meeting of real people in real time to reflect deeply on their work. I don't know any supervisor, me included, who doesn't need to be reminded of that. If for nothing else, get the book. If you don't need that reminder, buy it anyway – it's full of supervisory gems.

Michael Carroll

Addiction is a Choice.

Jeffrey A Schaler, (2006). Group West.

Or, perhaps, alternatively, genetically loaded to 'get wasted..?'

(Abel, E.L., 1985).

This is a short, accessible but subversive book of 146 pages, not including a respectable 24 page bibliography, reference list; the book is about existential freedom, choice and addiction. With most contemporary specialists adhering to the concept of the disease model of addiction the concept of *'natural recovery'* has often been neglected, and even regarded as a *'taboo'*, (Sobell, et al., 2000). In fact natural recovery, some have claimed, *'suggests that the individual was not addicted in the first place. If one is not able to stop independently, then an addiction is present'*, (Chiauuzzi & Liljegren, 1993, in Sobell, et al., 2000). As is well known the work of E.M. Jellinek continues to be of influence in the alcohol addiction treatment industry.

The work comprises of thirteen chapters, written in a logical, common sense fashion. Firstly, in chapter one, the book starts by examining the ambiguous evidence that addiction really is a disease expounding the *'credo of the free will model'*. This is developed in chapter two, with *'...it's difficult to classify addiction as either a physical or mental disease. Many human problems may be described metaphorically as diseases'*,(Schaler, J.A.,2000, p.18). Thus, the author continues, '*any socially-unacceptable behaviour is likely to be diagnosed as an 'addiction'*. So we encounter *shopping addiction, computer game addiction and sex addiction*. As Carnes, (1992), has stated, *'.....3-6% of Americans have sex addiction'*, as this behaviour activates, *'.... similar brain responses as the use of substances such as alcohol or cocaine'*.

The issue of controlled drug use is explored, by explaining that social recreational users are normally able to maintain a low to moderate use pattern without escalating to dependency, thus users are able to treat themselves. With, *'cocaine users moderate their use of the drug for psychological and social reasons that are important to them....research shows that compulsive destructive use is rare...and controlled use of cocaine is the norm'*, (Schaler, J.A.,2000, p.29). He continues that addiction, regardless of drug, is a choice, and we can learn from the *'rat park'* experiments, on the effect of environments in relation to drug use.

The author explains, *'monkeys and rats, like humans, are naturally sociable and exploratory animals'*, (Schaler, J.A.,2000, p.33), so therefore solitary confinement in a small cage is unrelenting torture. The only option was to press the lever for the drug, or sit there passively. Psychologists from British Columbia ascertained that animals in a freer, less stressful environment, of a special *'rat park'*, no longer felt the need to tranquilize and anesthetize themselves with opiates. Schaler concludes, that we need to enquire what it is in the heavy drug consumers' life, that constitutes for them the emotional equivalent of being *'in solitary'*, (p.35).

Interestingly, we can learn from the traditional Navajo common sense concept of self-efficacy, that is known as '*hozho*',(p.40). Here, all Navajo combine the concepts of beauty, goodness, order, harmony, and all things positive, only thinking and speaking in this way. It is their view that health is maintained and restored through positive ritual language. They recognize that they are the *'higher power'*, understanding the negative implications of the *'disease model'*, instead believing in their own ability to moderate their consumption of drugs and alcohol. So, the continual clamour for more addiction treatment might be seen as ironic as studies have shown how ineffective treatment programmes can be. However, this fact is explained away by treatment providers stating that addiction must be a *'chronic disease'*.

The origin of such thinking is then explored, with the author sourcing the roots of this thought to be based in religious thinking, with problems often resulting from keeping bad company and other forms of negative social interaction. However, Benjamin Rush, a leading eighteenth-century physician claimed that alcoholism is a disease of the will, in 1774. As a powerful rhetorician he exerted an influence on public opinion, which as a result shifted. So from Rush's time, when he advocated abstinence from alcohol, until the repeal of Prohibition in 1933, alcohol was regarded as a universally addictive substance. In 1935, a new disease model was forwarded with the founding of Alcoholics Anonymous, the self-help spiritual fellowship of recovering alcoholics. Its founders, Wilson and Smith maintained that alcohol was addicting for approximately 10 percent of the population. E.M. Jellinek, of Yale University, influenced by A.A., described behavioural patterns of drinking, and loss of control, that is now the cornerstone of the modern treatment industry and *'alcoholism movement'*. It was in 1954, the movement triumphed and the American Medical Association accepted that alcoholism as a disease, characterized by loss of control.

The book then moves onto the social science of defining A.A. as a spiritual cult, whereby coercion to accept the opinions of A.A. on drinking and on life in general is central. So, the process of individual recruitment entails a extreme transformation of personal identity. The author at this moment takes up the radical existentialist position stating that the eight

brainwashing techniques employed by the Chinese Communists, also operate in the A.A. The cult dogma of preaching recovery through permanent and total abstinence is challenged, and Schaler highlights what he believes to be various blatant untruths. A.A. often belittles and mocks such taboo ideas, often levelling derogatory comments. In fact the author was asked to be a consultant in a criminal case concerning a man arrested driving while intoxicated, who was ordered to attend Alcoholics Anonymous meetings. However, he objected on the basis that he was an atheist being ordered by the state into a religious programme, so he stopped attending AA after six meetings. He complained, *' they talk about God 50% of the time'*,(p.132).

Moving on, the famed project MATCH case study, which cost about $35 million of taxpayer's money, proved quite the opposite of what the organizers of the study wanted. The findings, that no type of treatment is significantly better or worse than any other, and in particular treatment by self-help groups is at least as good as treatment by paid professionals, were tried to be suppressed. Aggression was directed towards individualism and autonomy, or anyone daring to oppose the sanctity of the Therapeutic State and the economic interests of the growing treatment industry.

The equivocal *'Moderation Management'*, movement approach to controlling consumption, established by Audrey Kishline is then briefly studied; concluding with Kishline driving her pickup truck the wrong way down Interstate 90 and colliding head-on with another vehicle killing two people, drunk at the time; she was later sentenced to 4 and a half years.

The final chapter finishes the book by explaining that the author did not write the book primarily to defend any specific course of action, but to encourage a different way of thinking. Positively though he does offer a defiant solution to the drug problem, and the treatment industry in general. Considering the addiction treatment a scam, Schaler does not see why the public should be obligated to pay for treatment for metaphorical diseases. Radical to the end he states, *'nothing will do short of outright repeal of drug prohibition, with all currently illegal drugs available on the free market, much as alcohol and caffeine are available now'*,(p.140).

I consider the book to achieve its goal of achieving a new radical perspective, and the writing is very accessible, although not particularly academically refined. So, therefore I would recommend it to the interested public, and as a more general title to the existential practitioner. I applaud his original, critical line of individualistic thought for freedom from addiction, as he quotes James Baldwin,

> *Freedom is not something that anybody can be given, freedom is something people take*'
>
> (p.139).

References.

Abel,E.L.(1985). *Dictionary of Alcohol Use and Abuse*. London: Greenwood Press.

Carnes, P., (2001). *Out of the Shadows : Understanding Sexual Addiction*. Minnesota: Hazelden.

Jellinek,E.M. (1960).*The Disease Concept of Alcoholism*. New Haven:College and University Press.

Sobell,L.C., Ellinstad,T.P. and Sobell,M.B. (2000). Natural Recovery from Alcohol and Drug Problems : Methodological Review of the Research with Suggestions for Future Directions. *Addiction*. Vol.95, No.5, pp.749-764.

Gregory M. Westlake

Addiction: a Disorder of Choice

Gene M. Heyman. (2009) Harvard:Harvard University Press.

'Addiction: a Disorder of Choice' is a very different book, that is highly scholarly in its style, grounded in clear research and has a fascinating attention to detail. More psychological in his approach, Heyman offers us insight into the mindset of *'addiction'*, and therefore some kind of strategy for a solution is possible. His scope is wide and historically fascinating. At 173 pages of text, in seven chapters, the book is succinct, but with several pages of notes, and a respectable reference list of 17 pages.

Starting with a critical view of the 1914 Harrison Narcotics Tax Act and past responses to addiction, the book traces features of illicit drug use prior to the first legal prohibitions. It is essential to do this to come to a better understanding of addiction as addictive drugs promote chaotic and unhappy social relations, and medical problems, which have led to social policies more notable for their costs rather than their effectiveness. It was over a century ago, in the 19th and early 20th centuries, that Americans tended to medicate themselves rather than seek out professional help. Such medicines included alcohol, opiates, and cocaine, all used as self treatments. Such potions were unregulated and commonly thought to be the best option. It was during this period that America was described as *'a dope fiend's paradise'*, (Brecher, 1972). Interestingly, the differences in self administration techniques were accompanied by important demographic differences. For instance, the opium drinkers and eaters in the public's eye were refined, simply taking a sophisticated indulgence. Laudanum drinking was an aristocratic vice more common among the educated and wealthy. However, opium smokers were considered social outsiders, and not mainstream Americans, usually Chinese immigrants who were labourers. They came to be known as *'yellow peril'*, far from being fallen aristocrats, they would have been depicted as being evil. Finally, the