Addiction Types: A Clinical Sociology Perspective

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ABSTRACT

This paper presents a new approach to categorizing types of addiction, based on 20 years of clinical sociology practice in the United States and the Arab world. The cross-cultural clinical experience of the author enables him to establish a perspective on addiction that focuses on the social-psychological dimensions of the addictive process. Addiction types presented in this paper are based on clinical practice and treatment since 1986. The purpose of this paper is to put types of addiction in perspective and provide an effective diagnostic instrument for making an accurate analysis, successfully treating the addiction, and enhancing the potential for recovery.

THE CONCEPT OF ADDICTION

WHAT IS ADDICTION? Addiction is a pathological love between the person and the addictive object, be it a substance (such as nicotine, food, alcohol or heroin, etc.) or an event (such as gambling, work, love, or the internet, etc.). It's a passion that kills! Addiction is a social-cultural invention; a social construct manufactured by the culture as a means for a given goal. Facts reflect that people become addicted to anything, yet I see that addiction is solely a human phenomenon. And for addiction to occur, three major conditions are to be present: (1) a social cognition (a consciousness, knowledge, shared meanings and purpose, etc.) in the mind of the addict toward the addictive object—social cognition tends to be a reflection of learned experiences and efforts and impacts of the social environment; (2) a vulnerable emotional makeup (troubled self-esteem, lack of confidence, abuse, emotional deprivation, etc.); and (3) a possible chemical imbalance in the body. People do not just become addicted, especially when the addictive object is meaningless to them. The addictive object generates appealing and rather attractive positive "meanings and feelings" in the mind and the self of the addict. Only on rare occasions do people become addicts by force. And a minor number of addicts have either a chemical imbalance or inherited gene for their addiction. Addiction takes place in addicts' lives by their own efforts and their own will. It is a matter of question whether the outcomes are apparent to the person involved who opts/has opted to take the addiction path. This is not to underestimate the impact of social environment and the pressures of particular socialization agents such as family, peers, school, and media on the making of addiction.

Regardless of the physical and emotional background, the person's cognition of the addictive object is sociologically constructed and hardly ever her/his own invention. Thus, I claim that the majority of addictions are learned and not inherited. No one is expected to become a compulsive gambler without learning the concept of "risk taking" as a means and the "thrill" or the excitement of winning as value or goal. No one is expected to become an alcoholic without learning: (1) what the "buzz" is supposed to mean, (2) what one is supposed to feel when one gets it, and (3) where to get it—the bottle.

Addiction is a "social action" driven by desires (emotion), managed by the cognition of the addict, and supervised and/or promoted—to an extent directly or otherwise—by the culture in which we exist. The most common values addicts report motivate them toward the addictive objects are the following: thrill, peace, comfort, concentration, sexual performance, escape, confidence, coping mechanism, power, sense of belonging, the desire to be like everybody else, and many other positive cognitive and emotional energies.

CROSS-CULTURAL CLINICAL PRACTICE

Since the mid-1980s, in the United States and Arab countries, I've had the opportunity to work with addicts from all walks of life: prisons, probation departments, treatment centers, street children, average people, and people with significant status. This rich experience has made me realize that not many efforts are given to investigate the impact of social forces on adopting an "addictive lifestyle." The role of media, which I consider the most powerful today, as well as the role of peers, family, and school, on establishing a pro-addiction environment has been seriously underestimated and rather neglected.

How much can one deny the impact of TV advertisement on food addiction in contemporary society? How much can one negate the impact of billboard ads on attracting people, especially youngsters, to drinking alcohol and cigarette smoking? How much can one defend the media position in promoting gambling (the lottery) as an acceptable social behavior, fun, excitement and amusement? What applies to media applies to peers and other socialization agents with different impact in quality and quantity. That is not to advocate the notion that addicts are "victims of the social environment," nor is it to release them from the responsibility of their actions. It is an attempt to provide a balanced reading to the reality of the matter. And since the core theme of this paper is the types of addiction, the previous section was an introduction to the concept from which the types emerged.

Clinical experience and treatment models reflect that an integrated therapeutic approach remains the most successful. Recovery is a goal which challenges professionals from all sciences involved. Addiction is an unnatural way to live. I reflect upon some success stories treated by cognitive-emotive behavior therapy.

Primary-Secondary Addiction

I have treated alcoholics, heroin addicts, and marijuana and hash addicts in Egypt and the United States. I had the opportunity to treat a computer addict/net addict when he was placed on probation for DWI (Driving While Intoxicated) in Texas in the mid-1980s. I realized through these years of experience that for each Delta addiction case there is usually a primary and a secondary addiction. In this case the primary addiction was not alcohol, as it was supposed by the authorities, but computer addiction. The same distinction between types appeared in Delta cases which included alcohol, gambling, and sex. This is an illustration where the primary addiction is sex, while alcohol or gambling is secondary.

NEW DIAGNOSTIC MODEL

The core goal of this paper is to provide or introduce a diagnostic model that will help facilitate the treatment efforts and enhance the recovery as well as the management of addiction. The model has clinical, emotional, social, economic, and legal ramifications on behalf of the client involved and his family as well as on the quality of the treatment.

What it takes to diagnose a person as an addict is a debate that is not in the scope of this paper, yet it's an issue that is relevant. Once addiction types are identified, the diagnosis is secured, thus the potential success of the treatment and recovery becomes more realistic and cost-effective, financially and emotionally, for the people involved.

No one denies that food could be an addictive topic or object, as could nicotine and alcohol. It is a fact that all are substances (physical in nature), yet the impact of each type on the patient's life, mind, self, relationships, abilities, and general health could vary in quality and value. Matching food addiction to heroin or alcohol could start quite an argument. It's not a matter of fair or unfair, or of bias to a certain argument, theory, or party. It's rather being objective and professional in the assessment of the matter, reaching a diagnosis, and prescribing treatment. Not to mention the impact of stigma on the person's life, reputation, and motivation to seek treatment or respond to therapeutic efforts.

No doubt all addictions are harmful and costly. I do not believe in what some call "positive addiction," maybe because I never ran into one in my long years as a therapist. Furthermore, the nature and the features of damage and scope of harm in its depth on the life of the person involved and on his loved ones are not the same at all as my experience has taught me.

Why Do We Need This Classification?

The purpose of this work follows:

- To enhance the diagnostic process
- To secure a more efficient treatment plan
- To enhance the patient's collaboration
- To minimize the negative image, and thus maximize motivation of the patient to seek help and believe that recovery is a real possibility
- To support prevention efforts by increasing awareness of the public and the official authority toward the issue
- To alleviate the pressure and the pains of the stigma that is attached to treatment in the minds of the people involved, thus maximizing the potential for success and recovery
- To facilitate research efforts in the field at local and international levels
- To encourage international organizations such as WHO (the World Health Organization), UNDP (United Nations Development Program) and professional associations to examine the model and evaluate its utility

Four Types of Addiction

Based on over twenty years of cross-cultural experience in treatment, consultations, college teaching, research, and personal experience, I introduce the following four types of addiction (see Table 1).

Alpha Addiction, which encompasses all sorts of physical addictions. What distinguishes this type from others is that its main impact is limited to the body and other physical health issues. The follow-

Table 1. Diagnostic Criteria

Types of Addiction	*Main Impacts*	*Types / Examples*
Alpha addiction	Body/physical health	Food addiction (foods and drinks—fatty, salty, sweet), caffeine, nicotine
Beta addiction	Body functions to mind functions	Alcohol, medications, narcotics, cocaine, hash, marijuana, opioids, sedatives, hypnotics, anxiolitics
Gamma addiction	Mind functions	Gambling, driving, online games/video games, porn, sex, love, shopping, work holism, computer/net, solitaire, lying
Delta addiction	Mind and body	Examples: Nicotine + alcohol Food + alcohol + work Nicotine + drugs + gambling Caffeine + alcohol + porn Cigarettes + inhalant + sex

ing are brands under this type of addiction: food addiction (sweets, salty/fatty foods, and drinks), caffeine addiction, nicotine addiction. The addictive fix in alpha addiction is usually physical.

Beta Addiction, which encompasses all sorts of physical-mental addictions. What distinguishes Beta type from other types is its impact, which goes beyond the body functions to the mind functions. The Beta type usually has its toll on the way we think, the way we feel, and the way we act. This type illustrates the integration between the body, the cognitive, and emotional makeup of humans. This type influences our decision-making and relationship management ability, as well as our performance at work and in public. It's the type that usually gets us in trouble with the law due to the unacceptable and rather non-normative behavior it generates. The following are brands under this type of addiction: alcohol, medications, and narcotics such as heroin, cocaine, hash, marijuana, qat, sedatives, and many more other legal and illegal substances identified worldwide or locally. The harm of the Beta addiction type is never confined to body-health issues or damages. On the contrary, it always expands its damage to the way we handle ourselves on the stage of reality. The concern of its damages is more or less behavioral-conduct-related than physical health or personal zone. Beta type of addiction is the type that is most referred to when the word "addiction" is mentioned.

Beta addiction is the type where patients seek or are forced into treatment. It's the type that receives the most research, academic, and professional attention. It's the type that most people—laymen and professionals—tend to believe exists. It's the addiction that governments and families deny, due to the shame, guilt, and responsibilities that are associated with it. This type usually has the wider scale effect on the public and the people involved. The addictive fix in Beta addiction is usually physical-mental.

Gamma Addiction, which encompasses all non-substance mental addictions. What distinguishes this type from others is its toll on the workings of the mind. Gamma addiction has a serious effect on our lifestyle, the way we manage ourselves, and on our relationships. It also has a serious effect on the way we handle things, take responsibilities, make decisions, and evaluate situations. Addicts of this type describe the adrenaline and the dopamine shooting in their brain

when they participate in the addictive event (gambling, sex) just like the heroin addict gets the "high" from the needle, but it's all a mental high generated through cognitive and emotional processes that take place in the person's mental and emotional makeup. Gamma addiction is demonstrated in the following: gambling (national lottery, football pools, raffles, fruit machines and pubs, bingo, horse racing, casino gambling, online gambling), speedy/reckless driving, online games, videogames, porn, love, cyber/computer (net addiction), shoplifting, solitaire, shopping, lying, and work holism. The addictive fix in Gamma addiction is usually mental.

Delta Addiction. This type of addiction encompasses two or more of the aforementioned types. An example of Delta addiction would be: food + caffeine + gambling or nicotine + alcohol + sex, etc. The Delta type is distinguished by its effect on the mind and the body, but it might not involve any normative or illegal aspects. Delta addiction combines multiple addictions together in one person. The addictive fix in Delta addiction is usually physical and mental.

Developments in the Field

The spread of Narcotics Anonymous (NA) after Alcoholics Anonymous (AA) in the 1980s indicated our recognition of the fact that not only alcohol could damage our lives, but also cocaine and marijuana. The emergence of Gamblers Anonymous (GA) in the early 1990s indicates our recognition of the harms of Gamma type addictions such as sex, work, and computer. In the 21st century, we have to handle all of these types of addiction in a more efficient manner. We can minimize human pain and suffering by facilitating our efforts and capitalizing on the latest theory, research, and practice in this field. By classifying addiction to types, we enhance not only our awareness of it, but also the way we utilize the resources and secure the outcomes of our efforts.

I have worked with clients who were defeated by the practice that views all addicts as one and the same. This new approach is not to discriminate among people but to facilitate and bring better results to all. Hepatitis has types A, B, and C, but just imagine if all three types were categorized the same way. What impact would there be on patients, hospitals, and even governments? I always believe that no one plans to become an addict of any sort. Under various circumstances, cultures, personality types, and even genetic structures, people find themselves addicts, and this usually takes place in the later stage of the crisis.

Drawing public awareness to the advanced developments in the clinical sociology is a general responsibility of professionals in this field for the simple reason that any sort of addiction is a loss to us and that any addict is one of us. Neither aliens nor animals usually become addicts. One patient only through all those years shared with us his story of sharing the heroin needle with his pet monkey. He has no one else in his life left to share the needle with except that poor monkey, and he shared heroin with her. His concern while he was in the hospital was how she was doing. He was certain that she had become an addict like himself! Actually what happened to the poor monkey is that she became chemically dependent on heroin, rather than an addict. For addiction to take place there has to be a shared cognition about the nature of the addictive object along with an expected emotional experience when addiction takes place. Addiction requires many other cognitive and emotional elements that are specific to humans. Addiction is not about a sick body needing chemicals, rather it is about an ill mind and a troubled self residing in a body. This is not to deny the fact that in some case, chemical imbalance or genetic factors could generate chemical dependency, but I doubt that is addiction. Some babies are born with chemical imbalance (crack babies) due to mothers using heroin during pregnancy, but these children are as chemically imbalanced as any diabetic patient. At the same time, they will not turn to cocaine until some one teaches them what cocaine is and where to find it.

REFLECTIONS ON THE ARAB-MUSLIM COMMUNITY

I speak also from personal experience as a recovering nicotine addict who used to smoke four packs a day. After eighteen years in recovery from nicotine addiction, I feel the difference in my physical and mental health ability. Kids in college, who may never have touched a cigarette in their lives before, experience cigarettes and alcohol under the motivations of the new environment, which is characterized by freedom, lack of parental supervision, money, and youth. I reflect also upon my experience with street children in Cairo, Egypt, who find the glue bottle (Kollah = Inhalant), contains the cheapest and most convenient substance to get high on.

We resort to addictive objects in order to feel good, searching for something missing in our life; we think we find it in the "high."

I reflect upon many Muslims who became alcoholics or heroin addicts and had parents who never touched a drink or even knew what heroin was. For most of these Muslim patients, denying the existence of addiction is an expected attitude in order to protect the honor and reputation of the family. Islam identifies alcohol intake and gambling as sins, which are mentioned clearly and specifically in the Quran (Islam's sacred book), yet addiction in its four types is presenting a risk in the modern Muslim community today. I see how the mixture between addiction types increases the potential for more victims, particularly improper procedures and dysfunctional policies. Addiction to anything is recognized as sinful in the three major religions' holy books (the Jewish Scriptures, Bible, and Quran) for the same reason, which is the harm caused to the body, mind, or the self.

Even today, Muslims in various Arabic and Muslim countries around the world consider hash or qat use to be non-addictive or even safe, simply because they are commonly used in their communities. Some Muslim youth take some hallucinogens and justify their use of the drug because it looks like medicine, and it is not alcohol, which is sinful according to Islam. Furthermore, the idea of buying lottery tickets or participating in a raffle draw in a supermarket is considered neither sinful nor addictive, thus millions of Muslims practice this every day. The main justification for such behavior is that only gambling in casinos is sinful, however we find Muslim Arabs as regular customers in Las Vegas. To millions of people worldwide, addiction applies only to those who use illegal drugs. Religious beliefs from all world religions preach about safe and healthy living. Our perspectives of religious teachings tend to match our desires and interests in many ways. Addiction is a challenge to most of us, as we try to justify our wishes even if they turn to be addictive.