

WRONG IMAGES OF THE ALCOHOLIC

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Alcoholism generates guilt, and guilt generates a great number of problems that very often make the alcoholic like the chain smoker. He would rather die on one of these routes that I've talked about than quit. They refuse to admit they have the alcoholic disease.

One of the major problems is simply a difference of semantics. In AA they do not require people to be alcoholics. If in 1945 you went up to George and said, "I thought you were an alcoholic," he would break a chair over your head. You had called him a pretty bad name. The first step of AA says all you've got to do is admit that you're helpless over alcohol. Then, gentlemen, all you've got to do is stop drinking; you don't have to be an alcoholic to join AA. If I were, as an experiment, to give a piece of paper to each one in this room and ask you to write down what you really feel an alcoholic is, I'd get two predictable results. One, every one of your answers would be different. Two, every answer would be a hideous, far-fetched, bizarre, Frankenstein-monster type of definition of alcoholism. That is true because you had nothing to do with acquiring that image of an alcoholic. That image was planted in your head in the most formative years of your life, and anybody, alcoholic or not, has to deal with what they've been told an alcoholic is.

None of us can approach alcoholism without becoming emotionally involved. Every one of us has pre-programming and pre-conceived ideas as to what that term means. And frankly, for a great number of reasons, the information to counter these bizarre mistaken, Frankenstein images of alcohol and alcoholism have either not been generally available or have been totally ignored; but they do remain.

Let's examine this whole process of how you came to believe what you do about an alcoholic. Let's start from the transactional model and say that nearly everybody starts with some childhood drive to drink when he's thirsty, to eat when he's hungry, to get warm when he's cold. As we become older, and more able to get around, it becomes very annoying for us to express these things uninhibited to people around us. So they simply begin to program us very much like a computer. They tell us this is a no-no, and this is acceptable; and eventually if everything works out well, we learn to manifest these drives in an adult sort of way.

Now, it is in our programming concerning alcoholism that we get into difficulty. All of us belong either to the prohibition or to the immediate post-prohibition era. There are a great number of things that were wrong in the way we were taught and the things that we were taught about alcoholism. First, and probably the most important input, was simply what our parents told us. Maybe we had an alcoholic parent, and from where I sit in the youth facilities in the state of Michigan, that's a rather traumatic experience. I have a lot of kids come in and say, "Doc, all I do is shoot heroin; I'm not a lousy drunk like my old man. All I do is drop acid and speed, but no, I'm not an alcoholic like my mother or dad." The reaction is rather violent, and most of the time it's an extremely difficult thing for the child of an alcoholic to grow up and say, "I've arrived at the very place that nothing on earth was ever going to bring me to."

Sometimes it is more subtle than that. The child had an uncle that came home and beat up his favorite aunt and his favorite cousins on a regular basis. He says, "I don't want to grow up to be a louse like that," but eventually as he comes closer and closer to the facts of life, it's totally impossible to escape the fact that he has an alcohol problem and must deal with this too.

Maybe it's even more subtle than that. He is led by his aunt down the street at the age of three, in a small country town. Suddenly the child is wheeled around and there, across the street, is one-eyed Charlie leaning up against the lamp-post, his arm wrapped around a brown paper sack, a bottle of muscatel peeking out the top. And Aunt Emma says, "Don't you ever become such a degenerate, such a moral weakling, blot on the human race, etc.," and you say, "I never will, Auntie." Eventually when somebody uses the term "alcoholic," what comes up to mind is one-eyed Charlie with his arm around the brown bag with the bottle of muscatel.

With these early inputs of the pre-school years, he goes into the school system. You know that education about alcohol was designed in our era to scare people away from drinking enough to become alcoholics. So usually what we had was a 105-year-old man who probably never had a drink in his life. He taught biology and stood up in front of the class, with a glass beaker full of angle worms, putting in four ounces of 190-proof

torpedo juice. The angle worm stiffened out between life and death. Now that doesn't do much for your attitude about drinking, but you did know if you ever got a bad case of worms you had a way of killing them.

Now, we come to the religious education that most of us have. Most of us are from the old fire-and-brimstone era, the sin-and-suds era, the it's-all-right-if-you-drink-like-a-lady-and-gentleman, but if you happen to drink more than you should, you are guilty of intemperance, implying all kinds of things that are going to get you into very serious trouble. So already we've got some real bad reactions concerning alcohol. Now, we've employed a large segment of our society to take care of the difficult-to-reach people. This is the law enforcement establishment; we use them as a sort of sociological cop-out because now we were talking about our approved recreational drug. Alcohol is our thing. This is how we have fun, and we have been having fun like this for 10,000 years and we don't want anybody saying anything nasty about a decision we made that long ago. Held up to display on a regular basis, the revolving door, drunk and disorderly, drunk kind of individual, we said ah ha, those are the alcoholics over there, that's 3% of the population that gets in trouble with the law. And, therefore, all the rest of us can go scot-free and not have any worries about it.

Finally, we get down to the people we spend the rest of our life with, our peers, and you know it's a very strange thing but these buddies of ours choose big time drinkers to drink with. I have a lot of patients that I treat in Brighton Hospital, the wife in this year, the husband in next year, the husband in this year, the wife in next year. Alcoholics and people who are pre-alcoholics, tend to choose people to drink with who don't make them feel conspicuous. So big time drinkers tend to congregate with big time drinkers. This means that even in treatment centers, you send an alcoholic home, and all of a sudden he's threatening everybody he used to drink with. "How could you possibly be an alcoholic?" Maybe I am one too; that really creates a lot of problems. So their reaction is don't be a party-pooper; you mean you're gonna miss our poker game? Peers tend to try to get the recovering alcoholic drunk, because then they don't have to be alcoholics, too. Well, you can see with all of this information that the individual comes into the treatment setting. You know the old days when a counselor used to set an alcoholic down in a chair and say, "Now, we can't do any business at all unless you admit you're an alcoholic." Now the counselor is saying, "I want you to admit you've got a disease that resulted from social and psychological and physiological factors, that gives you an addiction to alcohol." And that guy is sitting there saying, "He's calling me a lousy drunk like one-eyed Charlie, all of those nasty things they said in school, and a moral degenerate and a weakling, a skid row bum and a party pooper to boot," and then he breaks the chair over the counselor's head.

This is one area that needs a great deal of attention. We have to change the way people are programmed. That's where you come in, because you represent a lot of very informed areas here. We have to deal very slowly and systematically with this distorted Frankenstein monster kind of images and replace them with facts. We must be prepared to deal with anybody who comes into contact, even in an accidental way, with the alcoholic; we must see that he knows the facts and is able to disseminate them. You have to know and be convinced that alcoholism is a result of social and psychological and physiological factors over which the individual has very little control at all. If you start getting your own values mixed in, you're going to alienate them right away. I think that we can do a great deal to change perhaps all three of these programming areas over the long haul so that people are going to have a much more positive and much more constructive view of this disease. I'm looking forward to the day when a person can be alcoholic in the same way that they can be diabetic or have a coronary.

I know it's possible. Some of you don't remember, and I know it only because of my medical history, but can you imagine the attitudes that were held about mental illness in the 1830s? The attitude held about tuberculosis in the 1900s, the attitudes held about epilepsy up until the early 1940s? All of these diseases bordered on diabolic possession; they were shrouded in myths and superstition and really prevented effective treatment of the individual even when they came to treatment, and prevented scores of thousands, hundreds of thousands of people from seeking the treatment that they needed. So one of the very important ways that the American clergy and religious can attack the whole problem of alcoholism is to spread the word that the ball-game has been changed; that it's an acceptable and respectable illness, and to fight mythology with the truth. If we could only change what prohibition did!

I guess prohibition did only three things in this country; it created a great deal of misinformation and over-reaction to the alcoholic disease, and contributed larger and more powerful motor cars and speedboats. But other than that, it didn't keep one drink out of the hands of one alcoholic. To reverse that is one of the very important and major roles that I think those of you in this room have to do.

Finally, alcoholism tends to drive a big wedge between the alcoholic and all those people and things that he loves. Now, this is partly generated by the fact that because of the physiological facts of life, they become sicker and sicker and sicker, and the disease becomes more difficult to admit and more difficult to conceal. There they are with Frankenstein's monster which I have just described, coming up out of the swamp of their sub-conscious, and they see that they are going to have to identify with those horrible monsters called alcoholics. Now, in the process of doing this, they go through many kinds of turmoil, threshings and battles with the whole image of the alcoholic. They try to go on the wagon, they try to go underground, they try to develop an alibi system, they try to deny and put the blame on anybody else. This becomes so nasty and hostile that nobody will be around. That, at least, doesn't make them feel too guilty. But one thing makes it totally impossible for the alcoholic to do what he really wants to do, i.e., to get back to normal social drinking, and this is the third generator of the disease called the psychological drive to drink. This simply interpreted means that the thing that the alcoholic is saying is the result of his life-long learned exposure to alcoholic beverages. You know alcoholics get that way through thousands and thousands of hours of honest hard work; the human organism has to be taught to drink. A newborn baby doesn't like alcohol any more than the man in the moon; some animals are so stupid they won't drink. That's one of the reasons we have so much trouble doing research in this area. Alcoholics really learn to drink in exactly the same way that non-alcoholics do, up to a certain point.

This process occurs in certain predictable steps. The first is simply one swig of a little wine or can of beer out of the freezer. We get ourselves a couple of cronies behind the garage, or with a brother or sister at the age of nine or ten, we come into possession of the forbidden fruit. We sit there working up enough courage to try it or have somebody take a swig. And, sure enough, finally somebody does. It goes down nice and warm and bubbly and it hits the bottom. By golly, that isn't bad stuff at all; so we try a little more with lemon meringue pie, with hot dogs and mustard; it's a pretty good thing. Since we got hold of some of the adult stuff, we have put one over on the adults; this gets a lot of reinforcement in providing thrills and excitement and making us feel very grown up.

Now, the next stage is the wildest stage of all. We drink alcoholic beverages, doing things that we like to do, with people that we like being with. This is normal social drinking. Our experience is telling us that every time you get nice people and booze together, everybody has a good time. This is normal social drinking.

The next stage doesn't happen to everybody. Maybe you want to go up and ask for a new assignment. You know you're kind of timid; you haven't been out of the seminary too long. Here you are standing out there on the street in front of the Chancery, and along comes a friend who says you know I don't think you're gonna make it. They suggest you get a couple of triples at Tony's place across the street. You walk across to the friendly tavern and have a couple of drinks before you go in. The bishop says, "Certainly, you can have that prized assignment or that associate pastorate if you want it. I appreciate your devoted years of service, that you have never taken off a day of sick leave. I value your native intelligence and ability to serve." Who got the credit? Don't say this won't get to your brain. The two drinks you had across the street get the credit. All of a sudden alcohol starts getting you the best assignments; it starts writing learned works of literature, it starts managing large schools and universities and departments, and doing all kinds of things that no rational human being would expect to be poured out of a bottle. Now, this is what we call magical drinking and you know we have a great deal of evidence that most people have their two belts, go in, accomplish what they want to accomplish, and they're back out on the street before their blood alcohol goes off the zero mark on the breatholator. They could convince themselves that without the hard stuff a glass of water would do it just as well, but that isn't what they believe.

Now, we get into those stages that are reserved particularly for the alcoholic. This begins in a very subtle sort of way. This begins when he suddenly finds out that he can't sleep. Somebody says a bottle of beer ought to put you to sleep, and it does. So he tries that for two or three months before he decides that he doesn't want to be hooked on the beer habit. So he stops and what happens? He can't sleep. The next night he has another bottle of beer but now something has changed; now he's already using alcohol to treat the withdrawal symptoms caused by the absence of alcohol, and one of the major principles that we deal with in healing, diagnosing alcoholism early is simply this principle, that if alcohol or one of its chemical cousins relieves a symptom, it most likely caused it.

If the whole 157 varieties of solid alcohol on the market can relieve a symptom, they might likely have had a major part in causing the symptom in the first place. I'm looking forward to the day when a person gets

admitted to a treatment center, a full blown alcoholic, cirrhosis of the liver, brain damage with little, if any, exposure to beverage alcohol at all. I'll show you how close that's getting. One of the youths in the same school came up to me, and he said, "Doc, you know what Excedrin Headache #101 is?" I said, "No, Charlie, I don't." He said, "That's the shakes I'm getting today from taking the other 100 yesterday." Over the counter, non-prescription drugs, can produce that kind of withdrawal. Methaqualone is an extremely dangerous drug in an alcoholic equivalent. So at this particular point, alcohol has become medicine, and it now puts us to sleep, it gets us up in the morning, it settles our stomachs so we can eat, it calms our nerves, it becomes doctor, nurse, healer, and it becomes similar to the heroin addict, totally forgetting that alcohol and the other sedatives that are causing the symptoms, and ascribing our good health, and our continued ability to perform to the basis that alcohol is good medicine, but you know that isn't going to last indefinitely. One morning the user is going to wake up and he will know that the 7th cavalry has just come off the Sahara Desert down his throat. Suddenly someone is pounding on an empty oil drum inside his head, his eyeballs won't track too well; somebody has spilled a whole hopper full of hot coals down his stomach. His hands won't hold quite still and that worries him because he's going to have to go to the bathroom to get a drink of water; he has broken into a cold sweat, and he's really sure of only one thing, that somebody this sick can't possibly live. The next thing that crosses his mind is some advice that some other professional drinker has given him, that in this shape you need a little bit of the hair of the dog that bit you. You go to the kitchen, pour a glass of cooking sherry and 20 minutes later you're restored to health. About 10 o'clock in the morning it gets a little hard to sign documents; that means he's got to go across the street and have a little coffee-break, Irish coffee, but since everybody has that in the morning, it's all right. This will do until he has a couple of before-dinner drinks. That takes him through the day until three or four o'clock in the afternoon when the hand gets a little shaky again. But that's time to go across the street and have a conference with the fellows anyway, and that holds him over till a couple of before-dinner drinks which can get him through to where he can do some serious social drinking alone for the rest of the evening.

He knows this isn't the same as it was before, but you know, he has many reasons for his drinking; he'll tell you 100 good reasons, e.g., that boss he was working for, that superior he had, they have begun to mess up his Mondays, they're persecuting him, they want to get him transferred out, they try to tell him he is a cheap alcoholic or something, those people who used to say, "Don't worry about paying your bills; we can trust you 30 or 90 days, now they're foreclosing, they've taken my car, the income tax people auditing my income taxes — they never did anything like that before — my old friend, the deputy sheriff, who used to bring me home when I had a bad night, is now stashing deputies at every intersection all the way home from my favorite tavern just so he can arrest me and take my driver's license away. If you had troubles like that, you'd drink too." Now, this is what we call the hopeful stage of drinking; the drinker knows that things aren't as good as they were before, but he knows if he can make some reasonable adjustments in his life, like having the sun come up in the west end of town, he can handle the situation all right. There is a Pavlovian reaction setting in.

Every time the alcohol is seen or smelled, every time he hears the tinkle of ice in the glass, this brings a need to the conscious mind. He must go and get some of that good stuff again. This really means that alcoholics drink at the most inappropriate times. One would think that if you are going to be fired from a prized job if you drank again, you would stop drinking; but the alcoholic has to find out what the boss really meant. He stood up there in front of the traffic judge and the traffic judge says if you come before my bench once more, I'm putting you in a cell and I'm gonna make you swallow the keys. Now, when it comes out, you must find out if he really means it. The alcoholic really does drink at the most inappropriate time simply because he or she has no other choice. This can't be erased like a tape recorder. The alcoholic is going to carry this body of information to his grave and any time he is subjected to the sight or the sound or the smell of alcohol, he is going to drink unless something is done about this. The alcoholic is doomed to fail, no matter what kind of test he takes out of the Saturday Evening Post or the Reader's Digest; no matter how many experts he goes to. He's got the symptoms of an underlying disorder, and he finds out he can not go back to social drinking, no matter how many ways he tries to avoid the thing. He is going to fail, and fail, and fail. As he does, he's going to lose self-esteem; he's going to say, "I'm not terribly nice to people at all simply because I have made up my mind to quit drinking over and over again." If alcoholism were a sociable disease, every alcoholic I know would have sobered up simply because I haven't met one who enjoys being alcoholic. So we now have people who simply become progressively more guilty; as they do, they drive away family and friends.

We've done a cultural and a sociological study on the various subcultures of drug users in this country. They

all have their own uniforms, they all have their own special jargon, they all have their own rules. The interesting thing about it is that the alcoholic is super strict, he's super square, he is an upstanding, law-abiding, moral individual.

Alcoholics all started out with reasonably good, religious background, but as one starts to become alienated from friends and from family, one who is becoming progressively this guilty, also becomes alienated from God. There are times when I'd almost break apart inside at seeing the kind of conflict and the kind of turmoil that we see at Guest House when a person who has really been very close to God, has gone into this kind of dilemma. That is where all of you come into the picture in a very important way.

At places like Brighton Hospital we run into people described by a term borrowed many years ago from Guest House, Super Scoops. Their family has forgiven them; their boss has forgiven them; their local magistrate has forgiven them; God has forgiven them, but they can't forgive themselves. And when I get into situations like that, there's only one place I can go, and that's to one of you and, in most cases, it takes a great deal of time and a great deal of patience. We can finally work through this thing and get them to the point where they can comfortably rejoin the higher power they have known. That's why everybody in AA says he went in with such and such spiritual values and, as he grew and reformed in the context of AA, he put it all together differently, simply because as was pointed out many years ago, we have a crucible through which we produce people bigger than life, with spiritual values and spiritual ties bigger and greater than they ever had before. But so are the survivors of shipwrecks and people who have been marooned on desert islands. I think alcoholism is really close to the same kind of whole, general, personal disaster. You are going to have to put people together spiritually.

If we go through the three generators of the alcoholic disease, we really come up with some fairly logical things that the American clergy and religious can do. First of all, I would like to urge you and everybody else not here, simply to continue to do what you are doing. For many years we have been trying to figure out whether doctors should run treatment programs or not run treatment programs, and the more we look at it, the more it becomes plain that everybody ought to do what he does well. This has led to the team-treatment concept, and I would honestly urge you to become part of a total-wide community treatment team, a treatment team where everybody does what he's equipped to do best, and work in a closer, unified sort of setting.

Guest House several years ago was confronted with a stable full of professionals, as high powered as we were, pulling together in line. The person who knows where we're going is the alcoholism counselor; that's the guy with the flashlight and the road map; we'll simply make him captain of the team, and let the professionals follow along. Professionals don't have any problem adjusting to that role. In fact, they perform better in that role than they do any other way. So, frankly, if you have a lot of knowledge and experience and skill in alcoholism, assume a leadership role. If your managing experience is more limited, assume a follower role for a while until you can assume a leadership role. But I can assure you that we're not going to run out of a supply of alcoholics in the next 20 or 30 years. There will be enough to go around and certainly, as society moves to an attitude making it not illegal to have a disease, as many states already have, we're not going to have near enough treatment resources to handle the alcoholics who suddenly surface. So become part of that total treatment team, become involved, primarily because we are dealing with a fatal disease, we are dealing with a disease that ultimately will be ruinous to the public health. I don't think we can turn our backs and ignore the fact any longer, whether we're directly involved with the disease or not.

Because we do know it's a fatal disease, I urge you to encourage, motivate, promote early diagnosis, promote early intervention, and promote available treatment resources so that something can be done about the disease. It think that's simply an outgrowth of humanitarian and practical facts. Your other role can also be very important, viz., helping people to get their image of the alcoholic back into perspective. If you can do that, you're going to deal with the guilt that the individual is experiencing and the denial will melt away. We'll have people that we can treat with a great deal more ease. You have a lot more experience dealing with guilty people than I have as a physician. As we begin to team up, this can really make things much easier for all. I think it's very important that those of you who have a position at the public level begin to tear apart the post-prohibition image of the alcoholic that we're selling our kids. Eventually it might be possible for a person to walk into a group of mixed company, of polite and good people and say, "I've just been to my doctor and I think I'm an alcoholic." It would be no different from saying: "I've got diabetes," or "I have to have my gall bladder out." I'm looking forward to that day because we'll be able to save a lot more people.

Finally, we'll depend much on you to reunite people with the "higher power" so that they can deal with this problem of alienation from God, their family, their friends, and the community in which they live. I can't see any higher or any loftier goals for anybody. In a lot of ways I envy the kind of equipment and the kind of background and skills you have. You are the only group I can think of who can impact the disease on every single one of the known generating causes.