



Episode 342 – The Truth about the Rehab Industry and 12-Step

Guest: Lance Dodes

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WOODS: I have not myself gone through a 12-step program, but I know people who have, and I think probably all of us know somebody who has. They are ubiquitous. The 12-step approach, as you noted in your book *The Sober Truth*, has gone from an approach that we apply to alcoholism to all kinds of different problems, in fact, apparently even vulgarity. What I want to know at the very beginning here is how it's possible—I know this is partly what your whole book is about—just give me the two-minute answer how it is possible that this program, Alcoholics Anonymous in particular, having such a low success rate, is nevertheless completely entrenched throughout American society to the point where everybody turns to it when they have got somebody who is in trouble with alcohol.

DODES: Well, as we talk about in the book, when AA began in the 1930s, it was extremely unpopular at the very start. People who are professionals in the field labeled it as ridiculous. But by 10 years or so later, in the 1940s, it had become enormously popular. What happened was that a few folks who were friends of AA, such as the columnist Jack Anderson, who was the most important columnist in the country at that time, wrote glowing reviews based on really nothing. They just knew a few people who had done well, and they said this is a miracle cure. And when you couple that with the fact that there really wasn't very much else to treat alcoholism or addiction in general, people grasped at this. It was something that people wanted to be successful.

So over the years it became more and more successful, again, without really any evidence, and the low success rate turned out to be actually a large number of people, so that the success rate, which is between 5% and 8%, still amounts to a lot of people. So the second thing that happens is those people proselytize. That actually is the 12th step of the 12 steps: go forth and spread the word. So those people who are intensely devoted to AA because it's helped them reach out to others, and they often obtain important positions in the addiction treatment world, and then they control what happens from there. For example, state addiction or alcoholism programs are almost all run by AA people, and they don't—like a lot of people with a kind of a closed belief system, they don't really listen to any other data or information. They just propose what they propose.

So it's become enormously popular, and the reason we wrote the book is because there have been a handful of studies that purported to show that AA really is more successful than it is, so we wanted to look very carefully at those studies scientifically. What we found is that they were really awful from a scientific standpoint, and the fact that AA just doesn't work well for most people is simply unknown. So we wanted to make that clear, and then of course, the thing is that there are other and better ways of approaching alcoholism.

WOODS: I like the point you made in the book that the whole AA establishment blames you if you're not successful. They don't blame the program. They say anybody who has successfully gone through our program and who has really applied himself, we have not known anyone to fail. But if they do fail, well, then they are not really applying themselves. You point out that there is no other aspect of science or medicine in which we could apply that kind of logic without being laughed out of court.

DODES: Absolutely. Absolutely. The notion that if you work at it, it works, which has been a popular slogan in AA, and it's even the title of a new book, is utter nonsense. It's circular reasoning. The fact is that if you look at the studies, the small percentage of people who do well, do well. That's all that they show. And the rest of the people are judged as failing to work the program. I can't tell you the number of people who have written in the response to either *The Sober Truth*, the book, or my blog on Psychology Today, which is called The Heart of Addiction, which is the title of another book of mine, to say, look, what you are saying can't be right because these people who aren't doing well, simply haven't worked the whole program. As you say, it's a condemnation of people who don't do well. I am sure we would all love to be able to say that about anything else that we like personally. You know, if you don't like what I am saying, it must be your fault. It's just unconscionable, really.

WOODS: Now, you have more than ample credentials, to put it mildly—emeritus at Harvard Medical School—to be making the statement that you are making here, and it makes me wonder: has this been the relationship between the professional establishment among psychologists over the years with AA, where you have got AA, and on a popular level, everybody loves it, but at a scientific level, everybody knows it's bunk, or are you even an outlier among your fellow professionals?

DODES: Well, I wouldn't exactly say I am an outlier, because there are enough people who are professionals who are aware of the defects in AA, which again, doesn't mean it doesn't help anybody. It helps 5% to 8%. But there are plenty of professionals who are either devoted to AA because of personal experience, or they are devoted to it because they have rested their careers on it. There are people who have written these really poorly done studies that I wrote about in the book whose careers depend upon the truth of what they are saying, and so it's an existential threat to them to challenge that. Furthermore, most of the treatment programs in the country are 12-step based. So it's a threat to everybody who runs those programs and who makes money from those programs and who works in those programs. Most of the counselors, for example, in the 12-step rehabs which dot the country are people who are either recovering

alcoholics in AA or they have been trained in the 12 steps. And those programs and those people need to believe that what they are doing is the best or even sometimes the only treatment. So yeah, there is an enormous kind of city hall that you're fighting against if you want to bring the facts about AA to life.

WOODS: Can you give us a little bit of the background of the history of AA and this guy Bill Wilson, how the whole thing got started? Can that shed light on the program, knowing what the origins of it are?

DODES: You would hope so. Bill Wilson wrote the book *Alcoholics Anonymous* in the 1930s, and incidentally, AA has hardly changed at all since then. It is the only area of psychiatry and psychology or medicine that is exactly unchanged since the 1930s. He started it because he had alcoholism, and one day he said he had a hallucinatory experience. Incidentally, he was on hallucinogens at the time because that's what they are treating things with in those days. But he had a hallucinatory experience that God appeared to him and basically said, don't drink. That's a kind of a summary of it. But the point is he said, aha, I have seen the light, and what I need to do is now bring this message to all fellow sufferers. The AA steps themselves came from a group that Bill Wilson belonged to called the Oxford Group. The Oxford Group was founded around the turn of the 20th century and was a fundamentalist Christian group based on first-century Christian tradition, which said, basically, that the ills of mankind are due to being distant from God, and that is exactly where Bill Wilson got his 12 steps from, which he said. So the 12 steps, which are about turning to God or a higher power and turning your life over to the higher power, and basically, getting closer to a higher power, was an exact repetition of the Oxford Group, and so that's how he developed a program.

Importantly to me, although Bill Wilson stopped drinking, he had multiple other addictive and compulsive behaviors, which he had for the rest of his life, and in fact, ultimately killed him. He was a terrible cigarette smoker, and he died of lung disease, and he was also a womanizer. This is well known. So as a person interested in psychology and psychoanalysis, the thing that I had been mainly working on for the past 30 years is understanding the psychology of addiction, and when you understand it, you see that there is nothing magical about alcohol—that alcoholism is a compulsive behavior, which is the same as compulsion to gamble or compulsions to use the Internet or even compulsions that we don't think of as addictions, like a compulsion to clean your house. Psychologically these are all the same. So it's important to understanding Bill Wilson that although he stopped drinking, he never really treated his problem. He just switched over to other compulsive behaviors, which is a very common thing. So his idea that he had come up with a spiritual solution to alcoholism was never true.

WOODS: Wow! That's very interesting. I have heard that before. In fact, my wife sometimes says that if somebody has one addictive behavior, there are probably one or two more that are hidden somewhere or just beneath the surface or we're not aware of, and so it looks like, as you're saying, in his case, he simply replaces one for another and doesn't get to the root cause of what's causing the compulsion in the first place. Now to what extent does AA, or the rehab

industry as we might call it, feed into the idea of alcoholism in particular as a disease, and what is your feeling on that?

DODES: Well, the disease idea started with Betty Ford, really, in the 1970s, and the useful thing about it was that it tended to take away the stigma of having an addiction, which is good. There shouldn't be a stigma associated with it. It basically said you're not bad or weak or hedonistic; you're sick. You have an illness. To that extent, it was useful. The problem with it is that, first of all, alcoholism is not a disease, but besides that, it ended up being a kind of a black box explanation. People stopped thinking about what alcoholism or addiction really is. It's a disease. You couldn't get them to define what the disease was, what the cause of it was, or anything about it. They just labeled it, and that stopped their thinking. So that's where it's been not useful. As I said, the real issue behind addiction is that it's a compulsive, psychological behavior. It's a symptom, really. It's no more and no less than a symptom like other compulsions, and it can be understood that way and treated that way. My first book, *The Heart of Addiction*, described that. Of course, I had written academic papers about it, but my first general-audience book was *The Heart of Addiction*. And then I wrote a book called *Breaking Addiction*, which described a step-by-step way of dealing with addiction by understanding it psychologically. And then I wrote *The Sober Truth* with my colleague, because so much of the country was basically ignoring the deeper meaning and understanding of addiction because they were just blinded by these 12 steps.

So, yeah, it's very common, for example, let me give you a simple example. It's very common for people to not only switch from a compulsive use of alcohol, which we call alcoholism, to a compulsive use of a completely different drug like cocaine. That's common enough. But it's also common to switch from a drug addiction to a non-drug addiction like compulsive gambling or compulsive eating or any of the other kinds of addictions that are not drug addictions. So that very fact should have clued people in to the idea that drugs have nothing to do with addiction, really. There are lots of drug addictions, but they have nothing inherently to do with the nature of addiction, because people switch in and out of drug addictions all the time. It has to do with the drive to take the drug or do the activity like gamble or clean your house. That's where it's at, and once you understand things that way, you can understand a lot more about a person because as a symptom, it's really just a solution to a problem that already exists inside the person just as it did inside of Bill Wilson. He had issues, which he dealt with first by drinking and later by womanizing and smoking.

WOODS: I definitely want to pursue that a bit more, but before I forget, I want to talk about a section of your book called "The Rehab Fiction," because if there's anything that has as much purchase on the American mind as AA, it's the idea of going to rehab, going to some institution that will keep you there for 30 or 60 or 90 days, and as you say in the book, you get the impression that this must be a good idea because it involves doing something. It involves activity. It involves a commitment. It involves a systematic series of steps. And we all feel like this is the natural, and indeed, the only approach one could take. If you don't go to rehab,

you're never going to get over your addiction. Most people, I think, believe that, and yet, what you are saying is the whole rehab industry by and large seems to have been a tremendous failure.

DODES: Oh, it is a tremendous failure. There's no question about it. Most rehabs will not publish their outcome findings. In fact, most of them don't even bother to check, because I think they know what the result would be. We did find only one study, a follow-up study from people who came out of rehab. That was at Hazelden Rehabilitation Center, which is now part of Betty Ford. The study though had exactly the same flaws as all of the other studies showing success. The biggest flaw is that they simply ignored data that didn't fit their conclusion, which is a big no-no in science. The great majority of people who are in these studies, including the outcome studies from rehabs, drop out, and the reason they drop out is they don't do well. So they have no interest in returning or answering phone calls or anything like that. But the people who do well are delighted to tell you about it. So what happens is that they draw conclusions from the tiny percentage of people that they get data from, and then they generalize it to everybody. You can't do that in science. That's not fair. So we know that the success rate, even from using their data, is really very bad. The majority, for example, even in this one data from Hazelden, the great majority of people at the one-year mark had returned to heavy drinking.

So it doesn't work. From my standpoint, what's really interesting is that there is no reason why it *should* work. Taking people out of their environment is fine to give them a break if they need it, but you can go to any place to do that. You don't have to go to a \$30,000- to \$90,000-a-month rehab to do that.

And if you look at what they offer in these rehabs, which we did because it's public information—we actually published the daily schedules from Betty Ford and Hazelden—if you look at what they are actually charging people all this money for, it's mostly nonsense. They have AA meetings because they are 12-step programs, but the rest of it is things like meditation, it's exercise, it's doing therapeutic tasks: cleaning up things around the house or around the rehab or writing out the 12 steps.

These are things which have no scientific basis or you can do at home. You could do it for free by going to AA, for example. And because these high-end rehabs, which charge all this money, compete with each other, they offer gourmet services in order to compete better. They offer gourmet food. They offer luxurious settings. If you go to any of these websites, they will tell you about the beautiful mountains around them or the desert. They will tell you about their giving alleged treatments such as horse therapy, which is being around a horse. [Inaudible] therapy, which is described as helping your immune system. There's no scientific basis for this stuff. One of them, Passages Malibu, which charges \$90,000 a month: what you get for all that money is you get a ride on their yacht, which is called the *Safe Passage*. So if you ask them, what is the possible relevance to treating addiction of getting a ride on a yacht, they say, well, it gives you the experience of what sober living could be. So this is what these places are.

A good rehab: I really have been looking hard. I haven't really been able to find one that I can truly endorse. A good rehab, first of all, would cost much less money. And one of the real tragedies of this is that because they are so expensive, and they are not covered by insurance, people often spend their life savings trying to help themselves or a loved one, sometimes a child, getting them into this expensive place, and they figure if this expensive, it must be good, and then when they come out and they resume drinking or taking drugs, everyone is disappointed. It repeats the problem with AA that you fail if the treatment fails, and now these people have spent all this money. So they are angry at the person who hasn't done well. So that's a tremendous tragedy from these places.

WOODS: So you would say without a doubt, you should not go to one of these places. You should not go to rehab if you have one of these problems. You should do something else, but not that.

DODES: Well, sometimes people need a time out.

WOODS: But that's a different thing. They don't need it in this kind of institutional setting.

DODES: That's right, and sometimes people need detox, which is a medical treatment. Most detoxes, that's detoxification if you are on a drug, if you are physically addicted to a drug, that usually takes only a matter of days. An ideal rehab would be, first of all, shorter. There's nothing magical about 30 days. The reason the 30-day rehabs happen is because when insurance used to cover rehabs, they eventually decided they weren't going to cover more than 30 days. So that magically became the right number of days to be in a rehab. But if anyone has to go in, I would certainly suggest look for a place that is closer to 10 days or maybe two weeks just to get a break. Look for a place that explicitly does not offer you these extra things which you are spending money on, which have no scientific value. Spend as little as you can to get a decent place, and try—unless you are in that 5% that loves AA, try to avoid an AA program, and there are an increasing number of programs that are not 12-step based, which is good. So I would say find a non-12-step program unless you are in that small group that lasts only 10 or 14 days. But the most important thing is going to be to have follow up with a very good therapist; somebody who understands addictions and truthfully understands the psychology of addiction, who can help you work through what this is all about.

WOODS: Well, before I let you go, let me make sure I've got a handle on what the real problem with AA is. There are some aspects of it that seem harmless enough, like making amends to people—although even that is, again, suggesting a moral culpability here, a moral failing is at the heart of your addiction. But it seems that the program is a program of more or less constant abasement. Whereas what we ought to want to do is try to get to the heart of not what is it that's driving me to drink in particular, but rather to behave compulsively. What is the origin of this? And if I can get to the heart of it, and I can be aware of that, then I might have some hope of getting rid of these addictions.

DODES: Well, that's right. I don't want to be too harsh on AA. The abasement part is certainly part of it, but if you talk to AA people who like it, they will say that's not true. They will say I don't feel abased by it. I feel as though, for example, taking the step forward, taking a fearless moral inventory was helpful. One of the important things to understand about AA is that it's completely unregulated. Every group is different from every other group. So there are groups that are not that bad. They are run by mature people. They are intended to be—the main thing that makes AA work at all is that it's a group support system. So they get group support, which is fine. That's okay. The problem is that there are plenty of groups run by immature people who are rigid and moralistic, and they do debase people who come in and they treat them as if they are hedonistic or bad, and they have to get with the program. So I don't want to paint all of AA with the same brush.

Again, that itself is an issue. When you go to AA, you just don't know what you're going to get, which is by the way, another reason why the 12 steps themselves really are not a kind of a treatment at all, because it doesn't depend on the 12 steps. It actually depends on the group of people you are with, and so there are a lot of other groups that are helpful to people too, but don't depend on the 12 steps. The other problem, of course, with AA is that it has been fairly closed-minded about encouraging people to do other things, whether it is taking medication, if that would help, or seeing a good therapist. Not all AA groups are the same, and some are better than others in that way, too. And then, of course, there's the issue with AA that since they tell you that you should be working in the program harder, we know of many tragedies of people who spent years or even decades going back and back to AA and don't get better, and they are never really referred out. No one at AA ever says: this is not for you; go somewhere else—which is, of course, a regular practice of medicine to say this medicine isn't good for you; try something else.

WOODS: Well, I am going to make sure and link on our show notes page to both the book we've been talking about today, which is *The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry*. We'll also link to the *Heart of Addiction*. The show notes page for today, this being episode 342, will be tomwoods.com/342. Do you have a website that I can also direct people to?

DODES: Sure. It's just LanceDodes.com, and thank you for mentioning my first book, and the second book was called *Breaking Addiction*, so there are three books altogether, and I think that they are each a bit different from each other. So thanks for mentioning them.

WOODS: I will certainly link to all three of them at tomwoods.com/342. I will link to your personal site, which is LanceDodes.com. I appreciate your time today. Very interesting and important subject handled in an absolutely devastating way. You were just slicing and dicing bad studies, bad methodology in this work of yours *The Sober Truth*. Congratulations; it was just an absolute thrill to read it.

DODES: Well, thank you so much.