

Laymen and Alcoholics

by *Genevieve Parkhurst*

As he came out from under the opiate the man in the hospital bed opened his eyes to black darkness. Somewhere in the room, as if from a distance, his wife was asking quiet questions. Then the doctor was answering her. "I must be frank," he was saying. "I've never known a patient who had reached this phase of this type of alcoholism to recover. Even if your husband were to stop drinking, and that is not likely after twenty-five years of it, he is bound to have recurrent spells of blindness and an increase of the trouble with his legs. Disintegration is setting in. About six months are all I can give him to live."

While he was lying there, waiting for the doctor's prophecy to come true, a stranger came to see him. The stranger was a man who had once been in the same condition. And a stranger had come to see him, just as he had come, to tell of the unknown men who, under the name of Alcoholics Anonymous, were helping to cure other alcoholics just as they had been helped.

The patient was impressed with what his visitor told him about the new treatment. When the alcohol was gone from his system and he was able to hobble about on crutches he attended a meeting of the group. Encouraged to do so by his doctor, he consulted with its leaders. In three months he was out of the hospital. In six months he was well enough to be back at his desk. Now, after four years in which he has not had a drink, he is in excellent health. And the disease has left none of its marks on him.

This man's story is no longer an unusual one. Within the past few years many such hopeless cases and many less serious ones that were once listed as doubtful have been healed. The healers have not all been members of Alcoholics Anonymous, but they have all been laymen. And their success in this difficult field has impelled the physicians who once considered them as "dangerous meddlers in a

dangerous province" not only to sanction their practice but to invite them to share the burden of curing alcoholism.

At the annual meeting, held last fall, by the Research Council on Problems of Alcohol, a group of physicians and social scientists who for the past three years have been making an intensive study of the nature of the disease which makes drunkards of so many men and women, Dr. Merrill Moore, Associate in Psychiatry, Harvard Medical School, startled the conference of which he was chairman with the remark that "Physicians in general are admitting that the lay healers are doing remarkable work." Asked at the end of the conference to expand his comment, he said, "We know that if we are going to make any real advance we must tap every source of knowledge and healing there is. . . . Not only lay therapists, but lawyers, clergymen, and social workers are successfully helping and treating the alcoholic. . . This means treating someone who is emotionally sick or hurt or down or sometimes weak. Certainly physicians have no corner on it. There is no magic to it. And no royal road."

Again at the Council's three-day symposium held in Philadelphia last December, under the auspices of the Association for the Advancement of Science, the achievements of lay healers were touched upon. Some of the healers read papers, and at the informal luncheon and dinner conversations they were listened to and even deferred to by the medical scientists.

To learn the consensus of opinion I questioned forty of the leading medical authorities who attended the symposium either as participants or audience. Thirty-four of them admitted that, in face of the evidence, the lay therapists were getting the best results. Some of them went so far as to say that the laymen were curing cases which the physicians had pronounced incurable.

The six who held back were not complete dissidents. Their difference was a difference in their school of thought. Unlike their colleagues who believe that alcoholism is caused by some deep mental and emotional disturbance of which drinking is only a symptom, and that its cure must therefore be mental, they contend that its cause lies in some fundamental chemical derangement and that its cure must therefore be chemical.

"We grant you," said one of them, "that a drunkard may be cured of the drinking habit, but that does not mean he is cured of alcoholism. For the fact remains that alcohol is a poison to him. And if at any time he takes to drinking again, no matter how moderately he may begin, he will again end up as a drunkard. The alcoholic may be said to be completely healed only when he can drink without disaster. Some day some bright young chemist will emerge from his laboratory with some chemical which will do away with the allergy which makes the systems of some people intolerant to alcohol. Then the cure for alcoholism will have been found.

"In the meantime," he concluded, "I'll gladly give credit to the laymen who are doing so much to arrest the disease by curing the drunkards of drinking."

I am not of course presuming to decide which of the two schools is right. Since it is the excessive drinking which causes all the havoc in alcoholism, what really matters is the apparent agreement on both sides that drunkenness can be healed and that the lay therapists are breaking all past records in the number of their healings.

Now when I use the terms "alcoholic" and "drinker" I am not referring to the casual convivialist nor to the extreme cases in which the patients' minds have lost all touch with reality. They are the physicians' private enigma. I mean the man or woman whose abilities, health, and social graces have been dissipated by constant drinking and who is not able to stop it without help from the outside.

And when in this instance I speak of the layman I do not include the charlatans who

make false claims for their patent nostrums. I am thinking only of those therapists whose accomplishments are acknowledged by the physicians and who work along with them in their diagnoses, consulting them as the individual cases may warrant.

Specifically, these fall into three groups: the trained psychologists with whom treating alcoholism is a profession; religious healers; and former alcoholics with whom healing is an avocation.

The professional psychologists are not many. They are exclusive, accepting only a few patients at a time. And they are expensive. As I have already gone into their methods of work in a previous number of this magazine I shall now say only that they are skilled, painstaking, and highly successful, and it is a pity that there are not more of them and at a price which the middle class could more easily afford. The religious healers are doing some excellent salvage work, particularly among the poor. To go into their technic would involve a discussion of articles of faith for which I am not prepared. So I shall confine myself to the third group, the men who have been alcoholics themselves and who, having been cured, are now spreading out like a network and with an efficacy that is convincing to the most conservative medical men.

That they are meeting with success should not, however, be either astounding or extraordinary. For the truth is that while all along the doctors--and I am only echoing them when I say so--have been trying to find out what alcohol does *to* the alcoholic, nobody has tried to find out what it does *for* him. But these men know the whole bitter story. They know the drive of drink, its satisfactions and elations. They know the sting of its broken resolutions, as they are drawn back to it again and again. They know its jublations and deep despairs. They know the things, so infinitesimal to the balanced temperament, which set the drinker on edge and send him into his cups as a way of escape. They know his whims and his disinclinations. How he thinks, how he feels, how he rationalizes are well-worn pages to

them.

This is not to say that every alcoholic who has been straightened out is qualified to heal others. But among them there are many whose highly sensitive and intelligent natures, added to a capacity for making friends, fit them peculiarly for this highly specialized curative art. As a further aid there is that strong bond between drinkers which makes it easy for the man who has been down and is up again to reach those who are still down or groping.

II

In order to keep their record straight, before going into their processes, it must be noted that their therapeutic definitions and principles coincide with those of the medical specialists. They recognize alcoholism as a "fugal" disease, meaning that it is made up of several strains, each one of which is involved in the others. There is the first cause which is usually some circumstance or event in early environment which sets up an "imbalance" in the personality, making it difficult or even impossible for those who are thus afflicted to face the realities of life. Or it may be some inherent tendency, such as a highly strung nervous system, which is aggravated by some such circumstance as I have mentioned. As a second or remote cause, there are the problems which arise in every life and which the unbalanced temperament is not able to cope with. Third, there is the drinking, which is the means of escape and a symptom of the disease at the same time.

If the disease is to be cured every one of its elements must be taken into consideration. The first cause must be detected and explained away. The patient must be taught how to face his problems as they come to him. And he must be given new interests to take the place of his former interest in drinking.

Two further points should be borne in mind. To be healed of alcoholism the drinker must have the desire to stop drinking and he must be willing to face a future in which he will never again be able to take a drink. For in the annals of medical science there is no record of a man's having been healed of alcoholism

unless he had taken the cure of his own volition. Nor is there any record of a reformed drunkard who was ever able to drink moderately without going the whole way down hill again.

With the perspective clear, let us look into the process of this new lay therapy through the story of one of its practitioners.

Mr. Ex, as we shall know him, began to drink when he was a student at college during the prohibition era. By the time he was thirty-five he had been arrested for drunken and disorderly conduct in a chain of ports around the world. More to please his parents than himself he had taken the "cure" in five expensive alcoholic retreats, only to drink more on coming out of them than he had before going in. Outstanding psychiatrists had told his father that his type of alcoholism was rarely curable.

Then something he does not speak of happened to make him want to stop drinking. With all that he had learned about drinking and the drinker in his fifteen years' carousal he was able to stop by himself. During the months when he was striving for equilibrium he found peace through helping one of his former companions at the bar. Five years have passed during which he has devoted his leisure to this curative work, and he has a number of difficult cases to his credit.

His technic is simple. He employs no formidable terminology, as his experience has been that the ominous vocabulary of some practitioners is confusing and repellant to the sick and jittery mind. Since no two cases are alike, his approach comes by intuition, and the discipline and text emerge out of each case as it moves along.

According to Mr. Ex, ninety-five out of every hundred drunkards have the deep desire to stop drinking. Only a few will admit it. They think it is a confession of weakness; or they are afraid of becoming unpopular in their social group; or they cannot face the knowledge that liquor has got the best of them. And any direct suggestion from their family that they see the doctor or take a cure drives them farther into their cups.

Therefore Mr. Ex's approach is the more subtle one of man to man. He goes out where drinkers congregate. The man he is looking for may be someone he knows or whose family has asked him to step in and take hold. He never talks shop until he is sure he is on firm ground. A glass of tomato juice may evoke a question or the lift of an eyebrow, to which his answer implies that he has had more than his share of gin. A comparison of symptoms and an exchange of reminiscences may follow. By degrees the drinker may be led to unload his troubles and the friendship is established.

From there it is a short step to his admission that he wants to stop his drinking--a cue for Mr. Ex to ask him why he doesn't stop. He may say that it will make a sap out of him. The response to that is that only a strong man can give it up. Or he may say that he is thinking of going to an institution--then when he comes out he can take a few drinks without wanting to get drunk.

"At this point," Mr. Ex says, "I tell him what happened to me not once, but five different times when I thought I had been cured and could take a drink. What I am doing all this time is leading him to a mood where I can ask him to play ball with me. Just how I do so depends of course on the personality I am trying to reach."

The most difficult alcoholics to approach are those who take alcohol as a narcotic to avoid the pains and the realities of living. Most often they have to go through some devastating experience before they are ready to give it up. However it comes, it is only when the patient expresses a real desire to be cured that the cure begins. Somewhere at the outset when a diplomatic moment presents itself he is persuaded to see the doctor for a general going-over. Regular meals and exercise for those who can take it are prescribed. And work. If the patient still has his job so much the better. If not something absorbing is found to keep his mind employed at some spot away from himself and his former rendezvous.

Some alcoholics cannot stand the strain of giving up liquor all at once; they can be led to taper off. When they find they are able to go

any length of time without a drink their morale shoots upward. Curiously enough, the first few weeks of abstinence are not always the hardest. For the old urgency has a way of turning up at the end of the second or third month, trying to beat them down again. Mr. Ex's prescription for such hours is immediate action--a brisk walk, a bus ride, the movies, or even a telephone call--any interlude that will bring about a change of thought. As such temptations are resisted they recur less frequently until finally they are gone never to return. A good exercise in resistance is to walk past bars until one is able to ignore one's own favorite bar in the same way. A patient who can do this half a dozen times is ready to enter a bar or go where drinking is without taking a drink. When he has gone successfully through this ordeal he is well fortified for complete recovery.

Mr. Ex is devoting the gratuities he receives for his treatments to a fund with which he is establishing an Alcoholic Consultation Bureau in the city where he lives. It is to be a county center where those with drinking problems of their own or those who have a drinker in the family may go for treatment or advice, safe in the knowledge that their confidence and identity will be respected. If it proves effective he hopes that it will become a model for other communities to follow.

III

At the time the previous article on this subject was published I received hundreds of letters from *Harper* readers in many parts of the country. They came from men and women in many walks who laid bare their most intimate personal sorrows as they asked me to advise them about some member of the family who was drinking to excess. There was little I could tell them. Psychiatric treatments were beyond what most of them could afford or there were no psychiatrists in their localities. In some instances psychiatry had been tried and had failed. The few reliable private institutions I knew of were too remote or too costly. Most of the public hospitals, if there were any in the communities, had no alcoholic ward. The

public mental hospitals, generally speaking, were insane asylums from which the discharged alcoholic patients were known to be worse off than when they had entered.

It is to such people as these, people who do not know where to turn for help that Alcoholics Anonymous, the group of men I mentioned in the first part of this article, are hoping to have something to say.

This organization, which now has a membership of over two thousand and centers in fifty localities that embrace all of our States except a few in the Middle West between the Rocky Mountains and the Mississippi River, had its beginning in the healing of one man, a Wall Street broker whom we shall speak of as Mr. Jones. After a drinking career of fifteen years in which he had built his ration of gin up to two quarts a day, he was pronounced a hopeless alcoholic. Some time before this verdict a friend who had been cured of dipsomania with the help of a religious group had told of his experience with such simple precision that Mr. Jones had been challenged by it. Thinking now of what the doctors had said, his mind reverted to his friend, and he sought the same aid. "In a week," says Mr. Jones, "I had taken my last drink. In a month my appetite for liquor was completely gone."

Shortly after this a business trip took him to Akron, Ohio, where he remained to help a former crony who had lost his job and was without the prospect of another, as the title of "confirmed drunkard" had been conferred upon him by the townspeople. This friend healed one of his own friends. Mr. Jones did likewise. By the time he was ready to return to New York he and his patients had made plans for a full-time avocation of healing alcoholism and for starting a healing movement across the country.

Mr. Jones realized that, while drinkers may have their similarities, no two of them are ever alike in nature. If he were to reach out toward all those who needed help he saw that he would have to broaden his therapy, which up to this time had been wholly religious. Back in New York, he and his wife took five non-paying

alcoholics into their home for study and experimentation. In healing them he was able to formulate a set of elastic principles capable of spanning a wide area of cases.

In 1936--two years after it had been started--the movement had spread with such rapidity that money was needed for office purposes. Two or three of the members felt that if they could take the time to collaborate on a book about their experiences they would be able to raise the necessary amount. Someone told Mr. John D. Rockefeller of the recoveries they had effected. After he had looked into their activities he made it possible for them to take the time to write the book. When it was ready to be published a group of Mr. Rockefeller's associates consented to form a Board of Trustees to handle the royalties as they accrued.

Last year, with the work speeding forward, Mr. Rockefeller felt that what it now needed was "not money but standing." At a dinner given by him to two hundred of the country's most prominent men he invited Mr. Jones to speak. What he had to say was verified and approved by medical scientists and clergymen through such spokesmen as Dr. Foster Kennedy and the Reverend Harry Emerson Fosdick. The honorarium of three thousand dollars raised that evening, together with royalties from the book, maintain a small office in downtown New York. Mr. Jones's salary is thirty dollars a week. "I have a strong feeling," he explains, "that if I were to commercialize my services within the group by accepting money I should impair my effectiveness."

Among the members of Alcoholics Anonymous are lawyers, doctors, clerks, chauffeurs, stenographers, and housewives, and they are of all ages between the early twenties and the late sixties. Out of two thousand current cases, ninety-five per cent of whom are employed, one thousand have not tasted liquor since they attended their first meeting. For some this means three months. For others, six years. Five hundred have slipped a bit now and then, but they are out of the quicksands. The other five hundred are not

yet quite sure that they want to be cured, or they are suffering from the more doubtful forms of the disease; but they are being helped.

It has been said that the technic has the mark of Buchmanism. It probably has, and of other religious groups and healing methods. For it is a synthesis of everything that has proved useful in the whole field of alcoholic diagnosis and treatment. A movement that has for its purpose a crusade of mutual assistance in which one drinker becomes therapist for another, it is open to anyone who drinks too much and cannot stop of himself. Two exactions only are demanded of him. He must be sincere in his wish to be healed. He must have the desire to help his fellow drinkers. Anonymity is maintained because of the extreme sensitiveness of the alcoholic to prejudice or ridicule. And it prevents giving offense to relatives or to doctors and spiritual advisers, all of whom have their redemptive parts to play.

The actual phases of the treatment are not fundamentally different from other mental therapies. But the instruments are not the same and the terminology is non-existent. The "mental catharsis" of the psychologists becomes here the simple business of talking out loud to an audience made up of those who are taking the cure themselves. These open meetings are practical forums in which the members exchange points of view and offer suggestions under the leadership of the more experienced therapists such as Mr. Jones. Once a week the families of the patients are invited to special meetings where the care of convalescents is the main topic of conversation.

Another important step is the mental inventory in which the patient lists his virtues and his faults as an aid to self-appraisal. It is from this evaluation that the pattern of adjustment, the vital core of rehabilitation, is drawn. (It is what the psychiatrists call "personality change.") For instance, if a member has mistreated his wife, neglected his family, or been dishonest in his business dealings, or quarreled with his neighbor, he must not only change his ways, but he must try

somehow to repair the damage he has caused. Whatever his troubles, he is given ample opportunity to talk about them; for it is through such disclosures that the real cause of his malady reveals itself. Instead of evading his problems, as he has in the past, he is taught how to solve them. And if he strikes a snag he knows where to go for help--and it will be to someone who has been through the same experience and will therefore be able to give him a sympathetic and helpful hearing.

As the treatments progress he is directed toward some interest absorbing enough to take his mind away from liquor. Sometimes he may find his release in the recognition of a Supreme Being, a Power outside of himself who is greater than himself. There have been a number of cases in which this religious awakening has broken the spell of the exaggerated egotism which was one of the persistent causes of his illness. However, no compulsion is put upon the patient. He makes his own choice. About sixty per cent of the members of Alcoholics Anonymous are deists. Many who have not been to church since they were children have returned to their faiths. And there are not a few atheists among them. For most of them the great hobby that holds their enthusiasm is the help they are giving to one another. "It is a great satisfaction," said one of them who was in the advanced stages of the disease when he was enrolled, "to know that you are marking the difference between life and death for someone."

The processes employed in the course of treatment are not allowed to become stagnant. "We are always experimenting," Mr. Jones explained. "We try something and if it doesn't work we throw it out. What we are striving for is a progressive and ever more flexible system of healing which will cover more and more of the peculiar effects of alcoholism on the many diverse human personalities."

IV

The layman's burden I have indicated is not for the shoulders of the therapist alone. The family of the alcoholic--parents, sisters and brothers, sons and daughters, husbands and

wives--may very well be the deciding factor in the success or failure of his cure, just as they are often the chief contributors to the disturbance which causes the illness. Because of this possibility some physicians will not treat certain patients unless they are removed from their homes until recovery is pretty well assured. And all healers make every effort to gain the co-operation of relatives as a precaution against relapse. When families fail it is not as a rule because they are contrary or apathetic, but because they do not know the rules.

For their benefit I am setting down a list of things to be remembered which I have gleaned from these specialists:

The convalescent needs care and sympathy, not nagging and recrimination. He must, until you are sure that his recovery is complete, be handled with silken gloves. For he has been through a devastating purgatory. Invalid though he is, he wants to be treated like a man and not a child. Yet, paradoxically, he must in some things be looked after as if he were a child. Great care must be given to his diet. Some medical scientists are now thinking that alcoholism may be due to lack of sufficient vitamins in the drinker's system. Tomato and orange juice, carrots, beets, celery, wild rice, milk, eggs, good red meat (if his blood pressure is normal), and some chocolate and sweets (if he is not diabetic), are some of the foods that will give him the needed vitamins. However it is always best to consult a doctor on his diet necessities.

Happy occupation for his leisure hours is a vital *must* on his program. Study his tastes, if you do not already know them, and use your ingenuity in finding things for him to do that he will enjoy. Don't try to force him to meet

people or do things that he dislikes.

It is imperative not to discuss his illness with him or to comment about his abstinence or attract attention to it, unless of course he opens up the subject. Then talk round and away from it. If you are in the habit of serving cocktails be sure to have one for him on the tray as well as not *one* glass but *two or three* glasses of tomato or orange juice. Let him make his own decisions. That is a part of his readjustment. He is not well until he can say "No" to himself in the face of temptation. Don't lock the liquor away from him. Don't pat him on the back and tell him how proud you are of him and how you all appreciate what he is going through and are feeling sorry for him. Don't set up pressures by holding him to strictly to household routine. Maybe he was finishing up a round of golf. Next time, remembering what happened last time, he may take one drink to brace him for what he thinks is going to happen to him when he gets home. That one drink will make him feel just fine. So he may rationalize that just one more won't do him any harm. And he's right back where he started.

Beyond everything, never rake up past offenses. Alcohol draws a curtain over the reasons and the memory of its victims, driving them blindly into acts for which they are not responsible and which they cannot remember when they are sober, as such acts make no record on the conscious mind.

These details are not trifles. The convalescent drinker is edgy and highstrung. If he can be kept healthy in body and contented in mind he has a far better chance of complete and permanent recovery than in an environment where he is constantly on the defensive.