

# Stanton peelee essay



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The aim of the present paper is to explore the system of addiction conceptualizing and treatment designed by Stanton Peele in his book *Diseasing of America* (1995). Stanton Peele, PhD, is an American psychologist and lawyer recognized as a leading expert in the addiction field. His method of addiction recovery is based on years of clinical research and grounded-theory studies.

Peele's program builds on the proven methods that people have actually used to overcome addiction, with or without treatment. The present paper explores Stanton Peele's *Diseasing of America* (1995), where he questions the medical model of addiction, from the perspective of Social Constructivist and Post-Modernist therapeutic models. Scholars and representatives of the lay public usually define addiction as "as uncontrollable, incurable, inherited diseases" (Truan, 1993, p. 489). Peele (1995, ch. 6, 'Values, Intentions, Self-Restraint, and Environments,' para.

1) challenges the medical definition of addiction stressing that addictive habits are not "something people are born with." Peele (1995, ch. 6, 'Values, Intentions, Self-Restraint, and Environments,' para. 1) argues that "addiction is not caused by chemical or biological forces and that it is not a special disease state." By declining the purely biological conceptualization of addiction as an inborn or uncontrollable phenomenon, the scholar emphasizes that the addict is able to identify invigorating alternatives.

To begin with, the researcher notes that the primary driver for addiction is the individual's lack of stimuli experiences which would provide him with a range of positive emotions. Addiction is a state which ruins the addict's

identity and control of the whole situation. People can come to depend on such an involvement for these experiences until – in the extreme – the involvement is totally consuming and potentially destructive. Addiction can occasionally veer into total abandonment, as well as periodic excesses and loss of control. Nonetheless, even in cases where addicts die from their excesses, an addiction must be understood as a human response that is motivated by the addict's desires and principles.

All addictions accomplish something for the addict. (Peele, 1995, ch. 6, ' The Nature of Addiction,' para. 1) This paragraph demonstrates that Peele puts the individual, who is involved into the addictive behavior, into the center of his addiction matrix.

Peele's system of addictive behavior consists of three elements: the person, the situation or environment, and the addictive involvement or experience. Unlike traditional scholars from the biological psychiatrist school, Peele integrates his construct of addiction to the broader cultural and social context. It lacks sense to distinguish addiction to the substance of abuse. Be it gambling, alcoholism or shopping " fever," the addict is affected by the same range of internal and external stimuli and motivations. They are rooted in and guided by the wider social context.

For example, when somebody lacks the opportunity to fulfill his/her essential desires, (s)he may seek for " powerful and immediate sensations" (Peele, 1995, ch. 6, ' The Nature of Addiction,' Table 1) by abusing drugs within disadvantaged social groups and zones of military conflicts to shift attention from his/her own miserable and powerless state. When one has low self-

esteem and lacks motivation, (s)he is likely to associate him/herself with some antisocial peer groups to share the sense of disillusionment and acquire the “ artificial or temporary sense of self-worth, power, control, security, intimacy, accomplishment” (Peele, 1995, ch. 6, ‘ The Nature of Addiction,’ Table 1). This is likely to happen when a person has been raised in an incomplete, excessively authoritarian/permissive family and lacked support from the social groups of relatives, peers, and mentors.

Within the contexts of “ adolescence, temporary isolation, deprivation, or stress” (Peele, 1995, ch. 6, ‘ The Nature of Addiction,’ Table 1), addiction might be caused by the lack of “ self-efficacy” and by “ powerlessness.” In other words, Peele demonstrates how the external stimuli are interrelated with the internal processes of human cognitive and emotional behavior. In brief, addicts are highly affected by the social context, although unlike non-addictive individuals they are more sensitive in their reactions to the specific stimuli of the broader environment.

They are so poor in positive experiences and emotions that they “ act to maximize the rewards they perceive are available to them” (Peele, 1995, ch. 6, ‘ The Individual,’ para. 1) at any price. At the individual level, Peele finds a strong correlation between social concepts of class altogether with power and addiction.

Of course, as the scholar (Peele, 1995, ch. 6, ‘ Who Becomes Addicted?,’ para. 2) emphasizes, “ the sources of addiction lie more in people than in [substance].” The thing is that the individual’s personal life is controlled by the broader social contexts with its values, norms, and rules.

The individual and social values intermingle and affect each other to produce a challenging setting. Each case of addiction should be treated individually. For example, at the macrolevel Peele observes that the majority of drug as well as alcohol addicts come from the underprivileged “ low” social layers. However, there are cases when addiction is caused by the social microcontext such as the type of family.

Finally, individuals differ from one another in terms of cognitive and emotional organization: some are submissive and possess low self-esteem, whereas the others are bold, aggressive and strive to control everything and everybody. Within such a complex context created by different types of human psychiatrist organization Peele explains addiction by the meaningful social concept of power. Whereas the non-addict finds power in normal social relations and institutions, the individual displaying addictive behavior associates power to the elements of his addiction (drugs, compulsive eating, gambling, etc.).

As Peele emphasizes, the addicts withdraw value from normal social phenomena - health, family, work - which normally restrict people's inadequate behaviors and ascribe power to the elements and instruments of their addiction. The author described the process as indulging oneself into addictive habit or behavior. Those who overeat or who gamble away their families' food budgets or who spend more money than they earn on clothes and cars or who endlessly pursue sexual liaisons do not necessarily have stronger urges to do these things than everyone else, so much as they display less self-restraint in giving into these urges. The scholar suggests that one becomes addicted to the specific substance or mode of addictive

behavior due to specific emotional and cognitive organization. Alcoholics or addicts may have more emotional problems or more deprived backgrounds than others, but probably they are best characterized as feeling powerless to bring about the feelings they want or to accomplish their goals without drugs, alcohol, or some other involvement. Their sense of powerlessness then translates into the belief that the drug or alcohol is extremely powerful.

They see in the substance the ability to accomplish what they need or want but can't do on their own. The double edge to this sword is that the person is easily convinced that he or she cannot function without the substance or addiction, that he or she requires it to survive. This sense of personal powerlessness, on the one hand, and of the extreme power of an involvement or substance, on the other, readily translates into addiction. (Peele, 1995, ch. 6, 'Are Addicts Disease Victims?', para. 6) At the personal level, individual factors related to emotions and reactions to the external stimuli are overlapped by the social factors affecting the individual's mind and soul.

For example, Peele cites sociological research on the issue of drug abuse within the population of school-aged adolescents. Clayton, a sociologist, identified two factors affecting the cocaine abuse within the researched group: marijuana/tobacco abuse and truancy. The second predictor of the cocaine abuse is of social order: the issue of discipline and integrating into social institutions is directly associated with drug addiction. Another example is provided by Peele in regard to smokers causing the highest rates of car accidents and traffic violations, and drinking when they drive. Statistics

demonstrate that such people are likely to get involved into the acts of risky and antisocial behaviors even when they are sober.

The distortion of their personal system of values blinds addicts in regard to their own bodies and health. What adds even more bitterness to the situation, so far as every individual lives within the broader social context, addictive people endanger the health of loyal members of community. Thus, personal addictive habits cannot be isolated from the social setting. At the layer of the social and cultural milieu, Peele identifies the factors of social class, professional communities, and cultural background as the ones causing and sustaining addictive behaviors. That is, the farther down the social and economic scale a person is, the more likely the person is to become addicted to alcohol, drugs, or cigarettes, to be obese, or to be a victim or perpetrator of family or sexual abuse. (Peele, 1995, ch.

6, ' The Social and Cultural Milieu,' para. 1)Whereas drug and alcohol abuse is usually associated with the low social stratum, such addictions as shopping, bulimia and exercise addiction are primarily middle-class addictive habits. There are sets of rigid values and rules ascribed to every social cluster. One and the same type of addiction may occur within various social classes. However, the reaction of the addict to his/her own behavior and the response of the broader community would be different in each case:[...] the consistent formula discovered in surveys of drinking is that the higher a person's social class, the more likely the person is both to drink and to drink without problems.

Those in lower socioeconomic groups are more likely to abstain, and yet are much more often problem drinkers. [...] Middle-class people have certainly developed broad experience with drugs in the last three decades. At the same time, when they do use drugs, they are more likely to do so occasionally, intermittently, or in a controlled manner. As a result, when warnings against cocaine became commonplace in the 1980s, cocaine use shrank among the middle class, while cocaine use intensified in ghetto areas, where extremely disruptive and violent drug use has become a major feature of life. (Peele, 1995, ch. 6, ' Social Groups and Addiction,' para.

4)Peele also describes the case of bulimia within the social group of college women. The group mode of living affects their individual behaviors in such a way that one example of abnormal practices relating to weight control is replicated by other members of the community at incredible speed. Peele (1995, ch. 6, ' Social Groups and Addiction,' para.

1) identifies the social factors, like " the tensions of school and dating" altogether with " an intensely held social value toward thinness that many are not able to attain" as primary drivers of bulimia within college female populations. On the example of American soldiers who became drug addicted in Vietnam and dropped drug habits upon their coming back home, Peele (1995, ch. 6, ' The Situation or Environment,' para. 1) also attempts to prove that " barren, stressful, and out-of-control situation" was likely to cause addiction. The overall cultural setting is also agreed to affect the addictive patterns.

For example, colonial Americans were unfamiliar with alcoholism, bulimia, PMS or shopping addiction. Recently, economic prosperity and social clichés of richness, glamour and spending encouraged the proliferation of shopping addiction and gambling. Within the whole addictive environment, individual factors initiating addictive behavior are nevertheless important. The correlation between the broader context and personal background creates a challenging situation: More people who gamble have a sense of loss of control than have this feeling with narcotics: very few people who receive morphine after an operation in the hospital have even the slightest desire to prolong this experience. It is the total nature of the gambling experience (as practiced in Atlantic City casinos, for instance) that promotes this sense of addictive involvement. The complete focusing of attention, the overriding excitement of risk, and the exhilaration of immediate success – or usually, the negative sensations of loss – make this experience overwhelming for even the strongest among us.

(Peele, 1995, ch. 6, ‘ The Addiction Experience,’ para. 5)The third constituent of Peele’s conceptual framework for addiction is addictive experience. At the layer of experience, an addicted person seeks for stronger emotions and more interesting sensations because he is deprived of them in his/her normal life. As Peele (1995, ch.

6, ‘ The Nature of Addiction,’ Table 1) noted, experiences that drive individuals into addiction are linked to the concepts of “ power,” “ control,” “ security,” “ calm,” “ intimacy,” ‘ relief” and of “ being valued by others.” Simultaneously, addictive experiences lessen emotions and sensations associated with “ pain” and “ discomfort.” Taken as a system, the addictive

matrix proposed by Peele suggests broad applicability and a well-structured organization expanding the cause-effect framework. For example, in regard to drug abuse Peele (1995, ch. 6, ' Are Addicts Disease Victims?,' para. 1) notes that, "[T]he development of an addictive lifestyle is an accumulation of patterns in people's lives of which drug use is neither a result nor a cause but another example.

" The scholar (Peele, 1995, ch. 6, ' The Addiction Experience,' para. 3) acknowledges " the psychoactive effects of a substance" onto human sensational organization; however, Peele stresses that it is the " experience itself is what the person becomes addicted to." Addiction is rooted in the personal background with implications of powerlessness, vulnerability, low self-esteem, lack of control, and boredom. The road to addiction is opened when an individual lacks strong system of values associated with adequate social behavior and feels alienated from social institutions of family, school, work, or professional community.

Being deprived of a supportive social context and an array of positive emotions (s)he starts to " pursue[...] immediate, sensual, and aggressive rewards while having underdeveloped inhibitions" (Peele, 1995, ch. 6, ' Are Addicts Disease Victims,' para. 4). Addictive experiences are structured within the dynamic cycle where the key driver of human behavior is " the repeated failure [...] to gain exactly the state he or she seeks" (Peele, 1995, ch. 6, ' The Addiction Experience,' para.

4). However, the addicted individual keeps on exercising his disruptive and dangerous habits. In regard to experiences as the layer where addiction may

operate at, Peele identified the link between the individual's vulnerability for addiction and life cycles or phases. Most people get involved with substance abuse in their young years when it becomes "almost an obligatory rite of passage" (Peele, 1995, ch.

6, 'Life Phases,' para. 1). However, the social context seems to affect the "addictive matrix" even to a greater extent than life stages. If an adolescent is being brought up within a stable family structure with adequate power relationships and mechanisms of restraints, if (s)he is encouraged to increase his/her self-esteem within the learning and broader community context, hardly is (s)he seduced into a serious act of addictive behavior.

Peele's conceptualization of addiction seems to fall within the school of the Social Constructivism and Post-Modernist research in regard to social context and human relationship. Laird (1995) stated that the post-modernist constructivist epistemology is based on the concept of knowledge as part of reality and the knowers. Reality is perceived and explained through the process of interpretation: The knower always intimately influences what is known and how it is known. Human beings are pattern-makers because they interpret or attach meaning to what they observe. The phenomenon of human experience suggests that people are active shapers of their reality, not passive observers of events played out on a screen. If, through interpretation, human beings create what they see, then we can no longer claim that truth rests on an absolute standard existing outside ourselves (Weick, 1993, p.

18 cited in Laird, 1995, p. 151). Riley (p. 260, p. 259) stated that social constructionism represents “ an open system” denying the concept of “ absolute reality [...] that can be unconditionally known with objective certainty.

” This research paradigm emphasizes the primary role of the social context, which affects people’s lives, and aspects of social behavior such as language, race, culture, gender, and socio-economic stress. These concepts frame people’s knowledge of the world shape the therapeutic relationships making each therapeutic session unique. Fruggeri (1992) defined socially constructed therapy as the following: Psychotherapy emerges here as a communication process in which the different partners construct the reciprocal roles and together construct an interpersonal context within a consensual domain. The definition of knowledge as a definition of discovery is dismissed. The viewing of psychotherapeutic practice dissolves.

(cited in Riley, 1999, p. 260)The psychological theory treats the phenomenon of human emotion as a twofold appraisal process. First, an individual reacts to the stimulus situation with its elements of facts, the language, and the context overall. Second, (s)he constructs his/her “ perceived response options” (Noller, 1988, p. 130). The former type of the appraisal could be termed as “ the experience of emotion,” and the latter as “ the expression of emotion.

” During the latter type of the appraisal processing human responsive behavior to the external stimuli is highly normative. An individual frames his/her response options relating to the terms of response availability and/or

appropriateness. Gradually, the construction of emotional reaction overlaps the analysis of the stimulus situation and its elements. The Social Constructivism theory concentrates on examining norms and rules governing the “ experience” and “ expression” manifestations of emotion. Averill (1984, p. 25 cited in Noller, 1988, p.

130) defined social norms as “ belief systems or schemes that guide the approval of situations, the organization of responses, and the self-monitoring (interpretation) of behaviour.” The Post-Modernist Social Constructivist paradigm of research is interested in identifying and analyzing social values as part of the therapeutic relationship (Laird, 1995). Another important concept within the given school of social research is power and its manifestations at various layers of social system. To summarize, the Social Constructivism paradigm acknowledges the normative nature of human cognitive systems and stresses the prevalence of social component over both affective and motivational ones in guiding emotional responses to the external stimuli. An individual views the reality as a social system where the socialization process implies the individual’s acquisition of socially meaningful concepts such as gender, age, race/ethnicity, social position, and so on.

Social systems affects a motivational sphere of the individual’s cognitive system with its key driver of “ self-evaluation by reference to significant others and to a ‘ generalized other’” (Cooley, 1902; Mead, 1934 paraphrased and cited in Noller, 1988, p. 131). Human beings interpret both experience and action relating to the aforesaid concept of self-evaluation determining their own position within a broader social context. In regard to therapeutic

intervention, the Social Constructivism theory states that “ every human system needs to be understood in its sociocultural context, over time and in space” (Laird, 1995, p. 153). Peele criticizes the American addiction treatment industry as the one that centers biological aspects of addiction without tracing social relationships between addicts and social factors.

By denying the individual’s opportunity to fight his/her own addiction, the industry demonstrates “ the tremendous growth [...] without demonstrating that it works” (Peele, 1995, ch. 9, para. 1). The scholar seeks to prove that addiction cannot be eliminated when the whole social context of underprivileged classes, urban ghettos, and distorted families is overlooked. Peele (1995, ch.

9, paras. 1, 2) identifies two major trends conditioning the current affairs of the American addiction treatment industry: “ our failure to stanch every social problem associated with the underclass that has evolved in the United States,” and “ loss of control we have developed as a society, an anxiety brought on by our utter incapacity to alter the trends over which we are so distraught.” Besides the diminished level of control (1), Peele (1995, ch. 9) emphasized the causes of the America’s “ addiction to addiction” in the following statements:(2) People are deprived of and lost access to the natural basic emotional and physical experiences;(3) “ America is the most medicalized of all societies” (‘ Summary: Loss of Control as a National Theme,’ para. 5);(4) There is a relationship lost between internal emotions/feelings/sensations and the social context;(5) The communal background is weakened and distorted;(6) Americans’ conceptualizing of

addiction substances is ambivalent and ambiguous;(7) Historical and cultural icons (e. g.

, temperance, Prohibition, and AA) distort the American sensibility in regard to addictions;(8) When conceptualizing addiction as disease, Americans force themselves into the trap of fear that prevents them from controlling addictions. At the macrolevel, Peele (2005) suggests that a broader global context should be taken in regard relating to addiction identification, monitoring and treatment within the comparative analysis framework across different types of social organizations, cultural systems and the examples derived from history. Another instrument to fight addiction at both macro- and microcontexts is to reinforce the sense of community, social integrity and control: I believe that we are creating problems for ourselves—many related to addiction—and that more and more Americans feel themselves in the throes of one or several such compulsions. As we have seen, deciding one is addicted is a complicated process, entailing that one see oneself as being out of control of one's habits. And Americans do seem to feel that they are more out of control of their lives than they have felt in the past. This loss of control - despite all claims about the discovery of new biological causes of menstrual discomfort and genetic sources of alcoholism, depression, anxiety, and other conditions - is principally a social and psychological phenomenon.

(Peele, 1995, ch. 9, ' Is the United States Worse Off Than It Used to Be, or Than the Rest of the World?,' para. 2)The social role of ethnic communities should be also reinforced for them to maintain cultural role models and transfer positive experience altogether with associated values to the younger generations. At the microlevel, Peele stresses the primary role of a

strong system of values within the individual's cognition associated with family lives or careers.

To put it in a nut-shell, Peele (1995) fights the purely biological and medicalized treatment of addiction as a disease. Instead, the researcher conceptualizes addiction as a three-fold system consisting of the individual's emotions/sensations as the drivers of addictive experiments within the social context. Peele's attention to social issues and environmental factors puts him within the school of the Social Constructivist and Post-Modern school of thought which stresses flexibility, interrelatedness and value-laden nature of science and knowledge.