Toward a Model for Spirituality and Alcoholism

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ABSTRACT: Spirituality is a significant factor in recovery from alcoholism, whatever definition of this condition one may use. One aspect of alcohol abuse is its apparent relationship to the balance between brain hemispheres. Excessive use of alcohol "anesthetizes" the object-based, language-oriented functions of the left hemisphere, associated with an "action mode" of consciousness. This allows greater engagement of the right-hemisphere "receptive mode," which is also associated with religious experience. A model of spirituality based on achieving a balance between hemisphere functions and modes of consciousness could provide a non-chemical alternative to excessive use of alcohol.

The issue of spirituality holds a special place in many modes of the treatment of alcoholism and other forms of substance abuse. This is true in spite of some built-in antipathy toward or misunderstanding of the concept of spirituality on the part of many medical and counseling professionals. Current discussion of "bimodal consciousness" and right/left brain hemisphere specialization might provide a model for spirituality and its usefulness in a variety of treatment approaches.

Previous definitional models

For a long time the area of spirituality has been significant in the treatment of alcoholism. Much of the effort of the temperance movement was directed by people who were motivated by religious beliefs and perceived alcoholism as primarily a religious-moral problem. Excessive use or even any use of alcohol was viewed as a sin. The 50 years since the end of Prohibition have seen a marked decline in the moral model of alcoholism. The same period, however, has witnessed the rise and wide-ranging spread of Alcoholics Anonymous, advocating what is termed a "spiritual" program for progress in recovery, although A.A. distinguishes this approach from "religion." Nevertheless, spirituality has not been in the forefront of the most recent research into alcoholism and alcohol abuse.

Two general patterns of definition have gradually superseded the "sin concept" of alcoholism's religious-moral model.

One of these definitional approaches is a medical model revolving around the "disease concept." This view treats alcoholism as a unitary, chronic, progressive illness for which abstinence is the only current alternative to...
death. Although no clear physical cause of alcoholism has yet been identified, advocates of the medical model point to what they consider consistent symptoms (loss of control, inability to abstain) in all cases of "true alcoholism." The disease concept makes use of the idea of "genetic predisposition" to alcoholism and points to certain adoptee studies as evidence. The point made by those who advocate this view seems to be that in certain individuals a thus-far undetected physical condition exists, which results in alcohol interactions other than those that occur in individuals without this condition. Either a different biochemical reaction takes place or the same biochemical reactions trigger different behavioral results. In either case some unique and specific physical condition is thought to be the basis of the disease. The disease concept is backed by numerous organizations, including the American Medical Association.

Opposed to the disease-concept medical model of alcoholism are a number of psychosocial (psychiatric, behavioral, or systems) views that see alcoholic behavior as a complex of responses to a variety of life situations. There is not one alcoholism, according to this view, but many alcoholisms, perhaps as many as there are alcohol abusers. These psychosocial perspectives view alcoholism as a symptom, not a disease. Alcoholic behavior could be the result of deep-seated psychological or psychiatric problems—for example, a manifestation of an obsessive-compulsive neurosis. It could be seen as a maladaptive way of dealing with such factors in life as stress, low self-esteem, anger, a dysfunctional family system, or a deficiency in developmental skills. While, according to these models, abstinence might be best for some, it is also considered quite possible that many alcohol abusers can learn to control their drinking, or return to moderate drinking, following therapy. The use of alcohol serves a purpose and fills a need. Treatment would involve removing the need or fulfilling the purpose in some other way.

Among specific issues raised by advocates of psychosocial models are questions concerning the special characteristics of particular groups of alcohol-dependent people. Women, native Americans, and others are seen as having factors in themselves and/or in their life situations that make their relationship to alcohol dependency special. It is questioned whether the emphasis on the "unitary" nature of alcoholism, often associated with the disease concept, can account for these variables.

There are also some sociocultural definitions that fit into neither a moral, medical, nor psychosocial model of alcoholism or alcohol abuse. These definitions see the behavior as a problem basically because a particular society or culture defines it as a problem. This model is not, however, strongly represented in current treatment modalities.

Relationship with spirituality

The debate between the medical and psychosocial views has sometimes been quite heated. Both groups have, however, exhibited discomfort, antagonism,