

Dual-diagnosis Issues and Addiction  
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So much has changed between Alcoholics Anonymous and psychiatry that we need to think back to when Bill and Bob started A.A. to understand where we are today.

In 1935, little could be done for those who “suffer[ed] from grave emotional and mental disorders.” There was no Thorazine. There was no Prozac. There were only mental institutions. By the 1950s, the number of Americans behind the walls of mental hospitals peaked at one-half million. Back then, psychiatry was dominated by *psychodynamic theory* – Freud’s understanding of personality that emphasized unconscious motivations.

Psychodynamic theory is interesting, but little of it remains clinically useful. Psychodynamic theory tends to be materialistic (it rejects spiritual things), it is deterministic (it removes “free will” from the picture since your personality is pre-determined), and it is pessimistic about human nature (it’s just gloomy). Alcoholism was not a disease in itself, but a symptom of the “alcoholic personality.”

This is what Bill and Bob were up against. Psychiatrists didn’t understand alcoholism. Doctors couldn’t help alcoholics. So alcoholics had to help *themselves*. It’s important to remember that Alcoholics Anonymous was, in fact, an *anti-psychiatry* movement.

With characteristic magnanimity, Bill and Bob wrote the Big Book to avoid conflict with doctors. But make no mistake: A.A. was an attempt to *re-inject* spirituality into the picture, to *re-introduce* “free will” into the treatment of alcoholism so the alcoholic could take responsibility for his/her drinking, and to *re-energize* patients with the hope and optimism that is crucial for success. So in the beginning, psychiatry and A.A. were at odds. If you had a mental illness, you went to a psychiatrist. And if you were an alcoholic, you went to A.A.

*But what if you had both a mental illness and alcoholism?*

The psychiatrists said, “Don’t go to those A.A. meetings – those people are a bunch of religious nuts. Here, take this Valium. You’ll be fine.” And in A.A. they said, “Don’t take that Lithium – those psychiatrists don’t know a damn thing about alcoholism. Here, just read Chapter Five. You’ll be fine.” They were both right - and they were both wrong. In the end, the patient with *both* a mental disorder *and* alcoholism – the patient we now call *dually-diagnosed* – fell through the cracks. These people died like alley-cats – miserable, alone, and afraid.

But in the 1960’s (and quite by accident) psychiatry discovered new medications like Thorazine and (later) Prozac. *They worked!* People got better. They were discharged from mental hospitals (to become our nation’s homeless). And, Alcoholics Anonymous was phenomenally successful. *It worked!* People got better. They started to carry the message that there was a way out.

Medications will never be the answer, because addiction is a problem of a spiritual nature. But for the patient who is “jittery or befogged,” medications can *keep them coming back to A.A.* until they can recognize the antidepressive, anti-anxiety, mood-stabilizing effects of the twelve-steps. Today a more complementary relationship is

developing between psychiatry and the addiction treatment field. People are getting sober today who died in the past.