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A REVIEW OF PERTINENT STUDIES ON ALCOHOLISM WITH PARTICULAR REFERENCE TO THE FAMILY

(TITLE)

BY

ROBERT S. REED

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

MASTER OF SCIENCE IN EDUCATION

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1966
YEAR

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PREFACE

In undertaking this project and in the process of doing research, interviewing doctors, clergymen, and talking to people about alcoholism, I have come to the conclusion that there is a great preponderance of ignorance and misinformation about the problem of alcoholism. Therefore, I have attempted in this paper to make a general study of alcoholism with particular reference to the family. There are four main parts to this paper. The first part tries to place the problem of alcoholism in perspective and to give the reader an over-all view of the extent of alcoholism, the health problem that it presents, the costs of alcoholism to industry, hospitals, private agencies, etc. The second part examines the various theories as to the causes of alcoholism and looks at related factors which have an effect upon a person's becoming an alcoholic. The third part looks at the effects that alcoholism can have on the stability of marriages and the effects it has on the children of such marriages with consideration being given to the reaction of the family to an alcoholic member in their midst and the types of wives which male alcoholics are said to have. The last section examines what has been done to help the alcoholic. This section looks at the work of such organizations as Alcoholics Anonymous, Alateen, Al-Anon, The North American Association of Alcoholism Programs, The National Council on Alcoholism, and the role of halfway houses and state programs on alcoholism is also examined.

I am indebted to several people for their assistance in helping me write this paper. I would like to thank Dr. Hennings, Dr. Timblin, and Dr. Wood, of Eastern Illinois University, for their guidance and helpful suggestions. The library staffs of Eastern Illinois University and the University of Illinois were very helpful in locating various sources of information. My interview with Charles E. Ramsey, M.D., of the Charleston Community Memorial Hospital staff, added much to my knowledge of the problems of alcoholism. I would also like to thank Bill Carpenter and other members of the Charleston Alcoholics Anonymous group for letting me attend their meetings.

And last, I want to thank my wife, Jean, for her patience and the many hours of writing and typing which she put in on this paper.

LIST OF TABLES

Table Page

1. Use of Alcohol in Three American Subcultures................ 9

2. The Cumulative Impact of Seventeen Factors Related to Alcoholism.. 23

3. Per Cent of Divorces Involving Drinking by Husband as an Alleged Causal Factor, Classified by Occupational Level, Philadelphia Sample, 1937-50............................ 53

4. Philadelphia Municipal Court Cases.......................... 53

5. Marital Status of 1,223 Men Arrested for Drunkenness....... 55

6. Marital Status of the Urban Male Population of Connecticut, over 14 Years of Age, 1940.............................. 55

TABLE OF CONTENTS

Page

PREFACE.......... iii

LIST OF TABLES.......... v

INTRODUCTION.......... 1

Chapter

I. CAUSES OF ALCOHOLISM.......... 14

Different Types of Drinkers
The Physiological Theory of Alcoholism
The Hereditary School of Alcoholism
The McCord Study
The Psychological School of Alcoholism
Types and Classifications of Alcoholics
Types of Parents of Alcoholics
Steps of Alcoholism
The Woman Alcoholic

II. THE FAMILY AND ALCOHOLISM.......... 51

The Alcoholic Parent's Effect on the Children
Family Adjustment to Alcoholism
The Wives of Alcoholics

III. HOPE AND HELP FOR THE ALCOHOLIC.......... 68

Recent History of Help for Alcoholics
Alcoholics Anonymous
Yale Center of Alcohol Studies
The National Council on Alcoholism
State Government Programs for Alcoholism
N.A.A.A.P.
Industrial Programs for Alcoholism
Al-Anon Family Groups
The Use of Drugs and Aversion Treatment for Alcoholism
The Half-way House
Alateen
Churches, Schools and Alcoholism

APPENDIX.......... 111

BIBLIOGRAPHY.......... 115

INTRODUCTION

"Alcohol is a cancer in human society, eating out its vitals and threatening its destruction."[1]

Abraham Lincoln

In this introduction I will try to place the problem of alcoholism in perspective and to show its far-reaching consequences. Though we have heard much about alcoholism and excessive drinking in recent times, this problem dates back thousands of years.

"From the beginning of history, man has 'drowned his sorrows' and turned this vale of tears into a hall of revelry."[2] Records show that along with this drinking went public problems, the foremost being drunkenness .

> Hammurabi, king of Chaldea more than 4,000 years ago, made the following laws, among others: The price of six measures of beer was fixed at 5 measures of grain. The keeper of a tavern who sheltered outlaws was subject to the penalty of death. And a priestess who visited a drinking place was likewise to be killed.[3]

"Cambyses, king of Persia in the sixth century B.C., has the dubious distinction of being one of the first alcoholics on record and he seems to have been psychotic as well."[4]

Religious groups and other associations, such as athletic or scholarly societies, also felt a need to adopt drinking rules. The Greeks of Sparta, about 2,500 years ago, allowed a young man not more than a pint of wine each day. In Judea, 2,000 years ago, a Jewish religious sect, the Essenes, forbade all drinking to its members, while the main religious body regulated, for instance, the cups of wine that might be given to a mourner to ease his sorrow. In Japan, over 1,000

1..."Man of Extinction," American Mercury, vol. 89, Oct., 1959, p. 139.

2...Roy Albion King, The Psychology of Drunkenness (Evanston, Illinois: National W.C.T.U. Publishing House, 1930), p. 14.

3...Mark Keller, "What People Do About Alcohol Problems," Journal of Studies on Alcohol, 1955, p. 3. (Pamphlet)

4...James Coleman, Abnormal Psychology and Modern Life (Chicago: Scott, Foresman and Company, 1956), p. 398.

years ago, the Emperor Shomu twice prohibited the making of alcoholic beverages in an attempt to meet crises caused by famines or epidemics. In Europe in the Middle Ages the religious orders had strict rules against the clergymen spending too much time in taverns. So the problem of drinking is not new to us.

"It is estimated that there are some five million persons in the United States today who are trapped in some stages of alcoholism."[5] There are approximately another three million people who may be considered pre-alcoholics. "Alcoholics are being produced at the rate of 500,000 annually in the United States."[6] These figures do not include uncounted numbers of alcoholics who avoid detection for many years--even by their families--the kitchen drinkers and the bathroom nippers who fill cough medicine bottles with bourbon and pour gin into hot water bags. "Over 85 per cent of them (alcoholics) on the surface lead normal lives, have homes and families, are employable and usually working"[7]

France is the most alcoholic country in the world, with 10 per cent of its adult population involved.

"The United States shares with South Africa, Chile and Australia the dubious distinction of being second with 6 per cent of its adult population involved."[8]

5...Decatur Herald Newspaper, Decatur, Ill., May 6, 1965. p. 29.

6..."Alcoholism is No. 3 Health Problem," Science Digest, v. 46, Nov., 1959. p. 59.

7..."What every worker should know about--Alcoholism," AFL-CIO Community Service Activities in co-operation with National Council on Alcoholism, Nov., 1957.

8..."Interview: Latest on Over-Drinking," U.S. News & World Report, vol. 56, June 15, 1964. p. 54.

Next comes the Scandinavian countries, and England, Germany, and so on, with a lesser percentage.

"According to Lewis F. Presnall, industrial consultant for the National Council on Alcoholism, a private nonprofit group, industry alone has losses of $2-billion annually that can be traced to alcoholism--accidents, absenteeism, inefficiency, and severance pay."[9] In 1957, an abrasives and grinding-maching manufacturer made a survey of thirty-three employees with known drinking problems. All were skilled workers and averaged sixteen years' service each. Eleven of the workers were in the acute stage of alcoholism. "Each averaged 45 days of lost time a year, for a total cost to each man of over $700 annually."[10] This study didn't include the cost of liquor or medicines, which would have made the total cost to the men or their families much higher.

"More important than the billions of dollars and the millions of man hours lost to industry is the tragic waste of brilliant minds and able bodies, the warping of what might have been lovely personalities, the shattered ambitions, wrecked dreams, broken homes, neglected children, and the loss of human dignity."[11] This is a cost that can never be measured in dollars and cents.

"Dr. Marvin A. Block, chairman of the committee on alcoholism, American Medical Council on Mental Health, says more than $20 million are spent by public agencies each year for the families of problem drinkers."[12] Private agencies spend the same amount for a similar

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9..."When Drinking's a Disease, "Business Week, Sept. 21, 1963. p. 136.

10.."They're Helping the Alcoholic Workers," Today's Health, v. 38, Dec., 1960. p. 73

11..Ann Landers, Since You Ask Me, (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1961), p. 168.

12.."Tomorrow's Alcoholic," America, v. 108, April 6, 1963. p. 469.

purpose. Accidents due to excessive use of alcohol probably cost about $125 million each year. The bill for the care of alcoholic patients in mental hospitals is $30 million, and our penal institutions spend another $25 million for the care of alcoholic prisoners.

"Three out of four alcoholic persons who don't receive treatment end up with broken homes, cease being productive, jeopardize their jobs, and sometimes ruin the lives of their relatives."[13]

"Alcoholism is ranked by the U.S. Public Health Service among the four major health problems, along with cancer, mental illness, and heart disease."[14] "Alcoholism now is six times more prevalent than cancer, eleven times more prevalent than tuberculosis."[15] According to Dr. Andrew C. Ivy, of the University of Illinois, "350,000 alcoholics die annually with the average life span being about 51 years compared to a life expectancy of around 70 for nonalcoholics."[16] Dr. Paul O' Hollaren, who has practiced for 19 years at the Shadel hospital for alcoholics in Seattle, Washington, compiled statistics on his patients to see how long it takes to become an alcoholic. "Dr. O' Hollaren's statistics confirm his theory that it usually takes about 18 years to become a confirmed alcoholic."[17] After a person has become an alcoholic, he can expect to live an average of 16 years, according to figures compiled by Dr. Ivy and based on medical records and on life-insurance company statistics.

13..."The Rising Tide of Alcoholism," Reader's Digest, June, 1965. p. 123

14...Chicago Sun Times, Chicago, Ill., vol. 18, Feb. 3, 1965. p. 20.

15...A.D. Hartmark, Psychodynamics of Alcoholism (Minneapolis, Minn.: Citizens' Commission on Alcoholism, Inc.) 1960, preface.

16..."Alcoholism is No. 3 Health Problem," Science Digest, v. 46, Nov., 1959. p. 59

17..."18.4 Years to the Bottom," Times, v. 73, May 4, 1959. p. 52.

"Alcoholism ranks fourth as a cause of insanity, according to statistics published by the U.S. Public Health Service."[18] The average age of the insane alcoholic admitted to state hospitals is 45, whereas the average age of the schizophrenic is 33 years. (See Table I in the Appendix for admissions for alcoholism, with or without psychosis, to state and private mental hospitals, by sex, for the U.S.A. in 1951.)

"Americans imbibed an estimated 272,000,000 gallons of distilled spirits of all kinds last year (1964) or roughly 1.4 gallons per person, an annual study of the $11 billion liquor industry showed."[19] This study was prepared by the Licensed Beverage Industries.

This consumption was five per cent more than in 1963, when 261 million gallons of alcoholic beverages were sold or 1.38 gallons per capita consumption. "In 1962, 253.7 million gallons were sold or 1.37 gallons per capita consumption."[20] "76 calories of alcohol are consumed daily by the average American."[21]

The business of the nation's taverns has slumped from 65 per cent to 35 per cent of total alcohol beverage sales in less than a decade.

This decline in tavern sales may be accounted for, in part, by the decrease in draft beer consumption and the increase in packaged beer consumption.

"The number of adult Americans using alcoholic beverages increased

---

18...American Business Men's Research Foundation, What's New About Alcohol and Us? (Aurora, Illinois: Aurora Mid-West Printers, 1956), p. 137.

19...Chicago Daily News, Monday, February 15, 1965. p. 12.

20...."Facts on File," World New Digest, vol. 24, January 23-29, 1964. p. 32.

21...Ibid, May 7-13, 1964. page 151.

from 55 per cent to 57.1 per cent in 1964,"[22] the study by the Licensed Beverage Industries said. The present generation has a greater percentage of adults drinking than the last generation. A comparison of males with their fathers and females with their mothers indicates the proportion of males drinking has increased by one-half and the proportion of females drinking has increased by 174 per cent from one generation to the next. This study was conducted by the American Business Men's Research Foundation.

"One out of every 15 persons who drink becomes an alcoholic according to present estimates. But only 3% of this number will be found among the Skid Row derelicts."[23]

"The relative frequency of alcoholism in cities with populations of 100,000 or over is twice that in rural areas."[24] "New York City has the largest number of alcoholics in the country, some 258,000..."[25] San Francisco has the highest percentage of alcoholism and California has the highest rate of alcoholism for a state. Washington and Chicago have a very high percentage also. In 1959, it was estimated that alcoholism affected 174,000 individuals in Chicago. There are 250,000 alcoholics in Chicago today. There is a high percentage of alcoholism in the New England States. Anyone who does not drink is looked upon as a bit peculiar in the cosmopolitan circles of nearly all big cities.

22...Chicago Daily News, Monday, February 15, 1965. page 12.

23...Faye Marley, "The Case Against Alcoholism," Science News Letter, vol. 80, July 15, 1961. p. 42.

24..."Alcoholism," Staff Report to the Alcoholic Study Commission, Commonwealth of Kentucky, 1953.

25..."In Search of a Cure for the Alcoholic," New York Times Magazine, October 27, 1963. page 51.

"Households headed by craftsmen, foremen, operatives, and non-farm laborers comprise 38 per cent of all households, and make 42 per cent of all food purchases....but they consume 52 per cent of all the beer and ale sold."[26] The college-educated segment of the population is consuming an ever-increasing amount of alcoholic beverages. However, these factors are no indication that these groups have a larger share of alcoholics, because alcoholics come from every social class and every educational background to be found in the United States.

For example, at Vincent Tracy's rehabilitation farm for alcoholics, near Albany, New York, the following examples of diversified backgrounds were cited:

> Recent guests included a pretty woman, a Chicago socialite; another woman who owns a New Jersey bar and grill. A third was a beautiful widow.
>
> Among the men were a Catholic priest who had been a much decorated colonel in Korea; a celebrated surgeon; a political boss; a 22-year old clerk; a celebrated lawyer with two Harvard degrees; the 55 year old doorman of a Park Avenue apartment house; an oil man from Texas; a young manufacturer from the South.[27]

Michael Harrington, who worked in the Bowery of New York with the Catholic Worker for two years, said this: "At the Catholic Worker I met newspapermen, a dentist, priests, along with factory workers and drifters from the countryside. This is the one place in the other America where the poor are actually the sum total of misfits from all of the social classes."[28]

26...Stewart Britt, The Spenders (New York: McGraw-Hill Co., 1960), p. 94.

27...Irene Corbally Kuhn, "Hope for the Hopeless Alcoholic," American Mercury, volume 88, March, 1959. p. 8.

28...Michael Harrington, The Other America (New York: MacMillan Company, 1963), p. 91.

Alcoholism Among Different Cultural Groups

Despite the fact that alcoholism may be found among any social class or educational level, some strange factors are at work to produce the subculture of alcoholism. There is very little alcoholism among Orthodox Jews, although they are the heaviest drinkers of any group. Alcoholism is also very low among the Chinese and Italians. On the other side, Irish-Americans have the highest rate of alcoholism. Polish-Americans and Negroes also have high rates of alcoholism. "Unlike the Jewish drinker, says Glad, the Irish-American defines the drinking situation in terms of the affective consequences, in which the physiological and psychological changes produced in the individual by alcohol per se are of primary importance."[29]

Frederick B. Rea says that "a low rate of addiction implies, therefore, that the seeds of restraint have been sown deep in the unconscious of the Jew ever since childhood days, and their growth and vitality must have been maintained by the daily nurture of an all-pervasive community culture."[30]

Albert D. Ullman says:

> We see that what appears to be the most important consideration is the extent to which drinking customs fit into the entire life of a people. That is, if there is consistency in drinking customs and all other aspects of life such as the ways of the family, of work, or of religion, then there will be little alcoholism. If there are contradictions, there will be a good deal of alcoholism.[31]

To examine this further, it will help to look at a chart (page 9) comparing the use of alcohol in three American sub-cultures (Orthodox Jews, Anglo-Americans, and Mormons).

29..."Understanding Alcoholism," "American Academy of Political and Social Science, v. 315, Philadelphia, 1958. p. 52.

30...Frederick B. Rea, Alcoholism, Its Psychology and Cure (London: The Epworth Press, 1956), p. 60.

31...Albert D. Ullman, To Know the Difference (New York: St. Martin's Press, 1960), p. 27.

Table I: Use of Alcohol in Three American Subcultures[32]

	Orthodox Jews	Anglo-Americans	Mormons
Social Functions	Closer adherence to moral norms Cements bonds of family and of larger group	Relaxation from moral norms creates transitory solidarity	Individual not social Drinkers identified as deviants
Rules and Procedures	Ritualized	Varying rules, depending on group or situation	Always taboo
Sanction for Violation of Rules	Quick, severe, uniform by prestigeful group members	Source and nature of sanctions irregular and uncertain	Taboo Sanctions by whole group
When Learned	Early childhood	Adolescence sometimes secretly	Post adolescence, secretly
From Whom	Adults	Other adolescents	Deviants or Gentiles
Emotional Feeling	Neutral to mild Little or no excitement	Strong Marked variation	Very strong
Incidence of Alcoholism	Practically unknown	High	Among whole group: low Among drinkers: very high

32...Leonard Broom and Philip Selznick, Sociology (Elmsford, New York and Evanston, Illinois: Row, Peterson and Company, 1958), p. 49.

Drinking is a normal part of everyday life for Orthodox Jews (the most religiously conservative of Jews). The practice is learned in early childhood in the family circle and by all members of the group. It is highly regulated, with deviations being severely sanctioned. The function of drinking is to draw the group together in intimate association of family and friends, accompanied by strong religious overtones. Alcoholism is practically nonexistent, although almost everyone drinks.

Among "old" Americans (persons in the U.S. at least three generations) of British Isles backgrounds, drinking alcoholic beverages is less clearly defined. It is learned in late adolescence, often within the peer group and many times secretly. It is accompanied by guilt, exhibitionism, and hostility. Instead of being supported by and in turn supporting group norms, as among the Orthodox Jews, drinking represents a relaxation of moral norms. The drinking act is vaguely defined. Instead of being part of family life and other intimate associations, it is frequently done away from home and often in public places. Although drinking is far less common than among Orthodox Jews, there is a much higher incidence of alcoholism.

The Mormons strictly forbid drinking. The very act of drinking is a defiance of group norms. Drinking among Mormons is rare, but those who do drink show an exceedingly high rate of alcoholism.

Because the form that maladjustment takes is governed by culturally ingrained customs and values, the individual maladjustments of Jews are expressed in other ways than through alcoholism. The same is also true for almost all Mormons, but in this case, it is because their culture forbids the use of alcohol.

Drinking in Our Society Today

Why is there such a prevalence of alcoholism in this country today? Dr. Marvin Block says:

> If I were to put my finger on the two greatest contributing factors to the prevalence of alcoholism in this country, the first would be the acceptance of drunken behavior in our society, the tolerance of it. Increasingly, it seems to me, people are accepting drunkenness without being shocked.
>
> The second factor is the social pressures for drinking. Everywhere you go, you are offered liquor. Even during business hours--at luncheons, meetings, conventions. [33]

Today, business, social and civic life centers around the club bars.

The Army and Navy have openly embraced beer, although hard liquor is generally promoted for the officers--at their clubs, etc.

Beveraged alcohol is widely regarded as an essential to the gracious way of life.

Liquor fills the screens of motion picture and television.

Magazines and newspapers that once refused all liquor advertising and were active in a discussion of alcohol now are overburdened with liquor and beer advertisements, and some openly promote the sale of intoxicants in their editorial content.

"Four hundred fifty million dollars ($450,000,000) are spent by the liquor interest yearly for unparalled enticements to the minds of young and old over radio, television, the press and billboards, convincing them that imbibing of alcoholic beverages 'belongs' to the American way." [34]

Tavernkeepers, brewers, distillers, bartenders, and vintners today.

33..."Interview: Latest on Over-Drinking" U.S. News & World Report, vol. 56, June 15, 1964. p. 54.

34...A.D. Hartmark, Psychodynamics of Alcoholism (Minneapolis, Minn.: Citizens' Commission on Alcoholism, Inc., 1960), p. 19.

are welcome and feted in scores of lodges, clubs, associations and religious organizations which, thirty years ago, refused emphatically any fellowship with them.

Public officials, even those in the White House, think it good politics to show they are drinkers--moderate, of course!

Most hotels in this country have bars. Women, who a generation ago would cross the street rather than pass a saloon, now comfortably sit on a bar stool during the cocktail hour.

Public banquets are most frequently arranged so that if intoxicants are not actually served, they are easily and conveniently available.

The unions are strongly pro-liquor.

Several colleges close their eyes to all drinking except flagrant campus violations.

There is agitation in certain parent-teacher groups to hold meetings at the cocktail time to get more parents to come.

Business leaders do not object to posing with glass in hand.

Professional athletes lend their names to the brewers.

The brewers and distillers control some of our nationally-known ball clubs. Beer is sold in almost every park.

However, most drinking is done at home.

Three out of four do most of their drinking in private homes, either their own homes or those of friends.

More women than men do their drinking in homes and almost as many women drink in clubs or at cocktail bars as men.

"Only 2.4 percent of women drinkers do most of their drinking in taverns, whereas 14.1 percent of men drinkers drink mostly in

taverns."[35]

Only about one percent of drinkers drink with their meals, and most drinkers (82%) start drinking after 5 p.m. One in ten say that they drink at anytime. It is interesting to note that "ninety per cent of all people who drink didn't enjoy their first drink, but they got used to the taste."[36]

Marion Wettrick, the only female member of the Pennsylvania Department of Health's Division of Behavioral Problems, feels that drinking is a modern paradox. She elaborates:

> We pressure people into acceptance, do not frown on outright intoxication--in fact, we joke about it, excuse antics because someone is high, and admire someone who can hold his liquor.
>
> But when the individual succumbs to the illness he's been so carefully guided into, we reject, criticize and punish him. Is it really the alcoholic who's mixed up?[37]

In concluding, I hope the reader has gained some insight into the enormity and extent of the problem of alcoholism. After becoming aware of the far-reaching effects of alcoholism, one would agree that we need to know more about this problem and to understand why people become alcoholics.

35...The American Business Men's Research Foundation, What's New About Alcohol And Us? (Aurora, Illinois: Aurora Mid-West Printers, 1956), p. 15. This book was used as the main source of information for material contained in the section, Drinking In Our Society Today.

36..."Cheers, Skoal, Posit, Etc.," New York Times Magazine, September 6, 1959, p. 14.

37...Robert J. Stine, "Highball or Oddball," Adult Leadership, vol. 12, October, 1963, p. 116.

CHAPTER I

CAUSES OF ALCOHOLISM

It is now time to give a definition of this major health problem and to examine the causes of this illness which affects five million Americans, costs industry billions of dollars, wrecks marriages, ruins people's lives, etc. The list of the devastating effects of alcoholism is long, indeed.

"Thomas Trotter, in a doctor's thesis submitted to the University of Edinburgh in 1778, described drunkenness as a disease produced by a remote cause."[38] He was one of the first to recognize it as such. Drunkenness had always been considered the result of weak will power on the part of the imbiber.

Mark Keller, managing editor of the Quarterly Journal of Studies on Alcohol, and editor of the Publications Division of the Yale Center of Alcohol Studies, and Vera Efron, of Yale, say: "Alcoholism is a chronic illness, psychic or somatic or psychosomatic, which manifests itself as a disorder of behavior. It is characterized by the repeated drinking of alcoholic beverages, to an extent that exceeds customary dietary use or compliance with the social customs of the community and that interferes with the drinker's health or his social or economic functioning."[39]

38...Karl E. Voldeng, M.D., Recovery from Alcoholism (Chicago, Ill.: The Henry Regnery Company, 1962), p. 8.

39...William McCord and Joan McCord, Origins of Alcoholism (Stanford, California: Stanford University Press, 1960), p. 9.

Harold W. Lovell, M.D., says:

> Alcoholism, then, is a condition characterized by uncontrolled, compulsive drinking. The key to this definition is the word compulsive. An alcoholic is impelled to drink against his will or judgement, even if will and judgement are functioning. Furthermore, the will is powerless to stop the drinking. So far as alcoholism is concerned, the victim is completely without will power, not weak-willed or wrong-willed.[40]

David J. Pittman, Ph.D., adds a word of caution to the above: "It should be emphasized that the alcoholic may require a week or a month to resume his drinking pattern after a period of abstinence. Not infrequently, the patient is able, by considerable effort, to drink socially for a few days or, rarely, for a few weeks."[41]

Different Types of Drinkers

At this point, it is probably bes t to differentiate between drinkers. To some people, anyone who drinks is an alcoholic, but others may have a lax definition of an alcoholic. Many times, it is hard to distinguish between a regular or heavy drinker and an alcoholic.

Lincoln Williams has said that we can classify people who habitually take alcohol into two main groups:

(1) The moderate or social drinkers
(2) Excessive drinkers

The second group can be sub-divided into two categories:

(1) Heavy or regular drinkers
(2) The chronic alcoholic, true addict, or compulsive drinker, as he is now often called.[42]

Karl E. Voldeng, M.D., has described the social drinker as follows:

(1) He drinks only when the occasion is appropriate.
(2) With the exception of accidental indiscretions, the amount consumed is voluntarily limited.
(3) He remains his usual self when business or any substantial demands are placed on his efforts.

40...Harold W. Lovell, M.D., Hope and Help For the Alcoholic (Garden City, N.Y.: Doubleday & Co., 1951), pps. 16-17

41...David J. Pittman, Ph.D., Alcoholism: An Interdisciplinary Approach (Springfield, Illinois: Charles C. Thomas, Publisher, 1959), p. 10.

42...Lincoln Williams, Tomorrow Will be Sober (New York: Harper & Bro. Publishers, 1960), pps. 18-19.

(4) Except as a form of relaxation, drinking adds nothing to his ability to accept the tasks, drudgery, disappointments, responsibilities, and assignments of citizenship which constitute his environment.
(5) The morning following a debauch, he experiences distressing symptoms of "hangover." The thought of more alcohol is repulsive. There is no search for another drink at that early hour.
(6) He is honest about his drinking. Honest with himself, his family, and if (indicated) his associates.
(7) In a sense his drinking is a "budgeted" item. It is done not at the expense of any other essential portion of his life program.[43]

Every one of these characteristics of the social drinker is the exact opposite for most alcoholics.

"Dr. Fritz Kant, a University of Wisconsin psychiatrist and neurologist, says that though the amount of alcohol consumed and the frequency of drinking are not positive tests (for alcoholism), three signs taken together are sure giveaways. These are an uncontrollable need for alcohol, increasing dependency on its effects, and progression from occasional to more and more frequent drinking bouts."[44]

The Physiological Theory of Alcoholism

The theories of alcoholism are many and varied.

The physiological theory of alcoholism presumes that its seeds are present at birth and the alcoholic, like the diabectic, enters life a metabolic cripple. There are various conceptions as to the specific nature of the handicap. One school of investigators, headed by Theron G. Randolph, a chicago allergist, relates it to the phenomenon of food addiction.

In elaboration:

> Not uncommonly, people fail to adapt to some foods in the apparently 'normal' sense. Instead a specific sensitization develops. Food addiction, a result of this sensitization,

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43...Karl E. Voldeng, M.D., Recovery from Alcoholism (Chicago, Illinois: the Henry Regnery Co., 1962), p. 38.

44..."Alcoholism," Changing Times, volumb 14, July, 1960, p. 34.

> produces a common pattern of symptoms descriptively similar to those of other addictive processes. The foods most prominent in such relations, his experience has shown, include the several grains (wheat, corn, rye) that constitute a major source of alcoholic beverages. In contrast to the ordinary conception of food sensitization, he suggested the food addict is picked up temporarily after a meal (or a drink) containing his addictant, but is let down subsequently by the delayed recurrence of withdrawal effects or hangover-like symptoms. The oft-repeated consumption of a specific food or alcoholic beverage derived from it relieves such hangovers temporarily. The more rapid the absorption, the faster the relief and the quicker the inevitable recurrence of the hangover. Hence increasingly larger and more frequent doses became necessary for hangover prophylaxis.[45]

As for a rebuttal to this theory, "it has been provided by Robinson and Voegtlin (1952), who have shown experimentally that the changes required for allergic sensitization (the production of antibodies in the system) do not follow either in drinkers or in rabbits injected with alcohol."[46]

Another segment of the physiological school traces the alcoholic's disability to a defect in one or more of the several ductless glands (thyroid, parathyroid, pituitary, the adrenals, gonads, and the pancreatic islets of Langerhams) that compose the endocrine system. The chief proponents of this scheme are Harold W. Lovell, of the New York Medical College, and James J. Smith, chief of endocrinology at French Hospital, in New York. They think that the pituitary, which regulates the hormonal output of its companion endocrines, and the adrenals, which produce hormones essential to (among other things) carbohydrate metabolism, are the primary sites of damage. Metabolism is so poor that the blood sugar is low when the adrenal cortex fails to produce these hormones in sufficient quantity. The normal adjustment to environment is upset, too, so that various tensions or anxieties develop.

45..."Annals of Medicine, Alcohol," New Yorker, v. 35, Jan. 23, 1960 pps. 92-93

46...Howard Jones, Alcoholic Addiction (London: Tavistock Publications, 1963), p. 15.

In this condition, a drink of liquor or a substantial amount of sugar will raise the blood sugar temporarily, so that the unpleasant symptoms disappear for two hours or so. But the blood sugar falls to even lower levels, and then the symptoms are worse than ever. The person may then resort to more alcohol...to recover the lift of the earlier experience, and the cycle goes on, giving the appearance and, indeed, the reality of compulsive drinking. Obviously, when the adrenal cortex functions badly to begin with, the effect of alcohol is far more powerful and so is the inevitable reaction. Dr. Smith feels that indications of some gonadal insufficiency in certain alcoholics further supports the endocrine basis of alcoholism. A study of over two thousand male alcoholics has revealed that head hair is generally abundant in alcoholics, whereas body hair is scarce and shows feminine patterns, or the patterns of a pre-adolescent boy, which are identical with those of a female, and are an index of biological immaturity....These constitutional characters were well established before the age at which alcoholism usually begins. Acne occurred in only four to five per cent of the two thousand male patients studied, although, in the general population, acne is estimated to occur in twenty-five to forty per cent of boys. Here again, is a characteristic display of endocrine behavior antedating alcoholism.

A third group, whose spokesman is Roger J. Williams, director of the Biochemical Institute of the University of Texas, identifies the underlying cause of alcoholism as a congenital nutritional anomaly. Williams uses the term, genetotrophic, in explaining his viewpoint. He thinks that the physiological urge to drink alcohol which some people possess or develop is genetotrophic in origin. "A genetotrophic difficulty is one that stems from the possession of some unusually

high nutritional requirement(s) of genetic origin, coupled with a failure to meet this need."[47] Williams feels that stress can cause nutritional deficiency, and it may be that the nutritional deficiency (operating to impair the healthy condition of the appetite-controlling mechanisms) which causes the physiological urge to drink alcohol, rather than the direct effect of stress itself. He concluded this from studies with rats. Rats were given food stock diets and given a choice between water and a 10% alcohol solution for a few months. Some drank regularly, some at intervals, and one, not at all. Then the rats were placed on marginal diets--lacking adequate amounts of various B vitamins--and within a short time all the animals were consuming alcohol at a fairly high level. Animals from the same colony were then placed on abundant diets containing all the nutrient needed by rats and were given a choice between water and 10% alcohol as before. None of the rats drank appreciably.

Williams has gained support from Jorge Madrones, Natividad Segorua, and Arturo Hedena, all of Chile, who experimentally bred a strain of rats that demonstrated a marked craving for alcohol. These rats were inbred over seven generations and were fed a diet deficient in B vitamins. Their craving for alcohol increased. The rats' voluntary intake of alcohol during this period was observed by the experimenters. The experiment produced a positive correlation of .41 between the alcohol intake of parents and their offspring.

Roger Williams makes certain recommendations to alcoholics. His first advice is to eat good nourishing foods, including high quality proteins (meats), dairy products, vegetables, fruits in accordance with

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47...Roger J. Williams, Alcoholism, The Nutritional Approach (Austin, Texas: University of Texas Press, 1959), p. 46.

best nutritional knowledge. Ideally, the diet should also include one tablespoon of corn oil (Mazola Oil) daily in salad dressing or other form.

His second recommendation involved taking capsules containing supplementary nutrients, (Tycopan or Nutricol); three capsules per day with meals the first week, six per day the second week, and nine capsules per day with meals thereafter.

Williams also recommended food supplements, such as lipoic acid and glutamine, which were not being marketed at the time of the writing of his book. Lipoic acid is a new vitamin and glutamine is an easily decomposed amino acid found in proteins.

Because his suggested treatment was made freely available to the public and physicians, its success could not be fully determined. Among known patients who followed directions with some faithfulness, about one-half were greatly benefited and a substantial percentage seemed to be completely freed from alcoholism as long as they followed the recommendations--in some cases for a period of several years.

"William Sheldon, in his famous analyses of physical constitution, has found a positive relation between 'mesomorphy' (a strong, muscular body type) and alcoholism."[48] Presumably, this can be traced to a metabolic or genetic difference between the mesomorphs and other body types.

M. Freile Fleetwood reported a series of experiments on chronic alcoholics, who were patients of a mental clinic. A chemical difference was found between the alcoholics and a control group of nonalcoholics.

48...William McCord and Joan McCord, (Origins of Alcoholism (Stanford, California: Stanford University Press, 1960), p. 23.

The alcoholics had a greater amount of a chemical substance which accompanies feelings of resentment and the amount of this "resentment substance" w as decreased by alcohol in the alcoholic subjects more than in non-alcoholics. Fleetwood reported similar findings for a cholinergic-like substance which accompanies tension.

The Hereditary School of Alcoholism

Some people believe alcoholism is a hereditary trait. This is based on the fact that so many alcoholics had a parent who was plagued by the same problem. "Jellinek combined a number of studies embracing a total of 4,372 alcoholics and found that 52 per cent had an alcoholic parent."[49] However, it is most likely that alcoholism is not hereditary, but is a result of the environment, the tensions, the insecurities, and the bickering that resulted because of the parent's alcoholism. Dr. Anne Roe has done much to disprove the heredity theory. She conducted a study of what happens in the lives of children born in the alcoholic atmosphere of alcoholic homes, but removed from their parents and raised by normal parents. Dr. Roe compared them with a similar group of children that did not have such heavy drinking parents. One of the significant conclusions reached was that "the high incidence of alcoholism and psychosis in the offspring of alcoholics is not explicable on the basis of any hereditary factor. It is clear that these children of alcoholic parentage, even though they had on the whole more disturbed early years and less desirable foster homes than the children of normal parentage, nevertheless have succeeded as adults in making life adjustments which are not significantly inferior in general to

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49...Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 42.

the adjustments made by the children of normal parents!" [50]

The McCord Study

William and Joan McCord conducted an extensive study of alcoholism. By using the material of the Cambridge-Somerville Youth Project (which had originally been started by Dr. Richard Clarke Cabot as a study to prevent crime), the McCords' had an opportunity to trace the development of 255 men from childhood to adulthood. The ones who became alcoholic and the ones who did not could be compared as to physiological, personality, and familial traits which set the alcoholics apart as a distinctive human type before the onset of their disorder.

They found seventeen variables, in their study, which led to adult alcoholism and as the numbers of these "negative" factors increased, alcoholism rates progressively increased. The variables were: middle class, non-Catholicism, parental conflict, neural disorder, sex deviance, maternal ambivalence, maternal deviance, maternal escapism, father's low esteem for mother, parental antagonism, maternal resentment of role, paternal antagonism toward boy, parental escapism, low demands, subnormal maternal restrictiveness, and absence of supervision.

50...Harry S. Warner, "Alcohol, Science, and Society," Lectures Delivered at Yale University Summer School of Alcohol Studies, Summer Session of 1944, p. 9.

"The Cumulative Impact of Seventeen
Factors Related to Alcoholism [51]

Number of Factors		Per Cent Who Became Alcoholics
0	(N:05)	0
1-2	(N:59)	5
3-4	(N:55)	11
5-6	(N:31)	13
7-8	(N:22)	23
9-10	(N:12)	75
11-13	(N:03)	100

The McCords' investigation indicated that alcoholics in childhood were apparently self-contained. Compared to the non-alcoholics, the pre-alcoholics were more likely to have been outwardly self-confident; undisturbed by abnormal fears; indifferent toward their siblings; and disapproving of their mothers.

The pre-alcoholics were more aggressive, anxious, and tended more often to have been highly aggressive, sadistic, and hyperactive.

According to the McCords' this over-emphasis on masculinity was a facade to cover up "feminine", dependent tendencies that were repugnant to the boys (and regarded as undesirable in our American society).

In adulthood the alcoholic often exhibits forms of dependent and passive behavior that are in direct contrast to the childhood facade. It is assumed that traits like dependency and grandiosity and feelings of victimization were present in the pre-alcoholic's personality, but were--consciously or unconsciously--suppressed.

51...William McCord and Joan McCord, Origins of Alcoholism (Stanford, California: Stanford University Press, 1960), p. 94.

Alcoholics were often raised in conflictful, antagonistic homes by emotionally erratic and unstable mothers. This background seemed to lead to dependency conflict--an unsureness concerning the satisfaction of heightened dependency desires. Repressing the dependent urges, being aggressive, and asserting self-confidence is how the prealcoholic child handles the problem.

Other influences in childhood--paternal antagonism and escapism, for example--also might lead to this overemphasis on independence and masculinity. Because the child doesn't have a stable male model to identify with, he may accept the example of aggressive manhood which is constantly and attractively offered through the mass media or he may adopt other culturally acceptable examples.

Further suppression of dependent urges will be demanded of the person as he reaches adulthood; he must be a breadwinner, the leader of his family, a pillar of his community. If he tries to live up to his role, he is doomed to continual repression. If he strives for open satisfaction of his heightened dependency desires, he must relinquish not only his cultural role, but also his masculine self-image.

At some point in adulthood, this type of person finds that alcohol may provide a compromise solution to his conscious or unconscious dilemma. Through heavy drinking, generally regarded as masculine behavior, he may think that he can simultaneously satisfy his dependent desires and maintain his precarious grip on a masculine self-image.

In the introduction, we discussed alcoholism from the sociological viewpoint. We talked of the social pressures to drink and of all the advertising trying to persuade the public that drinking is the American way of life. Different social groups or cultures were looked at and it was found that where there was ambivalence, uncertainty, and lack of uniformity concerning drinking, there was a high rate of alcoholism. If drinking was part of everyday life and people didn't use it to ease their tensions, etc., then there would be a low rate of alcoholism.

The Psychological School of Alcoholism

The psychological theory of alcoholism is the most popular at the present time. There are many different theories in this one school of thought. Some have a single cause theory of alcoholism while others mention a multitude of factors as the cause.

What are some of the psychological factors involved in alcoholism? The following have been mentioned repeatedly in psychological studies of alcoholics: (1) a high level of anxiety in interpersonal relationships, (2) emotional immaturity, (3) ambivalence toward authority, (4) low frustration tolerance, (5) grandiosity, (6) low self-esteem, (7) feelings of isolation, (8) perfectionism, (9) guilt, and (10) compulsiveness.

In "Rorschach Study on the Psychological Characteristics of Alcoholics," Buhler and Lefeuer reported the presence of high anxiety and apprehension. In Studies of Compulsive Drinkers, Florence Halpern mentioned uncertainty, depression, and tension as evidence that her subjects experienced considerable anxiety. Donald Horton "asserts that the primary function of liquor consumption is reduction of anxiety..."[52]

52...Victor Barnouw, Culture and Personality (Homewood, Illinois: The Dorsey Press, Inc., 1963), p. 345.

There have been several tests with animals seeking a relationship between anxiety and drinking.

"Alcoholism can be induced in animals by subjecting them to repeated fear-producing stimuli. Masserman and Yum (1946) found that cats who experienced mild electric shock or blasts of air as they were feeding came to prefer milk containing a 5% solution of alcohol to plain milk."[53]

In another test, Dr. David Lester, of the Laboratory of Applied Byodynamics and the Center of Alcohol Studies at Yale University, said hungry rats trained to press a bar for the delivery of food pellets at uncertain intervals suffer anxiety-producing stress. "With the increase of stress comes increase in the desire to drink."[54]

Emotional immaturity occurs when the individual's emotional or interpersonal development is stunted on a level incommensurate with his chronological age. He continues to respond in childish fashion long after he has left the age when such behavior was appropriate. Giorgio Lolli, of Yale, sees addiction to alcohol as "an expression of lop-sided growth; infantile traits in one part of the personality co-exist with mature parts in another...(The addict) is an impulsive person who faces great difficulty in restricting his instinctual drives."[55]

One symptom of the failure to grow up emotionally is the continuance of childhood or adolescent ambivalence toward authority. As Giorgio Lolli has pointed out, the conflict between dependence and independence is almost universal among alcoholics. Robert White says that no one set of motives predisposes a person to alcoholism, but he assigns

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53...Henry Clay Lindgren and Donn Byrne, Psychology: An Introduction to the Study of Human Behavior (New York: John Wiley & Sons, Inc., 1961), p. 247.

54..."Drinking in Hungry Rats," Science News Letter, vol. 81, July 1, 1961, p. 2.

55...Henry Clay Lindgren, Psychology of Personal and Social Adjustment (New York: American Book Company, 1959), p. 116.

particular importance to two personality traits: a desire for maternal love and an urge to be aggressive. White describes the person who is most likely to become alcoholic:

> "There is a repressed but still active craving for loving maternal care. There is also a very strong aggressive need, suppressed by circumstances to the extent that it comes to expression only in verbal form. Alcohol does a lot for these two needs. It permits the young man to act as aggressively as he really feels, without forcing him to assume full responsibility for his actions. It permits him to gratify his dependent cravings without forcing his sober consciousness to become aware of them. Alcohol thus allows him to satisfy strong needs without disturbing the neurotic protective organization that ordinarily keeps them in check."[56]

"Intoxicating beverages furnish the easiest and cheapest means ever discovered for escape from reality into the lighter and freer world of one's own fancies. It is a characteristic of mind to 'compensate' for the failures, disappointments, the misery and hardships, the tedium and monotony of human existence, by escape into a dream world of fancy where all desires may be imaginatively realized."[57]

Grandiosity is a mechanism for defending, in an immature way, the alcoholic's hypersensitive ego. To maintain his grandiose image of himself, the person must shut himself off from interpersonal reality by what Tiebout calls the "alcoholic shell." To relax his defensive shell and fully accept help would be the same as surrendering his "idealized image" (this is Karen Horney's phrase) of himself.

In one study, feelings of isolation and loneliness were reported fy forty-four per cent of alcoholics.

Perfectionism is a form of self-punishment. Inevitable failure, resulting from perfectionist goals, is followed by extreme guilt feelings.

56...William and Joan McCord, Origins of Alcoholism (Stanford, California: Stanford University Press, 1960), p. 55.

57...Roy Albion King, The Psychology of Drunkenness (Evanston, Illinois: The National W.C.T.U. Publishing House, 1930), p. 14.

The alcoholic's grandiosity is a defense against his own real feelings of low self-esteem. The outwardly self-enamored behavior is a mask for the addict's shaky self-regard. This low-esteem gives rise to anxiety in interpersonal relationships.

Alcohol serves as a "solution" to the alcoholic's guilt, low self-esteem, isolation, and perfectionism by depressing his self-critique. However, "the alcoholic, following a drinking bout, often experiences a period of severe remorse, a drastic further lowering of self-esteem, and thus he finds himself in a still more distressing frame of mind than before."[58] The addict then has to drink again to repress these feelings and a vicious cycle becomes established that has no counterpart in the normal drinker.

Dr. Harold Lovell feels that "the obvious emotional disturbance of most alcoholics is fear."[59] Alcoholics are afraid of situations and conditions that should frighten them, but they also tremble before a whole collection of bogies, such as, all sorts of diseases. Most of them are afraid of their inadequacy. Alcohol is used to deaden the fear.

The Freudians attribute alcoholism to one of three unconscious tendencies (or to a combination of the three): self-destructive urges, oral fixation, and latent homosexuality.

Karl Menninger is the most famous advocate of the self-destructive theory of alcoholism. He says that the alcoholic is characterized by a strong desire to destroy himself and alcohol addiction represents one

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58...Charles K. Hofling and Madeleine M. Leininger, Basic Psychiatric Concepts in Nursing (Philadelphia: The J.B. Lippincott Co., 1960), p. 341.

59...Harold W. Lovell, M.D., Hope and Help for the Alcoholic (Garden City, New York: Doubleday & Company, Inc., 1951), p. 78.

expression of this urge. The suicidal tendencies are unconscious and emerge from a feeling of being betrayed in childhood when he was led by his parents to expect more oral gratification than he received. When his oral desires were frustrated by severe weaning, the child was overwhelmed with rage and a desire to attack his parents. He wishes to destroy his love-objects and, at the same time, he fears that he will lose them. Since he dare not attack his parents, the cause of his rage, he turns to drinking as a form of oral gratification and as a way of seeking revenge against his parents. Menninger says that the alcoholic pattern should be viewed as a progression: frustration in the oral stage leads to rage against his parents; the rage is suppressed because of guilt and is replaced with feelings of inferiority and worthlessness; these feelings lead, in turn, to addiction.

A former alcoholic says, "I have often thought that the true alcoholic is a massochist, that he gains some sort of abnormal pleasure in abusing himself for something wrong out of his past (or present). I cannot otherwise understand a man's drinking to a state of insensibility."[60]

Otto Fenichel says that passive, dependent, narcissistic urges--an attitude toward life characterized by a wish to use the mouth as a prime source of gratification--underlie alcoholism.

Many others have placed prime importance on this oral gratification complex.

Dr. Harold Lovell has said that there are more traces of oral eroticism and especially homosexuality among alcoholics than among the

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60...A.D. Hartmark, Psychodynamics of Alcoholism (Minneapolis, Minnesota: Citizen's Commission on Alcoholism, 1950), p. 53.

general population. He said it may be that alcohol dissolves the superego (conscience) which discourages erotic or homosexual expressions.

Franz Alexander, M.D., said that "most psychodynamic studies found, as the paramount underlying motivational factor in alcoholism, the oral incorporative urge, the trend toward returning to the earliest form of gratification in the nursing situation."[61]

Knight thinks that this oral fixation is due to a certain family configuration: an indulgent mother married to an inconsistent father. The orally indulged child doesn't learn self-control and reacts with rage to any frustration. The parents' behavior mutually enforces the child's intolerance of frustration and favors his oral fixation.

The gratification component derived from drinking seems to be the re-establishment of the bliss of an oral-dependent satiation as well as infantile omnipotence, which in Rado's concept of alimentary orgasm appears in the purest form, and which he called also "narcotic elation" and "narcotic super-pleasure."

Morris E. Chafetz, M.D., says that the alcoholic exhibits his oral fixation in his fantasies of omnipotence, his inability to perceive the outside world as a separate reality, his confusion of oral intake with love and hate, and his insatiability.

"The fixation at this early level of emotional development is the result of deprivation of a warm, giving, meaningful relationship with a mother figure in infancy--usually because of death, or emotional or physical absence."[62]

61...Salvatore Pablo Lucia, M.D., Sc.D., Alcohol and Civilization (New York: McGraw-Hill Book Company, Inc., 1963), p. 134.

62...Morris E. Chafetz, M.D., and Harold W. Demone, Jr., Alcoholism and Society (New York: Oxford University Press, 1962), p. 22.

Many addicted alcoholics were abandoned illegimate children. Some had psychotic mothers and others had a parent die or disappear shortly before or after their own birth. Some had parents who were severely alcoholic.

Alan Button subjected alcoholics confined in a California mental hospital to a battery of psychological tests. He noted a pattern of motives and traits which seemed to distinguish the alcoholics, but he gave first importance (in his list of causes) to oral fixation. Button found that the alcoholics were characterized by a pregenital fixation, as a result of which oral objects (the breast and its equivalents) are desired as the greatest source of primal satisfaction.

Latent homosexuality has been cited often in the psychoanalytic literature as the unconscious force behind alcoholism. Abraham has maintained that the alcoholic underwent severe frustration during the oral stage of development. As a consequence, he turned against the frustrating mother to find solace with the father. This over-identification with his father results in latent or overt homosexual tendencies. Alcoholics express their deviant urges through addiction as a substitute for overt homosexuality. The male surroundings of the bar and the de-inhibiting effect of alcohol allow them to satisfy their inhibited homosexuality.

Others have disputed these theories. J.V. Quaranta subjected a group of alcoholics to two objective personality tests. No correlation was found between homosexuality and alcoholism. Similarly, Carney Laudis studied 29 alcoholics, 25 former alcoholics, and 21 nonalcoholics and found no relationship between "homoerotic" trends and alcoholism.

Adlerians have a different interpretation of alcoholism than Freudians. This school of "individual psychology" contends that alcoholism is an attempt to remove profound feelings of inferiority and to

escape the requirements of "social interest." Adler, from his experience in analyzing alcoholics, concluded that inferiority lies at the bottom of the disorder. Many times this feeling of inferiority is openly expressed; sometimes, it is hidden by a facade of superiority; "Very frequently the beginning of addiction shows an acute feeling of inferiority marked by shyness, a liking for isolation, over-sensitivity, impatience, irritability and by neurotic symptoms like anxiety, depression, and sexual insufficiency. Or the craving may start with a superiority complex in the form of boastfulness, a malicious criminal tendency, a longing for power."[63]

A second aspect of the Adlerian position is the belief that alcoholism (with its attendant feelings of inferiority) is the result of childhood "pampering". Adlerians reason that certain children are brought up in an atmosphere of coddling and indulgence; as they grow up, they are unable to face the demands of society; therefore, they develop feelings of inferiority and turn to alcohol to resolve these feelings.

Many psychologists, besides Adlerians, hold the belief that maternal pampering and over-protection are at the root of alcoholism. The Austrian scientist, Dr. L. Navratil, studied 600 male alcoholics and found that half of them had been their mother's favorite child. From this study, Dr. Navratil concluded that any one of the children in a family of four children or less would have an equal chance of becoming an alcoholic. The exception is the family of only two children, where the second child is twice as likely to become alcoholic as the first.

63...William McCord and Joan McCord, Origins of Alcoholism (Stanford, California: Stanford University Press, 1960), p. 32.

"But in families of five or more children the 'baby' of the family is more than twice as apt to become an alcoholic than the first born, the study revealed."[64]

Such an alcoholic male tends to identify more with his mother than his father. He marries someone who is the image of his mother, fully expecting her to continue to spoil him as did mother.

Types and Classifications of Alcoholics

There are many other theories on alcoholism and different classifications or groupings used by different authors, doctors, psychologists, etc.

Howard Jones specifies three different types of alcoholics: The ego-need alcoholic who drinks in order to quiet the feelings of inferiority that damage his adjustment, the maternally dependent person who drinks to reinstate an infantile situation in which he felt secure and gratified, and the narcosis case who uses alcohol to blur the austerer contours of real life.

Lincoln Williams classifies alcoholic personalities as the wholesome personality, the neurotic alcoholic, the psychotic alcoholic, and the psychopathic alcoholic.

The wholesome personality patient is intelligent, well-educated, happily married, fond of his children, living in a pleasant social circumstance, good at his job, generally well liked by his employer and subordinates, and is ambitious for professional and probably social esteem. He slipped into alcoholism hardly realising what was happening,

64..."Alcoholics Often Spoiled During Their Childhood," Science Digest, vol. 46, Sept., 1959, p. 30.

and he sees no reason for it. Often he is dissatisfied with his job or his role in life. Often this happens when sons are forced by parents to enter the family business or to enter a profession for which they have no desire or aptitude.

Sometimes, a man inherits a prosperous business and then feels guilty because he has life easier than his friends or associates.

According to Williams, the outstanding characteristic of these patients is their genuine sincerity. They respond well to treatment and co-operate wholeheartedly if they have confidence in their administering physician. This group has an 80% chance of recovery, that is, becoming and remaining total abstainers.

The neurotic alcoholic is one who was thoroughly maladjusted long before he ever began drinking. The common neuroses can be described as the result of faulty adjustment to environmental stresses, usually encountered first in childhood. The persons involved have never learned how to deal with these stresses, which constitute unsolved problems that continue to plague them throughout their adult life. These stresses may be psychological or physical or both.

As mentioned before, alcohol helps people with inferiority feelings to feel important.

About 25 to 30 per cent of those who appear for treatment recover, but between the beginning of treatment and its end some relapses are almost certain to occur.

The psychosis alcoholic--"Psychosis is a disease in which some form of mental abnormality is the outstanding symptom."[67] Mentally disordered people are just as likely to resort to alcohol as the other

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66...Lincoln Williams, Tomorrow Will Be Sober (New York: Harper & Brothers Publishers, 1960), p. 68.

types, says Williams, but with far more devastating effects. James Coleman has conveniently divided psychoses associated with alcoholism into two types: acute reactions and chronic reactions.

Acute reactions usually last only a short time and consist mostly of confusion, excitement, and delirium. There are four commonly recognized sub-types: (1) pathological intoxication, (2) delirium tremens, (3) acute alcoholic hallucinosis, and (4) Korsakoff's psychosis.

1. "Pathological intoxication is an acute reaction which occurs in persons whose tolerance to alcohol is very low (such as epileptics or those of an unstable make-up) or in normal persons whose tolerance to alcohol is temporarily lessened by exhaustion, emotional stress, or other conditions."[66]

With even moderate amounts of alcohol, the patient can suddenly become hallucinated and disorientated, and can go into a homicidal rage. Patients sometimes commit crimes of violence during this confused state. A period of deep sleep, with complete amnesia afterwards, usually follows this confused disoriented state.

2. Delirium tremens occur in about 4 per cent of those who have drunk excessively for a long time. This reaction may occur during a period of abstinence in connection with a head injury or infection or it may follow a prolonged alcoholic debauch.

The delirium is most often preceded by a period of restlessness and insomnia, during which the patient may feel uneasy and apprehensive. Slight noises or sudden moving objects may cause considerable agitation and excitement. The full-blown symptoms of delirium tremens include (1) disorientation for time and place, in which the patients no longer

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66...James Coleman, Abnormal Psychology and Modern Life (Chicago: Scott Foresman & Company, 1956), p. 401.

recognize friends, doctors, the hospital, etc; (2) vivid hallucinations, especially of small, fast moving animals like rats, snakes, and roaches; (3) acute fear, in which these hallucinated animals may change in size, form, or color and terrify the patient; (4) extreme suggestibility, in which the patient can be made to see almost any form of animal just suggested to him; (5) marked coarse tremors of the hands, tongue, and lips. Other symptoms are perspiration, a rapid and weak heartbeat and fever, a coated tongue, and a foul breath.

As a result of his acute fear of animals and insects, the patient may become terror-stricken and try to commit suicide.

The delirium usually lasts from three to six days and is followed by a deep sleep. After awaking, the patient may still be scared and not drink for weeks or months, but he usually ends up in the hospital once he does start drinking again. Karnosh and Zucker state that the death rate in delirium tremens as a result of heart failure and broncho-pneumonia may be as high as 10 to 15 per cent.

3. In acute alcoholic hallucinosis, auditory hallucinations are the main symptoms. The person hears a voice and as time goes on, he hears more voices which become critical and discuss his innermost weakness, particularly those of a sexual nature. Various horrible punishments are then proposed by the voices and the patient may hear clanking chains, the sharpening of knives, pistol shots, or footsteps approaching in a threatening manner. He may be stricken with terror and scream for help or attempt suicide.

This condition may last for days or weeks, during which time the patient is depressed but fairly well oriented and coherent, except for his hallucinations. After recovery, the patient usually shows remorse and some insight into his previous behavior.

Most investigators don't attribute this psychotic reaction directly to alcohol, but believe an underlying disorder is merely precipitated by the alcohol. Even in delirium tremens, it is assumed that alcoholism developed concomitantly with an underlying psychosis.

4. Korsakoff's psychosis was first described in 1887 by the Russian psychiatrist, Korsakoff. The most important symptom is a memory defect, particularly for recent events, which is concealed by falsification. Zangwill cites a case where the patient couldn't recognize pictures, faces, rooms, and other objects as identical with those just seen, although they did appear to him as similar. Such patients tend to fill in gaps with reminscences and fanciful tales which lead to unconnected and distorted associations. Ordinarily their confusion and disordered conduct are closely related to their attempts to fill in their memory gaps. The memory disturbance appears to be associated with an inability to form new associations; thus new events are not retained and related to past events. This reaction generally occurs in older alcoholics, after many years of excessive drinking. Other symptoms are peripheral neuritis with tingling of the extremities, and in some severe cases there may be abolition of the tendon reflexes and wrist and foot drop.

All of the disturbances in Korsakoff's psychosis are known to be due primarily to a deficiency of Vitamin B rather than to alcohol, and a vitamin rich diet usually restores the patient to relatively normal physical and mental health. However, some personality deterioration usually remains, in the form of memory impairment, a lowering of moral and ethical standards, and blunting of intellectual capacity. The changes may be due to psychological deterioration which frequently occurs in prolonged alcoholism rather than physiological toxic effects

of the alcohol itself.

<u>Chronic alcoholic deterioration</u>. The habitual use of excessive amounts of alcohol is frequently accompanied by general personality, with a gradual intellectual and moral decline. Often these will be disturbances of judgement, memory, and ability to concentrate. The patient becomes coarsened and impulsive in behavior, takes less and less responsibility, loses pride in personal appearance and neglects his family, becomes touchy and irritable concerning his drinking, and will tolerate no interference. He can no longer correct his excessive drinking and engages in obvious rationalizations to justify his behavior. By lessening the drinkers inhibitions, alcohol may lead to attempts at deviant sexual patterns that outrage and antagonize the addict's marriage partner. To his relations with outsiders the male patient is often fawning and servile, but, at home, he becomes a tyrant and makes life miserable for his wife and children.

Lincoln Williams' fourth classification is the psychopathic alcoholic. The most outstanding characteristic of this group is their complete insincerity and total inability to profit from the lessons of the past. He is usually very vain and egocentric, but he may have high intelligence and, very often, great superficial charm. The psychopath has a complete lack of a sense of guilt and appears to be without remorse and shame.

Should the psychopath undergo treatment, they usually relapse because of insincerity in co-operating with the doctor.

Dr. E.M. Jellinek classified alcoholics according to patterns of drinking and named the types with the letters of the Greek alphabet. There are five categories:

1. "The first type drinks for courage. He is the alpha type--the psychologically dependent alcoholic."[67] He may need courage to ask his boss for a raise or to ask a girl for a dance. He may need a certain amount of removal of his self-consciousness or inhibitions so that he can converse freely with someone. By taking a drink, he gains courage and does what he wanted to do.

He may develop "tissue tolerance" and have to increase the dose of his drug (alcohol) to get the effect (the courage) he wants. He is then beginning to develop a physical dependence, an addiction to alcohol, as well as the psychological dependence he started with.

2. In the beta type, alcohol, the drug, affects the tissues of the body, without any psychological problems involved whatever. Here, for instance, when some people drink alcohol, it produces an adverse effect on the stomach lining, or what is called a gastritis. Or it may cause swelling of the nerve sheaths which would bring about a neuritis, or when it affects more than one nerve, a polyneuritis.

These are painful and alcohol may be responsible for the pain, but it can also relieve it.

Alcohol affects the brain in much the same way as ether, chloroform, nitrous oxide--any of the other anesthetic drugs--but much more slowly.

In the first two types of alcoholism, the alpha and the beta, there may be no progression or loss of control. They may be considered as symptoms of some underlying physical or mental difficulty.

67..."Interview: Latest on Over-Drinking," U.S. News & World Report, vol. 56, June 15, 1964, p. 54.

3. The gamma drinkers have all the characteristic marks of alcoholism: "(1) acquired increased tissue tolerance to alcohol, (2) adaptive cell metabolism, (3) withdrawal symptoms and 'craving' i.e...physical dependence, and (4) loss of control."[68]

Dr. Marvin A. Block recently stated that "prolonged drinking alters brain cell chemistry to the point that alcohol becomes necessary for brain function. When the drug, or alcohol, is withdrawn, he said, the cell may undergo something comparable to a convulsion..."[69]

Although there are no accurate figures, Dr. Block guesses that 90% of the alcoholics in the U.S. fall into this classification--the gamma type.

4. The delta type has no psychological dependence, even though individuals drink excessive amounts of alcohol over long periods of time. But, through the protracted use of the drug in excess, their tissues need alcohol in order to function.

So, they become physically dependent. They are just as alcoholic and just as physiologically dependent as the gamma type. Withdrawal symptoms result if the drug is taken away.

In grape-growing countries, such as Chile or France, wine is usually drunk instead of water. People there drink wine all their lives and are never withdrawn from it. Many of these people are alcoholic and aren't aware of it at all untill they are removed from the drug by chance--going to the hospital, for instance. They may go into delirium tremens without ever having known they were alcoholics.

68...Morris E. Chafetz, M.D., and Harold W. Demone, Jr., Alcoholism and Society (New York: Oxford University Press, 1962), p. 35.

69..."Alcohol Excess Alters Brain Cells and Causes Craving, Doctor Says," Chicago Sun Times, March 6, 1965, p. 69.

5. The epsilon type is prevalent in many countries--notably the Spanish-speaking and the Scandinavian countries. This is the "fiesta" drinker in some countries, or the "spree" or "binge" drinker.

These people drink little, or nothing, between sprees and then go on prolonged drinking binges which may last anywhere from three days to several weeks or longer.

These people are just as alcoholic as the other types, even though they don't touch a drop between sprees. They have loss of control once they do start and keep on drinking until they get out of hand, or until they are unconscious.

Types of Parents of Alcoholics

There have been several references to the kinds of homes that alcoholics come from, so it will probably help to elaborate on this point since the family and early childhood experiences play such an important part in determining who becomes an alcoholic.

From his study of alcoholics, Howard J. Clinebell, Jr. concluded that the homes of the alcoholics showed four main types of parental attitudes and behavior which make for the traumatization and emotional deprivation of a child's personality: authoritarianism, success-worship, moralism, and overt rejection.

"The most frequent parental characteristic was what Erich Fromm, New York psychoanalyst, has described as 'irrational authoritarianism.'"[70] This kind of authority is based not on competence but solely on superior power. Seventy-two per cent of the alcoholics in Clinebell's study described this in one or both parents.

70...Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 45.

In the father this usually took the direct "Papa is all" form. In the mother it took the indirect form of dominance through over-protection. Authoritarianism denies fulfillment of the child's need for unqualified love by making acceptance dependent upon obedience. It denies the fulfillment of the need for gradually increasing autonomy by making the child a puppet of his parents.

The success-worshipping parent makes it contingent on the child's ability to feed the ego of the parent by his successes. There was excessive ambition for the child in terms of financial success, educational attainment, and position. Forty-three per cent of the alcoholics studied reported this kind of home.

Success-worship deprives the child of his need for self-direction and imposes on him parent-chosen goals which are usually extremely perfectionistic and completely out of touch with the reality of the child's abilities and inclinations.

Moralism describes the behavior of the parent who unwittingly projects puritanical attitudes onto the child. It results in strong guilt feelings and inhibition concerning bodily drives and hostile feelings. As a consequence, the child grows up emotionally handicapped in the areas of sex and normal aggression. Thirty-eight per cent of the alcoholics in Clinebell's study reported this type of home.

Barbara R. Day, of Long Beach State College, reports that typical findings of research in the family and etiology area claim alcoholics to have:

"1. a domineering but idealized mother and a stern, autocratic father whom the patient feared as a child,
2. a marked degree of strict, unquestioning obedience demanded in family life, with little freedom allowed,
3. a definitely expressed and disportionately greater love for the maternal parent,

4. psychological conflicts stemming from early unhappy family constellations,
5. parents who held inconsistent attitudes toward drinking." 71

Steps of Alcoholism

Though these are different theories as to the cause of alcoholism, it is generally agreed upon that alcoholism, as a progressive disease, follows certain steps or has certain definable stages. The National Council on Alcoholism defines 13 steps to alcoholism which are based on averages:

1. You have begun to drink.

   You find that moderate drinking serves a friendly, social purpose. You drink too much once in a while, but after a hangover, you are all right.

   The odds are great that you will never go past this step.

2. You start having "blackouts".

   By the age of 25, on the average, you are getting more or less drunk with some regularity. You are one of a crowd who drinks quite a bit, but you feel you can stop anytime you want to.

   Then one night, you drink your usual quota and the next day you can't recall certain things about that night. "An alcoholic may even wake up in a strange city and be unable to account for his presence there." 72 You may feel

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71...Barbara R. Day, "Alcoholism and the Family," Marriage and Family Living, vol. 23, August, 1961

72..."Alcoholism, the Problem Brought Up to Date," Consumer Reports, vol. 25, Nov., 1960, p. 615.

embarrassed or remorseful the first time it happens, but if it happens again, several times, watch out.

3. <u>You find liquor means more to you than to others.</u>

About the time you start having blackouts, or a little later, you switch from sipping drinks to gulping them. You want that "effect" more than you used to and you start sneaking drinks at parties or before. You get a bit irritated if the subject of drinking is brought up.

You can still stop drinking if you really want to, but if you don't slow down, chances are high for becoming an alcoholic.

4. <u>You consistently drink more than you mean to.</u>

"About two years after your first blackout, you find that almost every time you take a drink you drink more than you had planned." 73 You can control whether you drink today or next week, but you can't control how much you drink on a given occasion.

5. <u>You start excusing yourself for drinking.</u>

Within another two years or so you will be building up excuses for your loss of control, unless you have some understanding about it. You think people are criticizing you and you are on the defensive.

6. <u>You start taking "eye-openers".</u>

By the age of thirty, on the average, you begin drinking first thing in the morning to get you started for the day. You take the drink in order to face your responsibilities or

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73..."13 Steps to Alcoholism," <u>Distributed by the National Council on Alcoholism</u>, New York, p. 7.

because you are depressed or feeling guilty about the night before.

7. <u>You begin to drink alone.</u>

You may drink alone because people are critical of your behavior. This occurs not long after you start drinking in the morning. You may still drink with others, but you enjoy drinking alone.

8. <u>You get "antisocial" when you drink.</u>

After drinking too much on a given occasion, you become destructive and pick fights, smash things, and may even strike your children. You may become extremely self-conscious and become afraid of people or think they are talking about you.

9. <u>You start going on benders.</u>

This begins the acute stage of your "compulsive" drinking. You are a true alcoholic. This step occurs one to three years after you began drinking in the morning.

A bender is a period of several days during which you drink blindly, helplessly, with just one goal: to get drunk. You disregard everything but your drinking.

10. <u>You know deep remorse--and deeper resentment.</u>

During your sober moments, you condemn yourself and feel guilty about what you have done.

Other times, you think you have good reasons for drinking and no one understands you. You get irritated over small things.

11. <u>You feel deep, nameless anxiety.</u>

You begin to feel a vague but ever present fear of retribution. You are terrified and have the shakes. You

guard your liquor supply because it is your only source of comfort.

12. You realize drinking has you licked.

You finally realize that drinking has you licked. You admit this to yourself within five years after the nameless fear began or you don't admit it to yourself at all.

13. You get help or go under.

If you have reached step 12, you will face an ultimate choice within three years: either get outside help or give up. If you never admit the truth to yourself, then you are incurable.

You are now a physical wreck and have lost love, friendship, home, job, and a future. You can find help or you can die there.

The Woman Alcoholic

Thus far, we have been talking mostly about the male alcoholic. The problem of alcoholism in women has been growing and warrants consideration.

"In the United States, latest estimates show that there are 11 male alcoholics for every 2 female." [74] This is the most widely accepted figure, but Dr. Marvin A. Block disagrees with it. He believes there are as many women alcoholics as men because most figures quoted come from clinics, and clinics are comparatively public places. Dr. Block states that "every single private practitioner with whom I have spoken who treats any number of alcoholics at all has agreed with

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74..."Understanding Alcoholism," American Academy of Political and Social Science, vol. 315, 1958, p. 53.

the findings of my practice--that there are as many women alcoholics as men." [75]

One of the most obvious reasons why there are more women alcoholics today is that it has become easier for women to get liquor.

Giorgio Lolli says that "the drinking habits of contemporary American women reflect the shock resulting from a freedom very swiftly acquired, the confusion between masculine and feminine roles, and a tendency to wear what are commonly considered 'masculine' attitudes in order to compete successfully with men in sexual expression, in the home, in the office, in the factory, in the pursuit of knowledge." [76]

At the same time that women are taking an increasingly important part in business, the professions, and public affairs, most of them still retain their responsibilities and duties as homemakers and try to combine the role of wife and mother with that of the career girl. So, more emotional stress is placed on the woman.

Some women drink to escape the monotony of household routine or to counteract the long hours of loneliness while the husband is away on business.

Several women drink to relieve menstrual tension. Their emotional attitude towards the menstrual function is of greater importance as an incentive to drink. Dr. Harold Lovell says that the adrenal glands aren't functioning properly during menstruation and the menopause so that the woman is more sensitive to alcohol which can lead her to

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75.."Interview: Latest on Over-Drinking," U.S. News & World Report, vol. 56, June 15, 1964, p. 53

76..Giorgio Lolli, M.D., Social Drinking (New York and Cleveland: The World Publishing Company, 1960), p. 254.

becoming an alcoholic. He adds that "the adrenal glands are affected because of the very close relationship between these glands and the functioning of the ovaries." 77

Added to the woman's greater access to alcohol and more emotional strain placed on her as a result of newly acquired freedoms is the fact that women are more susceptible to mental diseases (of which alcoholism is one) than men, and women are more likely to have nervous breakdowns. Therefore, it is not surprising to find alcoholism on the increase among women.

"Dr. Edith Lisansky, a distinguished authority on alcoholism in women, has expressed the view, concerning the circumstances attending the development of alcoholism, that one alcoholic out of every two attribute their illness to a definite past episode in their lives, e.g. the death of a parent, a divorce, an unhappy romance, or a depression following the birth of a child." 78

Basically there is little difference between the actual drinking pattern of the male and female except that it takes far less time for a woman to develop alcoholism. The woman tends to reach the stage of intoxication more rapidly than a man, and is more prone to drink herself into a coma.

Women alcoholics are constitutionally more likely to become involved in psycho-sexual difficulties than men. Some women become frigid, while others are given to perversion and promiscuity.

The woman psychopath is particularly attracted to alcohol, which becomes the supreme tranquillizer and balancing agent for her highly unstable emotional life.

77...Harold W. Lovell, M.D., Hope and Help for the Alcoholic (Garden City, New York: Doubleday & Company, Inc., 1951), p. 180

78...Lincoln Williams, Tomorrow Will Be Sober (New York: Harper & Brothers Publishers, 1960), p. 80.

There is mounting evidence that there is more alcoholism in the immediate family of the woman than of the man alcoholic. "A study of cases known to the New Hampshire Division of Alcoholism of the State Department of Public Health shows that just about twice as many women as men had alcoholic parents." 79 Compared with male alcoholics, the women more often had a sister who was also alcoholic, while the men more frequently had a brother with the same problem. Another study, from an alcoholism clinic located in a general hospital, shows that almost 40 per cent of the women seen at the clinic were married to alcoholics.

Women are much more discreet about their drinking than men, because society frowns more heavily on women drunkards than male drunkards. Often, her family and friends cover up for her behavior.

However, because of our social standards the female alcoholic can expect less forbearance than the male as a rule. A wife will cling to an alcoholic husband for years, but a husband will seek divorce or separation from an alcoholic wife much more speedily.

Alcohol seems to dissolve the female sense of responsibility more quickly than it does that of men.

All alcoholics are liars, but the women are worse than the men in this respect.

Benjamin Karpman, author of "Alcoholic Woman", says that women are more difficult to treat than men.

In concluding this chapter, I must say that more research and investigation are needed in the field of alcoholism and its causes. I am opposed to any single discipline theory of alcoholism. Instead,

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79...Albert D. Ullman, To Know the Difference (New York: St. Martin's Press, 1960), p. 122.

I feel that these different viewpoints have considerable merit and that alcoholism should be considered from a multi-discipline approach--in other words, the psychological, the physical, and the sociological factors all play a part in causing one to be addicted to alcohol. I am confident that future research will help us to understand this problem more fully.

CHAPTER II

THE FAMILY AND ALCOHOLISM

Probably one of the most devastating results of alcoholism is the effect it has on marriage stability and on the lives of children who have an alcoholic parent.

"Alcoholism is gradually becoming one of the leading sources of marital breakdown, and sociological studies are consistently showing excessive drinking as a frequent cause of broken marriages." [80]

"Perhaps as many as 15 or 20 per cent of the applications to family service agencies involve a drinking problem. The non-alcoholic wife usually is the one to seek help." [81]

In his study of marriage failures, Father Thomas found that excessive drinking "accounted for the failure in approximately one-third of the cases among those marriages enduring from six to fifteen years' duration." [82] A veteran divorce court judge, John A. Sharbaro, of Chicago, was asked by a newspaper reporter what, in his experience, was the most common cause of broken marriages. Without hesitation, Judge Sharbaro replied, "Drink."

In 1956, an analysis of the divorce laws of the forty-eight states and the District of Columbia showed that all but eight states--Maryland, New Jersey, New York, North Carolina, Pennsylvania, Texas, Vermont, Virginia--and the District of Columbia--accepted alcoholism as a ground for divorce.

80...Dr. Michael P. Ponetar, "The Soused Spouse," The Western Catholic, vol. LIV, June 13, 1965.

81..."The Family Agency's Role in Treating the Wife of an Alcoholic," Social Casework, vol. 44, May, 1963.

82...Reverend George A. Kelly, The Catholic Marriage Manual (New York: Random House, 1958), p. 133.

Drinking often is an underlying factor in many of the 37 other varieties of grounds for divorce.

A recent study of divorces granted in Philadelphia disclosed that excessive drinking was alleged to be a causal factor in 21.1 per cent of the cases.

This study of 1,434 divorces represented a 25 per cent random sample of all divorces granted by the Philadelphia Common Pleas Court Number Six during the period 1937-50.

"Excessive drinking" was listed as a complaint more often than any other single factor except desertion and indignities, both of which are legal geunds for divorce in Pennsylvania (In Pennsylvania, drunkenness is not a legal ground for divorce).

This research revealed that the charge of excessive drinking was listed more times than cruelty, adultery, bigamy, fraud, and sexual complaints combined.

W.M. Kephart, of the University of Pennsylvania, studied the divorce testimony and stated that the reported incidents included that of a husband who in a drunken stupor insanely mistreated his wife, one who crippled his children, one who set fire to his home, and one who attempted incest with his mother-in-law.

The Kephart data revealed that the percentage of divorces involving drinking increases as occupational level declines, except for the labor-service group.

Table 3 Percent of Divorces Involving Drinking by Husband As An Alleged Causal Factor, Classified by Occupational Level, Philadelphia Sample, 1937-50.[83]

Professional - Proprietory	95	13.8%
Clerical	206	20.2%
Skilled	199	28.2%
Semi-Skilled	357	33.0%
Labor-Service	128	26.5

Table 4 Philadelphia Municipal Court Cases [84]

5 yr. Intervals	No. of Divorce Cases	% Involving Drunkenness
1915	1,467	38%
1920	3,924	15%
1925	4,559	25%
1930	4,178	23%
1935	3,617	17%
1940	3,581	16%
1945	3,600	23%
1949	2,927	28%

A chicago survey reported that 39 out of 100 cases brought before the Family Court of Cook County for dependency and neglect involved alcoholics.

83...The American Business Men's Research Foundation, What's New About Alcohol and Us? (Aurora, Ill.: Aurora Mid-West Printers, 1956) p. 142.

84...Ibid.

A study of 250 alcoholic patients at a Butner, N.C., rehabilitation clinic showed that 8.3% were divorced while the proportion of divorced males in the general population of North Carolina who were 20 years old and over was less than 1%.

A sampling of alcoholics in major agencies in Chicago revealed that the rate of divorce was almost six times that of the general population.

A study of one thousand persons arrested for drunkenness during a period of five weeks in eight Connecticut towns showed that only twenty-three per cent of the inebriates were married and living with their wives at the time of their arrest, compared to seventy-three per cent for the non-drinkers who were arrested for other infractions of the law. Twenty-five per cent of the alcoholics who had been married were separated, whereas in the other group only four per cent had left their families. "Of the inebriates who had married, sixteen per cent were divorced compared to one per cent of the non-drinkers." [85]

Dr. Selden Bacon categorized the known marital status of 1,223 men arrested for drunkenness in Connecticut.

85...Oliver E. Byrd, M.D., Health (Philadelphia: W.B. Saunders Co., 1962), p. 172.

Table 5 Marital Status of 1,223 Men Arrested for Drunkenness [86]

Status	Number	Per Cent
Single	649	53.1
Married	421	34.4
Living Together	251	20.5
Temporarily Separated	29	2.4
Permanently Separated	141	11.5
Widowed	61	5.0
Divorced	92	7.5
	1,223	100.0

This is contrasted with the urban male population of Connecticut.

Table 6 Marital Status of the Urban Male Population of Connecticut, Over 14 Years of Age, 1940 [87]

Status	Number	Per Cent
Single	164,649	36.7
Married	262,131	58.4
Wife Present	248,872	55.4
Wife Not Present	13,259	3.0
Widowed	18,764	4.2
Divorced	3,175	0.7
	448,719	100.00

86...Yale University Laboratory of Applied Physiology, Memoirs of the Section on Alcohol Studies. This chart was taken from the chapter, Sociology and the Problems of Alcohol, by Selden D. Bacon, Ph.D. (New Haven, Conn.: Hillhouse Press, 1946), p. 6.

87...Ibid, p. 7.

From a comparison of the two tables, it can be seen that there is considerably more disharmony in the marital relationship of alcoholics than of non-alcoholics. These statistics also show that a larger proportion of alcoholics are unmarried as compared to the general population.

Bacon's research showed a similar pattern of marital discord for women alcoholics, although he had just a small sample of alcoholic women upon which to base his findings.

Alcoholism can definitely disrupt marriages, and it affects every member of the family--emotionally, spiritually, and often, economically, socially, and physically.

The Alcoholic Parent's Effect on the Children

The child of an alcoholic pays an especially appalling price in humiliation, bewilderment and, often, in physical neglect and abuse. The security, love, and warmth which are necessary for a child's development are seldom present in an alcoholic home. Where these are existent, they are of such an unpredictable quality that the child has difficulty developing the trust and confidence in himself and others that he will need for future successful living.

"The child of an alcoholic parent may be constantly exposed to distortions of values." [88] The child may see the non-alcoholic parent telling lies to cover up for the behavior of the alcoholic parent. The alcoholic quite commonly lies, too. The many broken promises of the alcoholic parent can deeply affect the child and cause him to be distrustful.

Very often, the children of alcoholics feel deeply ashamed of

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88...Herman E. Krimmel, "Problem Drinker and the Family," National-Parent-Teacher, vol. 54, April, 1960.

their alcoholic parent. A teen-age girl may be ashamed to invite a boy friend to her home because she doesn't want him to see her parent in a drunken stupor. A young boy may not want to go places with his father because the father is so loud and quarrelsome when he's been drinking.

The child is often bewildered by the alcoholic's sudden shift in behavior. A parent who is often understanding, affectionate, and fun-loving when sober may become morose, demanding, unreasonable, noisy, touchy, and even cruel and violent when drunk.

Herman E. Krimmel, director of casework services at the Cleveland Center on Alcoholism, reports that one man who was respectable and placid when sober would fly into uncontrollable rages when drunk. On one occasion he totally demolished the lower floor of his home while two small children watched with horror. Another man used his wife as a target to practice his knife throwing and then joked about it to the terrified children.

"The son of an alcoholic lacks a stable, male figure after whom he can model himself." [89] The son may react by cowering, outwardly conforming, or he may rebel and become defiant or delinquent. He may become strongly attached to his mother, or turn against both quarreling parents, or blame his non-drinking mother for his father's drinking and thereby identify masculine independence with drunkenness.

The daughter of a drinking father may side with her mother, but continue to love her father. Often, she thinks that if her father really loved her, he wouldn't drink.

All too often children become weapons in the war between the parents. The alcoholic may plead with the children for sympathy

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89...Dr. Ruth Fox, "Living With Alcoholism," New York Times Magazine, December 4, 1960, p. 102.

pointing out to them he is nagged and harassed. The nonalcoholic retaliates by blaming everything that happens on drinking. Sometimes, a child who looks like the alcoholic parent is treated badly by the non-alcoholic parent. Or the alcoholic parent may mistreat the favorite child of the non-alcoholic parent. Often times, members of the family are made to feel guilty and at blame for the alcoholic parent being the way he is.

An alcoholic mother has a far more catastrophic effect on her husband and children than the father's alcoholism usually has on them. It is her influence that often leads to maladjustment in the children, and thus to alcoholism. Dr. Bleuler's research indicates that alcoholism is much more likely to develop among the younger generation in families where the mother is an alcoholic than where the father is.

"Holden studied 44 children of alcoholics treated in a psychiatric clinic for children and found that the most frequent problems were stealing, truancy, nail biting, stubbornness, and unmanageability at home." 90 These children were insecure and tended to react toward the alcoholic with fear and hostility. One researcher reported that the son of an alcoholic father expressed relief when the father killed himself.

Johnston studied mothers' evaluations of their children's problems. These mothers included wives of active alcoholics, of inactive alcoholics, and of nonalcoholics. More children of active alcoholics were seen by their mothers as having problems, and the mothers perceived more problems per child. The children of the active alcoholics were characterized by aggressive and withdrawn behavior,

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90...Raymond G. McCarthy, Alcohol Education for Classroom and Community (New York: McGraw-Hill Book Co., 1964), p. 163.

while the children of the inactive alcoholics differed from those of the nonalcoholic group only in aggressive behavior.

One author, writing about the effect of an alcoholic parent on the child, said: "Until you have seen the disillusionment of a young child who has lost his faith in one or both of his parents, and can feel the suspicion in his manner toward a helping hand, and can suspect the yearning he has for them to cherish him as their own--until you have witnessed these things you cannot understand the destructive power of alcoholic abuse in the family." [91]

There is one other devastating effect of an alcoholic parent, and this is that the child of such a parent has a greater chance of becoming an alcoholic himself than if he had anon-alcoholic parent.

"The teen-ager does not invent the idea of drinking. He learns it." [92] Children have a tendency to follow in their parents' foot-steps and their patterns of living. Even if the children feel that it isn't good, eventually many do follow these patterns.

"At one of America's best-known alcoholic clinics, the Shadel Sanitarium, Seattle, Dr. Voegtlin and Dr. Lemere reported that 62.4 per cent of 500 alcoholics showed positive history in their family background." [93]

Of seventy-nine alcoholics interviewed by Howard J. Clinebell, fifty reported having alcoholics on their family tree. Twenty-seven had alcoholic parents.

91..."The Place of Alcohol Education in Adult Life," Bureau of Educational Materials and Research, College of Education, Louisiana State University, June, 1956, p. 21 (Pamphlet)

92...George Maddox, "Drinking in High School: An Interpretative Summary," Association for the Advancements of Instruction about Alcohol and Narcotics, Indianapolis, Nov. 9, 1958, p. 9. (Pam.)

93...Lincoln Williams, Tomorrow Will be Sober (New York: Harper & Brothers Publishers, 1960), p. 122.

James R. MacKay made a study of 122 delinquent boys admitted consecutively to the Massachusetts Youth Service Board Reception Center (1960).

Of the one hundred and twenty-two boys, twenty were found to be addictive drinkers. The average age of the twenty boys was sixteen years old.

Only five of the twenty boys were living with their natural parents. "Alcoholism was frequently noted in the histories of the parents. Two of the fathers died of diseases related to alcoholism."[94]

James MacKay made another study of 17 boys and 3 girls who were treated for a drinking problem under the auspices of the Peter Bent Brigham Hospital in Boston, at the Alcoholism Clinic. They were thirteen to eighteen years old and showed a great deal of hostility, depression, compulsiveness, and sexual confusion. The fathers of most of these teen-agers were alcoholics and in some cases the mothers were also alcoholics. "The weakness of the alcoholic parent was thought to be one reason for the adolescents' drinking, and the reason given here, was that by proving their own ability to drink successfully and contrast it to the way their parents drink, the youths were asserting their independence and superiority over the parents." [95]

Children have a strong need for a feeling of belonging. This need is not met in the depriving family situation. The drinking associates, within loose social group ties, filled at least a semblance of this need.

94...James R. MacKay, "Problem Drinking among Juvenile Delinquents," New Hampshire Bulletin on Alcoholism, vol. XII, January, 1963, p. 33. (Pamphlet)

95...Salvatore Pablo Lucia, M.D., SC.D., Alcohol and Civilization (New York: McGraw-Hill Book Co., Inc., 1963), p. 299.

Somewhat related to the above point is "the effect that alcohol has in temporarily filling the emptiness physically felt by these children and its effect in ameliorating the pervasive feelings of depression they experience." 96

How crippling the effect is of an alcoholic parent on the child depends on such factors as the youth's inherited temperament, his intelligence, education, economic security, and the personality and maturity of his non-drinking parent and brothers and sisters. If the alcoholic parent is loving and supporting when sober, much of the harm may be avoided. The child is fortunate if the non-alcoholic parent is consistently loving and dependable. Often the child can draw upon other sources for emotional security, such as a relative, a teacher, or minister.

Family Adjustment to Alcoholism

"Jean Jackson described the following seven stages in family adjustment to alcoholism: attempts to deny the problem, attempts to eliminate the problems, disorganization, attempts to reorganize in spite of the problems, efforts to escape the problems, reorganization of part of the family, and finally recovery and reorganization of the whole family." 97

The family first tries to deny the problem and tries to protect themselves against discovery. They cut down on social activities and withdraw into the home. Many doctors feel that one of the big problems is getting the alcoholic and his family to admit that he does have trouble controlling his drinking. Many families have switched doctors when confronted with the evidence that the patient needed help for his

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96...James R. MacKay, "Clinical Observations on Adolescent Problem Drinkers," New Hampshire Bulletin on Alcoholism, vol. X, April, 1961, p. 28. (Pamphlet

97...Margaret B. Bailey, "The Family Agency's Role in Treating the Wife of an Alcoholic," Social Casework, vol. 44, May, 1963, p. 275.

drinking.

The family will attempt to eliminate the problem. The wife threatens to leave, hides the bottles, refuses to give him money, and babies him during hangovers. Drinking comes to symbolize all problems between the spouses. Dr. Robert A. Moore, a psychiatrist from the University of Michigan Medical Center, feels that such measures as destroying the liquor supply or threatening divorce can promote, rather than discourage, continued drinking. "Such bluffs are seldom successful, in Dr. Moore's opinion, and may make future rehabilitation more difficult." [98]

Next, the family becomes disorganized and gives up trying to understand the alcoholic. They don't care if the neighbors know and the children are no longer required to show any affection or respect to alcoholic fathers. The wife worries about her sanity.

There are attempts to reorganize in spite of the problems as the wife takes over. The father is left out. The reorganization has a stabilizing effect on the children. Other crises arise now, such as money problems, etc.

There are efforts to escape the problem. The wife may separate from the husband or she may use public agencies.

Without the father, the family tends to reorganize quite smoothly. If the husband achieves sobriety, then he wants to take over as bread winner again and this may cause problems. The children may not know how to react and the wife may not want to give up her superior role.

The Wives of Alcoholics

The wives of alcoholic husbands have been receiving more and more attention. Many treatment agencies require that the wife accompany

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98..."Driving the Alcoholic to Drink," Science Digest, vol. 53, June, 1963, p. 43.

her alcoholic husband. Many researchers think that alcoholics tend to have certain types of wives.

Typical findings of research concerning wives of alcoholics are as follows:

1. Wives of alcoholics are domineering and mothering.
2. The number of alcoholics with wives who are nurses is greater than would be expected, given the frequency of nurses in the population.
3. There are several types of wives of alcoholics: the narcissistic, masochistic, guilty one; the nagging, deprecatory, hostile type; or the maternal type.
4. Wives of alcoholics are women who are afraid of femininity and pick out men who are inadequate; women who are competitive career women and pick out men who can't compete; or women who feel inadequate but cover up with an aggressive exterior and can function only when their husbands are ill.
5. Wives of alcoholics are by no means all alike.
6. Wives of alcoholics unconsciously encourage and contribute to their husband's drinking because of their own needs.
7. The limited personality types associated with wives of alcoholics may be the result of wives common experiences with alcoholic husbands, rather than definite personality sets existing prior to marriage and operating in the selection of alcoholic husbands to satisfy unconscious personality needs. The above, however, need not be mutually exclusive."[99]

Genevieve Burton, of the Marriage Council of Philadelphia, says that there is often a power struggle in the marriage of an alcoholic man to a non-drinking woman and the wife appears to be the winner of this struggle. Burton added, "In the majority of our cases she gives the impression of being rigid, compulsive and sometimes pathologically inhibited."[100] The wife of an alcoholic is very seldom ever perceived as being in the wrong by her family, friends, relatives, etc.

Denial, displacement, and projection are often used by wives who are defensive in their role in a marriage to an alcoholic husband. The wife often tends to displace all her difficulties onto her

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99...Barbara R. Day, "Alcoholism and the Family," Marriage and Family Living, vol. 23, August, 1961, p. 255.

100...Genevieve Burton, "Group Counseling with Alcoholic Husbands and their Non-Alcoholic Wives," Marriage and Family Living, vol. 24, February, 1962, p. 57.

husband's drinking. Many wives finally realize, after their husbands achieve sobriety, that drinking is not the only problem or the only cause of their marital conflict. Sometimes the wife feels that she has failed her alcoholic husband or that she is to blame, particularly if his drinking began after the marriage.

The State University Alcohol Clinic in Brooklyn made a study of 50 cases of wives of rehabilitated alcoholics (Group I) and wives of unrehabilitated alcoholics (Group II) to see what differences there were.

1. Effect on the Family-- "Group I women showed genuine concern about the psychological and social damage being done to their children." [101] They felt this concern was a definite factor for the husband's giving up drinking.

Group II women indicated no awareness of the possible psychological and social damage to the children. In fact, the alcoholism and the children were not dissimilar burdens to them, from which there seemed no hope worth their enthusiasm or persistent effort.

II. Acceptance of Personal Responsibility--Group I wives accepted a measure of responsibility for their husband's former addictions to alcohol. This acceptance of responsibility wasn't universal and it varied in degree, but it was given rather significant expression.

The wives in Group II didn't accept any responsibility for their husband's drinking. From the evidence of those studied, such awareness did not seem to be even latent.

III. Attitudes and Feelings About a Possible Cure--Group I wives searched for some device by which they could end their husband's drinking problems. All of them had resorted to medical or psychiatric

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101...Bernard Clifford, "A Study of the Wives of Rehabilitated and Unrehabilitated Alcoholics," Social Casework, v. 41, Nov. 1960, p. 458.

aid, or even made changes in the family routine, trying to find a cure.

Group II wives seemed to resist, or to make ineffective, even the minimal use of social agencies, the resort to medication, or even prayer in their always skeptical and frequently cynical quest to alleviate the problem of alcoholism.

IV. Sense of Social Adequacy--The wives in Group I had found themselves socially inadequate in varying degrees, but they gained social adequacy as they learned to cope with alcoholism.

The Group II wives were not aware of their social inadequacy except in trivial matters, although they were, in reality, inadequate to the social situation in which they found themselves.

V. Concept of Social Status--All of the wives in Group I felt that they had lost social status through ostracism, decline in income, embarrassment, and family instability.

The wives in Group II seemed impervious to a loss of social status.

VI. Concept of Their Own Indispensability to the Welfare of the Male Alcoholic--The wives in Group I appeared to have a feeling of indispensability in relation to their husbands. They were aware that they held a central position in the family and their husbands were dependent on them.

In general, Group II wives didn't feel indispensable and, therefore, they didn't recognize their own responsibility to do something to alleviate the alcoholism problem in the family.

"Although the wives of heavy drinkers usually complain bitterly about their husband's behavior, liquor can be the cement that holds

the union together." [102] Dr. William Browne, of the University of Pittsburgh, says that the wife of an alcoholic has an unconscious need for an alcoholically incompetent mate, because only then can she be dominant. Curing a husband of alcoholism may make the wife sick, even drive her to drink.

In every case studied by Dr. Browne at two Pittsburgh clinics, the wife knew of her husband's drinking problem before marriage. (Dr. John A. Ewing, of the University of North Carolina, said that marriage to an alcoholic is no accident and that some women repeat it two or three times). Dr. Browne told of one twenty-seven year old woman who had been beaten as a child by her father, kicked out of the house at fourteen by her mother, and married at twenty to a drunkard. When her husband was cured of his addiction, she deliberately provoked arguments to start his drinking again.

Another woman, 30, seldom drank herself, but when her dipsomaniac husband sobered up after periodic week-long binges, she became so upset that she went on eating jags and gained 10 pounds in two weeks. Her reply was that she preferred him to drink.

In a third case, both the man and wife were recurrent alcoholics, but always out of step: when he drank, she swore off; when he gave it up, she drank--each partner getting a vicarious satisfaction and a feeling of superiority from the other's drinking to the point of incapacity. Alcoholism tends to preserve such marriages as these.

Most researchers do not believe that a wife drives her husband to drink as is sometimes suggested. Many times the man already has a drinking problem when he gets married. The man would probably have

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102..."Souses Spouses," Time, vol. 73, May 11, 1959, p. 91.

become an alcoholic even if he hadn't gotten married. However, the wife often aggravates the situation.

In summary, we have seen the divorces and disharmony that alcoholism can cause in many marriages. We have seen the effects it can have upon the children and how the family reacts to an alcoholic member in their midst. We need to know what can be done to help the alcoholic, thus, helping to stabilize some of these marriages and enabling the child to grow up in a normal home environment.

CHAPTER III

HOPE AND HELP FOR THE ALCOHOLIC

There are some programs and organizations for helping the alcoholic. Other organizations help to educate the public about this illness, and some help the children, friends, spouses, and relatives of alcoholics to better understand what alcoholism is. Despite these organizations, there are still many shortcomings in the area of help for the alcoholic.

Alcoholism today isn't getting the research attention that it deserves--nothing compared with the dollars lavished on other major problems such as cancer, heart disease, tuberculosis, and polio. In 1962, the National Cancer Institute and the American Society granted $182-million for research; in the 1963 fiscal year, the Public Health Service was budgeted for $3-million to support alcoholism studies.

A large majority of the nation's population is inadequately informed about the problem of alcoholism. Many hospitals still refuse to to admit alcoholic patients and several of those that do just sober them up and send them home. "In 1944 there were only 96 public hospitals where alcoholics could get treatment; by 1956 there were 3,000." [103] Medical schools offer very little training in this field. Many doctors don't like to treat alcoholics because it is time-consuming and, often non-lucrative. Doctors often get a feeling of failure from attempting to help the addict. "In 1952, Strauss reported a community survey conducted in Jackson, Mississippi, of 52 of the community's 126 physicians. Attitudes expressed by the Jackson physicians reflected a generally negative feeling toward the alcoholic." [104] Many clergymen

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103..."Alcoholism," U.S. Department of Health, Education, and Welfare, Prepared by the National Institute of Mental Health, 1961. (Pam.)

104..."Understanding Alcoholism," American Academy of Political and Social Science, vol. 315, 1958, p. 120.

still consider the alcoholic a weak-willed person. Alcoholism is still a forbidden subject for many; like tuberculosis and venereal disease were years ago. "Some physiology textbooks do not even mention alcohol. Others refer to it as a poison, which makes students wonder why their fathers who drink beer occasionally are still alive." [105]

"Dr. Carl Anderson, who runs the alcoholism program for NIMH (National Institute of Mental Health), feels that it will be at least another decade before the climate is right for big research projects in this area." [106]

But even with more research, knowledge, and facilities for treatment of alcoholics, they cannot be helped unless they want help and have the sincere desire to get well. The thing which generally seems necessary to make the problem drinker want to stop drinking is a shock. It is the result, or effect of something which causes a re-awakening, a revision, or an alteration in the processes of reasoning and thinking which creates a vision or pathway back to logical reasoning.

There are various inciting factors which may create this shock.

1. Reading--By reading a book or brochure on alcoholism, the problem drinker, if intelligent, may identify himself with the problem. This identification may produce sufficient shock to cause a satisfactory rearrangement of his thinking to start him on the road to sobriety. Many alcoholics say that the reading of a particular article or book was the greatest incident contributing toward recovery.

2. Identification--This may be other than by reading. The addict may have had an alcoholic friend who was severely hurt or killed in a

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105..."The Case Against Alcoholism," Science News Letter, vol. 80, July 15, 1961, p. 42.

106..."When Drinking's a Disease," Business Week, Sept. 21, 1963, p. 138

car while driving when intoxicated or an acquaintance who became severely ill due to alcoholic cirrhosis of the liver, and so forth.

These events could be shocking enough so that the alcoholic would identify himself with the other person or event. This would suddenly reawaken him to his problem as well as to the need for reforming his way of life.

3. Fellowship--Sufficient shock may occur when an alcoholic watches a friend go from problem drinking to sobriety. He will be envious of the changes he observes. These changes, by causing envy, may be shocking enough to make the alcoholic want to stop drinking.

4. Events--There are many types of events which may occur to change an alcoholic's life. The loss of a good job, which he has worked years to achieve, or the realization that his self-respect is gone may be the events to prompt the alcoholic to seek help.

5. Religion--"The awakening or reawakening to the power of God is often explosive at a particular point in the life of many alcoholics." [107] Religion has saved more drunks, lush drinkers, excessive drinkers and borderline cases than any other factor. Sometimes, a person has to hit bottom before he turns to a Higher Power.

A true alcoholic addict cannot be cured, if by cure we mean a return to normal drinking. The recovered alcoholic must abstain forever. Even after twenty years of abstaining, one drink will set off the chain reaction or the compulsion to drink.

Recent History of Help for Alcoholics

Belief in the possibility of recovery had a slow and feeble beginning not so many years ago. In the years just following World

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107...Dr. C. Anthony D'Alonzo, "What You Should Know About the Drinking Problem," U.S. News & World Report, vol. 47, Aug. 24, 1959, p. 75

War I, word got around in certain circles (mostly wealthy) that a man named Courtenay Baylor in Boston was having some success in the treatment of alcoholics. Baylor was what is called a lay therapist, and he worked in a clinic which was part of Emmanuel Church, the seat of the Emmanuel Movement. The methods he used were both psychological and spiritual, combining to re-educate the alcoholic to a life without alcohol. He described his methods fully in his book, Remaking of a Man, published in 1919. The Emmanuel Clinic, which was for all kinds of nervous disorders, did not specialize in alcoholism, so there was no great list of recoveries to startle the world.

Richard Peabody, of Boston, was the next name to be associated with discoveries from alcoholism. He had been a product of Baylor's teaching and specialized in the treatment of alcoholics. His book, The Common-Sense of Drinking, containing a description of his method, was published in 1931.

Francis T. Chambers, Jr., of Philadelphia, was a follower of Peabody, but went a step further. Under the guidance of Dr. Edward A. Strecker, one of America's leading psychiatrists, Chambers took some formal training at the University of Pennsylvania Medical School, and entered the Institute of Pennsylvania Hospital, as Associate Therapist, specializing in alcoholism, but working in conjunction with a team of medically trained personnel. Alcohol, One Man's Meat, published in 1938, was written jointly by Strecker and Chambers. Their work brought a small but steady stream of recoveries.

These above methods have been grouped together under the heading of "lay therapy." Word began to reach alcoholics that there was not only a name for what ailed them, alcoholism, but hope that they might recover.

The farm established in Rhode Island in the mid-thirties by Charles Durfee, Ph.D., and his wife, a clinical psychologist, also taught re-education to a life without alcohol, using geographical change and outdoor work as the therapeutic aids. Durfee's book, To Drink or Not to Drink, was published in 1938. Some recoveries came out of here to add to the growing roll.

At the same time, out on the west coast, a method based on Pavlov's conditioned reflex experiments with dogs, was being used. The Shadel Sanitarium, first in Seattle, later also in Portland, Oregon, was giving alcoholics a medical treatment designed to produce a conditioned reflex against alcohol. They carefully screened would-be patients and achieved a high percentage of recoveries among those accepted.

Further impetus was given to this new development by the Oxford Group, a religious movement which encouraged its members to make public testimonials. Several alcoholics, who had stopped drinking through the spiritual "change" advocated by the Oxford Group, became prominent speakers and spread their stories widely. One member, Charles Clapp, wrote a book, the Big Bender, on his experiences as an alcoholic.

Little by little, gains were being made all through the Thirties. Then came Alcoholics Anonymous, the most successful of any group in dealing with alcoholism.

Alcoholics Anonymous

It all began in 1934, when Bill W., a tall Vermonter who drank himself out of a lucrative career as a high-risk stock operator, was

pondering his physician's verdict that his case was hopeless. The doctor had treated Bill for years and finally acknowledged that the case was beyond him. Bill said, "My doctor told my wife that if I didn't stop I'd have to be locked up because I'd either go mad or die." [108]

One day, as Bill W. was sitting in the kitchen of his home brooding over the prospect of being committed to an institution and getting no consolation from the bottle in front of him, he was visited by an old friend who had been an alcoholic, but who said he had been released from his obsession. The friend outlined his formula to Bill:

1. He admitted to himself that he was powerless to solve his own problem.
2. He got honest with himself as never before and made an examination of his conscience.
3. He made a rigorous confession of his own defects.
4. He surveyed his distorted relations with people and visited them to make restitution.
5. He resolved to devote himself to helping other people in need, without the usual demand for material gain or personal prestige.
6. By mediation he sought God's direction for his life and God's help in practicing these principles at all times.

Bill's friend seemed completely cured.

Bill was soon back in the hospital and his friend called several times and repeated the formula. Bill was very despondent and in more of a receptive mood than previously. With the acceptance of the very first point, the admission of his inability to solve his problem for himself, a great sense of peace and contentment came over him.

108..."Passionately Anonymous," <u>Time</u>, vol. 76, July 11, 1960, p. 62.

Bill gave up drinking and tried to help other alcoholics.

Six months later, in Akron, Ohio, Bill was trying to get started again in business, but the deal fell through. Bill began thinking of liquor, so to get his mind off drinking, he called a minister to see if there was an alcoholic he could help. Bill was directed to a woman who referred him to a local physician, "Dr. Bob" Smith, whose anonymity was cancelled by his death in 1950. Dr. Bob admitted defeat and together, he and Bill, sought to help others. And soon a group was formed. The word "Alcoholics" was used to show that they accepted the full implications of the disease from which they suffered. They added "Anonymous" because they wanted to impress upon themselves and their followers that no one was to get credit, glory, gain, or prestige.

A group was formed in New York, then Cleveland and Chicago. By 1938, there were only sixty members. "Then, in 1941, an article about A.A. by Jack Alexander appeared in the Saturday Evening Post and gave the movement an overnight boost. Membership leaped to over eight thousand by the end of the year." 109

Today there are more than 7,000 groups with 300,000 members in the U.S., and more than 80 countries throughout the world have their own groups. A.A. groups are numerous in larger towns and cities. New York has hundreds of them, and at least fifty meetings take place every day and at all hours. There are clubs and restaurants reserved for Alcoholics Anonymous and their friends. Newcomers are urged to go to them as often as possible, especially to the group meetings.

Different A.A. groups established have been California fruit-pickers in an open shed; ranchers from New Mexico or Arizona who traveled

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109..."Alcoholics Anonymous: Cult or Cure," Harper's, Feb. 1963, p. 48

hundreds of miles across the desert to meet in a school or church of some remote village; uranium miners around the borehole; and criminals in prison.

In 1962, there were 355 prison groups of Alcoholics Anonymous. The oldest, in Ohio, is 16 years old and has 500 members. "At San Quentin the proportion of alcoholics among the prisoners used to be eighty per cent before the formation of the A.A. group. Now it's dropped to forty-one per cent." [110]

Doctors, lawyers, psychiatrists, priests, and prison governors all consult A.A.

The individual local A.A. groups support an over-all "General Service Board," which consists of seven alcoholics and eight non-alcoholics---in New York, and this, together with an annual convention of elected delegates and a national newspaper called "The Grapevine" help to hold the loose federation together. Alcoholics Anonymous Publishing, Inc. makes available a wide selection of pamphlets, booklets, and articles on A.A. subjects. General Service Headquarters corresponds with groups, institutions, "loners," and answers general inquiries.

An organization called Intergroup was established by A.A. in all the larger towns and cities in the United States. The most important one is the New York branch. Open every day, even Sundays and holidays, Intergroups' function is to receive appeals from alcoholics at the end of their rope (or from their frantic families) and to provide immediate help.

A.A. believes that alcoholics are allergic to alcohol and this

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110...Joseph Kessel, The Road Back (New York: Alfred A. Knopf, Inc., 1962), p. 208.

causes uncontrolled drinking. The acceptance of this interpretation can help the alcoholic to see himself as less of an incompetent or failure. It may allow the wife to shift the blame from herself to an impersonal force or state. "She then loses her defensiveness and doesn't nag her husband; thus, making for better recovery." [111]

Each new arrival to A.A. must have a sponser--that is--a tutor, godfather, and mentor who is an established member of A.A.

A typical A.A. meeting begins with from thirty to one hundred men and women talkin on rows of chairs in a church meeting-house or a rented hall. People are walking to and from a stand with coffee, soft drinks, and doughnuts.

Someone is idly playing a piano in one corner. Cigarette smoke fills the air, and the talk is loud and cheerful. On the wall are a few signs with messages like "First things first" and "Easy does it." One bears the A.A. motto: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." [112] Although A.A.'s tone and orientation are religious, its membership includes several thousand agnostics who rub shoulders with Protestants, Jews, Catholics, and Mormons.

Finally, the chairman calls for order and begins by saying, "My name is Joe and I'm an alcoholic." The chairman announces that this is the regular weekly "open" meeting (there is a "closed" meeting, later in the week, for alcoholics only). He then calls for a moment

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111..."The Disease Conception of Alcoholism: It's Therapeutic Value for the Alcoholic and His Wife," Social Casework, vol. 41, November, 1960, p. 461.

112..."My Name is Robert. I am an Alcoholic," Reader's Digest, vol. 75, November, 1959, p. 210.

of silence "to be used as each person sees fit." Plans are announced for a dance, a bowling contest, and a party sponsored by the local Al-Anon--an auxilary in which relatives or friends of A.A. members meet to talk over some of the problems of having an alcoholic in the family.

Then the chairman introduces the first of three speakers from a neighboring A.A. group who have come to tell their stories. The first speaker begins with the standard opening, "My name is__________ and I'm an alcoholic."

What follows is at once tragic and uproariously funny, and the hall rocks again and again with laughter as they tell their life stories.

In all talks there are references to the twelve steps, which constitute the core of A.A. belief. Here are the 12 steps as described by an A.A. member:

(1) We admitted we were powerless over alcohol--that our lives had become unmanageable.
(2) Came to believe that a Power greater than ourselves could restore us to sanity.
(3) Made a decision to turn our will and our lives over to the care of God as we understood Him.
(4) Made a searching and fearless moral inventory of ourselves.
(5) Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
(6) Were entirely ready to have God to remove all these defects of character.
(7) Humbly asked Him to remove our short-comings.
(8) Made a list of all persons we had harmed, and became willing to make amends to them all.
(9) Made direct amends to such people whenever possible, except when to do so would injure them or others.
(10) Continued to take personal inventory and when we were wrong, promptly admitted it.
(11) Sought through prayer and mediation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
(12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs." 113

113..."End of the Line," The American Journal of Nursing, December, 1962, vol. 62, p. 73.

Alcoholics Anonymous also has twelve traditions which contain the policies of A.A. These are:

(1) Our common welfare should come first; personal recovery depends upon A.A. unity.
(2) For our Group purpose there is but one ultimate authority... a loving God as he may express himself in our Group Conscience. Our leaders are but trusted servants...they do not govern.
(3) The only requirement for A.A. membership is a desire to stop drinking.
(4) Each Group should be autonomous, except in matters affecting other groups of A.A. as a whole.
(5) Each group has but one primary purpose...to carry its message to the alcoholic who still suffers.
(6) An A.A. Group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise lest problems of money, property and prestige divert us from our primary spiritual aim.
(7) Every A.A. Group ought to be fully self-supporting, declining outside conditions.
(8) Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
(9) A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
(10) Alcoholics Anonymous has no opinion on outside issues; hence, the name A.A. ought never be drawn into public controversy.
(11) Our public relations policy is based on attraction rather than promtion; we need always maintain personal anonymity at the level of press, radio and films.
(12) Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles above personalities."[114]

"After the new A.A. member passes the crucial three-month mark in staying sober, some groups will give him a token lapel pin (which he wears only if he wants to). After a full year without a drink, there is apt to be a special anniversary meeting in his honor." [115]

The members are urged to attend meetings regularly and they can even take their wives to A.A. social events, and in many cases, to meetings. And always, day or night, they can practice "10¢ therapy"--

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114...Howard J. Clinebell, Jr. Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 139-40

115..."Personal Business," Business Week, April 16, 1960, p. 165.

when they feel an urge to take a drink, they can go to a telephone booth and call an A.A. friend. If this is done, chances are that the member won't take the drink.

Marty Mann, the Executive Director of the National Council on Alcoholism and a former A.A. member, lists the following benefits of Alcoholics Anonymous:

(1) Hope plus proof is given. This is made concrete in the person of the sober member who calls on the prospect, or in the sight of a roomful of cheerful, usually prosperous-looking, and obviously sober people at a meeting.
(2) Information on what alcoholism is, and what constitutes an alcoholic is supplied, sometimes for the first time. Many times this recognition removes unbearable burdens of guilt and shame.
(3) Identification is established, first with one person, the sponsor, then with a group of people, at a meeting. This shows the alcoholic, again (often for the first time) that he is not alone and different from all the world.
(4) A social milieu is provided for him. He is immediately accepted on an equal level with the other members, and drawn into all activities pertaining to A.A. There can be no left out feeling.
(5) The twelve steps give him a concrete program of action, something he can get his teeth into and begin working on at once.
(6) The things A.A. teaches the alcoholic to do for himself begin with the "twenty-four hour plan." "The '24-hour plan' expresses the knowledge that the alcoholics only hope at present is total abstinence--and it is easier to quit one day at a time than to face a lifetime without alcohol's solace." 116 Here he immediately finds a daily sense of accomplishment, something he has not felt for years.
(7) Group therapy is actually practiced in A.A. closed meetings, even though without a psychiatrically trained leader. The A.A. members who lead these discussion meetings have had their training through their own alcoholic and A.A. experience.
(8) "Twelfth-step work" is one of the most vital steps in the process of recovery through A.A. It provides what many doctors order for their patients: a hobby, or a new compelling interest. Herman E. Krimmel has said that "the most crucial phase in treating the alcoholic, once he has stopped drinking, is finding something to replace the drinking. When a problem drinker abstains, he leaves a large, gaping

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116...H. Jack Geiger, "A.A.," New York Times Magazine, June 5, 1960, p. 26.

space in his life that must be filled with interests and activity." 117

(9) Working together in his group brings him fully back into the human family. As he takes a more and more active part in A.A., he is integrating himself into a social pattern, sometimes for the first time in his life. He has to learn to "give and take" with other equally "difficult" personalities, very like his own who are learning the same things at the same time.

(10) The spiritual basis of A.A. actually permeates all of the foregoing steps, even for the alcoholic who doesn't think he has accepted it. For the changes in attitude which are implicit in all the above are of a spiritual nature, as well as being mental and emotional." 118

"It is estimated that of those who seek help from Alcoholics Anonymous, about 50% recover immediately; that is, they never take another drink, although the process of adjusting to a life of sobriety may be long and difficult. Another 25% recover eventually after more or less repeated backslidings, which may be spread over a period of years." 119

In summing up the tremendous growth and success of A.A., a neuropsychiatrist, Dr. Foster Kennedy, of New York, says, "Every cured drunkard is a missionary to the sick. God having saved them, they thank Him by doctoring others." 120

Yale Center of Alcohol Studies

Yale gave the major impetus and respectability to modern scientific methods for dealing with alcoholism.

117..."Help for the Alcoholic: A Community Responsibility," National-Parent-Teacher, vol. 54, May, 1960, p. 18.

118...Marty Mann, Primer on Alcoholism (New York: Rinehart & Co., Inc., 1950), p. 163-66

119...Harold W. Lovell, M.D., Hope and Help for the Alcoholic (Garden City, New York: Doubleday & Company, Inc., 1951), p. 130

120...Paul de Kruif, "How Faith Helps to Cure Alcoholism," Today's Health, vol. 38, April, 1960, p. 62.

The Yale Center of Alcohol Studies and Laboratory of Applied Biodynamics is made up of four subdivisions: Laboratory of Applied (formerly the Laboratory of Applied Physiology); Documentation and Publications Division; Summer School of Alcohol Studies; and the Social Science and Applied Research Program.

In 1932, Yale began to pay special attention to alcohol when the Laboratory of Applied Physiology (an autonomous unit of Yale created in 1919) instituted intensive studies of the physiology and metabolism of alcohol. Their research program developed and the complexities in-involved in alcohol problems became apparent and the beginnings of a multidiscipline approach originated. Dr. Howard Haggard, the director at that time, began focusing his laboratory's work on educational activities. He popularized varied aspects of medical science.

The Yale Center of Alcohol Studies was established because of a growing demand by the public for services. Yale supplied a building and a token budget, but financial support was derived primarily from contributions of individuals and organizations.

Yale Plan Clinics were established in Hartford and New Haven, Connecticut, on March 1, 1944. They were supported jointly by the Center and the Connecticut State Prison Association for the purpose of studying, determining appropriate referral of alcoholic patients. Treatment was soon added to the clinics' program because of the lack of adequate referral facilities. The established pattern for staffing the clinics consisted of part-time psychiatrists and internists, social workers, a psychologist, and secretaries. Most present-day treatment programs still follow the principle of the multidiscipline treatment located in the community, as first used by Yale. The Yale Plan

Clinics were turned over to the state when Connecticut established its own outpatient alcoholism clinics.

One of the Yale Center's major endeavors was the Summer School of Alcohol Studies. It was established in 1943 under the leadership of Dr. Jellinek with a six weeks course (four weeks thereafter) being inaugurated. The school began with 86 pupils and as many as 300 have attended in a single summer. Forty-nine states and several foreign countries have been represented.

The Yale Center's efforts in documentation and publication have been very important. The Quarterly Journal of Studies on Alcohol, founded in 1940 by Dr. Howard W. Haggard, is the best periodical in the alcohol-alcoholism field. Articles appear in this journal regularly from several disciplines--from biochemistry to psychiatry, sociology, and social work. Abstracts and reviews of articles and books published throughout the world in any language are presented in this journal.

The Documentation and Publications Division reprints most of the significant Journal articles, prepares lay articles written by competent scientists, and supports the publication of books and monographs. Educational posters and brief reviews of new information on treatment for medical and allied professions are prepared.

The Classified Abstract Archives of the Alcohol Literature consist of about ten thousand abstracts; the Archives are a unique collection about alcohol, and are increasingly used in the United States, Canada, and Europe.

Separate and apart from the Archives is the Master Bibliography of the Alcohol Literature, containing over 60,000 articles dealing with alcohol. The Bibliography extends back to the earliest days of

printing and includes many items considered useless for archive abstracting. Both the Bibliography and Archives developed out of a co-operative venture between Yale and the now extinct Research Council on Problems of Alcohol.

The Yale Center's library is the most complete, of its type, in the world, offering photocopies and abstracts of its material to researchers and scholars.

The Center of Alcohol Studies, after long association with Yale, moved its activities to the State University at Rutgers, New Jersey. The center's departure from Yale resulted from its diversified applied endeavors which ran contrary to the purely academic policies of that university in this area.

To support the transfer to Rutgers, the National Institute of Mental Health awarded a grant to the Center for moving and operational support.

The National Council on Alcoholism

It got its start when Mrs. Marty Mann, a recovered alcoholic, and extremely well-informed about alcoholism, and had a series of discussions with Mrs. Grace Allen Bangs, then Director of the Club Service Bureau of the New York Herald Tribune, about the problems of alcoholism. As a result, Mrs. Bangs realized she herself was ignorant of the subject and that sound information on the subject was generally unavailable. Mrs. Bangs urged Mrs. Mann to work with her, and together they evolved a program eventually called the National Committee for Education on Alcoholism.

Further impetus for the formation of NCA came out of Mrs. Mann's experience in Alcoholics Anonymous. "NCA was designed to do those

things for the alcoholic which A.A. could not, and did not wish to do." [121] Mrs. Mann, recognizing the potential for a voluntary agency in alcoholism, worked out a tentative plan and presented it to a variety of people: Bill W. (co-founder of A.A.); Mrs. Bangs; and Dr. Ruth Fox, a psychiatrist. On Dr. Ruth Fox's suggestion, the revised plan was presented to Dr. E. M. Jellinek at the Yale Center of Alcohol Studies. Dr. Jellinek, in response, came to New York, met with the planning group and recommended, pending approval by Dr. Howard Haggard, that the plan be incorporated into Yale's program. Approval was quickly given and a meeting was held in May, 1944, in New Haven, at which the original articles of incorporation were drawn. Mrs. Mann was nemed the Executive Director and Vice President; Dr. Howard Haggard, Director of Yale University's Laboratory of Applied Physiology, became the President; Da. Selden D. Bacon, Assistant Professor of Socialogy at Yale, became Secretary; and Mr. Edgar Lockwood, Vice President of the Guaranty Trust Company, became Treasurer. Professor Edward A. Baird, of Yale's alcoholism program, acted as legal counsel, and Dr. Jellinek, Director of the Yale Summer School of Alcohol Studies, became the Chairman of the Board.

From March through October, 1944, Mr. Fred Hopkins, of the National Tuberculosis Association, not only acted as a consultant to Mrs. Mann but opened the Association's archives to her so that she could study the early history of the agency. NCA is closely modeled after the National Tuberculosis Association, whose original constitution, by-laws, and qualifications for local affiliation with the National organization were utilized.

121...Morris E. Chafetz, M.D. & Harold W. Demone, Jr., Alcoholism and Society (New York: Oxford University Press, 1962), p. 141.

Mrs. Mann spent much of the first summer attending the Summer School of Alcohol Studies at Yale, and working closely with Dr. Haggard and Dr. Jellinek in preparing pertinent alcoholism literature. It was October 2, 1944, when the office of the National Committee for Education on Alcoholism, Inc., opened its doors at the New York Academy of Medicine Building. Press releases were sent to all New York and national newspapers. Editorials and stories were written, invitations to speak, inquiries about the committee and its services, and requests for help and literature came pouring in.

From NCA, local affiliates began. The national and local committees are active in promoting conferences, lectures, and institutes to provide the means of disseminating alcoholism information. To professional, industrial, and lay groups, NCA stands ready to offer guidance with alcoholism problems. By preparing and printing alcoholism literature, NCA provides material, services, and editorial consultation to the public and professional press and attempts to act as a co-ordinator for these groups. It operates an in-service training program with Columbia University Teacher's College for workers in the field of alcoholism. Provided at the local level are field services, including community planning. NCA operates its own research program, while at the same time, it co-operates and works with other national health and welfare agencies.

At the local level, the regional affiliates operate in their own and adjoining communities in a manner similar to the parent organization. One special function carried out at the local branches--not usually performed by NCA--is a referral source for individuals seeking help for themselves, family members, or friends. Some local

affiliates provide treatment services.

Most major cities now have a local group and many have played important roles. The first local committee, the Boston Committee on Alcoholism, had a major role in bringing about the Massachusetts State Alcoholism Program. The Worcester County (Mass.) Council on Alcoholism was instrumental in establishing a state clinic on alcoholism, developing a city welfare halfway house for male alcoholics and a citizen-supported halfway house for women.

NCA spreads the word that alcoholism is a disease and the alcoholic a sick person; alcoholics can be helped and are worth helping; and alcoholism is a public health problem and therefore a public responsibility.

NCA speaks of a need for an NCA affiliate in every major community in the nation.

Along with these affiliates, community educational programs are needed to eliminate the stigma associated with alcoholism. Besides this, NCA works for improved and expanded clinical facilities for treatment, and for support for scientific research in all phases of alcoholism.

The major problem is fund raising. Local committees receive support from foundation grants, direct gifts, and from United Funds. NCA used similar sources and receives dues from affiliates (less than 3% of NCA's total budget.)

NCA has had a hard time, and the growth difficulties of the committee reflect the stigmas attached to alcoholica and alcoholism.

In 1945, these were five local affiliates, eleven in 1946, and thirty-nine in 1948. Since 1951, the local American affiliates fluctuated from fifty-seven in 1951, to a low of forty in 1953, forty-

six in 1957, and a high of fifty-nine in 1959.

There is a vital need for NCA to enlighten the public about alcoholism, alleviate their anxiety and fear, and direct the alcoholic to treatment.

State Government Programs for Alcoholism

In February, 1872, the Commonwealth of Virginia established its Board of Health and one of the five major requirements of the Board was to examine the use of alcoholic beverages and the effects on the lives of citizens of the state and to decide what legislation, if any, was necessary. However, it wasn't until 1943 that any programs were initiated. That year, Oregon and Utah authorized educational programs on alcoholism at the departmental and state university levels. Two years later Connecticut established the first treatment and rehabilitation program. Connecticut adopted guidelines for alcoholism control developed at the Yale University Center of Alcohol Studies, and appropriated funds for treatment of alcoholics. The Connecticut Commission on Alcoholism was later established by the legislature. It was appointed by the governor and financed by special liquor permit fees. This agency was to treat the alcoholic, conduct research on alcoholism, and educate the public.

The 1945 Connecticut legislation was soon followed by similar action by the other states, many of which created special committees or commissions whose members were appointed by the governor. There has recently been an apparent trend away from separate alcoholism commissions or agencies and toward establishment of alcoholism units or divisions within existing state departments of health. The first public agency to operate a therapeutic facility for alcoholics was

in 1947, when the District of Columbia established an alcoholic rehabilitation program and treatment clinic within the Department of Public Health.

The original legislation of half of the state programs established independent agencies which reported directly to the governor. By 1960, there were only fifteen states and provinces that had separate alcoholism agencies or commissions. There are thirty states and provinces in North America with some type of board or advisory committee, and all but six of these are appointed by the governor. The number of board members ranges from five to twenty-seven, with a mean of nine. No qualifications for board membership are specified in about half of these situations. Where there are qualifications, the following are some of those stated: 1, interest and knowledge of alcoholism; 2, department heads (ex-officio); 3, physicians; 4, recovered alcoholics; and 5, members of the clergy.

About half of the agencies favor lay representation on the boards; the others are all professional or a mixture of professional and lay members. Some of this variation is because of the different aims of the various agencies; thus treatment agencies usually lean toward medical leadership, and educational agencies tend to seek lay boards.

"Twenty-five of the state and provincial programs operate facilities for the care of the alcoholic, either within existing health services or separate from them." 122 The major treatment effort is directed towards the outpatient cases, although in thirteen programs hospital

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122..."Government Programs on Alcoholism," "Their Scope in North America," State Government, vol. 35, 1962, p. 50.

facilities come under the agency's jurisdiction. The sources of patients seem to be determined mostly by the agency's treatment orientation, the type of facilities provided, and the legal or quasi-legal formalities involved in obtaining treatment.

Most state programs promote the acceptance of alcoholics as sick people who can be treated. Several stress the importance of early recognition for the sake of early referrals, benefitting both the patient and the community. About twenty per cent of the total work time is devoted to educational activities, with slightly more than half of this time spent with professional workers. Almost half of the agencies employ full-time educators and several agencies carry on specific programs of instruction in the public schools. More than one-half of the agencies engage in some type of research or investigation, and others indicate that they expect to become more active in this area. The types of studies undertaken are aimed at contributing to basic knowledge and giving a clearer understanding of the alcoholis process. The largest single category of projects deals with evaluation of the effectiveness of various techniques presently in use.

Qualifications for the directors of alcoholism programs vary considerably and, again, probably reflect the nature of the program. The agency director is appointed by the governor in four instances, by a board or commission in twenty cases, and by an immediate superior in seventeen cases; only eighteen are under civil service. Prerequisites for directors are as follows: physician, in six agencies; other professional training, nineteen; not separated or no separate director, five; none specified, twelve; and recovered alcoholism, three.

State programs have shown a steady and constant growth in appropriations. In 1944, the first complete year of operation for state programs, appropriations totaled #30,572. By 1948, total state expenditures had increased to $430,000. In 1952 the total rose to $1,700,000, in 1956 to $3,800,000, and in 1960, $6,000,000. In the first sixteen years of state program operation (1944-60), $32,000,000 were spent by the specialized alcohol agencies.

These increased expenditures for alcoholism programs, while associated with a concomitant rise in the population, resulted primarily from an increased interest in the problem.

"In 1948, in state alcoholism programs, 473 patients were seen for treatment, while in 1952 the number had climbed to 7858. By 1956 there were 20,235 patients enrolled in state treatment efforts, and 26,000 patients in 1960." [123] By the end of 1960, about 177,000 patients had been seen, some intensively, some only once, in treatment facilities operated or supported by state agencies.

In the immediate future, states can be expected to increase their efforts in the treatment and rehabilitation of alcoholics. Many of our laws and practices currently in existence which are designed to punish the alcoholic and to place him in custody for his alcoholic behavior will need revision. Virginia was the first to legall recognize alcoholism as a disease rather than a crime. Legislation placed the alcoholism rehabilitation program under the state health department and within the setting of a teaching medical center. "Five and a half per cent of the patients accepted for the care by the division have been referred from the courts. Most of the court referrals are from

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123... Morris E. Chafetz, M.D. & Harold W. Demone, Jr., Alcoholism and Society (New York: Oxford University Press, 1962), p. 114.

the judges of the Juvenile and Domestic Relations Court." [124] Many enlightened judges have made it possible for alcoholics to get treatment instead of being stuck in jail. For example, in 1954, Judge Hyman Feldman, of Chicago, adopted the policy of refusing to send to jail anybody arrested solely for drunkenness and initiated a courtroom policy that alcoholism was a disease, not a crime.

"In co-operation with Alcoholics Anonymous, the Salvation Army and other welfare agencies, he set up a treatment program for alcoholics who landed in court." [125]

His humanitarian program, which he carried on alone for several years, led to the formation of Rehabilitation Court.

The Chicago Alcoholic Treatment Center, 3026 S. California, was established by the city. Since 1957, when the first patients were admitted, city funds to support the center rose from $120,000 to $315,000 in 1962.

"The Chicago Alcoholic Treatment Center's purpose is threefold: to restore a man to physical health; to help him, through a variety of techniques rooted in respect and trust, to become aware of the problems that induced the disease; to persuade him to apply his new knowledge in the outside world, and have after-care help." [126]

Despite this, "Treatment facilities (in Chicago) are woefully inadequate. In addition to caring for the acutely ill, there is a

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124..."Virginia Law Helps Rehabilitate Alcoholics," Science Newsletters vol. 78, September 10, 1960.

125...Chicago Sun-Times, Friday, April 16, 1965, vol. 18., p. 48.

126..."In Search of a Cure for the Alcoholic," New York Times Magazine October 27, 1963, p. 51.

great need for added out-patient clinics and more so-called 'halfway houses' to bridge the gap from when a patient is controlled to help him or her get better adjusted for a return to normal living in society." [127]

The understanding of alcoholism by Judge Robert Clifton, of Los Angeles, led to the establishment of a 501-acre drunk farm in 1952. In a five year period, Judge Clifton had 250,000 drunks appear before him.

He tends to send the younger drunks with previous records to the farm, and the older, hopeless cases with as many as 200 previous arrests to jail for ninety days.

The farm has ten concrete barracks, a kitchen and mess hall, a 400-seat assembly room, a compact administration building on a knoll overlooking the compound, the shops for woodworking, welding, automotive and electrical repairing. Many men were able to get jobs after leaving because of the skill they acquired here.

The drunks are fed balanced diets and gotten back into good physical shape. Work and hobbies have a therapeutic value to the drunks.

There are three meetings a week of Alcoholics Anonymous, Salvation Army, and religious groups.

In 1960 the drunk farm had about 9,000 "alumni" who had spent from two to five months undergoing dehydration and rehabilitation. Records showed that some 5,000 of the farm grads had not been arrested again in Los Angeles. "While they were on the farm, their expense to the city was approximately half of what it costs to hold a prisoner

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127..."Where Alcoholics Can Turn For Help In Chicago Area," Chicago Sun-Times, Thursday, July 1, 1965, p. 39.

in a downtown jail." [128]

In the future, along with revision of our laws, we will see master planning within each state and within the major communities of each state. For example, California is developing a concept of a master or community plan for the care and handling of the alcoholic problem. This plan includes an integrated system of detecting the alcoholic, evaluating his particular problem, and providing needed treatment and supervision through existing resources.

"In summary, increased state activity in the alcoholism field can be expected. Initially the major emphasis will be on the furtherance of treatment and rehabilitation efforts, but a long-range view leading toward prevention will necessitate the accumulation of new information and facts through broad programs of research." [129]

However, Herman Krimmel thinks that even with an increase in treatment centers, "it is doubtful that they can or should meet the total treatment requirements." [130]

N.A.A.A.P.

Early in the creation and development of state alcoholism programs, the need for the strength that unity provides was demonstrated by the creation of the North American Association of Alcoholism Programs. This group (NAAAP) originated when ten states, plus the District of Columbia, and the Province of Ontario, banded together to form the National States Council on Alcoholism, which later became the

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128..."Los Angeles Cure for Drunks," Saturday Evening Post, vol. 232, April 23, 1960.

129..."Government programs on Alcoholism," "Their Scope in North America," State Government, vol. 35, 1962, p. 52.

139..."Help for the Alcoholic: A Community Responsibility, "National-Parent-Teacher, vol. 54, May, 1960.

NAAAP. The objectives of the organization, as stated in its by-laws, are as follows:

1. To provide a medium for the exchange of ideas and information regarding organization, policies and methods relating to state, provincial, territorial, and the District of Columbia programs of alcoholism.
2. To establish standards for the classification of problem drinkers and for the evaluation of therapeutic procedures in order to compare and appraise program results in the various states, provinces, territories, and the District of Columbia.
3. To establish standards for educational, clinical, and related services for the guidance of states, provinces, and territories, now entering the field of alcoholism and for the self-evaluation of states, provinces, territories, and the District of Columbia already administering such programs.
4. To encourage and co-operate with national, voluntary and official agencies and with institutions engaged in research and other activities concerning alcoholism. [131]

This united effort has enabled the NAAAP to approach the national government, through the United States Public Health Services granting agencies, for financial aid in supporting special meetings and for the initiation of research projects. Various projects have involved evaluation of efficacy of state treatment programs, efforts toward delineation of the vast nomenclature difficulties associated with alcoholism, and just recently a survey of past and present efforts.

Industrial Programs for Alcoholism

Alcoholism is costly to our nation's industry. "No company of any size can say with any equanimity that it doesn't have an alcoholism problem, says Arnold J. Kuhn, Ph.D., executive director of the Portal House of the Chicago Committee on Alcoholism." [132]

Industries have learned that it is more profitable to help the

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131...Morris E. Chafetz, M.D. & Harold W. Demone, Jr., Alcoholism and Society (New York: Oxford University Press, 1962), p. 120.

132..."They're Helping the Alcoholic Workers," Today's Health, vol. 38, December, 1960, p. 72.

alcoholics than to fire them. Often an alcoholic has a skilled job and it requires much time and money to retrain a new man for the job.

One of the problems of industry is detecting the problem drinker. A problem drinker may put forth extra efforts to keep up work performance on bad days or conceal his problem in other ways.

"Dr. Milton A. Maxwell, Alcoholism Foundation of Edmonton, Alberta, Canada, compiled a list of 44 signs of drinking on the job."133 Dr. Maxwell then sent a four-page questionaire covering the frequency of the 44 signs to more than 400 male alcoholics, mostly in New England and New York.

One-half of the men had been able to keep any sign of their problem from showing up on the job for a year or more, thirty per cent for three years or more and the rest for five years or more.

Of the 44 drinking signs on the job, hangovers were first, with 84% admitting serious or moderate degrees and 12% admitting mild or very rare degrees of occurence. Only 4% of the 400 men who responded to this question said they never had hangovers on the job.

Other signs common to more than 50% of the men included nervousness, irritability, putting things off, red or bleary eyes, more spasmadic work pace, sensitive to opinions about his drinking, hand tremors, avoiding boss or associates, drinking at lunch time, morning drinking before work, flushed face, lower quantity and quality of work, using "breath purifiers," making mistakes or errors of judgement, mood change after lunch or other drinking and more unusual excuses for absences.

133..."Hide Signs of Drinking," Science News Letter, Vol. 78, January 7, 1961, p. 6.

Absenteeism of a half day or a whole day was twenty-fourth on the list, with only fifty-two per cent of the three hundred and ninety-two men who responded to this question admitting serious or moderate occurence. Twenty-two per cent said absenteeism was rare, and thirteen per cent said they were never absent from work.

DuPont was one of the first companies to set up a program for alcoholics. The company pays for the worker's diagnosis and early treatment in an outside alcoholism clinic. Dr. Anthony D'Alonzo, its assistant medical director has described DuPont's model program. The company first looks for certain giveaway signs, such as the ones previously mentioned. Next, the alcoholic is approached sympathetically by DuPont medics and told that the company views his alcohol problem as an illness, not unlike heart disease. The drinker is then sent to the company's own psychiatrists and to Alcoholic Anonymous--and it holds that AA is ten times more effective than the psychiatrists.

Only when the drinker refuses treatment or returns to steady drinking is he fired. "An employer who frequently threatens termination, but does not follow through furthers the alcoholic's continued drinking," [134] Dr. D'Alonzo believes. Sometimes the act of firing him brings the alcoholic to his senses.

But firing is seldom necessary. DuPont had treated 900 problem drinkers under its program by 1959 and the cure rate was 66%. The cost was less than $100 per rehabilitation.

Eastman Kodak and International Harvester also have their own in-plant programs for finding alcoholics and contribute to community clinics for treating them.

134..."Business and the Battle," Times Magazine, vol. 74, Nov. 9, 1959, p. 64.

"At Eastman Kodak, 148 employees out of 180 referred to a clinic accepted treatment. Eighty-two per cent of these improved and held their jobs, according to Dr. John Norris, medical director of Kodak Park Works of Eastman." 135

Allis-Chalmers set up an alcoholics control team of welfare workers, psychiatrists, an attorney, a problem counselor, and an alcoholic counselor. Allis-Chalmers reduced its discharges of alcoholics from 95 per cent to 8 per cent by their comprehensive program. "A spokesman for the company estimated an annual savings of about $80,000 through reduced absenteeism." 136

Pacific Telephone is one of at least thirty large American industries having a well-established alcoholism program. It started its program in 1959. The company's basic premise is that alcoholism is a preventable disease. When the program began, the alcoholic problems were generally more advanced than they are today. "There used to be a great deal of covering up by fellow employees and supervisors," says Dr. Greene, general medical director of the company, "even by their private physicians when filing medical reports on absences. But now supervisors tend to report their suspicions of an alcoholic problem. They know it won't cost the employee his job and may well save it for him." 137

Corning Glass, General Electric, Lever Brothers, Western Electric, IBM, and Boering Aircraft all have excellent programs for detecting

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135...Raymond G. McCarthy, Alcohol Education for Classroom and Community (New York: McGraw-Hill Book Co., 1964), p. 237.

136..."They're Helping the Alcoholic Workers," Today's Health, vol. 38, December, 1960, p. 74.

137...Alice Ogle, "Tomorrow's Alcoholic," America, vol. 108, April 6, 1963, p. 468.

alcoholism among their employees.

The AFL-CIO has a program for early detection of alcoholism, as well as one of rehabilitation.

In many industrial areas a number of companies have pooled their efforts in the establishment of a joint referral and treatment center. The Consultation Clinic for Alcoholism at the University Hospital of the New York University—Bellevue Medical Center is one example. "Originally organized by the Consolidated Edison Company of New York in 1952, it since has received the support of Standard Oil of New Jersey, and is used by the Metropolitan Life Insurance Company, American Can Company, Bell Telephone Laboratories, Beta Electronics Corp., Equitable Life Assurance Comp., Esso Shipping Comp., John Manville Corp., New York Times, Ohrbacks, and Sperry Gyroscope Company." [138] This clinic's experience has proved that it can do a better job, at less cost, than a business or industrial company can expect to do by itself.

Alcoholism is found not only among the workers, but also among the executives of companies.

A man who has been in advertising for more than twenty years, who is himself a rehabilitated alcoholic and is now vice-president of a leading New York agency, says one out of ten in the upper echelons of agency management is at least a heavy drinker if not an alcoholic.

Marty Mann thinks that the characteristics that lift a man to executive rank may also predispose him to alcoholism:

> Alcoholism all too frequently strikes the most promising member of a family, a school class, or a business. Granted that it can also strike the dull, the mediocre, and the misfit, nevertheless, the man susceptible to alcoholism very often seems to be the man who is a little more alert, a little better at his job, and a

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138...Joseph Hirsh, "The Management of the Alcoholic by Management," Dept. of Public Welfare, Illinois, January, 1961, p. 17.

> little more intelligent than his fellows in their particular social, economic, or job level. He is more sensitive than the non-alcoholic, more imaginative, more aware, and he hates routine. The qualities that make an executive also characterize alcoholics.[139]

Dr. Ruth Fox also believes that alcoholism is high in the upper echelons of business.

The usual course for an alcoholic executive looking for rehabilitation is first to try a "drying-out place", like the Washingtonian Home in Chicago or Towns in New York, then to consult a succession of doctors and psychiatrists, or sign in at hospitals and rest homes--all in the hope of an easy cure. Treatment is taken at such rehabilitation centers as Tracy Farms, Shadel's Hospital in Seattle, the Keely Institute in Dwight, Illinois. They may seek out a psychiatric clinic such as Silver Hills in New Canaan, Connecticut, or Chestnut Lodge near Washington.

Al-Anon Family Groups

The realization that the alcoholic himself is not the only one who needs help is manifested in the Al-Anon Movement. Al-Anon evolved to meet the needs of those individuals who were affected by an alcoholic in the family.

Al-Anon consists primarily of the spouses of alcoholics, but parents, relatives, children over twenty-one, and interested friends at times have also become members.

The idea of family groups originated when the wives of early A.A. members realized that they too had problems and tried to cope with their problems by attending A.A. meetings, seeking church aid, or turning to social agencies. These sources gave some help, but a gap still existed, so the non-alcoholics began to meet at the same time

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139..."Alcoholic Executive," _Fortune_, vol. 61, June, 1960, p. 100.

that A.A. held its meetings. They had no established formal program, but the informal groups continued to grow.

Some A.A. members were opposed to these growth because they felt that Family Groups could become gossip clubs or divert A.A. from its main purpose. But the core idea was sound and mutual problems did exist among members of the alcoholic's family. As a result, more groups began to spring up around North America (in Chicago, Toronto, San Pedro, and Richmond).

By 1949, A.A.'s General Headquarters was receiving ever-increasing numbers of inquiries from non-alcoholics. Fifty groups (called Family Groups) wanted listing in the A.A. Directory, but were refused because A.A. felt this would be branching afield and might endanger their own organization. As a result, in New York, husbands and wives of A.A. members formed a committee which later became the Al-Anon Family Group Clearing House and in time was incorporated as the Al-Anon Family Group Headquarter, Inc. No formal relationship exists between Al-Anon and A.A.

The movement grew rapidly. Fifty groups in 1951 had expanded to 700 in 1955 and to 1308 in 1960. "In 1965, there are more than 2,600 Al-Anon groups world-wide." [140]

There are strong informal and spiritual ties to A.A., despite the lack of formal ties with it. Similarly, Al-Anon finances itself by small donations of members, and like A.A. has steps and traditions.

140...This fact was quoted from a letter written to me by G. N. Rozell, of the staff of the Al-Anon Family Group Headquarters, Inc., June 16, 1956, New York.

Members of Al-Anon are asked these pertinant questions:

1. Are you the wife, husband, relative or friend of a problem drinker who still refuses help?
2. Are you concerned with a member of A.A. who is still having trouble with alcohol?
3. Though the alcoholic member of your family may now be sober, do you still feel that your home life is insecure or difficult?
4. Do you understand fully how alcoholism and its consequences may have warped your own thinking and your own personality?
5. Do you know that you can find understanding, friendship and help in the Al-Anon Family Groups (a) regardless of whether the alcoholic member of your family has sobered up, or (b) whether he has made good in his business affairs, or (c) whether normal family relationships have been restored?
6. Do you know that your own ability to face very life problem serenely and with constructive attitudes can be a most important factor in helping your alcoholic partner to achieve a full and happy recovery from problem drinking? 141

In answering these questions, certain responses and behavior are stated.

First, the essential plea for unity; that their common welfare should come first; and from unity, personal progress for the greatest number can be accomplished. Second, the single authority for group purposes is "a loving God as He may express Himself in their group conscience." It is reemphasized, as in A.A., that leaders are but trusted servants who do not govern.

Most groups meet once a week or once every two weeks. A typical meeting usually opens with a nondenominational prayer for serenity, followed by the introduction of new members. Next might follow a group discussion, and an address by an outside speaker (a doctor, clergyman, or psychiatrist), or a reading of inspirational literature. Typical problems discussed might be: what the basic cause of excessive drinking is; how to protect children from the impact of alcoholism;

141...Morris E. Chafetz, M.D. & Harold W. Demone, Jr., Alcoholism and Society (New York: Oxford University Press, 1962), p. 168.

or whether the wife (if the husband is the alcoholic) should go to work to help the financial situation.

"The heart of most Al-Anon meetings, however, is the 'personal story' period in which two or three members recount their own experiences in living with an alcoholic and either ask the group's help in easing some of their problems or recount the methods they themselves have found successful."[142] The members are encouraged to be frank but urged to withhold particularly intimate or emotional problems for private discussions with individual members.

Al-Anon's singular purpose is to help families of alcoholics. This is achieved by the members themselves practicing the Twelve Steps of A.A., by encouraging and understanding their afflicted alcoholic relatives and by helping the families of other alcoholics.

Al-Anon, like A.A., will not lend itself to any outside enterprise or purpose. Although it maintains its identity, Al-Anon does co-operate with Alcoholics Anonymous. Like A.A., Al-Anon is self-supporting and declines outside help. Twelve Step work (helping non-alcoholics who need help) is non-professional; groups are never organized except as service boards; and Al-Anon has no opinion on outside issues and cannot be drawn into public controversy. Public relations are accomplished by attraction rather than promotion; the principle of anonymity is a reminder to place principles abover personalities. A.A. and Al-Anon have the same tradition of focusing primary concern on understanding the alcoholic, which is extended in the case of Al-Anon to the alcoholic's family also.

142..."When the Ones They Love are Alcoholics," Good Housekeeping, vol. 150, January, 1960, p. 112.

Al-Anon teaches members how to understand the alcoholic, themselves, and their emotional respones to the alcoholic.

It is thought that Al-Anon will exceed A.A. in members. It is hoped that the influence of the non-alcoholics will cause more alcoholics to seek treatment. Al-Anon's influence will also grow because of the diminishing of hostility toward Al-Anon by A.A. members and the gradual and increased support of Al-Anon by the members of A.A. and the organized social and health agencies of the community.

There are many other organizations which deal with alcoholism. The World Health Organization has a subcommittee on alcoholism. There is a Committee on Alcoholism in the Council of the American Medical Association. The American Psychiatric Association and the Industrial Health Association deal with alcoholism.

The Use of Drugs and Aversion Treatments for Alcoholism

Many doctors use chemical or psychological means to get the initial prevention of drinking in their patients. They can get to the root of the alcoholic's problem better by stopping his drinking.

One of the chemical agents used is the drug commercially known as Antabuse (tetraethylthiurandisulfide). The usual therapeutic procedure is to be sure that the patient has not been drinking for at least 24 hours (and is in reasonably good physical condition), and then to administer repeated doses of Antabuse over a period of several days until the desired blood level has been built up. Then this level can be maintained with just a single daily dose. Antabuse is both absorbed and excreted slowly; therefore, at least two or three daily maintenance doses must be omitted before the patient can drink without becoming violently ill and six or seven doses before the patient can drink in

actual comfort. "While a person is on Antabuse, the amount of alcohol needed to produce nausea, vomiting, palpitation, and general prostration is very slight: an ounce of whiskey or half a glass of beer is usually sufficient." [143]

One of the problems is seeing that the alcoholic takes the medicine daily. As mentioned before, the drug may stop his drinking, but the underlying factors which caused the alcoholism are not cleared up.

A newer drug, citrated calcium carbimide (temposil), sensitizes an individual to alcohol within one hour after administration and is rapidly excreted. The toxic response to alcohol when this drug is taken is apparently less severe than Antabuse and Temposil responds readily to antihistiminics. It was reported that there were no severe side effects with Temposil, nor the degree of uncomfortable effects ascribed to Antabuse.

One patient describes the type of treatment he received: "Every two hours, day and night, I was given (a) an injection of apomorphine, followed immediately by (b) half a tumblerful of neat whiskey or gin. Within five minutes, nearly but not quite every time, violent nausea and vomiting were caused." [144]

Recently, tranquilizing drugs have been used to control the tension from which the alcoholic suffers. Amongst the groups of tranquilizers frequently used are the mephenesin such as tolserol or the more recently popular meprobromate such as Miltown. Other tranquilizers used frequent-

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143...Charles K. Hofling & Madeline M. Leininger, Basic Psychiatric Concepts in Nursing (Phil.: J.B. Lippincott Co., 1960), p. 345

144..."Aversion Treatment," Spectator, vol. 204, May 6, 1960, p. 656.

ly are the promazine group and occasionally the Rauwolfia alkaloids. Another group of drugs which find use in the depressed patients is the psychic energizer such as isoniazid.

"Dr. Michael M. Miller of Howard University Medical School in Washington, D.C. has used hypnosis on alcoholic patients to implant an aversion to drink on an unconscious level that would be more intense and lasting than the use of drugs to stop drinking." [145]

Hypnosis prevented the patients from drinking while they received group psychotherapy to find the d he personality.

Twenty-five

from three to thirty t-

ments was two. Three of the patients relapsed, but the others continued to be abstinent.

<u>The Half-Way House</u>

The "half-way" house approach blends individualistic techniques of social control with the offender's social environment.

"The half-way house serves as a middle ground between both therapeutic and punitive agencies and organized, respectable society." [146] Most often the offender will fall back into Skid Row after getting out of jail or a hospital, so the half-way house fills the gap to provide a protective environment where the offender can live and work with men like himself, where he can derive his usual satisfactions from group membership without recourse to alcohol.

Once offenders have voluntarily affiliated with the half-way

145..."Hypnosis for Alcoholism," <u>Cosmopolitan,</u> vol. 148, May, 1960, p. 24.

146..."Understanding Alcoholism," <u>American Academy of Political and Social Science</u>, vol. 315, 1958, p. 71.

house, they are expected to comply with its few and simple rules. They are expected to get jobs, pay for their room and board, assist in the upkeep and maintenance of the house, stay sober while they are members, and participate actively in the therapeutic program. It is usually recommended that the members stay for three months. The half-way house personnel are usually recovered alcoholics themselves.

The half-way house is a voluntary organization. There is group pressure for all to remain sober and this spirit comes from the staff and members alike.

In 1958, there were more than twenty programs for chronic alcoholic offenders based on the theory of the half-way house. While there may be considerable variation in philosophy and aims, the common factor is the idea that the chronic drunkenness offender must continue his membership in a group of people like himself and that this group can be manipulated to change the offender's pattern of behavior, once the properties of this group membership are better understood.

Alateen

Alateen was founded in 1957 in Pasadena, California, by the high-school-aged son of an alcoholic.

Alateen tries to help teenagers realize that their alcoholic parent is suffering from a compulsive disease. This knowledge usually reduces and sometimes removes the teen-ager's resentment toward their abnormal family life.

Adolescents coming into an Alateen group learn answers to pertinent problems, such as: how to take over, without rancor, the alcoholic parent's duties when necessary; how to cope with the criticism, open or implied, of schoolmates toward the alcoholic parent.

Meetings are conducted by the teen-agers themselves and follow the pattern of Al-Anon in learning to live, a day at a time, by the twelve steps. Responsible Al-Anon members, well informed about Al-Anon tradition, and sometimes assisted by an interested A.A. member, act as sponsors, guiding the Alateens in the conduct of meetings and understandings of the Alateen program. "Like Al-Anon and A.A., the teen-agers address each other by first names only, promise not to reveal one another's participation." [147]

By improving their own attitudes and replacing former rebellion with a more mature understanding toward the alcoholic, Alateen members lessen the trend toward juvenile delinquency that often stems from the alcoholic home.

The very immaturity and the widely conflicting interests of teen-agers tend to create some amount of flux among Alateen groups. However, thereis abundant proof that they do help their members to accept alcoholism as a disease, and reduce bitterness toward the alcoholic parent.

"At present, June, 1965, there are three hundred Alateen groups throughout the world." [148]

Churches, Schools and Alcoholism

There are more and more ministers who are trained counselors and understand the problems of alcoholism. Courses are now being offered at Garrett Biblical Institute, Bethany Biblical Seminary, McCormick Theological Seminary, Northern Baptist Seminary and others in counseling and dealing with the problem of alcoholism. More laymen

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147..."Life with Father (Who Drinks)," Times, vol. 75, May 16, 1960 p. 22.

148...This fact was quoted from a letter written by G.N. Rozell, of the staff of the Al-Anon Family Group Headquarters, Inc. June 16, 1965, New York.

are accepting seriously their responsibility to practice their religion in counseling and everyday contacts. There is much more emphasis in our churches on a program centered more on "grade" and less on works. We understand a person, accept him and do not demand as much in "works of proof" before we are ready to assist him.

There are still many glaring weaknesses in the church:

1. The church obviously doesn't work for all people.
2. The church most often loses the problem drinker because of the conflict between a person as he sees himself and the church as she expresses her ideals.
3. The church is still all too "preachy" about such problems.
4. There are still entirely too many untrained pastors. [149]

These weaknesses are similar to the weaknesses of A.A., but they are decreasing, and there will be changes within the church.

Religion's basic role is to help the individual grow into a more mature person by understanding himself, his relationship to his god, to his fellow man and to the world in which he lives. At this point, A.A. and the church come very close together and offer real opportunity for sharing and cross-fertilization.

It is the church's responsibility to assist the individual to face problems, to seek solutions, and to know the basic reasoning for thinking and acting as he does. Religion also provides a redemptive fellowship in which man can live at his best and contribute significantly to the world in which he lives. In this aspect, religion goes even beyond any other organization in the community by providing means whereby men can share that which they have learned offering avenues through which they can serve the needs of men in their community.

149...Chicago Committee on Alcoholism, Saving Men and Money (Chicago: Committee on Alcoholism, 1959), p. 26.

Every state in the United States requires that some instruction about beverage alcohol be given in schools. This recognition of alcohol education's importance is good, but it doesn't guarantee uniformly high quality.

Programs of teaching about alcohol may vary widely in emphasis and effectiveness depending on the type of school, the grade level and placement in the curriculum, the teacher's skill, the attitude toward the subject displayed by administration and faculty, and the relation between the school and the community.

"A program of instruction on alcohol which is not planned in terms of community attitudes and individual pupil needs will not only be ineffective but is likely to accentuate and aggravate the confusion of facts and attitudes about alcohol which already prevails among people in general." 150

Responsibility rests with the teachers and administrators for developing initiative in organizing and adopting a program suited to the needs of the school and the community. Teachers and administrators as a group probably are as lacking in information about alcohol and alcoholism as any other large body of persons of comparable background.

For education about alcohol to be effective, it must be realistic and honest. The known data has to be presented without bias, and facts must be sorted from speculation.

"The purpose of sound alcohol education is to prepare young people gradually for the decisions they will make as adults." 151

150...Raymond G. McCarthy & Edgar M. Douglass, Alcohol and Social Responsibility (New York: Thomas Y. Crowell Co. & Yale Plan Clinic, 1949), p. 153.

151..."What Approach to Alcohol Education," National-Parent-Teacher, vol. 54, June 1960, p. 27.

This is accomplished by providing them with accurate information and not by attempting to frighten them with half truths that may later arouse emotional disturbances and conflicts.

Most important is the requirement that parents and teachers must have healthy attitudes and set good examples for the children to follow.

In summary, we need more appropiations for the study of alcoholism. We also need more treatment facilities. For example, "in California alone there are 886,000 alcoholics, and alcoholism in the state is growing faster than state agencies can keep up with it." 152 We also need to educate the public as to what alcoholism is, so that society will be more understanding of the alcoholic's problem and try to help.

We need teamwork and co-operation in working together to deal with this problem. The doctor, hospital, church, A.A., family, neighbors, employer, social worker, etc., may all be considered team members.

If these things were accomplished, maybe then we could reduce the vast number of alcoholics, reduce the number of divorces and broken marriages, and help many children to grow up in a happy and normal home.

152..."Problems," Parade, St. Louis Post Dispatch, July 18, 1965, p. 6.

APPENDIX I

FIRST ADMISSIONS FOR ALCOHOLISM, WITH OR WITHOUT PSYCHOSIS, TO STATE AND PRIVATE MENTAL HOSPITALS, BY SEX, U.S.A., 1951

ADMISSIONS	STATE		PRIVATE	
	MEN	WOMEN	MEN	WOMEN
FIRST ADMISSIONS				
Alcoholism with psychosis	3,670	790	661	307
Alcoholism without psychosis	6,748	1,105	3,713	1,244
Total with & without psychosis	10,418	1,895	4,374	1,551
RATE PER 100,000 ADULTS				
Alcoholism with psychosis	7.41	1.53	1.34	0.59
Alcoholism without psychosis	13.63	2.14	7.50	2.41
PER CENT OF ALL 1ST ADMISSIONS				
Alcoholism with psychosis	6.68	1.77	4.43	1.40
Alcoholism without psychosis	12.28	2.48	24.89	5.68

APPENDIX II

EXPENDITURES FOR ALCOHOLIC BEVERAGES, UNITED STATES, 1936-62, COMPARED WITH EXPENDITURES FOR FOOD, TOBACCO, AND RECREATION (IN BILLIONS OF DOLLARS)

YEAR	TOTAL PERSONAL CONSUMPTION EXPENDITURES	ALCOHOLIC BEVERAGES	FOOD	TOBACCO	RECREATION
1936	$ 62.6	$3.2	$15.3	$1.5	$ 3.0
1940	71.9	3.6	16.7	1.9	3.8
1945	121.7	7.6	34.1	3.0	6.1
1950	194.0	7.9	51.0	4.4	10.7
1955	256.9	8.7	59.2	5.4	14.2
1960	328.9	9.9	70.2	7.5	19.4
1962	355.4	10.7	73.6	7.8	21.6

APPENDIX III

COMPARISON OF EXPENDITURES FOR ALCOHOLIC BEVERAGES, TOBACCO, FOOD, AND RECREATION, EXPRESSED AS PER CENT OF TOTAL PERSONAL CONSUMPTION EXPENDITURES, UNITED STATES, 1936-62

YEAR	TOTAL PERSONAL CONSUMPTION EXPENDITURES BILLIONS	PER CENT EXPENDED FOR			
		ALCOHOLIC BEVERAGES	FOOD	TOBACCO	RECREATION
1936	$ 62.6	5.1	24.4	2.4	4.8
1940	71.9	5.0	23.3	2.6	5.3
1945	121.7	6.2	28.0	2.5	5.0
1950	194.0	4.1	26.3	2.3	5.5
1955	256.9	3.4	23.0	2.1	5.5
1960	328.9	3.0	21.3	2.3	5.9
1962	355.4	3.0	20.7	2.2	6.1

APPENDIX IV

FEDERAL, STATE, AND LOCAL GOVERNMENT REVENUES FROM ALCOHOLIC BEVERAGES, 1934-1962

CALENDAR YEAR	STATE AND LOCAL GOVERNMENT	TOTAL FEDERAL	GRAND TOTAL OF FEDERAL, STATE, AND LOCAL
1934	$ 125,795,703	$ 374,571,439	$ 500,367,142
1940	419,689,642	721,025,053	1,140,714,695
1945	623,135,654	2,369,923,518	2,993,059,172
1950	805,674,816	2,419,019,304	3,224,694,120
1955	986,076,810	2,797,430,000	3,783,506,810
1960	1,317,300,124	3,175,762,000	4,493,062,124
1962	1,417,881,170	3,453,418,000	4,871,299,170

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