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ALCOHOL AND CRIME

Robert V. Seliger

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The following article was read in part before the Medical Section of the 79th Annual Congress of Correction of the American Prison Association, in Milwaukee, Wisconsin, on September 27, 1949.—EDITOR.

Alcoholism and criminality are serious national social health problems. They are also problems in the field of jurisprudence, for the correlation between excessive abnormal drinking and the commission of various aggressive and criminal acts is definitely confirmed by police records and prison statistics which indicate that there is an increase today, of such alcoholic-criminal episodes.

Various measures of a preventive restraint nature, such as fine or punishment for being drunk and disorderly, and for acts of criminal behavior, have not succeeded either in eliminating the source of these problems or in curtailing their extent.

This is not surprising. We would not—in this age—expect “mental illness” to be eliminated or curtailed by threat of fine or punishment.

And, from the viewpoint of medical psychology, alcoholism and criminality are, and should be understood as being, symptomatic of a behavior-illness-deviation, with serious resulting behavior consequences for the individual and for the community.

The premise is that no one in reasonably well balanced emotional and bodily-emotional health will repeatedly drink alcohol to a point beyond control both of his drinking and of his behavior; nor will he commit against society aggressive acts such as burglary, rape, assault, or murder, and so on.

There is agreement among many scientists who have investigated the apparent underlying causations of alcoholism and criminality that the individual dynamics and personality structure are often quite similar. In some instances, these inner conflicts and drives, or primitive inadequately controlled urges of the poorly integrated and unstable personality seem to be released through alcoholism alone; in other instances, through criminal behavior alone; and in still others, through both alcoholism and criminality.

With this latter group, reports have stated that the following factors are found over and over again; and they are, therefore, significant:

1. Crime is often planned in a place where alcohol is sold.
2. The tavern is the place where the criminal seeks his accomplices.

3. The criminal is seldom courageous. He often uses alcohol to depress his inhibitions and allay his fears.

4. The spoils of crime often are divided in the tavern.

5. Alcohol removes the element of self-criticism from the criminal in relation to himself and his acts.

In a recent study¹ of the problem of the criminal sexual psychopath in Michigan, it was found that out of a total group of 237 individuals, 22 percent (nearly one-fourth) were either chronic alcoholics or periodically had become excessively alcoholic. Other studies of other types of a social behavior as well as the practical observations of the policeman on the beat and the night courts unhappily confirm this fact that—although use of alcohol is not involved in all criminal acts—there is a definite and repeatedly found connection between drinking and crime. Further, it is well recognized that juvenile delinquency and drinking are intimately and often associated. The laws are nearly uniform against selling alcoholic beverages to minors or permitting minors to work where alcoholic beverages are sold.

What is needed essentially is more understanding of what constitutes preventive and rehabilitative therapy of these serious and dangerous personality deviations. Inevitably one must advance from the particular to the general—to the community with all its ingredients and change; political, economic, civic, recreational, religious, educational, racial and other corporate tensions and dissensions. And it is, therefore, one feels, the need—as well as the province—of thoughtful justice, embodied in our courts and statutes, to seek a more unified, vital, cooperative understanding of the especial needs of the given community. Existing cleavages, trouble spots, “infected” areas and so on, should not be passively ignored and thus allowed to break down the individual’s capacity for self-government; rather, the morale of the community should be such as will increasingly help to reinforce that capacity, upon which all human rights depend.

It is—speaking categorically—impossible to think helpfully in terms of groups if we do not feel in terms of the individual.

And so, in trying to understand the criminal and the alcoholic—in contrast to judging him or to sentimentally “forgiving” and “setting him free” though still unwell—practical experience with may hundreds of alcohol problems, including individuals who have committed criminal acts (whether “caught” or not), leads me to the following thoughts con-

1. G. H. Cook, Problem of the Criminal Sexual Psychopath. *Diseases of the Nervous System*, New York, Oct. 5, 1949, 137-142.

cerning "the causes," prevention and treatment of these problems. I should like to add that these problems are increasing, they are very serious, and they are a very definite, alarming threat to us as a nation and as a people.

These following thoughts apply specifically to the average non-psychotic, non-feebleminded, non-deteriorated alcoholic of today; but they can also be applied to many criminal individuals who present a similar personality structure and who are reacting to outer pressures of our changeful and anxious times.

Medically, there is no one known alcoholic "personality type." Neither is there any one reason or cause for alcoholism. However, in general, one can state that excessive dependent drinking, is symptomatic of an underlying disturbance in personality organization and function and in the interpersonal relationship system.

The alcoholic has not been able to adjust to other people, to past and present troubles, and to daily life with its monotonous requirements. Yet he, himself, usually feels, quite honestly, that it is other people and the troubles of life which are to blame for his disillusionment, unhappiness and drinking. His thinking habits are faulty. Moreover, his emotional reactions dominate him so strongly that his judgment is poor in many spheres and instances. For example, he promises or agrees to do things which are beyond his ability to complete or accomplish. And then, as a result of failure, he renews his quarrels with the environment and blames other people. But he also renews accusations against himself, for the alcoholic usually is prone to marked depressive feelings of inadequacy. He lacks self assurance except when in a buoyant mood, and he is uncertain in regard to his role in life and in regard to the quality of inner self-reliance and self-government.

As a consequence, he frequently develops protective techniques by which he consciously or unconsciously learns to avoid responsibilities that would require long term perseverance and sacrifice on his part. Often one finds that he appears to pamper himself in many ways, and to behave like a spoiled child when criticized or thwarted or challenged.

These techniques and others tend to increase the difficulties and frictions in his relationships with other people who do not understand why a grown person demands so much from the environment in the way of tolerant understanding. They get 'fed up' with him and 'tell him off.' But, because he usually is completely unaware of these techniques, he fails to understand their attitude, feels hurt with what he considers to be adequate reason, and finds new fuel to feed his inner unhappiness and sense of loneliness.

The resulting combustion frequently ends in another drinking episode. Very often it is felt that these episodes—when the individual has sobered up—add to his sense of inferiority, so that he sinks deeper into his morass. For many indiscreet acts, including psychosexual ones, occur under the influence of alcohol. While sins of omission may plague many of us, the alcoholic individual is often truly tortured by his acts of commission.

The alcoholic also may be one whose drinking is symptomatic of a minor psychoneurotic type reaction or of a major psychiatric reaction, including manic-depressive swings, schizophrenic-like episodes, epileptic equivalents, certain organic states, feebleminded states and conditions of the total or partial psychopath types. Here one might add that many who present varying degrees of this latter classification need not be viewed as hopeless, nor in the light of earlier years when the national and international social structures and populaces were more stable.

Some alcoholics drink because of intolerable physical pain. Others drink for the definite purpose of being free from intolerable psychic pain. And some appear to be at the end-stage of the habit of heavy social drinking, plus temporal, bodily, chemical and metabolic changes, and strains or griefs of life. In nearly all instances, one finds nutritional depletions, as a result of drinking and inadequate diet, along with other faulty hygienic and daily life-habits.

To sum up at this point, the alcoholic of today in many instances may be mildly or seriously psychiatrically ill. His drinking is a symptom of the difficulties he experiences in his ordinary daily life and life contacts. His thinking, his emotional actions and reactions, and his habit life in general are faulty. From the physical standpoint he may have vitamin and other deficiencies and also conditions of metabolism and body chemistry which need correction and which affect and are affected by his personality make-up and way of life.

The alcoholic of today is a sick person.

WHAT MAKES AN ALCOHOLIC?

An alcoholic is being made when one consciously or unconsciously begins to *depend* on alcohol's narcotic effects for a 'pick-up,' to sleep at night, to feel 'good,' to cope with business or domestic problems, to enjoy social gatherings, to 'get away' from oneself, to repress inner urges of rebellion, or resentment, or of a psychosexual nature, to relieve vague but very disturbing motor restlessness, and so on.

When an individual does depend on alcohol for any of these, or similar reasons, he is substituting fantasy for reality. Because this

substitution is a subtle one, he usually is *not* aware of it; and his alcohol dependency increases at a fairly fast rate. He may not, however, outwardly show the signs and harmful effects of this increased dependency for many years; and because of this, alcoholism can be compared in many instances to cancer. Indeed, the average 'alcoholic of today,' can be described as having 'cancer of the ego.' However, though his is a serious problem, it is not hopeless, provided that he can be helped to want help and provided that the help can be given by competent workers.

We have now briefly summed up some factors regarding the alcoholic. But, how did the individual become dependent upon alcohol to such an extent, in contrast to social drinkers who do not become dependent upon this easily available narcotic?

From studies of many men and women, representative of nearly all social, economic, educational, professional, and geographic backgrounds, including racial and religious differences; representative of the broken and the unbroken home; and representative also of the better and less well-known dynamic complexes or motivants, and of the different psychiatric reaction types, one reaches the following conclusions:

An alcoholic is developed by many inter-related factors, together with his biological make-up and metabolism. We do not yet understand all the complicated workings of the glands and blood-content but it seems evident that many individuals must produce more adrenalin, for example, than do others, and thus are often more than ordinarily irascible in their behavior. Sugar metabolic and other disorders, as is well known, often bring about unpleasant mood and other changes and vice versa. The alcoholic individual time after time definitely appears to be 'loaded up' with nervous tension, on the motor side, which is manifested by sweating, stomach sensations and discomfort. All of these are many times considerably relieved by regulated doses of insulin. With the subsidence of the physical or somatic tensions, there is an accompanying calmness in thought and emotion. One feels that this finding, when substantiated by pharmacological research, may provide much help in treatment and also in prevention of alcoholic and other drug addictions which may be, in part produced by faulty body chemistries.

However, the factors of ancestry are equally important, including the geographic, racial, and religious backgrounds, drinking and other life habits. We still do not understand why even third generation Mediterraneans, for example, rarely becomes alcoholics in spite of the American scene and way of life. This holds true for other groups with a long

tradition of wine-using and even of intoxication at festivals and other ceremonies. These groups do, however, produce narcotic addicts.

It is possible that certain highly tensed anxiety types cannot tolerate alcohol because it increases their somatic discomfort in nausea, headaches, etc. whereas other narcotics do not; and hence through trial-and-error they seek out the least disturbing means of acquiring a temporary Nirvana.

Aside from this, the racial background plays an important role, particularly when several racial groups are represented, strains from any one of which may take ascendancy at different times. That this is an actual fact appears to be borne out by the behavior, as, for example, when a descendant of Scotch-Irish ancestry shows alternate thriftiness and expansiveness which his American English wife finds difficult to understand or adjust to. Of course identification and imitation factors are involved here, and the early environmental upbringing of example and family legend. Nevertheless, until we know more about these racial influences, and so are able better to evaluate them, they must be considered in the main as being important factors in the production of different personality types, and different psychiatric problems, including that of alcoholism.

The individual alcoholic's personality make-up also, of course, results partly from his early experiences in life—his hurts and happinesses—and from his later experiences, which may be as profoundly formative.

We must add to all this the present-day stresses of the world we live in.

We must also add that it is "normal" today for everyone at times, to be aware of acute or even panicky feelings of uncertainty, of inner insecurity, of anxiousness in general and in particular. Many have poor sleep, and buy packets of sleeping powders at the drug store counters. Many have digestive difficulties. Many have stopped reading the daily papers because they are too full of sudden political policy change, of horror, of news of impending or actual disaster affecting large masses of human beings.

But there is a difference between the majority of people who are reacting thus to the contemporary pressures of existence in an Atomic Age and the millions in early and advanced alcoholism. The latter have found that their tensions are relieved by alcohol to a marked degree and so have developed their addiction with harmful and disruptive consequences for themselves, their families, and the community.

Their addiction, and susceptibility to addiction, appear to derive from a combination of factors. Outstanding among these are:

1. A hypersensitive nervous system with marked reaction to various chemical substances and drugs, including alcohol.

2. A hypersensitive emotional-thinking system which makes the individual particularly vulnerable to the ordinary and currently extraordinary onslaughts of life and to the inevitable clashes with other people.

3. Perhaps as a result of these two factors, histories of patients often reveal a variety of stressful situations which the individual could not cope with at the time and which he also has not been able to assimilate; that is, their recollection unduly disturbs him and affects his later life behavior. Situations like this include family altercations, marital disharmony, employer and employee personnel problems, sexual activities and trauma, unhappy memories of childhood and adolescence, and so on.

4. The geographical ancestry already referred to.

5. Unknown physical biological, metabolic, and chemical ingredients and changes.

6. Frequently, one also finds a lack of consistent active participation in religious and community life which is sometimes due to the individual's inner personality and attitudes of negativism and sometimes to a definite disjointedness and negativism within the community itself.

In all cases, the so-called dynamics and the problem-clusters which the individual seeks to alleviate or escape through drinking are so different that it is impossible to state scientifically that any one event, or combination of events, is responsible for the development of alcohol addiction.

Nevertheless, there may often be a history of an unstable early emotional life, of shallow and shifting values and goals in life, of inadequate personality disciplining, and, very often, residual effects from some severe illness or operation. One concludes, therefore, that *alcoholism must be understood in every instance as being a special problem relating to a specific individual's psychobiological endowment and functioning, and to his specific life history, his specific life problems, and the specific life setting and relationships with other individuals.*

One feels, at this stage of our factual knowledge, that the average "alcoholic of today" is made by a combination of:

1. His ancestry,

2. Early and later emotional hurts, likes, and experiences, both conscious and unconscious,

3. A physical ingredient including his neurological system and the reactions associated with his glandular make-up, blood chemistry content, biological rhythm, and his metabolism,

4. Emotional and personality difficulties in his relationships with other people, and in coping with situations, and,

5. A lack of, or an inadequate, basic philosophy, faith, and conviction in the essential, profound, worthwhileness of life.

The great need, therefore, is first to examine the individual and attempt to understand and treat him as an individual, with attention to his concrete and varied requirements; secondly to be aware of the fact that contemporary history is producing new problems in social adjustment and in psycho-biological adjustment; and thirdly that, socio-psychobiologically, the values and ideals of mankind cannot be neglected or devaluated without resulting destructive effects upon individual men. The rise in incidence of alcoholism and of crime reflect the current serious disruptions of our social order. We need not be dismayed by this if we remember at all times, and act upon the knowledge, that the social order is created and sustained, or negated and destroyed, deflected or re-invigorated, by its individual members.

Just as any behavior-illness-deviation derives from both physical and psychological components, so does any social behavior-illness-deviation derive from the interaction of individuals and the way of social living that they evolve. "No man is an island unto himself." Neither is any problem wholly insoluble when men of goodwill are determined to work together, using all available means, to work out that problem.

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