

Research Note

Does Endorsement of the Disease Concept of Alcoholism Predict Humanitarian Attitudes to Alcoholics?

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Abstract

It has been widely assumed that the disease concept of alcoholism is a powerful vehicle for the promotion of humanitarian attitudes to alcoholics. However, Crawford and Heather have argued that individual differences in attitudes to alcoholics are liable to be a reflection of broader

attitudes to deviancy rather than a function of endorsement/rejection of a disease conception. This argument was subjected to empirical scrutiny by means of a questionnaire distributed to 200 members of the public. The questionnaire (1) measured attitudes to four deviant groups - alcoholics, drug addicts, compulsive gamblers, and juvenile delinquents — and (2) recorded whether respondents endorsed or rejected a disease conception of these deviant conditions. Attitudes to the non-alcoholic deviant groups were better predictors of humanitarian attitudes to alcoholics than was endorsement of a disease conception of alcoholism.

INTRODUCTION

Schneider (1978) has noted that alcoholism is a model example of the medicalization of deviance whereby a form of nonnormative behavior is labeled first a "sin," then a "crime," and then a "sickness." The current widespread perception of alcoholism as a disease or illness is testimony to the success of educational campaigns (started in the 1950s and continuing to the present day) aimed at disseminating the disease concept of alcoholism among the general public. The impetus for these campaigns largely stemmed from the assumption that widespread acceptance of the disease concept would lead to more humanitarian attitudes to alcoholics. In the face of claims that the disease concept lacks scientific validity and that the illness label may have *negative* practical consequences (e.g., Kendell, 1979; Heather and Robertson, 1983), this assumption has also come to occupy a prominent position in the arguments of those who believe the disease concept should be retained as the dominant model of alcoholism. This assumption has gone largely unchallenged to the extent that even leading critics of the disease concept 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).

A study by Crawford and Heather (1987) subjected this issue to empirical scrutiny (during 1981-1982) by administering a questionnaire to 200 members of the general public and examining whether endorsement of a disease view of alcoholism was related to endorsement of humanitarian attitude statements concerning alcoholics. They reported a low correlation ($r = 0.19$, $p < 0.01$) between the disease item and a composite index of humanitarian attitudes. On the basis of this and additional findings they concluded that "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." This study casts doubt on the assumption that the disease concept constitutes a powerful vehicle for the promotion of humanitarian

attitudes. In seeking to interpret their findings, Crawford and Heather (1987) pointed out that this century has witnessed a growth in noncondemning humanitarian attitudes to most deviant groups (including those who have not acquired the illness label). They argued that this general trend is largely responsible for the positive historical change in attitudes to alcoholics. They further argued that contemporary individual differences in attitudes to alcoholics will be largely determined by the extent to which individuals hold this "humanitarian world view" rather than whether they consider alcoholism to be a disease. This argument is clearly open to empirical scrutiny as it leads to the testable hypothesis that, among the general public, attitudes to other (i.e., nonalcoholic) deviant groups will be better predictors of attitudes to alcoholics than endorsement of a disease view of alcoholism. The principal aim of the present study was to test this hypothesis. A secondary aim was to attempt to replicate Crawford and Heather's (1987) report of majority endorsement (69.5%) of a disease view in a British sample. This was considered important as, in contrast to the substantial literature from the U.S.A., this topic has been largely neglected in the U.K.

METHOD

Two hundred members of the general public completed a questionnaire measuring beliefs and attitudes concerning the following deviant groups: alcoholics, drug addicts, compulsive gamblers, and juvenile delinquents. The questionnaire was modified from the Attitudes and Beliefs About Alcoholism and Alcoholics Questionnaire (Crawford and Heather, 1987). The modified questionnaire is presented in Table 1. With the exception of the section recording the respondents' demographic details the questionnaire items were presented in ten different random orders so as to minimize the potential effects of order of presentation.

As the intention was to recruit a representative cross-section of the Scottish 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 Aberdeen (during 1984-1985) 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 discrepancies between the sampling matrix and the sample to be monitored. As discrepancies became 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 a matrix which already had its full allocation. These questionnaires were discarded. The initial refusal rate was 9.4%. Questionnaires could not be retrieved from five individuals.

Table 1*Details of Questionnaire*

Questionnaire items (with the exception of those recording demographic details) consisted 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). The attitude statements were repeated for each deviant group.

Conceptions of the four deviant conditions

- a. "Disease" conception: "(Deviant condition) is best seen as a form of disease or illness."
- b. "Habit" conception: "(Deviant condition) is best seen as a form of habit *not* disease."
- c. "Sin" conception: "(Deviant condition) is best seen as a form of wrongdoing."

Index of attitudes to the four deviant groups

The items below measured attitudes to the deviant groups in terms of the extent to which they were considered to be deserving of sympathy and publicly funded intervention. Items were combined to form an index for each deviant group. Items c and d were recoded so that a high score on this index represented positive attitudes.

- a. "(Deviant group members) deserve more sympathy than they receive at present."
- b. "(Deviant group members) deserve public money to help provide for them."
- c. "Money to help (deviant group members) should only be provided sparingly."
- d. "Many people have an oversympathetic attitude to (deviant group members)."

Demographic details of respondents

Age (three age bands: 18-34, 35-49, 50-65)

Sex

Marital status

Occupation (+ spouse's occupation if married). Social class of the respondents was derived from this data using the HMSO classification of occupations.

RESULTS

The percentage of subjects endorsing a disease view of the four deviant conditions is presented in Table 2. It can be seen that a substantial majority of respondents (69%) endorsed a disease conception of alcoholism.

In order to test the hypothesis that attitudes to other deviant groups are better predictors of attitudes to alcoholics than acceptance/rejection of a disease view of alcoholism, stepwise multiple regression was carried out with the index of humanitarian attitudes to alcoholics as the dependent variable (using SPSSX). The results of this analysis are presented in Table 3.

Table 2
*Percentage of Sample Endorsing a Disease/Illness Conception of
 Four Deviant Conditions*

	Deviant condition			
	Alcoholism	drug addiction	Compulsive gambling	Juvenile delinquency
Percentage of sample endorsing disease conception	69	49	46.5	12.5

It can be seen that the attitudes-to-drug-addicts index predicts 46% of the variance of the attitudes-to-alcoholics index. As this variable and the attitudes-to-compulsive-gamblers index were entered into the equation above the disease item the hypothesis set out earlier was confirmed. Although the attitudes-to-juvenile-delinquents index was not entered into the equation, examination of the raw correlations (i.e., simple r in Table 3) reveals that this variable is more highly correlated with the alcoholics index than is the disease item. This indicates that the juvenile-delinquent index was not entered into the equation because it covaried with the other attitudes index to the extent that it could not predict a significant amount of unique variance. Examination of the raw correlations also reveals that acceptance/rejection of a disease view of alcoholism is a relatively weak predictor of humanitarian attitudes to alcoholics as these two variables showed a correlation of only 0.36 (i.e., shared variance = 13%).

Table 3
Stepwise Multiple Regression Analysis on Humanitarian Attitudes-to-Alcoholics Index

Variable	F	Beta in final equation	R^2 change	Simple r
Attitudes-to-drug-addicts index	227.7*	0.44	0.46	0.68*
Attitudes-to-compulsive-gamblers index	57.3*	0.37	0.11	0.65*
Alcoholism as disease/illness	16.3*	0.19	0.03	0.36*
Attitudes-to-juvenile-delinquents index		Not entered in equation		0.41*

* $p < 0.001$.

DISCUSSION

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 then* respondents endorsed a disease conception while in a recent study by Caetano (1987) the figure was 91%.

In the present study 69% of respondents endorsed a disease conception, thus replicating Crawford and Heather's (1987) report of majority acceptance (69.5%) in a British sample. This indicates that the success of disease-oriented educational efforts has not been limited to the U.S.A.

However, the present study challenges the assumption that the disease concept is a powerful vehicle for the promotion of humanitarian attitudes toward alcoholics. Although the correlation between endorsement/rejection of a disease conception and humanitarian attitudes was higher ($r = 0.36$) in the present study than that reported by Crawford and Heather ($r = 0.19$), it can be seen that the relationship is still weak. In contrast, examination of the raw correlations and the results of the multiple regression procedure, indicates that public attitudes to other deviant groups are closely related to attitudes to alcoholics. As noted, although the correlation between attitudes to juvenile delinquents and attitudes to alcoholics was only 0.41, this was still higher than the correlation between attitudes to alcoholics and endorsement/rejection of a disease conception. These results support Crawford and Heather's (1987) argument that individual differences in attitudes to alcoholics are more a reflection of individuals' broader attitudes to deviancy than a function of whether they hold a disease view of alcoholism.

The present findings have implications both for the design of health education campaigns aimed at promoting constructive attitudes to alcoholics and for the methods adopted in evaluating their success or failure. As endorsing a disease view of alcoholism was only weakly related to expressing sympathetic attitudes to alcoholics, the study suggests that educational efforts should directly attempt to foster constructive humanitarian attitudes, rather than tackle the problem indirectly by promoting the disease concept. The present results also suggest that, when such campaigns are evaluated, the dependent variables should include an index of attitudes to alcoholics in addition to disease-related items.

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