

Article

## **Is Alcoholism a Disease?**

**by David J. Hanson, Ph.D.**

The debate over whether alcoholism is a disease or simply a serious behavioral problem has continued for over 200 years and doesn't appear likely to end anytime soon.

The disease theory of alcoholism is just that... an *unproven theory*.

Dr. Herbert Fingarette has observed that the disease theory of alcoholism is embodied in four propositions:

1. Heavy problem drinkers show a single distinctive pattern of ever greater alcohol use leading to ever greater bodily, mental, and social deterioration.
2. The condition once it appears, persists involuntarily: the craving is irresistible and the drinking is uncontrollable once it has begun.
3. Medical expertise is needed to understand and relieve the condition ('cure the disease') or at least ameliorate its symptoms.
4. Alcoholics are no more responsible legally or morally for their drinking and its consequences than epileptics are responsible for the consequences of their movements during seizures." <sup>1</sup>

The first proposition gained some credibility in the 1940s when E.M. Jellinek,<sup>2</sup> often considered the father of the disease model of alcoholism, published a study of the "phases of alcoholism" in which he hypothesized an inevitable sequence of increasingly uncontrolled drinking progressively leading to such symptoms as blackouts, tolerance, withdrawal distress, insanity and death.<sup>3</sup>

Jellinek's hypothesis was based on self-report questionnaires that were prepared and distributed by Alcoholics Anonymous (AA). From these a hand-selected group of fewer than 100 questionnaires, all from men, were analyzed. Although Jellinek recognized the

scientific inadequacy of his idea and saw it as a starting point for research, it was soon accepted as proven fact by many people, especially those in Alcoholics Anonymous. Ironically, Jellinek came to recognize the inadequacies of his hypothesis and later distanced himself from it.

Jellinek was wise to do so. Scientific research has subsequently demonstrated that the so-called typical pattern of heavy drinking fluctuates greatly. Some drinkers get worse, some improve, some don't change, and still others develop problems different from those Jellinek identified.<sup>4</sup> Nevertheless, the false belief "has become part of the enduring mythology of alcoholism."<sup>5</sup>

The second proposition, that drinking necessarily becomes uncontrollable once it has begun, had been disproved over a quarter century ago by more than 100 research studies reporting that a significant proportion of alcoholics return to moderate or controlled drinking without problems.<sup>6</sup> Since then, the number of such studies has more than doubled.

The proposition has also been disproved by a nation-wide survey of alcoholics conducted by the United States government. It found that 17.7% of alcoholics are now drinking in moderation. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has discovered that twenty years after onset of alcohol dependence, about three-fourths of individuals are in full recovery; more than half of those who have fully recovered drink at low-risk levels without symptoms of alcohol dependence.

About 75 percent of persons who recover from alcohol dependence do so without seeking any kind of help, including specialty alcohol (rehab) programs and AA. Only 13 percent of people with alcohol dependence ever receive specialty alcohol treatment.<sup>7</sup>

The director of NIAAA's Division of Treatment and Recovery Research stresses that "These and other recent findings turn on its head much of what we thought we knew about alcoholism."<sup>8</sup> To learn more about this subject visit [Alcoholics Can Recover from Alcoholism & Drink in Moderation](#)

The third proposition, that medical help is necessary to deal with alcoholism, is clearly not the case. Indeed, most alcoholics control or modify their behavior without any help from anyone else other than themselves.

Those who use AA or other disease theory 12-step groups are using a non-medical approach. Dr. Stanton Peele observes that "Why supposed medical treatment consists mainly of going to group meetings and why people can't develop their own spiritual approaches to life if they choose are questions disease theory adherents ignore."<sup>9</sup>

A survey of general practice physicians and nurses found that a majority believed that there are no medical or health care treatments that are effective in treating addiction.<sup>10</sup>

The fourth proposition, that alcoholics aren't responsible for their behavior, is certainly not true. In 1988, the United States Supreme Court found that alcoholism is always the result of the alcoholics "own willful misconduct." It reaffirmed the lower court's finding that there exists "a substantial body of medical literature that even contests the proposition that alcoholism is a disease, much less that it is a disease for which the victim bears no responsibility."<sup>11</sup> It also noted that "Indeed, even among many who consider alcoholism a 'disease' to which its victims are genetically predisposed, the consumption of alcohol is not regarded as wholly involuntary."<sup>12</sup>

The Supreme Court also held the arguments presented in favor of the disease theory of alcoholism constitute a syllogism or deceptive argument and that "the inescapable fact is that there is no agreement among members of the medical profession about what it means to say that 'alcoholism' is a 'disease.'"<sup>13</sup>

### **Negative Results of the Disease Theory**

The disease concept of alcoholism removes the responsibility of alcoholics for their own behaviors.<sup>14</sup> Dr. Peele asserts that "Perhaps the most dire consequence of the disease model of addiction is that it has encouraged the abdication of individual responsibility for outrageous conduct" and he suggests that "Creating a world of addictive diseases may mean creating a world in which anything is excusable."<sup>15</sup>

Many people have such a strong vested interest, financial or emotional, in maintaining the disease theory that they become closed minded and can't objectively analyze facts relevant to the theory. This shuts the door to developing effective approaches to alcohol abuse and helping those who suffer from engaging in it.

In the field of alcoholism, "unsupported beliefs are more acceptable than hard data. In some areas beliefs are so deeply entrenched that it is impossible to introduce factual knowledge at all."<sup>16</sup> One observer has noted that "Alcoholism, like other 'isms,' is not a disease but rather a *philosophy* that has affixed itself to a particular human problem -- that of habitual, self-destructive drinking of alcohol"<sup>17</sup> (emphasis in original).

Unfortunately, "the assertion that alcoholism is a disease is 'sacred.' It has achieved a level equivalent, in theological terms, to dogma: a fundamental, non-negotiable, undergirding belief. Alcoholism as disease is so foundational that one cannot deny it without distancing oneself from the believing community."<sup>18</sup>

The belief that consuming any alcohol triggers an uncontrollable urge to continue drinking and to do so in excess becomes a dangerous self-fulfilling prophesy. Research has demonstrated that alcoholics who reject the belief are much more likely to drink without problems after ending treatment than are those who believe it.<sup>19</sup>

Another consequence of the disease theory is that

"Problem drinkers, especially those at relatively lower levels of alcohol dependence, are reluctant to seek help in such programmes (those based on disease concept). They fear that they will be labelled 'alcoholic' and that the time typically required for treatment would interfere with their professional and family responsibilities. In addition, they are often unwilling to accept that the only appropriate goal for them is lifelong abstinence."<sup>20</sup>

Those studies in which alcoholics are randomly assigned to AA, to other forms of treatment, or to no treatment report that alcoholics assigned to AA either do no better or *actually suffer more relapses* than do those assigned to other treatment or to no treatment at all.<sup>21</sup>

Unfortunately, attending AA or other disease theory programs may be worse than doing nothing because members (or patients) are taught that they cannot succeed on their own because they suffer from a chronic disease that can't be cured.

Those who attend alcohol disease or 12-step programs soon learn what they must accept belief in the disease theory and its tenets. As Dr. Peele explains:

"Newcomers who don't report the correct symptoms are treated with knowing condescension or are actively hazed - sometimes quite abusively - until they 'get' and repeat the party line. When Dwight Gooden entered the alcoholism and cocaine program at the Smithers Alcoholism Center, he described being assailed by his fellow residents there during the constant group-therapy sessions. "My stories weren't as good as theirs. . . . They said, 'C'mon, man, you're lying.' They didn't believe me. . . . I cried a lot before I went to bed at night.

After he left the Betty Ford Center, Chevy Chase reported that he had often been angry at the counselors, who heckled the residents mercilessly, constantly denigrating them and claiming they had been living worthless lives."<sup>22</sup>

To see the devastating consequences of AA and other disease model 12-step programs on one person's life visit [What NOT to Do](#).

### **Interest Group Pressures**

The pressure to define alcoholism as a disease did not result from medical research but in spite of it. It was AA that first promoted the definition, the popular acceptance of which "largely rests on the passionate embrace of the disease model by a significant group: AA members, their (often Al-Anon) families, and persons in AA-based groups (e.g., Narcotics Anonymous, Cocaine Anonymous)."<sup>23</sup>

As one observer notes, "The AA-influenced 'recovery community' is loyal to the disease concept and, largely through its efforts, the idea that 'alcoholism is a disease' has spread."<sup>24</sup>

It is difficult to over-emphasize the powerful influence of AA and its disease theory on the alcoholism field. Dr. Lynn Appleton stresses that

"The impact of AA's model has intensified as impatient treatment centers proliferated. For many years, persons 'in recovery' have been the majority of front-line workers in alcoholism and drug dependency treatment centers and they have been a significant proportion of other treatment workers. Thus, AA's disease model dominates treatment 'not only as a philosophy but also as a method': it dictates not only how treatment workers think about alcoholism but how they treat it. Treatment philosophy is dominated by AA's insistence that alcoholism is a disease with a biological basis, albeit with other significant dimensions. As the *Encyclopedia of Addictions* notes, "[T]he disease concept of alcoholism provides the basis for most of the current approaches to the treatment of alcoholism...."<sup>25</sup>

The number of alcoholism treatment facilities in the U.S. grew from fewer than 200 in 1966 to over 6,800 twenty years later. However, most people lacked the funds or insurance coverage to pay for these very expensive programs.

Solving that problem became the top priority of the treatment industry. This required convincing the public, public officials, insurance companies, and the medical establishment that alcoholism really was a disease, although the American Medical Association had already earlier formally declared it to be one.

### **American Medical Association Action**

In 1956 the American Medical Association voted to define alcoholism as a medically treatable disease so that such treatment by physicians would become eligible for payment from third parties (insurance companies). The decision was not made on the basis of any analysis of the scientific evidence -- it was made on self-serving economic grounds.<sup>26</sup> Jellineck justified this by saying that a disease is anything that doctors choose to call a disease.<sup>27</sup> However, Dr. Jeffrey Schaler argues that "simply calling alcoholism a disease does not make it one."<sup>28</sup>

Dr. David Rudy points out that

"like most of us, physicians make errors. For example, Benjamin Rush, the father of American psychiatry, viewed 'negritude' [having black skin as an African or African American] as a special type of leprosy. Rush also viewed lying, murdering, and minority group dissent as mental illnesses. It is also interesting that Rush is responsible for the 'first clearly developed modern conception of alcoholism [which he considered a disease]. At various later dates American physicians have viewed drug addiction, hyperactivity, suicide, obesity, crime, violence, political dissent, and child abuse as worthy of disease labels and hence treatment by physicians."<sup>29</sup>

Nevertheless, defining alcoholism as a disease was a bonanza that quickly poured billions of dollars into the pockets of physicians, hospitals and pharmaceutical companies and it continues to do so. Many people's jobs and income depend on the belief that alcoholism is a disease.<sup>30</sup>

### **Disease Definition Is Not Medical**

Dr. Paul M. Roman has pointed out that "the medical definition of alcoholism is fundamentally sociological. Within official diagnostic manuals, alcohol dependence (alcoholism) is almost exclusively defined in terms of individuals' social role performance and others' definition of the extent to which this performance, due to repeated episodes of drinking, fails to meet social expectations."<sup>31</sup>

In addition, most adherents of the disease model "hold a confusing muddle of beliefs about the alcoholic as 'weak willed,' about environmental or psychological causes for alcoholism, and about the 'responsibility' of the deviant drinker."<sup>32</sup>

### **Physician Rejection of the Theory**

Many physicians reject the disease theory of alcoholism. Dr. Appleton observes that "Despite all public pronouncements about alcoholism as a disease, medical practice

rejects treating it as such. Not only does alcoholism not follow the model of a 'disease,' it is not amenable to standard medical treatment."<sup>33</sup>

Appleton explains that "Medical doctors' rejection of the disease theory of alcoholism has a strong basis in the biomedical model underpinning most of their training." She continues that "medical research on alcoholism does not support the disease model; highly respected and influential medical authorities do not promote the theory and treatment of alcoholism as a disease."<sup>34</sup>

When a nation-wide sample of physicians in the U.S. was asked if they personally believe that alcoholism is mainly a disease or mainly a personal or moral weakness, 15% believed that it was the latter. When the sample was asked what proportion of alcoholism itself is a disease and what proportion is a personal weakness, the average proportion that was judged to be personal weakness was 31%. Only 12% of physicians believed that alcoholism is 100% a disease.<sup>35</sup>

A survey of over 88,000 physicians in the U.S. found that "Only 49% of the physicians characterized alcoholism as a disease." Over 75% believed that the major causes of alcoholism are "personality and emotional problems."<sup>36</sup>

A survey of psychiatrists and psychologists employed by the Veterans Administration was conducted by Dr. Wilma Knox. "Their attitudes were remarkably similar. Both groups rejected the disease concept in preference to characterizing alcoholism as a behavior problem, symptom complex, or escape mechanism. Both groups were inconsistent in advocating neuropsychiatric hospitalization while considering treatment benefits very limited. Members of both groups were reluctant to participate personally to any degree in rendering this treatment."<sup>37</sup>

One survey of physicians found that only about 20% believed substance addiction to be a disease.<sup>38</sup> Another survey found that only 27% of physicians believed that alcoholism is a disease. The majority viewed alcoholism as a social or psychological problem rather than disease.<sup>39</sup>



It is significant that a survey of doctors attending an annual conference of the the International Doctors in Alcoholics Anonymous (IDAA) found that 80% believed that alcoholism is simply bad behavior - - not a disease.<sup>40</sup>

It is reported that "Many doctors have been loath to prescribe drugs to treat alcoholism, sometimes because of the belief that alcoholism is a moral disorder rather than a disease."<sup>41</sup> Indeed, in a survey of physicians' beliefs about alcoholism, 55% said that there is "no effective treatment" for it.

Dr. Thomas R. Hobbs asserts that "Based on my experiences working in the addiction field for the past 10 years, I believe many, if not most, health professionals still view alcohol addiction as a willpower or conduct problem and are resistant to look at it as a disease."<sup>42</sup>

Although much AA literature defines alcoholism as a disease, as do most members, the organization actually takes no official position about the subject. It states that "Some professionals will tell you that alcoholism is a disease while others contend that it is a choice" and "some doctors will tell you that it is in fact a disease."<sup>43</sup> Of course, many doctors will tell you that it is not in fact a disease.

## **Definitional Problems**

One reason that the disease theory of alcoholism became so popular was because it could change how people think about alcoholics. Historically, alcoholics were called drunkards and believed to lack character and willpower; they were seen as moral defectives or even sinners. However, If they could be seen instead as suffering from a disease, then they would not be seen as alcoholic because of some personal failing such as a lack of willpower or moral weakness. Of course, in the minds of many people, it also provides an excuse and relieves them of responsibility for their behaviors.

"Lack of control" is central to the disease theory of alcoholism. However, Dr. Herbert Fingarette points out that alcoholics don't actually lack control.

"Studies show that they can limit their drinking in response to appeals and arguments or rules and regulations. In experiments they will reduce or eliminate drinking in return for money, social privileges, or exemption from boring tasks. To object that these experiments are invalid because they occur in protected settings is to miss the point, which is precisely that the drinking patterns of alcoholics can vary dramatically with settings, regardless of their previous patterns of drinking, and regardless of whether any alcohol is in their bodily systems or is accessible.

"True, alcoholics often resist appeals to cease their alcohol abuse, and they ignore obvious prudential and moral considerations. The simplistic explanation that attributes this to an irresistible craving obscures a more complicated reality: they have developed a way of life in which they use drinking as a major strategy for coping with their problems. They have become accustomed to values, friends, settings, and beliefs that protect and encourage drinking. When they encounter drastically changed circumstances in a hospital, clinic, or communal group, they are capable of following different rules. Even some who 'cheat' where abstention is expected nevertheless limit their drinking. They do not automatically lose control because of a few drinks."<sup>44</sup>

Definitions can deceive or mislead us. We may try to explain why people drink too much by saying that they are alcoholic. But this is circular reasoning and is as useless as saying that a person is alcoholic because the individual drinks too much. We could say that some people fear being in tight enclosed places because they are claustrophobic which is nothing more than saying that claustrophobic people fear being in tight enclosed places. Or that people have blond hair because they're blondes.<sup>45</sup>

Dr. Harold Mulford explains that "alcoholism as a disease entity remains a thing attributed to persons given the label 'alcoholic' to explain their drinking and related behavior. However, such an explanation will remain a mere tautology until 'alcoholism' is defined in terms independent of the drinking and related behavior it is supposed to explain."<sup>46</sup>

The disease theory of alcoholism never explains how or why people are alcoholic. It never describes specifically what causes people to drink compulsively. Instead, it says

that they drink compulsively because they have a compulsion. It then uses the religion or spirituality of disease theory 12-step programs as a treatment.

The commonly used definition of alcoholics as people who can never drink in moderation creates serious problems. Research has produced evidence for decades that some alcoholics do, in fact, return to moderate or controlled drinking. However, this evidence is routinely rejected. Proponents of that definition or belief tend to argue that if researchers identify alcoholics who can now drink in moderation, that simply means that the alcoholics were falsely diagnosed and really weren't alcoholics or they wouldn't have been able to drink in moderation. For true believers, it's a case of "heads I win; tails, you lose."

One observer notes that "Alcoholism is a unique field in which custom dictates that unsupported beliefs are more acceptable than hard data. In some areas beliefs are so deeply entrenched that it is impossible to introduce factual knowledge at all."<sup>47</sup> Dr. Enoch Gordis, former Director of the National Institute on Alcohol Abuse and Alcoholism, asserts that "The entire alcoholism 'treatment' system, with its innumerable therapies, armies of therapists, large and expensive programs, endless conferences, innovation and public relations activities is founded on hunch, not evidence, and not on science."<sup>48</sup>

Dr. Gordis continues that "the history of medicine demonstrates repeatedly that unevaluated treatment, no matter how compassionately administered, is frequently useless and wasteful and sometimes dangerous or harmful. The lesson we have learned is that what is plausible may be false, and *what is done sincerely may be useless or worse*"<sup>49</sup> (emphasis in original).

The existence of chemical dependencies is a medical fact, but they are only considered to be diseases when not approved by doctors. Some mentally ill people are dependent on psychiatric medications prescribed for the rest of their lives. Yet this dependency is considered a treatment, not a disease. In short, dependency is only considered a disease when it is not socially approved.

Smoking is not a disease but the lung cancer that it can cause is a disease. Similarly, drinking too much isn't a disease although it can cause diseases such as high blood pressure, liver cirrhosis, and fetal alcohol syndrome.

If we define a disease as "an impairment of health or a condition of abnormal functioning," then alcoholism is a disease, along with stealing, nail-biting and partner abuse. But then it means nothing to say that alcoholism is a disease if virtually every problem is a disease.

Many proponents of the disease theory of alcoholism refer to it as "a disease of the family." The entire family group itself is said to have a disease. This seems to stretch the concept of disease far beyond what most people would consider to be a disease. Is alcoholism also a "disease of the work place"? Can a city, state or country have the disease of alcoholism?

Another problem is that medical treatment does not appear appropriate for what AA describes as "a progressive illness - spiritual and emotional (or mental), as well as physical."<sup>50</sup> Physicians have not been trained to treat "spiritual diseases." Consequently, AA suggests that physicians send their patients to it for help.

That would appear to be appropriate because AA is a spiritual organization. To the extent that making such referrals is a common medical practice, the role of physicians in treating alcoholism as a disease is to refer patients to a non-professional self-help group that relies on what it calls a Higher Power and sometimes calls God.

Other disease concept supporters assert that even if alcoholism isn't a disease, calling it a disease is useful. For example, Dr. George Vaillant says that calling alcoholism a disease "is a useful device both to persuade the alcoholic to acknowledge the problem and to provide a ticket of admission to the health care system."<sup>51</sup>

Dr. Fingarette notes that "The disease concept is sometimes rationalized on the ground that although scientifically invalid, it is a practical way of encouraging alcoholics to enter treatment" and asserts that "the greatest scandal of the argument for the disease concept as a useful lie is the claim that it helps alcoholics by inducing them to enter

treatment. On the contrary, both independent and government research shows expensive disease-oriented treatment programs to be largely a waste of money and human resources."<sup>52</sup>

Dr. Jeffrey Schaler has noted that "Ironically, the fact that addiction treatment does not work helps to convince people in the addiction treatment field that addiction is a disease. What else could account for the tenacity with which addicts cling to their addictions? Could it be that people sometimes freely choose to do foolish and self-destructive things? Inconceivable! It must be a disease that makes them do it."<sup>53</sup>

It has been observed that "not only does the disease theory of alcoholism fail to correspond with mainstream medicine's concept of a disease, but alcoholism itself resists medical intervention."<sup>54</sup> Using a faulty theory and the "treatment" that flows from it is a recipe for failure. AA's self-claimed success rate of 5% represents a failure because about one-third of alcoholics achieve success completely on their own. Attending AA is less effective than not doing so.

It's not surprising that the disease theory of alcoholism has proved to be such a disappointing failure. Those few people who achieve their goal of not drinking (or of drinking in moderation) while attending disease theory 12-step programs such as AA do so *in spite* of those programs.

The good news is that alternative approaches exist that have been proven to be very effective in helping people reach their goal of either reducing or eliminating their drinking.

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