

**Book Review**  
**Addiction, Disease and the Self-Help Movement**  
San Francisco, CA 1991<sup>1</sup>

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Peele, S. and Brodsky, A. (1991). *The Truth About Addiction and Recovery*. New York: Simon and Schuster. (\$22.95)

Katz, S. J. and Liu, A.E. (1991). *The Codependency Conspiracy*. New York: Warner Books. (\$18.95)

Radio, television, magazines, pop-psychology books, schools, EAP's and mental health clinics themselves are awash with professional presentations and non-professional confessions concerning recovery from addiction to alcohol, drugs, smoking, gambling, overeating, working, shopping, love, sex, and variety of "adult Children of... conditions". These two recently published books are significant in being among the first comprehensive critiques of the sea-help movement that has so pervasively influenced popular culture and the mental health field during the past decade. Taken together they offer a controversial challenge to the prevailing tenets and shibboleths of the recovery movement including the "disease" concept of addiction, the usefulness of labeling oneself as "powerless", "victimized", "co-dependent" etc., and the notion that recovery necessarily entails lifelong membership in a self-help group. While it is difficult to succinctly condense the arguments brought to bear against such prevailing wisdom, what follows is a brief synopsis of the central thrust of each book.

*The Truth About Addiction and Recovery* characterizes the growth of addiction treatment in the United States as a public relations triumph, rather than a triumph of science or reason. While embracing the current usage of the term "addiction" in referring to tenacious, habitual, and self-destructive behaviors, the authors draw the line at conceptualizing such addictions as "disease", maintaining that this is both inaccurate and potentially disadvantageous. Their point is developed by focusing heavily (but not

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<sup>1</sup> (1990). Addiction, disease, and the self-help movement: Book review and commentary. *San Francisco Psychologist*.

exclusively) on alcoholism as the prototype of the disease model advocated in the self-help movement. Reviewing the research, they argue that evidence for biological or genetic mechanisms is unconvincing, and that addiction to alcohol and drugs can be better predicted by beliefs and expectations about substance use, particularly as these are associated with socio-cultural factors and psychological adaptation. The research examined appears to be very up-to-date and is cogently discussed in a way that will challenge the preconceptions readers who believe the case for the disease model is solidly established.

While many clinicians remain skeptical about the scientific basis of the disease model, they nevertheless consider it a useful fiction which enables patients to overcome shame and seek treatment. *The Truth About Addiction and Recovery* opposes this view too, contending that the disadvantages of the disease approach outweigh the advantages for most people. In particular, they argue that the disease approach: undermines feelings of personal control and can be self-fulfilling; stigmatizes people in their own minds for life; isolates addictive behavior as a problem separate from the addict's life; holds up as models those who have shown the least capacity to manage their own lives; frequently makes "mountains out of molehills" with adolescents; and is used to justify rigid Twelve-Step programs and expensive, but questionable hospitalizations.

*The Codependency Conspiracy* offers a similar, albeit less research-oriented perspective on the disease issue, but, painting with a broader brush, attempts a rendering of the larger cultural forces at work. In particular, the emotional conviction and evangelical fervor surrounding the self-help movement are considered in the context of modern social alienation and the undercurrent of religious fundamentalism and cultism which has played such a prominent role in the American experience. Labeling oneself and joining a Twelve-Step group are conceived of here as an "antidote to the general alienation and loneliness of our culture, a substitute for families and communities that have come unglued." However, the authors feel that the price of admission to this community is too high, and such groups are taken to the task for being conformist in ideology, and for promoting generic, restrictive self-labeling, which is ultimately harmful

to real growth and individuation. Writing from an existential viewpoint, the authors particularly challenge the Twelve-Step doctrine of “powerlessness” which they believe factors out the personal responsibility and free will involved in the hard choices of life.

*The Codependence Conspiracy* is particularly harsh in its critique of current purveyors of the “codependency” concept. The authors object that its advocates have contrived a diagnosis and theory so broad and multifaceted, often involving contradictory symptoms, that it is virtually meaningless except in leading to large book sales and lecture attendance.

Both books are recommended reading for their timely, cogently presented and challenging themes. While both go on to balance criticisms with constructive suggestions for alternative recovery models, these will be of little novelty or interest to most clinicians and are omitted from discussion here. However, the critiques offered should prove thought-provoking for those therapists who either treat addictive disorders directly or find themselves working with patients who label themselves as “addicts,” “victims,” “adult children of...,” “codependents” etc. They will also be of interest to those who, like me, are intrigued by the ways in which cultures explain aberrant behavior, and the concomitant impact these explanations have on accounts of pathogenesis developed by patient and therapist alike.

Clinically speaking, a principal difficulty with the self-labeling discussed above is that people tend to view their internal and external difficulties as flowing from their “disease” or “addiction”, rather than considering the ways in which these latter function as symptoms arising out of personal, particular, and unique psychological struggles. In this sense, such labels offer generic, one-size-fits-all explanations which are essentially repressive with respect to the idiosyncratic psychological function and meaning of behaviors.

Culturally speaking, the controversy over whether behaviors, attitudes, and emotions arise from “disease” (something someone has) or emerge from personal and

cultural value-laden psychological decisions (something one does) is embedded in a larger dialectic which echoes throughout the history of ideas. Here one might include, for example, the themes of free will vs. determinism in theology and philosophy, deficit vs. conflict theory in psychoanalytic metapsychology, and the entire question of applying the so-called “medical model” to psychotherapy (e.g., Freud: *The Question of Lay Analysis*, 1926, or Szasz: *The Myth of Mental Illness*, 1961). Finally, one might consider the polemic concerning whether personality dynamics are primary in creating culture and economy (Freud), of whether economy is primary in creating culture and personality (Marx).

In my opinion, the disease model, independent of scientific legitimacy, can be viewed as both an individual and cultural defense which obviates the need to look either inwardly towards psychologic realities or outwardly towards social realities (poverty, racism, alienation, oppression, economics). In this sense the disease model occupies a “transitional” space where responsibility is obscured. The disease model is well suited to a cultural milieu in which people feel relatively powerless to influence society, and increasingly disinclined to take an unflinching look at themselves.

*\*References for this and all other presentations are listed on a separate PDF*