

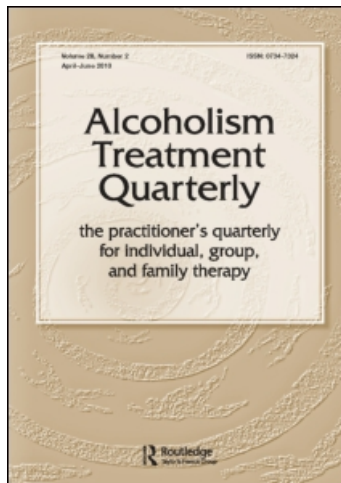
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The Value of Adopting a Human Science Perspective in the Management and Treatment of Addiction

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In this article I argue that it is possible and valuable to adopt a human science perspective on addiction as a supplement to the predominant natural scientific approach to treatment and policy making. I make this argument by pinpointing some of the problematic aspects of basing policy decisions and treatment interventions exclusively on a natural scientific view of addiction, and by giving examples of how a human science perspective on addiction offers a useful alternative from which to base such decisions. A review of two human science dissertations on the experience of being an alcoholic is used to illustrate some possible contributions to the treatment and understanding of addictions that can be derived from a human science perspective.

KEYWORDS *Addiction, alcoholism, human science, existential phenomenology*

This article is intended for practitioners who deal with treatment planning in the field of drug and alcohol addictions. In it, I propose a paradigm shift in the way we think about the treatment of addictions, away from an exclusively natural science perspective and toward what I shall call a human science perspective.

The article has been developed from a presentation I gave to various practitioners in the field as part of a fellowship in drug and alcohol addiction offered by The Institute for Research, Education and Training in Addictions (IRETA) in Pittsburgh in July 2009. Many of these practitioners were steeped in an approach to the treatment of addiction that relied on the medical model

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or a cognitive-behavioral model. In espousing ideas from these perspectives, they either willingly or tacitly presupposed a strong natural science orientation to their understanding of addiction. Having been trained most of my adult life in a human science orientation to research, I wanted to offer an introduction to this alternative orientation as well as demonstrate its usefulness as an aide in understanding and treating addiction. With this same goal in mind, I would like this expanded version of my paper to be read by practitioners who are not necessarily familiar with a human science orientation but are curious about other possible philosophical foundations for practicing in the field.

Although a natural scientific understanding of the causes of addiction is valuable and necessary in any treatment of addiction, the natural scientific worldview can become an obstacle to effective treatment when its instrumental-technical understanding of the world is applied in an uncritical way to understand all facets of addiction. This is so because addiction cannot be reduced to simply a neurological or behavioral problem but must be treated as an affliction of the human spirit. By *human spirit*, I do not mean a person's religious beliefs, but that entire realm of subjective meaningful reality that sets us apart from animals. For a human being to be addicted is grossly different than it is for an animal, not just in terms of brain chemistry and behavior, but by virtue of the fact that human beings are the only kind of animals that not only "have" an addiction, but also must make sense of having an addiction. Human beings, in other words, are not only acted on by their brain or by certain environmental stimuli, but are also agents who make sense of the very world of things and objective processes that act on them. Through this fact, the natural world is transformed, for it now becomes a natural world for a human being or, simply, a human world. As the product of human activity and sense making, natural science is already such a transformation. Natural science is a mode of human meaning making and, as such, represents one among other possible ways of making sense of the world. What remains primary is the act of sense making itself, which refers us back to a common human ground of relating to the world that natural science cannot supercede as its own basis. To believe that it can, by reducing addiction to a purely natural phenomenon, is to lose sight of addiction as a human phenomenon and to divorce it from the human reality in which it shows itself for the most part and on which natural science itself depends. This article is an attempt to think of addiction as a human phenomenon and to develop some treatment recommendations based on a "human science approach" to addiction rather than the more prevalent natural scientific approach.

In the first part of my article I seek to delineate the difference between a natural science and a human science approach by focusing on the different assumptions made by both approaches about the nature of reality. After critiquing a natural science approach to understanding human reality and

establishing the need for a human science alternative to the study and treatment of addiction, I would like to share some preliminary results of having done a metastudy of two human science dissertations about the experience of being an alcoholic. Both of these dissertations were published by PhD students in the Psychology program at Duquesne University, an institution that has been world renowned for its human science orientation for a half-century. In presenting some main findings from these studies, I draw out some treatment recommendations that will serve to demonstrate the utility and value for practitioners of approaching addiction from a human science perspective.

A CRITIQUE OF NATURAL SCIENCE FROM A HUMAN SCIENCE PERSPECTIVE

Before demonstrating how a human science perspective on addiction can be of value to the treatment of addiction, I would like to first offer my human science critique of basing such decisions on an exclusively natural scientific knowledge about addiction. To do so, however, I must first answer the question: What is the difference between natural science and human science?

The argument I would like to make is that in the age-old philosophical division between epistemology (knowing) and ontology (being), natural science tends to privilege knowing and human science tends to privilege being. From a human science perspective it is believed that we must always already exist or be to know. In fact, to know in a natural scientific way is to exist in relation to the world in a particular way, and thus to disclose the meaning of things in accordance with a particular human attitude or mode of being human. For the natural scientist, however, our being as human beings can be bracketed through the rigor of the scientific method, and the world can be known as it exists in itself outside of the way it shows itself or is revealed through particular human ways of relating. Hence, whereas the natural scientist seeks to bracket being, or human relatedness, so as to acquire knowledge about facts that exist independently of us, the human scientist seeks to understand scientific knowing as a subset of human relating that belongs to the much larger sphere of human modes of existing. In the following, I seek to corroborate this initial distinction further so as to make the difference between the two approaches clearer.

The natural scientist substitutes *method* or *experimental design* for her own "subjective" presence to the phenomenon she studies. She tries to transcend the fact that she is rooted in a personal and a sociohistorical context that colors the way the world makes sense to her even before she begins to speak or to think. She tries to get rid of the fact that her thinking is dependent upon a language she did not invent, an upbringing she did not choose, a society in which she is embedded and from which she borrows

the metaphors that allows her to conceive of the brain as a “telegraphic network” or view the body as a “machine.”¹

According to a human science perspective, however, natural scientific knowing ultimately always refers back to an understanding of being that precedes it, for as the psychiatrist Medard Boss (1984) argued, “Human beings cannot qualitatively perceive or understand except in the light of some prior insights into the meaning and nature of each thing they perceive” (p. 85). As the German philosopher H. G. Gadamer (2004) pointed out, it is thus not that natural science has gotten rid of all subjective biases, but that its subjective bias is to presuppose that it does not have any biases. As Gadamer stated in his book *Truth and Method*, “The fundamental prejudice of the Enlightenment is the prejudice against prejudice itself, which denies tradition its power” (p. 273).

From a human science perspective, natural science is thus itself but one mode of being human alongside others.² It is not devoid of subjectivity but represents a particular subjectivity in which we relate to things in an exclusively theoretical and mathematical way. Failure to see this leads to the overvaluing of natural scientific knowing over other forms of knowing and being, which now become devalued as merely subjective when compared to the objective truth of science. From a natural science perspective, the experience of our taken for granted human reality, which we have ready access to and live out of in the everyday, now becomes an epiphenomenon to be explained away: the mere semblance of a more “real” reality that has been pieced together elsewhere in the laboratories of research universities and private research institutions.

Nevertheless, as human scientists will point out, we do not live in the world of science but live in the world of the everyday: When we fall in love we do not experience the release of pheromones or serotonin but experience an expansion of our sense of self, an openness and tenderness of the heart, the joy of transcending the limitations of self-absorption and so forth.

Similarly with addiction: We do not experience it from the perspective of our “pleasure center” or neurological pathways but experience it as a change in the way we relate to others and things and the way we experience ourselves. Because we were not born into a scientific world, but existed first in the human world of the everyday, we thus have a human knowledge of love and addiction, prior to any attempt to know its scientific causes. As

¹R. D. Laing (1982), for example, argued that science frequently borrows metaphors from the everyday to comprehend scientific data. He gave the example of a Nobel Prize-winning biochemist who “tells us that each cell of our bodies is ‘essentially’ a chemical factory’, with a power plant, assembly lines and assorted pieces of machinery.” (p. 30).

²“A few of the other modes of existence outside the investigative competence of natural science are love and hate, joy and sorrow, misery and happiness, pleasure and pain, right and wrong, purpose, meaning, hope, courage, despair, God, heaven and hell, grace, sin, salvation, damnation, enlightenment, wisdom, compassion, evil, envy, malice, generosity, camaraderie and everything, in fact, that makes life worth living” (Laing, 1982, p. 34).

regards addiction, for example, only if humans have experienced it in an everyday way, through the way it has altered their relation to the world they live in, does it even offer itself as a topic for scientific investigation. Without the experience of addiction, or the ways in which addiction announces itself in the everyday, we cannot make an object of it. The objective attitude is thus always guided by a certain preunderstanding of what addiction is, even if this understanding has only been passed on to us through the spoken or written word, which ultimately always refers back to an understanding of the phenomenon that at one point was rooted in experience.

The human knowledge of addiction, which the addicted person knows before someone can know it as a scientist, is not so much a knowledge that the addicted person “possesses” as it is a knowledge that she lives. She has it without first having to acquire it, and it is for this reason that it can be called human knowledge. It can be said to refer back to a way of being rather than an object of knowledge. Human knowledge is different from natural scientific knowledge by virtue of the fact that it is with me even before I know it. Simply by the fact that I am human, that I exist, that I live and breathe, I know how to listen to a song, how to fall in love, how to go for a walk, how to take a sip of water, and, yes, how to crave something with the compelling force of an addiction. This knowledge, which therefore refers to an understanding that inheres in my very being, can be said to be a knowledge of the hand and of the heart rather than a knowledge that is the product of theoretical speculation and statistical verification. It is a knowledge which is not initially a knowledge of something in the sense that I stand over and against it (the German word for object—*Gegenstand*—means what stands over and against). It is rather a know-how with which I have merged in the act of living and from which I can never completely extract myself. In this most immediate knowing, which defines my very being, “There is an original contact with objects. We often even *are* the objects,” wrote Dutch phenomenological psychologist J. H. Van den Berg (1972, p. 67). It is in this sense that R. D. Laing (1982) can speak of experience as something that can never be preempted by any scientific knowing, for “All experiences are instances of experience, but experience is not itself an experience” (p. 9). There is, in other words, always a fundamental knowledge or being that is the precondition for knowing; a knowledge defined by Edmund Husserl (1970) as “a realm of something subjective which is completely closed off within itself, existing in its own way, functioning in all experiencing, all thinking, all life, thus everywhere inseparably involved,” but which, “has never been held in view, never been grasped and understood” (p. 112).

According to a human science perspective this kind of human knowledge is constantly presupposed as the background from which we live even when we live toward things in a scientific way. We can no more get rid of this knowledge than we can cease to be human. Without it we would simply

be some kind of ethereal spirit without a body and without a concrete life, floating above reality as a pure observer, and that would be to be inhuman or suprahuman. In other words, we would have to rid ourselves of, or temporarily suspend, our fundamental “being” as humans and substitute for it a pure “knowing” that is not rooted in any stock of ready-made human knowledge. However, even the natural scientist is first father or mother, son or daughter, employee or boss, lover or friend, before he or she is scientist. He or she exists first as human before he or she takes up a natural scientific attitude to things. He or she was touched by the problems or questions of a human reality before setting out to discover its inhuman causes.

According to a human science perspective, by getting rid of human reality to attain objective certainty about a human state of affairs, we lose in validity what we gain in accuracy: We get rid of the world as we know it in everyday living and substitute for it a reality in which no one lives. As the German philosopher Martin Heidegger (1993) argued, the heaviness of a stone might very well be translated into the objective measurement of its weight, but it thereby loses the reality it has in everyday life where it is first and foremost experienced as “burdensome to carry.” As Heidegger (1993) wrote, “If we try to lay hold of the stone’s heaviness in another way, by placing the stone on a balance, we merely bring the heaviness into the form of a calculated weight. This perhaps very precise determination of the stone remains a number, but the weight’s burden has escaped us” (p. 172). The end result of this process of translation of being into knowing is a loss of the meaning things have in the world in which we live in our everyday. Why does this translation entail a loss of validity? Because, as Laing (1982) argued, “When we turn to experience and learn what it may have to teach us, we cannot do so by a method constructed to exclude it ... we cannot measure a mood or count qualities” (p. 12). The existential philosopher Gabriel Marcel (1960) wrote about the scientific attempt to define everything according to objective characteristics that it is characterized by “a certain kind of possession, or claim to possession, of that which cannot be possessed.” He went on to say that “it is the construction of a little abstract effigy, a *model* as English physicists call it, of a reality which will not lend itself to these tricks, these deceptive preferences, except in the most superficial way,” for, “reality will only play this game with us in so far as we cut ourselves off from it, and consequently are *guilty* of self-desertion” (p. 169). Buddhist philosopher Alan Watts (1993) offered another metaphor for this impossibility when he likened the natural scientific attempt to preempt being by knowing to the attempt to carry away the river in buckets. “If you try to capture running water in a bucket,” he said, “it is clear that you do not understand it and that you will always be disappointed, for in the bucket the water does not run. To ‘have’ running water you must let go of it and let it run” (p. 23).

The result of the misguided attempt to understand human existence by means of a natural scientific method that is inadequate to the task is

that we drain life of its being or human meaning and become alienated from ourselves. We now come to take up our being in an impersonal way in which we relate to ourselves and others as objects to be known and managed rather than human beings who exist subjectively toward the various horizons or projects that first create the world of objects by making objects meaningful and relevant to someone in some regard.

PROBLEMS WITH ADOPTING A NATURAL SCIENTIFIC APPROACH IN THE TREATMENT OF ADDICTIONS

In the field of the management and treatment of addiction, a natural scientific approach to addiction leads to a highly technical and manipulative sense of human relating because it replaces an attitude of being (existing subjectively) with an attitude of “having” (existing in a world of objects to be bought and sold, and manipulated).

One example of this is that empathy ceases to become an attitude toward another human being in which someone’s subjective experience makes me more open to my own and vice versa. It now instead becomes a skill or technique. In “motivational interviewing,” for example, empathy often becomes a skill to be applied to another human being with some outcome in mind, rather than an openness and readiness to be affected in and through one’s own being by the being of the other person. To apply empathy as a skill is, however, already to have lost touch with one’s empathic ability to meet the other person where they are, and to have replaced it with a technical attitude of managing the other through skillful use of one’s emotions and body language. Only in a society that has lost empathy in its basic way of relating to others is empathy something that needs to be applied rather than a natural outcome of openness to the other person. If a person is not capable of showing empathy in a particular encounter, which is by no means uncommon even in very skilled therapists, the issue is not how to feign it by leaning forward or speaking in a softer voice, as if empathy was just a set of techniques through which to manipulate an object. Rather, the question becomes how to remove the obstacles that are barring access to the person’s ability to empathize in that moment, the use of technique and focus on outcome being precisely two of these. To cultivate empathy is, in other words, not to follow a manual (knowledge) but to meet the other in oneself, through a deeper awareness of one’s own humanity (being).

The application of natural science in the treatment of addiction also creates, I believe, the famous misalignment of the science-practice gap by which the doctor wonders why an addicted person who lives his addiction in the realm of being does not want to adopt the objective truth about his addiction the doctor has been taught in medical school in the realm of knowing. Although the addicted person can indeed benefit from managing

his addiction and having professionals who know about its causes and treatment possibilities work with him, the lack of human connection, dignity, and freedom that the addiction has brought with it and that has possibly preceded it to some extent cannot be restored through another alienating relationship with a professional who takes away the addicted person's subjectivity rather than facilitates it.

Today, the technical, scientific, and knowing approach to addiction threatens to completely overtake the field of treatment and public policy. Addiction is increasingly treated as a "medical problem" that requires that one attends to the illness and not the subjective reality of the person with the illness, or it is treated as a "public health" problem in which the addict is treated as a number or percentage of some abstract variables rather than a concrete individual with a unique history.

In our eagerness to know and to manage ourselves and others as objects, we have become a society of measurement and objective explanations in which things are no longer subjectively meaningful. As R. D. Laing (1982) wrote, "There is no experience or meaning *in* the objective order because the objective order is the way the world appears, subtracted of meaningful experience" (p. 33).

Even within psychology, a natural scientific approach to therapy has become the name of the game. Cognitive and behavioral therapies teach people to live in a knowing relation to themselves where feelings become things to be managed, and life becomes the use of skills applied to the world and to oneself.

In the end when we have objectified and externalized every piece of the person's experience, our being or our subjectivity is reduced to nothing. It becomes an empty concept, a hollow container full of "stuff" to be managed and controlled: a remainder or irregularity that will surely be explained away tomorrow at the dawn of further scientific advances.

In our collective sociohistorical forgetfulness of "being," we are quite happy to understand ourselves as if we were machines, brains, or selves to be managed and controlled, for we know not otherwise. As the psychologist Erich Fromm (1976) argued, "we rarely see any evidence of the being mode of existence and most people see the having mode as the most natural mode of existence, even the only acceptable way of life. All of which makes it especially difficult for people to comprehend the nature of the being mode, and even to understand that having is only one possible orientation" (p. 28).

We happily conceptualize ourselves and others as advanced machines, borrowing the metaphor of nature as the "machine of all machines" whose mechanisms we revere and use as the basis of the scientific studies through which we come to define ourselves. Alcoholics Anonymous (AA) can be reproached for asking addicts to buy into a religion, but in our day and age natural science has itself become a religion. Behavior modification is considered by most to be an objective treatment approach, different from the spiritual view of AA, but living one's life as a collection of modifiable

behaviors requires a particular worldview and a particular way of taking up a relation to oneself. It thus ultimately points toward a particular subjective way of being. That this is so, however, hides itself from view, for as Gabriel Marcel (1960) stated, “our possessions eat us up” (p. 165): We become the machine that others teach us we are, we become the manager of the self understood as a collection of emotions and actions, we become the planner and calculator of an objective body and an objectified life, and we become the theoretical categories assigned to us by others. Berger and Luckmann (1989) referred to this tendency to mistake the product of human activity as being independent of this activity as reification. “Reification,” they wrote, “implies that man is capable of forgetting his own authorship of the human world, and further, that the dialectic between man, the producer, and his products is lost to consciousness” (p. 89). The result, of course, is that we end up living in a world of premade categories that alienate us from our true human potential as creators and meaning makers and not just patients for medical doctors or objects for cognitive-behavioral intervention.

THE HUMAN SCIENCE ALTERNATIVE

Proponents of a human science perspective believe there are other truths than physical truths. They are not against science but against *scientism*. They believe that if we reduce everything to a physical reality whose lawful mechanisms can be used to explain the subjective away, we end up losing respect for and understanding of the way we as human beings subjectively created science through our subjective modes of inventing instruments, speaking within a tradition, bringing particular preconceptions of the nature of the world to the table, and so forth. When we acknowledge that natural science is a human way of relating to the world, we become free to put it in its proper place as one mode of relating to others and things alongside many others, for as R. D. Laing (1982) wrote, “Outside equations and correlations are intentions and desires. Duties and obligations, freedom and destiny, fascination and enchantment, do not go away because they are not hard data” (p. 27).

From a human science perspective, human reality can thus never completely be reduced to physical reality. The rise of the human being from the material and vital spheres of life into a life of self-consciousness, values, and relative freedom has created a rupture in the physical world. We do not merely suffer from or passively receive our experience from this reality but coconstruct reality in and through the way we act upon it and think about it. Human reality is thus of a fundamentally different order than physical reality; it is the upsurge of something subjective by means of which the world can first be known to a being of this world; by which physical reality can first receive a meaning and become illuminated according to the structures of a new order of being that supercedes it and can never just be subsumed by it.

What human scientists are against is thus not the use of natural science to discover new medications, or perfect the techniques we have of dealing with the human body and the natural world. What they become weary about is when natural science is adopted as a standard of measurement for all things, natural as well as spiritual—when the “human order” of meaningful everyday interaction and relating comes under the very same objectifying techniques as neurons, quarks, and photons. Then natural science oversteps its bounds and serves to colonize or retranslate the world of meaning into a world subtracted of meaning. Then we lose the order of reality of our humanity and become mere objects in a natural world of mechanisms to be managed.

A human science approach therefore attempts to get back to the underlying subjectivity which is “the precondition for” rather than “the object of” natural science. A human science approach studies this subjectivity as a foundation for all human activity and every possible experience including that of the scientific worldview itself.

In a human science approach the first fundamental assumption is the human being is not a thing and can therefore not be studied as a thing. According to one particular human science perspective that goes by the name of existential-phenomenology (Von Eckartsberg, 1986), we as human beings are said to become who we are only by giving meaning or purpose to things, by using them in specific ways, by discovering our own projects and reasons for being in them. It is for this reason that Merleau-Ponty (1968) can say that “there is a fundamental narcissism of all vision” (p. 139).

What does all this mean and how does it relate to our attempt to understand addiction? It means that a beer is a different “thing” for a store manager who wants to make a profit from selling it, than it is for a college student who uses it to relax his nerves so he can approach a girl he likes, a scientist who wishes to measure its alcohol content, and an addicted person for whom the beer is his very reason for being. A human science approach is interested in this difference in the meaning a beer has for different individuals, for it discovers the nature of addiction not by labeling the alcoholic person through categories, diagnoses, and statistics, or by reducing the alcoholic to objective processes discovered in laboratories, but by looking at the meanings things have when one lives one’s life as an alcoholic. Such an approach still entails a knowing, but one that does not attempt to bracket the messy world of biases, passions, interests, and participation that defines human reality but attempts to more fully capture this world, because it is through it that the meaning of alcoholism as a human phenomenon is to be understood. The human scientist must therefore enter into, dwell upon, meditate over, and make use of the knowledge of a shared humanity of experience that she has access to by virtue of the fact that she always already carries herself within an understanding of it.

How then can we differentiate the knowledge of the human scientist from that of the natural scientist? For the human scientist, knowing is

about depth of understanding, fullness of description, richness of details, faithfulness to experience, and verification by others who can testify that they feel they know themselves better after reading her research report. Opposite natural scientific knowledge, which separates the person from himself by providing an objective explanation that differs from his subjective experience, human science knowledge makes the person feel more fully reacquainted with himself. As Fromm (1976) argued, "Optimum knowledge in the being mode is *to know more deeply*. In the having mode it is *to have more knowledge*" (p. 41).

ILLUSTRATION OF A HUMAN SCIENCE APPROACH TO ADDICTION: THE WORLD AS EXPERIENCED BY THE ALCOHOLIC PERSON

The argument I am trying to advance in this article is that understanding the subjective mode of being human of the addict makes a lot of sense from a public policy and treatment perspective. By looking through some of the dissertations done at Duquesne University, in which a human science perspective on the experience of being an alcoholic was adopted, I have discovered many subjective truths about addiction that could potentially help inform treatment. In the following I would like to just briefly draw out some of these truths as well as talk about their implication for treatment.

The two dissertations that I have looked at to help me enter the subjective experience of the alcoholic are Samuel A. Donaldson III's dissertation "*Hitting Bottom*" in *Alcoholism as an Example of Coming to the Realization that One Must Change: An Empirical Phenomenological Study* (1991), and Harvey Michael Morris' dissertation *Being-in-Control-of-One's-Drinking: An Empirical Phenomenological Study* (1986).

One of the first realizations I got from reading these dissertations is that alcoholism is not a symptom for the alcoholic but an organizing principle of their world. In other words, to be an alcoholic is to live most aspects of one's existence toward the possibility of having another drink. One may go attend a recital for one's child, but the recital merely becomes something to get over with so I can have my drink. Donaldson (1991), for example, described how when they hit bottom, "alcoholics come to recognize their problem, not as simply drinking, but as the way they have attempted to approach life" (p. 110). As one interviewee told Donaldson, "I thought I had to stop drinking, that I had to change this aspect of my life, but I didn't think about how I could. What I thought really was that I couldn't, that this was my whole life" (p. 80). Consequently to take away the symptom through enforced abstinence is to take away the entire life of the alcoholic or to leave them without a long-held purpose for living. We can therefore not treat the "problem" of addiction solely by prescribing a pill or teaching the person

the cognitive and behavioral skills needed to remain abstinent but must treat the loss of life's meaning that removing alcohol from the alcoholic leads to. Psychologically speaking this means treating the person in addition to the illness, for as Donaldson argued, "Alcoholism is a lifestyle, or a mode of acting in the world, of which the misuse of alcohol is only one component" (p. 109). The technological approach to the treatment of addiction in which successful treatment is measured as a function of some measurable period of abstinence thus misses the point, for if long-term recovery is to be made possible, our goal should not be to merely alleviate the symptom, but to facilitate the growth and development of a different subjective world. Such a world can only be made possible in and through a therapy that "engages the person in a process of reorientation, of change in her sense of who she is, of what matters to her" (Smith, 2009, p. 38). The alcoholic needs to stop drinking—yes—but she also needs a new life instead of the void the removal of alcohol has left her with. The readmission into such a life goes far beyond the removal of symptoms. It requires renewed meaning and purpose, which is achievable through a therapy that seeks to "go beyond the treatment of disorders defined through their symptoms" and seeks to foster higher more life-affirming values such as uniqueness, depth, complexity, creativity, authenticity, intimacy and autonomy (Smith, 2009, p. 40).

Donaldson (1991) and Morris (1986) agreed that the alcoholic's decision to change is forced by a series of losses that make it impossible for the alcoholic to pretend that everything is fine. At one point the denial of being an alcoholic can no longer be maintained because it is betrayed by the destructive effects their habit has had on their relationships, their ability to maintain a job, their ability to pay their bills, or their ability to ignore their deteriorating health. However, losses only force the decision that I have to change but is not sufficient to sustain that change. The reason for this is that the alcoholic has to be able to envision the possibility of a more hopeful future to make changing not only possible but worthwhile. With a life that is often left in ruins, and in which significant others have often been alienated and pushed away, such a hopeful outlook is most likely not there and so must be rekindled if recovery is to be lasting. Hopefulness is ascribed by Donaldson to the experience of having significant human relationships with people who care about you. "Alcoholics change," he wrote, "not only to flee the painful possibility signified by the emblematic loss, but also because they are drawn to a hopeful and satisfying future to which they are imaginatively present vis a vis helpful significant others" (Donaldson, p. 104), and as he therefore further wrote, "a major finding of this study is that certain significant others are necessary for alcoholics to surpass despair" (Donaldson, p. 105). I believe health care professionals can be instrumental in this regard by offering meaningful human connection to the alcoholic person in and through their personal presence and empathy. To make this possible, however, we must relate to him or her through an appreciation of the alcoholic person's

subjective experience and an empathy that isn't feigned or administered but genuinely entered into. We must care about the alcoholic not only as a health care professional, but also as one human being to another.

The challenge of providing the alcoholic with a reason to live in and through the curative effect of human connection is made more difficult by the fact that a life of alcoholism has often greatly impaired the alcoholic's ability to trust others and to form meaningful relationships. During the alcoholic's drinking years the world is often experienced as "inhospitable," "unkind," and "judgmental." "As a consequence," Morris (1986) wrote, "the controlled drinker and the active addict do not experience the blessing of the other and, therefore, perceive the other as one who must be deceived or manipulated" (p. 119). The health care professional can only contribute to break this pattern if he is able to tolerate and manage the alcoholic's various displays of mistrust, deception, and reluctance by not reacting to such elicitations but proving these projections unfounded through his own consistent nondefensive presence. This long-term component also may explain why many short-term treatment efforts may fail, because many alcoholics are likely to not truly trust the benevolent intentions of others without long-term relationship building that can provide a "corrective emotional experience."

In and through making the "next drink" that "for-the-sake-of-which" most things are done, the alcoholic has lost a lot of the freedoms which we associate with living a fully human life. The saying "a person takes a drink, a drink takes a person," very much applies here. The alcoholic does not realize his own potentials as a person but realizes only the potential of getting drunk. All other futures through which I can live my life lose their importance. I am thus no longer the creator of my destiny but the sufferer of an alcoholic "thirst" acting through me. In this sense it is true that the drink really does take the person. As Morris (1986) wrote, "These individuals are forever waiting for the whistle to blow at work, or for the guests to leave the house. Then they are free to drink again ... life is lived only for the moment to drink" (p. 122). Alcoholism, as we can see, is thus very degenerative of the humanity or spirituality of the person. The idea espoused by AA that alcoholism is a disease of "selfishness" is thus right and wrong. It is right in the sense that when life is lived for the sake of the next drink, concern for others loses its importance relative to this goal, but it is wrong in the sense that the alcoholic has lost that fully human self in which goals are chosen more or less freely and in which selfishness can therefore be a choice. This finding might indicate that we have to be careful when assigning blame for the alcoholic's actions. There might be a middle road between the frank admission that "I am selfish" and the complete denial of responsibility for one's past actions. The choice between absolute freedom and absolute determinism seems too black and white.

Finally, we have to realize that for the alcoholic to stand up and say "I am an alcoholic" as is required in an AA meeting, is so extremely difficult

because, to many, being an alcoholic means adopting a vile identity. In Morris's dissertation (1986), one alcoholic thought of being an alcoholic as being a "dirty, low-life scumbag" and another as being "three steps lower than a rapist . . . a parasite, nothing. It showed that one had no backbone, no guts, no brains, no self-respect" (p. 98). No wonder then that declaring oneself an alcoholic is so difficult for most and is resisted until all the evidence disallows one to persist in one's denial. This whole issue brings up the damaging effect of the social stigma attached to addiction in general and how society itself reinforces a resistance in most people to identify themselves this way. It is striking of course that no one would have the same resistance to calling themselves a "diabetic," but as we can see from the quotes above, addiction is still connected to being a sign that one is a person of low self-respect and low moral integrity.

CONCLUSION

Through these five themes, derived from careful attention to the experience of being an alcoholic, I hope to have shown the usefulness of a human science perspective for the treatment of addiction. What has become apparent by adopting a human science perspective on the phenomenon is that "the addiction" as understood by the natural scientist is quite different from the lived experience of those who "have" the addiction. In the life of the alcoholic, the addiction is not an object or something the addicted person "has." Instead it is displayed as a change in the quality of self, others, and things. It is a way of disclosing the world. I encounter it in my inability to pay my bills, in my mistrust of others, in my deteriorating health, and not as a "thing in itself." Consequently, I am only forced to reckon with its status as an independent cause or "illness," when the destruction it has wreaked on my world becomes too severe to be explained away. Only at that moment do I encounter myself as an addict. From a human science perspective we thus need to understand that curing an addiction is not simply reducible to blocking certain receptors in the brain, for the addiction is not just a phenomenon of the brain, but a way of being in the world. To rid oneself of an addiction is consequently to rid oneself of a way of being human, that is, a way of relating to oneself, others, and the world. This human or spiritual aspect of the addiction is what a human science perspective has the potential to illuminate further and what the therapy with the addict is ultimately supposed to be about.

Obviously the themes gleaned from two phenomenological dissertations have not provided us with an exhaustive understanding of what it is like to "live" rather than to "have" an addiction, but hopefully it has been illustrative of the potential of the research approach.

Instead of trying to outsmart the addicted person by designing programs and treatment strategies based on a “superior” scientifically derived knowledge, a human science approach seeks to align with the addicted person by entering into that experience or human knowledge in which the addicted person lives. One attempts to understand what it is really like to live in abstinence, to hit bottom, to control one’s drinking, to be in denial, to be in despair, and so forth. Acquiring such “human knowledge” makes it possible for professionals to fulfill a function within the addicted person’s world, which they can help restore to health or change from within. Without discarding the valuable knowledge of a natural science approach to addiction, it is my belief that a more sustained attention to an empathic understanding of being addicted through a human science approach is likely to lead to more humane policies and more effective treatment results than is the exclusive application of models derived solely from a natural scientific paradigm.

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