

On the Colour of Herring: Response to Commentary

Response to Dr Charland's commentary on: "Should Mental Health Professionals Refer Clients with Substance Use Disorders to 12-Step Programs?"

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Introduction

I am grateful to Dr Charland for his commentary on my article. Although Dr Charland has found fault with much of what I have to say about 12-step programs, I am nevertheless grateful to him for his comments. The fact that much of Dr Charland's defence of 12-step programs distracts attention from my concerns, in no way devalues his contribution to the debate about the ethics of 12-step programs and addiction services.

Dr Charland has the following worries. He thinks that the philosophical doctrine of representationalism is a red herring that deflects attention from what he takes to be the "real" problem - the coercive nature of referrals to 12-step programs. Unlike me, he finds nothing objectionable in the spiritual context of 12-step programs. Furthermore, he believes that it is always alright to be given what you have decided you should have. Moreover, he pleads complexity in notions of God as a defence against my objection to the requirement that 12-step program members be entirely ready to have God remove all their defects of character. I hope that I have not misstated or misinterpreted Dr Charland's objections. If I have, I apologize to him without reservation. That said, I am pleased to address Dr Charland's objections in the hope that my response will encourage further debate about the ethics of 12-step programs.

Need Coercion Trump Representationalism?

Dr Charland argues that it is not so much the spiritual content of 12-step programs, nor anything that might be described as representationalism that is ethically objectionable, but the fact that referral to such programs by mental health professionals is often accompanied by subtle or overt coercion to attend or forego treatment. Dr Charland then takes me to task for failing to mention that AA is not responsible for such ethical lapses because they are contrary to the spirit and letter of AA philosophy. So what Dr Charland's position on 12-step programs amounts to, when sufficiently generalized, is that it is alright to

refer people to 12-step programs as long as the process does not involve coercion. Consequently, if ethical breaches are involved in 12-step programs, the fault lies on the side of mental health professionals because they coerce people to attend on pain of exclusion from treatment.

I agree with Dr Charland that coerced attendance at 12 step-programs is ethically objectionable. However, I part company with him when he identifies the "real" ethical problem with 12-step programs as the coercive behaviour of mental health professionals. This is because Dr Charland does not tell us how he decides whether an ethical problem is real. As Dr Charland's does not specify his criteria for separating out "real" ethical problems, we may be forgiven for thinking that an ethical problem is "real" only if Dr Charland is willing to acknowledge it as such. This is not a jibe but a serious point as we will see.

Dr Charland goes wrong in his consistent preference for the conjunction "or" over the conjunction "and". That is, for Dr Charland, either 12-step programs or mental health professionals commit ethical breaches, but not both. Whereas, I prefer the conjunction "and" because both 12-step programs and mental health professionals are implicated in ethical breaches; the former for the reasons I have stated in my article, the latter to the extent that Dr Charland is correct to assert that referral to 12-step programs often involves coercion. So if we replace Dr Charland's implicit "or" with my explicit "and", it cannot be the case that coercion must trump representationalism as a "real" moral concern. This is because as we have seen, Dr Charland offers no guidance on when an ethical problem is "real". Therefore, Dr Charland is wrong to insist as he does that the ethical problem we are concerned with, referral to 12-step programs, has its source not in anything to do with 12-step programs, but in the health care system. The fact of the matter is that both 12-step programs and the health care system are implicated in ethical breaches if the thoughts I offer in my article are correct. Hence, much turns on whether representationalism can

be dismissed as easily as Dr Charland supposes.

In Defence of Representationalism

Dr Charland does not like my treatment of representationalism. While he concedes that it might be of philosophical interest to unravel the complexities of antirepresentationalism, he finds the process a distraction from what he takes to be the real moral issue – coercing people to attend 12-step programs. But Dr Charland misses what is wrong with recommending one way of life or practice over another. This is because while he concedes that representationalism is wrong if it is imposed, he believes that there can be nothing wrong if 12-step members consent.

Dr Charland falls into error here in the same way as he did before. He just cannot see beyond the conjunction ‘or’. As a result, Dr Charland cannot conceive of the possibility that representationalism could be wrong even in the absence of coercion. Why? Because coercion is a concept that Dr Charland uses in a way that relies on a dated view of power. That is, Dr Charland seems to think that power is something that is distributed among individuals. Hence the notion of coercion, the thought that power is something that one can have over another person, rather than something that is constituted in the forms of subjectivity that shape how we think and what we take for granted. While it is true that representationalism is wrong when mental health professionals coerce people to attend 12-step programs on pain of being excluded from treatment, power remains even in the absence of coercion. This is the whole point of Foucault’s (1980) conception of power/knowledge, which is central to my worries about representationalism. Power operates not only in the sense of one person, the mental health professional, having power over another, the person living with a problem of addiction, but also in the inner most thoughts that shape how we behave towards ourselves as well as to others. Hence representationalism matters because all moral lives are contingent and can be other than they are, and other things being equal, there is no reason to regard one form of mental life as intrinsically superior to another. Readers will note that Dr Charland asserts rather than defends his acceptance of representationalism.

In the absence of defensible reasons, Dr Charland is just plain wrong to suppose that no ethical breach occurs in the absence of coercion. Yes, coercion is wrong and, usually indefensible, but it is also wrong to represent any form of moral life as intrinsically superior to another as occurs in 12-step programs in the way that I claim in my article.

It should be noted that Dr Charland does not take up the challenge of specifying what makes intrinsically superior mental lives superior. Rather, he prefers to substitute consent for any such justification. Consequently, the question is not whether there is anything wrong with representing superior mental lives to 12-step program members, but whether concerns about representationalism enable us to bring out distinctively moral issues that are pertinent to deciding whether mental health professionals should refer clients with substance abuse disorders to 12-step programs. In my article I draw attention to the following concerns from my reading of Walters:

1. 12-step programs rely on the erroneous assumption that a person “must hit rock bottom” before he or she can be motivated to do anything serious about his or her addiction.

2. 12-step programs regard defects of character as the root cause of addictions.
3. 12-step programs rob people of the possibility of self-control by presuming that the only answer to addictive behaviours is total abstinence.
4. The correlation of 12-step programs with God consciousness encourages members to surrender themselves to an external locus of control, whether this is the God mentioned in the steps themselves, or the God hypothesis defended by Dr Charland.

These concerns are important because, as I point out in my article, there is no reason to suppose that 12-step programs are superior in effectiveness to other psychological interventions. Hence any ethical breaches that occur as a result of attendance at 12-step programs occur for no defensible reason. Note this objection is consistent with Dr Charland’s views on coercion as well as my views on representationalism.

Submission to a Higher Power

I agree with Dr Charland that the concept of God is “exceedingly complex” and varied and cannot be treated in a short article. At the same time, it is possible, even in limited space, to point out moral objections to the notion of God expressed explicitly in the 12-steps. Whereas I am willing to grant, for the sake of argument, that AA has come of age in the way that Dr Charland claims, and even that the 12-step approach relies on a hypothetical rather than an absolute conception of God, I cannot concede that the latter is satisfactory as a reply to my objection about the explicit reference to God in the 12 steps. One cannot simply ignore that which is stated in the 12-steps. Neither can one avoid, dismiss, or otherwise put out of play, the moral objections I have expressed about the pernicious, unsatisfactory, and to many unacceptable connotations of the stated relationship between the 12-step program member and even a hypothetical Higher Power.

Like my own, Dr Charland’s discussion of the nature of God, or a Higher Power, as conceived in 12-step programs, is necessarily short, over simplified and in need of more clarification than either of us has the space in which to elaborate. However, it is possible to offer thoughts based on objections to representationalism that bring out the difference between us.

In my article I refer to Foucault as a basis for May’s critique of representationalism. Foucault’s thought is wide ranging and open to many different interpretations. But one consistent interpretation of his work in the context of reflection on the notion of God is the question of the possibility of theologies of “dissolution” Tilley (1995). Dissolution is used here to refer to the idea of the new possibilities for theology that are opened up as existing stabilities are broken down. Dr Charland’s reference to the hypothesis of a Higher Power in AA philosophy is consistent with dissolution theology, in that he claims that the God of AA is no longer a God on which one can be dependent, but a God chosen on the basis of one’s own understanding. However, such

notions of a Higher Power are completely at variance with the notion of God as stated in the 12 steps themselves. Hence, Dr Charland's argument can be reduced to saying that we should not worry about the ethical import of the 12 steps as the notion of representationalism would encourage us to do because the Higher Power in AA is not the God of the 12-steps. Thus Dr Charland creates a paradox for AA by maintaining that the 12-steps mark the journey to recovery, while at the same time claiming that at least some of the 12-steps should not be taken seriously because they do not mean what they say.

Even on the grounds of what I shall call the dissolution hypothesis, Dr Charland's argument fails because any form of spirituality that recognizes the importance of antirepresentationalism must leave open space for freedom of the human spirit. The Foucauldian basis of May's antirepresentationalism is resistance to all forms of subordination of the human spirit. Especially anathema to Foucault was the notion of the "obedient subject" in any form (Fillion, 2005). What more powerful means to creating the "obedient" subject can there be than the confessional of a 12-step program? "Hi! My name is Tom, and I'm an alcoholic." Rather than opening a space for the irrepressibility of the human spirit as is needed to live with the challenge of alcohol or drug dependence, the 12-steps of AA and similar programs encourage members to subordinate themselves to a Higher Power, to abandon themselves to either an outmoded conception of an all powerful God, or to take on the attributes, strivings or characteristics of others. All of which, rather than releasing the member from a self-imposed situation of dependence, substitutes one form of dependence for another. Such constraints limit autonomy and the right to be self-legislating in the sense of giving a shape to the self that can only be recognized as admirable and worthy if it is truly one's own, rather than derived from the representation of supposedly superior moral lives Fillion (2005). Therefore, Dr Charland errs in relying on a conception of theology with respect to the God of AA in a way that embodies, uses, relies on, and otherwise takes for granted the representationalism in which he does not believe.

Summary

Despite our differences, I am grateful to Dr Charland for his commentary on my article. I cannot accept his distinction between "real" and other ethical problems and concerns, either about 12-step programs or about any other moral issue. The ethical concerns I have raised are real enough, in the ordinary sense of the word, for the people who need help with problems of drinking or other addictions. In that sense, I am entitled to worry about such ethical problems as those I bring to light in my article.

My article offers readers the choice between rejecting representationalism and endorsing assumptions about motivation, spirituality, and self control that are objectionable, or finding an alternative to 12-step programs. What a pity Dr Charland's rejection of antirepresentationalism, seems to commit him to the objectionable assumptions to which I refer, and to the implica-

tion that an alternative to 12-step programs is neither relevant nor necessary.

For Dr Charland, I look at 12-step programs with too much of a jaundiced eye, whereas he looks at the issue of referral as through spectacles with different lens, one plain, the other rose tinted. Through the plain lens, Dr Charland sees the ethical breach of coercion in referrals by mental health professionals to 12-step programs; through the other, he sees AA, and by implication, other 12-step programs. If Dr Charland was to remove his hypothetical spectacles, he would be able to see that the herring he writes about are completely devoid of even the slightest pinkish hue. There was only an illusion of red because Dr Charland is concerned to find no moral fault with AA or other 12-step programs. But of course, as Dr Charland's spectacles are hypothetical, he cannot remove them, which is the point of my argument from antirepresentationalism. This is the irony, perhaps even the "real" irony that Dr Charland misses.

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