The concept that alcoholism treatment should focus solely on drinking behavior is challenged. Treatment is construed as addressing physical, emotional, interpersonal, and vocational parameters of rehabilitation. Abstinence from drinking per se is shown to have a low correlation with successful long-term rehabilitation. [The Social Sciences Citation Index® (SSCI®) indicates that this paper has been cited in over 120 publications.]

E. Mansell Pattison
Department of Psychiatry
and Health Behavior
Medical College of Georgia
Augusta, GA 30912-7300

September 19, 1986

This was my first paper published in the field of alcoholism. It set my agenda for two decades of subsequent research, and it also served as the set piece for an ensuing ideological battle in the field of alcoholism research. At the time, I had no idea that this first paper would have such an impact.

The genesis of this work occurred in 1961 at the University of Cincinnati, where I was a beginning psychiatric resident. My chairman, Maury Levine, called one day to suggest I assume the position of director of the Alcoholism Clinic. I told him that I had no knowledge or experience to qualify. My only knowledge of alcoholism was from work in skid-row missions as a minister, and sponsorship of an Alcoholics Anonymous group in prison. Nonetheless, he persisted, and I assumed my new job with less than a year of training.

The old adage that the young naive observer may perceive that which the received wisdom of the field overlooks certainly held true in this case. My clinical observations of alcoholics rather quickly convinced me that the conventional literature on alcoholism treatment was shortsighted. At that time, it was assumed that if an alcoholic attained abstinence, then all was fine. At the same time, it was assumed that only abstinence could ensure effective rehabilitation of the alcoholic. My observations just did not sustain those conclusions.

As a result, I conducted an assiduous analysis of the research literature on alcoholism treatment. I was able to demonstrate that, embedded in the extent research, were substantial data to support two conclusions: (a) that alcoholism treatment was successful to the extent that multiple aspects of life function were addressed rather than drinking behavior alone, and (b) that abstinence, per se, had a low correlation with successful rehabilitation.

Both of my major conclusions turned out to be highly controversial, and in the ensuing two decades a substantial amount of alcoholism research has focused directly upon those conclusions. Thus it appears that this critical review challenged the paradigmatic assumptions of the field of alcoholism at a critical time during which empirical research replaced conventional clinical anecdote.

The concept of alcoholism as a multivariate syndrome has now been accepted as the scientific model of alcoholism. My subsequent work has elaborated the concepts of this paper into formal models amenable to empirical evaluation.

The issue of abstinence as a critical requirement for successful treatment of the alcoholic became a heated battlefield of ideological debate. This debate continues amidst considerable empirical evidence that my original conclusion was essentially correct.

Although my subsequent work has been considerably more sophisticated in terms of empirical research and theoretical formulations, this paper has probably been cited because it succinctly challenged the major assumptions of the field and set forth conclusions that could be empirically assessed. I modestly considered this paper an analytical critique while in fact it became a revisionist agenda for a new paradigm of the field.