



Is the concept of compulsion useful in the explanation or description of addictive behaviour and experience?[☆]



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ABSTRACT

The concept of compulsion, in which addictive behaviour is said to be carried out against the will, is central to the disease theory of addiction and ubiquitous in modern definitions. The aims of this article are: (i) to describe various meanings of compulsion in the literature; (ii) to compare the part thought to be played by compulsion in addiction with its suggested role in obsessive-compulsive disorder; (iii) to critically examine the place of compulsion in influential neurobiological accounts of addiction; (iv) to summarise the empirical evidence bearing on the usefulness of the compulsion concept, evidence that seems at first sight incompatible with the notion of compulsion. This is followed by a discussion of which possible meanings of compulsion can survive an empirical test and what role they might play in understanding addiction, paying particular attention to a distinction between strong and weak senses of compulsion. A conclusion is that addictive behaviour cannot be considered compulsive *at the time it is carried out*, though other possible meanings of compulsion as an explanation or description of addictive behaviour and experience are discussed. Among other conclusions, it is suggested that, although in some senses of the term it may seem arbitrary whether or not ‘compulsion’ should be retained, its use has important consequences for the public understanding of addiction, and is likely to deter people’s attempts to overcome their addictions and their chances of success.

1. Introduction

The concept of compulsion is at the core of the disease view of addiction. In the disease view, it is the compulsive nature of addictive behaviour that distinguishes it from non-addictive behaviour. To say that an addict’s behaviour¹ is compulsive is to say, in respect of their addiction, that they are not free to behave other than they do; they have no choice in the matter or, at least, their ability to choose is severely constrained by the effects of their disease of addiction. In this way compulsive behaviour represents a kind of defect of the will (Wallace, 2003); in some fashion, addictive behaviour is carried out *against the will* of the addicted person. This is in contrast to the behaviour of people who do not suffer from the disease of addiction and whose behaviour is assumed to reflect, in some way, the operation of their free will. In the development of addictive behaviour, the onset of compulsion marks the turning point from normal, recreational drug use to addictive drug use. Thus, in his ‘manifesto’ for the brain disease model of addiction,

Leshner (1997) writes: “Initially, drug use is a voluntary behavior, but when that (metaphorical) switch is thrown, the individual moves into the state of addiction, characterized by compulsive drug seeking and use” (p. 46, parentheses added). In relation to so-called behavioural addictions, to call a behaviour ‘compulsive’ immediately aligns it with substance-related forms of addictive behaviour (e.g., Kraus, Voon, & Potenza, 2016; Maraz, Griffiths, & Demetrovics, 2016).² In short, it is compulsion that makes addictive behaviour addictive.

Compulsion also serves an essential socio-political purpose for the disease of addiction. It is because addictive behaviour is compulsive that addicts should not be blamed or punished for the transgression of legal and social norms associated with their addictive behaviour but should instead receive compassion and treatment, when indicated, for their disease. This appeal to compassion and access to treatment is, of course, the basis of longstanding and continuing communications from advocates of the disease theory of addiction to the general public and policy-makers. Indeed, despite the origins of the disease theory of

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¹ I am aware that many people object to the term ‘addict’, agree that those who suffer from what are conventionally known as addictions are individual human beings whose lives cannot be summarised and dismissed by a single term, and apologise for use of the term here. Unfortunately, “people-who-suffer-from-addictions”, or PWSFAs, is just too cumbersome for use, so I ask the reader to keep the foregoing apology in mind.

² In this article I shall sometimes make reference to drug addiction or drug use but the reader should bear in mind that, depending on the context, addiction to activities like gambling, aberrant sexual behaviour, internet use, shopping, etc., is often intended too.

addiction at least 200 years ago (Levine, 1978), it is still promoted as a mark of liberal and enlightened opinion to believe that addiction *really* is a disease and that sufferers from it ‘can’t help’ behaving (i.e., are compelled to behave) the way they do. We may note in passing that, despite the appeal of this rationale for a compassionate response to addiction based on the idea of compulsion, it has not generally succeeded in persuading Anglo-American law to withhold criminal responsibility from addicts who break law of the land (Morse, 2017).

Although, as we have seen, crucial for a disease view of addiction and hence for the dispute about whether or not addiction is best viewed as a disease, the notion of compulsion is also accepted by many who reject the disease theory. An influential book by a pioneer of objections to the idea of addiction as a biological disease (Peele, 1985) is subtitled, “Compulsive experience and its interpretation”. A neuroscientist who disagrees that addiction is a disease (Lewis, 2017) nevertheless believes that, in its late stages, addiction is characterised by compulsive urges. Bruce Alexander (2008), who sees addiction as an adaptation to socio-cultural dislocation, refers to it as a compulsive lifestyle. Other examples of non-disease uses of compulsion could be provided. The conclusion is that the concept of compulsion is ubiquitous in modern thinking about the nature of addiction.

1.1. Loss of control

In modern writing on addiction as a disease, the idea of compulsion assumes a central place. However, in earlier writings on alcohol addiction, then called ‘alcoholism’, a similar concept was prominent and this should not be forgotten in a discussion of compulsion. This was the concept of ‘loss of control’ over drinking, which had formed the cornerstone of the disease theory of alcoholism from its origins in the early 19th Century to its reformulation by *Alcoholics Anonymous* following the repeal of National Prohibition in the USA in 1933 and subsequent adoption by the medical profession (see Heather, 1991). As in the concept of compulsion, inherent in this concept of loss of control is the idea that alcoholic drinking is ‘against the will’ of the victim of a hypothetical disease process. This is shown most clearly in a famous quotation from Jellinek’s (1960) foundational text for the modern disease concept of alcoholism:

Recovered alcoholics in *Alcoholics Anonymous* speak of ‘loss of control’ to denote that stage in the development of their drinking history when the ingestion of one alcoholic drink sets up a chain reaction so that they are unable to adhere to their intention to ‘have one or two drinks only’ but continue to ingest more and more – often with quite some difficulty and disgust – *contrary to their volition* (p. 41, italics added).

Loss of control was divided into two kinds of compulsion: ‘inability to abstain’ in which the drinker is unable to refrain from starting to drink after a period of abstinence, and ‘inability to stop’ in which the individual is unable to stop drinking during a single session or keep to limits previously set (Marconi, 1959), as in Jellinek’s example above. The latter kind of loss of control is central to the view of alcohol addiction taken by *Alcoholics Anonymous* (AA), epitomised by the slogan ‘one drink, one drunk’. AA is concerned with the alcoholic’s desire to drink between drinking sessions but refers to this as an ‘obsession’ with drinking rather than loss of control *per se* (see Crowther, 2017).

Following evidence collected during the 1960s and 1970s which cast doubt on the validity of the ‘chain-reaction’ form of loss of control (see below), the concept was watered down by disease theorists by the introduction of an element of unpredictability in the appearance of loss of control. Keller (1972) proposed that alcoholics had not lost control over drinking but could never be sure that, once started, they would be able to stop; Ludwig and Wikler (1974) referred to a *relative* inability to regulate alcohol consumption; and, in the alcohol dependence syndrome, control was seen as “variably or intermittently impaired rather than ‘lost’” (Edwards, 1982, p. 29). Depending on the kind in addiction

in question, the idea of impaired control, as a more refined version of the compulsion concept, can presumably be applied in somewhat different ways to all addictive behaviours.

1.2. Aims of this article

Despite extensive references to it in the literature on addiction, it is by no means clear what role compulsion is supposed to play in addiction. As Segal (2017a) has emphasised, different authors mean different things by the term (p. 450). Does it apply to the behaviour itself or to the experience accompanying or preceding addictive behaviour? Does it characterise drug seeking, drug consumption, or both? Is it supposed to be an essential characteristic of addiction or one that applies only to some, presumably more severe forms of it? Above all, is compulsion in some sense of the term required for an adequate explanation of addiction or is its role merely descriptive? If descriptive only, is the description accurate? It is questions of this kind that this article will attempt to answer.

Before proceeding, it may be necessary to make one thing clear. In analysing the concept of compulsion and thus leaving open the possibility that this concept will be found wanting as an explanation or description of addictive behaviour and experience, there is no intention whatever in this article to trivialise addiction. The author recognises that the consequences of severe addiction are devastating and tragic in nearly all spheres of human life. Alcohol addicts drink themselves to death despite the efforts of family, colleagues, neighbours and friends; nicotine addicts continue to smoke despite warnings from their surgeon that limb amputation will be necessary unless they quit; gambling addicts destroy their family’s finances and leave themselves and their loved ones destitute and desperate. In addition to death, disease, mental and social damage, all forms of addiction can lead to terrible feelings of shame and self-loathing (Flanagan, 2013).

The great mystery of addiction is that these consequences normally occur with the full awareness of the addicted individual. So why do addicts persist in their addictive behaviour despite knowing what harm it is doing to their lives and the lives of others? It is not enough to answer this question by saying it is because addicts are compelled to behave that way without attempting to further specify what compulsion means; to fail to do so is merely to restate the central puzzle of addiction. It is also not enough to say that addictive behaviour is ‘against the will’ without further specifying what this means (see Segal, 2017a, 2017b). It is obvious that some addicts do not stop their addictive behaviour before devastating harm has been done. The question is why this happens. Again, it is not enough to say that it is because they ‘can’t stop’ without trying to say why they can’t stop. It is that task of further specification that this article is aimed at assisting.

1.3. Structure of the article

The article will be divided into six sections. In the first, in addition to those meanings that have already been noted, various meanings of compulsion will be examined in the literature on definitions of addiction, in classical philosophy, and in modern dictionary definitions of compulsion. This section will conclude by identifying two possible senses of compulsion which, it is claimed, help to clarify how it has been attempted to explain addiction in the literature. Then, the part thought to be played by compulsion in addiction will be compared with its suggested role in obsessive-compulsive disorder. In the third section, the place of compulsion in influential neurobiological accounts of addiction will be critically examined. Next, having previously set out the various possible meanings and theoretical forms compulsion can take, we will examine the behavioural and phenomenological evidence bearing on the usefulness of the compulsion concept. This will be followed by a discussion of which possible meanings of compulsion can survive an empirical test and what role they might play in addiction theory. The article will conclude with an opinion on what part the

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