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A BI-MONTHLY JOURNAL

ALCOHOL AND ALCOHOLISM

IN THIS ISSUE

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—ANONYMOUS

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Program Doings

SOUTHEASTERN SCHOOL

THE 3rd annual Southeastern School of Alcohol Studies will be held August 11 through 16 at the Center for Continuing Education, University of Georgia, Athens, Ga.

Applications

Anyone interested in attending this year's student quota from South Carolina should request application forms **now** from the South Carolina Alcoholic Rehabilitation Program, Educational Division, Room 401, 1420 Lady St., Columbia. This year's quota has been increased from 30 to 45 students based on the expanded facilities available at the University of Georgia. The total number of students who will attend the 3rd Southeastern School should reach the 240 mark.

Cost

Total cost of the six-day course is approximately \$75.00, excluding travel to and from Athens, Ga. Included are: Tuition at \$20, rooms (double occupancy) at \$5 per day, and meals.

Scholarships

A limited number of partial and full scholarships will again be awarded through the S. C. Alcoholic Rehabilitation Program to selected individuals who require financial assistance to attend SSAS. Applications should request assistance as necessary upon submission of their application.

Academic Credit

Prospective participants in the Southeastern School of Alcohol Studies who are interested in earning academic credit,

either at the undergraduate or graduate level, will be interested in the plan developed by the University of Georgia to meet this need. A two-week workshop course has been developed which includes one week of concentrated resident study on the campus prior to commencement of the Southeastern School of Alcohol Studies, plus the week of full participation in the Southeastern School.

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1963

SOUTHEASTERN

SCHOOL FOR

ALCOHOL STUDIES

Why A. A. Works

ALCOHOLICS ANONYMOUS AS VIEWED BY AN OUTSIDER¹

By Percy M. Sessions, M.S.W.

This paper was presented by the author during the Second Southeastern School of Alcohol Studies at Millsaps College, Jackson, Mississippi, in August, 1962, and is published here for the first time.

AS I have previously suggested, if you select any illness and study its history, you will find that professional people were the first to treat it effectively—that is, unless you select the illness of alcoholism. In this illness alone, professional people were generally ineffective until the victims of the illness themselves began to demonstrate the efficacy of treatment. Since they were the most part untrained in the helping professions, that treatment was necessarily simple, straightforward, and relatively superficial insofar as methods and techniques are concerned. Being without professional training, they were denied the more advanced psychotherapeutic measures and likewise denied the use of chemotherapy. Their success, therefore, was in spite of tremendous limitations; but it was nonetheless a success.

Generally, professional people had assumed that the alcoholic was not amenable to treatment, that he was hopeless. Psychotherapists had fallen victim to that which they had been known to militate against—namely, perfectionism. They had striven to return the alcoholic to moderate drinking, which would have indicated a perfect recovery from the illness and hence perfect treatment results. Failing in this, they threw up their hands in despair and announced that the alcoholic was beyond help. The remedy of abstinence represented unacceptable compromise lying short of perfect health; and such a simple expedient was much too simple for them.

¹ Extracted from a more comprehensive unpublished work by the author.

On the other hand, unlike the psychotherapist, the alcoholic had been known as an uncompromising perfectionist. However, since he had to shift without the arsenal of the professional person, in this matter it was necessary for him to select and apply some simple remedy; and, with cure eluding him, he had to adjust to melioration or continue with his illness unmitigated. There is no way to estimate how many simple remedies were tried, but experience finally taught that only one achieved anything akin to the result desired. That one remedy was total abstinence.

The binge-type alcoholic had long known that abstinence produced relief from the intense suffering of the extended binge and of the following hangover. He, himself, was puzzled as to why, when he had achieved relative physical comfort and was progressing toward prosperity, he would inevitably interrupt this forward movement with behavior which he well knew from experience would throw him back into the pit of agony.

Be that as it may, the discovery of abstinence as a solution for the alcoholic's dilemma, cannot be accredited to Alcoholics Anonymous. This had long since been a well-known fact. Abstinence was the treatment of choice, but in the vast majority of cases the patients were unable to tolerate the treatment. Therefore, the contribution of Alcoholics Anonymous was not the discovery of the effective treatment itself but the development of means whereby the treatment of choice was made feasible and could be utilized. The development of this means came probably more by pure chance from the desperate association between Bill W. and Dr. Bob than it did from the application of any therapeutic theory. A reflective, psychodynamic appraisal suggests to us what might have happened.

One of the most obvious and persistent phenomena of the alcoholic's personality is an intense self-rejection. A vicious

ABOUT THE AUTHOR

Mr. Sessions is currently Administrator and Chief Psychiatric Social Worker of the Birmingham, Alabama Alcoholism Clinic, an out-patient clinic operated by the Alabama Commission on Alcoholism.

cycle might have been begun by parental neglect or rejection of the child, which later in adult life resulted in alcoholic behavior signifying self-rejection, which attitude and behavior in turn promoted further and more vigorous rejection by others. It is an established psychodynamic truth that man cannot well survive without some approval.

When Bill W. and Dr. Bob were brought together, though each rejected himself, each was able to extend at least some limited acceptance of the other—not only of the other's accomplishments, which might have been generally admired, but of the other as an individual. Their association might have produced the first genuine acceptance that either had known—that is, acceptance of the inner man with all pretense removed rather than of the exterior. And once having experienced this genuine acceptance in spite of all that either knew about the other's private hell, both Bill W. and Dr. Bob were encouraged to strive more vigorously than ever before to achieve a different posture with respect to alcohol and life. *Undoubtedly the most vital aspect of Alcoholics Anonymous is one individual's acceptance of another individual's irreducible minimum worth, which acceptance tends to be followed by the individual's acceptance of his own irreducible minimum worth.* Once this is accomplished, growth is possible.

This is what must first take place in Alcoholics Anonymous. The extensive A.A. program to promote growth is practicable only after this has occurred. For

the alcoholic, this program is revolutionary in the extreme. It has to be. Were it less so, it would fail to capture the imagination and fire the enthusiasm of the alcoholic. The Twelve Steps of A.A. tend to be diametrically opposed to the alcoholic's way of life prior to affiliation. These principles in reverse fairly well describe the life and conduct of many an alcoholic.

The Twelve Steps

After the initial reassurance of being accepted, the recruit in Alcoholics Anonymous is enabled to set about achieving mastery of a way of life embodied in the Twelve Steps. The first step is taken by admitting that he is powerless over alcohol—that his life has become unmanageable. Rare indeed is the recruit able to do more than approximate such an admission. Occasionally, one is found who has been so beaten down by the results of his drinking and so overwhelmed by the experience of being accepted by others in A.A. that he is propelled into a genuine acceptance of his first step. More often, however, this step is taken with great reservation, and if the individual should honestly and frankly make his own statement consistent with the measure of his earnest conviction at the moment, it would probably go somewhat like this: "I have to admit that at the moment I am powerless over alcohol—that, due to an unfortunate succession of unfair treatments at the hands of others, my life has become unmanageable; but just give me a little time to get back on my feet and I'll take over." Sometimes, when the recruit has uttered the words of the first step, if he should really express his feeling, he would add, "Okay, I've taken the step. Where are the results?" His attitude is still defiant. While this is to be deplored, of course, the cause is not hopeless. He may learn little by little to accept the spirit as well as the words of the step.

He moves on to the next step which involves the belief that a Power greater than himself could restore him to sanity.

Often this step involves a sort of knuckling under and hence humiliation, because, perhaps without really being aware of it, he has been involved in a continuing feud with the higher Power. Time after time he has bitten his tongue to stop the words: "God, help me now, let me know you're there, or damned if I'll ever believe in you again!" To him, it has been inconceivable that a God who was both merciful and omnipotent would not have long since put an end to his suffering—although sheer terror has probably prevented him from entertaining such thoughts in his conscious mind. Therefore, when the recruit contemplates this step, if he should express himself freely, probably it would come out somewhat like this: "I have come to believe that a Power greater than myself can restore me to sanity—and, if He can, By God, it's high time He did it!" Give the recruit more time and the reassurance of continued acceptance, and he will likely begin to soften.

He has to soften, in fact, before he can ever swallow the third step. The extent to which he makes a decision to turn his will and his life over to the care of God as he understands Him determines in very large measure the extent to which he will benefit from the A.A. program. This step approximates the "surrender" about which Tiebout writes. It is most fortunate that the phrase, "as we understood Him," was included in the official statement of this step. This phrase alone has saved many an alcoholic who never would have acquiesced to having somebody else's God crammed down his throat. There is always the danger, of course, that the alcoholic will proceed to make a further mess of his life and then blame God as he understands Him for what has been done.

When the recruit undertakes the fourth step, he sets about to make a searching and fearless moral inventory of himself. While it is fortunate that this step was

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In Memory of

*John W.
MacDowell*



The South Carolina Alcoholic Rehabilitation Board and Program Staff deeply regret the recent loss of Mr. John W. MacDowell of Gaffney who was a charter member of the program's Board of Directors since its inception in 1957.

Mr. MacDowell's death on April 6th followed a long illness.

He was a prominent insurance executive in Gaffney, managing his own general insurance and real estate agency. In 1957, he was appointed by Governor Timmerman to represent the 5th U. S. Congressional District on the very first South Carolina Alcoholic Rehabilitation Board, maintaining this appointment until his death.

This article is taken from a talk presented by Mrs. Cain at a seminar on **Developing an Effective Alcohol Education Program in the Public Schools**, held at the University of Georgia Center for Continuing Education, Athens, Georgia, and is reprinted with the author's permission.

Alcohol Education In The Public School

By Vashti Cain

(Mrs.) Vashti Cain is Supervisor of Alcohol and Narcotics Education with the Mississippi State Department of Education at Jackson, Mississippi.

LOOKING briefly at the evolution of alcohol education there is evidence of progress. The laws of 48 of our states require instruction about alcohol. These laws were motivated to a great extent by the temperance organizations of the latter part of the nineteenth century and the early part of the twentieth century. The "temperance education" (as it was labeled at that time, which resulted was influenced greatly, as should be expected, by temperance and dry organizations. It is interesting to note, however, that the phrase "scientific temperance instruction" was commonly found in many of the laws. There is little doubt that the in-

struction was based on the scientific findings that were available at that time. The emphasis was primarily on the "evils" of alcohol and its deteriorating effects on the physical body.

As far as I have been able to ascertain, the "instruction" in the public schools consisted primarily of employed and/or volunteer lecturers appealing to school administrators for permission to present a lecture "again" alcohol to the student body. Often students from the sixth through the twelfth grades gathered in the auditorium and listened to or sat through a 30 or 45 minute lecture. Many questions arise in our minds about

the philosophy and lack of educational principles that were involved in this type of activity that was labeled education. But the purpose here is not to evaluate but to look at some various types of alcohol education. However, this method is still in existence, perhaps not in your state; but less than six months ago, with a great deal of pride, a school administrator in Mississippi informed me that they had for the past three years had an excellent program of alcohol education. One of the local ministers had been an annual guest at an assembly period and talked about alcohol (or against alcohol I assume would be a more accurate phrase). This administrator had implemented his program of alcohol education! He had arrived! At least in his opinion.

Another type of program which has been implemented in some areas of the United States has been centered primarily in the area of teacher education. Since we, in Mississippi, have followed this procedure, I am more familiar with it than programs in other states. The development of this program was based on the premise that the teacher is the "key" to the instructional program regardless of whether the subject is mathematics, science, English, social studies, homemaking, health, driver education, or alcohol education. It was our conviction, and this has been demonstrated over the years, that when the classroom teacher had an opportunity to become familiar with the available information in alcohol education that she would develop units of study and correlate them with her teaching subject. In the current publications there are examples of such units for practically every subject in the present curriculum.

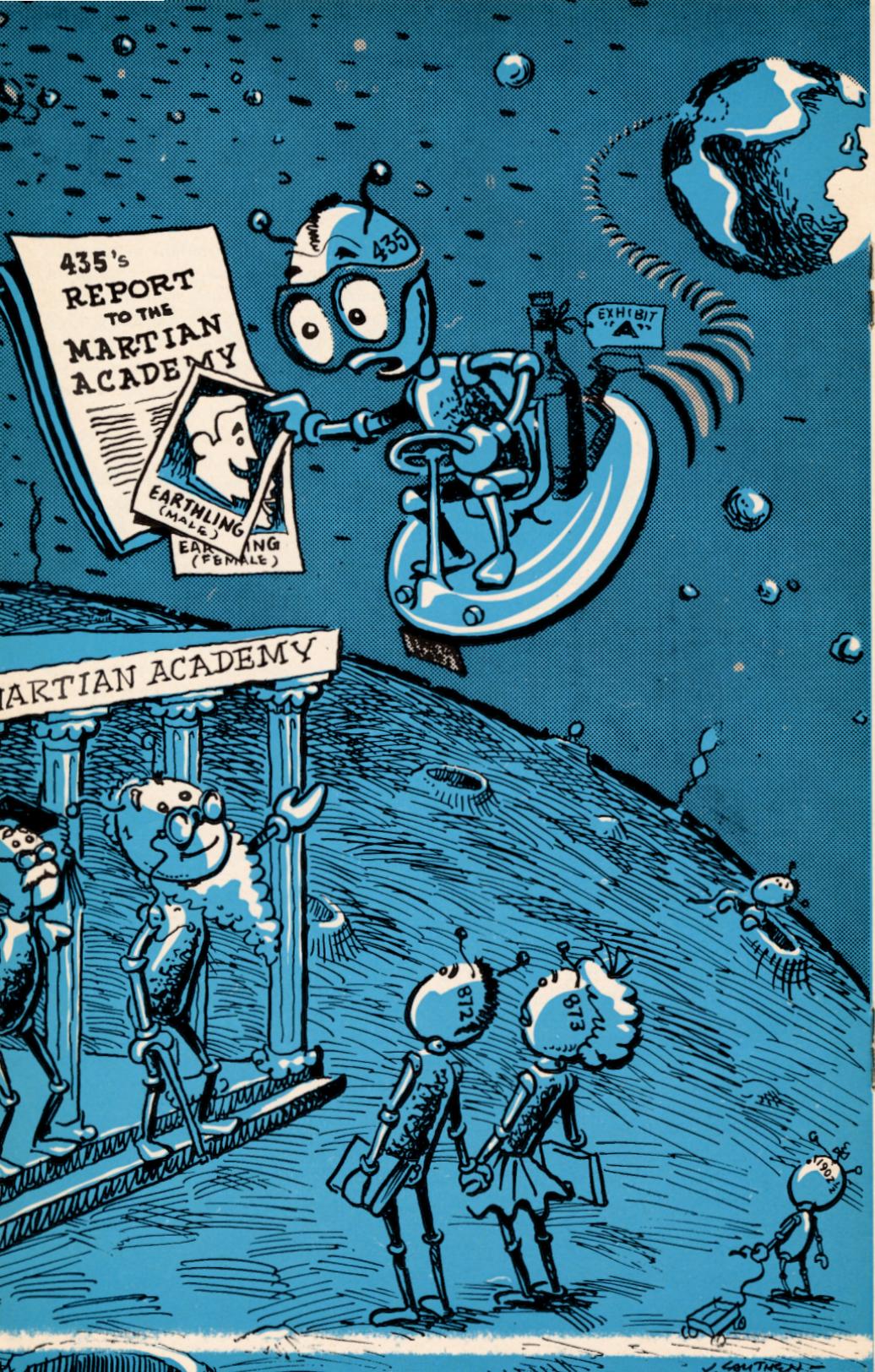
In Mississippi for the past decade the emphasis for implementing a state-wide program has been placed on providing opportunities for alcohol education to both in-service and pre-service teachers. This has been carried out on a limited

scale through accredited and correlated courses of alcohol studies being made a part of the regular curriculum of several teacher training institutions and through summer schools and workshops. (School administrators were usually conspicuous by their absence.)

The scientific information included in these courses pointed out a change of emphasis in instruction. With the advent of recent findings a shift was being made from the physiological to the psychological and social aspects. Emphasis on indoctrination was also declining. Knowledge of the scope of the problem was broadened and the attitude of confidence about how to solve this complex problem was changed partially as a result of increased research. A more realistic approach was employed and in numerous areas we began to say "We don't have the answers, but we will look for them." With classroom teachers inspired to provide more adequate alcohol education the need arose for teaching aids, since textbook writers had not kept pace with the scientific findings. It then became our responsibility from the state level to supply the teachers with supplementary material. This was done to a limited degree through preparation of bulletins. These bulletins, in addition to bibliographies of literature and films produced by other states, were made available to the teachers.

Even though provisions for more adequate teacher education and teaching aids were considered paramount, the area of adult education received attention. Since there was—(in Mississippi)—no state program of formal adult education, the activities in this area were unorganized, spotty, and inadequate. Nevertheless, efforts were made to cooperate with church, educational, and civic groups on both professional and non-professional bases. Briefly described, this second type of alcohol education program consisted of limited teacher educa-

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435's
REPORT
TO THE
MARTIAN
ACADEMY

EARTHLING
(MALE)

EARTHLING
(FEMALE)

EXHIBIT
A

MARTIAN ACADEMY

812

813

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J. CANTRELL

A Report To The Martian Academy on:

EARTH'S

curious drinking cult

SUMMIT CONFERENCE, 1980

By R. Z.

Reprinted from the AA Grapevine

FELLOW members of the Martian Academy:

My report on the first Mars expedition to planet Earth would not be complete without a brief mention of the curious custom which centers around a substance which Earth-people call alcohol. Although alcohol is unknown here on Mars (our planet life and atmosphere do not contain the necessary elements to manufacture it), it is consumed in many forms on Earth.

Alcohol is a colorless, volatile liquid. Since it causes a burning sensation on the tongue and in the throat when imbibed, Earth-people of both sexes drink alcohol with intense fervor, gathering for the ceremony in dimly lit temples where they must raise their voices to be heard over the sounds from automatic music machines.

The alcohol is dispensed by a Grand Mogul whose robe of authority consists of a white cloth tied about the waist and hanging freely to the knees. In larger halls he is assisted by hand-maidens who wear similar white aprons.

The Mogul officiates at a mahogany altar backed with colored lights, ornaments and rows of glass containers of varying shapes, but all filled with the solution which he dispenses. An alcoholic potion is prepared in small glasses by the Mogul and handed to the slavish subjects over the barricade. This evidently symbolizes his exclusive and elevated role.

In exchange for his quantity of alcohol, the drinker hands the Mogul one of the tokens of metal or paper which are prized so highly by Earth-people. The large number of these tokens which Earth-people exchange for drinks of alcohol is evidence of the importance which the drinking plays in their lives.

One member of the MEF (Martian Expeditionary Force) sampled some of the alcohol and reported decidedly unpleasant effects: dizziness, difficulty in speech articulation, cloudy memory, a lethargy in the limbs.

The Earth-men who were acting as our hosts insisted that the volunteer try additional samples. There were remarks about a bird (a type of Earth-creature)

flying on one wing. Our volunteer protested, but not wanting to be impolite, he allowed additional doses to be administered. What followed is outside the scope of this report; in brief, our poor companion had to be carried back to our spaceship to recover. He reported, upon regaining consciousness, that the experience was somewhat like the illness we often endure on Mars during the annual advance of the ice cap, when we have to resort to artificial foods.

We concluded that alcohol-drinking is bound up in some way with the search for Truth and Happiness which is such an obsession with Earth-people. Some alcohol-drinkers are more devout and persevering in this search than others, and their ecstasy often reaches a trance-like state, at which time they fall to the ground unconscious. Others make their way forth from the hall, uttering incoherent prayers and propelling themselves erratically in machines known as automobiles.

The alcohol persuasion leads a few to a monastic way of life. They renounce family and friends, their vocation and all worldly pleasures, to carry out their devotionals. Some of these retire from human company for days at a time, to perform secret rites which, we are told, alternate between lengthy trances and disordered wakefulness.

A word must be said about a small but growing sect of comparatively recent origin made up of those who have attained the rank of High Prophets of the alcohol cult. They evidently have found the answers which others are seeking in drinking alcohol. The knowledge was gained through such suffering and hardship that it is coveted and passed on only to those whose similar experience has led them to the threshold of understanding. These chosen ones meet surreptitiously, refer to each other by first names only, and their membership in the sect is known only to other members.

While each of them was at one time a dedicated practitioner of the alcohol-drinking ritual, they now joyfully shun alcohol on all occasions and devote much time to instructing novices in the secrets of the order.

They speak frequently of their search for Truth and Happiness but under their new doctrine these treasures are found everywhere *except* in alcohol. This radical belief is regarded as subversive by many Earth-people, so members of the sect go about in anonymity. Their anonymity is not perfect; we noted they wore expressions of serenity seldom observed on the faces of other Earth-people and they seemed to retain admirable composure at times when others were wringing their hands over the vexing problems of Earth-life.

Further Study Recommended

It is our recommendation that the Martian Academy undertake further study of the alcohol cult on Earth to learn to what extent it may be responsible for the chaotic social conditions on that unfortunate planet. When our next expedition is dispatched—carrying colonists and missionaries to teach the Martian Way of Life—we must be equipped with as much knowledge as possible to help us get along peacefully with the Earth-people. If, indeed, it is possible to get along peacefully at all with people of such peculiar habits.

Parson Jones phoned the local Board of Health to ask that a dead mule be removed from in front of his house. The young clerk thought he'd be smart.

"I thought you ministers took care of the dead," he remarked.

"We do," answered the cleric, "but first we get in touch with the relatives."

Alcoholics are sick people, the victims of a disease calling for medical, psychiatric and social help. And the disease, alcoholism, is progressive.

ALCOHOL EDUCATION IN THE PUBLIC SCHOOL

(Continued from Page 7)

tion, preparation of teaching aids and adult education.

A third type of program is now appearing on the horizon. At the close of a workshop for secondary schools held at Mississippi Southern College and attended by classroom teachers, school administrators, and community leaders, a recommendation was made to explore the feasibility of a Community-Oriented-Program of Alcohol Education. The conferees expressed their concern about the role of the community by passing this recommendation unanimously. This action was probably stimulated, to a degree at least, by the following statements by Mrs. C. C. Clark in her lecture on "What Place Has the Community in Alcohol Education?"¹

It is an oversimplification of alcohol education to assume that the total program can be handled by the school alone. The use of beverage alcohol is so definitely a part of the culture of the whole society that any realistic approach to a successful program of education is one that recognizes a reciprocal responsibility on the part of public education and the community. Each has a responsibility to the other. Community attitudes determine to a great extent the effectiveness of the school program.

Mrs. Clark further states:

The changing of attitudes toward beverage alcohol and alcoholism is not as simple as changing the grammar pattern of the child . . . there does exist a variety of differences of opinions and attitudes toward beverage alcohol not only within the community but among people in the same social, religious, and family groups. Alcohol education in the school is influenced by this variety of community attitudes . . . The community is inextricably involved in educating the individual about alcohol. It is not something yet to be decided, and those who are in education, public or informal, must come to terms with the fact. We are forced to take the position that education that takes place in the classroom, even at its best, will not alone be

effective enough to go far in ameliorating the conflicts that occur in society and personal lives because of alcohol. The community forces education to the end that it complements that of the school and to the end that every adult is offered the opportunity to examine the wealth of scientific information available concerning alcohol . . . The place of the community in alcohol education is primary.

The following provocative statements of Dr. George Maddox also served as stimuli for looking at the community:

Perhaps the time is ripe for Mississippi to provide a community experiment in alcohol education. There is still another reason why alcohol education must begin with a focus on the community. Not all communities necessarily have the same problems associated with the use of alcohol or problems that are equally intense. There can be no program of alcohol education in general. There can be no alcohol education package applicable to all communities. Alcohol education, then, is likely to be a community-centered program if it is to be effective at all.

This emphasis on community is not likely to be very popular with those many weary middle class people who are or feel they are already over-organized. They have my sympathy . . . Effective instruction about alcohol necessarily involves the whole of organized community life. We are going to have to decide whether or not we are willing to pay the price. So far many communities have been willing to do little more than deplore the alcohol problem. It is time that we did more.

Several meetings have been held by a study committee selected by a study committee selected to consider the recommendation that was made at the workshop. The committee decided that the services of persons more knowledgeable that we were needed to assist in looking further into the feasibility of developing a community-oriented program.

The study committee, with the assistance of four persons who are actively engaged in various areas of instruction and research regarding alcohol and alcoholism, explored the possibility of a community program. The findings have not been compiled, but generally, the consensus of the group was that this recommendation should be pursued; that there is

¹ Clark, Mrs. C. C. *Alcohol Education Workshop for Secondary Schools*. Jackson: Mississippi State Board of Health, 1960. pp 32-36

need for attempting to determine whether or not, and to what degree, if any, there is merit in the cooperation of the adult and the school community in implementing a program of alcohol education.

Is not progress evident when we look at the status of alcohol education in the early 1900's and the emerging concept of the total community? The idea of the community-oriented program is presented not with the suggestion that you will want to implement it, or that it should be the first step in all communities or, indeed, in any community. Rather, it was mentioned to illustrate that the possibilities for implementing programs in alcohol education are varied and numerous. This is a new frontier in the educational field. There is need for exploration in many directions. Many questions are still unanswered. Research is practically nil. So put your creative ability in motion.

Some Basic Guidelines

In the consideration of guidelines perhaps the most significant single factor is the potential learners—the students. What are their needs? What are their characteristics? What are their problems? Should not the first step in implementing any type of alcohol education program be to meet the needs of the students?

Most young people seem eager to learn about all aspects of growing up. Their need for knowledge about alcohol and alcoholism seems to be just as real as their need for many other kinds of knowledge which are involved in their behavior and their understanding of themselves and others.

Each student needs to be aware of the various rules of etiquette and practice them with grace and poise; he needs to be able to adjust to his environment with a comfortable feeling of adequacy and security; he needs to accept the fact that life is not always a "bed of roses," is

not always "one grand song," and he needs to be equipped to adjust to the inevitable factors of life with some degree of satisfaction. He needs to develop a philosophy of life, to formulate a sense of values, to develop inner resources from meeting crises.

Each student needs to understand why he has chosen to drink or not to drink. He needs to understand his own attitudes toward drinkers and non-drinkers, to understand the basis for his feelings, and to decide whether they should be adjusted. If adjustments are necessary the student will probably need counseling and guidance, and opportunities that will afford experiences through which these adjustments are likely to be made. If there is an alcoholic in his family, to what degree does he understand and accept his illness? Regardless of whether the student chooses to drink or not to drink, how does he justify his choice? How does he maintain his feelings of belonging with his peer group and his family group? What are the assets of his choice? What are the liabilities of his choice? What problem will confront him?

Each student needs to establish his independence. How can he become identified as an adult? From his observation the use of alcohol is significant in the adult world into which he is emerging. To what extent would he "prove" to himself and to society that he is taking on the adult role if he drinks or if he does not drink? He needs to be able to recognize the rights and privileges of other members of his family, his peer groups, and society; to recognize that others have rights, privileges, and attitudes about alcoholic beverages that may differ from his.

One of the characteristics of young people that relate to the implementation of an alcohol education program is that they responded better when given an opportunity to participate in making plans. They react more wholeheartedly to guidance than to domination. The teacher

may make a real contribution by using the teacher-student planning technique as a means of educational growth through increased student responsibility. One way to initiate this cooperative planning would be to begin with asking the students to suggest needs and problems that are pertinent to them. It is not surprising that their suggestions will usually parallel or possibly surpass the listing made by the teacher. When students are excluded from making plans unfortunate situations can be expected to arise; for example, they may have to be driven by threats, punishments, or artificial rewards to master the subject matter. The lack of student participation in planning the unit may result in only satisfying the students own needs.

The person of most significance next to the student is the teacher. Or is she of equal significance? Perhaps the point of departure in the implementation of an alcohol education program is for the teacher to make a self-analysis.

What do I expect? What publics do I want to reach? How intensive and how extensive shall the program be? To what extent am I motivated to implement this program? How can I become aware of the needs of my students? What cooperation can be expected from my administrator, my colleagues on my faculty, from the lay and professional citizens in my community, from my State Department of Education, and State Commission on Alcoholism, and from my State Congress of Parents and Teachers? How many books and pamphlets have I read? How many visual aids have I viewed? Am I sincerely concerned about implementing an adequate program or will I compromise for one on a limited basis? Am I content with no alcohol education program? Is this not a job for "George?" Do I already have enough work to do? Do I dare enter a field of controversy? To what extent do I believe alcohol education is the responsibility of the public school? Et cetera.

Let us play the role of an optimist and assume that you conclude that there is a need for alcohol education in the public school and that each of you is enthusiastic about sharing in the implementation of this program, and that you will personally be responsible for mobilizing the resources at your command and for setting the program in motion. Since there are no "blue prints," this should be a fascinating, challenging, and rewarding experience. If you will employ your creativity and ingenuity you will implement a program of alcohol education that will meet the needs of your local school and community. It depends on you.

From the voice of experience, however, these are some guidelines that you might want to consider:

1. Be aware of your personal attitude regarding alcohol and alcoholism.
2. Keep in mind that approaches, procedures, methods, and techniques of alcohol education should be based on the philosophy of general education.
3. Recognize that the needs of the students are of paramount importance.
4. Accept the controversial nature of alcohol education which results from various religious, racial, cultural, social and economic backgrounds.
5. Explore the value of an alcohol education committee composed of representatives from schools and the adult community (including students).
6. Be prepared to meet obstacles and disappointments—they are inevitable.
7. Be well informed so you will have a comfortable and secure feeling and will not need to resort to imagination, exaggeration, indoctrination, or the psychology of fear.
8. Be familiar with community, state, regional and national resources.
9. Be tolerant toward the opinions of others.
10. Be open-minded—Constantly searching for new findings, new approaches, and new techniques.

11. Assist the student in analyzing his feelings and attitudes about alcohol and alcoholism.
12. Assist each student in accepting his only imperative in life, which is to know who he is, to know what he is choosing out of life, and to assume the responsibility for his choices.

Conclusions

As we reflect we are aware that emphases have been placed on the inevitability of education about alcohol and alcoholism and the failure of the public school in the past to assume responsibility. It now seems that alcohol education is imperative and we, as educators, are challenged both professionally and morally to assume our individual role in sharing this responsibility. Educators have met the challenge in other areas and I have every right to believe that we will succeed in alcohol education.

RUTGERS COURSE STARTS JUNE 30

THE 1963 Session of the Rutgers Summer School of Alcohol Studies will be held in New Brunswick June 30 through July 25, according to an announcement made by the school's administration. Enrollment will be limited to 250 students.

A number of changes have been made in the program to provide increased opportunity for individual participation and to sharpen the focus on critical issues in alcohol problems and alcoholism, the announcement states.

Rehabilitation, education and community services are the greatest forces operating today for the control and prevention of alcoholism in the home, on the job and in the community.

The number of hospital beds, clinics and personnel available for dealing with this vast public health problem today is acknowledged to be ridiculously inadequate.

SOUTHEASTERN SCHOOL

(Continued from Page 1)

Successful completion of this two-week course will earn five quarter hours of credit.

This is a meaningful and standardized unit of credit as contrasted with the one and one-half and two quarter hours offered for satisfactory participation in previous schools. Those who need academic credit to qualify for degrees and for promotion and salary increases will in all probability find this arrangement much more useful. The prospective registrant should investigate ahead of time the acceptability of the five quarter hours credit to be earned in this workshop for purposes of meeting his degree requirements or for the upgrading of his position. More detailed information concerning academic credit will be supplied with applications.

ALCOHOLICS ANONYMOUS AS VIEWED BY AN OUTSIDER

(Continued from Page 4)

included and while it is certainly essential to the achievement of that understanding without which lasting sobriety is highly improbable, I wonder if the difficulty involved in making such an inventory is adequately appreciated by many A.A. members. I am confident that the inventories made by the vast majority of members are very superficial ones indeed. Fortunately, even superficial inventories have often proved sufficiently efficacious to enable members to stay on the A.A. program and to be effective. However, the most of those A.A. members who, because of the recrudescence of difficulties have seen fit to come to our clinic for treatment, have needed more help with this step than with any other. Many things about one's self the most conscientious self-appraisal will not uncover without professional help. Furthermore, nearly always the alcoholic has a mind set in such a way

as to deceive himself in this inventory. Interestingly, he is usually so very determined to be honest that when he takes his inventory he cheats himself on every count. He has become involved in a sort of perverted competition. Having striven mightily with the aid of alcohol to achieve absolute perfection and having failed, he now strives just as mightily in competition with other A.A. members to get the nod as having been the most complete and perfect failure. Many an alcoholic is ashamed of his alcoholic story, his "drunkologue," because it is relatively mild, relatively devoid of sordid and shocking material and of hostile humor with himself being the goat. This being the case, he is to be excused if he should artificially embellish his story here and there. Some, however, despair and withdraw from A.A. rather than undertake to compete. Many of these are seen in clinics.

In taking one's inventory, it is no less important to take into account one's personality assets than his liabilities. The average alcoholic reaching for this step has over-reacted against his own egocentricity to the extent that he often refuses to look at his assets; and when the inventory is completed he is frequently so discouraged with the balance he comes up with that he experiences a renewed urge to go out and get plastered to forget about the whole thing.

This behavior really results from an inability to distinguish between conceit on the one hand and self-confidence on the other. The two are never found in the same person. Self-confidence permeates the core of the personality; conceit is a mere facade. With self-confidence, one has no need for conceit. Conceit is erected simply to conceal from others and often also from one's self how one really feels about himself.

The fifth step calls for one to admit "to God, to ourselves and to another human being the exact nature of our wrongs." Such an admission to ourselves

is an inevitable part of taking one's searching and fearless moral inventory as such an inventory is impossible without evaluating one's wrongdoing. This part of the fifth step, therefore, is in a sense a duplication of the fourth step. However, the fifth step calls for more than admitting things to one's self. Such admissions must be made also to God and to another human being. Since one assumes that God knows all, not a great deal of courage is required to admit to Him what He already knows anyway. Therefore, the last part of this fifth step is the really significant part. It takes real courage to tell another human being about some of those things, the very memories of which invite upon you a heavy load of guilt and bring blushes to your cheeks.

Steps four and five are psychotherapeutically sound, for what is psychotherapy if it is not taking one's own inventory and sharing it with someone else in whom you have confidence? The only difference is that ordinarily the person in treatment shares his inventory with a professionally trained person who utilizes his discipline to help the patient complete an adequate inventory and to share it in such a way as to achieve the optimum therapeutic effect, while the A.A. member takes his inventory sometimes in solitude and then communicates his wrongs usually to some person not professionally trained. But since results in psychotherapy depend more on the activity of the patient than on that of the therapist, if the A.A. member completes these steps to the very best of his ability and without holding anything back, he accomplishes a considerable part of what he would accomplish in professional treatment. Unfortunately, some alcoholics have learned over the years to deceive themselves on progressively deeper levels of the personality so that only the well trained person or a therapeutic team can effectively reveal to him what he has been doing to himself.

Step six involves the individual's readiness "to have God remove all these defects of character." To an outsider at least, this step adds nothing new and is simply a re-statement of step three. Step seven, in humbly asking "Him to remove our shortcomings," goes only a little further than the sixth step and no further at all than the third step. If one has really accomplished the third step, when he gets to steps six and seven he finds that he has likewise already accomplished them. Perhaps these two steps were thrown in only for the sake of those who had not quite succeeded with the third step.

Steps eight and nine are very closely related, with the first of these having to do with an attitude of willingness to make amends to "all persons we have harmed" and with the ninth step calling for the actual doing of this. Really, of course, if one should not actually make amends "whenever possible," then he has not really accomplished the previous step of being willing to do so. Step nine, therefore, is simply to make step eight fool proof—to make it more difficult for one to convince himself of his willingness to make amends when actually he is not willing to do so. If he stops short of making amends as called for in the ninth step, he is revealed as having stopped short of willingness to do so called for in step eight.

As previously mentioned the step four inventory is a difficult thing to do. One is likely to dabble with it briefly and then declare. "Thank God that's done." Those who compiled the Twelve Steps were determined not to let one get by so easily, and they put in the tenth step calling for continuing personal inventory. They were also determined that one not be allowed to do step five only to forget about it, because this tenth step demands a continuing admission of wrongs.

Step eleven suggests the seeking "through prayer and meditation to improve our conscious contact with God

as we understood Him, praying only for knowledge of His will for us and the power to carry that out." This step, therefore, calls for continued growth beyond steps two, three, six and seven, all of which are related. Step eleven does introduce something new in that it tells us how to pray. It must have grown out of an awareness that most alcoholics, like most other people, were once taught to pray selfishly, simply to "ask and it shall be given unto you." More than most other people, however, alcoholics once tended to believe this and, consequently, they were all the more bitterly disillusioned when they learned that it was not so—at least not when you ask of God what the alcoholic is likely to request of Him. In the A.A. Program, extreme care has been taken not to encourage the alcoholic to return to that narrow, egocentric religion by which he has already once been disillusioned and by which he might have been aided and abetted to become an alcoholic.

Step twelve states that "having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs." This makes something of a missionary of the alcoholic; and, having experienced the benefits derived from the integration of the prior eleven steps, it is quite natural that he is willing and eager to be a missionary dedicated to helping others know the relief which he himself has experienced.

Problems of Adjustment

These steps, together with the Traditions and the Serenity Prayer, when properly assimilated into one's life, make for an adjustment to reality—an adjustment that can be admired by alcoholic and non-alcoholic alike. Because of his previous suffering due to his inability to accept reality, the alcoholic especially enjoys this adjustment once it is adequately made. Needless to say, often the assimilation of A.A. philosophy is only partial;

and sometimes it is a pseudo-assimilation as demonstrated by a few people who become A.A. fanatics, viewing such agencies as alcoholism clinics with profound distrust and suspicion. On one night alone at a public A.A. function, seven of these fanatics, recognizing me as associated with a clinic, stared challengingly at me and declared "A.A. is the *only* salvation for the alcoholic."

I am happy to say that we have made progress, thanks largely to the diplomacy of our patients who are also affiliated with A.A., and we now enjoy an extremely cordial relationship with A.A. in our city. From time to time, however, there is a reappearance of suspicion. This usually involves a method of treatment which is not available to A.A., namely, the use of medicine. Most members of A.A. achieved sobriety the hard way without having the benefit of tranquilizers; and some of them apparently find it hard not to resent the fact that, with modern developments in chemotherapy, some alcoholics can acquire sobriety at a relative bargain, or without having to pay quite the same price that they had to pay. If an alcoholic appears to be "high" on pills, as always some alcoholics have been wont to be, there develops certain ominous whispering to the effect that with this patient we are simply substituting drug addiction for alcohol addiction. When we check this particular patient's chart, we are likely to find that this

patient is getting no drugs at all from the clinic. If he should be, however, the drugs we use are of such a nature and are administered with such extreme care as almost to preclude the possibility of addiction.

Once I commented to that great man, Bill W., about the few problems of relationship that we had experienced with A.A. He replied that some of the old hands had come to rely so heavily on A.A. that naturally they would have difficulty adjusting to new agencies in the field. But as I reflected upon those who had been most hostile toward us, I realized that they were not the old hands who had caused us anxiety. From the beginning, the old hands had remained our wise counselors and solid supporters. They were the new hands who had been hostile—new hands who were still not quite dry behind the tonsils. Much to their humiliation, I am sure, some of those who have been most hostile have subsequently submitted themselves to us for treatment.

However, this hostility of which I have spoken has never been very widespread and has steadily diminished. The trend has been decidedly in the direction of highly profitable cooperation ultimately for the benefit of those many alcoholics who are still floundering and writhing on the griddle of agony. As a professional person concerned with the treatment of alcoholics, I think I shall always feel a certain humility when I associate with people in A.A.—those people who had to break down the door and turn on the light before we professional people dared to enter.

Mr. Sessions will be guest speaker May 31 at the S. C. Public Health Association Meeting which will be held at Myrtle Beach. He will present another outstanding paper entitled "The Alcoholic and his World," which he also presented during the Second Southeastern School of Alcohol Studies at Millsaps College in Jackson, Miss. during August, 1962.

Wage losses through absenteeism in industry, due to excessive drinking, have been computed at 432 million dollars per annum. In addition, the loss of valuable personnel who fall victims to alcoholism after years of investment in their training, is costing industry an astronomical amount every year.

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

WHAT ABOUT DRINKING—10 min., 16mm, sound

ALCOHOLISM—22 min., 16mm., sound

IT'S BEST TO KNOW—8 min., 16mm., sound

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

FOR THOSE WHO DRINK—45 min., 16 mm., sound

WHAT ABOUT ALCOHOLISM—10 min., 16mm., sound

TEACHING TEENAGERS ABOUT ALCOHOL—16 mm sound. To be used in preparing teachers to instruct teenagers on the subject of alcohol and alcoholism.

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.

CONSULTANT SERVICE—available for Mayor's Committees and other groups from your Alcoholic Rehabilitation Program, 1420 Lady Street, Columbia.