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Addiction as a complex social process: An action theoretical perspective

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Abstract
This article introduces an action theoretical perspective of addiction. The view that addiction resides solely within the individual continues to foster significant limitations across addiction theorizing, research, and treatment. Exclusive focus on an individual neurobiological level of analysis precludes important additional layers of understanding, for example, the roles of individual and joint human actions, the socially constituting processes of addiction, and the role of gender. Our perspective is that a neurobiological view on addiction is insufficient without consideration of goals, intentionality, relationships, and meaning. Using a composite case scenario, we offer an action theoretical framework for understanding individual and joint addiction processes over time and within the context of other life processes. This integrative framework considers manifest behaviors, internal and communicative processes, and the social meaning of addiction. This article offers a practical application of the theory and draws broad implications for the conceptualization and subsequent language of addiction.

Introduction

The view that addiction resides solely within the individual continues to foster significant limitations across addiction theorizing, research, and treatment. Conceptualizations of addiction stubbornly remain housed in the individual as an illness or disease (Hyman 2005; Reinarman 2005). The language of addiction-as-illness contains layers of assumptions and implications that ultimately render viewing addicted persons as 'sick' and lacking the capacity, for the most part, to control their own actions (Larkin et al. 2006). The illness develops as a seemingly intractable neuropathology that circumscribes the identity of the

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addicted person, for example, as 'addict' or 'alcoholic' (Volkow 2003; Reinarman 2005; Graham 2006) and prefigures a particularly limited set of recovery outcomes. Illness problematizes responsibility for the addicted person's actions (Hammersley and Reid 2002). The 'ill' person is treated as disempowered and kept there through policing policies, hiring practices, and supportive programs all designed to help those who can't help themselves. There are strong arguments that it is the enactment of a unique identity, that is, the internal representation of oneself in the world (West 2006) that is a central component of addiction and subsequent recovery (e.g., Koski-Jannes 2002; Rødner 2005). Discussion about identity can tend to drift or be reduced to description of a 'pure identity' juxtaposed against 'identity spoiled' (Hughes 2007). This move minimizes the complexity, simplifies understandings of context and culture, and generally conflates multiple levels of analysis.

A more appropriately broad and integrative understanding conceives of addiction as a complex social process that is inherently relational and in which identity is embedded (McCrady 2004; Larkin et al. 2006). For example, Hughes (2007) has recently written that, 'heroin use is predicated upon, and productive of, purposeful drug-using relationship in which users produce and reproduce the conditions for continued use (p. 673)'. Elsewhere, for example, Alexander (2000) has described how the structural forces of capitalizm have and continue to lead to psychosocial dislocation, which acts as a precursor to addiction. An integrative understanding of addiction will eventually come to consider the relational and social levels of analysis along with an individual and neurobiological understanding. Explanations that speak to several levels of analyses are a difficult and often fractious undertaking (Agar 2002). They are nonetheless essential in relation to such a complex, dynamic, language-dependent, culturally situated (Room 2003) construct like addiction (Agar 2002).

Increasingly, both quantitative and qualitative addiction research efforts have sought to address the role of context and contextual factors (e.g., Agar 1973; Koski-Jannes and Turner 1999; Moos and Moos 2005). Often this work assumes a causal perspective in which certain environmental 'determinants', for example, low-socioeconomic status, early traumatic experiences, coping style, presence or absence of supportive relationships, interweave to determine addiction. Sophisticated versions of this approach must take a myriad of factors into account, leading to the development of extremely complex models (cf., Logan et al. 2002; Wood et al. 2005; Miller et al. 2006). Structural models offer important insights into key causes of problematic behaviors and other outcomes. However, they are generally quite limited in their ability to consider and describe addiction processes over time, especially when considering how addiction manifests in relationships and daily life.

In response to an increased focus on context and health behaviors, Frohlich and her colleagues (e.g., Frohlich et al. 2002) have clearly articulated the importance of addiction researchers defining context. They cited a common understanding of context that essentially defines it as physical and social factors that influence or determine health outcomes in individuals. This understanding of context leads to examinations of the physical, material, and psycho-social features of particular settings as they act on, or are utilized by, actors. Frolich and colleagues later pointed out that what is often missed is an understanding of the meaning that persons ascribe to particular contexts or behaviors within contexts. They argued for the need for higher order studies that examine, 'the embeddedness of our actions and the meaning that we attribute to our behaviour (and that of others in our proximal environments)' (Frolich et al. 2002, p. 1402). In this article, we respond by articulating our understanding of context and situating it within an integrative framework that accounts for several perspectives on action, including social meaning.

The purpose of this article is to offer contextual action theory (Valach et al. 2002) as a response to several problems related to inadequate theoretical understandings of the drug using person in context. The individual neurobiological level of analysis tends to preclude important additional layers of understanding, for example, the role of intentional human behavior, the socially constituting processes of addiction and the role of gender. Our view is that neurobiological research and views on addiction are insufficient without consideration of goals, intentionality, and relationships. Several researchers have called for a deeper understanding of addiction through increasingly complex integrative theories accounting for multiple perspectives and levels of analysis (e.g., Agar 2002; Moos 2003; West 2006). For instance, Agar (2002) asserted that the field is in need of grand [integrative] theories suggesting that, 'at the epistemological level, a grand theory of substance use calls for an alternative approach, one that is less about testing hypotheses and measuring things and more about modeling discovered patterns at multiple levels and showing their interconnections' (p. 256). We believe contextual action theory offers potential as an established integrative and conceptual framework that offers a distinctive, relational view, on addiction that includes an interesting potential for developing midrange theories of addiction and recovery focused on joint goal-directed action.

We propose and describe contextual action theory (Valach et al. 2002; Young et al. 2005) as a conceptual framework for understanding addiction as embodied within ongoing individual and joint intentional actions. This view on addiction acknowledges that intentional action is bounded by a number of internal and external constraints and facilitators including individual neurobiology, personal and social levels of awareness, access to resources, and existence of skills. Following a brief introduction to contextual action theory and the qualitative action-project method (Young et al. 2005), we use a composite case scenario that provides a rich description of an ongoing peer-assisted injection process as experienced by a young woman addicted to heroin to illustrate the application of the theory. Subsequently, we interpret this case using action theoretical concepts and language, and draw important conceptual and research implications.

Contextual action theory

Foundationally, contextual action theory is based on the notion that 'intentional action used by agents can be conceptualized and analyzed as oriented toward the personal and shared conception or anticipation of ends (goals, striving for end states) and toward processes occurring while attaining or attempting to attain these ends' (Young and Valach 2004, p. 501). It builds on and yet sits uniquely within the wider class of philosophical (e.g., Taylor 1964; Anscombe 2000) and social scientific action theories (e.g., Parsons 1949; Habermas 1984; Ewart 1991).

Contextual action theory began with the work of von Cranach and colleagues (e.g. von Cranach et al. 1982), who attempted to develop a theory of social psychological and cognitive control within the execution of everyday occurrences and actions. He later used this lens to understand how groups are organized around goal-directed actions (von Cranach et al. 1986). The contextual action theory approach fits within a long stream of action theories that have in common, 'the study of the ontological structure of human action' (Audi 1999, p. 6). Its distinctiveness comes through its unique synthesis of social constructionism (e.g., Gergen 2001), understandings of human agency and intentionality (Young and

Valach 2004), together with an integrative conception of action that operates at both the individual and social levels.

Contextual action theory offers an integrative conceptualization of how communication, internal processes (i.e., cognitions and emotions), manifest behaviors, and social meaning together constitute intentional action and importantly, joint action processes over time. Joint action has an intentional quality that is not accounted for by summation of the individual intentions of the participants (Shotter 1993). Action, here, is understood to be cognitively and socially regulated and steered (individually through cognition and more broadly through communication) while at the same time energized and motivated by emotion (Young et al. 1997).

Action theory consists of three temporal action constructs that illustrate the ongoing relationship between goal-directed actions over time. Action consists of specific goal-directed behaviurs that occur in contiguous time. The concept of project refers to groups of actions that have a common goal, and occur intermittently over a mid-term length of time. A project can become a complex intentional enterprise carried out by a changing group of people over a mid-range amount of time especially when a particular goal cannot be achieved by simple actions (Valach et al. 2002). Examples of short-term addiction related projects might include: development of relationships with other 'users,' experimentation with other drugs, using in a controlled way, compulsive use, becoming addicted, entering detox, relapse, treatment, and post-treatment. Related projects over time coalesce into a long-term career. Career is understood as a series of projects constructed as having long-term meaning. A relevant example here is that of familiar 'addiction-career' (e.g., Levy and Anderson, 2005). This career might be constituted by several different, related projects such as relationship project, drug using project, a criminal project, and identity project. All of these projects coalesce into a particular meaning around the intentional framework of addiction.

Contextual action theory includes a hierarchical system of goals that details how steering, control, and regulation function within intentional processes. At the highest level, action can be understood as inherently and contextually meaningful and is defined by a goal. For someone experiencing addiction, meaning or goals may be at least somewhat out of awareness and often damaging. A person in this situation might have thoughts like, 'I believe I am part of something (e.g., countercultural community) and these people need me,' while at the same time being aware that drug use is becoming increasingly harmful to his or her body and relationships. At an intermediate level, action manifests intentionally, utilizing functional steps and cognitive and affective steering processes to direct and guide it. The functional steps of finding and negotiating addiction might meet higher order goals of maintaining community involvement and minimizing withdrawal symptoms. Finally, at the behavioral level, processes are examined and described in structural and physical terms. Here we understand action as the interplay of conscious and unconscious processes manifest in the most basic observable units of behavior. At this level, we might observe someone physically obtaining, preparing, and injecting a drug, following through with practiced intentional behavior that manifests as habit.

The shared understanding of the goals behind addiction projects and careers take into account the political, cultural and historical discourses that shape current conception(s) of addiction (Young and Valach 2004; Reinarman 2005). If we return to the conception of addiction as illness, the argument might arise that, 'How is it beneficial to consider these discourses if the neurobiology has been altered to the point that behavior is out of control?' An action theoretical response, and in many ways the crux of this article, is that no matter how addicted a person is, his or her behavior can still be understood as meaningful

and goal-directed as 'we' attempt to make sense of it. But, social meaning is one perspective on action that action theory attempts to synthesize. The other two perspectives are the internal processes and manifest behaviors or actions.

The internal processes of the addiction action or project include the actual cognitions corresponding with the actions themselves. Cognitions serve to steer and guide the action(s). Internal processes also include emotions. Emotions are considered to be the energizing force behind one's actions (Young et al. 1997). If we consider the intense emotions that accompany withdrawal symptoms we can begin to understand the incredible energizing momentum of the intense feelings that accompany the cognitions like, 'I feel terrible, and I need to get a fix!' Here we have significant anxiety and thoughts about reducing physiological distress.

A more general example of the role of internal processes comes through the maintenance of drug use behavior. These processes include the generation of detailed plans on how to carry out certain drug seeking or using behaviors, the cognitions that form the rationale or justification for continued engagement in such a behavior and, as well, for waiting to change these behaviors despite persistent negative consequences.

The third perspective taken from an action theoretical approach is of manifest action. Manifest action includes observable behaviors that are both verbal and non-verbal. These particular units of analysis are considered plausible and subject to systematic observation. This perspective on addiction could include behaviors of seeking out or obtaining a drug or other behaviors performed within the overall intentional framework of addiction. Manifest actions would include the myriad of behaviors occurring within one's countercultural drug using community as well as responses to outside community.

Ongoing experimentation with psychoactive substances, such as heroin, can eventually coalesce into an action theoretical project. This task can emerge within and between several persons as a process of satisfying a drug desire or an addiction need. It can also simultaneously occur as a part of a relationship building process. As the relationship with psychoactive substances intensifies, it can translate into an ongoing process of extracting resources from other life projects and relocating them into drug use related projects. A drug use related project (such as an assisted injection project) is an enterprise carried out by a changing group of people, oriented towards a goal, and based on the definition of a task or tasks. An important feature within projects is that they operate at two system levels: the group level and the individual level. At the individual level, there are personal reasons and specific drug using actions. The group level requires the constant consideration, communication (verbal and non-verbal), adaptation and restructuring of goals and tasks as they relate to the drug using enterprise.

In order to access ongoing intentional human actions, Young and Valach (Young et al. 2005) developed the *action project method*, a qualitative research method designed to access and describe joint action processes over time. It utilizes video recall, multiple interviews, and both telephone and journal monitoring to access manifest behaviors, internal processes, and the social meaning of the target actions. The method includes multiple member checking episodes built into the process to account for and correct researcher bias (Young et al. 2005).

The qualitative action project method has been used in research on the transition to adulthood (e.g., Young et al. 2003), in a modified way in research with suicide attempters (e.g. Valach et al. 2002, 2006), and is currently being utilized by M. D. Graham to study the process of recovery from addiction within a close relationship over the period of 5 months. We highlight the method to signal that contextual action theory includes an established method that has been shown to be quite useful in accessing and understanding intentional human phenomena from a process perspective.

To conclude this section we return to the problem of theorizing context and its relationship to addiction as it manifests within the individual. The role and understanding of context is an important dimension of how action is understood. Action theory explicitly does not consider context as a 'thing' or 'entity' that exists outside the individual. Rather, we are in agreement with Radley (1996) who points out that contexts flow in and through individuals. Action theory considers context as the field in which action unfolds or takes place (Boesch 1991). The language invoked when considering 'addictive behaviors' may serve to decontextualize the actions in question. Consider the following criterion for a substance dependence disorder; 'continued substance use despite having a persistent or recurrent social or interpersonal problems caused by or exacerbated by use of the substance' (American Psychiatric Association 2000, p. 199). In fact, it is the 'dependence' related, 'action itself that contextualizes: given all the variables, in this time and place for this purpose, this person acts' (Young et al. 2002, p. 214). In this article, we consider action as an integrative way to conceptualize and research the ongoing relationship between the individual and context as related to addictive processes. From this orienting discussion to action theory, we offer a composite case scenario from which to illustrate an application of the theory.

Case scenario

Rosie is a 23-year-old woman living in a single room occupancy hotel in a city's skid row district. She began using intravenous heroin when she was 14 during a romantic relationship with a male partner who injected her. Rosie reports that she became addicted after her first experience of using heroin. As part of her ongoing addiction, Rosie has been taken to emergency by ambulance several times and has been 'narcaned' by paramedics for overdose related respiratory arrest. Each time she left 'against medical advice' because, 'they just treat me like a dirty junkie and I have to get my next fix or the pain gets really bad. They don't believe me (about the pain) at the hospital'. Rosie is not in contact with her family despite the fact they live in a nearby city. She reports having a strained relationship with her family and that she has not seen them since she and her first boyfriend moved away from the city of her family's home approximately 8 years ago.

Rosie has a 7-year-old daughter who has been in foster care since the age of two. Her daughter was removed by child protective services soon after her romantic relationship with the man who first injected her ended and she found herself homeless for a period of time. Rosie has engaged in several subsequent romantic relationships, the most recent of which ended about a month ago. She often talks about her daughter and has voiced a strong desire to regain custody. Simultaneously, she describes a feeling of deep despair at the unlikelihood of achieving this goal because of a lack of confidence with parenting and her ongoing dependence on heroin, which she does not foresee changing in the future.

On several occasions, Rosie has tried unsuccessfully to self-inject heroin. She has continually depended on boyfriends or peer 'hit doctors' (a person who is widely known within the intravenous drug using (IDU) community to be well practiced at providing peer assisted injection as a service) to get her fix. She describes how either her boyfriend or hit doctor would cook the heroin and draw it into one syringe, first injecting themselves before injecting the rest into her. When asked about her injecting skills, she states her veins are too small and she doesn't like fixing herself anyway, preferring to have someone else do it for her. Rosie won't attend the neighborhood safe injection facility (SIF), because they won't

allow assisted injection. As she rarely has the $10 'guest' fee required to bring someone up to her room, she usually just gets doctored in the back alley. For periodic stints, Rosie has also worked in the sex trade in order to support her heroin use.

Rosie reports that she tries to supply clean injecting equipment but that the hit doctor always cooks it up for her. She is afraid to insist that the hit doc only uses uncontaminated equipment because he might get 'pissed off and take too much of my dope'. Rosie says she has been 'bunked' (injected with a fake, non-narcotic substance) several times by hit docs that she doesn't know that well.

Within the past month, Rosie has encountered and engaged with hit doctors from a local drug users' group. This was a great experience partly because they were able to get a vein in her arm right away. She reports that, 'they didn't even want anything', like drugs or money for payment. 'Once it was this woman and it was just so easy and relaxed, you know. I wish it could always be like that but I can hardly ever find them'. Because of these experiences, Rosie has frequently hung out in front of the neighborhood SIF in hopes of 'finding' someone from this group of people whom she is coming to know and trust.

Rosie currently has a large infected abscess on her leg that appeared after she received a fix by a hit doctor in an alley about a month ago. She states that the wound is causing her a lot of pain. She attended the local hospital only when it became quite severe and was admitted, being treated with intravenous antibiotics and morphine. Again, Rosie left the hospital after a couple of days because the doctor would not prescribe 'enough' morphine and to help her with 'dope sickness'. Currently, her wound is bandaged and she usually receives fresh gauze from the nurse at the clinic changing the dressing herself in her hotel room. Rosie admits that the injury appears to be getting worse. She says they won't let her see the nurse at the SIF in her neighborhood because it is only for persons who come to self-inject. The nurse at the clinic continues to advise her to go back to the hospital. Rosie says 'I just get a bigger fix of ''down'' (heroin) 'cause it gets rid of the pain'. Finally, Rosie reports that she had a negative HIV and hepatitis test during her pregnancy, but has not had a test since then. She says 'I know I've already got it so what's the point?'

Case analysis from an action theoretical perspective

This fictional case scenario described a 23-year-old addicted woman's salient thoughts, sensations, feelings, and actions with others. It reflected social meaning in forms of norms, rules, conventions, and the socially shared representations taken as part of her daily life in a large urban centre. Some of the processes are very brief, others take days and weeks, and others last for years. A central project in Rosie's recent life has been her ongoing maintenance of a heroin addiction utilizing peer assisted injection (PAI). We propose that it may be helpful to understand Rosie's involvement in addiction as a complex, socially constructed process of ongoing individual and joint intentional actions. Human action unfolds within a person's internal and external constraints, resources, facilitators, and inhibitors.

We characterize PAI as one of several goal-directed life projects situated within a unique action field or context. A project can be understood as a complex enterprise carried out as joint processes within a changing group of people over a mid-range amount of time. A project includes individual and joint goals and is based on the fluid definition of a task or tasks. Other salient, ongoing projects in this scenario might include but are not limited to Rosie's intimate partner project, health restoration project, and parenting project.

Rosie's PAI project began with drug experimentation. Rosie and her boyfriend shared the goal of using heroin. This goal guided and coordinated the experimentation process. Several other goals were also likely at play. Rosie might also have viewed this as a way to deepen her relationship or to facilitate the creation of a longer term romantic partnership. Her partner might simply have wanted to 'get high' with his girlfriend or to put her in a position of disadvantage for his own gain, sexually or otherwise. Although potentially discrepant, the coordinated actions of experimentation allowed for these goals to be achieved. Rosie and her partner's actions were functional steps in service of their goals while at the same time their goals served to guide or steer their functional steps through specific action sequences. It is possible that new goals arose and/or that initial goals were evaluated, strengthened or rejected as part of their joint action processes.

As Rosie's PAI project unfolded, shared goals and the communication practices served, at least in part, to construct or shape Rosie's identity in a way that contained meaning beyond her experience of 'getting high'. Rosie's addiction process was simultaneously self-defining and constructed by her relationships. Identity here refers to a mental representation of self-as-object that involves ongoing evaluations, emotional states and motives. Identity exists as it is brought into awareness but is not an ongoing static entity (West 2006). Rosie's ongoing actions (intentional and identifiable behaviors) also embody, enact and perform her gender (e.g., Butler 1988) within her relationships. This happens even if much, if not all of her gender identity is out of her awareness.

Rosie's PAI project appears to reinforce a submissive or dependent gender role. This may be due in part to a patriarchal power imbalance contained in the practice of peer-assisted injection. Beginning with experimentation, this shared intentional practice appeared to reconstruct a particular expression of hegemonic masculinity (e.g., Connell 2002). Hegemonic masculinities have been described as, 'the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimation of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women' (Connell 2002, p. 77).

The process of PAI appears to jointly construct Rosie in a subordinate position as a woman needing (usually male) assistance to maintain her drug using goals. It is difficult to tell whether Rosie's internal representations of self include awareness of the gendered aspects of her own oppression. Although somewhat meaningful for Rosie, this particular identity is not compatible with social integration or emotional satisfaction over the long term. An action theoretical understanding of Rosie's enactment of her gender appears to fit well with Butler's concept of performativity, which allows for agency and also tacit cultural construction processes (Butler 2004). Butler (1988) explored how actions embody and reproduce certain historical conceptions of gender and suggested that beyond individualist assumptions, 'acts are a shared experience and collective action (p. 525)'.

Rosie's simultaneous and ongoing intimate partner project can be seen as at least partially cooperative and coordinated over a period of several years. This project is identifiable and appears interdependent with the PAI project. That she and her partner appeared to stay together, have a child, maintained a dwelling place and continued to use heroin evidenced ongoing cooperation toward several meaningful goals such as: getting high, maintaining a relationship, and starting a family.

Even after her primary intimate relationship ended, Rosie continued to navigate interactions with people inside the heroin using community, often boyfriends or male injectors. These interactions led to successful maintenance of her heroin addiction.

Her ongoing PAI interactions simultaneously reinforced her addiction and continued enactment of a particular femininity, as a relationally dependent, drug addicted woman.

Due to her experience of difficult internal reactions and to societal-structural responses to her behaviors, Rosie engaged in a series of health care or health restoration actions with various professionals. The case scenario includes ongoing actions with representatives of health care structures, such as ambulance attendants, nurses, and doctors. Rosie's actions with these persons did not translate to ongoing coordinated efforts towards health related goals, that is, meaningful projects. Breakdowns and/or constraints appeared to prevent constructive utilization of resources. These breakdowns occurred at the level of communication processes, which typically serve to steer or guide ongoing actions. Also, Rosie's internal process, that is, her thoughts, feelings, and physiological responses towards both health care professionals and self, seemed to influence her to act in a way that simultaneously put her in a position of power and at the same time distanced her from necessary help. Finally, Rosie appeared unable to self-regulate, likely due to the experience of withdrawal symptoms, in a way that engendered a level of resolve towards accessing health resources. Rosie appeared to act against a certain conception of 'addict' being placed on her although these actions appear to prevent a sustained health restoration or recovery project.

Near the end of the scenario, Rosie experienced a shift in goals and internal processes around PAI that had implications for her at the level of identity. She reported having several experiences of being injected without cost by someone, apparently another woman, concerned about whether the injection experience was safe. Rosie's experiences seemed to elicit an emotional response that energized her to 'track down' compassionate injectors in order to create another positive experience. She invested significant energy in trying to create another 'chance' meeting. Her actions reinforced the personal significance of her own health and might well have reinforced an internal representation of herself as someone who is much more than a 'dirty junkie', that is, she saw herself as a mother, and a person who deserves safe injection.

When considering this case scenario from the level of functional steps and processes, we can see that Rosie's assisted injection project was characterized by a number of mid-term challenging tasks. These tasks included: attempting to inject herself, managing ill-intentioned 'fix doctors', utilizing health care while at the same time feeling dismissed and diminished by it, dealing with 'johns' willing to pay her money for sex, and pursuing relationships with new, well meaning 'fix doctors'. These tasks influenced her ongoing planning for how to achieve addiction related goals and meanwhile maintain other important life projects. The outcome of many of these challenging tasks was tacit feedback that served to reinforce the status quo. For example, choosing to keep silent on injection practices served to keep the injector empowered to make the decision to steal drugs and keep Rosie in her position of disadvantage.

At the level of conscious and unconscious behavior as well as structural supports and resources, Rosie's daily experience appears quite unsettled and irregular. She does not experience adequate structural support, especially from the health care system. The experience of her requests not being taken seriously and feeling treated like a 'dirty junkie' acted as constraints to coordinated efforts for health promotion actions with those who offered the resource. Rosie's emotional resources are likely depleted. Continued involvement in a PAI project required significant time and psychological and physical risk. Rosie experienced verbal and non-verbal, emotional, cognitive, and physiological, as well as structural reinforcements, for example, prostitution and health care attitudes towards

addiction, that seem to limit her capacity to make health-related change the begin the construction of a recovery project.

Implications

Appropriately complex and meaningful theoretical conceptualizations of addiction processes strive to place biographical and societally oriented approaches alongside well-established and dominant biological and pharmacological models. We propose that ultimately, these perspectives can be integrated in a view in which neurobiological changes are considered as significant as psychological and social processes (e.g., Eliason and Amodia 2007). Our purpose has been to offer a contextual action framework that offers a meaningful elaboration of goal-directed actions from a social perspective. We propose three implications for research and practice that come from this framework: (1) that understanding addiction as goal-directed action is a perspective close to the experience and understanding of the persons it describes, (2) that theoretical understandings of addiction might better flesh out a relational understanding of addiction, and (3) that contextual action theory offers a way to integrate goals and joint action processes that enhance both theoretical and clinical conceptions of addiction.

The first implication of a contextual action theory of addiction is to propose that causally anchored explanations should not be unquestioningly taken as either the only way to understand addiction or the most useful against which to juxtapose the process of recovery. We know that naive concepts such as lacking willpower as a key point in drug addition are no longer justified (e.g., Larkin et al. 2006; Rødner 2005). We have also seen that goal-directed processes have been identified, from several different paradigms, to play a key role in the complex dynamics of addiction (e.g., Cardinal and Everitt 2004; Cardinal et al. 2002; Dickinson and Balleine 2000; Rødner 2005). An action theoretical perspective validates the argument that addiction and recovery include necessary (often daily) foresight and planning within various configurations of relationships.

The second implication builds on and extends the first. We argue for the need to conceive of addiction from a social/relational level of analysis. Contextual action theory looks at addictive processes as joint goal-directed actions and projects offering significant potential to enable drug-addicted persons to (re)develop a narrative of their addiction in these terms. We propose it is important from a practice perspective to tie our conceptualizations of addiction as close as possible to the way in which people experience these processes. Not doing so will, 'obscure the profoundly social character of addiction and, paradoxically, ultimately fail to develop appropriate treatment strategies which must, it is argued here, aim to move beyond the restrictive conceptual level of the individual' (Hughes 2007).

A final implication is the potential to integrate goals and joint action processes. Contextual action theory offers a framework for understanding, researching and building relational theories of addiction and recovery from a goal-directed lens. Rather than this integrative social understanding of addiction remaining at an abstract level, addiction and recovery projects can be identified and interpreted through an ongoing hermeneutic between the everyday joint actions of the persons in focus and the language and concepts of goal-directed actions. Understanding addiction and especially recovery as joint or relational projects among several other important life projects will help to protect against the life-limiting conceptions of 'addict' or 'alcoholic' and recognize the importance of marriage, parenting,

occupation and other projects and their relationships to addiction. An action theoretical conception of addiction treatment aims not only to address the problematic aspects of a substance-oriented life. It also encourages a self-determined, self-responsible, purposeful, meaningful life within the goal-directed organization of the individual behavior of the addicted person as well as this person's relationships.

Conclusion

We have proposed an action theoretical understanding of addiction processes that attempts to integrate a view of addiction as individual and joint interpersonal and goal-directed processes over time. We perceive an increasing consensus that integrative theoretical work on addiction (e.g., Agar 2002; Orford 2001; West 2006) is called for to bring together the many layers of perspectives on this complex topic.

We have offered a contextually grounded (Young et al. 2002) conceptualization of addiction that simultaneously accounts for meaning, function, and behavior. The 'sanctioned' scientific perspectives on addiction in recent years have moved beyond a complicated brain disease (e.g., Leshner 1997; Volkow 2003). For instance, there is an established body of research that identifies a high incidence of recovery from addiction without formal help (cf., Cunningham 2004; Granfield and Cloud 2001) as well as historical and theoretical work examining addiction as a social construction (e.g., Alexander 2000; Reinarman 2005; Truan 1993), as culturally bounded (Room 2003), and as an entrenched ideology (Quinn et al. 2004). In a sense, this article responds to Larkin and colleagues (Larkin et al. 2006) who describe how previous deconstructions of narrow theories of addiction continue but have yet to take hold within the wider addictions community. Action theory offers an appropriately broad, integrative, and dynamic framework that can account for agency and self efficacy (Bandura 1999). Furthermore, it offers a contextual understanding of social constructionism, and the internal cognitions and communicative steering processes involved in personal and collective understandings of addiction. Action theory accounts for both life-limiting and life-enhancing projects and careers offering goal-directed accounts of both addiction maintenance and intentional recovery.

We have argued that the location of addiction solely as an illness within the person creates a simplified and counterproductive understanding of addiction. In contrast as we have shown, through the case example and analysis, that understanding addiction as one goal-directed project amongst several ongoing life projects expands the view of the addicted person's identity. An action theoretical view also facilitates relationally oriented and contextually grounded understanding of addiction (Young et al. 2002; Larkin et al. 2006).

This proposal does not intend to deny or minimize that addiction can also be understood in causal terms. Substance related processes such as craving, withdrawal symptoms, dopamine and serotonin processing, as well as neurochemical processing act under causal laws (Roberts and Koob 1997; Kavilas and Volkow 2005). Neurobiological research continues to develop and refine the incredibly complex picture of the intricacies between drug use, motivational systems, and behaviors (e.g., Cardinal et al. 2002; Robinson and Berridge 2003). One's individual neurobiologically-based experience of craving or withdrawal is bounded and constructed within relational networks (Hughes 2007).

It is our contention that researchers as well as clients and patients use everyday action explanations in making sense of actions of others and also conceive of their own actions in these terms (Valach et al. 2002). We propose that the application of the contextual action

theory framework to theorizing, research, and communication of addiction offers a suitably complex addition to more current narrow understandings.

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