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Lifelines

A BI-MONTHLY JOURNAL ON ALCOHOL AND ALCOHOLISM

From the Editor's Desk

Alcoholism and Martial Conflict

Understanding, Acceptance: The Alcoholic's Greatest Needs

Two Drinks and the Driver

Surrender

July-August, 1960

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Lifelines . . .

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From The Editor's Desk

A REPORT ON RECENT CONFERENCES . . .

As was announced in the previous edition of "Lifelines," the South Carolina Alcoholic Rehabilitation Program sponsored three one-day conferences on Alcoholism on June 29, 30 and July 1. Each day's conference was structured for a particular group. On June 29, the Governor's Council and Mayor's Committees on Alcoholism met to discuss "Alcoholism—The Community's Role". On the following day approximately one hundred clergymen met for "An Institute for Clergymen" on alcoholism. Then on the last day the entire field and administrative staff of the State Agency on Vocational Rehabilitation, along with the vocational rehabilitation counselors of the Division of the Blind, Department of Public Welfare, attended an "Alcoholism Institute on Vocational Rehabilitation".

Special care was taken in the planning of these conferences to survey the expressed needs and interests of the groups which were to participate. The finished program formats were based on these areas of interest and need. Next, outstanding local and national resource persons were secured as consultants for the conferences. Here it was learned that South Carolina itself has an abundance of persons who are well informed on the problem of alcoholism and who have and are spending much of their time working in this area.

It was a real pleasure for me to observe the interest and enthusiasm of those groups and individuals, who attended the meetings. Many times the professional workers in alcoholism programs become discouraged over the hostile attitudes which the public has towards the alcoholic and their lack of enthusiasm to do anything to help him. I am sure that the spirit which prevailed at these meetings would serve as encouragement to even the most downhearted. When community leaders representing all walks of life, gather from all over the state, from the mountains to the sea, in order to try to clarify their role in doing something about preventing and treating alcoholics, then this in itself is evidence enough of the importance of this work.

And if this didn't convince me, there was still a great deal of other examples which would. For instance, the willingness of a large group of outstanding clergymen, representing all major denominations and faiths, to gather and for a time forget what their particular group felt about the use of alcohol, but for a while, to meet on a problem common to all—alcoholism. Baptist, Catholic, Episcopalian, Lutherans, Jewish, Methodist, Presbyterians sat side by side, but never was there a conflict regarding what was right for the alcoholic—love, acceptance and help.

And then on the last day a group of specialists in the field of vocational rehabilitation gathered. This workshop was planned at their own request. They felt that they should be working with the alcoholic, but also felt that they needed to know more about the nature of the illness. The enthusiasm of this group was most

(Continued on page 17)

ALCOHOLISM:

And

marital conflict

By: Genevieve Burton

The effect of alcoholism does not end with the patient, but reaches all the family and especially the spouse. The alcoholic marriage need not end in divorce. The author gives insight on how this can be avoided.

Reprinted from the Commonwealth of Pennsylvania, Department of Health, TARGET.

The first thing to strike the counselor when she greeted her new client was his look of utter dejection. All of Mr. Jackson's movements, as he pulled himself out of the chair with great effort and walked with the counselor to her office, were those characteristic of a man twenty years older than his forty years. He looked exhausted. But it was more than exhaustion, the counselor thought, as Mr. Jackson sat down beside her desk. His look of tiredness was intensified by the appearance of total defeat.

With a little encouragement from the counselor Mr. Jackson began talking about the experiences that had finally led to his seeking help at a marriage counseling agency. Nothing had gone right with him for the last six years. Like many alcoholics, he had begun drinking while he was still in his teens. At first, alcohol had seemed to help him, it had bolstered his courage so that he could face life. Gradually he drank more and more, but instead of giving him courage to face life, alcohol was making his life more difficult to accept. His marriage had reached a point where his wife would take no more, and Mr. Jackson did not blame her. How could he blame her? As he said, what woman could live with a man who had smashed three windows and the television set in a drunken rage? Why should a woman live with a man who threatened not only her life but the lives of their three children? How could a woman be expected to stay with a husband who brought disgrace upon her when she had to turn to the neighbors and police for help?

In this self-derogatory view Mr. Jackson reminisced about his last drinking episode. The police took him off to jail, leaving behind him the devastation of broken glass and furniture, the trembling fright of his family, and the open disgust of the neighbors. Mr. Jackson said he had reason to feel worthless. He had done a lot of damage. If he lived to be an old man he couldn't hope to make up to his wife all the hurt he had caused her. "And the kids? I don't even deserve them," Mr. Jackson said, as he shook his head sorrowfully. He felt his life was a waste, and he alone was to blame. While he couldn't expect to salvage much out of the mess he had created, he wanted to try. He had taken his last drink. Ten days ago he had joined AA. This wasn't the first time he had tried it, but this time he was going to stick with it. His wife did not trust him though, he said ruefully. As far as she was concerned, Mr. Jackson reported, she was finished. The marriage was over. He admitted that it had not been much of a marriage for her, and he wanted help to make it a better one. That's why he was here.

The problem Mr. Jackson brought to the counselor is not a unique nor an unfamiliar one. The public is becoming daily more aware of the alarming increase in alcoholism and its disastrous influence on marriage and family living, on community life and even on the national economy.

Mr. Jackson was one of thirty-three men, who with their wives came to Marriage Council of Philadelphia, Inc., for help with the combined problems of excessive drinking and marital discord. All of these men had a serious drinking problem; the wives were either nondrinkers, or at least, were not "problem drinkers." Each of these couples had difficulties also in their marriage relationship. Marriage Council believed that there must be some relation between the excessive drinking and the marital conflict, and undertook to study troubled marriages in which the husband was an alcoholic. This was a cooperative effort. In exchange for the information about excessive drinking these couples were willing to share with the agency, Marriage Council, in an effort to relieve the marital conflict, was offering counseling

service to each of the partners. Some of the couples were helped, others were not.

To illustrate a little of what has been brought out about alcoholism and its relation to marital discord, let us return to Mr. Jackson and his counselor.

In addition to hearing about some of Mr. Jackson's past experiences during the first counseling interview, the counselor arrived at certain conclusions about the kind of person Mr. Jackson was. Talking with him bore out the initial impression the counselor had received of this man. He frequently had the look of an apologetic child who appeared exceedingly grateful when his story was accepted by the counselor with kindness and understanding instead of with reproach and criticism. It was almost as though he expected to be scolded or threatened or punished. Behind his screen of fear and inadequacy and self-blame, the counselor sensed a warm, giving person reaching out for warmth in another human being, but who was always denied what he sought, withdrawing again in failure behind the screen. At the close of Mr. Jackson's interview arrangements were made for an interview with his wife, if she were willing to accept it.

Although reluctant, because, as Mrs. Jackson said, she had already suffered so much for this man, Mrs. Jackson did come to the agency. Her apathetic, withdrawn manner made it apparent to the counselor that Mrs. Jackson saw the situation as solely her husband's problem. And because it was his problem she believed their life together to be a lost cause. No matter who had tried to help him over the years, Mrs. Jackson said, her husband had become progressively worse. His efforts to change could not be trusted. He always let her down, and Mrs. Jackson had no reason to believe that this effort would be any different from the others. If Mrs. Jackson felt this way, the counselor wondered to herself, why had she come? As the interview progressed the counselor found the answer in the picture Mrs. Jackson unintentionally drew of herself. In spite of adversity she had been a faithful wife, a devoted mother and a conscientious daughter to her own mother. She was a good woman; a rigtheous, God-fearing woman, who placed great emphasis on doing "the right thing." As far as she was aware, she had left no stone unturned to help her husband. And even in her present hopelessness she could not evade her responsibility to make this one more effort. She was already sure that he was beyond help. Mrs. Jackson still agreed to come. She was there, in body, facing the counselor, but her whole attitude made it clear that she would take part only to the extent that she would not be hurt or upset by the experience.

This description makes Mrs. Jackson sound indifferent. What the counselor saw was not an indifferent person, but a tense, highly nervous, depressed woman, totally unaware of her selfrighteous attitude.

Unhappy Childhoods

These are the Jacksons as the counselor saw and felt them to be on their first visit to the Marriage Council. During the weeks that followed, the counselor learned more about their experience and background. Each of them had an unhappy childhood. Before Mr. Jackson reached school age, his father had deserted the family. Since his mother was unable to care for him and the two other children, Mr. Jackson was placed in the care of a much older aunt and uncle. They accepted the charge of the boy because it was necessary, but they did not really want him. Money was always lacking which meant that in addition to living without love and the feeling of being wanted, Mr. Jackson grew up also without many of the material things in life his schoolmates took for granted. Here in his early childhood were planted the first seeds of his feelings of inade-

quacy, and downright fear. He never felt wanted by anyone, he never felt worthwhile. He wanted and needed someone to depend upon, but there was no one there. Life under those circumstances was too hard to take until, at an early age, he discovered a way of making life at least look different. By drinking he found that he could wipe out of consciousness his failures, his unworthiness, his unhappy relations with others. What was most important, drinking could alter the way he appeared to himself. With enough alcohol, he could change, from the frightened, dependent, unwanted little boy to a fighting, determined, independent man! This worked temporarily, but when the effects of the alcohol had worn off, there was the little boy, more frightened and, because of his undesirable drunken behavior, more unwanted than ever. In his use of alcohol to find within himself the man he wanted to be, Mr. Jackson merely emphasized to himself the worthlessness he believed others saw in him.

Mrs. Jackson, although not experiencing quite as extreme economic deprivation as her husband, had a background that was similar in some ways. Her mother was a domineering, exacting perfectionist who suffered through twenty years of life with an alcoholic husband. Mrs. Jackson had no loving tie with her mother, who was cold and undemonstrative. "In her way," Mrs. Jackson said, "mother loved me as much as she did the three older boys, but she never told me she loved me and she expected more of me because I was a girl." The only real love Mrs. Jackson knew was from her father and that was not a love on which she could depend. Even that one close relationship, which brought her little satisfaction because it was so unpredictable, ended abruptly when her mother left her father. Mrs. Jackson never saw her father again. Receiving nothing emotionally from her mother, and losing her undependable but affectionate father, Mrs. Jackson would not attempt giving and receiving love again. The hurt was too great. She would bury her need and pretend it didn't exist. By being totally self-sufficient she would overcome her need to be dependent on anyone. Thus, no one could hurt her by letting her down.

Alcohol Becomes an Escape

These were the feeling of two teenagers when the early life of each of them had finished making its deep impression. One of them was escaping the raw deal life had dealt with him by way of alcohol. The other was defending herself from lifes hurts by building a barrier against getting close to anyone. Both were searching in vain for the security of being loved and wanted. Mr. Jackson was constantly faced with the disapproval of his elderly aunt and uncle, their harping criticism about his father, and with the rejection he felt from his own mother. Periodically he turned to drinking for solace. Mrs. Jackson was controlled but not loved by her mother, resenting her mother for her treatment of Mrs. Jackson's father, resenting him for depriving her of the love he could have shown, but still keeping inside of her all of her feelings of anger and hurt.

When they married Mr. Jackson was 21 and Mrs. Jackson was 19. There was no way for them to know that they were being pulled together not by love but by loneliness and their strong unmet emotional needs. In marriage, Mr. Jackson looked for warmth of a close personal relationship. Mrs. Jackson looked for someone to depend upon. Both of them looked for the security they believed a home of their own would bring. What did they get? Mr. Jackson received the full impact of the barrier his wife unconsciously had set up against giving and receiving love. As his frustration mounted he turned more consistently to the comfort of drinking. Mrs. Jackson was faced with someone who was unable to accept adult responsibility, who was

too dependent upon her to enable her to do any leaning.

Their internal conflicts were first manifested previous to marriage when an economic depression caused each to struggle for the bare necessities of life. According to Mrs. Jackson, their marriage problems began as soon as they were married. Mr. Jackson, on the contrary, felt they began following the birth of the first child. Mrs. Jackson had not wanted any children. Her outward reason was their inadequate economic circumstances. But underneath, her reason undoubtedly was her fear of being emotionally tied to anyone, even her own child. Fate interfered with her wishes, however. Following a difficult pregnancy during which she was sick much of the time, Mrs. Jackson delivered a baby boy.

Baby is Perfect Excuse

In spite of her desire not to nave children, the baby filled a gap in Mrs. Jackson's life. Here was a human being who needed her desperately, who responded to attention, and yet who didn't make adult emotional demands on her. Mrs. Jackson could accept this, and she plunged into the job of motherhood with overwhelming conscientiousness. There were two aspects of this maternal plunge which had tremendous influence on her marriage, but of which she was totally unaware. Not having wanted her baby she was leaning over backward to give him excellent care. She had to prove to herself that she was too "good" a mother to reject her baby. Also, the care of the baby who, like his mother, was frequently sick, gave her a perfect excuse for not being able to share herself or any interests and activities with her husband. Mr. Jackson, having been shut out again, pursued his escape with increased fervor. The more irresponsible he became, the more Mrs. Jackson pulled away from him. The more she turned away, the more frustrated and unable to accept responsibility Mr. Jackson became.

ABOUT THE AUTHOR

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Here was a man who wanted a home, approval and affection, who wanted, by belonging to someone, to shed the feelings of worthlessness carried over from a deprived childhood. He married a woman who unconsciously saw in him a similarity (his alcoholism) to her own father whom she loved but on whom she could not depend. Unlike her father her husband could not leave her. No matter how miserable a life Mrs. Jackson created for her husband by her refusal to show affection, by her criticism, disapproval and anger, he stayed in the marriage because he needed to belong somewhere. The bitterness, anger and resentment Mrs. Jackson felt were not caused by her husband's drinking, they were already there, the products of her own emotionally starved childhood. But his alcoholism gave her an excuse to express the hostility she had concealed—even from herself. Even a selfrighteous, good woman has the right to express her anger and resentment if it is justified. Mr. Jackson's drinking in the eyes of society provided the necessary justification. Similarly Mr. Jackson's drinking was not caused by his wife's angry, nagging rejection of him, but her behavior gave him an excuse to escape through alcohol. Here was established an interacting pattern of marriage that lasted for almost sixteen years before the couple sought help.

For a little over a year the Jackson's continued to come to Marriage Council. At first Mr. Jackson came quite regularly every week; later the intervals between visits were lengthened. In counseling he had the opportunity to unbur-

den himself to someone who accepted him as he was, who did not nag or criticize. He began to see his alcoholism not as his only problem but as one small part of a larger problem that was his whole personality. Gradually Mr. Jackson lost his self blame and feelings of unworthiness. He progressed in his work, developed new interests, built up confidence in himself. His three children began to look at him with new respect and Mr. Jackson responded with an increased interest in and responsibility for them. Because of the support he was feeling from the counselor he was able to continue participating in the helpful AA program. He no longer had to hunt for an escape from himself because he was beginning to like and respect the man he was.

Mr. Jackson Makes Decisions

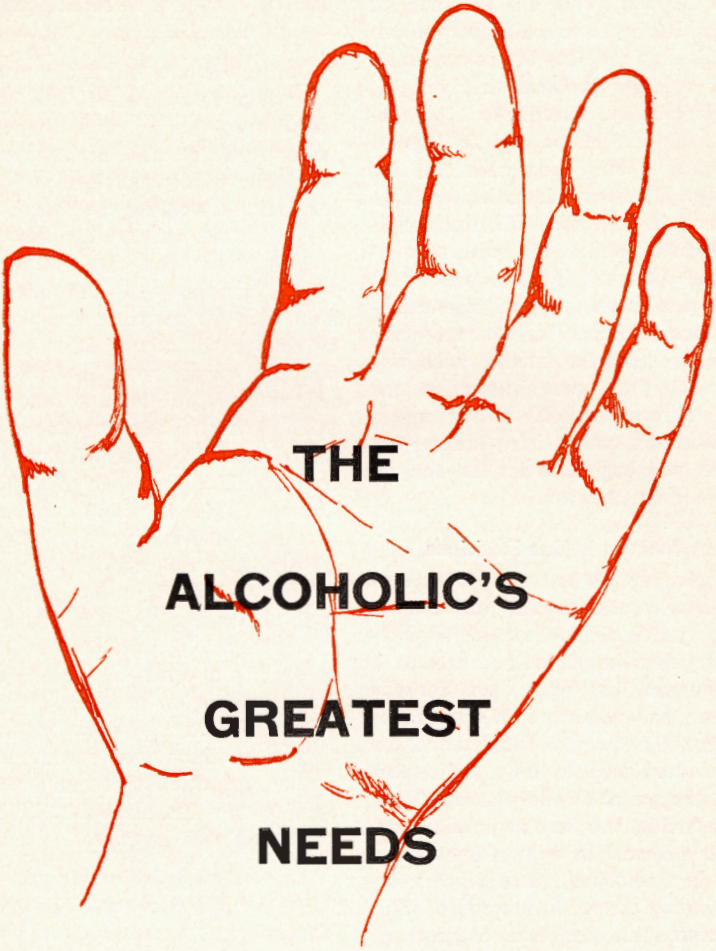
If alcoholism, as both the Jacksons at first believed, was their only problem, the marriage should have been all straightened out when he stayed sober. But it didn't happen that way. Mr. Jackson was sober, conscientious in his job, interested in his home and family, and the Jacksons continued to have difficulties. For all the years of the marriage Mrs. Jackson had had to be a responsible, dependable person. In spite of her unhappiness, she found some satisfaction in being the strong partner in this couple. This satisfaction took the place of some of the pleasures and more desirable satisfaction she had never known. Now the situation was changing. Mr. Jackson began to make decisions. He also began to realize that all that was wrong with the marriage was not his fault. Instead of alternating self-blame and apology with bouts of drunken violence, Mr. Jackson now saw himself as a married man with rights and responsibilities. He wanted to accept his responsibilities and to exert his rights. With the drinking problem out of the way, Mrs. Jackson no longer had an excuse for her husband nor for withholding affection from him. She was caught with her defenses down —and it hurt.

During the time Mr. Jackson was having regular interviews with the counselor his wife was having counseling also, but not as regularly. She began to recognize that some of the marriage problem was her fault. Correcting the situation meant looking at herself honestly and this was not easy for Mrs. Jackson. But she tried. In order to do her full share of improving the marriage she would have to change the whole attitude she had built up toward marriage, toward herself and toward the man she married. Such a complete change was not possible for her and the Jackson's had to settle for something less than they both had wanted. This is usual not only in marriage, but in any way of life. If a marriage is relieved of only part of its difficulty there is some gain for the couple, for the children and for the community. Mr. Jackson achieved sobriety, Mr. and Mrs Jackson began sharing at least a few activities, the children gained a more wholesome environment, and all of them were rewarded with a greater measure of economic security even though Mr. and Mrs. Jackson had not found real happiness.

An even more important point is illustrated by the Jacksons. The alcoholic "family man" is not living in a vacuum. His problems are closely related to the problems of those around him, particularly to those of his wife. He does not create her problems; she does not create his problems. But because of the interaction between them, each one helps to keep the other's problems in existence. Perhaps, as in this case, some women marry alcoholics, or potential alcoholics, apparently in an effort to satisfy their own emotional needs. If a woman, in her struggle for emotional survival, fosters dependence in her husband, he is

(Continued on page 17)

UNDERSTANDING, ACCEPTANCE—



THE ALCOHOLIC'S GREATEST NEEDS

Everyone can help in the treatment of alcoholics, whether a therapist or a lay person. Where do you fit in?

By Joseph Adlestein, M.D.

There is no group of persons which is more in need of greater understanding and acceptance as being ill than alcoholics. It is generally accepted that there are probably well over four million persons in the United States in whom drinking has a sufficiently adverse effect on their lives for them to be considered as problem drinkers.

Over twelve thousand alcoholics die each year from chronic alcoholism. Even these few startling figures do not even begin to tell the story of the tragic ramifications of this illness. Five out of six alcoholics are men between the ages of thirty and fifty-five, their most productive years, the years when they are head of a household and the years when the fam-

ily is most dependent upon them.

In addition to the untold personal suffering of the alcoholic himself, this suffering is magnified manifold in the lives of those close to him. In addition, the resulting loss of job, loss of a responsible tax paying citizen of the community and the resulting dependency of his family creates quite a financial burden to the community, aside from the humanitarian aspects of such a tragedy. Indeed, the problem is so great as to be considered the fourth major public health problem of our day.

Acute alcoholism is a toxic condition that results from a high concentration of alcohol in the blood stream. Usually accompanying acute alcoholism in the chronic alcoholic are the effects of concomitant diseases that have developed as the result of the long history of drinking with poor eating habits and general neglect of one's physical condition. Common are such conditions as poly-neuritis, pellagra, ataxia, cirrhosis of the liver, nutritional heart disease, mental abnormalities, and many times, as the result of long years of drinking with marked neglect of dietary habits, we may find actual mental deterioration with organic brain damage and on occasion frank psychoses. Since the treatment of acute alcoholism is largely a medical problem, we will not go into details here except to remark again that acute alcoholism is an episodic toxic state occurring frequently in chronic alcoholics so that when we are discussing chronic alcoholics we are still talking about one and same person.

A Complex Illness

By chronic alcoholism we are referring to an illness that may be characterized as a form of addiction. The chronic alcoholic is a compulsive drinker. Without treatment and help he is unable to stop his drinking. It is not just a matter of will, but is a matter of a complex illness. The term chronic alcoholism denotes the group of physical and psychological changes that result from prolonged, excessive use of alcoholic beverages. Actually, alcoholism itself starts off as a symptom, usually of a personality disturbance, but the symptom itself with all its complexity and resulting difficulties and effects on the person becomes an illness. Alcohol does not in itself produce alcoholism. As one very pat phrase puts it, "The problem is in the man and not in the bottle."

The etiology of alcoholism remains somewhat obscure. It is known that only one out of fifteen drinkers ever becomes an alcoholic, that is, only about one out of fifteen ever becomes a compulsive drinker to the point where alcohol becomes a serious problem in his life. Although there have been many intensive studies, no clear-cut organic basis has been proven for the development of alcoholism.

A Combination of Factors

The actual cause as such seems to lie in emotional factors resulting in a personality disturbance. In other words, alcoholism may be looked upon as a psychosomatic illness; that is, there is a combination of both organic and emotional factors. Given an individual with an as yet unknown organic factor that makes him a potential candidate for the development of alcoholism, plus a combination of emotional factors which have placed great stress upon this individual, plus in turn a culture that accepts the use of alcohol as a means of alleviating emotional problems and anxiety, we have the possibility of developing a chronic alcoholic. This, perhaps, sounds rather complex but actually it is no more complex than the series of factors that seem to be involved in most of our illnesses even though they seem to be more clearly organically based. More and more we are finding that most illnesses are a combination of potentiality within the

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individual for developing such an illness, exposure to the traumatic agent whether it is bacteria, emotional forces, changes in weather, or whatever, plus a favorable environmental situation or culture for the disease process itself to develop in.

Psychogenic factors are an important element in the development of chronic alcoholism. However, there is no one typical alcoholic personality although certain common factors have been distinguished in research studies. As one reviews case histories in large numbers, it is common to find evidence of emotional frustration, unmet dependency needs, failure to establish independence from dominant parental figure and the subsequent resentment. A lack of ability in childhood to satisfy parental demands and the consequent rejection may initiate feelings of inadequacy and guilt. Many chronic alcoholics apparently develop oversensitivity and an inability to solve conflicting inner drives. Fairly common are difficulties in the phychosexual sphere. Paranoid trends are also often in evidence. The chronic alcoholic seems basically to want to maintain a more or less passive-dependent type of existence. In addition the alcoholic often refuses to recognize his limitations and, therefore, constantly subjects himself to emotionally hazardous situations that can only result in more anxiety and tension.

Not Immorality

All this, of course, has many implications for the treatment of alcoholism. It is important that alcoholism be recognized as a psychic illness, rooted in a personality disorder or emotional immaturity and not be regarded as a moral problem. In addition to the general medical care indicated, the patient needs help in reviewing and understanding his experiences and emotional reactions to discover those factors which have caused him to become dependent on alcohol. One of the goals of therapy is not restraining the alcoholic from drinking but rather is in helping the patient in such a way that he no longer desires alcohol as a means of relieving his anxiety and tensions.

I want to spend a few minutes talking with you about the relationships of cultural attitudes and therapy; whether the therapist is a psychiatrist, a social worker, a nurse, a family physician, a clergyman, or whatever—will it or not—any person establishing a significant relationship with an alcoholic becomes in many senses of the word, a therapist. Perhaps the therapy may be harmful rather than beneficial but in any event this relationship has some effect on the alcoholic and his problems and thus deserves close evaluation.

The Influence of Culture

None of us was born in or developed in a vacuum. We are all products of a culture. We work in a culture with all its pressures, attitudes, values, distortions; we continue to remain a part of this culture and never become completely apart from or completely independent of it regardless of our training or knowledge. All too frequently, unfortunately, the general attitude existing in the culture of most of our communities towards the alcoholic is one of rejection and hostility. So often, the feeling is one that alcoholism is merely a matter of will, that if the alcoholic wanted to stop drinking he could but he just doesn't want to, therefore, why bother with him. Unconsciously, we also adhere to this underlying attitude of hostility and rejection, even though because of our intellectual and technical sophistication we have managed in a sense to suppress if and disguise these feelings so that they really come to the surface only under periods of considerable stress in working with the alcoholic. In addition, in working with alcoholic patients, their extreme dependence oftentimes threatens us. This relationship seems to ask too much of

us. It seems to enmesh us—enmesh us in the alcoholic's problems to the point where we get very much concerned and anxious in our relationships with him. This, in turn, may marshal all sorts of defenses and resistances within us that lead to rejection of the alcoholic. This rejection is expressed in rationalizations that really reflect cultural attitudes. Only, of course, because of our knowledge and training, we are much more subtle in our rejections and hostilities and are able to disguise these attitudes, more often than not, even from ourselves.

Then too, there is the other side of the coin. We throw ourselves completely into a case, give the patient everything that we have, establish a good strong relationship with the patient—and he seems to get along better and better—and feed our ego more and more because of the strong dependency relationship. Soon we begin to feel that we are really a hotshot therapist and we are actually delighted to have the alcoholic come back again and again for his therapy. Then suddenly, very unexpectedly, and like a bolt out of the blue, the patient slips with one grand and glorious binge! What a blow this is! Not to the patient but to us. How could he do this to us? How could he undo everything that we have done for him? How could he be so ungrateful—and on and on and on? The patient is completely lost sight of as we struggle with our own wounded professional egos. What a blow! Not only has he proven unworthy of the tremendous emotional investment we have put into our relationship with him (and it becomes difficult to work with alcoholics without making an emotional investment) but he has shattered our beautiful concept of ourselves as the great therapist and our professional egos find it hard to take without some resentment and hostility creeping in toward the one who has done this to us.

Of course, with academic and technical sophistication, one becomes much more subtle in giving expression to hostility and rejection; in fact, one can even hide it from oneself. But no matter how subtle, no matter how disguised, patients unfortunately can sense rejection and hostility, in any form. In fact, patients suffering from alcoholism seem to have supersensitive antennae for that sort of thing. Thus, no matter how technically and intellectually sophisticated we may be, when one has a personal investment in therapy (and again it is difficult not to have such an investment in working with alcoholics) traumatic blows to our ego tend to bring about marked emotional responses in ourselves that reawaken all the cultural attitudes that we think we have gotten rid of, in such a way as to even fool ourselves. Thus, we must always be constantly on the alert for this possibility within ourselves and be willing to always turn the search light upon ourselves as well as upon our patients.

Several Pointers

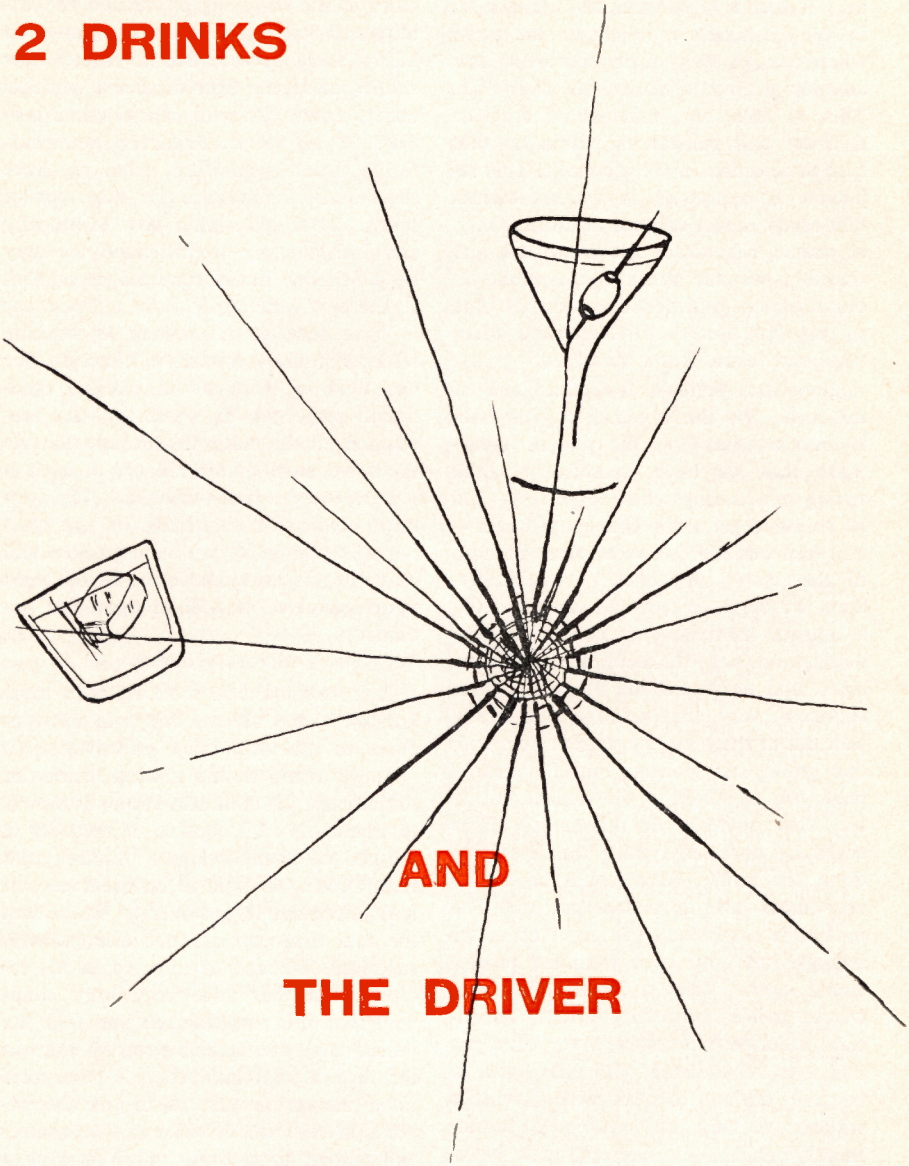
It is important in working with alcoholics to keep several things in mind in order to maintain one's effectiveness;

1. Be aware of the natural history of the disease. Alcoholism responds slowly to treatment. The course of recovery is marked by many relapses, failures, and frustrations. This is to be expected and it is important to get over to the patient the fact that you are not disappointed, surprised, shocked or angered at his relapses, but that you are calmly confident that this may happen and that the patient may continue to progress even in the face of such relapses. At the same time, one certainly is not to give the impression that one condones this continued retreat to the use of alcohol as a means of handling anxieties and tensions.

2. It is important that the therapist does not use the ups and downs of the alcoholics in therapy as a criteria for the measurement of his success or failure as a therapist; otherwise he will be-

(Continued on page 17)

2 DRINKS



AND

THE DRIVER

By Don Wharton

Alcohol is the gay deceiver—making the driver feel more confident when actually a small amount may cut performance by 25-30 per cent.

Reprinted by permission from THE ROTARIAN.

Everybody knows that heavy drinking makes for poor, irresponsible reckless driving. Dr. Leonard Goldberg, of Sweden's Caroline Institute, wasn't interested in that. He wanted to know about the effects on driving of light drinking—just a few beers or highballs. To find out, he tested 37 skilled and experienced drivers, most of them instructors at driving schools, men 20 to 45 years old, generally accustomed to moderate drinking.

Each man drove as fast as he could through a battery of six road tests constructed to measure a variety of driving accomplishments. The tests necessitated instant changes from one task to another, were deliberately designed to strain the driver's attention and produce some fatigue. Starters and assistants kept each driver racing through the six tests without a breathing spell, while three timers clocked him with stop-watches.

First, there was a garage test—driving out of an L-shaped space. Then the driver had to make the front wheel on the car's steering side knock down three white-painted blocks set in a slight curve—a test of forward steering. He had to back front and rear wheels of the steering side onto a plank 10 yards long and 7 inches wide. He had to turn the car around in a space only twice the width of the car, marked by parallel boards. He had to drive into a sand box, stop precisely in front of yellow flags, and, on a new signal, drive out of the deep sand. Finally, he had to parallel park, without knocking over marking poles, in a space only one-third longer than the car.

Two Groups

When the drivers were clocked, they were split into two groups; one to drink, the other to serve as a control. Each driver in the drinking group was given either three or four bottles of 3.2 beer, or sufficient Swedish brannvin to equal three or four ounces of 90-proof whiskey—about the same as two good highballs. This wasn't enough alcohol to produce any symptoms of intoxication such as disturbance of gait or slurring of speech. Actually it created an alcohol concentration in their blood averaging only .049 per cent. In the United States a concentration of not more than .05 per cent is legal proof of being sober; in most States three times that much, .15 per cent, is required for a driver to be prosecuted for intoxication.

Now came the second run through the tests. In American courts you couldn't have convicted a single one of these drivers for being under the influence. Yet Dr. Goldberg reported that in many instances the impairment in their driving "was obvious". Self-confidence went up, judgment down, attention lagged. One driver, trying to back onto the 7-inch plank missed, got mad, tried it again 15 times without changing his technique. When another driver's car slipped off the plank, he appeared not to notice it. Similarly, another driver didn't seem to know he'd knocked down some marking poles.

The drivers in the drinking group took a longer time to make their second run than their first, although they now had the advantage of practice, repetition, familiarity with all six tests, and the feel of the car. In contrast, Dr. Goldberg's control group—the drivers who did not drink between first and second runs—shortened their driving time almost 20 per cent. Dr. Goldberg concluded that even a slight amount of alcohol "caused a deterioration in the driving performance of expert drivers of between 2 5 to 30 per cent". And on the three tests most closely corresponding to actual driving a slight amount of alcohol impaired ability on the average by 41.8 per cent.

These scientific findings coincide with much data from other parts of the world which generally have been ignored by both lawmakers and the great majority of drinkers. Many motorists claim they drive better after two or three drinks.

Science shows this is pure nonsense—the motorist feels he drives better because alcohol removes his inhibitions and blunts his self-criticisms—precisely the same reasons the drinker thinks his jokes are funnier. But the belief still prevails, probably encouraged by laws defining .05 per cent alcohol as "sober". Actually, the question is not whether a driver is "sober", but whether his driving ability has been impaired by drink, regardless of how little.

A sociologist experienced with alcohol problems told me that society would be better off if the term "drunken driver" had never been coined—by focusing attention on "drunken" drivers, who are relatively rare, it whitewashed "drinking" drivers, who are almost numberless. Some years ago a study of traffic around Evanston, Illinois, showed that for every "drunken" driver on the roads there were about 30 who had been drinking. A more recent study of 17,000 rural traffic accidents in Michigan shows that about three times as many accidents were caused by drivers who "had been drinking" as by those actually "under the influence".

Even One Beer

Many States have laws acquitting drivers who don't have alcohol concentrations of .05 per cent requiring additional evidence to prosecute a person when chemical tests show his alcohol concentration is between .05 per cent and .15 per cent. Goldberg's road-test evidence that such laws have no relation to reality was confirmed last Summer by a study in Toronto of 919 drivers involved in personal-injury accidents. The researchers dug into the details of each accident, pinning down the role of mechanical failures, road hazards and driving errors. They concluded that alcohol became a factor in causing accidents at concentrations as low as 03 per cent—which can result from one beer or cocktail.

How does alcohol do that?

1. It slows down reactions. "The average man after one large whisky," according to New Zealand's Road Code, "will take about 15 per cent longer than usual to depress his brake or swing his wheel in an emergency."

2. Creates false confidence. Tests at the National Institute of Industrial Psychology in London showed that a driver after one and a half ounces of whisky drove a given course in a shorter time, but felt he had taken longer. This unconscious speed-up was confirmed by Michigan's study of 17,000 accidents. A State trooper told me that a few drinks seemed to make drivers "think they are Eddie Rickenbackers." Everyone who has been around drinkers knows that a little alcohol builds up confidence and tears down the faculty of self-criticism. New Zealand's Road Code put all this neatly: "A little alcohol has the double effect of making him drive worse and believe he is driving better."

3. Impairs concentration, dulls judgment. Alcohol makes drivers talk more and causes their attention to be more easily diverted.

4. Affects vision. A British ophthalmologist found that alcohol reduced capacity to see out of the corner of the eye and to pick up vehicles coming from side roads or pedestrians stepping off curbs. In Sweden, Goldberg followed up his road tests with laboratory tests which showed that after moderate drinking there was a 32 per cent deterioration in vision. "Alcohol has the same effect on vision," he concluded, "as driving with sun glasses in twilight or darkness; a stronger illumination is needed for distinguishing objects and dimly lit objects will not be distinguished at all; when a person is dazzled by a sharp light, it takes a longer time before he can see clearly again."

What are we going to do about this fresh evidence, so widely corroborated

that it seems reasonable proof that even slight amounts of alcohol seriously impair our driving ability? The problem can't be solved simply by writing new laws, for we are not even enforcing the old ones aimed at drunken driving. Neither can it be solved by neat little slogans such as "If you drive, don't drink." "If you drink, don't drive." For one thing, such exhortations don't square with reality—obviously, it is all right to drive after drinking if the alcohol has disappeared from your system. So the scientists asks "how long" after drinking "how much". Dr. Leon Greenberg, director of Yale's Center of Alcohol Studies, says that to be sure of avoiding impairment one must wait half an hour after one drink (highball, cocktail, bottle of beer), two hours after two drinks, four hours after five. But drinkers, whether in a bar or a friend's living room, cannot wait for hours after the last drink.

There are millions of us, reasonable and intelligent people, whose normal life includes some drinking outside our own homes. What can such people do in a society built around the auto? We respect the new evidence but many of us, on being invited out for a few drinks, will neither abstain nor wait three or four hours before starting home—just as many extremely careful drivers do not conform to each and every speed limit.

If you fit into this group, then here are some of the things you can do:

1. Familiarize yourself with alcohol's effect on driving. By recognizing that alcohol produces a tendency to faster driving, you can hold your speed down. By realizing that it normally produces false confidence, you can guard against taking chances. You can't lessen alcohol's impairment of vision or slowing of your reactions, but you can consciously try to avoid situations in which quick reactions are imperative. Alcohol makes it harder to concentrate; when you're the driver, withdraw from the conversation; when you're a passenger, don't talk to the driver. Save the arguments and vivacious talk until you are home.

2. Use your intelligence in prespotting hazards. Obviously, driving on heavy-traffic highways or over long distances after a couple of drinks is quite different from driving a few blocks over quiet streets or a few miles on country roads. Make it a rule never to drive on a main highway, or in tough traffic, or for long distances, unless there's an interval of roughly an hour for every drink you've had. If that means doing without the drinks, do without them.

3. Don't stop for a quick one on your drive home from work. This is the worst time to mix drinking and driving—you're tired, your stomach is empty, hence alcohol has more impact. There are authentic cases of accidents caused by one drink.

4. Don't encourage guests who are driving home to have "one for the road". The man who says, "No, I've got to drive," is respected in Scandanavia, but gets little sympathy in America. More often he's met with a laugh or some cliche such as "A bird can't fly on one wing." By example, we can all help change this.

5. For special occasions involving drinking and unavoidable traffic hazards, arrange to go home by cab.

We cannot completely solve the problem of drinking drivers. But we can and must adopt a realistic attitude toward a real menace.

A VITAL STEP IN TREATMENT . . .
WHY MUST THE ALCOHOLIC

Surrender?

By: Vernelle Fox, M.D.

Medical Director, Georgian Clinic

A great deal has been written and said about surrender in the recovery of the alcoholic. Sometimes in a group I use this word, "surrender", and I can see the cold chills run up and down the back of the novice. Surrender means defeat. Surrender means giving up when one is fighting it. When you are fighting you are called upon all the time to defend yourself against almost anything and everybody. This really isn't what surrender, in terms of alcoholism, truly means. This isn't what Dr. Harry M. Tiebout, the noted psychiatrist, says when he uses the term. By surrender he means a willingness to give up a pathway of destruction, a self-willingness, of defiance that keeps you out of tune with the rest of the world.

It is only true surrender, and by surrender remember that we mean simply giving up one way in order to learn another way—that an individual is freed to grow strong. Through surrender you may find yourself emotionally naked and afraid in the beginning. Later you are freed of the old fixed ideas of having to fight it out your way and completely freed to look around at the rest of the world and pick and choose the techniques and the defenses and the ways of thinking that make it possible to live comfortably with people. It's really quite nice not to have to be on top—not to have to always be right—not to have to be on the defensive. You can feel "I am one person, among many, with the absolute right to my own feelings, but with no necessity of being the only one who is right." Only through defeat does the average champion grow strong and become freed of his pre-occupation and able to develop all the multitude of things that he can do in life.

You see, when you are completely consumed with trying to prove the unprovable, which is that you can drink alcohol without getting into difficulty, you are helpless. It is only when you are freed of this that you are able to look at all the other things you can do, including "don't have a drink if I do not want to." After the "cannot drink if I don't want to" is settled, you're totally free and capable of doing many things that in the last few years you have not been able to do.

This may sound quite simplified and elementary, but it is probably the one insurmountable step that trips up more alcoholics than any other. Somehow he hangs so long and so steadfastly to the idea that he must conquer alcohol, that he completely drops the ball for all the other things that can be conquered, can be worked out, and be produced in his life. When fighting the difficulties of "how can I give up without being defeated," remember that to give up in one small area may free you to take over or to be victorious in all the other areas in life.

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MARITAL CONFLICT

(Continued from page 7)

made to feel inadequate as a man. If he happens to be an alcoholic he has to drink to cover up his feeling of inadequacy. The wife then has to become even more independent and responsible. This makes her resentful and critical of his behavior and it makes her husband's inadequacies stand out even more sharply as he tries to escape from the situation through alcohol. The Jacksons difficulties undoubtedly reflect the broken homes from which they came and the economic suffering they had borne earlier. These are not the most important influences, however. Children who are hungry for love, affection and a feeling of belonging frequently come from homes in which there is wealth and from marriages which lasted even though unhappy. Regardless of social background, the alcoholic is attempting, without success, unfortunately, to satisfy his need to be somebody in his own eyes. And quite possibly the wife of an alcoholic married him because, unconsciously, she needed to have someone dependent upon her, to prove her own worth, to justify her own feelings of bitterness and resentment, or to meet some other emotional need of which she is not aware. If you are married to an alcoholic, are you contributing to a drinking problem?

EDITOR SPEAKS

(Continued from page 1)

evident, and I was pleased to learn that they felt alcoholism is as severe a handicap as many of the others with which they worked. I have heard of many state agencies on vocational rehabilitation who resisted working with alcoholics to the last. I am proud that our state agency has demonstrated its constructive and progressive attitude.

As might be expected from reading the above, you probably know that I am satisfied with the response to the conferences. It is the sincere wish of this program that they proved helpful to those who participated. I will state that their participation and the spirit of it strengthened our belief that our work is attempting to assist in fulfilling a great need in South Carolina.

GREATEST NEEDS

(Continued from page 11)

come despondent and ready to quit before he has really gotten started. It cannot be repeated too often, the course of therapy is a rough and stormy one and one must be prepared to weather many, many storms before any degree of smooth sailing becomes possible.

And last, but not least, as in working with any difficult problem, one must set realistic goals—goals that are patient-oriented—that is, related to the patient's emotional resources, potentialities and limitations, and are not related to some idealistic goal that we may project for our patients to reach. Such an idealistic goal is too often an idealized self-image, having little to do with the very real person with problems that we are trying to help.

To succeed in working with the alcoholic one must be prepared to fail time and time again in order to reach success.

A speaker at the recent State AA convention in Raleigh, N. C. stated that he thought the explorer Christopher Columbus might very well have been a likely candidate for membership in AA. He said that he was not actually charging Columbus with being a heavy drinker, but presented this set of facts: "He left Spain and didn't know where he was going. When he got there he didn't know where he was. When he got back home, he didn't know where he had been. In addition, he had talked the Queen into hocking all her jewels so he could make the trip."

S. C. A. R. P. EDUCATION AND INFORMATION SERVICES

LIFELINES—bi-monthly magazine which purposes to make available those educational and news articles which will be of interest to all readers.

FILMS—feeling that visual aids perform an invaluable service in the field of alcoholism, the best in films will be made available on a free rental basis. The following are available now from your Alcoholic Rehabilitation Program, 1420 Lady Street, Columbia.

ALCOHOL AND THE HUMAN BODY—15 min., 16mm., sound

ALCOHOLISM—22 min., 16mm., sound

TO YOUR HEALTH—15 min., 16 mm., sound (cartoon style)

PAMPHLETS—there are many very fine educational pamphlets available to the public carrying almost every aspect of the problem of alcohol and alcoholism.

SCARP STAFF SPEAKERS—members of the S. C. Alcoholic Rehabilitation Board and its staff are available for speeches before civic, religious and professional groups.

LIBRARY—reference books by leading authorities in the field of alcoholism are available on a loan basis from your Alcoholic Rehabilitation Program, 1420 Lady Street, Columbia.

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