

For years I hid my parents' alcoholism from my friends to the best of my ability. Not only was I embarrassed, I also did not want to be the subject of my friends' pity. I felt that if they knew about my parents, they would see me differently, and there was nothing that I wanted less than for them to think of me this way. Today I can say that I am not ashamed of my parents. In fact, I am proud of them every day. I do not feel that their alcoholism has to be a secret, and though I do not throw their disease around as a fun fact, if it happens to come up I do not try to hide or deny it. Over the course of several years, I have been better able to understand alcoholism as the disease that it is. For them, like many others, drinking was not a choice. By accepting this fact and trying to help others understand this fact, I work to keep the continued stigma toward alcoholism at bay and eventually reverse it. Unfortunately, in an era of increasing acceptance of mental disorders, the rate of a decline in the stigma toward alcoholism in particular does not match that of other diseases. It is only by ending this stigma that treatment will become an option for many who are unable to receive it today.

There is greater misunderstanding surrounding alcoholism than other mental illness. Misunderstandings are likely due to the fact that alcoholism is often described as a "family disease." Some of the most noticed symptoms of alcohol abuse are those that affect others, primarily the people surrounding the alcoholic. Unlike other mental illnesses in which the patient himself seems to suffer the most, the family often appears worse off than the alcoholic himself/herself. Because the effects of the disease on others often seem worse than the effects on the individual, the disease is not seen in the same light as many physical ailments. Moreover, because the patient is often in denial of the problem, this denial is further seen as the individual defending a personal choice. There has certainly been an improvement in society now that general mental disorders are becoming increasingly accepted and understood as the diseases that

they truly are, but the rate of acceptance of alcoholism as a disease is not keeping pace. The slower rate of acceptance widens the gap between alcoholism and other forms of mental illness.

Contrary to popular belief, Alcoholism is much more prevalent than many people realize. “Among persons aged 12 or older, 7.6 percent (18.2 million) met the criteria for alcohol dependence or abuse in the past year” (SAMHSA). Clearly, the demand for treatment is high, but few receive the treatment necessary, and for many, the disease ends in death. “Persons aged 12 or older who were dependent on or abused alcohol in the past year were more likely to have been treated in an emergency room at least once in the past year than those who did not meet alcohol dependence or abuse criteria (34.2 vs. 27.9 percent)” (SAMHSA). There is a high incidence of injury associated with the disease for both the alcoholic himself/herself and others. Physical injury such as cirrhosis of the liver and brain damage are common effect to the alcoholic, while others may be subject to dangers such as drunk driving or alcohol-induced violence. The wide array on consequences tied with alcoholism make treatment vital to both the alcoholic and others.

One could claim that the major problem regarding treatment is that outward discrimination leads to internalization. In a second German study in 1990, it was found that alcohol-dependent people arouse more irritation, anger and repulsion from the public than those with depression or schizophrenia, two other mental illnesses, but the alcohol-dependent person also draws less empathy, understanding, pity and desire to help from others (Angermeyer *et al.*, 1992). This, in turn, causes self-stigmatization. The alcoholic’s shame often suppresses help seeking, so the discrimination of others has severe effects on the patient and his/her treatment. This discrimination acts directly as a blockade against necessary treatment, leaving the alcoholic with no other treatment options. Given the risks, no person in mental control would choose this

lifestyle for himself/herself. Just as the Alzheimer's patient does not choose to lose his memory and the cancer patient does not ask for a mutation, the alcoholic does not decide to drink each day.

In a study conducted at the University of Leipzig, 5025 German citizens aged 18 and older were posed with a question asking which of nine diseases should be subject to spending cuts in the event of financial resource shortage. The diseases included alcoholism, cancer, AIDS, cardiovascular disease, diabetes, Alzheimer's disease, rheumatism, schizophrenia and depression. The citizens most frequently chose alcoholism. This study reveals that the medical model that health professionals are trying to share with the public is inadequate to explain the root of alcoholism, and many people see the medical model as an excuse. In their eyes, this explanation makes the alcoholic look like a scapegoat. In a second German study, population surveys of several countries, including the United States, revealed that "...alcoholism was less commonly regarded a mental illness than depression and schizophrenia: in a survey in the USA, 88% judged a vignette depicting someone with schizophrenia to represent a mental illness, 68% depression, but only 49% alcoholism" (Schomerus *et al.*, 106). This data proves that alcoholism is considered a mental illness much less frequently than other mental illnesses. Though all three are forms of mental illness, alcoholism is not as commonly understood as a disease.

In order for many alcoholics to be able to receive the treatment necessary to gain sobriety, the stigma toward alcoholism needs to be eliminated. It is a positive sign that many other mental illnesses are more commonly regarded as the diseases that they are. If the public begins to see alcohol-dependence in the same light as other mental illnesses, alcoholics will be more likely to seek and accept treatment. This, in turn, would lead to a decrease in injuries and

fatalities associated with alcohol that effect both the alcoholic and bystanders. It is, therefore, crucial that this stigma can be abolished to create a healthier and safer life for everyone.

Works Cited

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