

ALCOHOLICS ARE JUST LIKE YOU AND ME EXCEPT THAT THEY'VE DISCOVERED ALCOHOL

By Philip Marchand

There is no health in us, according to the Book of Common Prayer. That reference is, of course, to the spiritual corruption of fallen humanity, but it might as well be to North American society in the late twentieth century, a society overwhelmingly addicted to drugs of various descriptions. A curious situation, certainly. In this society, few members have any reason to fear the traditional scourges of humanity - famine, plague, the devastation of war, even backbreaking physical labor. The citizens do not live under any blatant tyranny or terror. There is no obvious reason why most of them should feel deeply unhappy. But it is true nonetheless, that the people in this society who feel vigorous and free, who do not flee regularly from the grim business of life into some opiate - drugs or television or gluttonous consumption of food - are a minority. One of the most common of these opiates, and socially, the most dangerous of them all, is alcohol. Nothing indicates the depths of unhappiness in the society more than the fact that the alcoholism within it is becoming more widespread every year.

In 1963 there were about 237,000 total alcoholics in Canada. Ten years later, there were about 525,000. That means that in 1963 for every 100,000 Canadians over the age of twenty there were 2,190 alcoholics; in 1973 there were 3,850. Alcoholics, specifically male alcoholics - may be defined as those who consume more than fifteen

centilitres of absolute alcohol every day, which means about fourteen ounces of whisky, thirty-two ounces of wine, or nine bottles of beer. Another index, the sale of alcoholic beverages, is equally discomfoting. The total annual volume sold in Canada increased, of course, is accounted for by our growing number of youthful drinkers. In the United States the Director of the National Institute on Alcohol Abuse and alcoholism has informed us that the number of American teenagers who get drunk has doubled over the past twenty years.

Encouraging male teenagers, at least, is the persistent macho image around drinking. If the thought of a man's drinking heavily were disgusting, Dean Martin would never come on as a lush. But the thought is not disgusting. A "hard drinking" man is still a slightly romantic figure, usually, "hard living" and "two fisted" as well. (Although, curiously enough, belligerent drunks are usually timid and rather submissive when sober.) Women have no such encouragements, since a hard-drinking woman has never been a charming figure in popular mythology - she's either sad and lonely or somebody like a rich heiress in a Palm Beach mansion with a voice like Lauren Bacall's. (This does not prevent women from drinking, of course, but it may inhibit them from seeking treatment - it is only in the past year or so, for example, that women have been joining Alcoholics Anonymous in numbers nearly equal to men.)

Alcoholism may be our largest drug problem, then, not only because it is the most readily available drug in our society, but because our culture seems to have an ambivalent attitude towards alcoholism. Drunkards are disgusting, but on the other hand boys will be boys - if your an Irishmen and a poet, for example, it's almost obligatory to be a boisterous and winning drunk. In some special groups, like the Canadian Armed Forces, or teenagers in northern mining towns, heavy drinking is so much a part of expected behaviour that an abstemious drinker, not to mention a teetotaler, runs the risk of being an outcast.

Even when drinking is not openly encouraged, it is still fatally easy, in all social groups, for a man or woman to become an alcoholic without ever becoming noticed as a person with a problem. The alcoholic, unlike the junkie or the speed freak, can indulge his vice in the best social situations and still fit in like the priest at the Communion breakfast. These people are often the "functioning alcoholics" - Men and women whose daily consumption of alcohol is well above those fifteen centilitres, but who still have their families, their high-salaried jobs, their position in society. They don't fall into alcoholic stupors, they never even become involved in loud alcoholic scenes. They're not drunkards - most people, including themselves, would never think of them even for a moment as alcoholics.

Sooner or later, however, they run into problems. A successful thirtyish lawyer, say, wakes up in the middle of the night in a state of approaching panic. He goes downstairs, notes the car parked in the garage, the children sleeping in their rooms, the lights off in the kitchen and the living room.

Only one thing keeps troubling him; he cannot remember going to bed. He remembers the party he attended, but he doesn't remember driving home in his car, coming into the house, taking off his clothes, and climbing into bed. He has suffered a "black-out", a mild case of amnesia.

As time goes on, he notices he suffers more and more of these blackouts. He knows that it is a warning sign that he is drinking too much, that he may, in fact, be an "alcoholic." But he can always brush this thought aside. An alcoholic is a woman who spends all day in bed with a bottle, who has spare mickeys of gin hidden in the breadbox. Alcoholics are men like the character Jimmy Cagney played in some movie from the 1940's, sweating and writhing on the floor from a bad case of delirium tremens. Alcoholics are not like him, a responsible person who plays bridge, goes to the Caribbean on skin diving holidays, and never gets drunk.

Of course he would have to admit that by the time eleven A.M. rolls around he becomes a little restless in his office, waiting for lunchtime and a few officially sanctioned martinis. And in mid-afternoon he usually rewards himself for a hard day - or consoles himself for a rotten one - with a few drinks from the built-in bar in his office, and then goes home and has a drink or two before dinner, and then, while he's getting dressed for a party, he has another one, and of course at the party knocks back a few, and coming home afterwards treats himself to a stiff nightcap. If he counted up all those centilitres of absolute alcohol on his pocket calculator, starting at lunchtime, he might indeed come up with an alarming figure, but who bothers to count? The important thing, really, is that he's steady on his toes -

he'll start to worry about his drinking when he slobbers on the hostess and walks around with a lampshade on his head at parties.

The warning signs are by now well known, but they are easily ignored by people like this lawyer. He usually has powerful rationalizations on hand to quiet the doubts. If he gets really jittery he can go on the wagon for a couple of weeks and absolutely, definitely, prove to himself that he has no problem with liquor. (Ignoring the fact that during these two or three weeks he is always mindful of the reward in store for him when he hops off the wagon - ignoring, too, the tranquilizers he turns to now and then to help him over the dry spell.) Usually such people continue for years before they start descending the long alcoholic slide into more serious drinking - when their work definitely does suffer and their family starts to fall apart from the general unhappiness solidifying into outright misery. It's a melodrama too familiar, by now, to recount in detail.

But it is still a North American melodrama that increasing numbers of people regularly play out. The cost to society is staggering. (A billion dollars a year to the Canadian people, according to the LeDain Commission of Inquiry into the Non-Medical Use of Drugs.) Nobody is sure how to ease this cost. And the suspicion keeps arising in people who have to deal with the problem that the epidemic of alcoholism, frightening though it is, may be just the most noticeable and dangerous form of addiction in a society of many widespread addictions. In the end, all addictions - whatever their source - may be alike.

This point will become more important in future considerations of alcoholism. If it generally

accepted, the social view of alcoholism will doubtless be revised - revised a second time. The first great revision occurred sometime in the 1930's with the establishment of Alcoholics Anonymous. A.A. was heavily responsible for spreading the notion that alcoholism was an illness, and that drunkards were not primarily moral failures who succumbed to the bottle through lack of willpower but sufferers from a mysterious but very real disease, perhaps an "allergy" to booze or a metabolic imbalance or a chemical deficiency of some kind in the body. This was an entirely commendable achievement on A.A.'s part. In effect, it immediately raised the status of alcoholics, at least in respectable circles. But the A.A. view also raised a few questions. There is still no way you can predict whether a child will have trouble with alcohol from a biochemical examination of his or her body. And, practically speaking, A.A. itself treats alcoholism more as a spiritual dilemma than a disease. (The key notion of A.A. is that the first step towards recovery for any alcoholic lies in his admitting that he is powerless over alcohol, and that only a reliance on a Higher Power - sometimes referred to as a Power greater than ourselves - can restore sanity to his life.)

There were certain consequences of this view. One of the consequences was that alcohol itself became a kind of personification of evil for the alcoholic - a force in itself that has taken hold of the sufferer's life like a plague bacillus and will not let go. As a writer in the Big Book, a kind of operating manual for A.A. says; "Remember that we deal with alcohol - cunning, baffling, powerful." Other consequences are an insistence that

an alcoholic can never take another drink as long as he lives (the fatal-glass-of-beer syndrome) and the general feeling that many alcoholics cannot free themselves from this disease - this enticing, relentless disease until they hit "rock bottom."

Today most theorists of alcoholism don't even bother to debate the question of whether alcoholism is a disease; when not even medical doctors seem able to come up with an acceptable definition of "disease." It hardly seems a fruitful topic for debate. That some of the implications that have been widespread because of the general selling of alcoholism as a disease are now being challenged - the implications, chiefly, that a return to controlled drinking is always impossible for a true "alcoholic," and that a man cannot free himself from the "disease" of alcoholism until the abyss beckons and he realizes that spiritual means are the only means left to fight it. Perhaps the most important implication being challenged is that there is something in the nature of alcohol itself - the "subtle ease." as A.A. writers call it - that causes addiction. If this idea is false, reasons those who question it, the possibility arises that alcoholism may have the same roots as the behavior of a person who deals with life by "TVing it," getting glued to his set for forty hours a week - or, for that matter, a person who goes on eating binges.

The people who are leading the attack on these very beliefs, and thereby intending to revise accepted notions of alcoholism, are those Trojans of the rat labyrinths, the behavioral psychologists. In a way it is inevitable that they would stake out pieces of turf traditionally associated with groups like A.A. The Alcoholics Anonymous approach -

heartfelt, exhortatory, spiritual - was bound, sooner or later, to clash with the clinical, empirical human-engineering approach of the psychologists. Nobody denies that A.A. has been the most effective group by far in dealing with alcoholics, and it's unlikely that any government or private programme in the foreseeable future will help alcoholics give up their dependence on alcohol to the extent that A.A. has done. But ours may be a time when the most significant contributions to understanding alcoholism will come from other than A.A.

To the clinical psychologists alcoholism is not a medical problem but a learned behavior. "The way most psychologists would view excessive alcohol consumption," says Howard Capell, a psychologist at the Addiction Research Foundation of Ontario, "is that, for whatever reason, it's something that's learned, just the way a lot of other things are learned, and that in some sense it's an adaptive response. A lot of people think that what it's adaptive to is conditions of stress, and that what alcoholics are really doing is medicating themselves for anxiety." This in spite of the fact that it has been clinically demonstrated that large quantities of alcohol actually make a person less able to handle tension, stress or anxiety. (But of course, the first few drinks always do seem to lighten a man's load - the only problem being that a man who depends heavily on alcohol for this purpose never knows when to stop.)

IN this view, alcohol is a kind of problem solving technique that is too easily and too accessible - despite its disastrous consequences - for the person to give up, once he has learned to depend on it. Dr. Martha Sanchez-Craig, who formerly directed a residence for alcoholics in Toronto

for the Addiction Research Foundation speaks passionately for this view and its efficacy in treating alcoholics. It is a view that does, in its own way, invest the alcoholic with a certain amount of dignity. "Look," she points out, to say "you have a problems is very different from saying you are sick." To say, "everybody has problems, but you, unfortunately, have discovered alcohol." "You would feel more comfortable in knowing that you and I are not different. You have problems, I have problems, everybody has problems. But you have discovered alcohol."

Dr. Sanchez-Craig tried a simple experiment to shed some further light on the uses of this problem solving technique. "I sat with numerous people and asked them to describe in very specific terms the last time they drank in excess. This had to be in specific terms - I held them to that. Second, I asked them how they felt about the event. How did they interpret it? How did they come to a decision to drink? How did they rationalize it? How did they feel the alcohol was going to function? Ninety-five per cent of the respondents, according to Dr, Sanchez-Craig, were reacting to what she termed, using the odour-free language of the social sciences, an "aversive" social situation - where the boss picked on them, or their lover walked out on them. "They were feeling depressed, lonely, anxious - the negative feelings. The thinking was rigid and catastrophic. They would think. This woman has rejected me. Therefore no one will ever love me. I will be alone for the rest of my life."

That people will turn to booze when they feel hit hard by life, or when they succumb to what the A.A. folks term "stinking thinking" - the long, sweet descent into despair and self-pity - is hardly

news., and yet if alcoholic behavior can be traced back, as Dr. Sanchez-Craig and other psychologists feel it can, to this kind of habitual response, gradually imprinting itself on the nervous system of an alcoholic - the response of seeking relief from painful situations in the soothing touch of alcohol - then it may be possible to imprint new responses, new awareness of different choices, on that same nervous system. Alcohol itself is not the problem. It could just as well be Valium the alcoholic loved, if that alcoholic had grown up in a culture where there were two or three Valium bars on every city block. Alcoholics, or "problem drinkers," once they are taught new responses to the painful stimuli that drove them to drink, could conceivably even learn to drink moderately again.

This suggestion infuriates many workers in the field of alcoholism who feel that one of the greatest enemies of the recovering alcoholic is the delusion he often cherishes that one day he will be able to drink again - drink again and handle liquor like a gentleman. For alcoholics one drink will always be too many and a million not enough. But sometimes the issue of just who is, and who is not, an alcoholic becomes almost metaphysical in its elusiveness and remoteness from specific, concrete touchstones. A.A. for example, insists that any "alcoholic" who subsequently learns to drink moderately and never goes on a binge for the rest of his life was not a true alcoholic in the first place - a formulation that obviously begs the whole question.

Part of the problem is that most alcoholics do not seek any form of treatment until they are in their forties, in which case they've usually had about twenty hard-drinking years behind them. If you have been drinking heavily for

that long, your brainstem is pretty-well shell-shocked anyway, and obviously not capable of resisting the lure of those first few drops of Alcohol. The critical question revolves around young people in their twenties who are clearly on the road to alcoholism. Dr. Gordon Bell, president of the Donwood Institute in Toronto, a hospital that treats mostly alcoholic patients, concedes that "many of the patients we've had, had they been fortunate enough to come to us much earlier, would have had another alternative besides total abstinence. "If a programme of teaching controlled drinking were ever launched successfully, it would have a great deal more impact on this group of budding young alcoholics than programmes that had total abstinence as their only aim.

Dr. Sanchez-Craig, who is very much interested in such a programme of controlled drinking, insists that people who enrolled in it would have to meet very definite criteria - they would have to be young, intelligent, in good health, strongly motivated to overcome these drinking problems, and strongly attached to things like jobs or families they knew they stood to lose from chronic heavy drinking. No one who has been abstinent for any length of time, even somebody who was under thirty, would be submitted into the programme.

The concept of controlled drinking for "problem drinkers" is one fruit of the approach to alcoholism that treats it as a learned response rather than a disease. Another fruit is the concept of "constructive coercion" wherein alcoholics are confronted by their employers or their spouses or someone else, who threatens them with severe consequences if they don't enter treatment for their alcoholism. According to this concept, you don't have to wait for

the alcoholic to recognize one morning, through the mist of his pain, the awful unmistakable image of his utter helplessness. This coercion implies, in a way, that alcoholism is no big deal. It is based on the premise that people, unless their nervous systems are completely warped, will respond the way you want them to when you make it absolutely clear to them what they have to do and what will happen to them if they don't do it. Clinical psychologists tend to feel that if you could just apply constructive coercion to the alcoholic on a daily basis you would have the means once and for all to reduce or eliminate his drinking problems. Arrange it so that the spouse has to spend fifteen minutes in an isolation booth before he can take a drink, things like that; a few "behavioral interventions" imposed upon him. Enough behavioral intervention and you've probably got the problem licked, supposing the subject is not too far gone at the start of the project.

Of course this means that you've got to have many allies, agents so to speak, in your struggle to tinker with the environment of the individual alcoholic. Dr. Capell sums up the perspective of the behavioral therapist in this way; "When you start to talk about effective individual interventions you're probably going to end up having to think of ways to intervene that involve more than just interaction between a patient and a therapist. Rather we'll have to recruit the environment. It's probably the case, as with most things, that effective treatment will involve more than one approach to the same individual but my basis is that behavioral interventions of the type that experimentally oriented psychologists advocate look like the way to go. They look like it to

me because people have actually been able to demonstrate their effectiveness, at least in the laboratory. The argument against that is, well, the laboratory isn't the real world. My counter argument to that is, do you have something better? I mean, at least, they've

been able, in some cases, to show that if you're clever enough to figure out for an individual how you can actually work on a person's environment to help them cope with their drinking, it can have an effect.

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