included the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Committee on Public Health of the New York Academy of Medicine. The National Institute on Drug Abuse (NIDA) retracted their co-sponsorship just before the conference because two of the participants were too controversial. Both participants were physicians and faculty at a prestigious university, with one of them having previously served on the NIDA Advisory Council Committee.

The NIDA concern, according to Stimmel, was that the two physicians tended to hold an "open exploratory view" of drug use. This NIDA position, says Stimmel, tends to "confirm a growing realization among scientists that politically active groups, vigorously opposed to substance abuse, to the extent that any rational discussion is conceived as an approval of illicit drug use, have been exerting increasing influence on organizations previously considered above public hysteria" (1986, p. 2). Such groups, he says, have attempted to prevent some speakers from participating at conferences, or from maintaining their memberships on various boards or advisory committees. This

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<sup>10</sup>In terms of excluding speakers, in the years I spent teaching at a northeastern university, despite it being widely known that my research-based conclusions about alcohol and drug addiction diverged from the Zeitgeist in the field, I was asked only once to make a presentation during the annual National Alcohol Awareness Week held on campus. When the director of that program left, after a year and a half in that position, I was never invited again to make a presentation.

has resulted in a form of censorship that extends into the research funding process, resulting in political rather than scientific criteria for the awarding of grants.

In yet another recently edited volume, Engs (1990) describes at length in the introduction the problems she encountered putting the volume together. Several invited contributors were openly hostile to the idea of having all viewpoints discussed. Some were well-known in the field and refused to contribute to such an open forum. Some of those who refused "had punitive attitudes toward individuals or groups who had opinions or values different from their own" (p. vii). Engs goes on to say, "when some of the invited participants were given the names of certain authors who had agreed to write chapters, some of the potential writers felt that these authors should not be given a forum because of their 'dangerous,' 'non academic,' or 'out of date' viewpoints and did not wish to be presented in the same book with them" (p. vii). As Engs reminds us, tolerance of an "open forum" is the hallmark of academic debate and scientific progress.

In the aftermath of the Sobell and Sobell controlled-drinking controversy their report, which had been scheduled for publication, was canceled (M.B. Sobell, personal communication, June 22, 1992) by the Department of Health and Human Services (DHHS) although it had been released already as a pre-publication document entitled "Alcohol Abuse Curriculum Guide for Psychology Faculty" (1981). When Marlatt began to publish experimental studies on the effect of belief and expectations on alcohol ingestion, he had to specifically reply to journal editors' special queries justifying his work (G.A. Marlatt, personal communication, May 20, 1992). More recently, because of his work at the University of Washington where he teaches students how to drink in moderation, Realpolitik continues: the editor (Creager, 1992) of a treatment-professional magazine—in an article entitled *Why Promote the Enemy*—has stated that "Providing a platform for such researchers as Marlatt does no service to our field" (p. 4). There are others in the field who would ban researchers like Marlatt, Peele and others from publicly and professionally presenting their research findings.

The free dissemination of valid information is a prerequisite for scientific research. Unfortunately there are community groups seeking to restrict the open flow of scientific information. As Engs and Fors (1988) point out, there are groups that want to "purge" libraries and bookstores of materials that are defined as being "soft on drugs," or that suggest the "responsible use of alcohol." Such groups are apparently encouraging NIAAA not to publish and to remove materials in which respected health educators discuss responsible or moderate drinking as a prevention strategy (see Coles and Girard 1986, cited in Engs and Fors, 1988).

*Scientific Research*

Ineffective drug and alcohol-addiction treatment methods and prevention programs have been supported by politically active groups with vested ideological interests (Mauss et al., 1988), who exhibit anti-research orientations. Attending the First National Conference on Drug and Alcohol Abuse Prevention, sponsored by NDIA and NIAAA, Engs and Fors (1988) were disturbed by the "Just Say No" focus and the anti-research orientation of the conference. They were told "that drug use was in 'epidemic proportions' among youth and we need not test educational programs and curricula directed at drug abuse, but to design programs that 'feel right'" (p. 26).

Unfortunately, most practitioners are not research oriented. The evidence suggests that therapeutic and educational programs are (increasingly) neither based nor evaluated on sound research (Cohen, Sargent, and Sechrest, 1986; DeAngelis, 1988; Morrow-Bradley and Elliot, 1986), a situation some have referred to as having reached "crisis" proportions (Seligman, Rappaport, and Gatz, 1987). It has long been recognized by those in the field (Cahalan, 1979) that "there is a hard vein of anti-intellectualism within the AA movement which ridicules most research and long range prevention planning" (p. 236). There is, however, little direct evidence for anti-intellectualism as an AA policy. In this regard the author of the above quotation cites the "movement" and not necessarily AA formal policy.

One treatment professional and researcher (Ogborne, 1988) asserts, "It is doubtful that most frontline clinicians or program directors have had any significant training in research methods" (p. 730). Worse yet, he says, "There are few signs that researcher-practitioners and action researchers are going to become dominant forces in the alcohol field" (p. 730). With an emphasis on the primacy of individual experience and on a religious faith, rational and experimental attitudes within the field appear not to be valued.

In fact, the political and anti-research climate extant in the drug and alcohol-addiction field may discourage future research. Marlatt suggests that some of his graduate students in psychology prefer to conduct research on cigarette addiction, thus avoiding the political problems that seem to follow research in drug and alcohol addiction (G. A. Marlatt, personal communication, May 20, 1992).

*Conclusion: Ethics and Rationality*

This article undoubtedly documents only part of a more widespread problem of innuendo and negative sanctions applied against individual researchers who publish findings that contraindicate the treatment-professional and popular-culture Zeitgeist in the field of drug and alcohol addic-



tion. The implications, however, extend beyond effects on individual researchers: they extend to the evaluation of treatment effectiveness, to treatment costs, and to ethics.

If a theory or treatment method does not utilize data based on scientific evidence, it might be asked if it is a reasonable basis for treatment; it might also be asked if it is financially responsible—especially when current escalating health care premiums and public taxes are used to support treatment programs. More importantly, it might be asked if treatment not based on valid research is ethically responsible.

In large measure, the dissemination of findings on alcoholism has become a political issue since it threatens authority and status. The financial livelihood of many practitioners with vested financial interest and deeply held (moral?) convictions are at stake (Heather and Robertson, 1981). When such political conditions prevail, the attribution of negative personal motives to those whose findings are not in keeping with the accepted mode of thought render it unnecessary to assess evidence; all that is required to know the "truth" is to know who delivers it.

Miller (1983) closes an article on the Realpolitik of research on controlled drinking, an issue that in fact is an elliptical index of the entire disease model of alcoholism, by noting, "the American Zeitgeist dictates that such findings are unacceptable" (p. 16). Miller goes on to note that the treatment Zeitgeist calls to mind "the scene in Brecht's play *Galileo*, where the court theologians persuade the Prince not to look through Galileo's telescope because the phenomena he claims to observe through it could not possibly be there, being inconsistent with their interpretations of Holy Writ" (p. 16). Science presumes a rational universe, though not one based on certainty. Given this assumption only an open research-based discourse can lead to an effective approach to drug use, misuse, and treatment. While Realpolitik is always present, the extent and the duration of Realpolitik in the addictions field is perhaps surpassed by few others in the history of science.

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