The necessity for abstinence from alcohol is linked historically by A.A. with the belief that alcoholism is a physical, emotional, and spiritual illness over which the alcoholic is powerless. A.A. directly supplies in Step Two a higher Power, or God, to supplant powerlessness experienced by the alcoholic. The alcoholic cannot “turn” his life over to “God as he understands Him,” however, unless he is freed from alcohol to do so.

Because A.A. has historically linked the need for abstinence with the concept of alcoholism as a complex illness, a part of the research community in this field has chosen to question the disease concept of alcoholism. The strategem may be simply summarized: If alcoholism is not an illness, physical, emotional, and spiritual, then the troubled person (no longer, strictly speaking, an alcoholic at all) may return to normal drinking after he has discovered, through group therapy, those factors (usually a poorly developed ego caused by inadequate parents) which induced him to drink too heavily in the first place. When he has discovered his reasons for drinking—why he made the decision, as it were, to become a heavy drinker—then he will cease being a heavy drinker and return to controlled consumption.

For example, in July 1976, Pomerleau, Pertschuk, and Stinnett, in an article titled “A Critical Examination of Some Current Assumptions in the Treatment of Alcoholism” in the Journal of Studies on Alcohol, questioned the advisibility of promoting abstinence as a factor in the treatment of most alcoholics. The writers supply sketchy statistical data to support the possibility of treatment approaches to controlled drinking for the alcoholic (or “problem drinker”) and reveal at the end of their article the basic reason for their interest in the subject:

The traditional approach to treatment has been designed for the problem drinker who has hit “bottom” and is not willing to “surrender to therapy.” Thus a possible explanation for the difficulty of getting alcoholics into therapy—especially in the early stages of the disorder—may come from the unwillingness to enter a treatment modality which requires abstinence.5

Please note the inverted commas around the words “bottom” and “surrender to therapy,” and the critical implications introduced by the typology. The bottom concept, or collapse of the alcoholic’s alibi system, and the surrender concept—surrender both to the reality of alcoholism and to the reality of need for a Power higher than self for recovery—are core A.A. concepts and have been adapted as core concepts in the most successful treatment “modalities” in this country, as I’m sure the authors know full well.

Note also, that these concepts are fundamentally religious in