

# Public Attitudes to the Disease Concept of Alcoholism

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## Abstract

Proponents of the disease concept of alcoholism have argued that its dissemination among the general public will promote humanitarian attitudes toward alcoholics. This claim was subjected to empirical scrutiny. A quota sample of 200 members of the general public completed a questionnaire designed to measure beliefs about alcoholism and attitudes toward alcoholics. As predicted, the majority of respondents endorsed a disease formulation. However, examination of the data using correlational and factor analytic techniques indicated that two humanitarian views—expressing sympathetic attitudes toward alcoholics and regarding them as deserving of public funds—were largely independent of endorsing a disease view.

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## INTRODUCTION

Proponents of the disease concept of alcoholism have long maintained that it constitutes a powerful or even essential tool for the promotion of humanitarian attitudes toward alcoholics. This assumption has seldom been questioned and even leading critics of the disease concept appear to endorse it. For example, Kendell (1979) has stated: "In many ways the practical consequences of this concept have been beneficial. Public attitudes to alcoholics... are far more humane than they were a generation ago" (p. 367). Some authors have gone so far as to argue that the disease concept should not be viewed as an explanatory concept but purely as a vehicle for promoting positive societal attitudes. An example of this position, which Room (1972, p. 1056) has termed "humane cynicism," is provided by Pattison (1969) when he states that "the major advantage of defining alcoholism as a disease is social. ... To say that alcoholism is an illness should not be considered as a statement about the etiology or treatment of alcoholism" (p. 953).

This study was not concerned with the specific implications for treatment of various types of disease model, nor with formal or informal policies for intervention with alcoholics, but only with the wider impact of the disease view of alcoholism among the general public. The main aim was to subject the assumption that the disease concept promotes humanitarian attitudes to empirical scrutiny by means of a questionnaire completed by members of the public. The full aims were as follows:

1. *To measure the current degree of acceptance a disease/illness conception of alcoholism commands among the general public in Britain.* American public attitudes research has supported Jellinek's (1960) statement that "In America we may speak of a majority acceptance of the illness conception of alcoholism" (p. 8). Haberman and Sheinberg (1969), for example, reported that 64% of their respondents endorsed a disease conception, while in a study by Mulford and Miller (1964) the figure was 65%. Are these results paralleled in the UK?
2. *To examine the relationship between endorsement of the disease and the moral weakness conceptions of alcoholism.* The educational effort launched by proponents of the disease concept had been intended to replace the prevailing moral conception of alcoholism with a disease conception (Keller, 1976). However, although the evidence suggests that they have been successful in inculcating the disease concept in the public mind, the expected corresponding decline in moral conceptions does not appear to have occurred (Room, 1983). Thus, Mulford and Miller (1964) reported that 75% of their sample defined the alcoholic as "morally weak" or "weak-willed" while "fully 41% of the sample defined the alcoholic as both morally weak

and ill" (p. 316). In two studies (Orcutt, 1976; Room, 1972) endorsement of moral weakness statements was more common in respondents who endorsed a disease conception than in those who rejected it.

3. *To investigate the relationship between social desirability and endorsement of a disease/illness conception.* Some commentators (e.g., Haberman and Sheinberg, 1969) on the attitudes literature have expressed the view that the public pay only "lip service" to a disease conception. This view is supported by Tolor and Tamerin's (1975) demonstration of a significant positive correlation between endorsing the disease view and social desirability as measured by the Marlowe-Crowne Social Desirability Scale (Crowne and Marlowe, 1960). This finding suggests that the public may endorse a disease view to appear well informed or because they believe it to be the most prestigious reply. It is difficult, however, to assess the extent to which Tolor and Tamerin's findings are a true reflection of the situation in the general population since their sample was very restricted in terms of demographic variables, being confined entirely to (predominantly female) college graduates.
4. As previously stated, the principal aim was *to investigate the relationship between endorsement of a disease conception and expression of humanitarian attitudes toward alcoholics.*

## METHOD

Two hundred members of the general public completed the Attitudes and Beliefs About Alcoholism and Alcoholics Questionnaire, which is detailed in Table 1. Preliminary pilot work was carried out with a series of general open-ended questions. Subjects ( $n = 32$ ) were randomly selected on a door-to-door basis. In combination with a perusal of previous attitude research (Marcus, 1963; Tolor and Tamerin, 1975), this formed the basis for the construction of a series of attitude statements. Further pilot work ( $n = 34$ ) was carried out with these attitude statements. Items were discarded if they demonstrated appreciable ceiling or floor effects, or if they yielded a high number of "undecided" responses. This pilot work allowed construction of the final questionnaire. In an attempt to minimize the potential biasing effects of the order of item presentation, the orders of presentation for Sections I, II, and III were reversed in half the questionnaires.

As the intention was to recruit a representative cross-section of the population aged between 18 and 65, census figures were used to derive sampling matrices based on Sex X Age X Social Class and Sex X Age X Marital Status. The questionnaires were distributed in Dundee during 1981-1982 on a door-to-door basis and collected at a later date. Subjects were initially recruited on a random basis. As they were recruited, subjects were classified by demographic characteristics and assigned to the relevant cell of the matrix. This allowed any

Table 1

*Summary of the Attitudes and Beliefs About Alcoholism and Alcoholics Questionnaire*

The questionnaire consists of six sections, with Sections 1 to 3 consisting of attitude statements to which respondents indicated the extent of their agreement or disagreement on a 5-point scale ranging from "strongly disagree" (1) to "strongly agree" (5).

*Section 1: Conceptions of Alcoholism*

- |                                                                                  |                                                                                                                       |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| a. Disease conception—"Alcoholism is best seen as a form of disease or illness." | b. Habit/nondisease conception—"Alcoholism is best seen as a form of habit, <i>not</i> disease."                      |
| c. Sin conception—"Alcoholism is best seen as a form of wrongdoing."             | d. Alcoholism as akin to drug addiction—"Alcoholism is best seen as a form of drug addiction, like heroin addiction." |

*Section 2: Etiology of Alcoholism*

- |                                                                                                               |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| a. Physical etiology—"The causes of alcoholism lie more in the body than in the mind."                        | b. Moral weakness etiology—"People become alcoholics because of moral weakness."                        |
| c. Inadequacy etiology—"People become alcoholics because they have weak, inadequate personalities."           | d. Hereditary etiology—"The causes of alcoholism lie in the physical makeup some people are born with." |
| e. Psychosocial etiology—"People become alcoholics because of unhappiness with their life, marriage, or job." |                                                                                                         |

*Section 3*

Section 3 measured attitudes to alcoholics in terms of the extent to which they were perceived as deserving of sympathy and publicly funded intervention. Items were combined to provide a composite Attitudes Index.

- |                                                                       |                                                                                               |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| a. "Alcoholics deserve public money for the provision of help."       | b. "A lot of people nowadays seem to have a wishy-washy, oversympathetic view of alcoholics." |
| c. "Money to help alcoholics should only be provided very sparingly." | d. "Alcoholics deserve more sympathy than they receive at present."                           |

*Section 4*

Section 4 contained a short form (7-item) of the Crowne and Marlowe (1966) Social Desirability Scale. This was obtained by piloting the full scale with 35 subjects. Those individual items which showed the highest correlation with total score were selected.

*Section 5*

Section 5 recorded personal details of the respondents—age, sex, marital status, occupation, estimates of weekly alcohol consumption, and the extent of personal contact with alcoholics.

discrepancies between the sampling matrix and the sample to be monitored. As discrepancies become marked, an attempt was made to selectively recruit. Inevitably, as the desired number was approached, questionnaires were returned by subjects who fell into a cell of the matrix which already had its full allocation. These questionnaires were discarded. The initial refusal rate was 7.8%. Questionnaires could not be retrieved from three individuals.

## RESULTS

As Table 2 indicates, the majority of respondents (69.5%) endorsed a disease/illness conception of alcoholism, and 27.5% of subjects endorsed the "moral weakness" etiology item. Only 20% of respondents endorsing a disease concept simultaneously endorsed the moral weakness item, whereas 44% of those rejecting a disease conception endorsed this item. Thus, endorsing a disease conception tends to be associated with rejection of moral weakness views. This was also illustrated by the modest but significant negative correlation (Pearson product-moment) between disease and moral weakness items ( $r = 0.22, p < 0.001$ ).

No statistically significant correlations were obtained between social desirability and responses to items measuring conceptions of the nature and etiology of alcoholism and attitudes to alcoholics (Sections I to III). It can be seen from Table 3 that a positive correlation ( $r = 0.19$ ) exists between endorsing a disease conception and endorsing sympathetic attitude statements on the Attitudes Index. However, the correlation is small (shared variance = 3.6%), and thus endorsement/rejection of a disease conception is a poor predictor of attitudes toward alcoholics. As Table 3 shows, other items are better predictors of attitudes to alcoholics. Most notably, a correlation of -0.58 exists between the Attitudes Index and the moral weakness item.

Because of the large number of variables involved in this study, it was felt that data reduction techniques would be useful to help elucidate the relation-

**Table 2**

*Distribution of Subjects' Responses to "Conceptions of Alcoholism" Items (Section I)*

Conceptions	Disagree and undecided, %	Agree, %
Alcoholism as "habit"	61.0	39.0
Alcoholism as "drug addiction"	24.5	75.5
Alcoholism as "sin"	93.5	6.5
Alcoholism as "illness/disease"	30.5	69.5

**Table 3**

**Correlations (Pearson Product-Moment) Between Conceptions and Etiology of Alcoholism Items and Scores on the Composite Index of Attitudes Toward Alcoholics**

Conceptions					
	Alcoholism as "habit"	Alcoholism as "drug addiction"	Alcoholism as "sin"	Alcoholism as illness/disease	
Attitudes to Alcoholics Index	$r = -0.29$ $p < 0.001$	$r = 0.04$ NS	$r = -0.43$ $p < 0.001$	$r = 0.19$ $p < 0.005$	
Etiologies					
	Psychosocial etiology	Physical etiology	Inadequate personality	Hereditary etiology	Moral weakness etiology
Attitudes to Alcoholics Index	$r = 0.02$ NS	$r = 0.01$ NS	$r = -0.41$ $p < 0.001$	$r = 0.13$ NS	$r = -0.58$ $p < 0.001$

**Table 4**  
*Factor Structure*

	Factor 1 (43%) <sup>a</sup>	Factor 2 (25%)	Factor 3 (12%)	Factor 4 (11%)	Factor 5 (10%)
Habit conception	0.38 <sup>b</sup>	0.59 <sup>b</sup>	0.26	-0.06	-0.03
Addiction conception	-0.01	-0.20	0.21	-0.04	0.10
Sin conception	0.53 <sup>b</sup>	0.14	0.25	0.17	-0.27
Disease conception	-0.14	-0.87 <sup>b</sup>	-0.14	0.05	-0.09
Social etiology	0.13	0.08	0.35 <sup>b</sup>	-0.40 <sup>b</sup>	0.11
Physical etiology	-0.00	-0.24	-0.19	0.44 <sup>b</sup>	-0.04
Inadequacy etiology	0.64 <sup>b</sup>	0.06	-0.03	-0.23	0.05
Hereditary etiology	0.00	-0.16	-0.35 <sup>b</sup>	0.01	-0.26
Moral weakness etiology	0.77 <sup>b</sup>	-0.03	-0.05	-0.05	0.07
Attitudes Index	-0.71 <sup>b</sup>	-0.21	0.09	-0.14	0.05
Social desirability	0.01	0.12	-0.01	0.25	0.05
Age	0.28	-0.01	-0.62 <sup>b</sup>	0.14	-0.18
Education	-0.61 <sup>b</sup>	0.09	0.21	-0.40 <sup>b</sup>	0.19
Social class	0.32	-0.07	0.07	0.42 <sup>b</sup>	0.09
Contact with alcoholics	-0.04	0.00	-0.08	-0.08	-0.69 <sup>b</sup>
Personal consumption	-0.02	0.08	0.29	-0.08	-0.02

<sup>a</sup>Percentage of variance accounted for by each factor is given in parentheses.

<sup>b</sup>Loading > 0.35.

ships between variables. Factor analysis was carried out using principal factoring with iterations to extract the initial factors. The minimum eigenvalue was set at 1.0. Five factors were extracted and rotated to an oblique terminal solution with a delta value of zero. The results of this analysis are given at Table 4.

As can be seen from Table 4, Factor 1 emerges as a general factor with six variables showing high loadings. The moral weakness item and the "alcoholism as sin" item show high positive loadings on this factor. The Attitudes Index also shows a high negative loading. It can be seen that number of years of education appears to show a strong relationship with rejection of moral conceptions and the expression of humanitarian attitudes. The illness/disease variable has a very low loading on Factor 1. However, examination of Factor 2 reveals that the disease item loads very highly on this factor. Given that the "habit" item is the other variable showing a high loading on Factor 2, it is possible to view this factor as an "ill/not ill" dimension. The factor correlation matrix revealed that Factors 1

and 2 did not show a substantial intercorrelation ( $r = 0.12$ ). Thus it would appear that, for the present sample, expressing humanitarian attitudes toward alcoholics is largely independent of whether alcoholism is conceptualized as a disease.

## DISCUSSION

The discussion is structured according to the four aims of the study described in the Introduction.

1. Since almost 70% of the sample endorsed a disease conception of alcoholism, this would suggest that, in the northeast section of Scotland at least, the widespread publicity campaign to have alcoholism recognized as a disease has met with considerable success. This finding is comparable with the figures reported in the American attitudes literature (Haberman and Sheinberg, 1969; Mulford and Miller, 1964).

2. The American literature has demonstrated fairly consistently that, although there has been a dramatic rise in the numbers accepting a disease view, a corresponding decline in moral weakness conceptions has not occurred. Although we do not have the benefit of suitable previous studies to reliably assess whether this historical pattern has occurred in Scotland or Britain generally, the fact that relatively few respondents (27.5%) endorsed a moral conception would suggest that there has in fact been some decline in the moral weakness view in Britain. Roizen (1978) has argued that the nature of the presentation of the disease concept may actually encourage moral conceptions, so that those accepting a disease concept will be more likely to endorse or express these views. Although two American studies have reported such findings (Orcutt, 1976; Room, 1972), the present study has not upheld this hypothesis. Respondents who endorsed the disease concept were more likely to reject a "moral weakness" view than those who did not endorse it.

3. There was no evidence from this study that endorsing the disease concept of alcoholism was associated with higher scores on a measure of "social desirability." The discrepancy between this finding and that of Tolor and Tamerin (1975) could possibly be explained by the highly restricted nature of the sample used in the latter study or by the fact that a shortened form of the Social Desirability Scale was used in the present study.

4. Previous public attitudes research has been largely characterized by attempts to monitor the extent to which the notion "alcoholism is a disease" has become inculcated into the public mind. However, the findings from the present study suggest that such efforts may be little more than academic exercises. Accepting or rejecting a disease view would appear to play little part in determining whether the public believes alcoholics are entitled to sympathy or should be offered help that involves public funding.

These findings clearly challenge the widespread assumption that the disease concept is a powerful vehicle for the promotion of humanitarian attitudes. A study by Crawford (1981) tackled this issue from a different perspective. In a comparison of attitudes toward alcoholics and compulsive gamblers, it was reported that, although there was a large difference in the extent to which the public saw these conditions as a disease or illness, the public did not differ in the extent to which they considered alcoholics or compulsive gamblers to be entitled to treatment. These results can be viewed as consistent with the present findings as they illustrate that the illness label need not convey an advantage in the attempt to engender positive attitudes.

Given that acceptance/rejection of a disease view does not appear to be related to attitudes toward alcoholics, the question arises as to what factors are important in shaping such attitudes. The high correlation observed here between believing that alcoholism is a result of moral weakness and expressing "unsympathetic" attitudes to alcoholics suggests that an important factor is the extent to which noncondemning views of etiology are held. This century has witnessed a growth in noncondemning humanitarian attitudes toward most deviant groups (Schneider, 1978). It could be argued that it is this general trend that has largely accounted for the positive historical change in attitudes to alcoholics. It could also be argued that contemporary individual differences in attitudes to alcoholics will be largely determined by the extent to which individuals hold this general "humanitarian world view" rather than whether they consider alcoholism to be a disease. In other words, attitudes to other deviant groups (including those who have not acquired the illness label) will be a better predictor of attitudes toward alcoholics than will acceptance/rejection of a disease view. This hypothesis is open to empirical test and is currently being investigated.

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