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MEDICAL PSYCHOLOGICAL ASPECTS OF
CONTEMPORARY ALCOHOLISM

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Alcoholism in America is a serious national health problem; the problem of criminality is closely associated in the personality field with alcoholism; neither the alcoholic addict nor the criminal (provided there are no organic or deterioration changes) should always be viewed as hopelessly beyond rehabilitation.

Workers in all fields of public health and welfare definitely feel that alcoholism is a major factor in the destruction of family life, children's behavior problems, juvenile delinquency and general community turmoil.

Although alcoholism is now recognized generally in most instances as a symptom of emotional illness—ranging from a major psychiatric reaction to an attempt to escape from dreary existence—and is definitely to be distinguished from social drinking, nevertheless, the dangers of heavy social and heavy daytime drinking must be more thoroughly understood.

In industry, including the liquor industry, heavy social drinking produces inefficiency, absenteeism and costly errors of judgment.

The Alcoholic

When we describe an alcoholic as a sick person, the description is accurate. But in common with those suffering from other illnesses, many alcoholics can be "cured." Some even work out their own recovery.

Just what is an alcoholic? So far as any especial alcoholic personality *type* is concerned, there is none. By and large,—excluding the total psychopath, the psychotic, the epileptic, the deteriorated and the feeble-minded,—the alcoholic of today has better than average intelligence, but a poorly integrated personality, with marked emotional instability and inability to accept frustrations.

Does alcohol inhibit or release aggressive drives and damaging activities against society that result in criminotic behavior? This problem has been studied and discussed intensively by many investigators, but the evidence to date is insufficient for the conclusions to be clearcut or definitive. In general it has been our experience that criminal offenses against society are committed by individuals with poorly integrated personalities, emotional instability, conflicts with the environment and frustration; these are also found in many alcoholic addicts whose drinking is symptomatic of their inability to adjust themselves realistically to the environment and its demands on them.

The addict's unsatisfactory interpersonal relationships and emotional immaturity, which place self above all else, produce a need which he thinks can be satisfied through the use of alcohol—as a narcotic, an anesthetic, or as a release from the bonds which tie him to a hum-drum, every-day plane of living.

But, unlike the social and even the occasionally intoxicated drinker, alcohol dominates him to the extent that it drastically affects one or more of his essential life activities, such as his ability to maintain economic equilibrium, his reputation or the harmony of his home-life. Loss of insight, or the ability to evaluate what damage his drinking is doing to himself and others, is a usual consequence.

For any or all of these reasons, the alcoholic should be recognized as a sick person who needs competent psychiatric treatment.

How he got that way in the first place may be just as complicated and hard to define concretely as will be the treatment needed for his cure.

Actually, an alcoholic is developed by many inter-related factors together with his biological make-up and metabolism. He is the product of his ancestry, their racial background, drinking and other life habits.

His own personality, of course, results in part from his early experiences in life—his hurts and happinesses—and also his later experiences which may be profoundly formative.

Among these are vocational factors, emotional experiences, religious attitudes and convictions, ideologies, the social drinking habits of his friends, and the social pressure to drink among friends and business associates.

Then there are his own inner drives, striving against inhibitory barriers.

To round out a picture of an alcoholic, insofar as that is possi-

ble, it may be said that studies of both men and women many times reveal the following characteristics :

- (1) Self-pampering.
- (2) Frustrated strong urges.
- (3) A habit of avoiding responsibilities.
- (4) Various emotional hurts.
- (5) Psychosexual frustrations and hurts.
- (6) The emotional urge to take the brakes off certain sex drives and allow them free range.

Also, psychiatric study may, often, bring out marked insecurities constantly active in the personality, and identification and imitation factors rather than any inherited tendency to be an alcoholic.

Alcoholism may result, in some cases, from heavy social drinking, time, body changes and strains and griefs of life. According to some investigators, on the other hand, alcoholism may be evidence of latent or overt homosexual ingredients or of intense, unconscious, self-destructive tendencies.

The pathology of alcoholism, as such, is found in disorders of the neuropsychiatric field, including encephalopathies of various types, neuropathies and behavior deviations shown by personality, emotional or thinking disturbances of the individual's usual behavior or that commonly accepted as usual by society.

Treatment

Treatment of the alcoholic patient depends, of course, on his condition. Delirium tremens or pre-delirium tremens in cases under 55, uncomplicated by bromides, pneumonia or permanent obvious organic brain changes, should be treated immediately—on the spot—by administration of 1,000 to 2,000 cc. intravenous of normal saline with 50 cc.'s of 50% glucose per 1,000 cc., insulin, and heavy doses of vitamin B₁. Appropriate sedation of phenobarbital and dilantin is used to prevent convulsions resulting from the abrupt withdrawal of alcohol. If the office is unequipped to treat this condition, the patient should be placed immediately in a psychiatric hospital.

Non-acutely intoxicated patients may be examined at the initial interview. This includes the usual complete psychiatric history from birth; psychiatric examination; a thorough physical (including neurological) survey and thorough psychological testing or "screening through." Whenever possible, the mate should be examined, in the same way, to help obtain an overall understanding of the entire situation.

Personality structure is evaluated through use of the Rorschach Analysis, the Murray Thematic Apperception Test, and the Goodenough Draw-A-Person Test. Intellectual resources are investigated by the complete Kohs Blocks Test and by the Bellevue-Wechsler Adult Intelligence Measurement Scale (which is also useful for assaying the sensorium and spotting early signs of possible organic states). Other special laboratory tests may be required, in certain cases, such as for example, "brain-wave" tracings.

Of all the aids in understanding a given personality in action, the Rorschach inkblot analysis is the most helpful, for its findings reveal definite personality traits and tendencies of which, often, the patient himself is not aware.

The findings of all the examination-procedures and surveys help determine how and where the patient should, ideally, be treated.

In each individual case the following factors must be evaluated and carefully weighed:

- (1) Level and quality of the patient's intelligence.
- (2) Presence of any organic brain changes or deterioration.
- (3) Level and quality of emotional maturity.
- (4) Quality and intensity of the individual's desire to stop drinking.
- (5) Presence or absence of any major psychiatric illness.
- (6) Presence or absence of any minor psychiatric illness.
- (7) Life problems and reaction to emotional strains at the time, either at home or in business, which may be too much to cope with.
- (8) The patient's occupation, social contacts, family group and so on.

Psychiatric Treatment

At the outset the patient and his family should be told that total abstinence is one part of the goal.

It should be remembered that treatment of alcoholics is not an exact science, nor does alcoholism have any specific. It just isn't possible to look into a text book and find a formula which will give automatic results.

Each patient must be taken as a wholly new and entirely different problem, the solution of which is unique.

The psychiatrist must win the complete confidence of the patient, and this will not be possible unless he is plastic, tolerant and careful to avoid a brusquely dictatorial manner which might create a resentment, ruinous at the outset.

In this connection, the attitude of the patient's mate is extremely important. Since the alcoholic patient needs to understand himself, and also, in many cases, to know that his cure lies in this and in developing emotional maturity, discussion of specific situation-problems is strongly indicated.

Mention has been made of the fact that some alcoholics have stopped drinking by themselves. Others have been helped by religious groups, lay groups and lay-and-religious groups. Even the old "Keeley Cure" helped many an alcoholic and some now recommend a conditioning or aversion treatment without psychotherapy; while others, with deeper interest, use this method in order to get a beach-head on the patient and then follow up with psychotherapy.

The author feels, as a result of personal discussions and conversations with other therapists that—generally speaking—deep, lengthy psychoanalysis alone, hypnosis alone, hypno-analysis alone, narco-analysis alone, and the assaultive therapies alone, such as, chemical, drug or electric shock or various types of lobotomy, are not helpful in the treatment of alcoholism.

Generally speaking, competent, especially trained psychiatrists are needed. Ideally, and in most cases, treatment should be at a farm arrangement.

Summary

To summarize, an alcoholic is a sick man, but his addiction to alcohol is itself a symptom rather than a disease. Alcoholism may be part of any psychiatric clinical reaction or produced by any psychiatric clinical reaction. It presents itself like the top of an iceberg. The great need is to understand what lies beneath.

The Rorschach, or inkblot, Analysis has, with a great deal of consistency, presented the following in the non-psychotic, non-feebleminded and non-deteriorated alcoholic patient—or, the alcoholic of today:

A high-handed approach and aggressive drives without any clear cut goals; an immature attitude regarding other people in positions of authority; strong to violent emotional forces inadequately controlled by judgment; basic difficulty in getting on with others; tendency to shirk adult responsibilities; lack of perseverance; oversensitiveness in regard to self; tendency to blame the environment (or paranoid trends) stubborn and contrary; deep inner anxieties.

Medical psychological treatment of the alcoholic consists of obtaining a thorough understanding of him, as a person, and

in his particular life situation, in order to be of aid in his rehabilitation, together with the patient and family knowing at the outset that one of the goals is total abstinence.

Some patients are helped by daily subshock injections of insulin, over a period of many months, and do not require extensive or deep or even brief psychotherapy.

Experience with non-deteriorated alcoholic patients indicates that successful results are accomplished by the following factors:

- (1) Careful selection of patients, as above indicated.
- (2) Personality of the psychiatrist.
- (3) Vitamin and insulin therapy in controlled dosage with sedation as indicated to aid on the physical side.
- (4) Formal psychotherapy (distributive analysis or brief psychoanalytic therapy), with emotional re-education.
- (5) Interpersonal relationship of patient and therapist.
- (6) Suggestive influences.
- (7) Interviews with the mate and close relatives.
- (8) Intangible but dynamic factors including, also, the emotional climate during treatment, at home, and at work.
- (9) Full cooperation of the patient and his family and associates.
- (10) Continuous follow-up.

Conclusions

Today, more than ever before, medicine and psychiatry are working with the problem of alcoholism, but we have only touched the surface.

Because of alcoholism's widespread, insidious encroachment in all spheres of life, and its destructive effects on the family and the community, the medical profession and allied sciences must attack the problem in its early stages.

Moreover, they should strongly support existing community programs, educational courses, and church activities, giving to these the solidarity of medical backing and guidance to aid us in prevention.

We shall accomplish little,—in spite of all our vaunted knowledge, in spite of recent conferences sponsored by industrial and medical groups, and in spite of the personal experience of every individual who has had an alcoholic in his family, or perhaps was an alcoholic himself, or who knows an alcoholic who was "cured,"—unless we keep firmly in mind the fact that this psycho-socio-biological illness is comparable visually to tumors, including cancer.

And, finally, I should like to suggest that it might be wise to keep in mind the fact that alcohol is not as inert a substance as water, and when taken internally, may in some instances act as a sedative, or a hypnotic, or an analgesic, or as a narcotic, or as a temporary anesthetic, and in some cases as a permanent anesthetic producing death.
