A Review of “Addiction: A Disorder of Choice”

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fellowships must be mastered to understand the struggles and benefits a client will have working the program with a sponsor, who is a more experienced person in the program.

Dr. Schenker outlines the nature, history, and simplicity of the 12-steps: The role of getting honest, working through feelings in a sober way, growing in humility, and a deepening of the individual’s spirituality and grace. Dr. Schenker weaves in behavioral therapeutic modalities and actual case studies, essentially challenging today’s therapists to open their own spiritual eyes.

Dr. Schenker’s book is a resounding call to all who read it to set aside their fears and biases to make an honest attempt to improve both the lives of the therapist and the client, who is trying to recover. *A Clinician’s Guide to Twelve Step Recovery* is a must read and is an essential book for any therapist working with any addicts willing to try recovery.

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**ADDITION: A DISORDER OF CHOICE.**  

Billions of dollars are spent each year on the disease of addiction. However, each year recovery rates from alcoholism and drug addiction are low—a frustration voiced by therapists and patients. Is it possible that the official model, that addiction is a disease (endorsed since 1954) needs revision? Could addiction really be a behavioral disorder of choice? This issue is at the heart of this book.

Dr. Gene Heyman, a research psychologist, Harvard Lecturer, and McLean Hospital researcher, feels there is not a lot of basic research to support the disease model (addiction is an obsession and a compulsion beyond the addict’s conscious control). Drawing on population clinical and laboratory research, Dr. Heyman presents a thought-provoking thesis: that drug use is like any other voluntary choice, influenced by a concept he calls “local-choice.” He argues that not all voluntary choices are rational or in our best interest.

According to Dr. Heyman, addictions are intimately linked to social values (“prudential rules”) or to set standards for a population. An addict typically rejects these “social rules.” Local-choice (i.e., self-centered) rationalizations substitute for more global-choice (prudential) values and drug use increases. The addict adopts private rules of conduct. Impulsivity is preferred to patience and self-control. Self-restraint is abandoned.

Dr. Heyman reviewed the epidemiological literature, including major national community surveys and he concludes that most addicts quit by age 30, largely due to the pressures that come with age. As for genetics and drug-induced neural adaptations, Dr. Heyman feels the issue is not whether addiction has a biology—the issue is whether that biology insulates drug use from the factors that ordinarily influence decision making. He finds that concerns about personal welfare and the desire for respect, especially from family members, influence drug use in addicts, whereas these same concerns have little influence on the symptoms of schizophrenia, obsessive compulsive disorders, and other brain/behavioral disorders.

Although Alcoholics Anonymous (AA) and similar self-help programs may not help those with diseases such as diabetes mellitus and depression, the author points to recent studies demonstrating that AA does work for alcoholics. AA works to the extent that members actively engage in the AA program. AA involvement, when successful, demonstrates that behavioral change is possible, hope can be revived, individuals can learn to confront and overcome their fears, and a social alternative to drinking is possible. AA promotes global-choice reflection and forethought (what AA members call “playing the tape through”).

If alcohol and drug use are voluntary, then treatment should include operant and behavioral consequences. The highly successful professional monitoring programs often employ these contingency measures. Treatment should include new information leading to a vision of hope, a change in cultural values (often a return
to the values the addict rejected in the first place), and self-analysis of the consequences of further drug use. Put another way, voluntary choice alone does not always produce a good outcome.

Dr. Heyman found that spirituality and drug use negatively correlated. When addicts had a loving and compassionate God to call on in times of stress, they were able to shift to choices and actions that were healthier, safer, and more in the realm of “global-choice.”

As the addicted person learns to think reflectively, practice self-control, and process spiritually guided prudential rules, he or she learns to make healthier choices. This might help explain why significant numbers of addicts stop using drugs without professional assistance. Could the disease of addiction actually be a behavioral disorder of choice? Dr. Heyman’s thought-provoking book, well worth the read, may change your mind.

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