

A Recent Commentary in Addiction Research & Theory on Stigma

Sensible pushback on 'destigmatization' from within the Academy

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Date: Nov 21, 2023

URL: <https://www.jdhaltigan.com/p/a-recent-commentary-in-addiction>


Having just published my essay on destigmatization in mental health, I wanted to share a recent set of papers¹ I came across that appeared in the academic journal: Addiction Research & Theory on the issue of stigmatization in mental health and psychiatry, in particular as it relates to substance use disorders (SUDs) and addiction. I think readers of my Substack not familiar with 'academic discourse' as it appears in journals will appreciate seeing this brief breakdown below as it touches upon all of the points I make in my essay on destigmatization. I will mostly follow the thread I did on this set of papers on X to keep things simple and as brief as possible while capturing the substantive content of the target comment and commentaries with robust fidelity.

The target article is by Michael Vanyukov and is entitled "Stigmata that are desired: contradictions in addiction." The basic claim that Vanyukov lays out in his target article comment is that efforts to 'destigmatize' mental illness conditions and behaviors are misguided and internally incoherent. This is because the claimed stigmatizing of these conditions and behaviors which has led to maltreatment and mispractice with afflicted individuals, in particular those suffering from substance use/addiction mental illness, has become conflated with appropriate—and clinically useful— 'prosocial disapproval' of lethally dangerous behavior.

COMMENT



Stigmata that are desired: contradictions in addiction

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ABSTRACT

Many experts in the etiology, assessment, and treatment of substance use/addiction view stigma and stigmatization – negatively branding addiction and substance users – as obstacles to the solution of the substance misuse problem. Discussions on this topic impact research and policy, and result in oft-repeated calls to remove the stigma from substance use and users. The goal of the article is to analyze the stigmatization concept as applied to substance use/addiction. It is widely accepted in the literature that stigmatization negatively affects substance users because addiction stigma interferes in both seeking and receiving professional care. It is argued that the societal disapproval of substance use/addiction is inappropriate because it is a mental disorder, involving biological processes. Nonetheless, neither those processes nor negative attitudes towards substance use affirm the concept of stigmatization as currently applied. This concept conflates potential mistreatment and malpractice with the prosocial justified societal disapproval of a lethally dangerous behavior. Consequently, the stigmatization concept suffers from internal contradictions, is either misleading or redundant, and may do more harm than the supposed mistreatment of substance users that stigmatization connotes. On the contrary, the justified disapproval of harmful behavior may be a factor raising individual resistance to substance use. Instead of mitigating the effects of that disapproval, it may need to be capitalized on. If it is employed explicitly, conscientiously, and professionally, its internalization may be one of the resistance mechanisms needed to achieve any progress in the still elusive prevention of substance use and addiction.

ARTICLE HISTORY

Received 6 February 2023
Revised 16 July 2023
Accepted 17 July 2023

KEYWORDS

Substance use disorder;
liability to addiction;
disease model; drug abuse;
biologization; legalization

Introduction

'Stigmatization' is a term loaded with numerous meanings and connotations. Its origins are in the literal branding of people with a hot iron, applied historically to slaves and criminals. The term is also related etymologically to the 'stigmata' that denote bleeding from what was described as wounds mimicking those of Jesus' crucifixion. Referring to

of shame or discredit.' It is the latter meaning that is often attached to a set of similar societal attitudes to various phenotypic characteristics that are related to behavioral choices – e.g. obesity, certain infections, and (illicit) substance use. This paper focuses on the latter, but its conclusions may have a wider application, pertaining to the individual's own role in being an object of the presumed stigma.

Here Vanyukov notes that the concept of stigma as currently applied by both professionals and lay persons is a synthetic blend of two distinct elements: malign mistreatment and justified disapproval of behaviors harmful to individuals and society. Although Vanyukov does not articulate this, I believe a strong case can be made that the conflation between malign aspects of stigma and justified disapproval of culturally and individually destructive and harmful behaviors has been *intentionally manipulated* by many within the activist academic mental health class so as to provide motivation and impetus for their efforts to destigmatize mental illness to the point of *normalizing it*.

therefore incentivize an individual to either not engage in or cease a behavior, 'stigma' has a connotation of society's *unjustified mistreatment* of those who bear the effects of their substance use. These emotions are thereby considered 'self-stigma,' resulting from the internalized stigmatization by society (Matthews et al. 2017) and so also targeted for eradication. The concept of stigma as currently applied thus envelops both *mistreatment* and *justified disapproval* causing shame and/or guilt. As discussed below, substance use is justifiably disapproved of as is any behavior that is perceived as harmful to society and the individual. Accordingly, the concept of stigmatization itself, suffering from internal contradictions, may do more harm than the supposed or actual mistreatment that this concept implies. Namely, it is misleading and may misinform professional care when the assumption of mistreatment is unfounded, neutralizing instead of employing internalized justified disapproval as an important preventive and therapeutic factor; it is redundant if mistreatment does occur: there exist legal measures that deal with that. This article aims to separate the two concepts.

Stigmatization vs. justified societal disapproval

What is recognized as beneficial, on the one hand, is rejected, on the other. Although the boundary between justified disapproval and stigmatization may not be clear-cut, the latter term as currently applied to substance use implies mistreatment, with no objective benefit to that person or, at least, with the benefit's being outweighed by the cost associated with disapproval.

Another possible implication is illustrated by the anecdotal case of a lung cancer *never-smoker* patient who 'knew others suspected she must have done something wrong, like sneaking cigarettes' (Brewis and Wutich 2019, p. 1) and received compassion only when she started to hide her type of cancer. The authors, therefore, apply the notion of 'stigma' with no distinction even between the unjustly imposed guilt by association and beneficial life-saving disapproval. As the Brewis and Wutich book itself, its review in *Nature* (Pulerwitz 2019) also recognizes that the change in social norms did motivate smokers to quit, but – illogically – considers that change, the recognition of the smokers' responsibility for their addiction, a 'negative consequence,' contrary to its positive effects. In other words, a clear benefit is presented as a cost.

Importantly, however, the unjustified negative attitude toward that nonsmoker patient is not directed at the behav-

Conclusion


A greater level of comfort is a goal yearned for in all cases of substance use. When unrelated to medical purposes, drugs are taken purely for a positive affect change – regardless of the baseline level, thus covering both positive and negative reinforcement. Encouraging substance use by mislabeling its justified societal disapproval as stigmatization, in effect *stigmatizing that disapproval* despite this behavior's being harmful, destructive, and often illegal, can only facilitate substance use with all its negative consequences. Society's refusal to control that behavior, lifting its medical, legal, and traditional boundaries and personal responsibility for it, may raise the substance-using individual's level of comfort but decrease, instead of increase, the chances of recovery and prevention. Constructively and conscientiously utilizing the negative individual and public perception of substance use along with positive perception of nonuse may be an important factor of raising resistance to addiction (Vanyukov et al. 2016) – both in preventing substance use and assisting in recovery.

There are three rejoinders to the target comment. Two of the rejoinders are largely in agreement and laudatory of the target comment, only making more fine-grained points or extending some of the thoughts, claims, and implications of the observations and ideas laid out in the comment. The rejoinder by Heyman below further underscores the important distinction between social disapproval and 'stigmatization' in the negative sense. Indeed, throughout history 'prosocial cultural stigma' of behaviors and pathogens have been recorded. There is good reason to believe that such 'prosocial cultural stigma' phenomena are likely evolutionary-preserved mechanisms that aim to inoculate or prevent public health disasters in society. This concurring commentary also leads with an important point given the widespread censorship and censure of 'heterodox' or alternative views on politically-relevant issues within the ideologically-captured Academy, especially within the social sciences, psychology, and psychiatry.

COMMENT



Disapproving of destructive drug use should not be confused with stigmatizing drug addicts

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ARTICLE HISTORY Received 27 August 2023; Accepted 29 August 2023

Introduction

Professor Michael Vanyukov's (2023) paper, "Stigmata that is desired," sounds a brave and provocative challenge to widely accepted understandings of addiction. Provocative because it challenges the views of the National Institute on Drug Addiction (NIDA), the federal agency that funds most addiction research in the United States, and brave because his argument is not simply a minority view, but one which is likely to invite censure as unempathetic and unscientific. Nevertheless, his arguments are supported by much research, particularly the epidemiological and biological research that NIDA spokespersons and many addiction researchers and clinicians ignore. However, Vanyukov takes on a good deal more than received knowledge, delving into issues such as the history of the term "stigma" and the sins of reductionism—intellectual excursions that are likely to obscure the essay's central and important message. Thus, I will begin with a summary of the paper's basic argument.

behavior is unfair and uninformed. In contrast, Vanyukov assumes that individuals who display the symptoms of addiction can stop using, and cites various empirical findings that support this key point. These include high remission rates, high "unassisted" (natural) recovery rates, and the role that disapproval played in reducing cigarette smoking in addicted smokers. (For summaries and a synthesis of these findings, see Heyman, 2013 and 2021. Also, and this is not sufficiently appreciated, the supporting studies that Vanyukov cites are compatible with recent findings regarding the biology of addiction, whereas, these same studies are not compatible with the disease interpretation of addiction.) Thus, whether you think disapproving of addiction is a legitimate first step in the path to remission or unfair stigmatizing depends on your understanding of the nature of addiction. My impression is that Vanyukov agrees with this summary, although it leaves out his historical and philosophical observations.

The basic argument

Implications for what drug users say about themselves

The rejoinder by Baumeister & Andre below highlights the element of personal agency in addiction and substance use-related conditions. More specifically, the view that those suffering from substance use conditions have at least some free will to ameliorate their condition. Although it may be considered to be 'insensitive' by some, as Christopher Lasch noted decades ago in relation to what he perceived as a loss of personal conduct standards in society, "caring is no substitute for candor."

COMMENT



Failure of guilt, misguided free will, and the potential benefits of legitimate disapproval: the case for stigmatizing addiction

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ARTICLE HISTORY

Received 28 September 2023; Accepted 29 September 2023

Calls to destigmatize addiction have been widely circulated. Removing or reducing society's disapproval appeals to addicted people for obvious reasons: It removes one of the penalties for their destructive behavior. Many addicted people would prefer to continue indulging in their illicit pleasures while enjoying the respect and sympathy of society, rather than being condemned as selfish, weak-willed individuals who put their own short-term pleasures ahead of the well-being of family, self, and society (Davies, 1997; Peele, 1998). Regarding addicted people as unfortunate victims of disease is a much more sympathetic perspective, not least because it absolves them of responsibility.

The case for destigmatization has been bolstered by arguments that addicted people have no control over their actions, that the addictive indulgences just happen to them without their consent and indeed possibly against their will. This view is popular among not only among addicted people, but also among paid treatment providers (Russell et al.

would be tolerated sympathetically? The same goes for the stigmas associated with perpetrators of child abuse, sexual harassment, and rape. It is certainly true that societies vary as to which traits and actions they stigmatize. There is increasing sense that stigmas formerly associated with being born out of wedlock ('bastards') and homosexuality were unfair. The unfairness was precisely because the individuals were essentially not responsible for the conditions that brought the stigma. (After all, no child can prevent itself from being born out of wedlock!)

The presumptive legitimacy of stigmatizing racism underscores Vanyukov's point: Society's disapproval is a potent means for changing behavior toward the better (as society understands what is better). Therefore, it is at least worth considering whether that disapproval can profitably be employed to improve public health and safety by combating destructive patterns of drug use and, indeed, addiction.

The rejoinder by Corrigan is the lone dissenting rejoinder. It makes the case that stigmatization is never justified, and focuses on the 'lived experiences' of afflicted individuals as a basis for suggesting that professionals who suggest prosocial disapproval of harmful substance use behaviors are warranted demonstrate a hubristic myopia that ignores the unique views of 'people with lived experience of substance use.' This dissenting comment, with its 'lived experience' language so characteristic of the postmodernist view of 'emancipation from [societal] convention,' AKA: 'liberation', is not a surprise given the ideological capture in the Academy which is organized around the lived experience of 'oppressed individuals.'

Stigma is never justified

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ARTICLE HISTORY Received 25 July 2023; Accepted 3 August 2023

Assertions about behavioral and social phenomena related to addictions should be grounded in research, especially when seeking to influence practice guidelines and health policy. This applies to descriptive and treatment research about addiction as well as studies on the effects of stigma. The National Academy of Science (The National Academies of Sciences Engineering and Medicine (NASEM) 2016) summarized hundreds of peer reviewed reports on the stigma of behavioral health using its consensus method. A subsequent edited book did a deeper dive into the stigma specific to substance use disorders (SUD) based on the most recent literature (Schomerus and Corrigan 2022). None of the references cited in the Vanyukov paper included these two sources nor research by the standard bearers of empirical

substances as amoral and hence justified to be stigmatized. This ignores the social construction of substance use and labels. Some substances are illicit because some governments labeled them as illegal. The changing landscape of previously illegal drugs such as marijuana highlights the fallacy between 'illicit' labels and justified stigma. Harm reduction, as an evidence-based approach, challenges notions that using substances leads to SUD and is therefore reason for stigma.

Substance use and SUDs are all about crime


This statement is the epitome of stigma. It ignores significant factors that mediate associations between substance use and crime. most notably social determinants and social dis-

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the value of stigma. Priorities and perspectives of the lived experience of people who use substances in the world are largely absent. This kind of myopia reflects recurring limitations of the professional's hubris in terms of health behaviors in society. People with lived experience of substance use and SUD are best experts of their impact. I admit that people who use substances do not speak with a single voice. Their beliefs about substances, SUD, and stigma may vary, in part based on their understanding of recovery. Is recovery an outcome, such that abstinence is the only legitimate treatment or is it a process, where the lived experience of substance use and personal goals is paramount. Regardless, work on SUD stigma and stigma change needs to be led by people with lived experience. I am certain their work will not start with justifying stigma.

In his response to the reviews, Vanyukov clearly tackles the 'claims' of the dissenting commentary and again highlights that 'societal disapproval' which is both culturally responsible and necessary for humane civic functioning has been conflated with malicious 'stigmatization.'

The misnomer of substance use “stigma”: beneficial disapproval should not be conflated with mistreatment of users

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ARTICLE HISTORY Received 10 November 2023; Accepted 10 November 2023

This rejoinder replies to the three responses to my paper, ‘Stigmata that are desired: Contradictions in addiction’ (Vanyukov 2023), which have been kindly provided by prominent experts in the field. Two of those responses are broadly supportive. I will first address the unsupportive response by Dr. Corrigan (2023), because it recapitulates the very reasons I wrote my paper, and it is important to highlight the misconceptions. I welcome this opportunity to clarify my position.

First, it is worth mentioning that while it may be challenging to respond to criticisms of the actual points raised in an article, such a discussion could be useful. The difficulty, however, is much greater when what is critiqued is not there. That also renders a discussion barren. Thus, the terms and concepts criticized in the first commentary do not represent the article’s content. Most importantly, that pertains to the notion of ‘justified stigma’. This term is not used in the article and is a misattribution, from which most of the other criticisms ensue. Far from legitimizing *stigma*, the aim of the article, reiterated throughout, was to separate that notion, connoting malign unjust mistreatment that may be hindering recovery from substance use/addiction, from the justified and constructive societal *disapproval* of a lethally dangerous behavior that may motivate a change of that behavior. Many stigma experts consider factors such as perceived danger and social distance regarding substance users as attributes of ‘stigma’ rather than natural and normal societal corollaries of substance use and motivators of behavioral change.

As currently prevails in the literature, the concepts of stigmatization and societal disapproval are consistently and inappropriately conflated. It is precisely for that reason that I felt it unnecessary to cite more ‘stigma’ publications based on and maintaining that conflation. The ‘justified stigma’ misnomer is an example of such unhelpful conflation.

It is not prejudicial to negatively view crimes and it would be preposterous to abandon the disapproval of crimes, labeling it ‘stigma’. Societal disapproval, including its legal forms, places both external and – when internalized – internal boundaries on behaviors that are harmful to the individual and society. That pertains to the entire spectrum of externalizing/antisocial behaviors, which includes illicit substance use (Krueger et al. 2002; Vrieze et al. 2012; Kirisci et al. 2015). By not distinguishing between the ‘stigma’ mistreatment and the justified societal disapproval, the tests of the influence of stigma on the outcome of substance use are substantially biased, tainting that disapproval by whatever may have been caused by potential stigma while also potentially underestimating the effects of actual mistreatment.

To argue for the abolition of societal *disapproval* and conflating it with malicious *stigma* risks construing manifold behaviors as stigmatized and is to call for anomie. It is societal disapproval that needs to be capitalized on in dealing with addictions, as the article suggests, rather than any effects of stigmatization. Ignoring the goal and substance of the article and substituting its terminology and concepts – particularly justified disapproval with the oxymoron of ‘justified stigma’ that is not used in the article – both denies and discredits a common factor motivating people to rectify their behavior. The indiscriminate application of the stigma concept to substance use, with the accompanying call for its unconditional removal, threatens to deprive users, their families, and society of an important mechanism for withstanding this noxious behavior.

Contrary to another criticism, the article also specifically points to a lack of objective criteria for dividing substances into either licit or illicit. Instead of the illogical view ascribed to me, that “illicit” damns corresponding substances as amoral, it is behavior – not substances – that is considered from a moral standpoint when, by definition, it violates soci-

In the response, Vanyukov also draws upon a prior essay by Dr. Sally Satel making many of the same points about the problems and internal contradictions with viewing the ‘stigmatizing’ of addiction as necessarily malign or counterproductive to treatment efficacy. Even when it was published in 2007, it was cutting against the grain of ‘established orthodoxy’ as noted by the pearl-clutching reactions Dr. Satel describes receiving for her views on the issue from the National Association of Alcohol and Drug Abuse Counselors and from the audience at a debate at the annual meeting of the College on Problems of Drug Dependence. In that essay, Satel makes the argument that “shame, or the prospect of experiencing it, can be an effective deterrent [to substance abuse and addiction].”

Let us consider some of the alleged benefits of eliminating stigma, as set forth by the National Institute on Drug Abuse.²

Eliminating stigma will get more addicts into treatment. Consider the employee with a drug problem who wants time off to enter treatment. He is reluctant to ask his boss, lest he feel embarrassed or suffer some kind of reprisal. In the end, the worker does not ask for leave, he does not get treatment, and his drug problem worsens. If he had a bad hip, instead of drug problem, the employee would not have hesitated to ask for leave to undergo surgery.

Yet for every employee who is ashamed to tell his boss or fears some kind of reprisal, another may decide to stop on his own or get help precisely because he wants to avoid the embarrassment of failing at the job or of revealing the problem to his boss. Shame, or the prospect of experiencing it, can be an effective deterrent. “Eliminating stigma” may backfire by making more addicts comfortable continuing drug use and avoiding treatment.

Eliminating stigma will improve the availability of treatment. An-

As I have discussed elsewhere, renowned thinkers such as American historian, moralist, and social critic Christopher Lasch saw the value of shame in facilitating healthy civic functioning, and as a constraint limiting unbridled cultural decadence and an unmitigated welfare state.

Eleven



The Abolition of Shame

Those who write about shame like to begin by deploring the shameful neglect of the subject by their predecessors. If they happen to be psychiatrists, they insist that shame has been not just neglected but actively suppressed. The time has come, they say, to lift the curtain of censorship and “bring shame out of the closet,” in the words of Michael P. Nichols. Their self-conception requires the imagery of bold exploration, of the conquest of forbidden territory. Even when they reject everything else in Freud’s work—and the current vogue of shame coincides with a growing reaction against Freud—the current generation of psychotherapists finds his iconoclasm irresistible: his air of defying accepted canons of modesty and reticence, his insistence on speaking the unspeakable. Freud had good reason to see himself as a lonely intruder

It is heartening to see both the target comment along with the rejoinders published in a well-recognized academic outlet focused on research and scholarship at the interface of addiction, substance use, and mental health. I say heartening for the very reason outlined in the Heyman rejoinder which correctly points out the views and perspectives such as those of

Vanukov, as well as the authors of the concurring commentaries, concerning the use of 'stigma' in relation to addiction and substance ab(use) is grounds for strong censure in the prevailing 'social justice' ideological capture of the Academy, especially within psychology and psychiatry.

1. If you would like to read the full set of comments, please feel free to e-mail me.