

White, W. (2015). Journeys in addiction psychiatry: An Interview with Dr. Marc Galanter. Posted at www.williamwhitepapers.com.

Journeys in Addiction Psychiatry: An Interview with Dr. Marc Galanter

William L. White

Introduction

Dr. Marc Galanter is the founding director of the Division of Alcoholism and Drug Abuse, Department of Psychiatry, New York University School of Medicine. He has worked in the arena of addiction psychiatry for more than 40 years and has authored, co-authored or edited more than 40 books and published more than 200 articles in peer-reviewed journals on topics spanning family therapy, addiction treatment, and recovery mutual aid (studies of Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, and Methadone Anonymous). His extensive editorial positions include *Recent Developments in Alcoholism*, *Substance Abuse*, *American Journal on Addictions*, *Alcoholism: Clinical and Experimental Research*, *Journal of Substance Abuse Treatment*, *Journal of Studies on Alcohol and Drugs*, and *Psychiatric Quarterly*. He has also served as the president of the Association for Medical Education and Research in Substance Abuse, the American Academy of Addiction Psychiatry, and the American Society of Addiction Medicine. I recently (February 2015) had the opportunity to interview Dr. Galanter about his life's work. Please join us in this engaging conversation.

Early Career

Bill White: Dr. Galanter, could you describe some of the influences that led to your pursuit of a career in addiction psychiatry?

Dr. Marc Galanter: It began with working in the National Institutes of Health Lab of Clinical Psychopharmacology at the National Institute of Mental Health (NIMH). This was during the Vietnam War. When I started, the head of the lab asked me what I was interested in. It was a time when marijuana was just coming to the fore and there was almost no research on the physical and psychological effects of marijuana so I expressed my interest in doing research in this area. They agreed, and I went to the NIMH library to come up with a research protocol. I was lucky that the lab of Julius Axelrod, the Nobel Prize winner, had labeled THC which helped facilitate these early studies. I published some of the early work on the relationship between physiologic and subjective effects of marijuana in *Science*, but I was really more interested in how it affected people socially. So, I conducted a number of studies that looked at social interaction among people smoking marijuana, or a placebo, or not smoking at all. When I got back to Albert Einstein College of Medicine, there were opportunities for academic support working in the addiction treatment field, which was just then emerging. The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) were soon to be established, and because of my experience studying marijuana this new arena

was an attractive option. Addiction research was almost a non-existent field at that time, but it was an appealing opportunity to participate in its development.

Bill White: What were some of the responses of your psychiatric peers at Einstein, or in the larger field to you moving towards a specialization in addiction?

Dr. Marc Galanter: I developed a program for consulting to addicted patients at the hospital, but I found myself pretty isolated as most of my peers had no interest in treating addiction. However, New York City had set up a program for consulting on drug addiction, and I was offered three men in recovery from heroin addiction who could work with me to do consults in the hospital on addicted patients. Since no one else had any idea of what to do with such patients, we actually were able to perform a very useful service. But, it was only later when the federal government initiated a Career Teacher Development Program for addiction research and treatment that there emerged a real community of specialists in addiction medicine, and addiction psychiatry. There were about fifty-five physicians in the Career Teacher Program representing fifty-five different medical schools. I was one of the first in what became a very close-knit group, whose members played important roles in the professionalization of addiction medicine and addiction psychiatry.

Bill White: Were professional attitudes at that time pretty pessimistic about the prognosis for long-term recovery from alcoholism and other addictions?

Dr. Marc Galanter: The field of psychiatry at that time did not see itself as particularly relevant to the issue of addiction. Most psychiatrists didn't think that they could do anything for addicts. Colleagues at that time referred alcoholic or drug-addicted people to me because there was nobody else to refer them to, and most had no idea that they could treat those with this condition. Addiction was not a focus of practice in psychiatry as DSM-III labeled addiction as a personality disorder rather than as an Axis illness.

Bill White: How would you describe the state of addiction treatment as you encountered it in the early 1970s?

Dr. Marc Galanter: There were no psychiatric guidelines for the treatment of alcoholism at that time. I developed an approach employing family and peer supports while seeing people individually called, "Network Therapy." It was very hard to engage addicted patients and maintain them in treatment, unless you had some connection with their outside lives. That worked out rather well, and I ended up doing research and published studies on it. In terms of institutional treatment, the Hughes Comprehensive Alcoholism Treatment Act had passed in 1970, so the number of specialized programs was increasing. There was a program for alcoholism treatment at the hospital in the Department of Medicine, and I was asked to run it because I was the one who knew about alcohol and drug abuse. It was not yet really seen as an integrated part of psychiatry. There was also at that time a methadone maintenance program located in the Bronx close to Albert Einstein College of Medicine, but it was not at all viewed as part of psychiatry. In terms of specialized treatment, that was about it.

Therapeutic Cults

Bill White: Was it your early interest in addiction that led to your investigation of therapeutic cults?

Dr. Marc Galanter: Yes, my early marijuana research piqued my interest in social psychology. At that time a college and medical school classmate of mine who had also gone into psychiatry joined one of the contemporary cults--the Divine Light Mission. He suggested that such groups were worthy of investigation by psychiatrists. That devolved into my doing research on the psychology of that group and how the group influence transformed people into a less-distressed state and into a close-knit, cohesive group. I saw parallels between this and the way attitudes were transformed in alcoholic people who joined AA. At that time, Edward Wilson had just published a major work called, *Sociobiology*, which posited that much of human behavior was biologically grounded. It was a very appealing model, and I tried to apply the sociobiologic paradigm to understand how innate social inclinations of people were underlying their affiliation with groups like the Divine Light Mission and the Unification Church (the Moonies). Through these studies, I found this a useful way of looking at AA, whose psychology had not really been fully explored. I was particularly interested in how involvement in AA drew on people's innate needs for affiliation and their responsivity to group influence.

Bill White: Did that early work you did on therapeutic cults help understand groups like Synanon that became quite cult-like and later imploded?

Dr. Marc Galanter: When I was in the Career Teacher Program, some people from NIDA went to visit Synanon in California. They were taken by it, and I'm sure Charles Dederich put on a good show for them. It was only some time afterwards that it became apparent that there were a lot of problems in the way Synanon was operating. I never got involved with Synanon as such, but I did later collaborate with George De Leon, who was a researcher and scholar focused on the understanding therapeutic communities.

Emergence of Addiction Psychiatry

Bill White: What were some of the early milestones in the emergence addiction psychiatry as a medical specialty?

Dr. Marc Galanter: The Career Teachers Program was a key milestone. That was the beginning of a place in academic medicine for addiction as specialized discipline. There had been some earlier efforts, such as the Lexington center for research on the physiology of addiction and early organizational efforts such as the New York Society on Alcoholism, but there really wasn't a coherent sense of addiction as an area of specialization before the Career Teachers Program. The New York Society on Alcoholism evolved through a number of transformations before becoming the American Society of Addiction Medicine. In the '80s, it became apparent to psychiatrists that addiction treatment was an area of emerging clinical specialization. Three of us--Shelley Miller, Rich Frances, and I presented a proposal to the American Board of Psychiatry and Neurology to establish a sub-specialty in the area of addiction psychiatry. They were receptive to the idea and asked that we demonstrate that there were

training and fellowships to support such specialization. I assembled information on fellowship training around the country and was able to put together a list of some 18 addiction psychiatry training programs. The Board then established an added qualification in addiction psychiatry that subsequently became a recognized sub-specialty. The Accreditation Council on Graduate Medical Education was the body that certified residencies and fellowships and, within that, we set up a committee that established an exam for certifying people in addiction psychiatry and criteria for certifying addiction psychiatry training programs. With that, we found ourselves a bonafide medical sub-specialty.

Bill White: Do you think specialization in addiction psychiatry will increase in the coming years?

Dr. Marc Galanter: There are two channels for certification in addiction: one is addiction psychiatry, and the other addiction medicine. Addiction psychiatry is a sub-specialty within the American Board of Medical Specialties. Addiction medicine is a sub-specialty but is not yet a certified specialty within the American Board of Medical Specialties, but still has national recognition. Addiction psychiatry and its organization, American Academy of Addiction Psychiatry (AAAP), are doing very well, but certification in addiction psychiatry is limited because you can't get certified formally unless you have done a fellowship, and there are only about forty-five fellowships and only about seventy or so slots in the whole country. That really narrows the feeder channel for certified addiction psychiatrists, in spite of AAAP's more than one thousand members and growing interest in addiction psychiatry.

Network Therapy

Bill White: Could you describe your development of Network Therapy in the treatment of addiction?

Dr. Marc Galanter: I mentioned that when I was in the Career Teacher Program, people would refer addicted people to me and that there was very little available in terms of established treatments. I had a family therapy teacher as a resident who was a very astute guy. He described how often troubled patients would accompany their spouse to therapy appointments but wait outside during the therapy session. He began to invite the spouse in to help the patient and work with them as a family. I thought that might be useful for addicted people. I figured if we could get together several people, close family and friends, I could meet with the patient on a regular basis and, at intervals, have the network come in to support the patient's sobriety. It worked well because when people have trouble with addiction; their denial tends to undermine their treatment. Having family and social support in such circumstances proved to be very valuable.

Bill White: Do you feel like Network Therapy continues to be underutilized in addiction treatment?

Dr. Marc Galanter: When I was supervising residents on treatment of their addicted patients, I started writing up guidelines for using Network Therapy and then, ultimately, published an article in the *American Journal of Psychiatry* and then a book detailing these procedures. I felt that the most important aspect of it was the ability of professionals to engage the support of

people close to the addicted person to facilitate their recovery. I think in that respect it's been influential. It shifted the emphasis of the psychiatric practice from a dyadic relationship between therapist and patient to therapist working with the patient and the family. Before, it was considered inappropriate to get involved in people's families and undermine the sanctity of the therapeutic office.

A.A., Spirituality, and Addiction Recovery

Bill White: How did you come to be involved in A.A. and the role of spirituality in addiction recovery?

Dr. Marc Galanter: I was always interested in AA, but I was pretty naïve about AA. There were a lot of people in recovery in the addiction field, but psychiatrists didn't really know that much about AA. It seems sort of silly in retrospect, but it dawned on me that AA is supposed to be this spiritual fellowship and that perhaps this spirituality was relevant in some way to our patients. I had a fellowship program at Bellevue Hospital, and I got two fellows to work with me on a research project to measure responses with a psychometric instrument that we put together on how relevant people saw different aspects of recovery support. We administered it to patients on the ward and to nursing staff and to medical students. The results were very striking: the patients saw spiritually-related issues, like belief in God and personal meaning, as most salient to their recovery. The things that the staff thought were most important—things like housing support--turned out to be ranked far lower by the patients. So, it began to be clear that there was something very influential going on in this realm of spirituality that professionals were missing. I was then able to get support to look at how physicians could be trained to attend to spirituality and to work with spiritual aspects of the AA program.

Bill White: Your research on AA led to opportunities to study some of the alternatives to AA. How did those opportunities develop?

Dr. Marc Galanter: I had initial support to look at these alternatives from some state programs that we were developing. Rational Recovery was just emerging at that time, and I got in touch with Jack Trimpey, the creator of Rational Recovery, and asked him if I could do a study on members of Rational Recovery. We did that study and one very interesting finding was that most of the people who were sober in Rational Recovery had actually gotten sober in AA and then went to Rational Recovery because they were more comfortable in it. I later investigated Methadone Anonymous. It just seemed to make sense that if people on methadone, who were often quite disillusioned, could be supported and engage in the Twelve-Step program that they'd be moved toward a more positive recovery. I was able to get funding from NIDA to do that study. We set up a Methadone Anonymous program in the methadone clinic here that interestingly, almost twenty years later, continues to meet. That group still persists because of the inherent value and attractiveness of the Twelve-Step model to some methadone patients who want and benefit from that kind of support.

Medication-assisted Treatment

Bill White: Are spiritual and medical approaches to addiction treatment (such as medication-assisted treatment) compatible?

Dr. Marc Galanter: You're really talking about Twelve-Step programs and there are a lot of people in AA who are using things like anti-depressant medication to support their recovery. I think that's become pretty acceptable in many AA settings. The issue of opioid maintenance is another matter because methadone is an addictive drug. AA and NA members are very ambivalent about maintenance on an opioid medication, although there's increasing openness in some circles. For example, and I'm sure you know about this, Bill, Hazelden is beginning to introduce Suboxone maintenance for some of their opioid patients. We are also seeing more tolerant attitudes toward medication within recovery community organizations. I had John Shinholser from the McShin Foundation in Virginia speak with our fellows because I thought it would be very useful for them to have some exposure to the kind of recovery peer to peer support model he's developed. The fellows were asking John about the value of maintenance medication, and he said that he thought that some people could benefit from such maintenance in order to stay sober although it wasn't his preferred option. John is a very pragmatic guy.

Twelve-Step Backlash

Bill White: How do you see what appears to be a Twelve-Step backlash movement that seeks to challenge the scientific efficacy and effectiveness of AA?

Dr. Marc Galanter: I think that this animosity is reflective of both negative personal experiences with AA and ambivalence about AA's cultural status. It's been said that AA only helps five per cent of people. I'm writing a book on AA right now, and so I've looked into this claim. If you look at people who go to AA for any duration of time, say for a month, the data are actually as good as any medical treatment for alcoholism. I think it's salacious to judge AA based on anybody who ever steps foot in an AA meeting. You have to have some involvement in AA in order to judge whether it's being helpful. There's research showing that any measure of involvement in AA is associated with a better outcome.

Current Research Interests

Bill White: You've become interested in the neurobiology of AA recovery. Could you describe that interest, and your current studies in this area?

Dr. Marc Galanter: As I got involved in doing research on AA and promoting medical education related to AA, it was clear to me that you had to have hard data in order to gain respect for any suggested approach to addiction. So, the research I did was always data-based so that it had the credibility of being published in mainline journals. The studies I did were mainly on long-term AA members, which were quite different than the more typical studies of people who are in treatment or just coming out of treatment into AA. It is the long-term members whose psychology is most transformative, and thus most interesting to me. Such members are the majority of people in any meeting, and are the ones that sustain the whole AA fellowship. So, I recently thought, what kind of psychological models can you apply to understand one of our major findings that long-term members typically scored zero or one on a ten-point alcohol

craving scale, and these were people who were severely alcohol dependent when they entered AA. I wanted to look at the contemporary psychological literature to explain this finding, and it turns out that the contemporary psychological literature is based to a great extent on neuroimaging. I reviewed that literature and found that changes in neural function may be one of the mechanisms underlying AA's effectiveness.

Bill White: There is this expanding world of the neurobiological investigations of addiction and then a whole other world of research exploring the psychological, social, spiritual aspects of recovery. You seem to be building bridges across these worlds.

Dr. Marc Galanter: I think it has a lot of potential for recovery outside of AA as well. The upshot is that there are mental schemas, which are neural networks that integrate complex sensory input and conceptions of what one sees and what one does behind such simple motoric functions as holding and using a screwdriver. It's a complicated process that's not just a simple reflexive one. Then, there are schemas that embody attitudes as well as self-schemas by which people understand who they are and what they are. What I have come to understand is that when people get transformed over the course of membership in AA, they, in a sense, develop a different self-schema, a different understanding of who they are from somebody who needs to drink to somebody who no longer needs to drink. That new person, as it were, effectively becomes liberated from alcohol craving and the compulsion to drink.

Bill White: This suggests that there are fundamental biological changes that are going on at the same time we see these more visible social psychological changes unfolding.

Dr. Marc Galanter: Yes, people's attitudes and behavior and action obviously take place in the brain and so something's got to be going on there. And, the better we can understand it the better, frankly, from my point of view, we can medically define the value of AA and interpret that value in the language of contemporary medicine.

Bill White: I've been very happy to also see you move into research on Narcotics Anonymous, rather than simply assume that the findings from AA research can be indiscriminately applied to NA. Could you describe how this NA research began?

Dr. Marc Galanter: It started at an International Society of Addiction Medicine Meeting in Milan. I was on the ASAM Board, and the President-Elect Don Kurth, a very charismatic guy in recovery who was attending the meeting, went to the NA representatives and spoke for me. He said, "This guy, Galanter, is okay. You can talk to him." What I found out, even going back as far as studying the Divine Light Mission, is that if somebody who's on the inside sanctions you, you are transformed from somebody to be suspicious of to somebody who can be trusted. I started talking with the NA people and they were actually happy to have some research carried out because they felt that the medical community was quite uninformed about NA.

We did a study on NA with the vets after we gathered NA people for a focus group that helped us understand the similarities and differences between NA and AA. We thought it would be difficult to recruit enough veterans in NA to do the study, but I had underestimated the lengths to which our NA contacts would go to assemble enough veterans in NA to assess what that involvement meant in terms of their recovery from addiction and their experience of symptoms

associated with PTSD. I think Twelve-Step fellowships in general, and certainly NA, are tremendously under-appreciated as a resource for recovery and a resource for people with PTSD. Many of those we studied were salvaged from terrible psychological states.

State of Addiction Science

Bill White: How would you characterize the current state of addiction science and how you've seen it evolve over your career?

Dr. Marc Galanter: In my seminars, I explore some of the misapprehensions about addiction recovery that operate within the addiction field and in psychiatry. I tell the fellows that in twenty-five years everything we're doing today people will think is preposterous. The best support for that is that we currently think much of what we did to treat addiction twenty-five years ago was preposterous, so that prediction is a pretty safe bet. There is now the concern that medications dedicated to alcoholism are under-utilized. Doctors like medications and they are very eager to apply medications but, frankly, we don't have any long-term outcome studies as to what medications like naltrexone and Acamprosate, and Antabuse, for that matter, can play in recovery. So there's a tendency to over-value medications and to view the people in the field who are basically relying more on Twelve-Step recovery or CBT and not using medications as not practicing the best medicine. But when you're out in the field and you have medications that sometimes work and other times, most of the time, don't have that much impact, you tend to not apply it aggressively when there are a lot of other things going on with the alcoholic that you want to help stabilize. The issue of opioid maintenance is also very complex. A lot of people die if they're not on methadone maintenance, so you can't argue that it's not essential for many addicted people. But Suboxone is a very complicated business because it's being applied to a lot of different syndromes from pill addiction to heroin addiction. We really don't have good long-term outcome data. There's no doubt that in the short-term, Suboxone can be very helpful for an opiate-dependent person, that it's a valid treatment, and that it is underutilized. But we must also face the challenge that there are a lot of people who would be happy to use Suboxone to moderate their heroin addiction, rather than trying to come to grips with the fact that they would be better off not being addicted.

Bill White: Do you think the frontier for addiction research is to move beyond this mass of short-term studies to more sophisticated long-term follow-up studies?

Dr. Marc Galanter: NIDA and NIAAA are just not set up to incur the tremendous cost burden of doing something like that. The studies we have are structured in ways that they don't necessarily parallel what goes on in real life. The idea of long-term treatment outcome and recovery studies is a great one, but in practice, I just don't think we're going to see that. Basically, we're going to end up doing what people's personal and professional experience dictates as the best available options.

Bill White: You referenced the medication and the alternatives to medication. Those have historically been two very different worlds often doing battle with one another. Do you see potential in combining and sequencing medication-based treatment with spiritual/psychological/social models approaches to treatment and recovery support?

Dr. Marc Galanter: Given the diversity of addictive syndromes, it is hard to generalize. Our Methadone Anonymous study clearly revealed the potential for combining methadone and Twelve-Step involvement. I was handling the table on AA at one of our professional meetings, and a psychiatrist from Kentucky came by and described how he has his patients on Suboxone all go to a Twelve-Step meeting every week in his clinic. I thought that was a great model that should be more widely used. I think the reason we don't is because community Twelve-Step meetings are not that hospitable to people on maintenance medications. But such combinations of medication and peer recovery support have great potential.

Career-to-Date Reflections

Bill White: What do you feel best about as you look over your career to date?

Dr. Marc Galanter: I've helped a lot of addicted people, and that's a contribution about which I feel particularly good. Flannery O'Connor is the author of a story called, *The Life You Save May be Your Own*. I think that for those of us working in the addiction field, we're really saving and validating our own lives by struggling to save the lives of addicted people. I think my explorations of the interface between biology and how AA works and how social influence can support treatment are important. This work has been very intriguing, and a theme running through all my research work. I have also played a big role in establishing addiction psychiatry as a recognized sub-specialty. It would have come about without me, but I was in the right place at the right time to help facilitate that process.

Bill White: Is there any guidance you would offer others exploring addiction medicine or addiction psychiatry as a career choice?

Dr. Marc Galanter: Yes, I think psychiatrists in addiction end up being relegated to writing prescriptions in programs because that's the one thing that they can do that other disciplines cannot. I think that limited role is unfortunate because I think psychiatrists can play a much larger role in influencing how treatment is carried out and in other leadership roles in the field. I think it's important for psychiatrists to view themselves as leaders in moving the field forward.

Bill White: Dr. Galanter, thank you for taking this time to reflect on your career as an addiction psychiatrist and to share your thoughts about the history and future of the field.

Dr. Marc Galanter: Bill, thank you for this opportunity.

Acknowledgement: Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA, or CSAT.

Appendix: Selected Bibliography / Recommended Reading

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