“Beware of the Man of One Book”

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"Beware of the Man of One Book": Processing Ideology in Addictions Education

Peter L. Myers, PhD

ABSTRACT. The study of addictive behavior is especially charged with ideology. The preparation of professionals demands awareness of the “hidden lenses” of ideology and characteristics such as dogmatism and rigidity, oversimplification, reductionism, and dualistic thinking. Emotional investment in ideology to which a student may have converted in life crisis makes it difficult to introduce threatening “heretical” teachings or encourage critical thinking. It may be preferable to use the term culture rather than ideology in processing treatment philosophies in the classroom.

KEYWORDS. Ideology, addictions education, critical thinking, models

PROLOGUE

Addiction studies is informed by highly charged systems of ideas; creeds to which individuals may have converted in life crisis, part and partial of their identity and even their notion of the sacred. Other viewpoints that inform us carry a scientific patina, but are no less cultural
constructions. Effective preparation of researchers, counselors, public policy advocates and other addictions professionals demands an analysis of systems of recovery, counseling and psychotherapy as ideological or cultural systems.

The term “ideology” carries weighty baggage accumulated over centuries (Note 1). In journalistic and popular accounts, ideology denotes social and political viewpoints, such as populism, conservatism, and fascism, less often a religious outlook, and seldom refers to medical or psychological systems. There is also an implication of dogmatism, fanaticism, bias, distortion, and belligerence. In modern sociological or anthropological usage, ideology refers to a domain of ideational culture—what groups of people think about things—consisting of coherent belief systems and conceptual structures often charged with sentiment and symbolism (Note 2). It is usually associated with the identity and interests of a particular group, but there has always been great variation in notions of how ideology connects to social structure (Note 3).

The article begins by noting the dilemma of ideology in social science. The second and largest portion of the article examines ideological thinking in psychotherapy and recovery, first examining ways in which some counseling systems think ideologically, then looking at psychoanalytic and folk psychotherapy systems as a whole, and finally revisiting the discovery of recovery ideology by professionals. Implications for the educator conclude the article: a consideration of radical conversion to creeds and the encounter with ideological students, and the benefits of utilizing “culture” or “ideology” as descriptive terms.

**IDEOLOGY IN SOCIAL SCIENCE**

Although social science means to be value-free and objective, ideology has always been the ghost in the machine. In his essay “Ideology as a Cultural System,” anthropologist Clifford Geertz remarks that:

> Where, if anywhere, ideology leaves off and science begins has been the Sphinx’s Riddle of much of modern sociological thought and the rustless weapon of its enemies. (Geertz, 1964)

Social science inevitably cuts to the cloth of a culture. It is difficult to step beyond ethnocentric conceptualizing. We unknowingly utilize prefab categories constructed by cultures, subcultures, or academic authorities, scanning for attributes that fit their criteria, filtering data by its
taxonomies, assumptions, and epistemology. Built-in cultural distortion is inevitable, and is only noticed after considerable time has passed (“Freud’s writing about patients in Victorian Vienna doesn’t quite fit today’s Las Vegas, does it?”).

Space precludes more than a briefest mention of work on ideological bias in social science. One recurrent theme is utopianism and the idealization of human beings, summarized by political scientist Karl Mannheim as early as 1936 (Mannheim, 1985). Anthropologist Melford Spiro (1987) described a strain of utopian and idealist ideology running through social science, from Rousseau to 19th Century socialism to the proponents of the (now declining) Israeli kibbutz (communal agricultural settlements). He considered “kibbutznik” founders as latter-day believers in the “noble savage.” They expected that hostility and conflict would be eliminated and that members would be “sex-blind” (absence of sexual shame due to mixed-sexed showering and other equalizers). In his 1950 fieldwork, Spiro found that none of these utopian expectations held water. While utopianism does not bear heavily on recovery systems, the early addictions therapeutic community movement of the late 1960s and early 1970s, as well as much of the encounter group milieu of the time had a decidedly utopian, countercultural aspect (Maslow, 1967; Myers, 1991), reflecting the social trends of that period.

Another early analysis of ideology in social science is the essay “The Professional Ideology of Social Pathologists” by sociologist C. Wright Mills (1943). He critiqued sociology text authors of the time whom, he felt, idealized the forms of social order found in polite, small-scale American communities and ignored large-scale social structure in their definitions of social problems, social pathology, and deviance. He located the etiology of this world-view in predominantly rural, mainline Protestant origins of the authors themselves.

DECONSTRUCTING SYSTEMS OF COUNSELING THOUGHT

Dimensions of Ideological Thinking in Counseling and Psychotherapy

Can we identify ideology in the classroom, and ascertain what is acceptable or appropriate? Most educators consider force-feeding religious or political views as a biased and ineffective learning strategy.
However, outside of small academic circles, psychosocial theory is seldom conceived of as ideology. Therefore, ideological bias in addiction and other behavioral health treatment is difficult to identify or to challenge in administrative or peer review. This is not to say that to identify ideology is to condemn it. Democratic and humanistic thought is ideological; a majority of humans adhere to beliefs in a supernatural or extraordinary realm. Robert Fancher, who deconstructs major theories of counseling in his brilliant work *Cultures of Healing* (Fancher, 1995), states:

> To understand care as culture is not to dismiss it . . . social institutions cannot be created and sustained without some ideology. . . . (p. 30) The problem with cultures of healing is not that they are cultures. The problem is that they do not know they are cultures . . . (and) have mistaken their cultural creations for natural facts. (pp. 322-3)

That said, we need to remain aware of over-investment in ideas so as to preclude change, of description that moves seamlessly into evaluation, working against our efforts in establishing rapport, facilitating change, or delivering services to a client population.

The system of categories constructed by an ideological group act as a filter, lens, or an organizing paradigm, through which information is processed and sorted (like supermarket change sorters). For example, the author has encountered students who processed the bipolar disordered as “dry drunks” or as people with “unresolved codependency issues” and the processing of hyperactivity in children as behavior that springs from a scapegoat role in an alcoholic family.

Identification of the “hidden lenses” of therapeutic and recovery ideology enables the student to think critically about why they do what they do, in research, counseling, and public policy arenas. Ideology may be more clearly examined by attempting to state their underlying assumptions, phenomenology, metahypotheses. One should also discern the phenomenological level at which this axiom rests: as, a postulate concerning the nature of reality (see “environments possess order,” below), vs. one concerning surface behavior such as “one drink, one drunk.”

Human ideologies are inevitably structured according to common human cognitive process such as dualism, simplification, and the powerful association of ideas with groups. This section will examine common aspects of belief systems, and apply them to systems of counseling.
and psychotherapy. There are some of many possible illustrative examples of the critical analysis or “deconstruction” of therapeutic belief systems that seemed particularly apt for this article, and not an attempt to single out or pillory particular schools of counseling or psychotherapy.

**Belligerence, Elitism, In-Group/Out-Group Distinctions, Dogmatism and Rigidity**

Clifford Geertz remarked (1964) that ideology is seen as the property of those “stiff in opinions”: doctrinaire, totalistic, and belligerent towards others. Ideology often represents human groups, with a sacred or quasi-sacred aspect. There is usually a dualistic divide between ingroups (pure) and outgroups (impure). Impurity is often equated with danger (Douglas, 1993). Non-group thought, or even critical thinking is heretical or threatening. Thus, the association of ideology with fanaticism and zealotry. It is not helpful, when attempting to facilitate personal or social change, to dogmatically insist on one’s version of reality, to hit people over the head with it. Aggressive labeling and confrontation is an example. Louis Adamic (1938) described an episode in 1932, where Marxists from New York and Philadelphia tried to organize coal miners in Southern Pennsylvania, and, in their belligerence towards local community leaders, managed to alienate everyone not only from Marx but from organized labor as well. A local narrator remarked that “some of those people who messed up things around here weren’t half bad personally; you’d like them . . . It was just that they were all heaped up on an idea that made them see things crazy and cockeyed” (p. 328).

Carl Rogers (1970, pp. 66-67) remarked:

> I do not recommend a facilitator who believes in some one single line of approach as the only essential element in the group process. For one “attacking defenses” is the sine qua non. For another “drawing out the basic rage in every person” is his one-note song. I have a great deal of respect for Synanon and the effectiveness of their work with drug addicts, but am repelled by their hastily formed dogma that unrelenting attack, whether based on real or spurious feelings, is the criterion by which a group is to be judged successful or unsuccessful.

Miller and Rollnick (1991, pp. 64-71) stated that confrontation and aggressive labeling sets up a negative loop/trap in counseling and psychotherapy. This goes counter to the prevailing approach in much of ad-
dictions counseling, most flagrantly in the addict-run, drug-free therapeutic community model. Taleff (1997) has published a text attempting to recast the traditional addictions approaches to doing battle with “resisting” and “denying” clients.

Simplification

All human conceptualization of behavioral and social phenomena inevitably distorts because it is a cultural, abstract construction, removed one or more steps from the actual subject of observation. The act of describing a complex mental or behavioral process must simplify what is observed, removing subtle interactive causalities and feedback loops (for example, between an individual and their family), and rendering systems as overly orderly and discrete.

Robert T. Fancher (1995) examined the philosophical underpinnings of contemporary schools of psychotherapy, or, as he calls them, “cultures of healing.” He proposes that behaviorist psychology is based on hidden axioms such as:

Environments possess order—a simplicity in their components and articulation in the relations of those components.

(Environment are) “a world of incredible discreteness, elements discrete in their existence and their bearing upon each other.” (p. 161)

Behavioral and cognitive psychology, he states, has a basically optimistic world-view. They are based on postulates such as:

When reality is confronted, it is not so bad . . . the world from which we construct our experience is not terrifying or demoralizing. (pp. 162, 207)

In addition, both schools subscribe to underlying axioms that

- reality can’t be the cause of pathology
- problems are clearly and discretely definable
- problems of life are easily manageable
- simple operations suffice to institute major change

According to Fancher, the cognitive approach of Aaron Beck is based upon an axiom that: “Changing one’s life is as easy as changing
one’s mind, and changing one’s mind is as easy as thinking empirically and logically” (p. 207).

He considers this a “middlebrow” concept of “good mental health” that fits into the strain of popular “positive thinking” movements that have sprung up time and again for the past two centuries in America. Although Fancher does not use the term directly, his critique of cognitivist and behavioral psychology comes close to the old charge of utopianism in social science.

Reductionism

Schools of thought differ in their abstract conceptualization of the mind, self, society, culture, and tend to emphasize different aspects of the whole; i.e., information processing (cognition), behavior, affect. A special term “reductionism” refers to going too far in such emphases, and distorting by removing causative factors save one’s favorite. Dogmatic Marxism is perhaps the most oft-cited example of a reductionist approach; it is accused of limiting causation to economic forces. A reductionist approach might consider biology or individual psychopathology without regard to the nested systems of group, family, and culture within which the subject rests, or, on the contrary, making the social environment all, considering all pathology, say, as deriving from the family system. Some ideologies purport to describe but one realm but stray into others. Thus, their reductionism elevates them into an all-encompassing philosophy.

Most schools of counseling and psychotherapy have had their detractors, who have pointed out reductionist tendencies. Psychoanalysis has, of course, been pilloried on this account. Writing during the past decade, Robert Fancher (1995) states that belief in the primacy of thought in the psyche and the life situation leads to the conclusion that:

profoundly negative ideas can safely be assumed to be false—the result of cognitive distortion. (p. 207)

One cannot rationally hold sweeping negative beliefs about one-self, one’s word, and one’s future. (p. 214)

Fancher takes to task the cognitive view that “emotion is caused by cognition” (p. 219) as creating an “extraordinarily constricted image of cognition and emotion” (p. 217). That renders the tragic sense of life into a cognitive distortion (p. 222), and devalues imagination, passion
and pain (p. 248). He quotes Emily Dickinson “There is a pain–so ut-
ter–it swallows substance up” (p. 195). Cognitive therapy, he believes,
“overlooks the fact that significant change is very painful . . . . deep cog-
nitive change is terrifying” (p. 219).

Both simplification and reduction reify those concepts that the writer
considers most important, often snatching them out of what is really a
complex field and bronze-plating them. Again, the paradox is that the
process of description and model-building makes some degree of reifi-
cation inevitable, but it introduces an unwanted mechanistic construc-
tion. Clinical practice that relies on a clanking cognitive-behavioral
contraption, some feel, lacks that humanistic touch one would want in
facilitation of self-exploration. The product of simplification and reduc-
tion is a constrained and limited system of concepts with which to work,
a recipe book with too few ingredients. The linguist Basil Bernstein
(1964) referred to this as a restricted code. Restricted codes offer few
choices and facilitate enculturation and social control.

Models as a Whole

The Psychoanalytic Model

Many readers are familiar with the analysis of the psychoanalytic
view of the human psyche, its topography of the conscious, precon-
scious, and unconscious, It is assumed that consciousness is but the tip
of the iceberg. Many cultures conceive of the self or psyche as hidden or
partially so. These range from the hundreds of cultures in which there is
a concept of the soul, to psychoanalytic formulations about the person-
ality. One might suspect that religious personnel of the Mekeo people of
Papua New Guinea had attended a psychoanalytic institute. Among the
Mekeo, a “deep” aspect of the self, the “lalauga” is thought to be hidden
from one’s own awareness. One can figure out what it is up to by inter-
pretation of dreams, which contain symbolic representations of the mo-
tives of the lalauga (Stephen, 1989).

The phenomenology of psychoanalysis; that is, metahypotheses
about the psyche are that system is economic, seeking a balance of en-
ergy, hydraulic, storing up energy, shifting energy from one part of the
system to another, and dynamic, as system components press against
each other, conflict and generate anxiety and tension, engage in inter-
play and change. Almost every tenet of psychoanalysis has come under
serious challenge in recent decades, typical observations including that
it espouses a mechanistic conception of the psyche, and a topology of mental regions that do not match either anatomy or scientifically observable mental functions (Wulff, 1997; Frosh, 1999).

The ideology of the encounter group movement described a system of layered emotion based on prior experience, that could be tapped into in groups with dramatic cathartic effect. This differs from the polite discourse of psychoanalysis, but derives, indirectly, from its vision of the hidden mass of affect, the cathartic method. “Go to the end of your feeling.” “What’s behind that feeling?” “Bad Feelings Get in the Way of Good Feelings.” “If you don’t get all those bad feelings out you’re going to go out and shoot dope again.” Affect was also defined as huge, exaggerated. Screaming “I hate you” was the norm; not to do so was deviant.

A topic for discussion in counselor training might be: does the philosophy of your agency, fellowship, etc., define emotion and the mechanisms for ventilating emotion in a way that differs from majority American culture? Does it “match” one ethnicity better than another? For example, the author observed individuals from Scandanavia who fared poorly in group modalities influenced by encounter group ideology.

Affects are a poorly understood interactive complex of cognitive appraisal, physio-chemical responses, and behavior (LeDoux, 1996). Yet the “hydraulic” psychodynamic and encounter model reifies emotion into a sort of plasma or fluid, that “stays in the pipes” if not drained in therapy.

“Folk Psychotherapies” and Recovery Models

Recovery and treatment ideologies are nested in American culture, which itself (as every addiction text notes) is divided between moral, deviance, and disease models of addiction. This culture has gone through several phases of interest in public health and “clean living” (Engs, 2000) and, on the other side of the coin, has witnessed the rise and fall of drug cultures and subcultures (Room, 1984). Moreover, the culture has harbored many

- self-help traditions going back to the Puritans, Ben Franklin and 19th Century etiquette books
- “mind science” and “mind power” schemes including New Thought, Mary Baker Eddy, Norman Vincent Peale, Scientology, EST, and Dale Carnegie
• temperance movements, linked to the African American church in the early 19th Century and to the suffragist movement at the end of the century
• Spiritualist and “New Age” movements

Wendy Kaminer authored a “backlash” book on recovery movements (1991) which, despite its broad-brush overkill approach, contains a thoughtful description of some of these forebears of modern recovery and self-help groups.

Addiction and recovery are often ascribed to hidden, extraordinary phenomena. Interpretation of the disease concept of addiction in self-help fellowships until recently echoed a paradigm that the process was hidden. The writer has often heard: “Even while you’re sober, your disease is progressing; people who relapse take up where they left off.” “While you’re in this meeting, your disease is outside the door doing push-ups.” Culture, of course, changes: the writer polled classes on this belief ten years ago and this year, and found far fewer subscribed to the “hidden progression while sober” elaboration of disease ideology.

The greatest single influence on Twelve-Step culture was The Oxford Group (OG) a nondenominational evangelical Protestant movement, in which one could choose one’s idea of God, such as “another power” or “a higher power” (Kurtz, 1988, p. 17). Two OG’ers introduced Bill W. to OG in Nov. 1934 and Bill met Dr. Bob through Akron OG in 1935, June 10. AA was the “alcoholic squadron” of the OG from 1935 until 1937 in NYC and until 1939 in Akron, Ohio. It is instructive to “line up” key elements of Oxford Group philosophy with the Twelve Steps written by Bill W.

OG Procedure # 1: Give in to God** compare to

AA Step 3: Made a decision to turn our will and our lives over to the care of God as we understood Him

OG: “taking stock in oneself”* compare to

AA Step 4: “Made a searching and fearless moral inventory of ourselves”

OG: “confessing one’s defects”* compare to

AA Step 5: “Admitted to God, to ourselves, and to another human being the exact nature of our wrongs”
OG Procedure # 2: “listen to God’s direction”** compare to
AA Step 6: “Were entirely ready to have God remove all these de-
fects of character”

OG Procedure # 5a: sharing for confession**
Compare to: telling your story in AA meeting

OG Procedure # 4 “make restitution” ** compare to
AA Step 8/9: “Make a list of all persons we had harmed, and be-
come willing to make amends to them all” “Make direct amends to
such people wherever possible. . . .”

OG Procedure # 5b: sharing for witness ** and
‘those who have been changed must change others’** compare to
AA Step 12: “. . . tried to carry this message to alcoholics. . . .”

*cited by Ebby T. to Bill W. in November 1934 (Kurtz, 1988 p.17)
**(Kurtz, 1988 p. 49)

When explanations of recovery are based on a spiritual force, we may
contemplate with our students whether this is psychology or theology.
The Twelve Step fellowships stress that the Higher Power, or God, is
“as we know it.” Members interpret the concept in a myriad of ways.

Christianity, the founding influence of AA, is based on a dualistic
paradigm. This dualistic “deep structure” is retained in the counter-
position of the Higher Power to the disease within recovery milieu. In-
dividual members or clusters of members may import elements of their
own religious tradition and create a syncretic blend. Where the member
philosophy is Christian, the two ideologies dovetail without too much
trouble, due to the dualistic structural homology. Among inner-city res-
idents of Newark, New Jersey, recovering in AA or NA, they return to a
version of the roots that they disaffiliated from in addiction. Occa-
sionally, the force opposed to the Higher Power is personified accord-
ing to the religious import: “You better turn it over to your Higher
Power because there’s a powerful Lower Power.” A cluster of Narcotics
Anonymous members in Newark, NJ, even used the word “Say-tan.”
Much more often, members of AA and NA conceptualize the Higher
Power in terms of an impersonal spirit force, as a Melanesian “mana” or
Star Wars’ “The Force.” Nan Robertson (1988) visited Mid-Western AA groups and found that they often followed a recognizably Protestant Christian lexicon. In the East Village, Manhattan, spirituality is more soft-pedaled, and in some newer groups of Narcotics Anonymous in Brooklyn, New York, where the many members have gone through therapeutic community rehabilitation in prison or halfway house settings, the Higher Power is played down and one hears echoes of rehab ideology. Browne (1991, 1994) found that Gamblers Anonymous has a significantly more secular ideology than AA, and that there was much less insistence on life-long membership (i.e., not a permanent countercultural identity).

The Discovery of Therapeutic Ideology

In the 1970s and 1980s, psychotherapy was criticized as ideology by neo-Marxian schools of cultural criticism (Note 2) that saw social control mechanisms operating behind every tie in the closet. Some of the heavy hitters in this league included Edward Sampson (1981, 1989) who stated that cognitive psychology “veils the objective sources and bases of social life and relegates individual potency to the inner world of mental gymnastics” (1981, p. 735). Psychotherapy in general, he believes (1989) reaffirms the existing nature of the social order. Pauline Bart asserted that psychotherapy promotes “quietism” and the view that “it’s what’s inside that counts” (Bart, 1974, p. 13). Some of these writers go further: “Psychology–all of it–is a branch of the police; psychodynamic and humanistic psychologies are the secret police” (Richer, 1992, p. 118).

As other professionals became (belatedly) interested in alcoholism treatment in the late 1960s, they were hit with “culture shock” as they encountered the 12-step movement’s overwhelming presence in treatment. They borrowed the concept of “ideology” from political science and sociology to analyze the belief systems of the proponents of Twelve Step and disease concept in and out of the treatment system. Pattison (1966) claimed that the belief system of AA was a self-fulfilling prophecy, the “validation of its theories is ideological rather than scientific.” William Madsen identified AA as a “folk society,” each member being a “folk curer” (1974a) and as a “crisis cult” (1974b). AA as an ideology was discussed in a famous exchange in the Journal of Studies on Alcohol, beginning with an article by Robert Tournier (1979). Tournier felt that the ideological domination of AA in treatment hampered innovation, and in its emphasis on “hitting bottom,” hampered early intervention, and made alcoholism seem a unitary phenomenon requiring a
single approach. JSA published no less than seven responses. Donald Goodwin (1976) anticipated the “abstinence violation effect” (Marlatt and Gordon, 1985) by noting that the “once a drunk always a drunk” belief (if you drink at all you’ll go into a binge) leads precisely to making a slip into a full-fledged drunken relapse. William Madsen (1979), albeit his definitions of AA mentioned above, mounted a furious rebuttal of Tournier, noting the shift to “high bottom” alcoholics in AA, and referral of alcoholics by AA members to non-AA forms of treatment.

Daniel Yalisove (1998) has authored a readable and succinct summary of the evolution of treatment models as a dialogue between the AA disease model, as added to by early NCA and Marty Mann, and the professional disciplines mechanism.

**IMPLICATIONS FOR EDUCATORS**

**The Converted Counselor**

Therapy involves conversion to a new perspective, ideology, or, as Fancher (1995) and White (1996) refer to it, to a new culture. Movement from addiction to recovery requires reaffiliation. More people move to recovery from conversion or immersion in a religious denomination than from any systems professionals have devised.

The native American (Seneca) leader Handsome Lake (1735-1815) had a series of visions while ill which led to his founding a revitalization and abstentionist movement among the upstate New York tribes. His experience parallels, to some extent, the experience of Bill W. in 1935, when he had what he called his “hot flashes,” a visual hallucination that was a defining moment (Wallace, 1956b, 1969). A student commented that he should be called “Handsome L.” Many people consider conversion as a religious peak experience. Wallace stresses cognitive realignment or “mazeway resynthesis” (Wallace, 1956a) and hysterical conversion as elements in dramatic conversion, which result in a new stable cognitive configuration which “cannot readily reassemble into the older forms” (Wallace, 1965, pp. 152-3).

An interesting topic for class discussion is to what extent the “conversion” model is valid today in addictions recovery. Even by 1952, when the important expository text *Twelve Steps and Twelve Traditions* was published, a sponsor says to an agnostic newcomer “you don’t have to swallow all of Step Two (“came to believe that a Power greater than ourselves could restore us to sanity,” ed.) right now. Looking back, I
find that I took it piecemeal myself” (Alcoholic Anonymous, 1990, p. 26). According to Miller and Rollnick (1991), one gradually tilts the motivational balance sheet. On the loss of charismatic renewal and conversion at agencies with more and more clientele mandated from the criminal justice system, a student quipped that Step Two should be changed to “We came to be locked up.”

Regardless of the speed and intensity of conversion, it involves enculturation into a new explanatory model, an account of the addiction and recovery experience and agency practice. To the addict mired in anomie and personal disintegration, the new model, even if learned under duress of court-mandated treatment, will eventually be seized upon.

The phrase “Beware of the man of one book” in the title of this article is attributed to the 13th Century theologian St. Thomas Aquinas. The quote is often taken as a warning against the monomaniacal dogmatic zealot, but was probably meant to caution that a person with a limited focus, but concentrated expertise would be a formidable opponent in an argument. (John Wesley declared a half millennium later that he indeed was a “man of one book.”) Either way, the ideological student is a standard-bearer for his creed. Confronting his ideas arouses more resistance than in ESL, botany, or physics. (No, Ralph, the symbol for lead is Pb.)

Instructors may hesitate to teach topics such as natural recovery and harm reduction because of their heretical status in the recovery dominated field (Chiauzzi and Liljegren, 1993), and parrot or go along with traditional dogmas to which they are not truly committed to avoid antagonizing students. At a planning session for an in-service training conference, agency directors who were not themselves recovering alcoholics or AA members vigorously opposed a session at which staff and volunteers would be exposed to information about (then) Rational Recovery, although there was interest from the AA members themselves.

As was stated at the beginning of this article, the student may have converted to a therapeutic ideology in a life crisis, this conversion redefining and providing his entire raison d’etre. Classroom dogmatists are those more typically in early recovery, those who’ve studied or worked for some time while sober often become much more open to a variety of approaches to treatment, and attain a fully modern professional identity, without forswearing their recovery milieu. The specter of professionalization may, however, create resistance. The classroom, coinciding with the professionalization experience and emergence from a self-help ghetto, may be somewhat of a letdown in terms of what they’ve experienced in the therapeutic milieu. Students are visibly disappointed to move from “I’m an addict and I’ve been clean for one month today”
(cheers, hugs, key chain, etc.) or the incredible cathartic intensity of the marathon group, to “clients must be eligible and appropriate for admission,” patient placement criteria, even motivational balance sheets. Professional roles and routines are simply less emotional, charismatic, dramatic, intense, personal, informal, and intimate. If the student is matriculated and has taken SOC 101, they may be familiar with the Weberian concept of the “routinization of charisma.” It is helpful for the student to process their feelings at this transitional process.

Presentation of ideas which threaten disconfirmation of ideological governing hypotheses is a tricky proposition. Ideologues in the classroom employ various strategies to avoid processing information that might lead to disconfirmation of their theoretical stance. Such stratagems are automatic, not necessarily at the level of full awareness.

A student or counselor who is part of a dogmatic subculture will define their social movement as an authority to which one must submit, and elevate the legitimacy of its information above that of academe. This was described in another context by Richard Crossman a half-century ago in his famous The God That Failed (Crossman, 1949), in which the disillusioned Koestler, Silone, Gide, etc., describe their journey through Stalinism. In a more modern vein, prevention specialists and police reformers are all too familiar with the protective strategy of “institutional denial” (Myers, 1990). Police officers enrolled in a criminal justice class make an adequate analogy with program enrolled in addictions studies courses, to the extent that they utilize all sorts of cognitive stratagems to shake off suggested innovations. These vary from:

A. Compartmentalization. Some students/trainees happily discuss, say, Cognitive-behavioral therapy in class, and then switch it off upon returning to his hermetically sealing agency milieu.

B. Instant rationalization. Slavoj Zizek states (1995) that the structure of ideologies “stitch up their own inconsistencies. . . . determining the mode of our everyday experience of reality. . . . An ideology really succeeds when even the facts which at first sight contradict it start to function as arguments in its favor” (pp. 396-7). The example he provides is a German anti-Semite in the late 1930s who has a kindly Jewish neighbor. One might think he would find an inconsistency between his ideology and his everyday experience, but he turns this discrepancy into an argument for anti-Semitism: “You see how dangerous they really are? It is difficult to recognize their true nature. . . . it is exactly this . . . duplicity, that is a basic feature of the Jewish nature.”
We can make an uncharitable comparison to psychotherapists and counselors who consider objections to their labels, taxonomies or hypotheses concerning unseen events as “resistance,” and, in fact, more evidence of addiction and its denial!

C. Increased fervor and proselytizing may follow the disconformation of a belief to which a person is highly invested, has taken irrevocable actions because of it, and who has social support, in order to reduce cognitive dissonance. This was first demonstrated by Leon Festinger (1956) in his work *When Prophecy Fails*, concerning flying saucer enthusiasts. This form of defense was seen in the reaction of some of the responses to the Tournier article in 1979.

Our goal is to facilitate a reflective pose, critical thinking, consideration of a variety of modalities, strategies and techniques. The avoidance of confrontation and labeling traps, and the position of not insisting that clients follow a precept of dogma cherished by the counselor or agency holds true of the educational process. There is nothing gained by insisting that students immediately abandon core beliefs, as long as they offer a flexible menu of options in the construction of recovery strategies for clients. As they become more proficient in this process, and as they solidify their new professional status and role, certain dogmatic themes tend to diminish and dilute over time.

**Culture versus Ideology in the Classroom**

Using the term culture in place of ideology has advantages:

a. Culture is a more neutral term. It doesn’t conjure up associations with extremist doctrines which may put off adherents of recovery movements.

b. “Ideology” has such a varied usage, that students may arrive in class with any of a number of connotations: that which justifies existing power relationships, etc., which will tie down the instructor in unraveling meanings and associations.

c. Culture is a more inclusive concept, including not only beliefs but symbols, mental maps, behavioral and social systems, and technology (we won’t need the latter). This enables us to focus on counseling and recovery as social systems, and the systems contexts in which they occur, rather than on the belief dimension alone.
Disadvantages in using “culture” as the key term in analyzing systems of counseling and recovery:

a. Although social scientists may conceive of culture as highly systematized, the popular understanding of the term is more fuzzy, and likely to conjure up a vague conception of “lifestyle.”

b. The term subsumes cognitive and behavioral patterns that don’t operate in the same way. For example, ethnic drinking traditions and the responses of organizational culture to drinking.

c. Students who have not had a sociology or anthropology course may conceive of culture as art, music, and literature, or etiquette, manners, and breeding (“my boyfriend eats peas with a spoon, he has no culture”).

There is a certain clarity of focus in comparing the coherent, invested belief systems found in politics, religion, and therapy.

With the publication of the books of Robert Fancher (1995) and Bill White (1996), we see the possible beginning of a paradigm shift towards using the culture concept in examining addictions creeds. Fancher believes that cultures of healing are accounts of how they think they work, analogous to the self-justifying accounts of organizational culture, while White examines recovery as acculturation to a new cultural perspective.

**FINAL THOUGHT**

One of the themes running throughout counseling and treatment is the necessity for cultural competency. Every helping profession swears to the necessity for multicultural preparation and skills. The argument that has been presented here is for extension of that competency to the realms of healing and recovery systems, and this article has reviewed salient aspects of these systems as cultures or ideologies. Cultures of healing float within ideologies concerning deviant, normal, and reasonable behavior and ideologized taxonomies of substances that range from the deionization of medical marijuana to the charged categories that separate Starbucks and Sudafed from speed. Cultural competency that extends into historical, political and therapeutic dimensions provides a broader and more useful conceptual framework for the student developing analytic and critical thinking skills.
Note 1. Origin of “Ideology”

The French philosopher Destutt de Tracy coined the term in 1796 to refer to a science of ideas, especially sociopolitical concepts, that would lead to a plan of action. Napoleon Bonaparte originally favored the thinkers associated with de Tracy, but came to see them as a threat to his legitimacy, and dismissed them as impractical, giving the term a pejorative reference (Schwartmantel, 1998; Van Dijk, 1998; Mannheim, 1985, 72). Further history of ideology is contained in Note 3.

Note 2. On Coherence of Ideologies

Ideology usually connotes coherence (up to and including dogmatism), although some writers describe more diffuse formulations. Robert Lane (1962), writing of the “political ideology” of the “common man” of the pseudonymous “Eastport,” distinguished between “articulated, differentiated, well-developed political arguments” and “loosely structured, unreflective statements of the common men . . . .” (p. 16). For both, however, he expected one would find a body of sacred documents and a hero or heroes (seers, sages, originators, and interpreters), a sense of the ideology as normative emotionally charged.

Note 3. On Ideology and Social Structure

Karl Marx and Friedrich Engels developed the concept of ideologies as systems of ideas representing the interests of a social class; as, the false system of ideas or false consciousness used to maintain rule of an elite. In their 1845-6 preface to The German Ideology (Marx and Engels, 1968, p. 1) one catches their early flavor of romantic, philosophical rebellion:

Hitherto men have constantly made up for themselves false conceptions about themselves, about what they are and what they ought to be . . . The phantoms of their brains have gotten out of their hands. They, the creators, have bowed down before their creations. Let us liberate them from the chimeras, the ideas, dogmas, imaginary beings under the yoke of which they are pining away. Let us revolt against the rule of thoughts.
Originally, Marxists excluded themselves from the role of ideologists, considering themselves “scientific socialists.” Many Marxist organizations today, however, are happy to consider themselves as proferring an ideology representing the interests of the oppressed.

Contemporary schools of “cultural criticism” subscribe to a neo-Marxist, structuralist view that considers schools, media, family, and psychotherapy as “ideological state apparatuses” to maintain social control (Zizek, 1995).

While divorced from a strictly Marxist view of class and ideology, many modern sociologists such as Peter Berger still consider ideology as representative of vested interests of some sort:

. . . the ideology both justifies what is done by the group whose vested interest is served and interprets social reality in such a way that the justification is made plausible . . . commonly the people putting forth these propositions are perfectly sincere. (Berger, 1963, pp. 112-3)

Aside from the mention of radical critiques of psychotherapy, space limitations have precluded an analysis of the relationship between ideology and social structure in counseling and recovery. Analysis of therapeutic ideology does not always look back to the function of ideas within social structures, a dimension which functionalist sociology and structural-functionalist anthropology usually keeps in mind (Merton, 1957). Work in this realm is fragmented, although references to this topic exist for self-help groups (Kurtz, 1997, pp. 36-53) and the therapeutic community movement (Sugarman, 1974). Recently, an opus of “insider” material has been published on the social structure of the psychoanalytic movement and psychoanalytic institutes, and the role of ideology in controlling deviance and doubt and maintaining boundaries (Crews, 1998; Kirsner, 2000).

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