Researchers should avoid conceptual banalisation

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The conceptual framing of extensive alcohol consumption in Sweden has been fluctuating between an individual, sometimes medical, problem formulation and a more social understanding of the phenomenon at least since the mid-1800s. When the Swedish authorities settled for joint programmes handling both sales regulation of alcohol and treatment of citizens with alcohol problems in the early twentieth century, these were however grounded on an articulated social and non-medical description of both the problem and preferred solutions. This was challenged in the late 1940s and early 1950s when debates on the so-called alcohol disease were wielded in Swedish newspapers. Was extensive alcohol consumption in fact a disease and what were its characteristics? Could the hangover be described as a disease and the alcoholic restorer as a kind of self-medication? Or was there a physiological or psychological predisposition that made some people drink a lot of alcohol, and could this be considered a disease? And if it wasn’t a disease, what was it? The debate was conducted with varying intensity, the conflict between different perspectives was distinct and the most prominent dignitaries of the field all participated. Much was at stake: political prestige, professional status, resources for treatment and research.

The background to this potential shift of perspective in the mid-twentieth century, when character weakness was to be described as an unintended disease, was multifaceted. Both the rations book system and the repressive treatment of alcohol misusers had been criticised. Public inquiries were appointed to revise these programmes, which were based on heavy alcohol consumption as a social ill. The de-stigmatising disease concept matched the humanistic ideals of the post-war years while the medical solution also satisfied the professional claims of the many physicians who participated in the debate. A medical solution could perhaps also solve the problem. This was however more of a pious hope than a well-founded assumption.

The intense discussions on the disease status of alcohol consumption illustrate how ideologies and professional interests can assume the role of authoritative expertise, this being equally true whether one
was an advocate for the disease perspective or was convinced that extensive alcohol consumption primarily was a moral problem. However, what is particularly striking about this debate is how much the debaters completely talked past each other. The inability to capture the essence of the opponent’s argument is conspicuous, for much energy was spilled on debating insignificant details (such as what could be regarded as common knowledge and who really had the most experience of the topic discussed). Therefore, despite the high tone, the debate more resembles monologues stacked on each other than any serious attempt to engage in a dialogue.

One significant reason for the reluctance or inability to engage in communicative discussion on the disease status of alcohol consumption was that the contracting parties did not manage to pinpoint the centre of thought. Words such as punishment, treatment, disease and viciousness were used as ideological markers without any operationalised definition. The possibilities to speak without listening were therefore inexhaustible. When occasionally some kind of precision was reached, as for instance on how to define disease, something happened. Bitter enemies could suddenly admit that they probably meant the same thing at least on a practical level, while they also became able to immerse themselves in whether this disease mainly was characterised by a bodily lack of functions or by an undeserved weakness of the will. The discussion progressed.

There are many similarities between the alcoholism debate of the mid-1900s and today’s political and media descriptions of substance and behavioural addictions. The disease being discussed today is however slightly more specific, as it is often characterised as a dependence disorder. In a way this also means that it eludes the critique that could be levelled against the alcohol disease discussion of the 1940s and 1950s, as diagnostic manuals and operationalised measuring tools have been constructed to grant quite specific (and sometimes competing) definitions of the studied phenomenon. But elucidated discussions of defining variables are still lacking and, unlike the alcohol disease, this disorder now applies to an ever expanding catalogue of disparate behaviours, in a slightly imperialistic way. For instance, the vaguely defined disease concept made a Swedish public inquiry (SOU 2011:35) suggest coercive psychiatric treatment of heavy alcohol and drug users, something that was totally dependent on an understanding of problematic substance consumption as a disease-like condition. And when the gambling problem is being discussed in the Swedish parliament, this discussion is entirely based on an understanding of extensive gambling as a dependence disorder rather than a problem with social causes and solutions (Edman & Berndt, 2016).

If the debate in the mid-twentieth century occasionally was rather intense and conflict-ridden, there is today more of an unvoiced consensus. The weaknesses of a badly specified concept that were evident in the older debate are thus less obvious today. It is still in many contexts quite unclear what is meant by addiction, dependence, craving, control, etc. For instance, it has been argued that it is hard to distinguish pathological craving from desire or that it might be odd to hold both craving and withdrawal as symptoms of addiction when the former is assumed to be evidenced by the latter (Davies, 1997). The concept of impaired control has been criticised for being self-validating (Cantinotti, Ladouceur, & Jaques, 2009), and research in this field often faces the problem of being confirmatory rather than exploratory, partly because diagnoses are assumed a
priori as providing vital support for further studies (Boudreau, Labrie, & Shaffer, 2009). The disease concept of substance use and some behaviour should perhaps rather be regarded as a metaphor, and it has also been described as an analogy mistaken for a homology (Hellman et al., 2013).

This criticism has however not prevented some rather uncritical use of central concepts, which occasionally has also led to bad research. But it really becomes problematic when vague or empty concepts are transferred to media descriptions or political processes. The conceptual banalisation that can be observed in the use of addiction and dependence now tends to contribute to politicians’ and the public’s view of phenomena that may be considerably more complex and at times pure nonsense (e.g. addiction to fortune telling or cow dung inhalation). But problematic consumption of alcohol and drugs are a tangible reality for the individual, family members and the community at large. Research on these problems could therefore contribute by discussing complex problems in order to achieve both greater precision and much-needed nuance of simplistic problem descriptions. The alternative, to routinely use central concepts without any well-reasoned or useful meaning, can hardly be the way forward.

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