

The Rebirth of the Disease Concept of Alcoholism in the 20th Century

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Editor's note: Second in a series on the history and future of the disease concept of addiction. The first article in this series described the [rise of a disease concept of intemperance](#) in the late 18th century, the extension of this concept to opiate and cocaine addiction, the prominent role of the disease concept in 19th century inebriate asylums and homes and the diminishing popularity of the disease concept as the 20th century opened. This article will trace the addiction-disease concept through the 20th century, depicting its hibernation, re-emergence and commercialization. — Jan Marie Werblin

1900-1942: Dormancy

America's first addiction-disease concept was swept away in the transition between the 19th and 20th centuries. While individual physicians continued to advocate various disease concepts of addiction, the overall definition of alcohol and drug problems shifted from a focus on a vulnerable minority of users to a focus on the inherent "badness" of the drugs and the persons and institutions profiting from their sale.

Cultural pessimism about the potential for permanent recovery, combined with exposés of fraudulent cures, contributed to a dramatic decline in addiction treatment and the rise of laws banning the nonmedical use of alcohol, narcotics and cocaine. Alcoholics and addicts, once "patients" worthy of sympathy, became "common drunkards" and "dope fiends" portrayed, at worst, as moral weaklings and criminals, and, at best, as dangerously insane.

This transition in attitude reflected and continued to fuel changes in state and federal laws. The Harrison Act of 1914 brought narcotics and cocaine under federal control by designating physicians as the gatekeepers for the legitimate distribution of these drugs.

Subsequent Supreme Court decisions and law enforcement policies inadvertently shifted responsibility for the care of addicts from physicians to criminal syndicates. The voices of physicians who protested this change on the grounds that addiction was a treatable disease were silenced amid the larger cultural redefinition of the addict from that of a sick person worthy of sympathy and support to that of a psychopath deserving isolation and punishment.

Even when disease metaphors were used in the early 20th century, they were expressed in language that emphasized the danger the addict posed to the community. Winifred Black in her 1928 best seller, *Dope: The Story of the Living Dead*, depicted drug addiction as "a wasting, loathsome, hideous, cruel disease" and portrayed the addict as a "carrier" of a disease "worse than smallpox, and more terrible than leprosy." The sequestration that Black and others called for was not in medically-directed specialty institutions but in federal penitentiaries.

The advent of Prohibition in 1919 similarly altered the country's perception of and response to the alcoholic. By the early 1920s, the bold 19th century proclamation that alcoholism was a disease had become a dying whisper that faded with the treatment institutions it had spawned. As the addiction-disease concept fell from popularity and as specialty institutions closed, the care of alcoholics and addicts shifted to penal institutions (inebriate colonies and "drunk tanks") to the "foul wards" of large public hospitals and to the fledgling field of psychiatry. Most psychiatrists of this era framed excessive alcohol and other drug use not as a primary disease, but as a superficial symptom of underlying psychological disturbance. The important intervention, according to this theory, was treatment of the hidden, unconscious forces that drove excessive drug use.

Psychiatry's reluctant assumption of responsibility for the problems of alcoholism and narcotic addiction had two notable outcomes. First, it formed the theoretical foundation for what were quite humane efforts to find effective treatments. These included the *Emmanuel Clinic model* and its use of recovered alcoholics as lay therapists, the treatment of affluent alcoholics and addicts in private hospitals and sanatoria, and eventually new outpatient alcoholism clinic models in Connecticut and Georgia.

More ominously, this view subjected alcoholics and addicts to whatever psychiatric treatments were in vogue and to prevailing social policies toward the mentally ill. Thus, alcoholics and addicts were swept under the umbrella of mandatory sterilization and legal commitment laws in the early 20th century, and were subjected to often lethal withdrawal regimes, psychosurgery (prefrontal lobotomies), chemical and electroconvulsive therapies, and drug therapies that eventually included barbiturates, amphetamines and LSD. Alcoholics and addicts, where they could be admitted, were subjected to the worst abuses of mental health institutions.

The importance of the early 20th century to our story is what it reveals about the consequences of abandoning a disease concept of addiction in the absence of an alternative concept that "works" at personal, professional and cultural levels.

AA and the disease concept: a complex connection

It is difficult to pick up a book advocating or attacking the disease concept of alcoholism/addiction without having Alcoholics Anonymous credited as the source of the modern disease concept of alcoholism. Yet considerable evidence challenges this popular belief. When AA co-founder Bill Wilson was asked in 1960 about AA's position on the disease concept, he offered the following response:

"We have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead, there are many separate heart ailments, or combinations of them. It is something like that with alcoholism. Therefore, we did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore, we always called it an illness, or a malady - a far safer term for us to use."

AA's use of medical terms reflects not an observation on the source or nature of alcoholism but its belief about the solution. When Wilson asked Dr. Bob Smith, AA's other co-founder, to comment on the accuracy of referring to alcoholism as disease or one of its synonyms, Smith scribbled in a large hand on a small sheet of his letterhead:

"Have to use disease - sick - only way to get across hopelessness."

AA's use of medical metaphors served as a reminder of its belief that the alcoholic could never again safely drink alcohol.

In a paper that looks specifically at whether AA was the source of the disease concept, historian Ernest Kurtz, author of *Not God: A History of Alcoholics Anonymous*, summarizes his review of AA literature and practices:

"On the basic question, the data are clear: Contrary to common opinion, Alcoholics Anonymous neither originated nor promulgated what has come to be called the disease concept of alcoholism. In the major texts of AA, there appear no discussions and bare mention of "disease," much less of the disease concept of alcoholism. Its paucity of mention in the officially published works suggests that this understanding is hardly central to the thought of Alcoholics Anonymous. Yet its members did have a large role in spreading and popularizing that understanding. Most AA members, in the year 2000 no less than in 1939, will tell an inquirer that their alcoholism has physical, mental, emotional and spiritual dimensions. The contribution of Alcoholics Anonymous

is not the idea of disease but of threefold disease - the realization that the alcoholic had problems in the physical, the mental and the spiritual realms, the clear understanding that alcoholism is, as described on page 44 of Alcoholics Anonymous, 'an illness which only a spiritual experience will conquer.' Did AAs use the disease concept of alcoholism? Yes. Did AAs or AA originate, rediscover or dogmatically push the disease concept of alcoholism? Clearly, No."

What AA did contribute inadvertently to the disease concept - its goal was not to understand alcoholism but to help alcoholics - was its members' collective experience. This experience reflected:

- the reality that alcoholism had a physical, as well as a mental and a spiritual, component
- the potential helpfulness of medical metaphors ("illness," "allergy") in making sense of drinking experiences
- the portrayal of alcoholism as an accelerating process
- the importance of concentrating on drinking behavior rather than searching for underlying causes
- a belief that loss of control over alcohol could be contained only by complete abstinence from alcohol.

AA was not the source or promoter of the disease concept that emerged in the 1940s as a public policy slogan and an organizing construct for alcoholism treatment. AA's peripheral use of such medical metaphors was not a declaration of science but a simple statement of collective experience. ("It explains many things for which we cannot otherwise account." Alcoholics Anonymous, xxiv)

1942-1970: Modern movement

The source of a rediscovered addiction-disease concept in the mid-20th century begins with three organizations: the Research Council on Problems of Alcohol (founded in 1937), the Yale Center of Alcohol Studies (1943) and the National Committee for Education on Alcoholism (1944). RCPA, Yale, and NCEA collectively provided the driving force behind the 'modern alcoholism movement' - a term intended to convey a focus on alcoholism, rather than on alcohol or the broad spectrum of alcohol-related problems. This movement met the cultural need to escape a century of polarized wet-dry debates and provided these organizations with hope for institutional funding of their research and educational agendas. The newly defined problem was the unique vulnerability of a small subpopulation of drinkers.

In 1942, Dwight Anderson of the RCPA published a seminal article in the *Quarterly Journal of Studies on Alcohol* in which he advocated a sustained public education campaign to reframe alcohol problems in terms of sickness rather than vice. Anderson proposed four "kinetic ideas" as the centerpiece of this campaign.

- The problem drinker is a sick man, exceptionally reactive to alcohol.
- He can be helped. He is worth helping.
- The problem is therefore a responsibility of the healing professions as well as health authorities and the public.

When Marty Mann founded NCEA in 1944, she integrated Anderson's ideas into her own proposed campaign, but she incorporated the words "alcoholism" and "alcoholic" into Anderson's kinetic ideas and added a fifth element, which she listed first:

- Alcoholism is a disease.

Mann spent the rest of her life leading the campaign to change America's conception of alcoholism and the alcoholic and to create local resources for alcoholism treatment and recovery.

The model of alcoholism treatment that most exemplified the disease concept subsequently emerged from the synergy of three programs in Minnesota: Pioneer House (1948), Hazelden (1949) and Willmar State Hospital (1950). This model drew heavily on the experience of AA members in its conceptualization of alcoholism as a primary, progressive disorder whose management required sustained abstinence and an active, continuing program of recovery.

The story of the disease concept and the modern alcoholism movement would be incomplete without noting the influential work of E.M. Jellinek at the RCPA and Yale. Jellinek's Disease Concept of Alcoholism (1960) stands as the most widely cited (and least read) literary artifact of the modern alcoholism movement. In it, Jellinek noted the growing acceptance of the disease concept of alcoholism but expressed his reservations about this oversimplified understanding of the disorder.

He suggested that there were a variety of "alcoholisms," only two "species" of which he thought merited the designation of disease, and went on to criticize the tendency to characterize alcoholism as a single disorder. Jellinek's concern reflected that of other scientists who, even as the disease concept was being culturally embraced, feared a future day of reckoning for this simplistic portrayal of alcoholism. Among these scientists was Dr. Harry Tiebout, AA's first friend in the field of psychiatry and a leading supporter of the modern alcoholism movement, who as early as 1955 raised such fears:

"[T]he idea that alcoholism as a disease was reached empirically by pure inference. It had never been really proved. ... I cannot help but feel that the whole field of alcoholism is way out on a limb, which any minute will crack and drop us all in a frightful mess. To change the metaphor, we have stuck our necks out and not one of us knows if he will be stepped on individually or collectively. I sometimes tremble to think of how little we have to back up our claims. We're all skating on pretty thin ice."

Two new mid-century addiction treatment modalities influenced thinking about the application of the disease concept to drugs other than alcohol. First, the therapeutic community emerged as a treatment modality for drug addiction. Most early TCs rejected the disease concept, isolated themselves from AA and Narcotics Anonymous, and instead based their treatment on the process of character reconstruction.

Second, methadone maintenance became the major approach to the treatment of narcotic addiction. MM pioneers in both their theoretical orientations and their clinical procedures viewed opiate addiction as a metabolic disease.

1970-2000: Concept extension and backlash

By 1980, it appeared that many of the goals of the modern alcoholism movement were being achieved. The movement had extended its influence into major cultural institutions (media, law, medicine, religion, education, business and labor). There was growing professional and public acceptance of the proposition that alcoholism was a disease. The country had established national institutes that advocated medical research on addiction and public health approaches to alcohol and other drug-related problems. People from all walks of life, including First Lady Betty Ford, were publicly declaring their recovery from alcoholism. The disease concept was being applied to a wide spectrum of other drugs and behaviors, as recovery briefly became something of a cultural phenomenon. There was an explosive growth of treatment programs - particularly hospital-based and private programs, which used the disease concept.

The most widely replicated treatment approach in both private and public programs was the Minnesota Model, which perceived addiction as a primary disease. In short, the disease concept altered the public's conception of the alcoholic and challenged medical and public health authorities to take responsibility for the treatment of alcoholism - a significant achievement.

Every significant social movement has the potential to generate a counter-movement, and this happened with the alcoholism movement. The backlash came in two forms. The first was a financial backlash against the business-practice excesses of the treatment industry. Aggressive programs of managed care that restricted treatment access and duration led to a plummeting daily census within, and the eventual closing of, many inpatient programs. Particularly impacted was the prototype 28-day inpatient treatment program that had most exemplified the disease concept. The second backlash was ideological and took the form of growing philosophical and scientific attacks on the disease concept and the treatment programs based on it.

The 20th century ended without popular or professional consensus on the nature of alcohol and other drug problems and the strategies that could best resolve these problems at a personal or cultural level. Scientific breakthroughs in genetics and neurobiology that promised to bolster the disease concept were offset by scientific findings that challenged some of the basic tenets of this concept. Such conceptual confusion left critics and advocates alike speculating about the fate of the addiction disease concept in the 21st century.