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ALCOHOLISM IS A SICKNESS

BY HERBERT YAHRAES



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ALCOHOLISM IS A SICKNESS

By HERBERT YAHRAES

GEORGE A. is a tall, well-built man who looks as successful and as distinguished as the people whose photographs you see on the financial pages of the big newspapers. Some time ago, however, on the morning after his forty-fourth birthday, Mr. A. woke up in a dingy room of a dollar-a-night hotel in the city where he lives. He did not know how he had gotten there; he remembered only that he and a couple of other men from the office had gone to a bar after work for a birthday drink.

He felt miserable. His head seemed too heavy to lift from the pillow. He had to consider carefully just what moves to make to get out of bed. Also, as usual after a spell of hard drinking, he was full of remorse. Would his wife forgive him this time? His employer? Before he could face either of them, he decided, he would have to have a drink to pull himself together.

It was three more days before he got home—by way of the alcoholic ward of a hospital. He was lucky that his city had a hospital with an alcoholic ward.

This pamphlet is based largely on studies made under the auspices of the Laboratory of Applied Physiology at Yale University and the Research Council on the Problems of Alcoholism. Other sources are listed in the bibliography on pages 31 and 32.

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What Is an Alcoholic?

The case of Mr. A.—we'll hear more about him later—is not unusual.

> Before me now [writes a psychiatrist at a famous clinic] is a stack of condensed records of 221 male alcoholics from every walk of life. About one-third of them are 'big business men.' In many of these cases alcoholism develops during a time when these men are attaining outstanding success. But the disease is far advanced before a real effort is made to attack the problem.

But neither is Mr. A.'s case typical, for there is no such thing as a typical alcoholic. For every alcoholic who gets carried into a hospital or a jail, there are dozens who manage to get home and then sweat out their hangovers there or on the job.

Alcoholics do have two points in common, however:

(*1*) *Their drinking interferes with normal living.*

(*2*) *They are unable to stop drinking.*

Until recently alcoholics were people to be reproached, or perhaps to be made fun of. Their troubles were laid to a weak will, or bad morals, or perversity. They were referred to as "soaks" and "sots"—and even as sinners who had deliberately chosen to go to hell and were lighting up the way with the bottle.

Enlightened doctors now know, however, that an alcoholic is a sick person, as truly sick as a person who has diabetes or tuberculosis. And they now know that many, if not most, of them can be rehabilitated.

How Many Alcoholics Are There?

No one has ever counted the alcoholics in the U. S. A., but two authorities who are neither "wet" nor "dry"—Howard W. Haggard, M.D., and E. M. Jellinek*—have made some careful estimates. From their figures, the picture shapes up like this:

Of 100,000,000 persons of drinking age in this country, from 50,000,000 to 55,000,000 drink—most of them so moderately that they show no ill effects.

*Dr. Haggard is the director of the Laboratory of Applied Physiology, Yale University, and editor of the *Quarterly Journal of Studies on Alcohol;* Professor Jellinek directs one of the notable projects of the laboratory, the Yale Summer School of Alcohol Studies.

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Of the drinkers, perhaps two and a quarter million are chronic excessive drinkers and either risk alcoholism or are already alcoholics.

Another three-quarters of a million have become alcoholics to such a degree that they have impaired their physical or mental health. Doctors call these *chronic* alcoholics and point out that there are at least as many of them as there are sufferers from proven tuberculosis.

Although the percentage of drinkers whose health is endangered—or has been affected—by alcohol is small, the number is large. The sooner we accept alcoholics for what they are—sick people, constituting a public health problem of considerable size—the sooner we can begin to put them on their feet and reduce alcoholism's heavy annual bill.

What Does Alcoholism Cost Us?

The economic loss runs to a billion dollars a year; perhaps more. One authority, Benson Y. Landis, lists among the bills chargeable to alcoholism in one year: potential wage losses, $432,000,000; crime, $188,000,000; accidents, $89,000,000; hospital and medical care, $31,000,000; maintenance of drunken persons in local jails, $25,000,000.

Other heavy costs—such as those involved in the break-up of families, the dulling of fine minds, and the warping of lovable personalities—cannot be reckoned.

Is Drinking on the Increase?

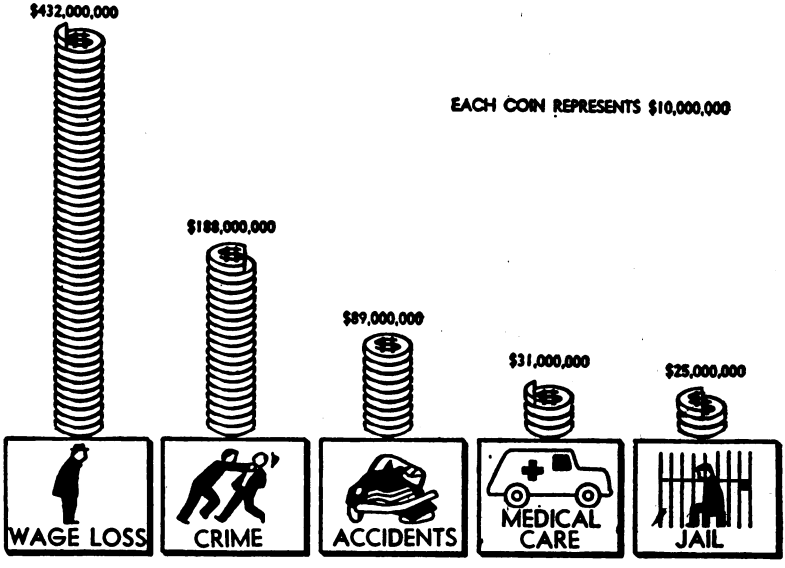
Recent reports indicate a rather startling increase in heavy drinking. This, however, is a reversal of the long-term trend. For a long while drinking in the United States—as in most other countries—was on the decline. Haggard and Jellinek present some interesting figures about it in their book, *Alcohol Explored.* They take the amount of absolute alcohol in the liquor, wine, and beer consumed in this country during various years and divide it by the number of persons of drinking age. They find that in 1910 the amount of absolute alcohol drunk by Americans averaged a little more than two and a half gallons per person of

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drinking age, while in 1940 it averaged a little more than one and a half gallons.

This represents a decrease of 39 per cent—or of 26 per cent if you figure that because of bootlegging the consumption of distilled spirits was half again as high as government figures indicated.

WHAT ALCOHOLISM COST US – 1940



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These authorities find also that we have been drinking less hard liquor and more beer. In 1860 each person drank, on the average, 1.43 gallons of absolute alcohol from distilled spirits; in 1940 it was 0.49 gallons. The consumption of alcohol from beer, though, rose from 0.14 gallons to 0.54 gallons. "Beer is a beverage selected not by inebriates but mainly by moderate users of alcohol," say the authors. "The predominance of beer as a beverage indicates a much wider and a correspondingly more moderate use of alcoholic beverages in the United States."

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During the war years, however, the long-time trend in drinking began to be reversed, and since 1943 the consumption of absolute alcohol has risen about 30 per cent above that of 1940. It is estimated that Americans spent more than seven and a half billion dollars in 1945 on alcoholic beverages—about 5 per cent of the national income!

Does War Affect the Problem of Alcoholism?

History shows that waves of heavy drinking often have followed wars and other great disturbances. There were huge increases in drinking in England after the armies had returned from the Lowlands at the end of the sixteenth century, and again after the Napoleonic wars; and in both France and Germany after the Franco-Prussian war. However, there were no such spectacular increases after the first World War, and it is too early to say what will happen this time.

The recent rise here may have been owing to nothing more than the general prosperity of the war years. People had more money to spend and fewer things to spend it on. It was hard to buy butter, easy to buy beer. It was unpatriotic to go pleasure driving but quite all right to drop in some place for a highball.

Or there may be a different and deeper reason. We have been going through dangerous times, and at least some of the increase in drinking may have sprung from people's efforts to allay their anxieties. When anxiety is deep and widespread, people often drink more heavily. This has happened on several occasions in the fairly recent past. One was at the beginning of the nineteenth century; another during the 1870's—both periods of rapid industrialization. "Thousands of men and women who had made a fair living at trades and crafts were suddenly deprived of their livelihoods," say Haggard and Jellinek. "They became impoverished, and many began to drink excessively.

"The fact that impoverishment and addiction occurred simultaneously has led to the designation 'poverty drinkers.' These artisans and craftsmen, however, did not become addicted to alcohol because they were poor, but because they were frustrated, because they had been humiliated in the pride they had taken

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in their skills, and because they saw their future as utterly helpless. These men and women were dominated by anxieties and they drowned their anxieties in alcoholic intoxication."

It is doubtful that Americans in general feel terribly insecure today, and there is no reason therefore to believe that we are heading into a period of mass addiction. But certainly these are years in which many individuals are worried. Veterans are searching eagerly for jobs, an education, a satisfying home and community life, and they and practically everybody else are trying to adjust themselves to new economic conditions and changed personal relationships. If the adjustment is too difficult, some of these individuals *may* take the path of the frustrated craftsmen.

Regardless of the effect of the war and of postwar dislocations, however, we have the problem of alcoholism in front of us right now. Recent work in the medical and social sciences points to ways by which we can, if not eliminate it, at least alleviate it, increasing the usefulness and happiness of millions of persons.

Are Alcoholics Worth Saving?

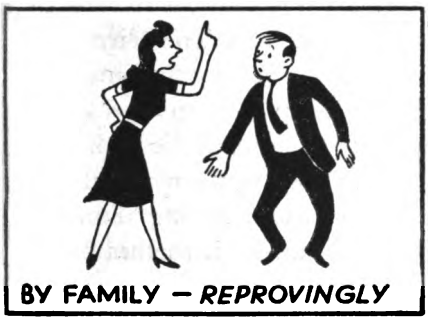
People are often so interested in helping an alcoholic's family that they show no real interest in him at all. Yet an alcoholic is a human being and he is often an uncommonly talented human being. Authorities say that some of the brainiest and most enjoyable persons they know have been alcoholics, and among the members of Alcoholics Anonymous are hundreds of men and women who have won recognition for their work in business, the arts, or the professions. If you have ever come into close contact with excessive drinkers, you know that most of them at heart are lovable people.

Why People Drink

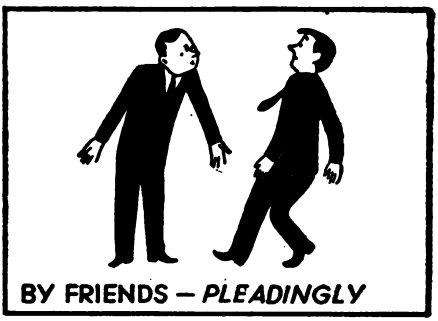
If we were to list all the reasons for drinking, we should have a dozen or more different headings and subheadings. There are, for instance, several varieties of moderate drinkers. Mr. B. falls into one of them. Ever since childhood he has had wine with most of his meals—not because it gives him a kick but because it seems to make his food taste better. To him, wine belongs in the

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HOW ALCOHOLICS ARE TOO OFTEN TREATED



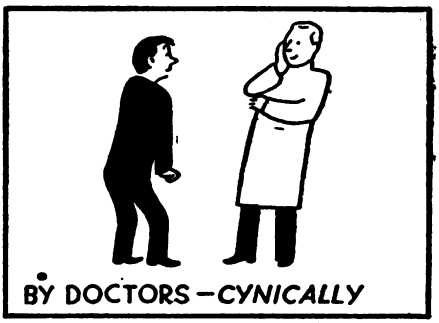
BY FAMILY — *REPROVINGLY*



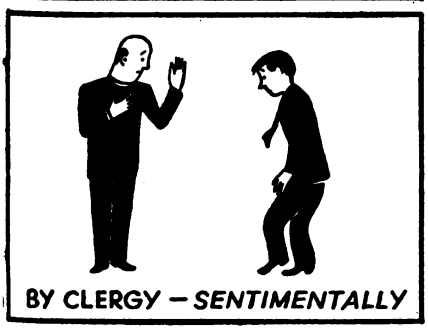
BY FRIENDS — *PLEADINGLY*



BY JAILS — *BRUTALLY*



BY DOCTORS — *CYNICALLY*



BY CLERGY — *SENTIMENTALLY*



BY SOCIAL WORKERS — *SCORNFULLY*

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same category as pepper, salad dressing, and chili sauce. Over the years he has had barrels of it, but he has never drunk much at one time—except during an occasional reunion—and there isn't any evidence that it has hurt him.

Mr. and Mrs. C. also are moderate drinkers. They live an hour's travel from Mr. C.'s place of business, and by the time he gets home he is tired out. Mrs. C. is tired by then, too, because she has had to feed the children and get them ready for bed. So Mr. C. customarily mixes a drink for the two of them and they sit down and chat for a few minutes before having dinner. Mr. C. says the drink gives him a lift. Actually it soothes him a bit, for alcohol is not a stimulant but a sedative.

Other moderate drinkers use alcohol to put themselves into a humor to meet people, or to make themselves agreeable in a crowd, or because taking a drink seems to be expected of them. They say that alcohol makes them less shy, more sociable. They are right; the effect of alcohol is to make us forget the restraints that ordinarily hold us back.

That is one reason why alcoholic beverages play such a prominent part in our social life. Another is the tradition of good fellowship—celebrated in poems, song, and whiskey ads. It is perfectly possible for good fellows to get together over water, coffee, or ginger ale. But where are the songs lauding the convivial qualities of such drinks?

Other Reasons for Drinking

Some people drink because they haven't the imagination or the will power or the desire to find their fun in other activities.

With others, the use of alcohol is a symptom of a troubled mind. Mr. D., for instance, wanted to be a lawyer but had to quit school at sixteen and go to work. He is in his forties now, and a clerk, but he daydreams for hours about being a great lawyer and likes to think that some sudden stroke of fortune will make it possible for him to become one. The contrast between the real world and this dream world is very painful to him. When he can't find refuge in daydreaming, he finds it in getting drunk. Psychiatrists would call Mr. D. neurotic.

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There is also Mr. E., who suddenly began hearing voices accusing him of crimes. To escape them he began drinking heavily and kept it up for three months. Then people recognized that he was psychotic—suffering from a mental disease—and he was sent to a hospital.

Mr. E.'s friends did not know that it takes years of heavy drinking to derange a person's mind; they assumed it was alcohol that had led to his trouble, just as some of the friends of the daydreaming clerk attribute his "queerness" to the fact that he gets drunk a couple of times a week.

In such cases, however, the drinking is merely a symptom; the symptom can be removed but it will return unless the real trouble is cleared up.

Sickness and Alcoholism

Authorities in the Laboratory of Applied Physiology, Yale, say that among every 100 excessive drinkers there are probably 40 who are neurotic, 10 who are psychotic, and 10 who are feeble-minded. In other words, 60 per cent of these heavy drinkers have something definitely wrong with them which explains their tendency to alcoholism.

The other 40 per cent are persons who have been drinking heavily for years—not to adjust themselves to some underlying disorder but as a means of relaxation. Usually they are easy-going and fond of company; night after night they drop into a bar or a club or somebody's house. Mr. A., mentioned at the beginning of this pamphlet, belonged to this group.

Eventually they run into a situation that seems too disturbing to face—a stack of unpaid bills, perhaps; the necessity of admitting to the boss that a certain job has not been done; sickness at home; some blow to the pride. They find that if they drink enough they can escape from that situation; never mind tomorrow. More and more often they turn to intoxication as a way out. After some years they lean as heavily upon alcohol as neurotic and psychotic drinkers do.

So every alcoholic is sick, but in probably more than half the cases, drinking did not cause his trouble—at least not his

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principal trouble. This fact must be recognized and acted upon if treatment is to be successful.

Incidentally, some authorities insist that all alcoholics, or nearly all of them, drink excessively *because* they are neurotic. With our present knowledge no one can be sure just what the proportion is.

HOW ALCOHOLISM AFFECTS THE BODY

TEN years ago very little was known of a scientific nature about the effect of alcohol on the human body. But in January, 1938, The Research Council on Problems of Alcohol inaugurated its work, and a few years later the first authoritative book on this subject, *Alcohol and Chronic Alcoholism,* by E. M. Jellinek, appeared under its auspices. A little later Jellinek and Haggard collaborated on another book, *Alcohol Explored,* which presents the following picture of the person who—for whatever reason—has become a chronic alcoholic.

On the average, he is forty-five years old when definite signs of physical disease first develop. For fifteen years he has been drinking every day as much alcohol as that in a pint of whiskey. He is in generally bad health—his muscles flabby, his liver fat, his blood poor. His specific diseases, if any, are not confined to alcoholics. They are essentially nutritional disturbances, and they arise because alcohol has been supplying him with one-third of the calories the average person gets from food, but with none of the proteins, vitamins, or minerals.

Among these diseases are:

Polyneuropathy, or abnormality of many nerves. About 20 per cent of the chronic alcoholics who get into hospitals complain of burning sensations in the soles of the feet, and pain in the legs. These are the same symptoms that mark the disease known as *dry beriberi,* common among Asiatics whose chief food is rice from which the husk has been removed. Both the rice-eater and the alcoholic may eventually become paralyzed in legs and arms. And both can be cured of their disease by the addition of Vitamin B_1 to the diet.

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"Beer heart," a condition marked by an enlargement of the heart, a weakening of the muscle of the heart, and sometimes by a swelling of the legs. Excessive beer drinking was once thought to be the cause, and the name stuck even after it was found that more liquor drinkers had "beer heart" than beer drinkers. Doctors now know that alcohol itself does not injure the heart, that "beer heart" is the result of a dietary deficiency, and that the condition is identical with the Orient's *wet beriberi.* It is the main disease of 10 per cent of the chronic alcoholics who are sent to hospitals, and it occurs to some extent in another 10 per cent. It is treated by the injection of Vitamin B_1 in very large doses.

Pellagra is the main disorder of another 10 per cent. This is the same disease as that found among people whose main foods are corn meal and fat back. Symptoms: a spotty reddening of the skin, and digestive—and sometimes mental—disturbances. Cure: the addition to the diet of niacin, which is part of the Vitamin B complex.

Cirrhosis of the liver is the disease most closely associated with alcoholism in the public mind. Many a drinker has been warned that liquor was frizzling his liver into shoe leather. Actually cirrhosis—in the usual form of which the liver shrinks and becomes hard—has more victims among moderate drinkers and teetotalers than among alcoholics. Its *rate* of occurrence in the general population, however, is about 1 per cent, while among chronic alcoholics it is 8 per cent. So presumably there is some relationship between cirrhosis and heavy drinking. What that relationship is, doctors do not yet know. We do know that the concentration of alcohol reaching the liver is too low to cause harm by direct action, and that it has been impossible to produce the disease in animals by giving them alcohol. There is a theory, but no proof, that it is another food deficiency such as "beer heart."

Many people believe that kidney diseases, hardening of the arteries, and some forms of cancer are fostered by heavy drinking, but the best evidence now is that this is not true. But chronic alcoholics *are* more likely to get pneumonia than other people, and less likely to survive it.

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HOW ALCOHOLISM AFFECTS THE MIND

ONLY a few alcoholics ever become insane, but most of them eventually display personality changes that may be even more damaging to society. "Simple alcoholic deterioration" is the name some authorities give to these changes, and one way to characterize the condition is to say that the person suffering from it is not so fine a creature as he used to be. He is unstable. He lets his emotions run away with his common sense. He is suspicious. He may often act brutally toward the people he loves best. But while his family and his associates may be harassed by his behavior, even when he is sober, they have no legal grounds for having him cared for in a mental hospital.

The person suffering from this condition may be full of noble sentiments. Take Mr. A., who has been mentioned before. At the office he was always the one who passed the hat for flowers when a fellow-worker was sick. He was a sucker for panhandlers. And in many a bar he lamented the callousness of persons who suggested that pigeons in a big city were confounded nuisances. But he was also abnormally quick to take offense, and unless he was waited on hand and foot at home was likely to accuse his children of failing to honor their parents, and his wife of being unfaithful. (Of course, some other people, even nondrinkers, act similarly.) In addition, he was constantly on the defensive about his drinking and was fond of saying that he could take it or leave it. Having said this, he generally took it.

The Mental Diseases of Alcoholism

Perhaps one alcoholic out of ten develops a disease of the mind as a result of his long and heavy drinking. The proportion is popularly assumed to be greater because institutions used to classify almost any mental disease accompanied by alcoholism as an alcoholic psychosis. Some still do. But X, who drinks because he is crazy, is different from Y, who is crazy because he drinks. It is worse than misleading to give them the same tag. For treatment directed at X's heavy drinking will not clear up his mind, and will not stop his drinking, either.

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While the mental troubles of alcoholics, with one exception, are not peculiar to alcoholics, they do occur more frequently among that group than among the general run of people.

Delirium tremens—colloquially known as "seeing snakes"—is the condition found only among excessive drinkers. Four per cent of the alcoholics sent to mental hospitals have it; they constitute 37 per cent of the cases of alcoholic psychosis. Most of them are persons of fair health who have been drinking heavily of distilled spirits, not for one night, but for years. An injury or a disease, like pneumonia, often precedes the attack.

The victim trembles ceaselessly in the legs, fingers, face—or his whole body may shake—and he sees things, usually animals. A feeling of anxiety, which may have been present for some days before the onset of the disorder, reaches an extreme state during the delirium, and the patient may think he has to do a job that can never be finished. The job is always connected with his occupation—a locksmith may have to make new keys for every house in town—and the patient wears himself out trying to get it done. Generally he recovers from delirium tremens itself within a week. He may quit drinking for a while but usually takes it up again—and sooner or later has another attack. There are probably 5,000 to 6,000 cases of the DT's every year in the United States, but this includes repeat attacks.

HOW LONG DO ALCOHOLICS LIVE?

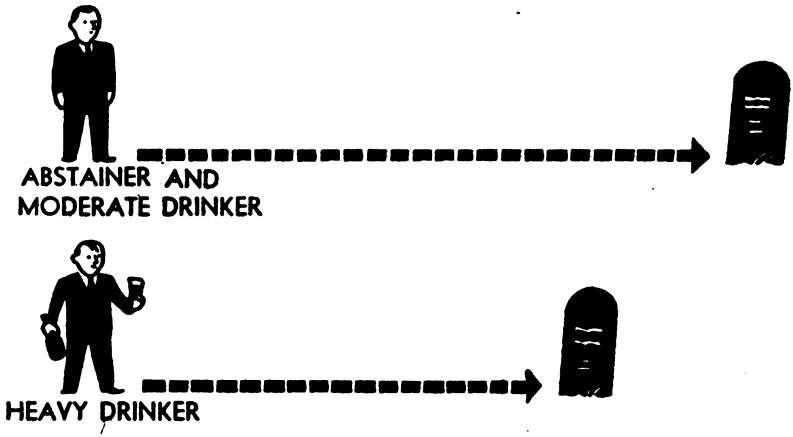
A GENERATION ago, grade-school textbooks on the body—they were called physiologies—contained frightening descriptions of the effect of alcohol upon animals and implied that anyone who swallowed even a tablespoonful of the stuff would shorten his life considerably. Textbook writers and other authorities know better now, but the old idea has died hard—probably because *excessive* drinking does shorten life, and some well-meaning persons tend to put all drinkers in the excessive class.

Most of the statistics dealing with this question have been gathered by insurance companies, but they may be misleading

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because the heavy drinker applying for insurance is likely to put himself in the moderate drinker group, and the moderate drinker may pass himself off as an abstainer. One company analyzed what it had paid out because of the deaths of abstainers, moderate drinkers, and heavy drinkers at certain ages, and expressed

THE HEAVY DRINKER IS CLOSER TO THE GRAVE



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its findings in terms of actual payments as percentages of expected payments. It found that in every age group the percentage of payments for heavy drinkers was higher than for abstainers; that in two age groups it was lower for moderate drinkers than for abstainers, and in three, higher. For all ages together there was little difference between abstainers and moderate drinkers, but the figure for heavy drinkers was much higher.

Another study shows the life expectancy of abstainers and non-abstainers, based on the experience of certain British insurance companies. The abstainers had a greater life expectancy at every age level. The greatest difference, 3.9 years, came at the age of 25. After that it declined until at the age of 60 it was 1.0 year, and at the age of 70 it was 0.3. This study, however, lumps moderate and excessive drinkers together, so it fails to show accurately the difference between abstainers and heavy drinkers.

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Some twenty years ago the statistician, Raymond Pearl, tried to get a more nearly accurate answer to the question of alcohol's effect on longevity by investigating the drinking habits of 5,000 persons. He concluded that heavy drinkers have a shorter life expectation than abstainers and that the expectations of abstainers and moderate drinkers are about equal.

Interestingly, single men and widowers have a much higher death rate from alcoholism than have married men.

HOW ALCOHOL AFFECTS HEREDITY

A PERSON can pass out from sniffing ether, or he can slip into unconsciousness from taking too much of another but weaker anesthetic, alcohol. There may be after-effects in each case—and they probably will be worse for the person who took alcohol—but in neither case will any damage have been done to the organs and tissues of the body or to the germ cells, which are the seeds of new life. Put another way: the germ cells are so resistant, so well protected by nature, that they are not damaged even when a person becomes acutely intoxicated. A child conceived when its parents were intoxicated would be neither the better nor the worse for that circumstance.

Nevertheless, persons who drink excessively day after day may become chronic alcoholics after eight or ten years—definitely diseased in body or mind or both. So a host of researchers have been trying to find out whether or not the germ cells, too, may be damaged in chronic alcoholism; that is, whether or not a child may be defective purely because its parents were alcoholics.

The best evidence points to these conclusions:

1. The number of children in alcoholic families is greater than that in temperate families even when the economic and social levels of the families are the same. This may be because alcoholics neglect their responsibilities in childbearing as in other respects.

2. About twice as many children in alcoholic families die as in other families—presumably because their parents are in no condition to give them proper care.

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3. Mental disorders occur much more frequently among the children of abnormal drinkers than among those of moderate drinkers and abstainers. This may be because some alcoholics come from bad stock and inherit—and pass on—defects, but it is more likely to be due to bad home conditions. Evidence: One investigator studied children of excessive drinkers who came from bad stock and found that 16.5 per cent had various mental and personality disorders. However, when he studied children of excessive drinkers who came from normal families, he found that 4.3 per cent had those abnormalities. This was the same proportion as that found in a study of children of temperate families. Moreover, the children of alcoholics who were placed in foster homes were as normal as children of nonalcoholic families in similar circumstances.

4. The children of alcoholics are more likely to become alcoholics than are the children of temperate parents because (a) children born into families with a high record of mental disturbances will have a tendency to maladjustments, including alcoholism; (b) the children tend to follow the example of their parents; (c) poor home environment nurtures bad habits of all kinds.

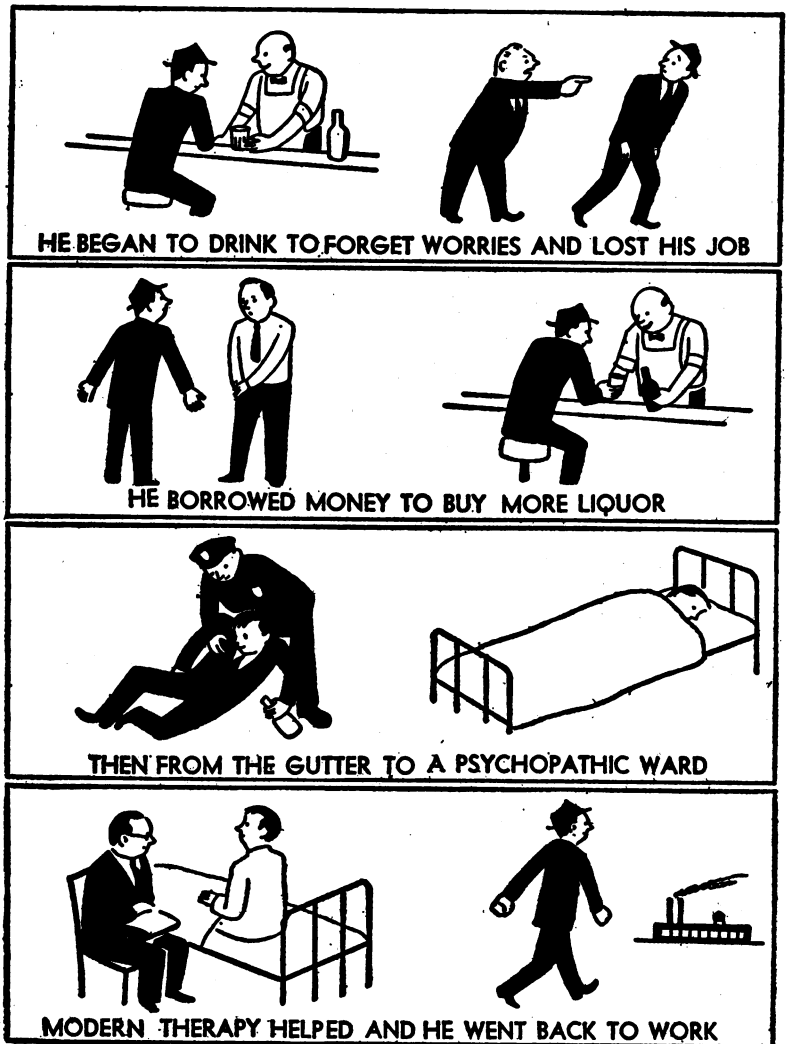
There is no good evidence, then, that the germ cells are damaged even in chronic alcoholism. Children are not condemned to sickness and early death because their parents were alcoholics. They need not be written off. One obvious way to save them is to rehabilitate the parents.

REHABILITATING THE ALCOHOLIC

IN connection with alcoholism, doctors talk of *rehabilitation* and *recovery* rather than of *cure* because, strictly speaking, alcoholism cannot be cured. The "cured" alcoholic may be a perfectly normal, useful human being, but he cannot drink. If he takes even one drink, the compulsion to drink excessively—which was brought under control during the rehabilitation process but not removed—may again master him.

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A CASE HISTORY OF AN ALCOHOLIC



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Some Danger Signs

Before alcoholism has developed, there is as yet no clearly marked way to recognize an alcoholic—no peculiarity in personality, no measurable disorder of body or mind. But as a person moves toward alcoholism, certain warning signs appear, particularly in his drinking habits. On a party he may sneak a few quick ones because he thinks that he needs them or that the other people are a couple ahead of him. He may take a drink or two in the morning because he feels lousy. He may begin drinking by himself instead of with friends. He may feel the need of a drink at a certain time every day. He may find that drinking makes him irritable, or restless. He may develop fears and anxieties, and drink to forget them; or a tremor of the hands, and drink to relieve it. He gets tight more often.

Eventually he goes on a spree. After that he may quit drinking for a time. He is full of remorse, knows that he has hurt himself at home and on the job, and sincerely means to take hold of himself. But sooner or later he feels tense, jittery. The only way he knows to get relief is to take a drink. Having taken it, he enters upon another episode of uncontrolled drinking.

That is the alcoholic's most striking symptom—the inability to stop drinking once he has begun. Many alcoholics can abstain for weeks or even months, but most cannot pass this simple test: to limit themselves for a time to two drinks a day. A patient who is unable to stick to that limit may realize for the first time that he cannot, after all, take it or leave it.

Determining the Kind of Alcoholic

It is easy to remove an alcoholic's symptoms—for a while. If he is drunk, he can be sobered. If he is depressed and jittery, there are drugs that can make him feel better. If he is suffering from a dietary deficiency, it can be corrected. Under good medical and hygienic care, he may seem like a fairly normal human being within a week or a month.

But treatment directed just at his symptoms is bound to fail. There will come a time when he feels that he needs a drink—or

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just that he would enjoy one and that now it is safe for him to take it—and he is off again, drinking to a point of exhaustion. Since in most cases, even today, it is the symptoms alone that are treated, there can be little wonder that people—including many physicians and magistrates and social workers—look upon the alcoholic as a backslider for whom nothing lasting can be done. The physician who hopes for a lasting recovery has to find out the many reasons behind his patient's drinking.

Is There a Mental Disorder?

It has been noted—see page 9—that alcoholism is sometimes the symptom of a mental disorder. If drinking bouts occur periodically, perhaps at intervals of several months, there is a possibility that the patient is drinking during one or the other stages of a manic-depressive psychosis; if the drinking is steady and wild, there is a possibility of early schizophrenia or early general paresis. Other deep-seated maladies are sometimes the real cause of heavy drinking. In almost all such cases the patient needs hospitalization.

With the majority of alcoholics, however, the root of the trouble isn't so deep. It is the patient's inability to adjust himself to life as he finds it. Perhaps he has always been lonely; or dominated by the family; or tortured by fears—that he won't make good, that people don't like him, that he isn't manly. Or he may be a business and social success, yet hate his work and the people he goes around with. For a variety of reasons he may hate himself.

Somebody has to find out what's biting him and then help him face up to it and adjust himself to life.

Getting Along with the Alcoholic

The patient may be aggravatingly uncooperative, even defiant. He feels that the world centers on him; also that he can lick this drinking problem any time he wants to. He is likely to resent even the most reasonable requests. His attitudes are juvenile.

"The alcoholic may be thought of as a child and may best be handled as a child," Dr. Haggard has written. "An appearance

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of grave respect, deep understanding, and broad tolerance, with no recriminations, elicits confidence from the child—and from the alcoholic." The attitude of the physician and his depth of understanding may be the deciding factors in the recovery of the alcoholic. "If he understands him, and if he can make the members of the family and business associates likewise understand and cooperate, he has a good chance of steering the alcoholic toward recovery." An adverse attitude, whatever its reason, "is the insurmountable obstacle to recovery."

Choice of Treatments

There is no specific remedy for alcoholism, just as there is none for tuberculosis. The physician has a choice of treatments, varying widely in nature and cost but having two requirements in common: (1) that the alcoholic want to recover; (2) that he believe he can recover. If these conditions are met, the patient will get well under almost any type of treatment that holds his confidence.

Building up the will to recover is a job requiring an immense amount of understanding and tact on the part of everyone close to the alcoholic. Preaching won't help. The alcoholic knows the trouble he has caused, and he has a dozen excuses for his behavior; sermons and reproaches will only strengthen his suspicion that nobody understands him.

He needs an excuse to recover, but it must bear directly upon his ego. For example, if he fancies himself the master of alcohol and if he can come to understand that the situation is actually the other way around, and that people know it, he may be eager to do anything—even to stop drinking—to prove himself boss. Or a quiet exposition by the doctor of the bodily damage that usually follows such drinking as his may give him the excuse he needs to quit.

The kind of treatment that will strengthen a patient's desire to stop drinking depends on his personality, and to some extent on how well off he is. For example, the doctor may decide that the patient will respond best to the fellowship, and incidentally the treatment, to be found in—

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Alcoholics Anonymous

Former alcholics, in most instances, understand the problems of the alcoholic better than most other laymen—better, even, than most physicians. They know how he feels before a spree, the kind of excuses he makes for himself, his resentment at people who try to help him. They have confidence in him even when he goes on a drinking bout after having decided never to drink again. Some 24,000 of these former alcoholics are now members of Alcoholics Anonymous—formed in 1934.

You remember Mr. A., the man who got home after three days by way of the alcoholic ward of a hospital. He abstained a few weeks, took another drink, went on another bender. This time his wife called in the family doctor, who had a few long talks with him and then suggested he drop in at a meeting of the local group of Alcoholics Anonymous.

Mr. A. was scornful. He was willing to admit there must be something wrong with him. But from what he had heard of the AA's, he regarded them as a gang of evangelists, and he had never been particularly religious and was in no humor to get that way now. Nobody was asking him to, the doctor said.

Mr. A. went to the meeting—fifteen or twenty men and women in the clubroom of a hotel—and was pleasantly surprised. There was no preaching, no bawling out. Instead, these people talked over experiences and problems that he had come to believe were peculiar to himself. He left the meeting greatly relieved. He wasn't vicious or half-mad or a reprobate; he was suffering from an ailment called alcoholism. Thousands of other people had gotten over it, and with the right kind of help he could recover, too.

He went to other meetings, learned that the only requirement for AA membership was an honest desire to stop drinking and that the only purpose of the organization was to help other alcoholics recover from their illness. He found that the Program for Recovery had twelve steps, the principal ones being:

1. The admission that we are powerless over alcohol.

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2. The decision to have God—as the individual understands Him—run our lives.

3. The searching out of our wrongs and the admission of them to God, ourselves, and one other human being.

4. The making of amends to people we have harmed, except when to do so would injure anyone.

5. The working with other alcoholics.

This last measure, No. 12 in the full list, is commonly referred to in AA literature as 12th-step work and is considered by AA's —and psychiatrists, too—as excellent therapy for the giver as well as for the receiver.

Mr. A. learned further that he wasn't expected to sign any pledge; in fact, that he wasn't expected to make any long-time promises even to himself about not taking a drink. The best system was to abstain by the day. He became good friends with several members of the group, and occasionally one of them would drop by his office for lunch or call on him in the evening at home.

It was these new friends that Mr. A worried about as he recovered from a spree one day after he had been an AA for several months. He did not think he could ever face them again, but they came to see him and showed perfect understanding. Soon he himself was being asked to call on a member or a prospective member, and after each such visit his own desire to stay sober seemed strengthened. He slipped once or twice more during his first year with the group, but it is now eighteen months since he has taken a drink.

Alcoholics Anonymous does not take a stand on whether other people should drink. Its members go on parties where liquor is served, and many offer drinks at home to nonalcoholic visitors. But at AA parties—and they are good—the beverages are coffee and soft drinks.

The organization claims that 75 per cent of the alcoholics who have really tried to cooperate with AA have been rehabilitated. Doctors generally are enthusiastic about the work but point out

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that many alcoholics, as a first step, need care that only a physician can give them, either at home or in a hospital. AA agrees.

The Aversion Treatment

If the patient scoffs at anything containing an element of religion or faith-healing, the doctor may recommend a type of therapy that seems quite different—the aversion or conditioned-reflex treatment. To take it the alcoholic enters a sanitarium for a week or two. He is given a medicine that induces vomiting; then handed a drink. After this procedure has been followed several times, he associates the vomiting with the liquor and may become nauseated at just the thought of taking a drink. However, the loathing wears off eventually—sometimes within a month or two—and the patient is advised to return to the sanitarium several times during the first year for reinforcement treatment.

This treatment is useful in breaking the alcoholic cycle—in getting the alcoholic "over the hump." But it works best if accompanied by psychotherapy. For it works only when the alcoholic is convinced it *will* work for him and is sold on the idea that he can never again drink. The treatment is fairly expensive. But one sanitarium reports that of one group of patients observed for two years, 75 per cent had stayed clear of drink; in another group observed for four years it was found that 52 per cent had abstained.

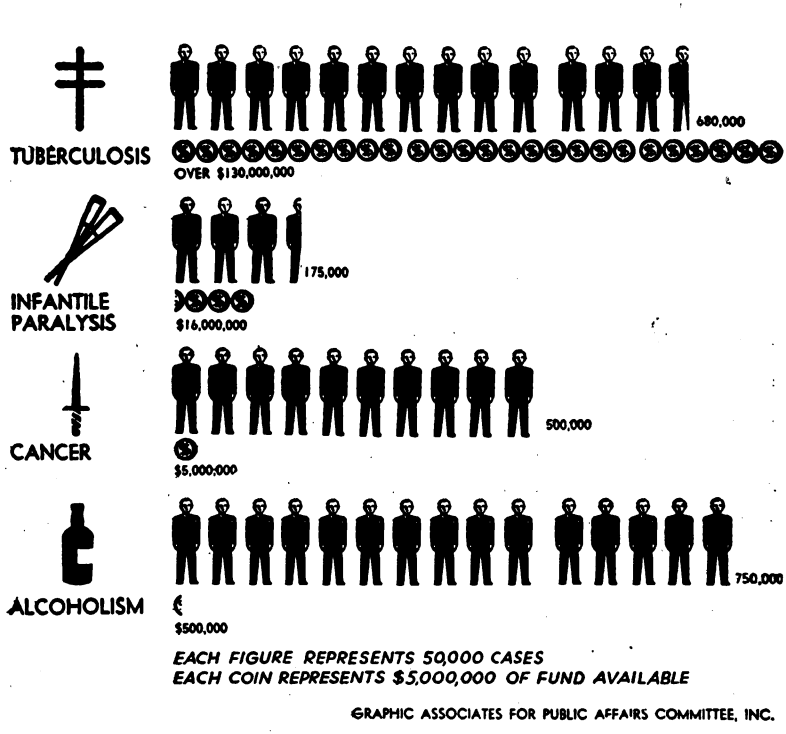
Psychotherapy

If neither the AA plan nor the aversion method seems suited to the patient, or frequently to supplement them, the doctor may advise treatment by a psychiatrist who is interested in alcoholism. Such treatment aims at getting the patient to understand that his real problem is not alcohol but something for which he is using alcohol as a remedy. He must come to recognize what this problem is and learn how to deal with it. All this takes considerable time, which means that the cost is too high for the average patient. However, under a new plan to be described farther along, psychiatric techniques would be made available for any alcoholic needing them.

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The Ideal vs. the Actual

This section has shown how the rehabilitation problem could be handled; not how it is handled, except in a few cases. Most



alcoholics never get a chance to be rehabilitated. Dozens and scores of times they are thrown into jail or, very rarely, admitted to a hospital, and when they come out, what they look for is another drink. An alcoholic with a psychosis can be cared for in a mental hospital, but the nonpsychotic alcoholic—who is in the big majority—finds few institutions that will try to put him on his feet. General hospitals lack the facilities or the will, or both, to give the medical care alcoholics require.

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A NEW COMMUNITY WEAPON AGAINST ALCOHOLISM

ALCOHOLIC A does best under Treatment 1; Alcoholic B, under Treatment 2; Alcoholic C probably would benefit from Treatment 3, but more than anything else right now he needs a job. Alcoholic D's record is likely to remain bad until his family changes its unsympathetic attitude. Alcoholic E. . . . Alcoholism is such a complicated problem that doctors alone cannot meet it successfully, nor can hospitals, courts, churches, or such a group as Alcoholics Anonymous.

In 1944 the Laboratory of Applied Physiology at Yale, which had been studying all phases of the problem for years, decided to test a new approach. It established two public clinics—at New Haven and Hartford, Connecticut—to guide alcoholics and to bring to bear on their troubles all the community's resources. These Yale Plan Clinics have been in operation long enough to indicate that their founding was one of the most important steps in the entire history of the campaign against alcoholism.

How a Clinic Operates

The Yale Plan Clinics are set up in pleasant surroundings that carry no suggestion of hospital or prison—institutions which the alcoholic may have come to dread. Staff members have agreeable personalities. A secretary, a social field investigator, and a psychiatric social worker serve full time at each clinic. Three doctors—internists—are available to give physical examinations and make special diagnostic studies. Three other doctors—psychiatrists—are called upon to diagnose and treat emotional and mental disturbances. An Advisory Committee of the State Medical Society may be consulted.

A patient comes to the clinic on his own or is sent to it by relatives, a social agency, church, or court. During his first few visits, he talks to the staff about his background—his education, family, work, interests, ailments, drinking habits—and is checked by an internist and a psychiatrist. This is the diagnostic period.

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After it, under the original plan, the clinic would have sent the patient to a private practitioner, a hospital, or other institution, or some other agency for recommended treatment. Since so few institutions are prepared to carry out the treatment, the clinics have been offering most patients guidance as well as diagnostic treatment.

The guidance period may last for months. During it the patient has several scheduled talks a week with the psychiatrist or the social worker and may telephone or drop in whenever a problem arises. Clinic workers try to have him develop interests and habits that will substitute for drinking. They urge each patient to refrain from drinking altogether, but do not turn him away because of a slip or two. If he permits, they tell his family and employer what alcoholism is and enlist them in the program of rehabilitation. And they encourage him—if he seems a suitable candidate—to join Alcoholics Anonymous.

Institutional care is avoided except in emergency cases. Unless the low-income alcoholic is kept working, his family may have to be supported at public expense. Thus, one community problem is followed by another. If a man needs a job, the clinics try through social agencies to get him one.

The Results

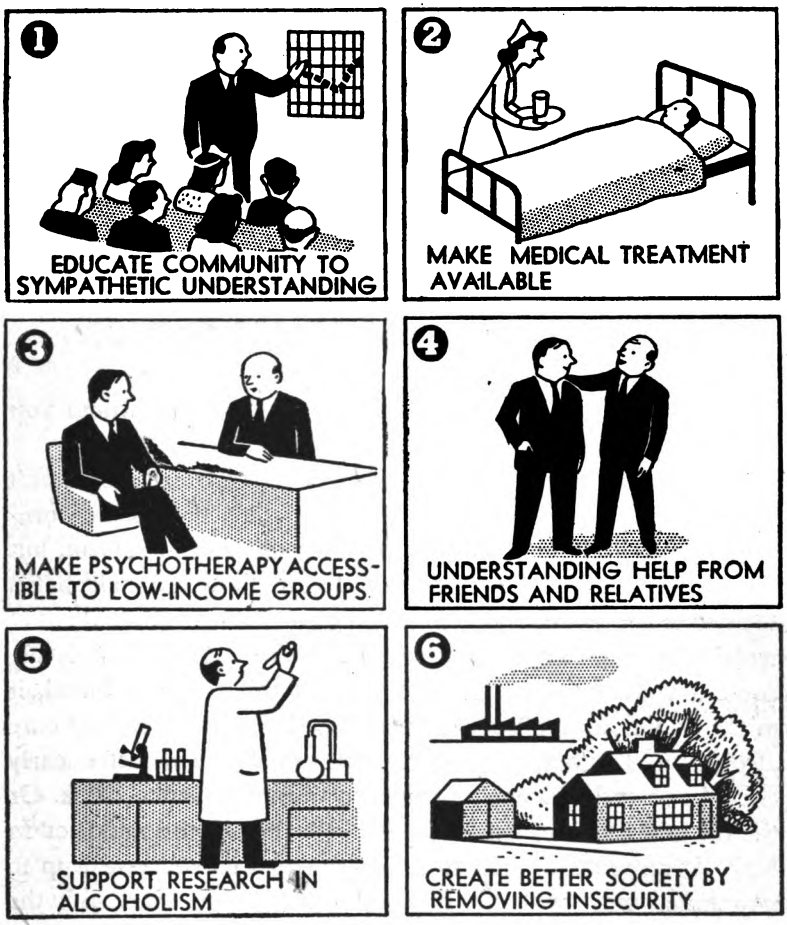
All the returns are not in, but it appears that the clinics have checked drunkenness in something better than 50 per cent of all the cases referred to them. If the patients who dropped out after two or three guidance sessions are eliminated from the figures, the percentage rises to 90.

Clinics All Over the Nation?

The National Committee for Education on Alcoholism is trying to interest civic leaders everywhere in a plan of community action. Local committees, already established in a dozen cities, are working to set up information and education centers on alcoholism; part of their program is concerned with the setting-up of clinics that will give the alcoholic the treatment he needs or guide him to it. They are also working to create an enlightened

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WHAT WE CAN DO TO PREVENT ALCOHOLISM



GRAPHIC ASSOCIATES FOR PUBLIC AFFAIRS COMMITTEE, INC.

public opinion and to persuade general hospitals to open facilities for the treatment of the acute phases of alcoholism.

Is Rehabilitation Expensive?

The cost to the Yale Plan for treating a patient at one of its clinics runs from $60 to $100. Institutional and private psychi-

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atric treatment runs higher, of course. But in all probability the cost of intelligently treating all our alcoholics—and this would assure rehabilitation in the majority of cases—would be not more than alcoholism's *annual* bill. It probably would be considerably less than the taxes paid annually by the alcoholic-beverage industry; in 1944 these amounted to more than two and a half billion dollars. Virtually none of that money goes for treatment of alcoholics, or for reducing the costs of drunkenness, or for research work on the prevention of alcoholism.

CAN ALCOHOLISM BE PREVENTED?

YOU get different answers to this, depending upon whom you ask.

The medical researcher answers no, not now, because he hasn't found out *why* some people drink immoderately. True, some worry or conflict is likely to lie at the root of an alcoholic's problem, but the same worry or conflict can be found in many a nonalcoholic. Why does one troubled person become an alcoholic while another remains a moderate drinker or an abstainer? Perhaps it is because of some peculiarity in the body; if this could be found, it might be simple to develop a medicine that would actually cure alcoholism. Further, if the peculiarity could be detected early enough, potential alcoholics could be warned never to drink. Or the disturbance may lie not in the body but in the mind, or in both. At any rate, the research worker has been concerned up to now much more with the diseases of alcoholism than with the basic cause of alcoholism itself.

The *temperance society worker* or sympathizer has another answer. He believes that the best way to avoid alcoholism is for people to decide not to drink; others would go farther and make it impossible for people to drink.

Other authorities join the medical researcher in asking for research funds, but assert that alcoholism can be prevented even in the present state of our knowledge. Their preventive measure is much harder to take than a vaccine, but since it is offered by

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some of our wisest and most enlightened teachers and doctors and ministers, perhaps we should consider it carefully before brushing it aside. It is *the building of a society in which the individual is better fed and housed, has better medical care, has better facilities for mental hygiene, has fewer money worries, and has the facilities and the encouragement to engage in recreational activities besides drinking.*

The public is too much divided between those folks on the one hand who think they have all the answers to the problems of alcoholism and those on the other hand who think there is no problem. The facts contained in this pamphlet show that both groups are quite wrong in their judgment. Alcoholism is not only a serious medical problem but also a very serious social and public health problem. But little progress has been made toward prevention because there is no way of being sure what particular drinker, given certain conditions, will or will not become alcoholic. At the same time it is clear that the use of alcohol has a very long history in human society and that it is Utopian to think that the social problem can be solved simply by hoping that people won't use it at all.

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WHAT YOU CAN DO

Tell your associates what you have learned from this pamphlet.

Suggest to leaders in your community—your employer, minister, judge, doctor, club president—that they form a local committee or write to the National Committee for Education on Alcoholism about the setting-up of a local committee to create public support for education in the problems of alcoholism. With this kind of beginning, an information center may be set up, even if it can be open only a few hours a week, where people can learn more of the facts about alcoholism and get information about the local groups and individuals dealing with it.

Ask your newspaper and your radio station to carry articles and programs presenting facts about alcoholism and the rehabilitation of alcoholics.

Encourage—but don't nag—any alcoholic acquaintance to seek the help of an informed and sympathetic doctor.

Help to ease up the social pressure to drink. Never press a drink on someone reluctant to take it; he may be an alcoholic. Recognize that drinking is a sign neither of smartness nor of prowess and that from heavy drinking it is easy to sink into alcoholism.

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FOR FURTHER INFORMATION

National Agencies:

The National Committee for Education on Alcoholism, 2 East 103 Street, New York 29, N. Y. (for information about alcoholism in general and for assistance in organizing locally to carry out the fight against alcoholism).

The Research Council on Problems of Alcohol, 60 East 42 Street, New York 17, N. Y. (for information about alcoholism and research projects).

Alcoholics Anonymous, Box 459, Grand Central Annex, New York 17, N. Y.

The National Committee on Alcohol Hygiene, Inc., 2030 Park Avenue, Baltimore 17, Maryland.

Local Agencies:

Mental hygiene associations.

State mental hospitals and their psychiatrists.

State Alcoholics Anonymous groups.

Local Committees for Education on Alcoholism.

Salvation Army centers, many of which have special workers in this field.

Reading Material:

Alcohol, Science, and Society. Twenty-nine lectures and discussions given at the Yale Summer School of Alcohol Studies. *Quarterly Journal of Studies on Alcohol,* New Haven, Connecticut. $5

Alcoholism, The Scientific Approach to Chronic Alcoholism. An Outline. Research Council on Problems of Alcohol. Single copies free.

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Corwin, E. H. L., and Cunningham, E. V. *Institutional Facilities for the Treatment of Alcoholism.* Research Report No. 7, Research Council on Problems of Alcohol. 1944. $1

Haggard, H. W., and Jellinek, E. M. *Alcohol Explored.* New York, Doubleday, Doran. $2.75

Jellinek, E. M. *Alcohol and Chronic Alcoholism.* Vol. I. New Haven, Yale University Press. 1942. $4 (Vol. II in preparation)

Lay Supplement Series. Twelve booklets discussing alcohol and alcoholism. *Quarterly Journal of Studies on Alcohol.* New Haven, Connecticut. 10 cents each; $1 for the set.

Seliger, Robert V. *Alcoholics Are Sick People.* Baltimore, Maryland, Alcoholism Publications. 1945. $2

————. *Alcoholism for Social Workers.* Baltimore, Maryland, Alcoholism Publications. 1945. $2

Strecker, E. A., and Chambers, F. T. *Alcohol, One Man's Meat.* New York, Macmillan. $3

Other valuable reading material may be obtained from Alcoholics Anonymous, the National Committee on Alcohol Hygiene, the National Committee for Education on Alcoholism, the Research Council on Problems of Alcohol, and from the Federal Council of the Churches of Christ in America, 297 Fourth Avenue, New York 10, N. Y.

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112. WE CAN HAVE BETTER SCHOOLS
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