

TRANSUBSTANTIATIONS OF THE MYSTERY:
TWO REMARKS ON THE SHIFTS IN THE KNOWLEDGE
ABOUT ADDICTION

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Some two hundred years ago—with the help from Benjamin Rush, Thomas Trotter, Christoph W. Hufeland and above all from the Moscow physician v. Brühl-Cramer—a strange disease came into being: people who drank to much suffered from drinking to much. The majority of the colleagues shook their heads, and, as everybody knows, to this day the concept remains contested—we cannot even reach an agreement on whether it was discovered or invented. Be that as it may, Brühl-Cramer¹ had labelled it *Trunksucht*, literally: “addiction to drink,” a term he had modelled from the rampant *Lesesucht*, the “addiction to read” (especially novels like Goethe’s *Werther* which caused spectacular cases of suicide). Thus, the *Trunksucht* was framed by a broader idea of pathological excessive behaviour, be it reading, coffee drinking or craving for certain food. For psychological reasons some people became addicted; admittedly, these reasons were mysterious. Trotter and the famous Hufeland, on the other hand, simply regarded alcohol the cause of the craving for alcohol. The latter spoke of an “infection” with hard spirits which “inevitably makes it necessary to drink ever more.” Admittedly, it was a mystery why only a minority of the consumers became addicted. Hufeland promoted Brühl-Cramer’s trailblazing work enthusiastically—not realising the difference between the two approaches. In other words: right from its origins the concept of addiction bore a crucial etiological vagueness, if not a void. The starting point of this disease could be seen either in malfunctions

in the body which make the individual behave, especially consume pathologically, or in certain substances seeping from *outside* into the body and *then* causing malfunctions which lead to pathological consumption.² In the first case it would appear that there is only *one* addiction showing itself in countless forms, including behavioural patterns; in the second case it would appear either that there are *different* addictions caused by different substances, or—obviously more elegantly—that there is a class of substances causing similar *sorts* of pathological appetites.

In his stimulating essay, David Courtwright shows how in the last century the attitudes towards alcohol, tobacco, and other drugs shifted from a notion of a single unity of psychoactive—and addictive—substances to separate ones, and then back to a single one (now including excessive behaviours, too). Aware of the traps of such a condensed outline, Courtwright underlines that he talks of the “governing ideas” only. Indeed, busy historians could easily find counter-examples—no wonder, considering the etiological vagueness of the addiction concept! Nonetheless, doubtless there were significant shifts in the prevailing notions. Thus, the following two points intend not to reject but to strengthen Courtwright’s argument: the relationship of internal and external factors, and the periodization of the shifts.

To start with a brief remark on the “governing ideas.” Courtwright regards them—like Kuhn’s “paradigms”—as originating in the scientific community. From the experts they spread to the public and become popular knowledge. However, in order to explain the shifting attitudes, external factors—such as the changing prestige of the cigarette or the global economy—also have to be considered. Admittedly, I do not possess the philosopher’s stone to settle the everlasting struggle between externalists and internalists in the history of science. I only suggest making that point clearer. Apparently there were phases in which *weltanschauungen* and other external factors had a strong impact on research and *vice versa*—both spheres being intertwined in many different ways.

For the sake of periodization we better take a look at the world outside America.³ That there is a class of substances which alter the state of mind is a wisdom dating back at least to the eighteenth century.⁴ Hufeland coined the term “narcotic poisons” which later became a “governing idea.”⁵ But then, as Courtwright points out, in particular in the 1930s-50s, the notion of “inebriety” (or with fewer moral undertones “narcomania”) was overthrown by a division into licit, rather harmless substances, on the one hand, and illicit “drugs” on the other. Indeed, since the 1912 Hague Convention the latter had been increasingly put under control. At the same time, however, it was precisely the model of the “addictive personality” that gained ground, at least in Germany and other European countries. This model—following the path of Brühl-Cramer—stated that certain individuals suffer from “addictiveness” [*Süchtigkeit*].⁶ Be it acquired or inherited, this hidden abnormality manifested itself in numerous forms, ranging from “nicotinism” to addictive gambling. Consequently—now following the path of Hufeland—ATOD were placed under *one* heading: narcotics.⁷ A further consequence was that alcohol prohibition made no sense; it would only increase the demand for more destructive drugs.⁸ Instead, those whose “addictiveness” was acquired were to be cured and those who suffered from the inherited variation were to be prevented from parenting “degenerates” by sterilisation. After World War II the eugenic argument lost ground, and whiskey and cigarettes symbolized the modern lifestyle. But the notion of an entity comprising all “narcotics” survived, until it became the “governing idea” again, among experts and laypersons alike. So for the purpose of the periodization of the attitudes towards psychoactive substances and excessive behaviours I suggest to add to the criterion “are ATOD seen as a unity or not?” the criterion “where is the source of addiction located?” This would allow for a more complex model which reflects the fundamental ambiguities of the mystery of addiction.

NOTES

1. C. v. Brühl-Cramer: Ueber die Trunksucht und eine rationelle Heilmethode derselben (Berlin 1819); cf. my “Krankheit des Willens. Die Konstruktion der Trunksucht im medizinischen Diskurs des 19. Jh.” In *Sociologia Internationalis* 29/1991 and “Was ist Alkoholismus? Die Trunksucht in historisch-wissenssoziologischer Perspektive.” In *Sucht als Prozess*, ed. B. Dollinger and W. Schneider (Berlin 2005).
2. In his pioneering “Discovery of Addiction” (*JSA* 39/1978), H.G. Levine assumed that the AA and the Yale Center were the first to shift the source of addiction from the substance to the body. This is misleading in three respects: firstly, Jellinek’s model should better be seen as a mediatory one: a specific substance comes across a specific body; secondly, this idea of “intolerance” towards alcohol was in Europe already discussed around 1900; finally, and most important, both sources of addiction—body and drug—have always been taken into account at the same time.
3. The attitudes towards ATOD on both sides of the Atlantic differ(ed) considerably, the distinctive clue being ‘sin.’ The gradual disappearance of Europe from USA’s intellectual screen is an alarming and somewhat irritating tendency (cf. my remarks on Tate in *SHAR* 16/2002).
4. They formed a subgroup of the stimulants; see *Genussmittel: Eine Kulturgeschichte*, ed. T. Hengartner and C.M. Merki (Frankfurt 2001).
5. See esp. N. Kerr: *Inebriety or Narcomania: Its Etiology, Pathology, Treatment, and Jurisprudence* (London 1894). Occasionally excessive behaviours were also counted among the addictions, whereas the addictive qualities of tobacco seem to have been more of a popular wisdom.
6. See esp. E. Gabriel and E. Kratzmann, *Die Süchtigkeit* (Hamburg 1936; last ed. 1974!).
7. In Germany, e.g., in 1934 the relevant organisations were gathered in the “National Narcotic Control Board” (Reichsarbeitsgemeinschaft für Rauschgiftbekämpfung).
8. The Nazi regime never promoted “total sobriety” (as Courtwright assumes). Both the “classical” disease model and the model of “addictiveness” were in line with the failure of Prohibition: they shared the notion that alcohol was addictive in only few individuals (whereas “drugs” were much more likely to trigger an acquired addiction).