Reasons for Failure in the Treatment of Alcoholism

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The all too prevalent pessimistic professional attitude toward the treatment of alcoholism is not justified. There is widespread belief that:

1. Medicine has little to offer the alcoholic.
2. One cannot successfully treat an alcoholic who doesn't want treatment.
3. The problem is a moral, not a medical, one.
4. Alcoholism is not a disease.
5. Alcoholics are sociopathic personalities who cannot be changed.
6. They make poor patients — many are derelicts or skid-rowbums and not worth salvaging.

Professional workers active in the rehabilitation of alcoholics know that these assumptions are untrue.

One of my great concerns through the years has been how to modify this widespread professional apathy and pessimism toward alcoholism, which are largely responsible for medicine's abdication of leadership in the field to lay groups. In trying to overcome these attitudes, I have used various educational measures and carried out research investigations. These have included bringing out new information on the early diagnosis of alcoholic brain disease [1], publishing material on the methods of treating alcoholism [2], giving lay lectures [3], and, finally, coordinating the work of Alcoholics Anonymous with medical and psychiatric treatment methods [4].

Skeptical doctors need reorientation to a more successful approach to the problem. This can be done by analysis of reasons for failure in the treatment of alcoholism.

MISUNDERSTANDING OF THE NATURE OF ALCOHOLISM

Social drinking is a culturally accepted pattern in Western civilization, and anyone who is only a social drinker has great difficulty in understanding the problem drinker. Most uninformed people believe that alcoholic control is purely a matter of willpower. They cannot understand dependent, compulsive, uncontrolled drinking. They do not realize that 6% of all drinkers are problem drinkers and will become incurable, progressively addicted, sick personalities. This is the group about which we are concerned; they are growing in number at the rate of 200,000 yearly in the United States. There are many other concepts or myths that need correction, such as the
prevalent idea that alcoholics are derelicts or skid-row bums, that alcoholics prefer their way of life and do not want help. The public must be effectively enlightened about the plight of these unfortunate people; they must be accurately informed about alcoholism as an illness and its malignant nature unless treated; they must learn how to get patients to accept treatment and where to go to obtain help. Alcoholism Information Centers in all large cities give information about all aspects of the disease. Until the general public has better knowledge of these facts, it will be extremely difficult for patients to escape the stigma of alcoholism and the consequent need for anonymity or a cover-up. Also, it will be difficult to obtain for these sick people the health insurance they need in order to receive proper care. At present alcoholism is still a disgrace, and social ostracism of the alcoholic exists as extreme as that extended toward other drug addicts.

PHYSICIANS' FAILURE TO UNDERSTAND ALCOHOLISM

In spite of the American Medical Association's resolution that alcoholism is a disease, the profession generally is indifferent to the problem. If it were generally known that alcoholism probably ranks third as a cause of death, I believe physicians would become aware of their responsibility. The main cause of failure is the lack of knowledge about alcoholism. Psychiatrists have generally relied too much upon psychodynamic mechanisms in explaining the cause of alcoholism and psychotherapy as a means of cure. Too many believe that all alcoholics have psychogenic emotional factors causal of the disease. They lack knowledge about the addictive, compulsive personality types that readily become alcoholics from excess use of alcohol alone. They lack knowledge about the effect of alcohol upon the brain, with its damage to the emotional and intellectual centers that change the personality. These organic changes, often subtle in nature, are treated as neurotic instead of organic brain syndrome symptoms. The result is that patients progress in their disease while undergoing psychological therapy. It is no wonder that many alcoholics become disillusioned by psychiatric treatment and rightfully conclude their problem is misunderstood.

Psychiatrists need more training in residency to use all adjunctive techniques; social, medical, family, Alcoholics Anonymous, along with psychotherapy as properly indicated. We can learn much from Alcoholics Anonymous, for example, how to establish a sympathetic attitude that is therapeutic. Doctors are not trained in medical school to diagnose alcoholism and are not taught how to treat it. Too many doctors try to encourage an alcoholic to cut down, rather than to abstain completely, because they do not understand the nature of true addiction. Too many medical practitioners render emergency treatment for complications and then feel that their responsibility ceases. Such treatment only patches up the hangover, and the patient returns to his compulsive, addictive pattern. It is the doctor's duty to encourage complete acceptance of a rehabilitative program. If unable to treat the condition, it is his duty to refer the patient to one who understands total rehabilitative treatment of the alcoholic.

Patients often fail to understand the compulsive nature of drug addiction. It usually takes some unusual and threatening health, social, or personal experience to make them appreciate its seriousness. An understanding physician or an Alcoholics Anonymous member may succeed in convincing