The Facts About Alcoholism

exclusive interview with Dr. Selden D. Bacon,
Foremost Authority on Alcoholism

How extensive?
What cures?
What teachings to youth?
How shall employers deal with problem?

The center of Alcohol Studies at Yale University has just completed several surveys on the problem of alcoholism--as it affects industry, education, highway safety, government as well as family life:

What makes an alcoholic? Is it drinking to excess or is it something else? What are the symptoms--and how can anyone tell whether he or she is in danger of becoming an alcoholic? What are the States and cities doing about the problem, especially as it affects traffic accidents? How is industry, troubled sometimes by heavy absenteeism, handling the alcoholic?

To get the answers to these and other related questions, the editors of *U.S. New & World Report* interviewed in their conference room for two hours Dr. Selden D. Bacon, Director of the Center of Alcohol Studies, Yale University.

As far back as 1930, interest in the study of alcohol began at Yale in the Laboratory of Applied Physiology with the issuance of scientific papers and the collection of information amassed in previous years. Biochemists, researchers in sociology, economists and psychologists began to make surveys and to seek scientific answers to the many questions people were asking about the use and effects of alcohol.

In 1943 the pressure of public interest led to the establishment of a summer school of studies at Yale which has been operating ever since. It is usually attended by representatives of the distilling and brewing industries, five or six professional temperance people, a dozen physicians, and about the same number of nurses, 25 to 30 ministers, 30 to 40 social workers and probation officers, 30 to 40 who are engaged in education, a few judges, and a few members of "Alcoholics Anonymous" who are engaged in teaching or in industrial personnel work.

More than 1,600 have graduated from the school and a large proportion is making use of this training in State and local, voluntary and governmental agencies dealing with problems of alcohol and alcoholism. At least 75 have become executive directors of such groups.

With the co-operation of the Connecticut Prison Association, an outpatient clinic just for alcoholics was begun in 1944, and a year later the first State Commission on Alcoholism was established by Connecticut and Dr. Bacon has been its chairman ever since. In 1940 the Quarterly Journal of Studies on Alcohol was started. The Center also published a series of 15-page pamphlets that have been in unusual demand for such technical material.

The Yale Center now has six major divisions and is primarily interested in popular education on the subject of alcohol and research in certain areas of social and health problems, such as drunken driving, the problem drinker in industry and related subjects.

The interview with Dr. Bacon follows:

Q: Is yours the only center of scientific studies on alcohol in this country, Dr. Bacon?

A: It is the only one. We think it would be a healthier thing if there were two in the country. We had hoped that one would start down in Texas. Dr. Jellineck left us to go there and start such a center, but it finally broke up.

He has since become the head of the World Health Organization Committee on Alcoholism.

Q: What is the alcohol problem?

A: There are several types of problems. There are scientific problems, there are group problems, and there are individual problems. But it is pretty impossible to separate them. Take, for example, the particular problem of alcoholism: If anybody wants to say it is a mental problem, I'd day they are absolutely correct; if anybody wants to say it's a legal problem, they are absolutely correct--or an economic problem or a medical problem or a social problem.

Q: Most people are not alcoholic, are they?

A: We would say that there are approximately 60 to 70 million drinkers out of a population of 110 million people of 15 years of age and over. We would suggest that there are just short of 4 million out of that 60 to 70 million who are patently losing, or have lost, their control, and their lives are beginning to show, or have already shown, damage in one or more aspects.

Q: Then the difference between the heavy drinker and the alcoholic is that the alcoholic has lost control?

A: Yes, but there is no real line between them, no clear-cut example.

Q: But only 1 person out of 16 who drinks is an alcoholic, is that right?

A: Yes.

Q: Is that proportion rising?

A: The best-known estimate is that developed by Dr. Jellineck which shows that between 1940 and 1948 there seemed to be a rather regular increase, and that in '49 and '50 it reached, so to speak, a plateau, and may show some indication of going down. However, remember this, that it takes from 6 or 7 to 20 years for alcoholism to develop, so if you are trying to think of a rise between 1940 and 1947 don't think of what happened between 1940 and 1947 alone, although what happened then might have speeded it up.

Q: It could go back to the depression years?

A: Yes.

Q: Does your research show that alcohol is injurious to the human body?

A: Alcohol oxidizes when it gets into the human system. It oxidizes at the rate of an ounce in two or three hours. For 100-proof whisky, which is 50 per cent alcohol, that means that 8 ounces of whisky would be all gone from the system in less than 12 hours, most of it breathed away, some lost through sweat or urine. This proportion would vary with an individual's weight and also with the amount of food he had in his stomach. Then the alcohol is gone. Even in the most pronounced binges, you lose it all in 48 hours. Chemical tests show that.

Q: What does it do to the body? Why cirrhosis of the liver and so on?

A: The actual answer to cirrhosis is not known, but I think the most prevalent theory is this: The liver under certain circumstances will tend to develop what is called "fatty tissue." In other words, you get fat mounting up there, which cuts down the function of the liver. Now there is an agent--probably this is over simplified--that counteracts this tendency, so that the fatty tissue doesn't last and finally take over the whole organ.

Some of us have stronger counteragents and some of us have weaker counteragents. Those who have weaker counteragents are very likely to develop cirrhosis of the liver--and they may never have had a drop of alcohol in their lives! Or they could be persons who take a drink once or twice a year, at wedding ceremonies or something, and they get cirrhosis.

Some have very strong counteragents and they can drink the alleged fantastic amounts that they say they do--a quart and a half every day of their lives, and so on.

Anyway, when you take a person who may be just below average in his counteragent effect, alcohol does--this is one theory--so reduce the effect of this weaker counterpart that this fatty tissue begins to form a little more and a little more, especially in the case of people who drink a great deal and

continuously.

It may take 10 years before it begins to show up. Then you begin to get hobnail liver and the like so that just by palpation (touching the body from the outside) you can feel these hard spots where this fatty tissue has developed.

Q: What do you mean by "a great deal"?

A: You have to consider the person's weight and so on, but let's say he is drinking pretty regularly a pint of whisky every day. It will vary with the liver, of course. Even with the weakest liver in the world, you are not going to get cirrhosis automatically.

Q: What about the heart?

A: I am no expert on that, but I will leave some suggestions on it. Your question is out of my field and this answer certainly should not be regarded as authoritative from a medical viewpoint. But there is an action on the arteries from alcohol which will make it easier for blood to flow. So that if you begin to get a condition similar to, let's say, arteriosclerosis a certain amount of alcohol--and I don't recommend alcohol as the best way of doing this--may grant one a certain amount of relief from the hardening-artery situation, and there will be a little less effort on the part of the heart to pump and keep the blood going.

Diseases of Alcoholism

Q: Is that why patients with a heart condition are given alcohol?

A: I don't think so. I don't think many physicians know much about alcohol as such, anyway. Why should they? They don't get any training on it. It isn't mentioned in medical schools, except for the alcoholic diseases which are found in probably less than 25 per cent of the alcoholics in some countries and I think a smaller proportion in this country.

Delirium tremens, alcoholic hallucinosis, chronic avitaminosis, chronic gastritis, other things--and these are recognizable conditions, illnesses that would be discovered and labeled by any competent physician--which follow upon years of excessive drinking--are called the diseases of alcoholism. If you find delirium tremens in 18, 19 or 20-year-olds, I think you have good grounds for suspecting a psychotic condition set off or merely aggravated by alcohol.

Q: From the ordinary use of alcohol, what would you say is the effect on the heart? Is it helpful or harmful?

A: I wouldn't say that it was particularly one or the other until you get into conditions relating to certain ages, as, say, 50 beyond, in which it may serve a useful function.

Q: Doesn't it cause an immediate palpitation of the heart? Doesn't a drink cause the heart to beat faster?

A: I can't answer that question. By the way, you can see almost any bad reaction you want to see after the injection of alcohol following certain situations, but whether that is caused by alcohol or not--

WHERE TEXTBOOKS MISLEAD---

Q: Physiology books in school used to warn against the use of alcohol, and one of the ways they did it was to tell you that it caused immediate stimulus and as soon as the stimulus had worn off you would have a certain fatigue and a certain reaction. Therefore, alcohol, in stimulating the heart, was harmful. That was in the textbooks in the old days. Is the modern theory any different?

A: We made a survey in 1940 of all the textbooks being used. I think what was done was to pick out 10 common fallacies--such as alcohol is a stimulant, alcohol causes certain diseases, alcohol does something to the brain tissue, drinking causes shortening of life, and so forth--all beliefs that have been disproved by objective and empiric evidence that could be repeated in any laboratory--and checked the tests against these fallacies.

Q: This was a survey you conducted on those fallacies?

A: Well, first, we know the fallacies. We had worked on them in our own laboratory. Then we went out and, as far as we could, studied every text that was used in a school system, whether parochial or State, all the manuals put out by the State bureaus on alcoholic education, all the temperance stuff and checked to see how widespread these fallacies were. And about 98 per cent of the

books had these fallacies.

Q: What does alcohol supply? What is it that people seek?

A: There is one very good answer: Alcohol--and I don't care in what form you get it as long as it's ethyl alcohol--is what is called a "sedative." I am merely repeating there statements of the pharmacologists, the physiologists and the biochemists. Under the sedatives they would subclassify it as a "depressant." This means that it tends to produce sleep finally. But it does so in a very special way--namely, that you can take just a little bit and it will have a slight depressant action. No matter how little you take, it will hit certain central nervous functions.

Incidentally, the outward behavior of the person may seem just the opposite of being "depressed"; what happens is that certain controls are reduced; it is more like releasing a brake; it is not a stimulant, not stepping on an accelerator.

Then you drink a little more and it hits the central nervous structure more; a little more, it hits still more; and finally you will go to sleep. If somebody should then inject more while your are asleep finally the heart would "forget," if you like, and you would drop dead. You already will have been dropped, however, before that takes place.

It's lucky, shall we say, that it is very difficult to drink yourself to death. You could do it, but it takes quite a few minutes for the alcohol to get into operation. Drinking at any ordinary speed would result in one's passing out before a fatal amount was consumed. But if you drank a quart or a quart and a half just as fast as you could, possibly injecting it into your system, you might kill yourself.

Q: Alcohol is a poison?

A: On the basis that any substance you take can kill you, yes. But this is also true of mashed potatoes.

WHY PEOPLE DRINK---

Q: Well, why do people drink? If it is a sedative, why would people go through all this just to go to sleep?

A: In the early stages, alcohol has this reaction: You relax, you operate more slowly, or you operate with less efficiency and exactitude and discrimination. This takes place first in those areas in which "learning" is recent or difficult or painful. Now as to this learning, if we had an experiment here and sat here and went around learning the names of the States or 15 varieties of flowers, that might be interesting and prove the point. If you were tested on this learning you might get a score of 95. After one or two small drinks, however, you would only score perhaps 85. If geography or the study of flowers had always been painful or difficult for you, your sober score might be 88, but after one or two small drinks it might drop to 65.

But for human beings, this sort of learning is not too important.

Learning that is important for us in the sense that it affects our daily lives and carries heavy emotional impact would concern such things as, perhaps, one's perception of one's self. "Am I a pretty reasonable sort of guy? Do most people think I'm a stinker? Am I weak? Am I stupid? Am I sexually rather impotent, so that no woman would ever be interested in me?"--or, if a woman--"Would any man ever look at me," and "I can never be a mother." This sort of learning is very painful. It may take over 15 to 20 years to learn, and it is horrible to live with. Or there is the matter of not being able to assert one's self, to stand up in competition with others.

We know of people who are frightened in these ways. They may have the capacity, the ability, and so forth, to live adequately and happily--but they can't exercise it.

Q: So they take to alcohol to forget all this?

A: Well, this is what happens--this is the sort of learning that is first realized: Here's a fellow who is very shy in a group. He has a couple of drinks and loses some of that very painful learning (shyness or exhibitionism are learned modes of behavior) temporarily, so that now he can talk a little more freely. He suddenly forgets that he is incompetent or frightened.

Q: His inhibitions are gone?

A: They are not gone--they are temporarily reduced.

Q: Would you consider, then, to that extent that alcohol can serve a useful purpose?

A: Well, you selected the word "useful." I didn't. Let's take an example: This man on my left may be my boss. I think he is an awful stuffed shirt and I want to punch his face in and tell him he's an old jackass. However, I have learned to control such impulses. But now I have a few drinks and say, "You're an old jackass." Well, that probably didn't turn out very useful.

Q: But couldn't it be the opposite? Couldn't it relax the fellow who is too shy to stand up and address a group and help him to forget about his shyness?

A: Well, here is a classic example: There was the man in Germany in 1888 or so who moved to a new town. He was quite a shot, and they have a rifle club there and they go out to see Herr von What's-his-name and ask him if he can shoot. He says, "Sure," and goes boom, boom, boom, and gets 20 bull's eyes out of 20 shots. So they ask him if he would like to join the team when they go over and play Von Sedlitzville. All right. So they make him anchor man down there, but old Boom-boom-boom gets 12 on the bull's eye, 6 on the outside, and so forth. "Oh, well. He was upset, he was new." So they try him again, and again he's a failure. But in the interim he is out on the range practicing and hitting 20 out of 20. One day somebody by mistake or something happened upon this: "Just before the meet we will give him a couple of drinks." He goes up and, instead of hitting only 12 out of 20, he gets 17.

How Score Can Rise, But Ability Fall

Now what has happened is this: The alcohol has reduced his acuity, his reaction time, his discrimination, so that he could not get 20 out of 20, but it has also reduced his inhibition, his fear, or whatever it was that was bothering him in competitive situations, so that he doesn't drop way down to 12. Alcohol actually seems to improve his ability, but it has also actually brought his abilities down. Is it useful?

The problem here is not the answer. It is the question. Americans always want black-and-white, or yes-and-no, answers to questions concerning good and bad, or true and false. Most questions, unfortunately, cannot realistically be answered in such simplicity. Alcohol is not either useful or nonuseful. It is clearly both, depending on the person, situation, amount and many other variables.

WHAT MAKES AN ALCOHOLIC--

Q: What is your answer to the question as to what makes an alcoholic? Most people don't know what the word means. Most people don't understand why, since they can take a drink every day in their homes and never get drunk, all of a sudden somebody comes along and takes one drink and he's under the table. Why is that?

A: I can't accept the example of one drink and under the table. An alcoholic might pass out after taking one drink while you watched him. He would have had 20 drinks previously without your knowledge. Sometimes people who are utterly inexperienced will act, following a drink, in ways they think to be "tight" or "high." Adolescents experimenting with alcohol may show behavioral responses utterly inexplicable from the action of the small amounts they have consumed. However, it's hard to believe that even they would fall under a table with one drink.

Q: What about the difference between the person who takes a drink every day and is not an alcoholic and the person who drinks a little now and then and is an alcoholic?

A: We would say that there are probably two important criteria to distinguish the alcoholic from what might be termed the "heavy drinker." One of them is this: the lack of control exhibited by the individual over, first, when or if he will drink. That is, "Will I drink this afternoon, or not?" Of course, he is going to drink sometime. Second is the loss of control over the extent to which he will drink. That is, sometimes he has decided he will sit down for two and suddenly finds he is having his sixth drink.

And when I say "decided," I mean that this can even be announced. It is not only internal, which can be discovered by an objectively trained observer, but he may even say, "I've got this meeting coming up," or "My kid's having a birthday party and I'm not going to take a drink." Then to his own amazement, shock and horror, he finds himself having drinks.

The other is that he plans to have three drinks but--not every time, but with increasing frequency--he takes 30 or 40 and is drinking to oblivion. He's out of control. That is one aspect.

The other we would say--and this must happen eventually--is that this excessive drinking, through drunken behavior, begins to create problems of itself--remorse, anger toward others, guilt, feelings of inferiority, helplessness, and so forth, within the individual, and manifest signs appear of trouble in his relations with his social environment, that is with friends, family, on the job and the like.

This man is having his "status quo" as an individual regularly damaged because of this drinking. Now, it is those two things--chronic and increasing damage directly related to drinking, and the lack of control over drinking--which mark the alcoholic from the "heavy drinker."

Q: Do you think that a person who is a chronic drinker inevitably becomes an alcoholic?

A: No, that isn't so. There are millions of regular drinkers who aren't and won't become alcoholics.

Q: Well, then, what is it that encourages the chronic drinker into the alcoholic stage?

A: But the alcoholic doesn't have to be a chronic drinker. Of course, if I could give you the answer just like ABC, we wouldn't have to be here, because it would be something we would know how to fix. We have some ideas about it, however.

Let's say that we have a number of people who meet these two criteria--they are out of control, which has gone on over some period of time, and some socially or emotionally significant aspect of their lives has been damaged thereby. I think we will find that there are quite a few different types.

Major Problem for Some is Psychotic

One type I would call "adjunctive" alcoholism. That is not a technical term; I just use it. Here is a man who from the point of view of the depth of his condition, the difficulty of treating it, and its impact on his whole life is more importantly affected by something other than his drinking problem. He is what the psychiatrists call psychotic or protopsychotic, if there is such a term. And he has found, or thinks he has found, that getting drunk relieves the horrible feelings of psychosis. His psychotic symptoms are not extreme, so the manifestations don't strike you or the man on the street or the cop on the corner, except in rare instances.

But he gets drunk 30, 40, 50 times a year, and the "drunkenness" behavior is noticeable. This, if you like, is a facade, the appearance of the condition. He may well be called a "damned drunk" or "inebriate," or whatever the term happens to be. He is haled into court, the social worker will see him, the minister will see him, his wife will scream, his boss will fire him, and so forth, and he will be called an alcoholic. And maybe he is developing alcoholism, but his major problem is something else. We find this with certain types of psychotics.

Q: Are there quite a few of that type?

A: I would say that, although our figures are not too good, there are quite a few. I would say that a number of epileptics can be found here, because alcohol apparently reduces the strength of the trigger mechanism that sets off the epileptic seizure.

People who have brief epileptic seizures like that--3-second attacks, so that all you notice is that sometimes the person doesn't seem to be paying attention to you--may gain some relief from using alcohol. The man may not understand it, but he drinks and he feels better. And he had better look out. Because the day one starts using alcohol as a medicine for a chronic condition, he is using a sedative for privately defined purposes.

Q: Then aren't you finding that

mental-hygiene problems are closely related to alcoholism?

A: Very.

Q: So that some people who have mental or emotional aberrations of one kind or another become alcoholics?

A: Yes, they might try to find relief in this way. However, I would say that the larger number of people who are neurotic--and I mean here psychiatrically determined neurosis--although they have the opportunity to drink, do not become alcoholic. While excessive drinking may have relieved some emotional pain, it was not acceptable to them for a variety of reasons. Maybe their own neurotic pattern was functional enough for them to meet their troubles. Maybe they were brought up to believe that getting drunk is a horrible evil, far worse than their neurotic pain.

Let me say that the likelihood of a woman who is neurotic becoming regularly and often rather drunk, perhaps even developing into an alcoholic, is much less likely than in the case of a man, because the social pressures on drunkenness are much heavier against a woman than a man in our society. As a result, it is a less likely sort of adjustment to problems for women in our society.

MENTAL PROBLEMS---

Q: Let's take it in reverse. Aren't the people who are trying to cure alcoholism aware today of the fact that they have to cure the mental problems as well?

A: This calls for a lot of comment. First, Let me say none of us accepts the word "cure." That is one of these words I would like to eliminate because we say that no alcoholic is ever cured--it is merely an arrested condition.

Q: Does that mean that alcoholism is a disease?

A: Only to this point--that to our knowledge it cannot be helped to the extent that the person can relearn how to become a social, temperate, moderate drinker.

Q: He must give it up completely?

A: Absolutely, forever, in any form, in any amount. We have cases of people who had stopped for 15 years and who thought it was safe, or some naive doctor told them a beer isn't really drinking, and so they go on again--

Q: And it takes very little quantity--

A: It's the alcohol. The quantity doesn't matter, no. If they are unaware that they are taking alcohol, if they don't even know about it, or in some circumstances if the ingestion is interpreted in so ritualized a fashion that it has nothing whatsoever to do with "drinking" as that is interpreted by the individual, then there might--and I emphasize the "might"--be no effect. I still wouldn't be surprised if it did start him off again.

Take the Catholic priest who is a recovered alcoholic. At Mass, as I understand it, nobody gets any wine at all except the priest; sometimes he may have to take quite a little because it all has to be used. I have heard, and I would believe that in the case of certain priests who were recovered alcoholics, that this ingestion of alcohol--because chemically that is what it is--did not cause the man to revert to alcoholism. Certainly a sincere priest wold not interpret this act as "drinking." However, it would seem a great risk to run.

Alcoholism in Feeble-Minded

Q: Well, do you think that if we make progress with mental hygiene in America we will tend to reduce alcoholism?

A: We will reduce that proportion that I was speaking of. I started off with the worst, the psychotics and pronounced neurotics.

Q: What are some of the others?

A: There is a certain proportion that are feeble-minded. We would say that the proportion of alcoholism in the feeble-minded is much higher than it is in the general population. But, altogether, it's a small number. The feeble-minded, the psychotic and the epileptic are three categories in what I termed adjunctive alcoholics. The person who begins to act like an alcoholic at 17, 18 or 19 presents at least a strong suspicion of a major neurotic or approaching psychotic situation, perhaps schizophrenia.

Ordinarily alcoholism will take anywhere from 7 to 15 years to develop from the early symptoms to the final full-blown appearance.

But with major neurotic conditions the development may take less than a year.

Q: Are these the only groups who are likely to turn from social drinking to excessive drinking?

A: On, no. This is just one small segment. I would say that we have some people that are called "neurotic." Now, what I mean by "neurotic" is approximately this: His peer group--we will say "his" and not "her" because we run 5 1/2 males to one female--thought at the time, say during the teens, that the individual was clearly peculiar.

They are "screwballs," or whatever the popular word is among their group, and they are known as that by the others. They're frightened, they're shy, they don't get along well in interpersonal relationships, they don't know how to fight, they don't know how to date, they don't know how to dance, they don't know how to dress, and so forth. They may study excessively, they may be highly overcompensating athletes who are terrified of other people, they may be "mother's boys." And the others recognize it, and it is noticeably interfering with their day-to-day life. This person at 16, 17 or 18 may discover alcohol. He may not even know that he has discovered it. He may go to his first party and have some drinks and simply know that, "Gee, when I go to the Joneses on Saturdays I have a wonderful time!"

But after several experiences he can't help making the correct discrimination because he went to Green's house and it was Thursday and there were drinks and he had a wonderful time, and the next Saturday he went to the Joneses, had no drinks and he felt awful. This person, then, begins to find that with drinks he can act more like a human being, that he his accepted by others, and there is this tremendous relief--"My God, I can be a human being after all!"

The group of alcoholics with this background, I would say, is more sizable than the psychotics. But I would not say that they are all the alcoholics by any means. Anybody who tries to explain alcoholism entirely in terms of basic or character neurosis faces an impasse.

Preventing Neurosis

Q: If we should make more progress in mental hygiene will we make more progress in the field of alcoholism?

A: As mental hygiene is able to do something about the prevention of psychosis, for this percentage, yes. As it is able to do something for the prevention of neurosis, or social or emotional deviation, obviously for a bigger percentage, yes.

But, then, take this even large group of alcoholics who don't give evidence of early neurosis. You only discover them when they are 40. You go back through their life histories and you can't find in the school record any evidence that they were peculiar--they were just like everybody else.

Now everybody--and this is pertinent to the mental-hygiene question--everybody has personality difficulties. We all of us have stronger and weaker spots in emotional and social adjustment by definition. Some of us are quite well adjusted in relationships with the opposite sex on a series of levels, whether it refers to actual sexual intercourse or whether it refers merely to talking to secretaries. Some of us are average and some of us are a little more or a little less well adjusted. Some of us in the matter of competition and assertion and dominance are stronger or weaker. All of us have certain weak spots. We are not robots.

Let's say that I am weak when it comes to asserting myself with people in a higher status or with older men. Maybe it has something to do with early experiences with my father or my older brother. Anyway, it is a common thing. It is found in personnel problems all the time. You promote a good man and he collapses. Why? He cannot give orders on a higher level.

A boy is, let us say, now 23, 24, 25, and he has all the ambitions that most young American men have, and he feels a little more at ease, a little more relaxed, and loses a little of this restraint after a few drinks. Well, he says to himself, so do a lot of other people. So what!

Along about age 25, 26, 27, this particular problem becomes even more significant to him.

The boy is no longer in the school or college situation and can't fall into one of those nicely defined categories where this is the faculty, these are my elders, these only lower classmen, and begins to realize that he is a competitive person, too.

He, too, can get up there and can even disagree with those people. In fact, the situation demands that he compete. This makes him somewhat ill at ease, but over the week end when he has a cocktail, some highballs, or whatever it may be, he loses some of his fears and anxieties on this score, and this loss becomes highly important.

There would seem to be a point, as we recapture the life experience of the alcoholic, where there suddenly is an increase in the intake. Let's say that in his group they usually have, say, three cocktails two nights a week and on Saturday nights. This man's intake jumps up 50 percent--

When Drinking Gets Serious

Q: Is this suddenly?

A: It would seem so. At least the man remembers it, and so do some of his friends. Then he begins to show all sorts of symptoms, but I will skip all of them and go right into the possible mental-hygiene aspect of it. He begins to increase the time of drinking and may have a couple in the afternoon. He may even shift jobs so that he may get into a position where this sort of thing is more possible. He may shift friends so that he associates frequently with those among whom heavier drinking is socially acceptable.

And we will find that he is making certain decisions and is meeting certain people particularly at the times when he can have a few drinks--not that he is going out and hanging on to lampposts. He may tie one on now and then if the people in his group tie one on. But he is regularly drinking more. Perhaps he is meeting problems with his wife or his kids that have made him very uneasy. He can't stand the kids at supper time, and he is afraid his wife expects him to do things he can't do, but if he has two cocktails every night he no longer notices their criticisms, their requests for his attention. He may be abrupt and even a little sarcastic with them, and doesn't know that he is doing it.

This is a very slow, gradual process. We call it the "pampering effect" of alcohol. There was a weak spot in his personality armament and, instead of trying something new and learning through variation, no, he protects himself more and more by alcohol. The needs for the personality go on and new needs come up, especially in the weakest areas, and this fellow is not learning, he is not growing, he is not changing, but more and more is covering it up.

Then, if the situation develops whereby he is put under some special pressure, he may--and it is three o'clock in the afternoon--say, "If only I had a couple of drinks!" And he's right--because he has those couple of drinks and it doesn't bother him so much. Then occasionally begins to get drunk. Now, when he gets drunk, he has not only the remorse that any might have who experience a hang-over, but also has this awful remorse about the situation which he didn't resolve and about what he did while drunk, plus the fact, "I've done it before and before and before, and I can't stop it!" He experiences a monumental psychological effect from the hang-over.

A vicious-circle process can now be seen. As the individual more and more depends on alcohol to meet certain situations--and for a while he is successful, for it does work--he is, through lack of exercise, so to speak, reducing his basic equipment to meet other people and particular types of situations effectively. As this happens, he needs a little more. As he begins to take a little more, he begins to make "drunkenness" mistakes. In other words, he could be overly aggressive and doesn't even know it; you can be critical of him, and he doesn't even notice.

Pretty soon the liabilities of drinking overtake the assets. Furthermore, occasionally he oversteps and really gets drunk and does things that create new, major difficulties, so he has to get over this additional problem. To cover up this new problem created by the excessive use of alcohol, he uses more alcohol, and so the nice little vicious circle becomes a

bigger vicious circle.

It may be that a definition of "psychological addiction" would be the use of alcohol to overcome the effects of alcohol, whereas when you are merely using alcohol to overcome situational problems or neurotic problems, this is not the case. Then you are drinking to overcome shyness or inferiority feelings, which are not created by alcohol.

Q: Now, where does mental hygiene fit in?

A: We would say two things. First, let's note this fact. Over the past 50 years, which is at longest the reign of modern psychiatry--and perhaps you would prefer 25 years--psychiatrists have been peculiarly unsuccessful with alcoholics. The psychiatrists know this and dislike the alcoholics; the alcoholics know this and dislike the psychiatrists. And so the hope of doing anything, one with the other is, of course, very low. Psychiatrists are not alone in that, however--it covers everybody else, too.

SLIPS IN PSYCHIATRY---

Q: But why have the psychiatrists, if this is a mental-hygiene problem, not done better?

A: One answer to that would be that the psychiatrist, quite correctly, sees that this person has personality difficulties and in some instances they see a long-lasting character neurosis, one that's been in the developmental stages for years, perhaps since the age of 4 or 5. So the psychiatrist says that, unless we get rid of this thing at the bottom, we are just playing games with the thing at the top.

So the alcoholic comes into the office and the psychiatrist starts needling back into this, perhaps, adolescent problem, and then back to the 7 or 3-year-old period. The alcoholic looks at the psychiatrist and wonders, "Which one of us is screwy?" Here he is; his wife is going to toss him out on his ear, he can't hold food on his stomach, his glasses are smashed, he has lost his papers, he is going to lose his job. He has this horrible feeling of fear, of additional worry about this alcohol business, and here this weird character is asking him what dreams he had about his great-grandmother when he was 4 years old.

Q: That's an exaggeration, of course--

A: Yes it is, but it is significant of a very important thing: The psychiatrist, very correctly, proceeds on the premise that there were underlying difficulties much more significant than the actual effect of the alcohol. And so they begin to talk about alcohol as a symptom, but I would suggest to you that, as the alcoholic has gone through alcoholic experiences for many years, he is no longer merely a neurotic type B or a neurotic type C. He may once have fitted such a label, but now he has added alcohol-dependency and has fused the two into something new. He has problems, demanding problems, problems that have gone so deeply into his insides that this alcohol will trigger him off even 15 to 20 years later, even if he never takes a drink in the interim. The alcohol dependence is terribly important in itself. It is a new thing. It is what we call "alcoholism."

Q: So you do have your original problem in personality and mental hygiene?

A: Yes--and perhaps you can tie this original to poor neighborhoods, unresolved Oedipus complexes, lack of affection, and so forth, yes. But, unless there is also understanding of the impact of excessive and chronic alcohol ingestion and what it can do to an emerging, growing personality, therapy won't get very far.

In the first place, you will have a lot of alcoholics who won't have what you would call a neurosis, and yet they are just as bad as the other fellows in the end. When you get the one who has this real neurotic problem you probably can't reach him by the usual psychiatric technique because, as the psychiatrist would put it, he is an objectionable, un-co-operative person--and that is right.

HEREDITY---

Q: Is there any inherent tendency to become an alcoholic? You hear of people referred to as a natural for alcoholism--

A: Let's put it this way: Acquired characteristics are not inherited--that is, you cannot inherit a taste for alcohol. You do not inherit drinking. Alcoholism? There is an

inherited structure which is closely related to one's potentiality to develop an effective personality. So, since weaker personalities are prone to maladjustments of all sorts, including alcoholism, yes.

We say that alcoholism is found to a higher degree among the feeble-minded than the rest of the population. Certain of the feeble-minded probably have a structured, organic deficiency which can be inherited. However, they inherit feeble-mindedness, not alcoholism.

Q: I want to clear up this heredity question a little bit. Do I understand you to say that, while there is no acquired taste, if a parent has a personality defect, and that defect is reproduced in the child--

A: It couldn't be personality--it would have to be an organic defect.

Q: Well, does that cause the child to take to drink?

A: The organic defect does not cause the individual to drink. The organic defect has an effect on their ability to intellectually or in reaction time or in emotional spasms or in certain diseases, say, tuberculosis.

Q: If that is reproduced in the child, then the child will be susceptible to the same thing?

A: It will be susceptible to personality disorders, sometimes alcoholism, sometimes delinquency or neuroses. Now, I should add one more thing--that alcoholism runs in families.

Q: What is the reason that it runs in families?

A: Because the father or the mother who is an alcoholic finds it almost impossible to give love and affection and attention and responsibility to anybody, especially to a child, who may well make him feel guilty and the like. This is, of course, particularly true of the mother. The situation in which the alcoholic's children live, the way they are brought up, just everything, tends to make them upset people.

Sometimes they will become extreme, wild "drys," ascetics; sometimes they will become extreme drunks. Sometimes they may be moderate drinkers. But they experience hardships of an emotional nature during infancy, childhood and adolescence if the parent is an alcoholic.

I might add something else here. Alcoholism cuts across all social groups, all educational groups, all occupational groups. It is limited to certain age groups, yes, largely because it is a slowly (10-15 years) developing condition; it is most common between 35 and 55. It differs by sex, yes--5 or 6 men to 1 woman.

And in ethnic, cultural background--we find that the Mediterranean people--the Italians and the Greeks, for example--will tend to have low rates. The Jews, almost all of whom use alcoholic beverages, have an extraordinarily low rate, a fact which has been recognized for over three centuries.

The so-called native white American group will have quite a high rate, as will the Irish, Scandinavian, English, and Polish people.

One noticeable thing is the difference between the sexes. In this country the ratio is about 5 1/2 or 6 to 1; in England for many years, 1890 to 1940, it was running about 2 men to 1 woman; in Scandinavia at the same time it was about 27 men to 1 woman. But it is interesting to note that, after three generations in this country, the Scandinavian rate began to descend to about 11 or 12 to 1, the English to come up to about 4 to 1. Those Jews who have more and more become secularized, gotten away not only from the Orthodox but also from the Conservative or the Reformed--especially if their parents have also--their rate has begun to go up.

In other words, the Americanization process is gradually working in this sphere as well as others.

SYMPTOMS---

Q: What are the prealcoholic symptoms?

A: Well, there's an increase in intake--we have the man who is drinking just like the other people in his group. The quantity doesn't matter--it may be six sherries a week, or two highballs a night. This man starts increasing his intake, and he begins to show some of these behaviors--and remember it is the repetition of these behaviors and their patterning with the

others, not just their occasional appearance.

The first thing it suggests is an increase in gross, drunken behavior--that is, when he has a little too much, instead of acting the way he used to act when he had a little too much, he begins to be *more* out of control in his immediate behavior.

You all know that inhibitions go down with drinks--one forgets the immediate worries, the immediate fears. For instance, you're all being very polite here, but if we were at a cocktail party, I couldn't get all this attention. I'd have to talk a little louder; my jokes aren't really very funny, but after two or three drinks they really begin to seem to me to have that particular flavor that would make Noel Coward jealous, and even you may forget a bit and laugh at some of my jokes.

But this is still within the range of social acceptance of that group. This man, however, begins to go beyond that. He starts to be a big shot--spends a lot of money, sets them up for the boys in the back room; he get noisy; certain words which are limited perhaps to times when I hit myself with a hammer begin to come out more and more in general conversation. In a variety of ways this man's behavior more and more often becomes obvious, irritatingly obvious, to the other members of the group when he is drinking.

Dangers in a Blackout

Another thing of considerable significance is the appearance, often very early in the game, of what is called "the blackout" or "pulling a blank"--this is sort of temporary amnesia. The man is drinking along about 7, 7:30 or 8. Now the blackout begins, but, if you're the man you don't know it--You're still around, you're having drinks, you're talking--you may get in a car, and drive 50 miles, you may take a room at a hotel, but memory has stopped completely and one cannot recall anything that has taken place since 8:30.

You can imagine the terrific impact this will have on women in our society, because there is immediately the thought: "I may have had a sexual experience--or other people will think I have, which is just as bad." It is terrifying--less terrifying for a man.

You get situations where a man has a blackout which lasts 36 to 48 hours--he ends up in another city, he doesn't know where he is. He learns to have a newspaper sent up to his room to discover the date and what town he's in. I know of one man who when he came out of the blackout remembered that he was to have signed a $400,000 contract the previous day at 10 a.m. Quickly making himself presentable, he rushed in to the corporation president with whom he was to have closed the deal, made some lame apologies, and hoped the whole thing wasn't off. The corporation president looked at him rather strangely and then stated: "Mr. C., you were here yesterday at 10 a.m. and we signed the agreement." Not all blackouts have this type of surprise for the end of the story.

Then there is the gulping and sneaking--this is an indication that it is not social drinking any more--the fellow has to do more than the social pattern will allow. He needs to get this personality jolt or lift through acquiring a significant and rapid concentration of alcohol in his system--just a little bit doesn't get him started. He begins to know that at the Jones house he will only get a couple of martinis, so before he goes to the Joneses' he usually has a couple of quick ones--he's the fellow who has to help the hostess, and incidentally get a few slugs on the side. He is learning that he must have more.

Now, these are early symptoms.

Q: Can they be corrected? Can he stop?

A: Yes.

Q: Could you give him some rules, Dr. Bacon?

A: To know that next he goes into alcoholism--that that is the next step--the first great crucial point, the loss of control. He meant to have two drinks, he winds up drunk. We find that he begins to need special rationalizations to explain his drinking, because people begin to notice he is drinking more. And these rationalizations cover the waterfront--everything you have ever heard of.

At this time he may show a few instances of drinking alone. Drinking alone can be all right under a doctor's prescription, or some people use it to go to sleep, or there may be a religious ritual. But I'm not talking about any of those. He begins to drink alone and likes it. He doesn't need all these other people pressing in on him, he may become a "loner." This is quite usual with women alcoholics for whom social conventions don't allow as many socially acceptable opportunities for drinking. Not all alcoholics are "loners."

Somewhere along in here--it may wait until the later stages--some dear, dear friend or even a physician may advise him during a hang-over--and he gets more hang-overs than others and they hurt him far more than they do other people--that a "quick one" at the beginning of the day will help. Many, many times it becomes humanly impossible for him to think of getting up and going to work and so on without this fortification.

We begin to find some asocial behavior. I am not talking about anything marked. But we do find a little trouble on the job, a little trouble at home, a little trouble here and there, automobile trouble, or what not. It's more than he had been having in the past. It is reported on--quietly. But most of his friends tend to hush up comments about it. Trying to be helpful perhaps, many people try to cover up for him. Of course, he tries to do so also. Naturally, the day of reckoning gets worse as it is postponed. And about this time he may say, "I've got to do something about this." So he tries to change the pattern--a little shift from rye to gin, or he will stop drinking before 5 in the afternoon, or he will only drink at home, never in a commercial place.

Q: Does that help?

A: No. It isn't drinking patterns that are his trouble; it is the excessive ingestion of alcohol. And he can fit that into any pattern of drinking. Being an alcoholic, he will.

Pretty soon--and it will be the end of what we call "the early stages"--he may go to get help from a minister, friend or someone outside the family, or he may even go to a sanitarium or a doctor or a hospital. He tries them all out.

THE BINGE---

Now we come to the beginning of the last stage, which is the "binge." We have our own way of talking about a "binge." A person can be completely "blotto" for 48 hours or for a week and we might not call it a binge if this fellow, let's say, is drunk over the week end, but on Monday morning he gets to the job. He may be on a two-week vacation and he is "blotto" for three or four days, but perhaps he has not completely disrupted social expectancy and social habit of his group. But this bird, who has started his week-end drinking about Friday at 2 p.m. and slowly slides off only about Monday noon and doesn't get around to the office till Tuesday--this four days is much more significant than six days on a vacation. The man begins to go on binges which clearly disrupt and insult the society.

At this point, the alcoholic may start getting secretive about his drinking. By now he will have surely learned the morning drink business, and he learns to keep a supply for the morning. He starts hiding his supply and he may develop all the tricky, tricky habits of the confirmed alcoholic and waste extraordinary ingenuity on protecting his secret supply. I call it wasted--sometimes the mental exercise equals Thomas Alva Edison at his best.

I might say that one of the most tragic things in the world is to see an alcoholic who has a half bottle left for the morning which he puts away where the little woman isn't going to find it--only to discover in the morning that he had been in a blackout when he did the hiding. What a frantic, maddening search will follow!

Finally, a Breakdown

We finally begin to see a social breakdown which is really manifest. His friends, if they are still in that category, find it harder and harder to cover up. Now he loses the second or third job, and even though he got in to the office first and resigned, too many people know he was fired. Trouble with the wife and kids begins to come out in the open, and so on. Social difficulties mount rapidly. He begins perhaps

to show some physical symptoms, tremors; more and more often he's in a physically run-down condition, which was perhaps present earlier in an acute fashion but over in two days--now it becomes chronic. And his rationalizations to himself--no longer can he find explanations in the culture that will satisfy even him, to say nothing of others. He is beginning to give up. His fears and his guilt and his remorse, instead of being pinpointed to what he did last night, or to his attitude toward his wife over 6 years, or 16 years, now become generalized without definition.

There is undefined fear, undefined remorse that he can't even explain--he has this black depression. It is called the blues sometimes--the real blues because you can't identify it. That's the difference between the real blues and a sentimental blues--you can always say it's because Mama went away--but with the real blues you can't identify what it is that is so painful, so threatening. That's what's so horrifying. And at this point the fellow may give up socially on the grand scale, may slip down into Skid Row. Now the "DT's" may appear, and so on.

Q: What can you do to help--in the early stages particularly?

A: I would like to answer that in the first instance by pointing out that the behaviors called "early symptoms" are not by themselves symptoms. They have been ridiculed by some newspaper commentators, and if they are considered as separate instances, such ridicule may be O.K. It is when they are patterned and repetitive and increasing that they are early symptoms. For instance, among your friends may be some who have had a blackout. Does that mean they're alcoholics? No. It may have to do with the improper utilization of alcohol by the body. Your friend may have gotten drunk several times, he may have sneaked drinks once in a while, he may have said at parties a couple of times, "Let's have one for the road," or he may stop at your house to have a nightcap, or he may stop at a tavern on the way to a party.

Taken by themselves, these need not be symptoms. It is only when these things get into a pattern and become repetitive, that they make sense as early symptoms of alcoholism. Naturally, drunkenness may occur many times without any of these things being present at all.

GIVING UP DRINK---

Q: What can be done about it?

A: For the people in the later stages you need almost a re-forming of life--particularly in social adjustments--and, for some people, also in the emotional sphere. Drinking will have to be given up permanently. Some may need physiological care beyond remedies for temporary acute ills. Originally, some 10 years and more back, it was the late-stage alcoholics who came looking for help, and so rather drastic steps were needed.

Now, as "Alcoholics Anonymous" and our clinics began to be more widely known, some of the frightened people in the middle and earlier stages came in. In fact, today they are the largest groups we see.

Q: What are you going to do for them?

A: First, we began to find they are different types. Some of them were way back in the first stages, some of them needed a little knowledge and a little guidance from a neutral and a respectable source; when they could see where they were and could be given a little support. If they could have some of the situational factors--such as the wife, who has been doing the wrong thing even with the best motives, triggering the guy into his alcoholism--when they could receive just a little help, they could help themselves quite effectively.

If you could relieve those pressures and give this man just a little support, a little hope, a little help, then he didn't have such a hard time.

Q: Could the people in the middle stages, who had lost control, stop drinking?

A: So far as we know, they can't stop permanently without help. Now, there is going to be a case here and a case there where they can. Ordinarily we don't know in such cases whether they really were alcoholics before they stopped--just that they said so or their doctor, or Aunt Mathilda or the judge said that they were alcoholics. Then you may find out that

this judge or mother-in-law thinks anybody who has two beers a week is an alcoholic.

Q: In that group he isn't out of control, then?

A: That very control is the crucial point in getting into alcoholism.

Q: Can he stop at that point, and later on be a moderate drinker?

A: So far as we know he cannot become a controlled drinker. There may be some people who manifest some of these behaviors for a variety of reasons and later on drop the variant behavior without dropping the drinking. However, to date there is no well-recorded case that has been followed over as little as seven months, of a person who had--by consent of two or three outside observers going over the record--been an alcoholic, no matter what the stage, who was later on, say for a period of roughly a year, found to have been a controlled drinker.

Q: What about before he loses control and sees some symptoms, what does he do in that period?

A: He can keep control.

Q: How does he do it?

A: As a matter of advice, I would say to him: "Buster, you'd be awfully smart to play it safe. The safe way is for you to have a look around at your life, find out what you're getting amusement from, where your job is, where your friends are, and see in what areas drinking seems to press itself, socially, upon you, and start manipulating those situations a little. Maybe you can control it."

Here is a typical way to find out--I've never proven this, but it sounds reasonable and was suggested to me by a member of "Alcoholics Anonymous," or "AA's," as they are called. To find out if one is an alcoholic or not, you get the is-he-or-isn't-he person to tell you what he thinks sort of average, social, moderate drinking is. Let's say he decides a highball every night and two cocktails three times a week. You say, "O.K., that's what it is. Now, every night for one month you're to have one highball--never more, never less. And Thursday, Friday and Saturday you have two cocktails--never more, never less." If he can keep that up for 30 days, the chances are he is not an alcoholic.

This is, of course, a rule-of-thumb thing, and I can see where some wiseacre alcoholic would do it and get away with it. I've known alcoholics to go through the aversion treatment--and a horribly painful course it is--they go right through the treatment, kidding the doctor the whole way through. Going out in between sessions and drinking and drinking till they can take it without becoming sick to their stomach, and then going back for the next treatment, because they are showing off. They're showing that the doctor is a damn fool. They're showing Aunt Martha, and they are showing themselves how clever they are, and so on. Of course, they're fooling no one but themselves, but with a motivation like that, I suppose, some alcoholic could pass this 30-day test. It would be a terrific strain on him.

HELP FOR 'EARLY' CASES---

Q: You can't reach any of these people unless they want to be helped, can you?

A: As far as therapy is concerned, I think this is a potential excuse for failure that is very dangerous for progress in this field. Even "AA's" use this excuse. For example, they try to help Joe over here. A couple of weeks go by, and then, flop, Joe's drunk again. Well, they try again and he flops again--and the answer is "Joe wasn't ready."

I don't want to throw any blame in one direction alone. Let's say that a psychiatrist works with an alcoholic, or a clinic that really knows something about alcoholics--they work with Charlie. And he flops, not once, but again and again. What's the professional explanation? "He's a psychopath."

These are both ways of saying, "I don't know," and "I'm not to be blamed." The answer that he isn't ready yet isn't an answer--it's merely a restatement of a problem.

At certain times, at certain places, with certain people, under certain situations, this man is more ready or less ready--and the need of the therapist, "AA," psychiatrist, or other, is to be able to recognize and manipulate these

more favorable situations. There are certain ways of dealing with certain alcoholics so that the readiness can be brought further forward. And this is what I was coming to when you asked me about stopping the condition.

Originally the Yale Clinic and the "AA's" were getting the real McCoy. In the late '30s and early '40s you hit the "AA's" with a wham. The candidate did not have shoes that matched, had been in 12 jails, 6 workhouses, reform schools, State hospitals, sanitariums, had lost his wife, etc.--the works. "Alcoholics Anonymous" started about 1934. About 1938 or 1939 two things happened--they got some people who hadn't gotten that far--they still had a necktie, a job, a wife. And the answer was: "Go on, go back out, you're not an alcoholic--you don't know what drinking is--scram."

But some of the others said: "No, that attitude is bad as far as "AA" is concerned. Maybe you're right--maybe this guy isn't a real alcoholic, but he should have a chance. We cannot determine who is and ain't. We have got to help." So they tried it.

Exactly the same thing happened when a woman showed up. This was a man's organization and the idea of women brought in the idea of pink ladies, that sort of drinking, and brought in fears that, having women around, even if they had been real lushes, would ruin the whole fellowship. But they said, "We've got to try it." And just as in the case of the men who hadn't hit real rock bottom as drunks, it worked in an amazing proportion of the cases.

It was noticed that these people with a milder, shorter history (a) probably had just had a binge, and (b) that they probably had just had a nasty shock--mother died, for which they blamed themselves indirectly, or they had been kicked off their job, or they had been divorced, or they had had their first jail experience. It was a shock to them. And so, they talked about that shock as a bottom, and called it a "high bottom." And, lo and behold, by 1950 the high bottoms in "AA" almost certainly outnumbered the low bottoms.

In the clinics we've had the same thing. In the early days we got the real ones, the men who had touched low, low bottom. Then we got more and more who were in the middle stages and then some in the earlier stages.

Here's something else. When people began to come to "AA" who were 25, 26, 29 years of age, they came in all right, but some couldn't stand it--they liked the "AAs," they liked the philosophy, they liked the program, they know they had been helped, but they couldn't stand going in two nights a week to listen to these old timers yack-yack-yack about "what I did at Armentiers" or about their 25 years of wild drinking, or something of the sort.

Development of 'Junior AA's'

This was far from their own experience. So you begin to have a development in the larger cities of so-called "Junior AA's." A different sort of re-socialization or modified socialization was needed. The "AA" are very flexible and very empiric, and they found that for many of the youngsters this worked. They picked up a lot more screwballs in this group--that is, youngsters who were deeply neurotic, perhaps psychopathic, who were also drinking excessively, and who got a terrific bang out of "AA," and went along beautifully for six weeks. But pretty soon they were taking the group over, and going wild.

So they have had some difficulty with such groups, but there is no question that they have helped a great many of them. The significant thing is the change from late-stage alcoholics to middle and early-stage alcoholics, from helping alcoholics averaging 45 years of age to those averaging 36 or 38 years of age.

Q: What have you found in the clinics?

A: We have found the same thing in the clinics. Because of the availability of help, because of the anonymity, because of the lowering of the stigma around alcoholism people are willing to come in and ask for help. This is a hard thing for the alcoholic to do, partly because in the back of his mind is just what was in your psychology textbook--the horrible implications of this disease and the moralizing that accompanied it. But now there are places where they don't believe in these

horrors and don't preach at you. In fact, in "AA" there may be many who think drinking is just dandy, but that they're sick and they can't take it--it's like diabetes, "I can't take sugar," or "I've got an allergy to sweets so I can't take them." This is making the condition respectable and the possibility of seeking help less painful. So they come in.

STUDENT INTEREST---

Q: Do you find that young people are interested in the work of the "AA" and the clinics?

A: Yes. The high-school and young college people who had suddenly gotten very interested in "AA" speakers or those from clinical centers. We note at the Yale Center that our people get an almost fascinated response from these youngsters. The students even ask to have them come, and no one has to take attendance. Their reaction would appear strikingly different from that shown to classical temperance lectures.

Now, some of these students need what I would call intellectual knowledge and guidance. They're not personality-problem kids, they're not alcoholics, but they've been receiving this nonsense--that is the way they look at it--about alcohol. For instance, they've been told: "The first drink--it's the first drink that's the dangerous one--you're one drink away from a drunk. A little beer here and there, and this horrible social drinking will lead to death, disgrace, disease. The liver will turn purple, the brain shrink, and so on."

The students, to be sure, know this is not true. I say that they know this for the following reason--some 60-odd million people, most of them parents, use alcoholic beverages. These beverages are in the icebox or they're in the cupboard or they're at the party, and the youngsters know that their dad drinks, and so on. They also know that he isn't drunk and he isn't crazy and he isn't going to be. Furthermore, I don't think kids care much about warnings which refer to the senile part of the population--those who are past 32 or 33. Alcoholics are usually portrayed as being even older than this.

A certain proportion of teen-agers, let's say 20 per cent, do not consider these classic temperance talks to be nonsense. In their families, their neighborhood and their church and so on they have always heard these beliefs and assertions, and the message fits into their life; it may reinforce their belief. Of course, 99 per cent of this particular group weren't going to drink anyway.

But the others--and this is a very regrettable point--may react so negatively to the unrealistic part of the classical temperance talk that they reject all notions of any danger in drinking and even become intolerant of abstainers. I would go to the extent of saying that, though it may be unconscious on the part of these very sincere well-meaning "drys," they are doing something which is unmoral. I criticize the "drys" and not the "wets" on this point, because the "drys" have a program and the "wets" don't have anything--they just have "shhhh" when anyone mentions that there are real problems.

But the "drys," by over exaggeration, by saying things that are utter nonsense, unfortunately get across the idea to the nonabstainers, who happen to be the majority, that everything they say is unrealistic. There happen to be some very real dangers attached to drinking and anybody who doesn't think so is affected by certain biases of an antidry philosophy.

But very little factual information about alcohol is given to the younger people. They would really like to know something about alcohol, but what they want to know, and what the "drys" are anxious to tell them are two different things. The younger people would like to know the difference between drinks. They would like to know: "What does this drinking do as far as athletics are concerned? Is it necessary to take drinks on a date? And how many drinks should you take, and what, and where and under what situations? How is it going to hurt me?"

What to Tell Youth

Q: What do they want to know?

A: I think what a good many of them have in the back of their minds--the girls won't ask

the question but they want to know--is what happens from a certain number of drinks, does one get sexually excited? Is drinking on dates necessary, is it wrong, and so on? But what they hear about from the classic temperance speakers are the general things, crime, divorce, bad housing, the fall of Pearl Harbor, murder--they see pictures of deaths on the highway where the kids are drunk.

But the people who give these talks and make these pictures often know so little about drinking and alcohol that they make ridiculous mistakes--the youngsters know better than the "drys" do; sometimes they show a person taking three drinks and then acting like a maniac. There must be, in a group of one hundred 16 and 17-year-olds, 30 persons who have had three drinks several times. They know that nothing like that took place at all. And another 30 who have had only one drink or so look at the three-drink fellows and begin to think, "Well, I guess I can take three drinks too." Kids don't like the morally superior person looking down at them saying, "Don't, don't, don't."

Q: What should you tell them?

A: I think they want to know something. Probably most interesting to them would be knowledge of the psychological effects of drinking. I think they should be given the physiological facts of alcohol. I think they should be told something about the customs of drinking. There are some groups in which the drinking of alcohol starts at about the time of weaning. There are some groups in which drinking is a normal, expected and in some ways a socially significant aspect of life--you've got to be able to know the difference between certain types of wines, how many cocktails to serve, etc., etc.

In this group the person who says that he doesn't drink--especially if he says he doesn't drink and indicates that you shouldn't either--is going to be such a deviant in that group that he is going to build social problems for himself, just as the drinker in the abstaining group is going to do.

To try to repress this person is to suggest certain social disabilities of all sorts. However, there are obviously points at which certain types of ingestion of alcohol go beyond any customs for an individual and are frightfully dangerous for that individual, to say nothing of this future, family, job, etc., which is only theoretical.

Any drinking may be bad for some. Other things being equal, I see no advantages to drinking by teen-agers that couldn't be gained in other ways. However, what I personally think and what millions of teen-agers do may be two different things. Telling them nothing, telling them nonsense, or talking down to them with nothing but negative commands--these are all ineffective and rather escapist types of education, especially since the students want education on the matter.

Q: What do the students say about the "AA" speakers?

A: The student loves the "AA" presentation because that is the "Horatio Alger" story amid blood and amid tears, and so forth, and you come out of the slime as Sir Galahad and rise to the top--and that goes big in this country. And the "AA's" laugh at the negative authorities who are pressing on the kids. They are real, experienced "he-man" drinkers, and at the same time they seem to have achieved a morality. And this the teen-agers like, too. And when they have this message with its emotional, sincere feeling--and often the "AA" speakers are a little exhibitionistic anyway and so they are often magnificent speakers--the students love it. For that matter so do a lot of adults.

But I don't think that fundamentally knowledge about alcoholism is a major need in an educational program. Of course, it is important to learn that, if one has an alcoholism problem there is hope--but I think the students should learn something about alcohol and about drinking, just as they should learn something about oxygen and carbon tetrachloride or the form of government in Idaho, or something else.

In addition, drinking is something that hits across more aspects of life than carbon tetrachloride or government in Idaho--it affects

marriage, birth and death--it can be involved in almost all social phenomena except the activities demanding immediate, high-tension discrimination and responsible action. Drinking, for example, is not related to tight-wire walking or piloting an airplane, at least not on American lines.

All the students are going to have to make a decision about drinking--as to their own behavior, also with their wife, their neighborhood, their kids, their religion, their government, and so on. And in 90 per cent of our educational institutions they learn nothing except what 8 out of 10 of them recognize is silly.

Drinking Habits of Students

In this connection, I'd like to mention our recently completed study of the drinking habits and attitudes of about 16,000 college students the country over--private, parochial, and State colleges, co-ed and man or woman only colleges, big and little, and so on. Here we report on who drinks, what they drink, when, where, with whom, when they started, what they think about drinking and about abstainers and about sex activity and drinking, what problems they may have experienced, what their parents, their church, the college authorities, their friends and others say and do, and so on. It is the first objective study of drinking habits ever made in this country, and it may well help to build a better foundation for teachers and teaching materials. We certainly hope so.

Q: Could you tell us something about it?

A: Most assuredly, but it is covered comprehensively in a book, entitled "Drinking in College," by Professor Robert Strauss and myself, just out.

ALCOHOL IN BUSINESS---

Q: What about the alcohol problem particularly in industry and business?

A: There is the same feeling there as in other parts of the society. They want to cover it up and hide it and so on. It has a stigma. But there is getting to be a gradual perception by an increasing number of companies that "Yes, there is a problem and why don't we do something about it?" Of course, it doesn't show in their records, it's always hidden, but the problem is there. And there are now techniques of dealing with it.

Q: Is it a growing problem?

A: I don't think we can say that it is a growing problem, but we can say this--that the age range is 30 to 50. Industry and business and agriculture employ 60 million, of whom a large proportion must be in that age group, and so they have a great number of them. But most of them are back in the early stages. They don't have any drunks. Oh, they have them now and then, but they are fired. They don't have the psychotics, the "Skid Row" bums, and so forth. They may have had them when they were 23, but they got rid of them. What they do have is the slowly developing, carefully hidden condition, usually hitting a man as he gets to be about 40 and is just reaching his peak productivity in the company, a peak he never achieves.

Q: How does absenteeism stand with these people?

A: We have a few clinics started in some industries, and their records show that the alcoholic's absenteeism rate runs a little better than twice that of the average of the whole plant.

Q: Would you call that high or low?

A: Twice as high as the rest of the whole plant. For instance, if the absenteeism runs 4 per cent for the whole plant, it will run 8 or 9 per cent among the alcoholics in that plant, among the early problem drinkers or incipient alcoholics in that plant.

Fortunately for business and industry, therapy is easier with this group than with any other. Success expectancy is fantastically high, partly explained because the motivation for recovery among these men is tremendous. In one plant, the absenteeism rate after a year and a half with the first 100 alcoholics who went through--and they had success with 100 out of 120--was cut to about 2.3. The average absenteeism rate of the plant was 4.8, and for three years before they came in for help it was

running for these 100 alcoholics at about 10.

Q: How do they help them? What does an industrial establishment do?

A: The first thing to do, briefly, is to get top management to recognize that there is a problem and not to be scared of it and to be looking into what can be done about the problem. The second thing is to decide to give responsibility to a department, probably industrial health or personnel, to do something.

Next, the thing to do is to appoint a man to get special training in addition to his already acquired training. We have four or five-day training sessions just for this purpose.

Q: What are they trained to do?

A: These people go back and do two things. First, they offer counseling, often making referrals to already existing resources in or outside the plant. They must go out in the community and find out what resources there are in the plant--the plant probably already has resources to take care of this, but it has never been done.

Then they start helping a few people. The first ones they get are often going to come from the disciplinary board and are going to be the worst cases and have to be sold the idea.

When they find that this has helped six or seven fellows--and you know two of them and you know three of them and so on--the word goes out and management says, "Now, look. Our policy is not coddling--this is not a home for drunks--but when we think alcoholism is involved, we are going to treat it as any other problem. We are going to try to help this person and give him every possible chance. If he won't live up to it, then--out. We will change our retirement, our disability, our pension policy--we are going to keep an open, flexible mind on this."

The man in charge will try to change negative attitudes in the medical and other departments. Something can be done, and this is shown most clearly through the successful cases. Then the man will try to get to some of the foremen or the floor supervisors, because they are the men who know just who the problem drinkers are. If they will co-operate, cases will be gotten sooner, the therapy success rate will rise, a lot of cases will never get to the disciplinary committee, and so on.

But the supervisors and foremen have to be shown that something can be done, that this will be more effective than hiding the cases, that it is not a snooping, "dry" movement, that it is not a sentimental, coddling program, that it will not result in firing the man nor in interfering with production, and so on.

This problem drinker is almost never at the plant when drunk, by the way. He's there in a rather late hang-over, beautifully masked, doing nothing or sometimes making mistakes, a horrible public-relations liability. His friends cover up, and nobody says anything.

So we suggest certain ways of talking with the supervisors, maybe giving them one or two pages of statements, showing them a 10 or 12-minute movie, giving them some idea of the problem and the program. Maybe half of them will catch on and will start sending a couple of people in--anonymously, quietly, and not even connected with the records.

Q: Where does a company find out all the things necessary to institute a program like this?

A: We at the Yale Center run special 3 and 5-day courses just for industrial people.

Q: Can this be found anywhere else in the United States?

A: No, but certain plants are doing their own work.

Q: Then you are the center of information on this whole subject. Can anyone get literature from you?

A: Yes.

PROHIBITION?---

Q: Should we do away with alcohol? Can we do away with it?

A: "If we should" is a question that has to be answered from the point of view of a particular ethical system. One ethical system will say, "Yes," another will say, "No."

Q: Do you have a personal opinion on that?

A: I don't have any great opinion on that because I think your second question makes the

first one--for our society in this century, particularly--academic.

Q: You mean it is impossible to get rid of it?

A: I would say at this time we don't know of any technique by which you can get rid of it.

Q: Looking at the thing in its broadest possible angle, we've developed in America two points of view about the liquor problem. One is frequently expressed under the word "prohibition," and the other one under the heading "moderation." In your studies, do you feel that we would solve this liquor problem by complete prohibition, the extinction of the manufacture of alcohol?

A: Let's put it this way: If there were no alcohol, there would be no problems related to alcohol--period. There is no question about that. If you could eliminate alcohol, there couldn't be such a thing as an alcohol problem.

Q: Do you mean that you would really remove all the problems related to alcohol, or do you mean the problems that people think they solve by alcohol?

A: I mean that you would eliminate any function that alcohol plays in crime, poverty, disease, death, disgrace, alcoholism, and so forth--by definition.

Q: But you wouldn't remove those problems, would you?

A: Oh, no. In some of them I would say that the use of alcohol plays a larger role than in others. For instance, I would say that you would eliminate the biggest crime of all--drunkenness. That is the single biggest crime in the United States except for traffic violations.

I think that among the others you would unquestionably eliminate a certain amount of disorderly conduct, and you would eliminate a considerable amount of petty assault. For example, you and I get mad at each other, and we were probably going to get mad at one another, alcohol or not alcohol, but with a few drinks in us, or in either one of us, it is more likely that we are going to get into physical violence, because the inhibition or control of aggression is reduced. Instead of just swearing at you, I throw something at you--perhaps I won't throw with any great accuracy, perhaps you won't duck with usual speed or accuracy. But the emotion and behavior that went into a fight, let us say, could have been dissolved through more socially acceptable avenues than those opened up by alcohol.

TRAFFIC ACCIDENTS---

Q: What would you say the effect of successful elimination of alcohol would be on traffic accidents?

A: Granted than no substitute came in--like bootleg liquor--I would say that all sorts of accidents would be cut down. For instance, you would eliminate the effect of fatigue as it lowers acuity and discrimination. You would reduce the expression of aggression in driving. Alcohol, so to speak, allows extended fatigue and aggression in driving and these are major factors in auto accidents.

Q: Are there statistics that show that traffic accidents are primarily due to alcohol?

A: I would not say "primarily."

Q: Would you say that they are incidentally due to alcohol?

A: I would like it larger than that. Figures have been put out fairly regularly by the National Safety Council from which it would be fair to state that alcohol is involved in 20 per cent of all fatal automobile accidents. I would say that is a gross underestimate.

Q: What can be done about this, or is anything being done?

A: This is one of the problems related to alcohol about which a great deal could be done. A start in this direction can be seen, although this particular cloud is still little bigger than a man's hand.

We have had two major problems blocking greater control and growing prevention of this problem: lack of quick, easily administered, reliable tests to establish how much alcohol is in a person's system at the time of the accident and the general tendency to lump all alcohol problems together as just one, simple problem. The first barrier had to be overcome so that police, courts, legislators and lawyers would have a means to allow concrete distinction

between the driver under the influence and the person who was not. Walking a straight line, the odor of the breath, and disorganized behavior after an accident are not good evidence of "being under the influence." Until a useful means was developed, the courts and police were effectively blocked from efficient enforcement.

We now have means for gaining factual, undeniable evidence of the amount of alcohol in the brain. The best of these techniques--I might be a little biased on this--was developed by Dr. Greenberg at our laboratory, and is being increasingly used by courts and police. Its use will not only end the "two beers, Judge" alibi, but will also protect the innocent, such as the man with concussion or the diabetic in insulin shock who is arrested for drunk driving or anything else and is tossed in the police lockup--sometimes to die--because he acts and looks like a drunk.

Distinguishing this problem from the other alcohol problem is, I believe, on the way. It is not the "Skid Row" bum or the late-stage alcoholic who is involved in these automobile accidents.

Tests for Drunken Drivers

Q: Who is?

A: No one has ever reported just what the social and personality characteristics of this category consist of. The public is probably 99 per cent united against driving under the influence. However, they are far from 99 per cent against drinking. Once we can separate these two, so that the public can attack the specific problem without getting involved in the old "wet-dry" fight, then the way will be much clearer to overcome this menace.

Some legislative changes are needed in, perhaps, 30 States. The real need today is to give the facts to the driving public so that they can realize in ordinary language just what "under the influence" means and how one gets to that point. The insurance companies could play a big part in developing such information, as could driving schools, automobile associations and, after the program was set up, the police and courts. Without such education, mere use of the new gadgets is not likely to be too effective.

Q: What's blocking use of the new devices?

A: Well, time is needed for the police and courts to try out the new techniques and learn application problems. So far, their experience has all been highly favorable. Then, lawyers and doctors interested in these cases must learn that none of their rights or privileges is being hurt. General education, plus experience, is needed. I think that an enormous reduction of this really unnecessary death, destruction and misery could be achieved in as short a period as five years if people got behind the police and courts, supported studies and helped in dissemination of the facts. Further, I think the motivation for this sort of progress is good. At that moment it needs leadership. This one of the alcohol-related problems is in large measure susceptible to successful attack here and now.

WHAT STIMULATES DRINKING---

Q: What would you say is the greatest stimulus to the drinking of alcohol? Is advertising a major factor?

A: We can show that advertising has had little or no effect on large segments of the population and never has had.

Q: For purposes of stimulation in extreme cases?

A: For any purposes. In extreme cases it has no effect whatsoever. For those people who are susceptible to be affected, yes, it may have some effect. And then if those people become extreme uncontrolled drinkers, I cannot tell you what proportion that ad played, for, once they have become extreme drinkers, I don't care if you have a sign on every window in the city or if there isn't a sign within a thousand miles, they are going to go on being extreme drinkers--period. Advertising isn't going to change alcoholics one way or another.

It might affect them in that, if you keep saying a certain brand name, the next time they go in and ask for a shot they may ask for that brand. I doubt it will have much effect, because after they have had a considerable amount of alcohol, 75 per cent of them will be short of

cash.

Q: Then you would say that the stimulus for drinking wold have to be looked for somewhere else than the advertising of the product?

A: Yes.

Q: How would you list the order of stimuli? For instance, are social gatherings and social customs the primary thing today?

A: Well, I will start off with the word "custom"--but then remember that I am one of these academic specialists, so I will want to hedge on what I define as "custom." There are certain groups in which there has been a custom of drinking for generations. Now, when the father and the mother and the close friends of the father and mother--they may be in the neighborhood or not--when they ordinarily drink and their drinking is fitted into the daily routine of their life (not the "whoopie-whoopie--aren't-we-being-daring" type of drinking), then their kids, other things being equal, are going to use alcoholic beverages.

If you go to the other extreme, where father and mother not only do not drink but also have expressed strong, negative feelings about drinking and, to make it stronger, these are backed up by the church and the school and the social clubs, then that person is not going to drink until, and unless, he gets away from that social milieu. If he does drink, he will be rebelling from or simply moving away from his group. His drinking, by the way, when he starts is going to be more experimental, less well modeled, characterized by more mistakes, just because he has no background for it. He is not fitted for a drinking society any more than you or I are fitted for an Eskimo society.

EFFECTS OF RELIGION---

Q: Is he more intemperate in his drinking then?

A: Let's take two extreme groups to make it simple: For example, the Mormon group, which is a very well-integrated group with a religious system penetrating right through family, government, economics, neighborhood, everything; and then orthodox Jewry, which is also very strong with an all-penetrating religion so that we don't know quite whether to call it a religion as such--it is a total way of life.

In the Jewish group, more than 90 per cent will use alcoholic beverages and will use them certainly more than 50 times a year. They will probably use wines, distilled spirits, beer. In the other group, the Mormon group, a very large percentage (compared with all other such groups in the country) will not touch the stuff.

I would say that, of the drinkers in the Mormon group, which will be a small number, you will find a high percentage of problem drinkers and later on alcoholics. Amongst the Jewish group, with almost all being drinkers, you will find a very, very low percentage of problem drinkers and alcoholics.

Now you shouldn't jump from this and say, "Well, let's start everybody drinking at the age of three!" That doesn't follow at all.

Q: Do you think the segment of society in which the inhibition is great due to religious and other environmental factors produces a greater number of rebels, or is the number incidental who go out and deviate late from their teachings?

A: Rather than the number of inhibitions, I would say that whether these sanctions worked, were acceptable, were easily adopted by the individual, was the more pertinent question. For example, it is an inhibition that none of us here may go around without clothes, but I don't think it bothers one person here. Maybe it would bother one out of a hundred. Where inhibitions are not putting the person in a position of conflict, where his life is satisfying enough so that he wouldn't call them inhibitions, then inhibitions are not creating rebels.

To most of us, inhibitions are strong, unconscious controls against actions we think we might like to perform. Actually, the term refers to all the controls we have adopted--whether we approve or not, or even recognize them or not. But where the inhibitions, the taboos, the restraints don't upset more than 5 or 6 per cent of the group, I don't believe it would follow that mere numbers of inhibitions would create rebellion.

However, if you have a series of different groups in a society (and this means there would be differences in the patterns of learned controls in each) and where there is mobility for individuals, as in the case of war when all the young men may go out from home and meet others, then you may have people suddenly finding out, "By golly, I am inhibited." They may become, though not necessarily, very bothered about this.

A lot of young men, 17 or 18 years old, may think: "Here I am in a uniform, but I am not really a man. All these others in the camp think I'm a damned sissy and maybe I am."

Q: And then he may take a drink?

A: He may feel that he has to show off, one way or another, but he doesn't know how. He may, like any young person taking on a new pattern (whether it's dancing or bowling or getting a job), overshoot the mark or do things differently from everyone else, and then may have superguilt.

Here's the fellow who has come up in a society where drinking is quite ordinary. When he starts drinking, he might overdo and even get drunk. He will be punished one way or another. However, this experience does not have a terrific impact on him. He doesn't feel that he has been singled out by God to be cursed, that he is essentially evil. Another fellow from the Mormon society, where drinking is held a sin, if he experiments and gets drunk, he may well feel super-guilty, he may feel that Satan is responsible. So that it is not only that he drank too much, it is his reaction, his interpretation of the event. It may mean he feels: "Now I am through with my family, my religion, I can never go back." His response to the act is just as important as the act itself.

'WETS' AND 'DRYS'---

Q: I can understand why the "drys" don't like your work, but why is it that the "wets" don't like it?

A: We have been discussing here at length alcoholism, drunkenness. When stories on alcoholism, drunken driving, excess drinking and the like appear in the papers, everybody in the industry shudders--

Q: Afraid it is going to lead to "prohibition" again?

A: Yes. It is implied that discussion of such subjects is nasty--there probably isn't any such problem; it has been vastly exaggerated, in fact, alcohol binds the family together, etc., etc.. Then one of the companies about 6 or 7 years ago, to the shock and horror of the rest of the industry, came out and said some people should not drink. Wow! Well, it turned out to be all right: they're still in business. Doing very well, I understand.

Q: Have you any facts as to whether conditions in States where they have full State control are any better than in the States where they license retail distribution?

A: You get what might be called a "lip reading" or "false correlation" on this. The difference between the monopoly and the licensed States is not particularly great. When you take the States in which local option is very widespread--like North Carolina where of 100 counties perhaps are dry--or take the two dry States, from our estimates there is a lower degree of alcoholism and there are fewer drinkers. However, we would call this a false correlation. The reason you have prohibition is obviously because you have social groups and categories who are "agin" drinking--

Q: They wouldn't be drinking even if it were there?

A: Right. And their numbers are significant enough so that they get political action. But if you go into Kansas or Mississippi or Oklahoma, you will find the "AA" groups everywhere.

Q: What about the tax situation? Do you find that the bootleg liquor creates worse conditions?

A: It may result in there being worse liquor, but alcohol is alcohol. It is a chemical, and goodness and badness doesn't enter into it. As for bootleg liquor, there is no question that it is produced in the most unsanitary circumstances, that it gets very little attention, you get it loaded with who-knows-what. It has in some places a most mysterious sacred character, however--"I know Old Joe up in the

hill over there and he makes the original white mule," and things like that, and everybody around there starts buying it and feeling, "Wow, that's wonderful stuff," and if the market goes up, they start producing it faster and they are under pressure of being caught, so there has to be a rapid turnover. There are no controls by health authorities or otherwise.

When the situation gets really tough, you may be getting half water, one quarter ethyl alcohol and who-knows-what else. It is an irresponsible group operating without controls, without the law, in business for the sole purpose of making dough and making it fast, with no necessity of figuring out "Will my customers like me five years from now?"

The big liquor people are under a tremendous pressure from that alone. The bonded people have to start, say, in 1950 to decide what they are going to make. By 1951 or '52 it is whisky, but then goes into a warehouse for five years and then they can sell it. Imagine the pressure they are under to maintain good relations with their customers. Their capital is tied up in the customer's response five years in the future.

Q: Do you think the bootleg situation is getting worse?

A: I really don't know.

Q: The argument in Congress is, of course, that the high taxes will drive the country into bootlegging--

A: And, theoretically, I believe that it is a good argument. Whether in practice it is true or not, I can't say. To my mind this is one of those little conflicts way off in left field, just as in my mind the advertising issue is way off in left field. They happen to be the two things that the "wets" and "drys" are fighting about--one about one, the other about the other.

I would like to see a check on the bootlegging matter from an unbiased source, through the revenue reports. But in my memory, and this is most casual--for the revenue records have figures on how much illegal stuff was seized, the size of the place, the amount of the alcohol, the potential production per day--it seems to me that for some places, like New England, there is no striking change.

But this is not a conclusive argument, because the size of the agency and its finances for going out and making the arrests has not gone up, so maybe they're just operating to full capacity and their records have reached a top. But I am very suspicious of the liquor industry's statistics, just as I am very suspicious of the statistics of the "drys."

Q: What about clinics?

A: In 1944 we decided to start an outpatient clinic just for alcoholics. We had had laboratory and library studies, but no clinical studies of our own. With the co-operation of the Connecticut Prison Association, we were able to set up two such clinics, one in Hartford and one in New Haven. These were to be research clinics, but in about five weeks it was obvious that a different purpose was being served. They weren't research clinics--they were service clinics. They were mobbed, mobbed by what we would call "late-stage alcoholics."

How Clinics Progressed

Q: Seeking relief---

A: Yes, willing to try anything new to escape the pain of the alcoholic life. This began to be pretty successful from the point of view of service. But from the point of view of research--well, I can't say they accomplished "nothing," but it was a very minimum. However, by the end of that year people in the Connecticut Legislature approached us with a bill, which we strongly opposed, setting up an alcoholism program, which was to be operated in the form of a specialized hospital for long-term care of committed alcoholics.

This legislation was changed to allow a program emphasizing voluntary outpatient clinics, and Connecticut, in 1945, established the first commission on alcoholism. Today it has six outpatient clinics, an inpatient facility, an education program with schools, and so on. Also, since then about 40 of the States developed some type of alcoholism program--there was nothing prior to this.

In 1946, some of the people who had been at the School, and others interested in

alcoholism, said to us: "Look. You people are trying awfully hard, but you can't effectively get your information out to a wide public. The scientific journal is just dandy, but who reads scientific journals? And how many will read these lay pamphlets or the popular book of the American Association for the Advancement of Science, 'Alcohol Explored'? We need community organizations to educate the public about alcoholism Will you help?"

We created the National Committee for Education on Alcoholism.

Soon we found ourselves to be a popular health movement, like mental hygiene or cancer associations. Once this got started, we pulled out of it, since this sort of work is not an appropriate function of a university research department.

It is now called the National Committee on Alcoholism and is an independent organization. The clinic movement was more and more taken over by an increasing number of State commissions, and they soon started a National States' Conference on Alcoholism.

Q: How many years have you been studying in this problem?

A: I got interested in it because I was a potential criminologist; I've been with the Laboratory since 1942.

Q: You've been exposed to all phases of this in 10 years or so--has it made you a teetotaler?

A: We at the Yale Center are kind of rigid on answers to this question--maybe a little unnecessarily so--I don't know. However, we feel that either the facts, researches and conclusions are right or are not--and are effective or not on their own merits. And the fact of our own drinking or nondrinking we feel, doesn't make any difference. Certainly no one on the staff is an extreme teetotaler or an extreme drinker.

ALCOHOLICS ANONYMOUS---

Q: How extensive is the "AA" movement in America?

A: There is no organization to this group. There are no officers. There is no treasury. There are no minutes. For each group there is a chairman, theoretically revolving every month or two. But they find that as soon as you set up a typically American hierarchy with "Mr. Big" at the top, then some of the boys, as soon as they get up there, fall over into the bottom again. This matter of being the big man, big ideas, big expansion, responsibilities, building this clique up and that clique down--that has been found a nice way to get back to alcoholism, not a way of recovery from it.

Q: Do you have statistics on how extensive a group it is?

A: Their figure can be determined from their paid-up membership--I think theoretically each local group is supposed to give a dollar per person per year to the central agency for the publication of the book, information, intergroup service and the like. They pass the hat at meetings to pay for the rent of the hall and for the coffee and cokes and stuff. Some feel they must be drinking something, and sweets seem to be necessary for some.

This paid-up membership of groups amounts to about 130,000. Their membership--I don't know what a member is--is a man a member the moment he walks in? Does he have to be in one month, two months, three months? There is no definition. I would say there may be in the neighborhood of 175,000---

Q: Out of about 4 million alcoholics in the U.S.?

A: Yes.

Q: How may groups are there?

A: I would say that in this country there are, perhaps, 3,000.

Q: Then is this same movement true of other countries?

A: They will show you groups in 40 or more other countries. As a wild guess, I would say that in 20 of those 40 other countries they are Americans who happen to be over there. This business of clubs and voluntary associations--Elks, Chamber of Commerce, or the like--is an American phenomenon. It clicks pretty well in the British Isles and in Scandinavia, Australia and New Zealand. But

you get over into France--well, I think there is one French member. Of course, there are Americans in Paris who are permanent fixtures. But the French and Italians simply don't have such organizations. There is no feel for it. It is a typically American thing.

Q: Do the other countries have the alcoholism problem at all?

A: Oh, sure.

Significant Role of 'AA'

Q: If the psychiatrist has been stymied treating the alcoholic, what has "Alcoholics Anonymous" been able to do?

A: Now, I think the psychiatrist can play a significant role. I think that "Alcoholics Anonymous" can--in fact, anybody that knows them at all knows that they do--play a most significant role.

Q: Then why is it that "AA" can succeed and the psychiatrist can't?

A: Take a certain alcoholic who is pretty well along in his alcoholism. He shows certain acute physiological problems. They will usually pass away in four or five days. He also has psychological problems. By the time he's gotten into this whirlwind he is frightened, in a world of pain, sometimes beginning to act in a very immature fashion, usually very egocentric, interested only in himself as though a wall had grown up to separate him from others. Let's say that there is a wall within all of us protecting our ego, but there are doors and windows through which you go out to people and people come in to you.

With the alcoholic it seems those doors and windows are getting smaller and smaller--he isn't interested in other people. And if an alcoholic begins to show interest in you or your job or what you are doing, all I can say is "Look out!" He's going to touch you pretty shortly--for a drink, for money, or something. He is not interested in you. He is not interested in ideas and things or people. He tends more and more--many of them--to become an isolated drinker, often a lone drinker. He has terrific ambivalences and many of them show as incompatible drive, like, "I want to be Napoleon," or "I want to be Casanova," or "I want absolute dominance," and at the very same moment, "I want to be like a little baby in its mother's arms, loved because I should be loved."

These are absolutely incompatible needs, and yet that incompatibility can be resolved temporarily in alcohol because discrimination, judgement, self-criticism fall down and the man gets to live more and more in a world of his own, unhindered and unfrightened by ordinary people, ideas and situations.

In addition to physiological and psychological troubles, there are social problems also. The man gives up ways of doing things and does less and less. He is less and less interested in attitudes, ideas, beliefs, intellectual questions and problems around the community and he becomes increasingly afraid of close, emotionally meaningful, interpersonal groups, such as a friendship group, a marital group, parental group, and that sort of thing. And it is from such groups, of course, that we get our major stimuli to do things, our major punishments for doing wrong. From and inside such groups we get our very reasons for living. With the decrease in activities, in ideas and in primary group membership, the man becomes desocialized, so to speak.

And, by the way, those social and psychological characteristics are just the reverse sides of the same coin. The man who feels he is going to be the greatest writer, who is going to make the biggest sale, who is going to swear off liquor for life, or who is excessively cynical or aggressive, is just the man who can't long remain a member of a primary group. Membership in such groups punishes wild activity or non-activity, punishes extreme idealism or cynicism.

So you have these physical, social and psychological problems, and the drinking problem itself that have to be met.

Differences in Treatment

Q: What does the psychiatrist do and what does "Alcoholics Anonymous" do?

A: The psychiatrist goes back to the psychological roots. He may or may not give the man some immediate physiological help

which means rest, food, some sort of sedation so that he can get over the hang-over. And it doesn't work, because he is only trying to hit one wheel out of a five-wheel vehicle or a four-wheel vehicle--except in extraordinary cases.

"Alcoholics Anonymous" does a series of things. One of the psychological, social, personality problems of the alcoholic in the later stages is that he gives up hope--hope in himself, hope in people, hope in the world, hope in God. It seems to him all useless.

And it is impossible for him to get out of it unaided. He has tried everything. He has tried a hospital, he has tried three doctors, he has tried a sanatorium. He has been to ministers, priests, judges, and they have all given such "damned fool" advice as "Look, old boy, why don't you be a man; look what you're doing to your wife. Why don't you control your drinking?"

This man knows what he had done! He has cursed himself more vitriolically than anyone else could. He had been cursing himself for years. But the "AA," from the very first contact, expresses to this man the feeling that he, too, was there. Charlie cannot only match him story for story but he has been in 10 jails that this new fellow never even heard of. He has had everything this guy has had and more, and here he is--his coat matches his pants, he has shoes on, and all that. But, most significantly, he seems to be happy. He seems to be amused about the whole thing. There are some who aren't, of course.

I am building up an ideal picture. There may be a few "AA's" who are just like the old sawdust-trail boys. But the new candidate for "AA" begins to see that he can do it. Here's a man who did it. "It can be done!"

Q: In other words, the approach varies dramatically from the psychiatrist's?

A: Yes, the "AA" talks to the man. This approach is often the opposite to the nondirective therapy of the psychiatrist--the psychiatrist must keep his mouth shut and the patient must let out. The "AA" violates that principle. He just sits down and says, "Well, let me tell you about me," and may not let the other fellow get a word in edgewise.

But it is convincing to some that there is hope--and this he never got from a psychiatrist because the psychiatrist doesn't know about alcoholism as this "AA" knows it. The recovered alcoholic may not know about Oedipus complexes being resolved, but he does know about drunks and butterflies trompling around in your stomach and all that. He has had bigger butterflies and has conquered them and is happy about it.

The "AA" doesn't tell the potential new member that he must go through a terrific regime, he must control himself, he must fight the good fight, and so forth. No, this "AA" has more fun out of life than the candidate has ever had and even has dough in his pocket, his wife likes him again, and so do his kids. The thought that "Maybe I could do the same" can strike the potential new member very realistically. Now that is one aspect of it.

Another is that the psychiatrist is inevitably talking downhill. He is on one side of the desk and the alcoholic is on the other side. He is well dressed, professional, of tremendously high status, and authoritative, and the alcoholic is very often scared to death of authority and so forth.

Finding Pals in 'AA'

Q: The "AA" is more like an equal?

A: Yes. He could be a recovered banker or a ditchdigger, though ordinarily a banker will work with a banker and a ditchdigger with a ditchdigger. There is hope; there is a certain amount of happiness; there is this interplay. That personality wall has been broken down a little. Remember, this alcoholic had to let the "AA" talk to him. The "AA" is not going down the street to find a drunk and help him. He may try that a few times, but after he has been rejected regularly he will quit that process and will go only when asked and when he sees that there is really some hope of doing something. He can help only when the man has, so to speak, tentatively, partially temporarily surrendered a little and said, "All right, I'm licked. Can you help me?" That's a horrible

thing to have to say for a frightened, egocentric alcoholic, and he may only half say it.

The "AA" gives him something to help him immediately, right now--none of this claptrap about "Can you come around next Tuesday at 4 p.m.?" That is perfectly ridiculous.

Any time we get people trying to come into our clinic from New Mexico or somewhere far away--they all have long-distance telephonitis--if we don't want them, or can't take them or see that they are half potted anyway, we tell them, "Now, you come around next Thursday at 3 p.m." They won't show up.

The alcoholic's problem is for him tremendously immediate, and his feeling of "I would accept help if I could get it" is right here, now, 4 p.m. Tuesday afternoon. By 6 p.m.--"the hell with them!"

But the psychiatrist has to give them a future appointment. He can't just say, "I am here any time for you boys." Both his professional and personal life would be smashed. But the "AA" is ordinarily there at the time and he offers some immediate, practical support. He knows some techniques of helping out a hang-over--at least he thinks they work.

The physiologist may look at such techniques and say, "This does not change the oxidation rate of alcohol by 10 seconds." But this "AA" thinks that it does, and helps this guy and thus gives him the kind of magic that makes him feel better. He then gives him something to do--and this is tremendously important, because here's a man who has been holding himself away from everybody and everything--"Come on over to the meeting tonight!"

This alcoholic is terrified, but he goes to the meeting and he sees 15, 25, 50 fellows--and they all seem happy! They look at him and say, "Come on in, boy!"

Friendship, Not Rejection

Q: It's a different treatment?

A: Why, he hasn't had that sort of treatment--maybe ever. Anyway, for a long time it has been: "Look at that drunk! Get him out of my office! Out! Out! Out!" Nothing but arrogance, holier-than-thou business--even by those who have been trying to help and be sympathetic.

These "AA" people seem happy. He may hear something about the "God stuff," but a lot of the boys will tell him: "Don't you worry now about the 'God stuff.' Some of us are having hot flashes and messages from mountain tops. But some of us just don't seem to get it, so don't let it worry you." The only thing is this: "Do you think you could keep from taking one til 6 o'clock tomorrow?"

Ah! He has heard about six-week deals, swearing off for life, and all that sort of thing. "Well, I don't know--" "Now, wait a minute. Here are some ways." And so they force chocolate bars or coffee or some pet remedy down the man and give him something to do during the day. They ask: "Where are you going to sleep tonight?"

He hasn't any place to sleep at all--or, worse, he has a place to sleep--home. He has to go home to the little woman and this is going to make him drink.

So maybe they will find some place for him, just for that 24 hours, and he will come back the next day. The haze has been partially lifted, and these people were friendly. Now he has friends and he has hope--a very glimmer of a hope, perhaps also a: "These fellows may have something. I'll get it in about six weeks and then I will be able to drink like a gentleman again."

The other boys will know he may feel this because they went through the same deal, and they accept it. All right. So they help him in very simple, material ways. They know a fellow who knows a fellow and so he may be able to get a job, a bed, somebody who will hold his wife and kids off of him for a while, whatever it may be. And there is something for him to do at night.

Now, this man has sworn off before. He has been on the wagon once or twice before, and what did he do? He couldn't go around with his usual friends. Should he go to the church social a couple of nights a week? He wasn't the kind of fellow who would fit into that. He wasn't

interested in what they talked about, what they did, or what they looked like. Where else could he have gone--the club?

Q: The Salvation Army?

A: For a few, perhaps, but this man probably regards Army shelters as a place for drunken bums who are religiously a little peculiar. He does not consider himself a bum, doesn't want organized charity, and is very scared of religious appeals. Where can he go? He is all too apt to land in a hotel room looking at the four walls and feeling greater and greater need for a drink. And getting the drink, perhaps after a great struggle, is a pretty sure thing for a drunk because self-pity is going to get bigger and bigger and bigger and the personality walls separating him from society and its values will get higher and higher.

But with "AA" he has a place where he can go, where there is a bunch of fellows sitting around batting the breeze--some of them are shooting craps, some are talking about the last six hopefuls they picked up, and it may even look like a barroom with cokes and coffee, with his kind of people standing and sitting around. Some of this prayer stuff comes, but that is a small price to pay--it only lasts three or four minutes. He sees a lot of men who look just like him, and he can go there seven nights a week. And if, when he's home, he suddenly gets that feeling, "I've got to have a drink," he has two or three phone numbers and somebody will come over to him and use one of hundreds of techniques. They talk, plead, curse them, slap them, coddle them--some kind of help to get over that feeling they have to have a drink.

Pretty soon this alcoholic begins to get some new ideas in addition to immediate help, something to do and association with friendly people.

Because this "AA" program suggests that there are certain things that he has to do about himself mentally and emotionally. They tell him to look at himself and to take inventory. "What's wrong with you, anyway?"

A Power Greater than Self

The 12 steps of "AA," by the way, only mention alcohol or alcoholism twice. Once they say, "I admit that alcohol has come to dominate my life," or something like that. "I admit" is the first. The last step suggests, "I will go out and help other alcoholics." Other than that, the word "alcohol" does not appear, and that last is pretty incidental as you can see. "I've got to look at myself. I've got to study myself. I've got to do it as honestly as I can. I've got to try to find out what are the forces that seem to be impinging on me."

As many "AA's" will say: "We think that finally all these forces can be stated in terms of a power greater than the self, which many of us call God. Call it what you will, but there is this power; it affects you; and you have to learn how to manipulate it. The first thing you have to do is to study yourself. Get some other member to sit down with you, probably your sponsor, and try to figure it out. How many people have you hurt, for instance?"

Oh, boy, here he can flatter himself with self-pity and guilt and make himself out the biggest alcoholic of the bunch. He can take a telephone book and check off almost every name all the way through. "Do you think you can make amends to these people without hurting anybody?" And here is another chance for this self-pity, exhibitionism, grandiosity. But it is a controlled, positively useful way for the man to capitalize on certain personality weaknesses--of course, not all alcoholics will have these particular problems.

Other steps concern getting into more effective contact with this higher power, which some of them call God, and with furthering self-understanding. Finally, the 12th step suggests that, after having had a spiritual experience, or a basic change in thinking and feeling, they will try to carry the new principles into all aspects of their lives and, also, extend them to help other alcoholics.

Well, some of them, of course, jump from step 1 to 12 and they are out there beating the drum to save other alcoholics too soon, but that is understandable.

Q: The first method of approach of the "AA's" then, is to be friendly on an equal footing?

A: Yes, to give realistic evidence that there is hope of recovery, to help with immediate problems, if possible, to present the newcomer with a possible place to go, things to do, and a program. Let's note that "AA" doesn't preach, doesn't ask for pledges, doesn't blame, doesn't ask for conversion, doesn't postpone, doesn't interview or take records, doesn't offer charity, or ask for dues. It does offer a sponsor, a man to lean on during the first days or weeks. But pretty soon "AA" requires a man to do more than receive and lean--not that there are any written specifications.

The new man has to make a self-analysis with another man. He listens at meetings, is encouraged to speak with the others at closed meetings. Then he is asked to speak at an open meeting and to help another candidate. These things are helping to break down the old self-protective walls. And in the process he may get some very real awards. Now he is not only leaning on his sponsor, but another fellow is leaning on him. He is moving back slowly into emotionally meaningful group membership and doing it without his alcohol crutch.

He is also getting new ideas, not only from mixing with others while sober, but from the self-analysis and from figuring out how to help his new baby (candidate) and what to say at the meeting. He may even read the "big" book called "Alcoholics Anonymous." He is gradually refinding ways of doing things, ideas and primary group membership. Also he is getting the benefits of sober living in health, jobs, etc. He has change in his pocket, his wife is beginning to think that she has a human being for a husband again. Some people note, "Gee, George is sober; he even seems to have fun doing things he never had fun doing before."

Help at Any Time

Q: Can the alcoholic always find the "AA's"?

A: "AA" isn't 24-hour a day therapy, but it is always available. Then, when the man begins to get the idea of living again and begins to like some other people and is going out to help Joe and identifies himself with Joe, then all of a sudden his whole psychological picture has changed. As Dr. Harry M. Tiebout has pointed out, instead of just complying with "AA," he accepts "AA." He may never have gotten down to the basic psychiatric problems; however, I would say--just for an arbitrary figure--that for 50 per cent of the alcoholics, deep psychotherapy is probably contraindicated and might well trigger off more troubles than there were during the alcoholism. He needs to stop drinking. He needs support. He needs psychological help. He often needs physiological help. He needs resocialization.

HOW ALCOHOLISM STARTS---

Q: Of several alcoholics I have known, I asked one of them what it was that got him started after a long period of years during which time he didn't touch liquor, and he told me that he had been employed as an assistant sales manager and was making great progress. Then all of a sudden one day he came in and they had changed his office, removed his name from the door and put him at the end of the hall and demoted him. He went right out and got drunk and attributed it entirely to the disappointment. Is that a typical cause for this return to alcoholism?

A: Tension, shock, or sudden changes for some of these people is too much and they are less able to adjust or adapt themselves to painful stimuli. However, I would want to ask a lot of questions about the case you cite. Who stated that he had "been making great progress"? What had he been doing the previous weeks which led to the demotion? Why had he been acting that way? Was his demotion a great surprise to others? Was it really a surprise to him? Was it a useful excuse to get drunk? Did he get drunk because he was shocked, or because this was his way of getting back at the boss? Anything can serve as an excuse. It is worth noting that a great many people have been demoted, and even though they are regular drinkers they don't go out and get drunk. By itself a demotion cannot explain drunkenness.

Q: Could any physiological deficiency cause it?

A: I don't know just what that would be.

There have been some experiments with rats, by the way, to discover whether physiological differences would accompany differences in acquiring a taste for alcohol. But a rat having no culture can't be called neurotic. They have no personality problems, although some of them are more aggressive and others more pliable and all that. Well, these tests were made to find out if any would show a preference for alcohol over water. They put the rats on a very limited, almost starvation diet to allow testability. Some of the rats went for the alcohol and then seemed to want to go on with it. Some persons drew the conclusion from this experiment that some rats were physiologically "set" to like alcohol. This was sufficiently challenging to the physiologists in our laboratories, Greenberg and Lester, to make them check such a conclusion.

We happen to know that there are no vitamins in alcohol. Vitamins don't pass over the distillation process. But alcohol is full of calories. These rats were on a starvation diet. Greenberg and Lester said: "Let's run that test over again and give them a little bit more choice." So we gave them water, another liquid with calories in it, but not alcohol, then just alcohol. Then the rats were put through the same tests as in the earlier experiment.

The original conclusion was shot to pieces. The rats were hungry! They took the material loaded with calories. This time there were two choices with calories. They took the non-alcoholic type, perhaps because it didn't have the sharp taste-effect of alcohol. What was there in the alcohol itself in the first experiment? It had calories and so the rats could drink their meals. That is what many alcoholics are doing.

Q: But why are they usually emaciated, then?

A: That is because of the life they lead, not alcohol, although since alcohol is by itself a most unbalanced food for human diet and since for some, during binges, nothing but alcohol is ingested, they are undernourished. But this is not true of all. In fact, I don't think you'd know an alcoholic when you saw one, unless (a) you'd known him over a good period of time, or (b) he was on a binge.

Q: We've all known some persons who seem to have a compulsion--if they take one drink, they have to keep on, so that they themselves have said, "Well, I've just go to lay off the stuff altogether." Now is that compulsion psychological?

A: There have been those who tried to figure out that this uncontrolled drinking did have a physiological base. I would say that they may some day discover such a base. But to date they have not. Their evidence, we would say, is not evidence. One or two may have gotten a lot of publicity--anything which comes along in this field is publicized. When people are very run down, as during a binge, they show a lot of maladjustments, some physiological. Dr. X sees one thing that seems to look awfully consistent, appears in all his cases, for example, a certain type of glandular action.

Now Dr. X begins to compare the alcoholics who come into his clinic with other people, and he finds that 99.4 per cent have a tremendous glandular deficiency--or imbalance--for example, an adrenalin deficiency. The alcoholics he sees have an adrenalin deficiency, much more so than nonalcoholics. I know some other things about adrenalin deficiencies--they have a way of making people depressed, tired, unhappy and weak. The major trouble with the obvious conclusion to this finding is itself rather obvious: Does the alcoholic have an adrenalin deficiency because he has been out on a binge, or has he been out on a binge because of the adrenalin deficiency?

Suppose we go back and look at the population age 15 and separate between the greater and lesser adrenal-structural people. Then observe all those who drink for the next 40 years and see if the alcoholics among them were all or chiefly from the weak-adrenal group. Some people have alleged adrenal disfunction to be the cause, and also alleged that correcting this condition is the cure.

I must admit we have to laugh a little at some of these reports, because they state: "Yes, we fix the alcoholics up and they go out

of here sober and in good health, saying, 'We'll never have a drink again.'" Well anybody who has ever known alcoholics is not peculiarly impressed by that. Practically all alcoholics have sobered up and sworn they would never drink again--done so many, many times. We like to see them six months later. We like to see them a year later. We like to see them four years later.

Now I don't doubt that we may find a physiological difference in function, in structure, in growth, which will be different from many alcoholics compared to the nonalcoholic population. But I would also make this forecast--that if we do, we will also find that there will be a considerable proportion of people who have this lower X factor who drink and who do not become alcoholics, and that we will find a large number of alcoholics who do not have this "X" factor. In other words, it may be significant, but it will not be a sufficient cause!

AID FROM DRUGS---

Q: Is there some drug you can give people to stop their drinking?

A: One of our great problems has been to get increasing segments of the public to discriminate a little more. They have a tradition of 100 years in which a highly organized, very sincere, emotionally powerful, beautifully effective organization has told people again and again that alcohol, drinking, drunkenness, the other problems related to drunkenness and alcoholism are all the same thing. And we say: "This is not so."

You ask: "Can you get a drug to stop drinking?" Yes, you can--I don't know whether the word "drug" is quite correct. Take "disulfiram"--most popularly known under the trade name of "Antabus"--I don't believe there is complete acceptance as to just what the physiological process is, but, anyway, you take this pill and any time within the next 24 hours if you take even a small amount of alcohol you are going to approach death--the eyes begin to bulge out, the face becomes horribly flushed, the blood count goes down to zero, and so on, and you know pretty soon you are going to stop kicking.

Q: That's a conditioned reflex, isn't it?

A: No, it is a direct chemical effect which will occur the first time. Whether there is in addition a conditioned response following one or two experiences is a very moot point. But let me assure you of this: If just by chance you forget to take the pill and start drinking and then take a pill or two, there will be a most unpleasant result. There is a difference between drinking and alcoholism. "Antabus" affects the drinking--not the alcoholism.

Q: Oh, yes, but I thought the main idea was that these alcoholics wanted to stop the drinking--

A: Yes, they may decide, "My life is being ruined by drink, so I will stop drinking." That sort of rational control is just what an impulsive drinker can't accomplish. That's why he's called "impulsive" or "uncontrolled."

Doctor's Care Needed

Q: But does this mean that a person who gets started in alcoholism can't stop?

A: There are certain so-called "prealcoholic symptoms." In that phase we know people can stop themselves. But once this "control" factor is lost, they cannot stop themselves without help.

Q: They can use this drug, "Antabus," can't they?

A: Yes, but there is no question but that it can be a dangerous thing. Let's say you go to the doctor and he gives you a supply of 12 of the tablets, and you go back six weeks later and get some more, and now you have this little horde.

There are two or three things that may happen here. Knowing the alcoholic's guilt, remorse, and so forth, he forgets, on purpose or not, to take his "Antabus," and he suddenly finds himself in a bar and he has had two drinks, maybe three. He is very upset, he's got alcohol in him now. He rushes home and says, "I'd better take three of the things." And he's going to drop dead.

Or there is somebody else in the house, too--old Aunt Mathilda, who has nice strong ideas about this. She might think: "What a clever idea it would be if George were to stop

drinking, too. It is helping Harry." So she decides to give the pills secretly to George. And a death can follow from that.

The use of "disulfiram" is a little dangerous, but under a doctor's care it is not. However, it is not by itself a sufficient remedy for alcoholism. It can help toward a remedy by aiding the individual to stop drinking. Without other changes in the individual, it can do little.

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