

book review

The history of problem gambling: Temperance, substance abuse, medicine, and metaphors

By Peter Ferentzy and Nigel Turner. (2013). New York, NY: Springer. 174 pp.
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Peter Ferentzy and Nigel E. Turner's *The History of Problem Gambling: Temperance, Substance Abuse, Medicine, and Metaphors* traces the history of gambling as a personal, psychological problem. Although the examination of the addictive history of any involvement (starting with narcotics and alcohol) informs us that the meaning of addiction is a moving target, one determined historically and culturally, we are more inclined to be alert to this reality when examining addictive gambling, since that has only recently been admitted to the modern addiction pantheon in DSM-5.

In order both to confront the reality of addiction, and yet to recognize what a squishy, ever-morphing concept this thing called addiction is (incidentally, the diagnosis "addiction" appears neither in the DSM-IV, which instead calls it dependence, nor the DSM-5, which applies no actual clinical label beyond the generic "substance use disorder") requires a balancing act of the highest order. In their erudite and well-written book, Ferentzy and Turner pull off this feat in the course of analyzing – for the first time – the history and meaning of the idea of *problem gambling*, more recently *compulsive gambling* and/or *gambling addiction*.

Their journey takes them back to 18th and 19th century monomanias, which include drugs, alcohol, and masturbation in addition to gambling, as well as a good deal of moral baggage, à la temperance. Modern medical models that encompass these behaviors claim (falsely) to eliminate the moralism with which they were formerly viewed, at the same time as they often overestimate the compulsivity and irreversibility of both substance and behavioral addictions. After accompanying Ferentzy and Turner on their survey of the history behind these developments, readers will realize this journey is essential in order to comprehend the modern psychiatric enterprise of classifying addictions (or, in the cases of DSM-IV and DSM-5, dealing with addiction-like things without actually classifying them as addictions).

Of course, it only depends how far you want to return in history to find whatever is your favorite addictive object to have been recognized as such. To somehow conceive of addiction as a Platonic ideal – as something destined to be compulsive given its impact on the brain, in combination with a person’s neurochemistry – is to be incapable of undertaking a history like Ferentzy and Turner’s. Indeed, a number of historians recently have conceived to do the exact opposite, most notably Howard Markel in *An Anatomy of an Addiction*, in which he declares that two of the most distinguished medical specialists at the turn of the century – Sigmund Freud and William Halsted – were cocaine addicts, even though they were not regarded in their era as such.

Actually, not only weren’t these notables thought of as cocaine addicts in the early twentieth century; they wouldn’t have been thought to be such addicts until the 1980s, when pharmacologists admitted cocaine into that addiction pantheon where gambling has recently been placed due to widespread use and abuse of the drug. Previously, pharmacologists listed cocaine in the *psychic* dependence – but not *physic* dependence (i.e. REALLY addictive) – column in their charts. But, wait – Freud and Halsted would not be classified as addicted (or whatever) today, since, to warrant a substance use disorder diagnosis, according to DSM-5, the individual must suffer “clinically significant impairment or distress” from such use. Rather than performing historical analyses like Ferentzy and Turner, Markel is pulling the conjuring trick of saying, “Look, look – these acclaimed, accomplished physicians were really drug addicts!”

So, you see, back-dating history per Markel on the assumption we all now definitively know – and biology absolutely determines – what is addictive and what is not is to burrow down a rabbit warren, never to emerge into a sensible comprehension of the meaning of addiction, shape-shifter that it be. Ferentzy and Turner deal with the plasticity of the meaning of addiction by calling on the idea of metaphor – that is to say, the imaginative, conceptual element, or leap, required in all science. For Markel, among many others, to say something is “real” requires that they think the thing is fixed in the biological stratum, however often this *idée fixe* is disproved, including at this very moment, as new activities from sex to the Internet are contemplated for ultimate inclusion in the fabled addiction column.

For their parts, Ferentzy and Turner show that it isn’t possible to create the history of the addiction to anything in isolation, and that the story of gambling addiction must be embedded in a larger history of the addiction concept. Thus, “Chapters 4 and 5, for example, devote more attention to drugs and alcohol.” The authors must analyze the origins of the concept of narcotic addiction first since even that (heavens) is not a fixed star – as Virginia Berridge made clear in her wonderful history, *Opium and the People: Opiate Use in Nineteenth Century England*, of an epoch when, despite massive opiate use, narcotic addiction was not recognized to be a special category of behavior or a widespread social problem.

One must first decide how an activity creates an irresistible compulsion (today likely to be associated with the metaphor of the “hijacked brain”) before one can say gambling fits into this category. Markel and the DSM-5 addiction labeling apparatus conceive of this to be due to neural pathways and brain activation displayed in MRIs. But this process is not within the realm of neurochemistry – never has been, never will – as made clear by Sally Satel and Scott Lilienfeld in their excellent *Brainwashed: The Seductive Appeal of Mindless Neuroscience*. Ferentzy and Turner employ linguistic analysis to trace these developments, and particularly the imagery of “hitting bottom” – a temperance idea if ever there was one. What readers must avoid is thinking that since the addiction concept is built on metaphor, that it is not real. Dr. Ferentzy’s well-documented crack addiction (see his policy treatise cum memoir, *Dealing with Addiction: Why the 20th Century Was Wrong*) makes clear he doesn’t claim or believe this degree of conceptual relativity.

People with a harm reduction cast of mind tend to be slow to label things – like marijuana use and gambling – genuine addictions. Instead, they see such labels as moralistic overreactions. And while they also see our treatment of heroin and crack addicts to be a result of similar moralistic temperance attitudes, what they really seem to be saying is: “Our society is so moralistic, it can’t accept the humanity of genuine addicts, and meanwhile it labels as addicts people engaged in activities that, from time to time, became unpopular and are thus artificially associated with these *real* addictions.” Rather than thinking this or that substance or activity is addictive or not addictive, we must always return to the joint criteria of “clinically significant impairment or distress” as the markers for addiction, no matter what its object may be.

Addiction, not being the side effect of any substance, is a relationship some people form with an involvement in which they become immersed, one that is both impossible (at least for a time) for them to escape, and yet which is horribly destructive to them. And those may – or they may not be – the characteristics of the relationships people form to heroin, or alcohol, or cocaine, or crack, or marijuana, or food, or shopping, or gambling, or the Internet. Any other view – one that tries mistakenly to sort objects as lying in or out of the “addiction” category pharmacologists used to reserve solely for narcotics like heroin – will always fall short of explaining reality, seen either contemporaneously or historically.

Stanton Peele is the author of ten books, including the forthcoming *Recover!: Stop Thinking Like an Addict*, as well as the creator of The Life Process Program for treating addiction, including gambling.