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# Lifelines

A BI-MONTHLY JOURNAL ALCOHOL AND ALCOHOLISM

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*January - February, 1964*

PUBLISHED BY THE SOUTH CAROLINA ALCOHOLIC REHABILITATION PROGRAM

# *Lifelines...*

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January-February, 1964

Columbia, S. C.

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**EARL W. GRIFFITH**  
Editor

**ROSA PUTNAM,**  
Circulation Manager

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S. C. Alcoholic Rehabilitation Program  
1420 Lady Street  
Columbia, S. C.

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# Program Doings

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## Weagly Joins SCARP Staff

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### GOT EMPLOYEES WHO DRINK TOO MUCH? READ THIS

Ken Rouse, Director, Rehab Service for Kemper Insurance Company has come up with a series of booklets for management on how to recognize and deal with the alcoholic employee.

Much good information is offered in the series which could be of use to any size personnel operation. Kemper Insurance will furnish up to ten copies of the booklets free of charge simply by writing to them.

Included in the tract are:

(1) *What to Do About the Employee With A Drinking Problem*

Prepared as an aid to business and industry to show how excessive costs can be reduced and valued employees retained through up-dated policies and procedures utilizing current knowledge about the disease of alcoholism.

(2) *Detour—Alcoholism Ahead*

Prepared for supervisors and others who require a basic understanding of alcoholism to enable them to identify the various signs and conditions of developing alcoholism.

(3) *Supervisors Guide*

Prepared for all Supervisors working for the Kemper Insurance Company, outlining the policy of that particular Company in dealing with alcoholics on the supervisory level.

For more information write: K. A. Rouse, Director of Rehabilitation Service, Safety Engineering Department, 4750 Sheridan Road, Chicago 40, Illinois.



**Charles Weagly**  
**Community Relations Associate**

**T**HE staff of the South Carolina Alcoholic Rehabilitation Program has been increased with the appointment of Charles A. Weagly, Jr. as Community Relations Associate. Mr. Earl Griffith, who formerly held this position has been appointed Educational Associate.

Mr. Weagly is a native Columbian who has had many years experience in community and public relations work. He was graduated from the University of South Carolina in 1956 and since that time has been engaged in television and motion picture production. He is well-known to many people throughout the

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*(Continued from Page 1)*

state and will be a needed asset to the program in its intensified efforts to educate and inform the general public on the facts about alcoholism and its treatment.

He is married to the former Betty Wilson of Columbia and they have three children. He is active in civic organizations and is a member of Covenant Presbyterian Church.

Mr. William J. McCord, Program Director of the South Carolina Alcoholic Rehabilitation Program, outlined Mr. Weagly's responsibilities as the development of a state-wide program of information concerning alcoholism and other alcohol-related problems through the use of radio, television, newspapers and other mass media. They will also include working closely with local groups and agencies in formulating plans and coordinating activities in the field of alcoholism. Mr. Weagly will assume the editorship of "Lifelines" beginning with the March-April issue.

Although these responsibilities are not new to the State Alcoholism Program, Mr. McCord added, there will be additional emphasis placed on the community relations aspect in the future.

Mr. Weagly's office will be at the SCARP offices at 1420 Lady Street, Columbia, S. C.

#### **SCARP FACILITIES**

##### **Administration and Education**

Room 401, 1420 Lady Street  
Columbia

Phone: 253-3350  
253-3359

##### **Treatment and Rehabilitation**

Palmetto Center  
Highway 52, Florence  
Phone: 662-9378

Business offices open 9:00 a.m.-  
5:00 p.m. Monday through Friday.



1964

## **SOUTHEASTERN SCHOOL FOR ALCOHOL STUDIES**

### **FOURTH SOUTHEASTERN SCHOOL SET FOR AUGUST 9-14**

The Fourth Southeastern School of Alcohol Studies has been set for August 9-14 at the Center for Continuing Education, University of Georgia, Athens, Ga. Recruitment of approximately sixty persons from South Carolina to attend the School is already underway.

The Southeastern School of Alcohol Studies is planned to meet the needs of professional and non-professional persons who are seeking a better understanding of the many problems related to alcohol and alcoholism.

Educators are faced with providing more effective methods of teaching young people and adults; relatives, friends and employers of the alcoholic are groping for ways out of the web of alcoholism; social workers, law enforcement officers,

counselors, doctors, nurses, ministers, and many others are faced with problems of helping the alcoholic regain his health; and personnel from various branches of public health are concerned with numerous aspects of alcoholism as a public health problem and are working toward measures of prevention.

In brief, the purpose of the School is . . . to offer a broad survey of the many problems related to alcohol and alcoholism . . . to stimulate those who attend to make practical application in their own communities of the knowledge gained.

One hundred and twelve persons from our State have already attended one of the three previous sessions of the School, in addition to about 40 others who have attended the longer Yale or Rutgers Summer Schools of Alcohol Studies.

Graduate credit will again be available for those persons who attend the school provided that the proper arrangements are made with the University prior to attending.

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"Hello, is this the Salvation Army?"

"Yes, it is."

"Do you save bad women?"

"Yes, we do."

"Well, save me two or three for Saturday night."

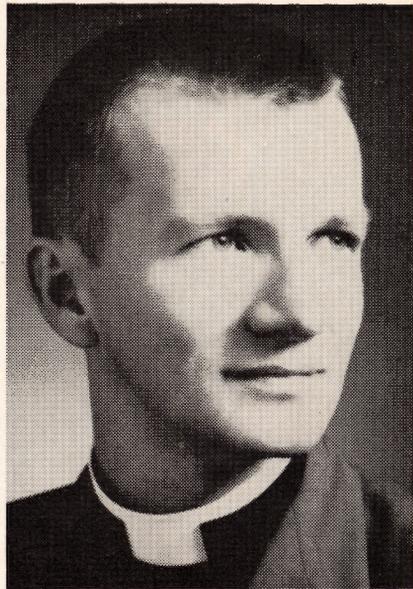
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#### UNCLE SAM SAYS:

##### "Commuting to A.A. Deductible"

According to the latest Internal Revenue Service bulletin, you can deduct as a medical expense the cost you incur for transportation to and from Alcoholic Anonymous meetings.

Looking at it from another side, this decision officially makes Alcoholism one of the legitimate diseases in the eyes of the Federal Government and puts the illness on par with other diseases for tax purposes. Uncle Sam has also officially indicated that A.A. is considered as a legitimate treatment source in helping alcoholics.



**Rev. Hicks**

#### MEET OUR NEW BOARD MEMBER

Rev. William L. Hicks, Lancaster, is the newest member of the South Carolina Alcoholic Rehabilitation Board, appointed December 4th, 1963 by Governor Russell to serve the Fifth Congressional District of the State. Rev. Hicks has been Rector of Christ Church, Lancaster since 1958.

A native of Goldsboro, North Carolina, Rev. Hicks attended the Goldsboro Schools, Oak Ridge Military Institute, The University of the South at Sewanee, Tennessee, and the Virginia Theological Seminary at Alexandria, Virginia. He is a veteran of World War II, having served in the U.S. Coast Guard during 1944-46.

Ordained Deacon in 1954 and Priest in 1955, Mr. Hicks has served churches in Southport, Atkinson, Burgaw, Northwest, and Tar Landing, North Carolina; Louisville, Kentucky; and Lancaster, South Carolina.

Rev. Hicks is married to the former Katherine Griffin Young of Louisville, Kentucky. They have two daughters Mary Lawrence—6, and Josephine—3, and reside in Lancaster.

# A COMPARISON

ALCOHOLISM

TUBERCULOSIS



*Remarkable similarities are seen in comparing character traits of the alcoholic and the tuberculous patient. Perhaps this partly explains the high incidence of alcoholism among tuberculous patients.*

By

Percy M. Sessions, M.S.W., A.C.S.W.

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**L**ITTLE do I know about the alcoholic. Although I have written extensively about him, I have been able to justify my doing so only by the fact that I have associated with him, studied him, and thought about him quite as much as most others who have been so bold as to write about him.

Even less do I know about the tubercular. A great deal more is known by others about the tubercular than is known about the alcoholic, and there are great libraries of knowledge about tuberculosis. By comparison, then, I am poorly qualified indeed to write about the tubercular.

However, the tuberculous person is necessarily intriguing to the person who is interested in the alcoholic, because tuberculosis is so often found in the alcoholic or, to put it the other way around, alcoholism is so often found in the tubercular. My own experience indicates that the latter way of putting it is perhaps more accurate. There is another reason if you are interested either in the alcoholic or the tubercular, you are probably interested also in the other. This is because both have much in common.

Out of every twenty white male adults in our culture, about fifteen more or less

frequently drink alcoholic beverages; and about fifty-six percent of our white females drink. The vast majority of the white males who drink do not become alcoholics, and even a greater majority of white females who drink avoid this fate. Why?

The vast majority of our adults, both male and female, at one time or another play host or hostess to the tubercle bacillus. Yet relatively few of the males develop tuberculosis and even fewer of the females. Why? Once it was held that only the physically weak developed tuberculosis, but this theory was finally given up when it was learned that it did not square with the facts.

Throughout the country, there are probably from four to six male alcoholics for every woman alcoholic. Why?

In Seattle, Washington, where a study of this problem has been made, it appeared that about two and a half times as many males as females develop tuberculosis. Why? It was learned also that between one-half and two-thirds of the male tuberculars are also alcoholics. Why?

It was learned in Seattle that about one-third of all the people who develop

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Reprinted from **CHALLENGE**, a quarterly publication on alcoholism published by the Alabama Commission on Alcoholism.

tuberculosis are confirmed bachelors or spinsters. A remarkably high percentage of the remainder are divorced, separated, or widowed, with the divorce rate being about four times as high as the national average. About the same information has been acquired about alcoholics. Why the similarity?

Based on psychological studies of thirty-three male and seventeen female tuberculars in Seattle, the following psychological aspects appearing in at least fifty percent of the cases were reported by Dr. Thomas H. Holmes.<sup>1</sup>

1. Interpersonal relations interfered with by conflicts and/or withdrawal reactions.
2. Lack of tension tolerance.
3. Lack of reality testing.
4. Narrowed range of interests.
5. Unrealistic drive level.
6. Labile emotionality.
7. Hypochondriasis and bodily preoccupation.
8. Hostility and aggression handled inadequately.
9. Reaction sensitivity and paranoid trends.
10. (This has to do with anxiety.)
11. Regressive tendencies and dependency conflicts.
12. Depressive features.
13. Repressive mechanisms.

The interesting thing about the above is that, while they are based on studies of tuberculars, they might just as well have been describing alcoholics.

Dr. Ruth Fox of New York City has studied alcoholics extensively, and it has been reported that she has identified the following character traits among alcoholics:

1. An inadequate capacity to tolerate frustration, anxiety, or tension.

2. Self-depreciation or loss of self-esteem.
3. A tendency to act on impulse.
4. A tendency to act-out conflicts repetitively, with inability to learn from experience.
5. Self-centeredness.
6. Self-punishment.
7. Extensive hostility and rebelliousness, mostly of an unconscious nature.

One can see the remarkable similarity between the above character traits of the alcoholic and the preceding traits of the tubercular. Again, why the similarity?

The personality of each of us is determined by what we had at the time we entered the world plus the experiences to which we were subsequently exposed. Alcoholism is a disease of the personality. No longer is there much debate about this. However, if anybody dares to suggest that tuberculosis is also a disease of the personality, he is likely to get into trouble. Therefore, shall I? No, not I! However, it has already been suggested by others much better qualified than I.

It has been said that about thirty percent of our population have about seventy percent of the illness. These people get an early start in life at being sick. They adopt illness as a way of life and cling to it tenaciously. What difference does it make to these people whether their illness be alcoholism or tuberculosis? After all, each is an illness, each excuses one from responsibilities, each pays rent to the cosmos—rent in terms of suffering—and each holds out the glittering promise of escape into oblivion. It seems to be a matter of indifference to many of these people as to how they are sick just so long as they are; but some of them want to make doubly sure, so they get sick both ways.

People who show a predilection for illness are usually those who were born of parents who did not themselves live together very much, either because of divorce, death or employment which re-

<sup>1</sup>Thomas H. Holmes, M. D., "Tuberculosis and Alcoholism," PROCEEDINGS OF THE TENTH INSTITUTE ON PROBLEMS IN TUBERCULOSIS CONTROL, held at Lake Junaluska, North Carolina, June 26-29, 1960.

quired the father to be away from home a great deal. They were born of parents who were unable to give them much family cohesion; often they received little consistent love, and especially often little respect for their own personalities and individual resources. Being shown inadequate love and respect, they were unable to develop adequate love and respect for themselves. Hence, they tended to be shy, sensitive, frequently absent from school, uncertain of themselves and their world, self-depreciating, and of course sick a lot. As they grow up they give up the childish ways of being sick a day or two at a time and learn how to apply their adult resources to being sick. They do a better job of it and get very sick indeed, sometimes with tuberculosis, sometimes with alcoholism, sometimes with both, sometimes with a variety of illnesses.

Research has revealed that frequently when an alcoholic gives up drinking and the morbid satisfactions of suffering as an alcoholic, he then develops tuberculosis—unless, of course, he prefers a gastric ulcer, as an enormous number of them do. Some choose arthritis, migraine, or what have you.

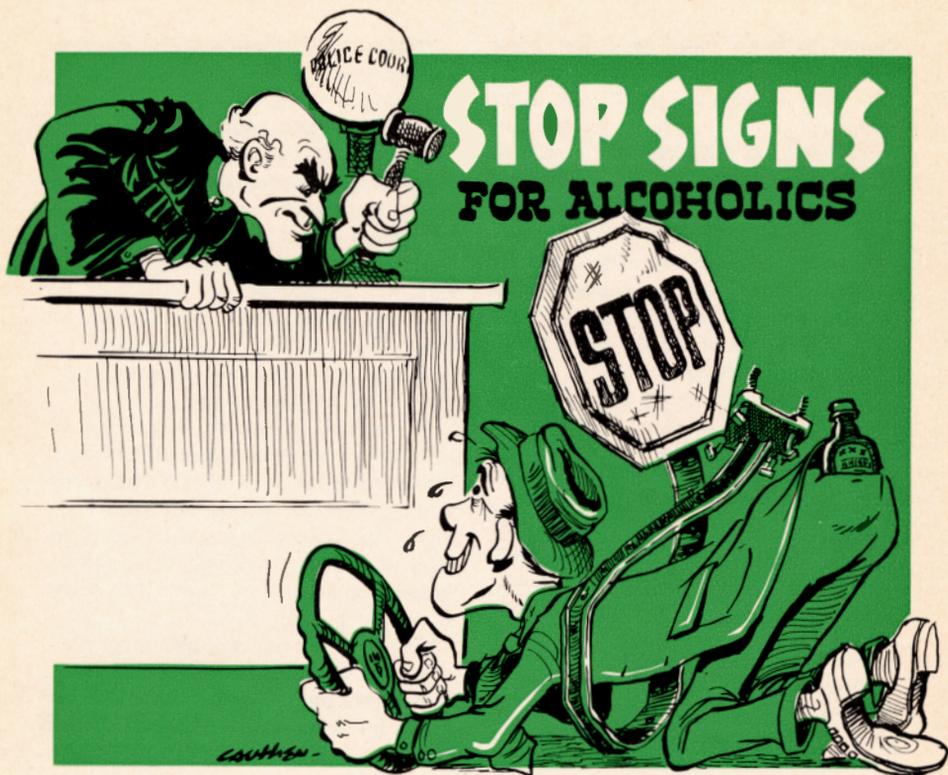
However, most alcoholics do not give up drinking in favor of these other illnesses. Generally, they give up drinking only in favor of death. On the other hand, one is quite likely to surrender his tuberculosis, as it has ceased to be fashionable to die of such a condition. Incidentally, it has been learned that the tubercular's response to treatment depends very largely not on the extent to which the condition has advanced but, rather, on the mood and attitude of the patient. So long as he feels helpless or hopeless, he is not likely to recover; but if his attitude can be improved, especially if he can be made fighting mad, and encouraged to express his anger, with an increase in his adrenal cortical functioning, his improvement is likely to be marked. Whether he gets better or worse seems to depend on whether his hostility

is moving outward away from himself or inward upon himself. Anyway, when his condition is arrested, how is he then to meet those needs which have been met by his illness? He can relapse, of course, or he can develop alcoholism, a psychosis, or some other condition. Often it is alcoholism which he chooses; and often, not wanting to surrender one illness before he has another to replace it, he becomes an alcoholic even before his tubercular condition is fully arrested. Apparently, good health is extremely embarrassing to those people.

A woman, of course, has a greater diversity of ways in which to suffer. If a woman becomes an alcoholic, her husband is likely to divorce her. If she becomes tubercular, he is prone to let her look after herself when she is not in the hospital or he may hire a maid and continue the pursuit of his usual vocation which might provide him with more gratifications than opportunities to suffer. On the other hand, if a man becomes alcoholic, his wife is less likely to divorce him, or, if she does divorce him, she is more likely to replace him in her life with another alcoholic husband. Therefore, she is likely to share the morbid satisfaction of her husband's illness without the necessity for experiencing the same compulsion herself to become sick. If her husband develops tuberculosis, she may hire a maid to look after him while she herself works away from home; but much more likely than in the case of the man, she will slave day and night to work outside the home and also wait on him hand and foot. With such a life, who would have any need to get sick? The necessary suffering is provided by the environment rather than by the vitals.

Some alcoholic males, who tend to be extremely sensitive anyway about unconscious matters, seem to suspect some of the above and to resent those women who encroach upon their preserves by becoming alcoholic. They seem to feel that women, with other means of suffering available to them have no right to the

*(Continued on Page 11)*



*Something must be done for the alcoholic whether or not he seems to want help. The question "What is to be done?", therefore, requires answering.*

By  
**Kenneth F. Kuzenski, M.S.W., A.C.S.W.**

**Y**OU will understand, I am sure, that one cannot speak of a single, specific solution to every problem that involves people. If a child has difficulty learning in school it would be most ill-advised for anyone to suggest that the solution to this problem be either that more love or more punishment be meted out.

To provide the solution to the problem of the alcoholic would be equally absurd. Each alcoholic obviously differs in many

ways from each other alcoholic. No one situation is exactly like any other situation. Furthermore, the resources and means of solution to each problem vary greatly. Treatment by a physician or hospitalization might be readily available in one instance but difficult or impossible to consider in others. In essence, then, each situation, requires a solution tailored-to-fit if that solution is to be most effective.

When our community says, "John,

your running stop signs has got to stop or it will cost you \$10.00 fine", John often begins stopping at the signs. Why then cannot the family say the same to the alcoholic?

Often what we have heard about the nature of alcoholism here leaves us confused. Alcoholism is an illness. The drinking is something the alcoholic cannot himself control. Can we expect the alcoholic not to drink? This question is difficult to answer. Let us first consider it in terms of our stop sign situation. John might also say that his car has no brakes. Should this entitle him to continue running stop signs? Absolutely not! He had better go to a garage and have the necessary repairs made.

Can we not expect the same of the alcoholic? We not only can but we must expect him to seek and receive the help that he needs. This help might come from Alcoholics Anonymous, clinics for alcoholics, mental health facilities, and from a great variety of resources. Regardless of its source, the well-being of the alcoholic and others requires that help be sought.

If John then disregards our rules and runs another stop sign, what action can we take? We have several choices. We could pay no attention to his behavior. Perhaps we would choose this course of action for many reasons. We would like to be thought of as a "good guy"; we would like to give him a break or another chance. Perhaps we choose this course of action because it is easiest. If we arrest John and take him before the traffic court judge, John will become angry. Perhaps he will express this feeling openly; possibly the anger will be expressed more indirectly.

Neither will our alcoholic like being told that his drinking has got to stop. In the past the alcoholic has often sentenced his family with his threats to drink heavier if anyone says anything to him. How many times wives have said, "When

I say anything at all about his drinking, he goes out and gets even more drunk!"

John appears before our community's traffic court judge charged with running a stop sign. Imagine the outcome of this situation if the judge took the attitude that he couldn't do anything about this because, if he did, John would become angered and would go out and run more stop signs. Wouldn't our community be a most hazardous place in which to drive?

But our judge doesn't react this way. He realizes, for the community's sake and most of all for John's sake, that the violation of the rules must cease. The judge therefore acts accordingly; he continues to insist that John stop his errant behavior.

Another way our judge has of acting when John runs a stop sign is to vow that John will never run another one and then set out to make sure that he doesn't. Here the "cards are stacked" against our judge. He cannot stand on every street corner in town making good his vow. He cannot ride with John wherever the latter drives. Even if he could do all these things, he would find it quite impractical to apply the brakes for John. He would find it equally futile to try to throw a rope around the bumper of John's car and stop it at every stop sign.

Yet wives and families try to do this very thing with alcoholics. They try to keep them away from the "wrong" crowd, or at home, or at some job, or at some hobby, so the drinking will stop. These efforts are not only absurd they are harmful! John would be most unhappy if the judge insisted on riding with him every place he went. So is the alcoholic unhappy when his wife insists on similar actions. Our judge need not put the brake on for John; neither need a wife put the brake on for the alcoholic. She will save herself many headaches and heartaches when she accepts this fact.

There are still other ways that our judge can react when John runs a stop

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sign. Our judge can beg John, lecture to him, implore him, appeal to his sense of decency, shame him, plead with him, cry, threaten him, etc. These also are things families do to alcoholics. We know these things have no positive effect.

When John has done wrong and appears before our judge, he usually feels ready to pay his fine. But he prefers to pay it without any shouting, begging, crying, shaming, pleading, or any other theatrics on the judge's part. So also does the alcoholic prefer his consequences without fanfare, and this he deserves!

In spite of the individuality of each situation, some general considerations are appropriate. What are ways then, in general, for helping the alcoholic when he seems unable or unwilling to seek help?

Let us assume that we live in Anytown, U.S.A. Ours is a town of any size, any characteristics, and consequently includes varying amounts of happiness and trouble.

In Anytown a certain individual, John, frequently violates rules to which the rest of the group adheres. He pays little or no attention to the traffic signals. We know that if this continues, there will be trouble. Someone will be injured by his disregard of these rules. Perhaps it will be John himself; possibly it will be some other innocent party. In any case, our community wants no one injured or killed by such acts. What can we do?

Our community has learned that people best comply without rules when our penalties are appropriate, consistent, prompt, and definite.

It would be inappropriate for our community to announce that it was taboo or to brand each violator of our stop sign rule. Neither law nor decency would permit this. More appropriate would be a \$10.00 fine or a ten day jail sentence.

Application of the penalty must be consistent. Adherence to our rules becomes difficult if at one time we enforce our rules and at another time we allow violation. If today a stop sign means stop, but tomorrow it really doesn't mat-

ter whether or not one stops, trouble is inevitable.

When there has been disregard of our rules we must act promptly.

We will have an unhappy citizenry in our community if today's violation of the rules is not dealt with at the moment. Imagine your receiving a summons to court for a traffic violation supposedly committed six months ago. You would be unhappy, perhaps even "plain ole mad" and have justification for such feeling.

Finally, the enforcement of our rules must be definite. Our people will be much more likely to stop at our signs if we say that a violation will cost them a \$10.00 fine rather than if we tell them that they must stop because "perhaps somebody might possibly ultimately get hurt, maybe."

The well-being of John and the others in the community requires that we establish and enforce certain rules. John's running of stop signs must cease! Similarly for the well-being of the alcoholic, and others, his family can and must insist on certain things. His alcoholism must be arrested; his drinking must stop?

But even this is not news to the family of the alcoholic. This is something that they have learned through experience. Their concern is over how to accomplish arresting this illness—over how to stop the drinking. This is certainly realistic.

The question most asked by relatives of the alcoholic is, "What price should he be asked to pay?" What is the penalty that should be assessed if he does not comply with the rules?

There is not one penalty that fits everyone any more than any one size shoe fits all our population. Often the wife has considered or threatened leaving the alcoholic spouse; occasionally she has left him. This is one penalty, of course. Yet, if there is or has been any basis for love and marriage, this penalty seems unusually severe.

Separation or divorce as a first resort by the wife of the alcoholic might be likened to the Judge's sentencing John

### ABOUT THE AUTHOR

Mr. Kuzenski is Administrator and Chief Psychiatric Social Worker of a mobile clinic for alcoholics operated by the Alabama Commission on Alcoholism.

to life in prison for having run a stop sign. Our traffic judge doesn't do this. He instead fines John \$10.00 the first time. A \$10.00 fine might later be changed to a \$25.00 fine, to a 30-day jail sentence, etc. Perhaps ultimately John might have to be sentenced permanently to jail to protect his life and that of others. Actually this probably never happens.

In a similar sense, perhaps the penalties imposed on the alcoholic might ultimately call for the most extreme. This, however, ought to be considered only after every other possibility has been exhausted.

One final comparison between our stop signs and our alcoholic problems. Our community's traffic laws will have value only if and as long as our community acts in a responsible manner. If we do not care whether or not people stop at our signs we should not erect any. If we erect them, we have an obligation to enforce the rules. Our enforcement must be appropriate, consistent, prompt, and definite. If we fail to act in these ways, the violator will have little respect for our community. How can John respect our town if we permit him to run our stop signs as he pleases, at the expense of his or others' injury or death?

Again, the same applies to the alcoholic situation. You, the spouse, relative, or friend of the alcoholic, must do something about such situation and you must act in a responsible manner. If you fail to act or if you act other than in accordance with these principles, you merit little respect. How can anyone respect you if you permit the alcoholic to continue to suffer and ultimately to die?

A man who was fond of playing practical jokes sent a friend the following telegram, COLLECT:

"I am perfectly well."

About a week later the punster received a heavy package on which he was obliged to pay considerable charge. Opening it he found a huge block of concrete. On it was pasted this message:

"This is the weight your telegram has lifted from my mind."

On the first day of school the teacher explained that if anyone had to go to the bathroom he should hold up two fingers. One puzzled little pupil asked plaintively:

"How's that going to help?"

### ALCOHOLISM VS TUBERCULOSIS

*(Continued from Page 7)*

illness of alcoholism. However, let me defend the alcoholic woman. She does have a right to be alcoholic if she wants to be—just as much right as the man has to have both alcoholism and tuberculosis at the same time. Not until the man is willing to limit himself to the luxury of just one illness at a time is he entitled to complain about the woman's using multiple resources to achieve her own ends of self-punishment.

### ABOUT THE AUTHOR

Mr. Sessions, whose articles have appeared quite regularly in *Lifelines*, is well known in the Alcoholism field. At the time this article was written he was Chief Psychiatric Social Worker of the Birmingham Clinic for alcoholics, an out-patient service operated by the Alabama Commission on Alcoholism. Mr. Sessions presently is in private counseling practice in Birmingham, but still manages to participate in numerous public endeavors in combatting the illness.

## Preview

# Alcoholism Films

*These films are available to any organization or group in South Carolina, free of charge, by contacting the South Carolina Alcoholic Rehabilitation Program 1420 Lady Street, Columbia. Several prints of each film are maintained in our library.*

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### **FOR THOSE WHO DRINK (1961)**

**16mm., Black and white, sound, 39 minutes. Adult groups.** Narrated by R. Gordon Bell, M.D., using many blackboard diagrams. Dr. Bell discusses the ways to recognize dangerous drinking patterns before serious physical, psychological and social problems develop; how excessive drinking leads to changes in the brain, nervous system, liver and other parts of the body; how the psychological factors of tension and loneliness can lead to excessive drinking; the personality changes caused by heavy drinking; how the drinker's personal income and the social drinking customs of his community can lead him to drink more than is safe; how the drinker's family, his job and his community activities are affected by too much drinking; and some suggestions for a solution to the alcohol problem. "*For Those Who Drink*" can be used effectively as an educational aid by: senior high schools, colleges and youth organizations; churches, seminaries and religious groups; penal institutions; police departments; hospitals; alcoholism clinics and information centers; industrial health departments; and service clubs.

### **WHAT ABOUT DRINKING (1954)**

**Black and white, 16mm., sound, 14 minutes. High School, college, community youth groups.** This discussion-type film deals with the problem of drinking. A group of young people at an informal gathering hear some disturbing news about two of their friends. These two boys were involved in an accident and a bottle was found in the car. The information regarding the bottle leads to a discussion which gives them an opportunity to express their own opinions about drinking, and tell why they hold these opinions.

**TO YOUR HEALTH (1956) Color, 16mm., sound, 11 minutes. High School, Adults, Professional Groups.** A fast-moving, lively film which presents vividly the major steps in the development of alcoholism. Demonstrates the physiological effects of alcohol by tracing its circulation through the body and in the brain. Traces the history of the use of alcoholic beverages from the earliest recorded history to the present. Prevalent attitudes and beliefs are stated briefly. This film can be used to initiate discussion under the leadership of a person who is familiar with modern medical and scientific knowledge of the subject.

**WHAT ABOUT ALCOHOLISM (1956) Black and white, 16mm., sound, 12 minutes. High School to adult.** The purpose of this film is to present the problem of alcoholism as one that needs serious study and continual research. A group of students who are discussing the problem of alcoholism in class decide to go to other people and institutions in the community to find out what they can do about the problem. They then report back to the class. Their findings are most interesting and typical.

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**IT'S BEST TO KNOW (1962) 16mm., Black and white, sound, 8 minutes. Teen-agers, young adults.** Television star Steve Allen is featured with a professional Hollywood cast, which was planned to help high school teachers get the most out of classroom discussion with young people who are interested in questions about the use of alcoholic beverages.

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**TEACHING TEEN-AGERS ABOUT ALCOHOL, Color, 16 mm. sound, 15 minutes, Teachers.** An effective film produced by the Yale University Laboratory of Applied Biodynamics, designed to give teachers a better understanding of the problems of teaching their students about alcohol. Several scenes illustrate techniques of alcohol education successfully applied in the classroom. The setting for the film is a summer course in Health Education, and the topic for discussion is the place of alcohol education in the classroom. Individual teachers express various opinions about this and reflect their own insecurities about becoming involved in a controversial issue. The film demonstrates that it is possible to do a constructive teaching job without jeopardizing the role of the teacher. Potential changes in popular attitudes toward drinking are reflected in the film.

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If an athlete has athlete's feet, what does an astronaut have?

"Mistletoes."

A waiter in a chic restaurant stumbled accidentally pouring a drink, ice cubes and all down a lady customer's back. The woman gasped, giggled and writhed as she tried to get the ice cubes out. With all eyes turned toward her, she leaped to her feet, overturning the table. Then the two hurried out in wild confusion.

"Waiter," called a man sitting on the other side of the room, "we'll have two of whatever they had."

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A rabbi was driving down the street when suddenly his car was struck in the rear by another driven by a priest. The two gentlemen, after inspecting the damage, found it to be quite extensive.

The rabbi turned to the priest and said, "It's a terrible thing, Father, and you look quite shaken. It just so happens that I have a bottle in the glove compartment of my car for medicinal purposes. Would you care for a small sip to quiet your nerves?"

"Why, thank you," replied the priest. "I do feel quite shaken, and perhaps a little something would soothe my nerves. Whereupon the rabbi got the bottle and gave the priest a drink.

After a few minutes the rabbi commented to the priest that he was still a little pale and perhaps another little sip would help calm him further. So the priest took another drink and, still feeling a little shaken, another.

Then, realizing that the rabbi had shared so freely with him but had had none himself, asked the rabbi if he wouldn't have a drop for his nerves.

"No, thank you", replied the rabbi, "I'm waiting for the State Troopers."

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A girl was out riding with the local Romeo. The car stopped so she opened her handbag and pulled out a flask.

"Say," her escort said, "you're all right. What is it, Scotch or Bourbon?"

The girl smiled and said, "Gas!"

# Questions For The Curious About The Alcoholic

By  
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*Is it possible that you are contributing to someone's alcoholic condition? This writer presents some probing questions for which affirmative answers would indicate a need to re-evaluate your feelings and actions.*

**M**OST people are more or less curious about the alcoholic—curious about why he ever turned to exorbitant drinking in the first place and why he does not stop in the second place. Did he begin drinking to excess because he thought doing so would prove his sociability, his manliness, his smartness? If so, why did he have a need to establish such proof? On the other hand, did he deliberately set about to destroy himself and to hurt those who love him? If so, again why did he have a need to do so? Is he really a moral failure, as we are told? Or is he really sick, as we are told also? If he is a moral failure, what caused him to be so? What forces produced him? Did his heredity have anything to do with it? His environment? Could he be responsible for anything he inherited? Could he be responsible for his environment? Did he choose the time, place and family of his birth? As a little baby, could he have determined how he was to be treated, whether he was to be given adequate love and care, and what moral influences were to play upon him? When he was a little older, could he have done this? Suppose he could. Would his choices and deci-

sions not have been influenced by his earlier experiences — experiences which had happened to him before he was old enough to make wise choices and decisions?

Away with this! Enough of this confusion! Attempts to place moral responsibility lead only to this. Let us take the alternative and assume that the alcoholic is a sick person. Then what made him sick? Alcohol? Of one thing we can be sure. If there were no alcohol there would be no alcoholics. On further thought of another thing we can be sure. If there were no people there would be no alcoholics. That being the case, is alcoholism caused by alcohol or by the person? If alcohol produces alcoholism, then why does it not produce it in all people? If the person produces alcoholism in himself, then why do all people not do so? More variables are not to be found in ethyl alcohol, because this is the same no matter in what beverage it is found. The questioning, therefore, pursues the variables inherent in people. And the questions are endless.

While most people are more or less curious about the alcoholic, if you are

an alcoholic yourself you are of course definitely more curious. To you, the questions become vital. How are you different from other people? You drink more. But why do you? Why do you drink at all, when many people abstain? Why do you drink to excess, when many people drink moderately? Do you have some constitutional weakness? Do you like to contemplate such a weakness because its assumption tends to relieve you of responsibility for your predicament? Do you really wish to avoid responsibility? If so, why? Is it because you do not consider yourself adequate to face it? If this is the case, why is it? Are you really not adequate?

Perhaps the affirmative answer to this last question would be simplest for you, because if you are really not adequate then you can stop trying. You just do not have what is required for recovery. This solution is made all the more tempting to you, because many of your associates seem to suggest it. They imply and even perhaps tell you outright that you are a weakling and a bum. They may prohibit you from drinking. Obviously, they do not think you are capable of governing your own behavior. Probably they steal your liquor and pour it down the drain, very much as they would remove a source of danger from a small child, thus insinuating by such behavior that they regard your responsibility not to exceed that of a child. They urge you not to associate with certain people. Clearly, they think these people are stronger than you, that you are simply putty in their hands. People assume responsibility for you, for your protection and also your punishment. Could they be right in their assumption that you are incompetent to look after yourself? Should you wash your hands of the whole problem and let them take care of it? In this direction lies agony — and eventually death. Of course, death is not so formidable to you as it is to most people. Perhaps you even welcome it. But the death you seek is preceded by

hell. Much better is it to consider the possibility that your inadequacy is not actually real but only an illusion. Within you lie the resources required for recovery, if you would but appreciate them. You may need help to develop such appreciation.

Perhaps you are yourself not an alcoholic, but an alcoholic's parent. Then you are hardly less curious about the alcoholic than he is himself. No doubt you ask yourself many questions, such as the following which can be answered with simple affirmatives or negatives:

Did you in some way cause his illness?

Have you always given him as much love as he needed?

Have you always respected him as an individual, even when he was a little child?

Or did you make the mistake of looking upon him as simply an extension of yourself, as a sort of tool for your will to direct and to use?

Did you pamper him, thus implying your lack of faith in his capacity to tolerate frustration?

Did you fail to teach him the meaning of discipline, so that he never learned to discipline himself?

Were you a chronic critic, in one way or another habitually expressing your dissatisfaction with his performance or behavior your general displeasure with him, so that he had little occasion to take pride in himself or in what he did?

Did you overdo or distort moral or religious instruction so that he too frequently felt guilty about things which should not have produced such feelings at all?

Did you yourself drink to excess, thus setting an example for your child?

Or did you go to the opposite extreme and regard alcohol with such fear and awe that you unwittingly caused your child to embrace it with the hope that here at last he could prove his superiority to you by fearlessly imbibing the substance which cast such fear into you?

Did you ever tell him not to drink in

such terms that only by drinking could he prove his independence of you—that only by drinking could he ever convince himself that he was quite grown up?

Were you so domineering and unapproachable that he was afraid to talk frankly with you and chose to express his rebellion against you by drinking rather than by talking?

If you have ever asked yourself such questions and answered them with a sinking heart, remember that your own background of heredity and experience caused you to be the way you were just as the alcoholic's background has caused him to be the way he is. At this point, self-recrimination will do no good but will only make you miserable. It may not be too late for you to undo what you have done. If you have not loved your alcoholic son or daughter enough, now examine your heart to see whether or not you can begin doing so. If you have never respected his individuality, at least it is possible now to cease demonstrating your lack of respect. If you pampered him, you can now stop doing so. If you habitually carped and criticized, the least you can do now is to silence yourself. Perhaps you can be looking for something in him to appreciate and to compliment. If you yourself have been accustomed to drink to excess, the alcoholic in your family might be much encouraged if you should now abstain completely. If you have been intemperate not with your consumption of alcohol but with your attitude toward it, certainly it is not too late to adopt different attitudes, although, to be sure, it will be harder to do so now than it would have been before. If you were domineering and unapproachable, you can now cease to dominate and you can become more approachable, although it will likely take a long time for the alcoholic to appreciate any change in you.

Perhaps instead of being an alcoholic or the parent of one, you are an alcoholic's spouse. If so, you could not be other than very curious and concerned

about the alcoholic and the nature of his problem. In all likelihood, like the parent, you ask yourself many questions. Answers to the following are not all simple:

Was your spouse an alcoholic when you married him?

If so, why did you do it?

Did you seek him out because he was an alcoholic?

Could you have been happy with anybody who was not an alcoholic?

If so, why did you not wed such a person?

Did your spouse become an alcoholic after you married him?

If so, why did he?

Why was he able to avoid compulsive drinking until after his marriage to you?

Did he flee to the oblivion alcohol provides because this was the easiest way to escape from his life with you?

If he was going to become an alcoholic anyway, regardless of whom he married, is it possible that you were attracted to him by those selfsame characteristics which ultimately caused him to become an alcoholic?

Again, if your spouse is an alcoholic, why do you continue to live with him? What satisfactions do you get? Obviously, you get none from having a reliable breadwinner, because he is or will be unemployed or at least an unsteady worker and he is more likely to spend his earnings for alcohol than for bread. Certainly, you get none from showing off your spouse to friends and relatives, because you can never be quite sure of just what will be showing. You get no satisfactions from his dependability as a parent to your children and none from his love and affection for you. His dependability is gone or at least going and his love and affection seem to be lavished on a bottle, not on you. Then from what source do you get your satisfactions from living with him? Answers to the following questions are really very simple but they may be hard for you to make.

Do you derive pleasure from taking over the exclusive management of the family's affairs?

If you are a woman, do you enjoy working out of the home and being independent of your husband?

Whether woman or man, do you relish the alcoholic's excessive dependency on you?

Do you feel a sense of pride whenever you reflect on your own superiority to him?

Do you welcome the excuse to nag, lecture, carp or complain?

Do you enjoy suffering?

Do you like to be mistreated and perhaps abused and beaten?

Do you tell all and sundry about what you have to put up with from your spouse?

Do you enjoy the sympathy of friends and relatives?

Do you often think about being a martyr?

Would you really like to drink to excess yourself, dare not do so, and vicariously enjoy the drinking done by your spouse?

If you find that you have to make an affirmative answer to one or more of the above questions, this discovery should be the signal to action, not to embarrassed self-reproof. It should spur you on to further self-examination. It should inspire you to do something about your attitudes and your interactions with your alcoholic mate. It suggests the probability that you might profit from professional help for yourself. However, if you have to answer in the affirmative to any of the above questions, above all this should make you proud of your integrity. Remember, by no means are all persons able to answer truthfully.

Now to be strictly fair and impartial, we must not overlook anybody with these cruel, searching questions. What about a test for professional people, such as myself, whose business it is to help alcoholics? Here is one:

Why is alcoholism my business? Why do I choose it? Do I basically hate alcoholics and like to be around them to see them suffer?

Do I enjoy trying to take over the management of their lives?

Do I enjoy the alcoholic's self-immobilizing dependency on me?

Do I take pride in reflecting on my own sober superiority?

Do I have inclinations to nag, lecture, and chide my patients?

Do I have a morbid curiosity and like to prey for my own satisfaction into the innermost secrets of my patients' lives?

Do I drool with every morsel of scandal with which I am entrusted?

Do I relish the price the alcoholic has to pay in terms of agony when he fails to cooperate with the treatment process?

Do I enjoy the drinking my patients do and let them suffer their hangovers alone?

Do I attempt to play God?

The professional person who finds that in all honesty he must answer "Yes" to any of the above questions need not despair unless he refuses to do anything about what he has admitted concerning himself. Two things he can do: he can change his employment or he can avail himself of psychotherapy. Unless he takes action, his conscience must share with his patients the consequences of his work.

As a professional person concerned with the treatment of alcoholics, the above questions must be paraded time after time before my conscience. Members of Alcoholics Anonymous emphasize the importance of taking a continuing inventory of themselves. Since they do not presume to speak for others, it is up to us—all of us—to appreciate the vital importance of similar inventories for ourselves. They can help us to be better laymen, parents, spouses, and professional persons.

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

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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

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